



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
Centers for Disease Control

## Memorandum

Date April 1, 1988

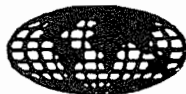


From WHO Collaborating Center for  
Research, Training, and Control of Dracunculiasis

Subject **GUINEAWORM WRAP-UP #19**

To Addressees

RECEIVED  
4/8/88



### INTERNATIONAL ACTIVITIES

#### SECOND REGIONAL WORKSHOP ON DRACUNCULIASIS IN AFRICA



Over 100 participants, including representatives of 17 of the 19 affected African countries, India, and Pakistan attended this highly successful workshop, which was held at the Kwame Nkrumah Conference Center in Accra, Ghana from 14 to 18 March 1988. International publicity for the workshop was increased by the attendance at the opening session of the Ghanaian Secretary of Health, the Regional Director of the World Health Organization for Africa, and former United States President and Mrs. Jimmy Carter. The former U.S. President also visited two Ghanaian villages where he saw dozens of inhabitants stricken by guineaworm.

Delegations from each of the African countries represented developed a specific plan outlining steps to be taken against dracunculiasis in their respective countries over the next 1-2 years. Another major outcome was the revelation that dracunculiasis transmission appears to have been interrupted for some time in The Gambia and in the Republic of Guinea.

Highly significant data was presented for the first time documenting the impact of dracunculiasis on agricultural production (rice cultivation in Nigeria), and on maternal and child health. The former study, carried out in southeastern Nigeria with the support of UNICEF, estimates that annual losses in rice production alone due to dracunculiasis-related disability in an area of 1.6 million persons amount to about US \$20 million.

Specific recommendations prepared by the subgroups for addressing constraints to development and implementation of dracunculiasis programs will be included in the full report of the workshop, which will be published by the WHO Regional Office for Africa. The following is a summary of the key general recommendations adopted by the workshop:

- A Third Regional Conference on Dracunculiasis in Africa should be held in two years' time in a Francophone country; it should include a broad representation of professionals involved at all levels, from policy makers to those involved in local implementation.
- In light of the reaffirmation made by the Steering Committee of the International Drinking Water Supply and Sanitation Decade in the endorsement of dracunculiasis eradication as a subgoal for the Decade at its 1987 meeting, WHO should coordinate the requests of individual countries for financial, material, and logistical assistance to various donor agencies who wish to help eradicate guineaworm disease.
- Appropriate ministries are encouraged to undertake the data gathering, policy development, planning, and program implementation which are necessary for the eradication of guineaworm disease. It is only when such data and plans are made available that donors can respond to requests for assistance.
- The conference encourages the maximum use of the mass media at national and international levels to publicize the human suffering and adverse socioeconomic consequences of dracunculiasis, as well as breakthroughs in its elimination, in order to raise awareness and to stimulate political and financial commitment to eradication campaigns.
- A variety of means should be used to extend the message about guineaworm to the population, and to use eradication program participants to extend the message to their colleagues. Mothers, women's organizations, farmers, village health workers, etc. should be mobilized to this end.
- The absence of national reporting on guineaworm has adversely influenced support for eradication programs. Each endemic country is therefore strongly urged to make dracunculiasis a mandatorily reportable disease with immediate effect.
- The conference accepts, for the purposes of surveillance, the following as the case definition of dracunculiasis: "An individual exhibiting or having a recent (about one year) history of skin lesion with emergence of a guineaworm."
- Each endemic country should establish active surveillance programs and report, on at least an annual basis, to WHO by the end of every March. The report should include information on programs and numbers of cases occurring in the main geographical units.
- Each endemic country should hold a national conference on dracunculiasis to educate policy makers about problems and needs, to prepare data and reports, to evaluate programs to date, and to forward results to the international conference.

- At donor and national levels, dracunculiasis eradication efforts should be an integral part of on-going national water supply and sanitation programs, and be recognized as a significant component of child survival and maternal well being initiatives.

Major support for this workshop was provided by WHO, the United States Agency for International Development (USAID), and Global 2000 of the Carter Center.

UNDP, WHO ANNOUNCE SUPPORT FOR AFRICAN EFFORTS



During the international meeting in Accra, the Regional Bureau of Africa of the United Nations Development Program announced that it would provide US \$50,000 over the year to help support inter-country anti-dracunculiasis activities in Africa. WHO's Regional Office



for Africa announced that it would also provide US \$50,000 for regional activities against dracunculiasis this year. Both sources of funds will support provision of training materials and provide technical assistance in support of national efforts and programs.

In announcing the grant on behalf of UNDP, the UNDP resident coordinator stated: "UNDP, as a development agency, takes a strong interest in this field for two obvious reasons. The prevention and cure of a disease in itself fosters development of a people in terms of quality of life. Secondly, a healthy population is the strongest basis for economic growth and socio-economic development."

NEW FILM COMPLETED

A new film, "Guinea Worm: The Fiery Serpent," which was shot mostly on location in Anambra State, Nigeria, was released just in time for the Accra meeting. It is in color, with sound, and runs about 20 minutes. This film was co-sponsored by the Centers for Disease Control (CDC), UNICEF, UNDP, and Global 2000. Copies will be distributed at cost by the Information office of the UNDP.

Another recent film, "The Waters of Ayole," produced by UNDP and USAID in Togo, also includes some footage about guineaworm in relation to a rural water supply project there.

**NATIONAL ACTIVITIES**



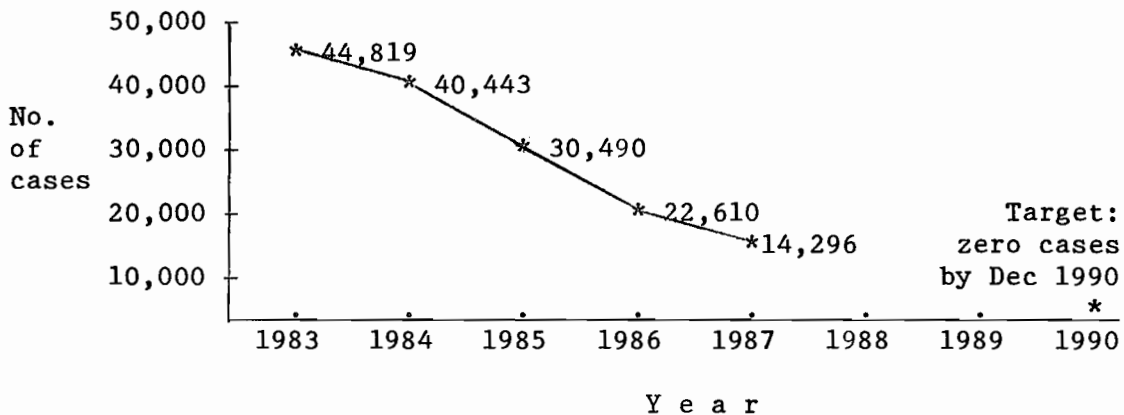
BURKINA FASO

Researchers at the Centre Muraz recently published results of a demonstration project in which transmission of dracunculiasis was reduced to zero in three highly endemic communities in the Banfora Region between 1984 and

1986, using only health education to promote use of monofilament nylon filters for filtration of drinking water. The incidence of dracunculiasis in the villages at the beginning of the project was 54%, 37%, and 24%, respectively. This project was funded by WHO/AFRO, USAID/SHDS, and the Centre Muraz/OCCGE. (Gbary AR, Guiguemde TR, Ouedrago JB, 1987. Bull Soc Path Ex, 80:390-395.).

## INDIA

The Third Independent Appraisal of the Indian Guinea Worm Eradication Program was conducted from February 29 to March 10. Two African scientists, Dr. Luke Edungbola from the University of Ilorin, Nigeria, and Dr. T.R. Guiguemde from the Centre Muraz, Burkina Faso, participated in the annual evaluation, supported by U.S. PL-480 funds provided through the WHO Collaborating Center at the Centers for Disease Control. The number of cases of dracunculiasis found in 1987 was only 14,296 (down from 44,819 in 1983, and 22,610 in 1986).



## NIGERIA

GLOBAL 2000 The Federal Ministry of Health has signed a renewable one-year Memorandum of Understanding with Global 2000 and the Bank of Credit and Commerce International (BCCI) to help support a national secretariat in the Federal Ministry of Health for guineaworm eradication. A major objective of the secretariat during the first year will be to work with the 21 states to ensure that each state conducts an active search to identify all affected villages in 1988, using a standard format. A second national conference on dracunculiasis in Nigeria is being considered for late this year, after the searches have been done.



Anambra State recently finalized an agreement under which the Japan International Cooperative Agency (JICA) will provide about US \$7 million for about 500 boreholes in villages with guineaworm under that state's eradication program. This is in addition to the UNICEF-assisted water and sanitation program to provide about 350 boreholes in the state before

1990, and a World Bank rural water scheme which will provide about 150 boreholes to guineaworm villages.

In addition to Anambra, Kwara, Oyo, and Ogun States have now each formed a State Task Force for Guinea Worm Eradication.

#### GHANA

UNICEF/Ghana informed the Ministry of Health during the recent regional meeting that UNICEF would provide US \$50,000 to help in combatting dracunculiasis in Ghana. The local branch of the Bank of Credit and Commerce International (BCCI) will provide 2.5 million cedis (about US \$17,000) to help protect inhabitants of the two villages visited by former U.S. President Carter against guineaworm. Surveys for dracunculiasis have been conducted on a sample of the villages in Northern Region and Eastern Region, two of the three regions in Phase I of Ghana's Guinea Worm Eradication Program. This eradication program is assisted by Global 2000 and BCCI.

#### PAKISTAN

Results of the national search revealed that the remaining endemic areas of dracunculiasis are much more limited than expected: a total of 401 affected villages in 5 districts, with less than one-fourth of the villages having 10 or more cases. The population at risk in these endemic villages is estimated to be 361,000. Health education to promote use of monofilament material for filtering drinking water and/or vector control using temephos (Abate) will be extended to all these endemic villages in 1988. Some of the wells to be provided under UNICEF/Pakistan's rural water supply project in endemic areas will be placed in affected villages, when geologically feasible. A national meeting to review the considerable accomplishments during the Pakistan Guinea Worm Eradication Program's first year and prepare for widespread implementation of control activities in the approaching transmission season was held at the National Institute of Health in Islamabad on 7 March 1988. External assistance to this program is provided by Global 2000 and the BCCI Foundation.

#### SOURCES OF FUNDING



World Bank

Readers should be aware that the World Bank will undertake health sector reviews in Ghana, Mauritania, and Nigeria within the next two years. Reviews of the water sector may also be undertaken in some endemic countries. Every effort should be made to determine whether such reviews will be conducted in each endemic country and, if so, to be sure that relevant information about the status of dracunculiasis in the country is included in those reports. These are generally large projects which could support significant actions against dracunculiasis.

The UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) is soliciting research proposals from scientists in developing countries on the following topics: "prospective evaluation of the impact of dracunculiasis, single or combined methods of control." Such proposals should be submitted to the TDR's Filariasis Steering Committee. For appropriate revised official TDR proposal forms, contact: Communication Officer, Special Programme for Research and Training in Tropical Diseases, World Health Organization, 1211 Geneva 27, Switzerland.



## RECENT PUBLICATIONS

de Rooy, Carel et al, 1987. Guinea Worm Control as a major contributor to self-sufficiency in rice production in Nigeria. Lagos, UNICEF/Nigeria: December, 23pp.

Kamal R, Mangala M, 1987. Rotenoids from indigofera and their bio-  
efficacy against cyclops, the carrier of dracunculiasis. Pharmazie,  
42(5):356.

Lawrie J, 1987. Paraplegia complicating dracontiasis (letter). J R Coll Surg Edinb, 32(4):259-260.

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ERNESTO RUIZ-TIBEN, PHD  
DIV OF PARASITIC DISEASES, CID  
CHAMBLEE 23  
F13



CDC is the WHO Collaborating Center for Research, Training, and Control of Dracunculiasis.