



Memorandum

Date July 1, 1988

From



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

Subject GUINEAWORM WRAP-UP #20

To Addressees

NATIONAL ACTIVITIES



GHANA

HEAD OF STATE LAUNCHES ERADICATION PROGRAM



The Ghanaian Head of State, Chairman of the Provisional National Defense Council, J.J. Rawlings, formally launched the Ghana Guineaworm Eradication Program in the Northern Region during the first week of June. The Chairman toured the region, one of the most severely affected in Ghana, for a week to see the extent of the disease and to demonstrate to the people how to filter their drinking water to remove the cyclops vector of the parasite. During his tour, Flt.-Lt. Rawlings took the lead in educating the population about the infection, which he called "a disease

of underdevelopment," and about the actions they should take to help rid themselves of it. Global 2000 and the Bank of Credit and Commerce International are co-sponsors of the national eradication program with the Ministry of Health.

The first national meeting of the Ghana Guineaworm Eradication Program met in Accra, May 11-12, and was opened by the Secretary for Health, Mr. Nana A. Sarpong. The meeting was attended by representatives of all the regions of Ghana, and adopted a strategy under which all of the regions will begin anti-dracunculiasis actions as soon as possible, according to the resources which can be mobilized to do so. By the time of this national meeting, the Greater Accra Region had already launched an intensive health education program intended to improve the health of that region's rural population, led by Denchira and Elevanyo, the two heavily-endemic villages visited by former U.S. President and Mrs. Jimmy Carter during the Second African Regional Workshop on Dracunculiasis last March. Surveys conducted recently in the Eastern and Northern Regions found about 11% and over 80%, respectively, of villages surveyed to have some guineaworm cases.

In April, the Acting Secretary for Works and Housing launched an intensive rural water supply project in Nanumbra District of the Northern Region. The project is funded by a Japanese grant of about 1 billion cedis (U.S. \$6 million), which will be used to provide 159 boreholes in villages affected by guineaworm disease. Nanumbra District is the leading producer of yams and a major producer of maize, rice, and cotton, but has a very high incidence of dracunculiasis. This project is part of a recently begun five-year accelerated rural water supply program under which 6,000 boreholes will be provided to 1,020 rural communities, and another 10,000 hand-dug wells will be sunk in 7,540 smaller rural communities throughout the country, according to the People's Daily Graphic. The Undersecretary for the Northern Region described the Japanese-assisted project in Nanumbra as "one gigantic step towards the eradication of guineaworm disease in the district."

BENIN

UNICEF, USAID, and the U.S. Peace Corps are cooperating with national authorities in a rural water and health project in the northern six districts of Zou Province, where one of the major objectives is to reduce the incidence of dracunculiasis. Of the estimated 80,000 annual cases of dracunculiasis in Benin, some 19,000 occur in these six districts. A baseline survey conducted in January 1987 revealed that about half of the villages in the area had at least 1% of their population affected, with about 25% of the villages having infection rates exceeding 5%. A national conference is being planned for October 1988 with the joint sponsorship of the Ministry of Health, USAID, UNICEF, and the OCCGE, in order to agree on a national program.



PAKISTAN



Control activities have been initiated in all endemic villages this year. Four regional managers [1 in North West Frontier Province (NWFP), 1 in Punjab, and 2 in Sind] have been trained; and office space and transportation provided. They have helped in the selection and training of "Village Implementors" (VIs) from all endemic villages in their regions. These VIs will be responsible for conducting surveillance and selected control activities in their villages. In addition, district health workers have been trained in all endemic regions to treat water sources with Abate. Trained VIs are now present in nearly all endemic villages in Punjab, about 50% of villages in NWFP, and about 40% of villages in Sind. So far, active cases have been reported from Punjab (50), NWFP (3) and Sind (1) during the current transmission season, which began in April. Top priority is being given to insuring that control measures are in place in all villages where cases appear. Some villages in Punjab reported using only water skins to fetch and store water, which prevent the use of

conventional "shower cap" filters. Very inexpensive funnels and conventional filters are being provided to villagers to overcome this problem.

NIGERIA

The National Task Force for the Nigerian Guineaworm Eradication Program (NIGEP) held its first meeting on May 5 and 6, 1988 in Lagos. This meeting dealt with several organizational and programmatic issues; the national task force will meet again in late June or early July. The national secretariat for the guineaworm eradication program will begin functioning on July 1, with the arrival of the assignee of Global 2000/BCCI and the appointment of a full-time Nigerian professional to the project. Meanwhile, Ondo became the fifth state to establish a state task force for guineaworm eradication. The National Health Council will consider declaring guineaworm to be an officially reportable disease at its meeting in June. The Vector Biology Control project of USAID will begin a two-year study of the agricultural impact of guineaworm, in collaboration with several Nigerian researchers, this summer.



REPORTED CASES OF DRACUNCULIASIS BY YEAR, 1984-1987

Dracunculiasis is still considered to be a risk in 23 countries: 19 in Africa and 4 in Asia. The following data are based mainly on passive reporting, which is poor and vastly incomplete. Dracunculiasis is not an officially reportable disease in all of the countries. The abrupt apparent increase in cases reported for 1987 for Ghana and Nigeria are due to improved reporting, which is still incomplete. Only in India, which experienced a similar abrupt rise in reported cases when it began active surveillance for dracunculiasis in 1982, does the reported number of cases truly reflect the actual incidence of the disease. Such poor reporting adversely influences national and international support for elimination programs. Readers are urged to help improve the reporting of cases nationally, and to WHO, beginning in 1988.

REPORTED CASES OF DRACUNCULIASIS BY YEAR, 1984-1987

<u>Country</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
Benin	...	...	...	400
Burkina Faso	1,739	458	1,837	1,296 ^a
Cameroon	--	168	86	...
Central Africal Republic	...	31	--	1,322
Chad	1,472	9	314	...
Côte d'Ivoire	2,573	1,889	1,177	483 ^a
Ethiopia	2,882	1,467	3,385	...
Gambia	--	--	--	--
Ghana	4,244	4,501	4,717	18,398
Guinea	--	--	--	--
India	40,443	30,440	22,610	17,031
Kenya	...	...	...	...
Mali	5,008	4,072	5,640	435
Mauritania	1,241	1,291	...	...
Niger	...	1,373 ^b	...	699
Nigeria	8,777	5,234	2,821	216,484
Pakistan	...	...	...	866
Saudi Arabia	...	...	...	...
Senegal	...	...	...	...
Sudan	...	...	822	...
Togo	1,839	1,456	1,325	...
Uganda	6,230	4,070	...	...
Yemen	...	...	...	...

^a Provisional

^b Includes other filariasis

... No data available

-- Zero cases reported



INTERNATIONAL ACTIVITIES

WHO DIRECTOR-GENERAL REPORTS TO FORTY-FIRST WORLD HEALTH ASSEMBLY



The WHO Director-General submitted a nine-page information document (A41/Inf.Doc./2, 13 April 1988) entitled "Progress in Elimination of Dracunculiasis" to the Forty-First World Health Assembly in Geneva in May, as requested by Resolution WHA 39.21 of two years ago. The document summarizes the current knowledge of the distribution, extent, and impact of dracunculiasis, and of progress in controlling it. The report notes that "...what has been known for a long time has been demonstrated; namely, that guineaworm disease can be eliminated with a reasonable amount of concerted and coordinated effort, and that the benefits more than justify such effort." In the summary, it was also emphasized that "the undoubted widespread awakening of interest in the elimination of dracunculiasis is reflected in the numerous activities summarized in this report. Further proposals for programme implementation will be submitted in the proposed programme budget for 1990-1991 for consideration by the Executive Board in January 1989 and by the Forty-Second World Health Assembly" in May 1989.

The WHO Collaborating Center for Research, Training, and Control of Dracunculiasis will help prepare an update of the above-mentioned report for the next meeting of WHO's Executive Board. Additional reports of progress in planning or implementing control measures and investigations of the extent or impact of dracunculiasis which may be included in that update should be sent, by early October 1988, to:

WHO Collaborating Center for the Research, Training,
and Control of Dracunculiasis
Centers for Disease Control
Atlanta, GA 30333, U.S.A.

Attn: Dr. Robert Kaiser
24 Cham/F-22

In the only reference to dracunculiasis eradication efforts during the plenary session of this year's World Health Assembly, the Ghanaian Under-secretary for Health, Dr. Mary Grant, stated that her government had been pleased to host the recent African regional meeting on this disease, and thanked Global 2000, UNICEF, WHO, UNDP, and DANIDA for their assistance or pledges of assistance in initiating Ghana's national eradication program.

BAND AID FUNDS CONTINUATION OF MALI PILOT PROJECT

BAND AID



BAND AID FOUNDATION OF LONDON recently announced approval of a grant for U.S. \$41,700 which had been requested for the control phase of a guineaworm project in the Diema Circle (Lakamane District) of Mali. The investigation phase of this project, which affects

a population of about 1,600 persons, was supported in 1987 by IMPACT and UNDP. Readers may recall that Band Aid only funds projects in Burkina Faso, Chad, Ethiopia, Mali, Niger, and Sudan. (Contact: Band Aid, P.O. Box 4TX, London W1A 4TX. Telephone: 01-408 1999; Telex: 28129 BANDAD G.)



RECENT PUBLICATIONS

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