DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)

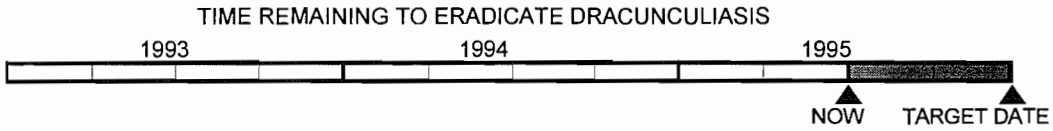
Memorandum

Date July 14, 1995

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

Subject GUINEA WORM WRAP-UP #49

To Addressees

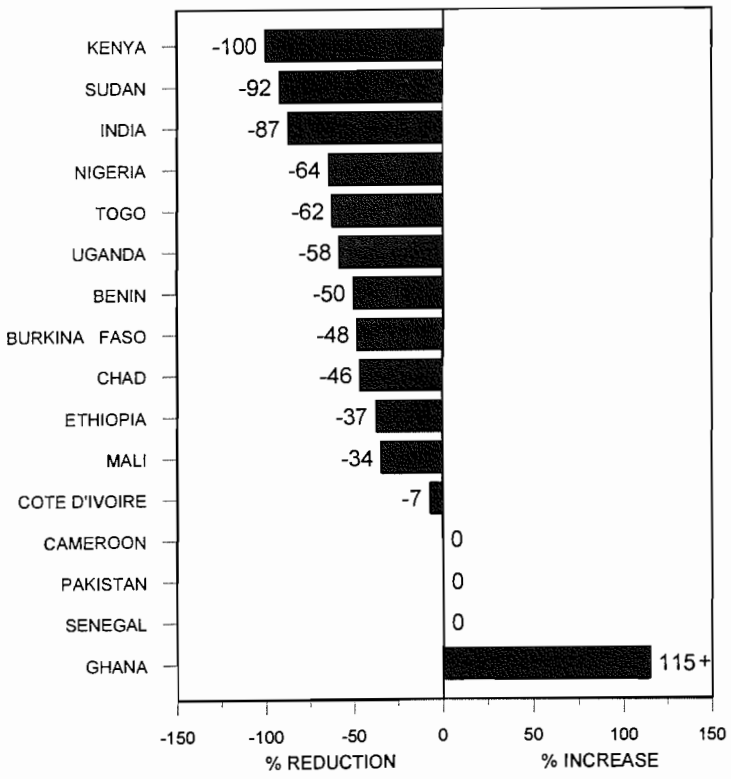


GLOBAL CASES REDUCED BY 49% IN FIRST FOUR MONTHS OF 1995

As illustrated in the accompanying graph and table, the number of cases reported from all endemic villages, including Sudan, during the first four months of 1995 is 49% less than the number of cases reported during the same four months of 1994: 19,994 cases vs. 39,382 cases (Figure 1, Table 1). This already significant percentage reduction should increase during the remainder of 1995, since most countries extended case containment to more of their endemic villages during the latter half of 1994. The current reduction is all the more remarkable because it has been achieved despite the severe increase in cases in Ghana early this year as a result of the ethnic disturbances in the highly endemic Northern Region of that country early in 1994.

Figure 1

PERCENTAGE CHANGE IN NUMBER OF CASES OF DRACUNCULIASIS REPORTED DURING THE PERIOD JAN. - APR. 1994 AND JAN. - APR. 1995, BY COUNTRY*



* NIGER, MAURITANIA AND YEMEN ARE EXCLUDED BECAUSE THESE COUNTRIES RECORDED NO COMPARABLE DATA IN THE FIRST FOUR MONTHS OF 1994.

By the end of May 1995, India had reported only 8 cases so far this year, Cameroon had reported 1 case, and Kenya, Pakistan, and Senegal had reported no cases (Table 4), but the peak transmission season in all five of these countries is from June to September (zero cases have been reported from Pakistan since October 1993). 75% of all known endemic villages are now under case containment (Figure 4, page 10), and the proportion of the cases reported so far in 1995 that have been fully contained is shown in (Table 2).

This is exciting news indeed as we enter the final six months before the target date for eradication of dracunculiasis. The most important indicators for programs at this stage are: 1) the number of cases of dracunculiasis reported each month (Table 4); 2) the percentage of endemic villages which sent in a report (i.e., zero or 1+ cases) that month (Table 2); and 3) the percentage of cases reported that were also contained (Table 2). The resolution of the World Health Assembly which in 1991 officially established the target date for eradicating dracunculiasis by December 1995 is reprinted on the back page of this issue.

We are now in the realm of "The Final Inch "!

Table 1. STATUS OF DRACUNCULIASIS ERADICATION

Total	Number of cases detected		Change (%)
	Jan.-Apr. 1994	Jan.-Apr. 1995	
Kenya	23	0	-100
Sudan	6834	581	-92
India	23	3	-87
Nigeria	17961	6493	-64
Togo	1488	569	-62
Uganda	4310	1823	-58
Benin	1451	732	-50
Burkina Faso	962	499	-48
Chad	95	51	-46
Ethiopia	193	125	-37
Mali	682	450	-34
Cote d'Ivoire	2345	2189	-7
Cameroon	1	1	0
Pakistan	0	0	0
Senegal	0	0	0
Ghana	3009	6478	+115
Niger	NR	389	---
Mauritania	NR	39	---
Yemen	NR	12	---
	39382	19994*	-49

NR denotes no cases reported

* This total excludes 440 cases reported from Niger, Mauritania and Yemen, which recorded no comparable data in the first four months of 1994.

SENEGAL: PRESIDENT DIOUF AND GENERAL TOURE DECLARE WAR ON THE WORM

In one of the most powerful manifestations of political support for a national Guinea Worm Eradication Program anywhere, Senegalese President Abdou Diouf, his invited guest, former Malian head of state General Amadou Toumani Toure, the president of the Senegalese national assembly, and several cabinet ministers traveled to Bakel, an endemic area in eastern Senegal, on May 17, to inaugurate "war councils" for completing the eradication of dracunculiasis in each of the endemic districts of the country. Joining in the ceremony to mark the beginning of the final phase of the campaign in Senegal were the ministers of public health and of hydraulics, the national program coordinator of Senegal's GW Eradication Program, Dr. Abou Bekr Gaye, the field coordinator of the program, Mr. Georges N'Diaye, and the resident representatives of WHO and UNICEF. President Diouf paid homage to General Toure for his

dedication to the fight against dracunculiasis in many countries of the sub-region, and to Jimmy Carter for reinforcing interest in the struggle. General Toure invited his listeners at the festive celebration to join efforts in a "battle without frontiers" (*lutte sans frontieres*).

Senegal reported only 195 cases of dracunculiasis in 1994, in 49 endemic villages, and has detected no cases through the end of May this year (Figure 3, Table 4). All village-based health workers in the 49 endemic villages have been trained in case containment and have access to medical kits for treating cases. All 164 villages under surveillance are reporting monthly. As soon as the four-wheel drive vehicle donated to the Senegalese program through The Carter Center from the Japanese association Keidanren arrives in July or August, Mr. Georges N'Diaye will move to Tambacounda in the endemic area.

Table 2. PERCENT OF ENDEMIC VILLAGES REPORTING AND PERCENT OF CASES CONTAINED IN 1995.

Country	Percent of endemic villages reporting	Percent of cases contained in 1995
Sudan	NR	NR* (13% case management)
Nigeria	75% (Jan - May)	8% (Jan - Mar)
Niger	70% (Jan - Mar)	NR*
Uganda	87% (Jan - Jun)	29% (Jan - Jun)
Ghana	98% (Jan - May)	74% (Jan - May)
Burkina Faso	NR	51% (Jan - Mar)
Mali	80% (Jan - May)	35% (Jan - Mar)
Cote d'Ivoire	NR	NR
Togo	NR	NR
Mauritania	NR	NR
Benin	NR	55% (Jan - Feb)
Ethiopia	86% (Jan - Mar)	25% (Jan - Mar)
Chad	NR	NR
India	100%	100%
Senegal	100%	---
Yemen	100%	NR
Kenya	NR	---
Cameroon	100%	100%
Pakistan	100%	---

* case management underway
NR = No Report

SUDAN: CEASE-FIRE EXTENDED; RAPID PROGRESS REPORTED

Following nearly a month of preparations during the first half of the original two-month long "Guinea Worm Cease Fire", which was announced suddenly at the end of March, interventions against dracunculiasis and other health activities accelerated rapidly in southern Sudan during late April and May. Both sides agreed to a two-month extension of the cease-fire at the end of May, until late July. By the end of June, over 2,000 villages had been found to be endemic in Sudan, whereas only 780 villages were known to be endemic there in 1994, before the cease-fire permitted health teams to work in previously inaccessible areas. Over 115,000 cloth filters have been distributed in endemic villages during the cease-fire (Table 3). So far, approximately 15,000 cases have been reported, as compared to over 32,000 cases reported in Sudan in the first half of 1994 (Figure 2). Over 2,000 of the cases reported so far in 1995 received individual case management (bandaging, etc.). In late July, the national program will conduct workshops on case containment and use of Abate. Global 2000 is supporting consultancies by Dr. Mohamad Azam, the national coordinator of Pakistan, and Mr. M. Salissou Kane, former national program coordinator of Niger, to assist the Sudan program in those two workshops. Dr. Azam will assist the Sudanese national program in starting to implement case containment over the next two months.

Table 3. SUDAN CEASE-FIRE HEALTH INITIATIVE

ACTIVITY	INDICATORS	TOTAL
Dracunculiasis:	# endemic villages visited[+]	2253
	# new endemic villages*	683
	# new cases	14796
	# filters distributed	115425
	# village workers trained	1370
Onchocerciasis:	#oncho villages assessed	307
	# persons Rx Mectizan	39766
Immunization & other:	Polio vaccinations	34481
	Measles vaccinations	39692
	BCG vaccinations	21289
	Vitamin A	34907
	ORS	9031

* included in # endemic villages visited

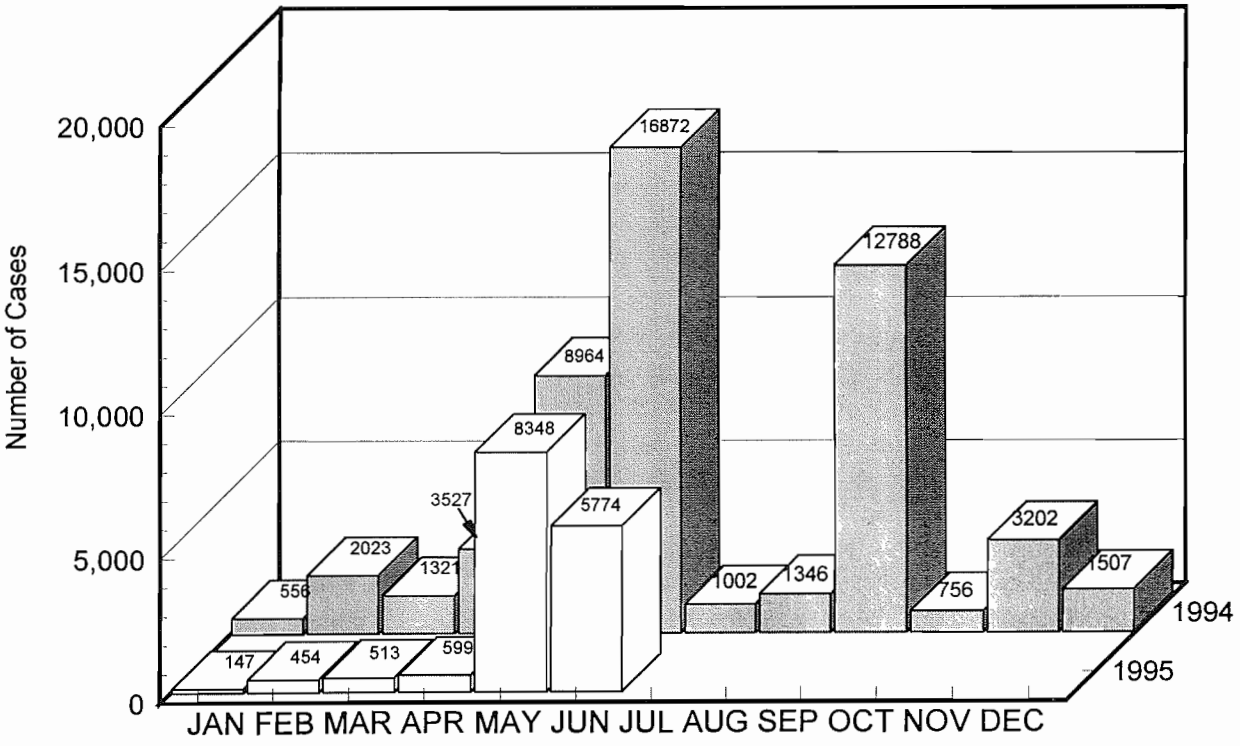
[+] Count by GOS is cummulative since January 1995.

In addition to the above-mentioned interventions against dracunculiasis that were conducted during the cease-fire by the end of June, almost 26,000 persons had been treated with ivermectin for onchocerciasis, about 34,000 children were immunized against polio, 39,000 against measles, and 21,000 were vaccinated with BCG. Over 9,000 children were treated for diarrhea with ORS, and about 35,000 were given vitamin A supplements (Table 3). All these measures, as well as those against dracunculiasis, have been made possible by the cease-fire itself and the collaborative efforts of both sides in the Sudanese conflict, the UNDP and UNICEF missions to Sudan, Operation Lifeline Sudan, several Non-Governmental Organizations, The Carter Center/Global 2000, CDC, and WHO. In June, Dr. Adetokunbo Lucas of Nigeria undertook a consultation to Khartoum and Nairobi at the request of the Government of Sudan and The Carter Center to help consider broader possibilities for strengthening the health infrastructure in Sudan. WHO is sending several consultants on malaria and other endemic diseases during June-July. Mr. Ross Cox of CDC completed a two-month long temporary assignment heading up The Carter Center Office in Khartoum, and Mr. Patrick McConnon and Mr. Roger Follas, also of CDC, completed one-month assignments with The Carter Center Office in Nairobi.

As this issue is being completed, President and Mrs. Jimmy Carter announced their plans to return to Sudan in mid-July, to visit endemic villages in the southern part of the country and see for themselves the interventions being undertaken there. They will also hold discussions with political leaders on the status of the cease-fire.

Figure 2

SUDAN GUINEA WORM ERADICATION PROGRAM
NUMBER OF CASES OF DRACUNCULIASIS REPORTED BY MONTH.



UGANDA MARKS NATIONAL GUINEA WORM DAY WITH ANNUAL CONFERENCE

On June 12-13, Uganda celebrated its Second National Guinea Worm Eradication Day and held its Third Annual Guinea Worm Conference, at the Uganda International Conference Center in Kampala. The conference was opened by the minister of foreign affairs, Dr. Ruhakana Rugunda, acting on behalf of the Ugandan Head of State, President Yoweri Museveni, and by the minister of health, Dr. James Makumbi. Speakers at the opening ceremony included the national coordinator of the Ugandan program Dr. Gilbert Mpigika, the UNICEF resident representative Ms. Kathleen Cravero, the WHO country representative Dr. Natib Njie, and Global 2000 senior consultant Dr. Donald Hopkins. Also present were the Global 2000 resident advisor to the program, Mr. Elvin Hilyer, and the UNICEF advisor for Guinea Worm Eradication Programs in East Africa, Dr. Iyorlumun Uhaa. Over 100 workers in the program from the health and water supply sectors around the country attended. Among other actions, participants at the conference recommended that Uganda should establish its National Commission for the Certification of Dracunculiasis Eradication before the end of 1995, so that the members of the national commission can become familiar with the last phase of the national eradication campaign.

Uganda, which in 1993 reported the second highest number of cases of dracunculiasis in the world, reduced its annual incidence of the disease by 92% in only two years, from 126,639 cases in 1992 to 10,425 cases in 1994. So far in 1995, incidence of the disease is down another 48%, from 6,938 cases reported during the first six months of 1994, to 3,635 cases reported during the same period of 1995 (Figure 3). An average of 87% of endemic villages reported during the first six months of 1995, and at least 29% of the 3,635 cases so far this year are reported to have been contained (Table 2), including 62% of the ones reported in June. 3% of endemic villages are now using Abate. Some communities in Kitgum District are levying a fine of 1,000 Ugandan shillings (about US$1.25) against persons with Guinea worm who enter the village water supply. The Italian petroleum company AGIP recently donated 2,000 caps with filter material sewn in the tops, for distribution by the program to farmers in endemic areas of the country.

MALI: CASES REDUCED DRAMATICALLY IN KAYES REGION

The Kayes Region of Mali reports only 9 cases during the first five months of 1995, as compared to 137 cases reported during the same period of 1994 - a reduction of 93.4%! The peak transmission season in Mali, however, is June-September. Overall, Mali registered a decrease of 34% in cases during the first four months of this year, as compared to the same period of 1994 (Figure 3). The president of the Intersectoral Committee for Eradication of Dracunculiasis, former head of state General Amadou Toumani Toure, visited every endemic district in the Kayes Region from May 30 to June 6. He was accompanied by national and regional journalists during the tour, part of which was broadcast on French television. Within the past two months, endemic dracunculiasis has been confirmed in the region of Gao. The national program coordinator, Dr. Issa Degoga, is leading efforts to train regional and village-based health workers in Gao, which has already begun interventions to eradicate the disease.

Table 4

Updated: July 17, 1995

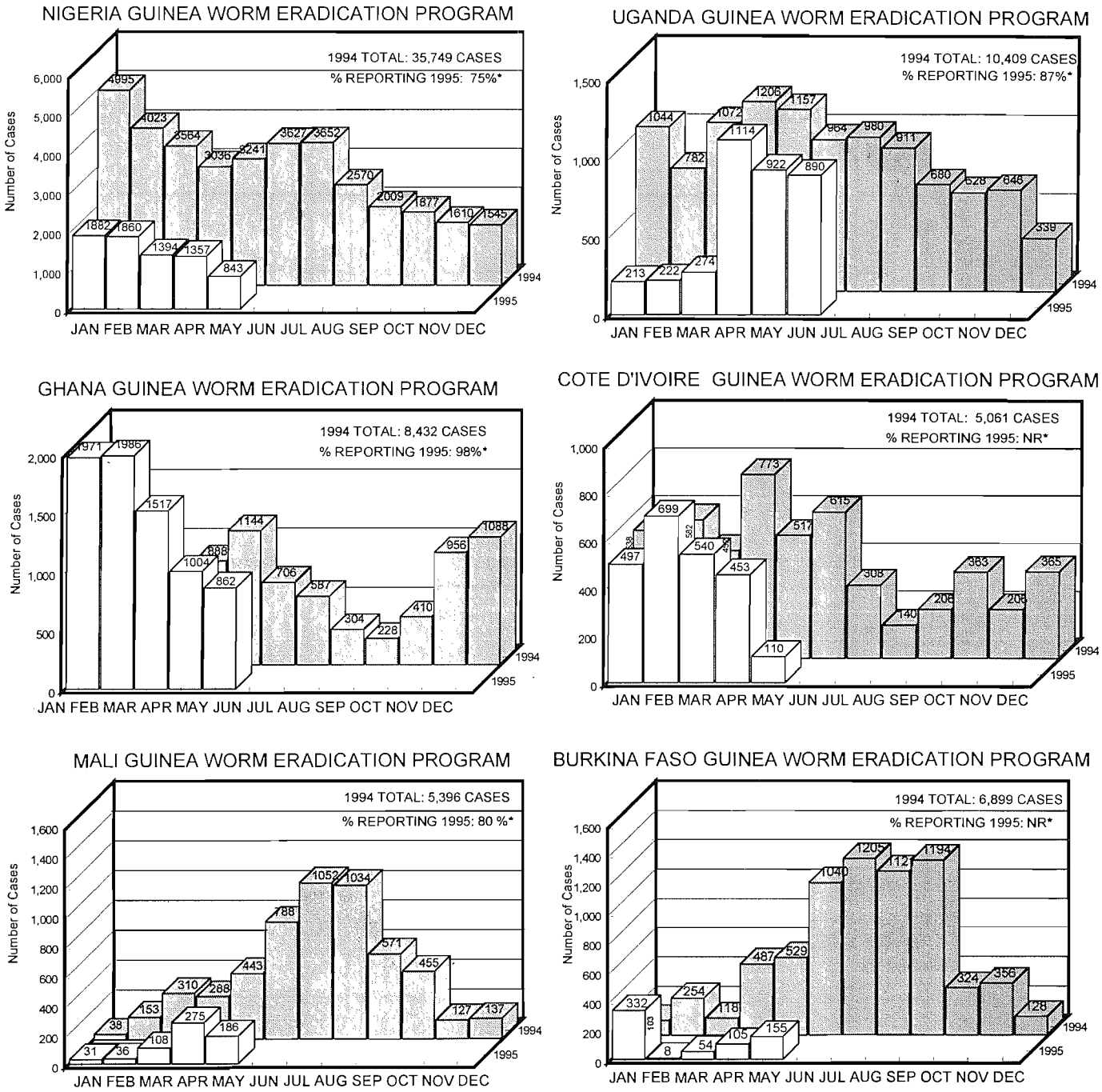
MONTHLY REPORTING OF CASES OF DRACUNCULIASIS IN 1995
(COUNTRIES ARRANGED IN DESCENDING ORDER OF INCIDENT CASES IN 1994)

COUNTRY	NO. OF CASES IN 1994	NUMBER OF CASES REPORTED IN 1995												TOTAL 1995*
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
SUDAN#	53271	147	454	513	599	8348	5774							15835
NIGERIA	39774	1882	1860	1394	1357	843								7336
NIGER	18562	28	45	65	251	1029	2995							4413
UGANDA	10425	213	222	274	1114	922	890							3635
GHANA	8432	1971	1986	1517	1004	862								7340
BURKINA FASO	6861	332	8	54	105	155								654
MALI	5581	31	36	108	275	186								636
COTE D'IVOIRE	5061	497	699	540	453	110								2299
TOGO	5044	337	121	61	50	46								615
MAURITANIA	5029			36	3		18							57
BENIN	4302	437	172	61	62	96								828
ETHIOPIA	1252	19	8	12	86	94	101							320
CHAD	640	1	20	19	11	3	0							54
INDIA	371	0	0	2	4	2								8
SENEGAL	195	0	0	0	0	0								0
YEMEN	106	1	1	1	10	7	9							29
KENYA	37	0	0	0	0									0
CAMEROON	30	0	0	1	0	0								1
PAKISTAN	0	0	0	0	0	0	0							0
TOTAL	164973	5896	5632	4658	5384	12703	9787	0	0	0	0	0	0	44060

* PROVISIONAL NUMBERS. # CASES REPORTED FROM ACTIVE AND PASSIVE SURVEILLANCE.

Figure 3

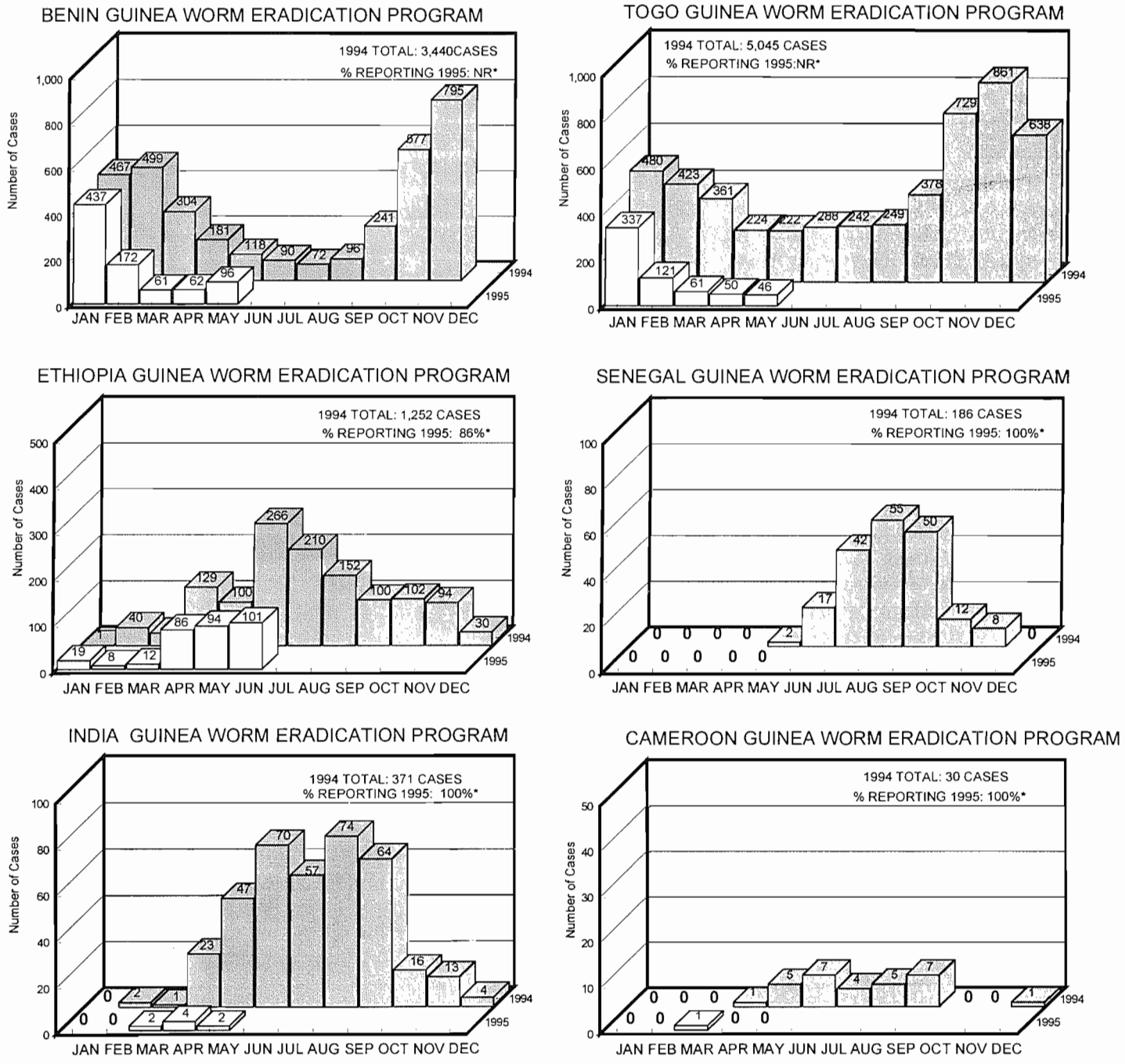
NUMBER OF CASES OF DRACUNCULIASIS REPORTED IN NIGERIA, UGANDA, GHANA, COTE D'IVOIRE, MALI, AND BURKINA FASO: 1994 - 1995



* AVERAGE PROPORTION OF VILLAGES REPORTING CASES IN 1995. N.R. NOT REPORTING.

Figure 3

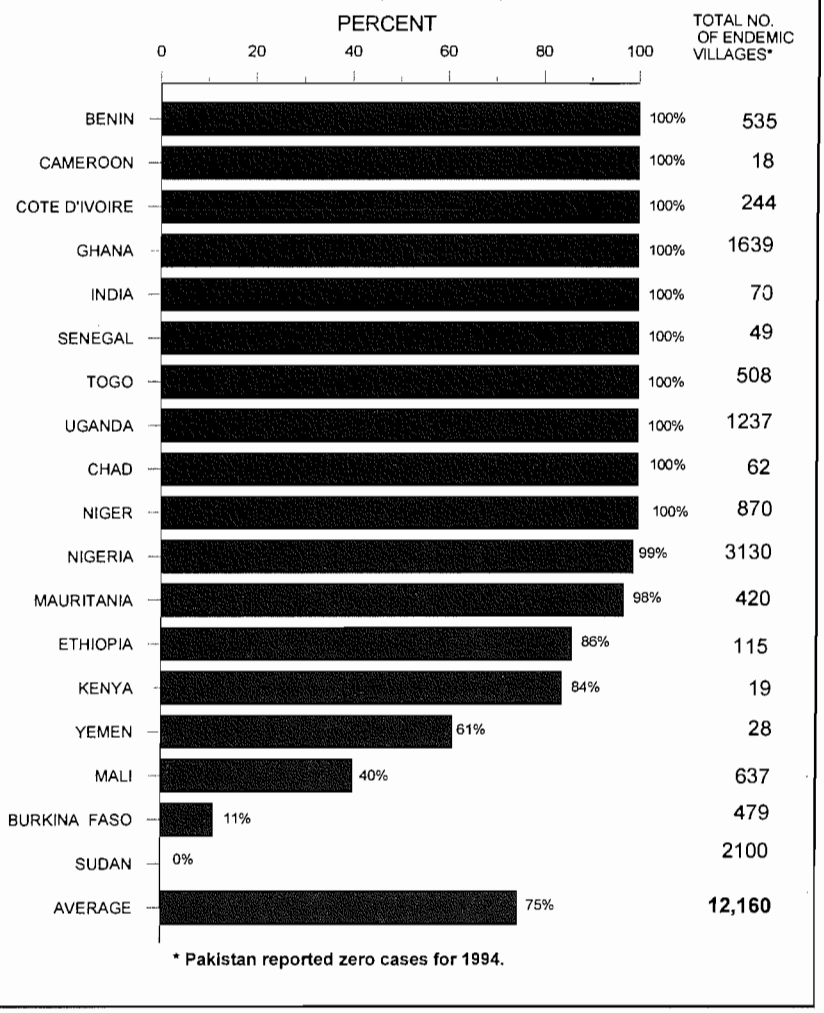
NUMBER OF CASES OF DRACUNCULIASIS REPORTED IN BENIN, TOGO, ETHIOPIA, SENEGAL, INDIA, AND CAMEROON: 1994 - 1995



* AVERAGE PROPORTION OF VILLAGES REPORTING CASES IN 1995. N.R. NOT REPORTING.

NIGERIA: INTENSIVE INTERVENTIONS IN ENUGU; CASES DOWN 66%

Figure 4



At a meeting of the national Steering Committee of the Nigerian Guinea Worm Eradication Program in Lagos on June 19, Professor Eka Braide, zonal facilitator for the Southeast Zone, reported on measures underway in June and July to intensify interventions against dracunculiasis in those 12 Local Government Areas (LGAs) which report 91% of the cases in the zone. Most of the LGAs concerned are in Enugu State, which reported 29% of all the cases in Nigeria in 1994. The interventions taken include mobilization of health staff from zonal, state, LGA, and villages levels to "blitz" each LGA, one by one, by providing health education, distribution of cloth filters to all households in endemic villages, and use of Abate for vector control. UNICEF/Nigeria is assisting in installing or rehabilitating drinking water sources in each of the endemic villages in the same LGAs at the same time. Over $100,000 is also being provided by UNICEF/Nigeria for the national program, apart from its assistance to rural water supply projects. The WHO office in Nigeria recently purchased a computer for the program, and first aid kits for use in training and in Sokoto State. Overall, Nigeria reports 66% fewer cases during the first five months of this year, as compared to the same period last year. The national reporting rate rose to 82% in April. 29% of endemic villages are using Abate, but so far only 8.4% of cases reported in January-March 1995 have been documented as having been completely contained.

Ms. Bimpe Ade-Serrano

On May 30, Ms. Bimpe Ade-Serrano, a young worker in the Northeastern Zonal Office of the Nigerian program, was killed in a tragic vehicular accident. Her colleagues in NIGEP and the global campaign on Guinea worm eradication deeply regret her sacrifice in this cause.

NIGER: JAPAN TO HELP IMPROVE WATER SUPPLY IN ENDEMIC AREAS

JICA Japan International Cooperation Agency

On May 25, representatives of the Government of Niger and the Japan International Cooperation Agency (JICA) signed an agrement formalizing their intentions to collaborate in providing safe drinking water to populations in two of the most highly endemic arrondissements in Niger, Tera (in Tillabery Department), and Mirriah (in Zinder Department). The project will be conducted in suport of the Plan of Action for eradicating dracunculiasis from Niger. A preliminary contact team visited Niger in connection with this project from 17 May to 9 June, and held extensive discussions with officials in the ministries of watter supply, planning, and health, including the national program coordinator, Mr. Sadi Moussa, and other officials of the national Guinea Worm Eradication Program, and representatives of Global 2000 and UNICEF.

All endemic villages are now under case containment (Figure 3), and reportedly over half of the 2,995 cases reported in June were contained. Recent consultants provided by Global 2000 to assist the program in implementing case containment activities in the country included former U.S. Peace Corps Volunteers Mr. Joseph Amon, Ms. Hajira Shariff, and Ms. Michele Spring, and Dr. Johan Velema of The Netherlands. The Niger program and UNICEF organized national and local activities in connection with National Guinea Worm Eradication Day in April. The village of Termini, in Mirriah arrondissement of Zinder, marked the occasion with theater and songs about Guinea worm, and a traditional wrestling contest. Declarations were read by a delegate from the National Assembly, and by the chief of cabinet of the prefecture. Chiefs from all 80 endemic villages in the canton attended, as well as representatives of CARE, Helen Keller International, Peace Corps, and the Zinder departments of hydraulics and health. Related activities were reported on national television, national and regional radio, and on Hausa language broadcasts of the BBC.

OCCGE NATIONAL GUINEA WORM ERADICATION DAY

O.C.C.G.E.

This year's fourth annual National Guinea Worm Eradication Day for French-speaking countries was celebrated by at least two francophone countries on April 25: Mali, which mobilized banners, radio bradcasts by General A.T. Toure, as well as celebrations in each of the endemic regions; and Niger, whose festivities are described above. As also indicated above, Senegal held its remarkable celebration in May. Mauritania's celebration was reportedly delayed. No information has been received about celebration which may or may not have been held in any other of the countries concerned, which are Benin, Burkina Faso, Chad, Côte d'Ivoire, and Togo.

IN BRIEF

India. All 8 cases reported through the end of May 1995 are in 5 known endemic villages in Rajasthan State. This is a reduction of 76% since 1994. Cash rewards are now being offered for reporting of cases.

Yemen has completed its national case search of areas with a history of having had a case of dracunculiasis in the past three years. So far in 1995, 29 cases have been identified as of the end of

June, of which 25 are in Dhamar Governorate. There are 28 endemic villages in the country, all of which are under case management and are preparing to implement full case containment starting in August. The reward for reporting of cases will be expanded slightly to include an additional premium of 500 YR (about US$10) for patients who are reported before the worm begins to emerge.

WHO ESTABLISHES INTERNATIONAL CERTIFICATION COMMISSION

On May 12, the director-general of WHO, Dr. Hiroshi Nakajima, announced the establishment of an International Commission for the Certification of Dracunculiasis Eradication. The purpose of the independent commission is to advise WHO "on the validity of the information of former endemic countries claiming that cases of indigenous dracunculiasis no longer exist", according to the WHO press release. The chairman of the commission, Dr. Abdul Rahman Al-Awadi, was Kuwait's Minister of Health and Planning for many years. Other members of the Commission, which will meet in Geneva by the end of 1995 and start the process of certification immediately after that, are:

Professor Pierre Ambroise-Thomas, of France
Dr. Joel Breman, of the United States of America
Professor Ogobara Dumbo, of Mali
Dr. (Ms.) Etsuko Kita, of Japan
Dr. Pascal Magnussen, of Denmark
Professor David Molyneux, of the United Kingdom
Ms. Margaret Nwangola, of Kenya
Dr. Abolhassan Nadim, of Iran
Dr. Aluizio Prata, of Brazil
Dr. Bheeshma Kumar Sainanee, of India
Dr. Frederick Wurapa, of Ghana

At the meeting of the Interagency Coordinating Group for Dracunculiasis Eradication in New York on June 21, Dr. Fernando Beltran of the Pan American Health Organization (PAHO) reported on related activities being conducted by that regional office of WHO. Preliminary documents have already been submitted to PAHO by health officials from Brazil, Colombia, Cuba, Dominican Republic, and Trinidad and Tobago, and responses are expected soon from authorities in seven other countries of the Americas. The resulting information will be presented to the Directing Council of PAHO at its annual meeting in September this year.

HOPKINS AMONG 1995 MacARTHUR FELLOWS

Global 2000 senior consultant and former CDC deputy director Dr. Donald Hopkins was among 24 persons who were awarded grants by the John D. and Catherine T. MacArthur Foundation in June. According to the Foundation, the prestigious MacArthur Fellowship is an unrestricted stipend paid over five years "to individuals who show exceptional merit and promise for continued and enhanced creative work." The amount of these awards range from $200,000 to $350,000.

(Below is a summary of the provisional recommendations made during the 3rd Meeting of the National Coordinators of Guinea Worm Eradication Programs held in Lome, Togo, on April 1995.)

THIRD MEETING OF NATIONAL COORDINATORS OF GUINEA WORM ERADICATION PROGRAMS, LOME, TOGO, 19-21 APRIL 1995

EDITED PROVISIONAL RECOMMENDATIONS

1. **In order to halt transmission of dracunculiasis during 1995, national eradication programs should give priority to the following initiatives:**

   a. **completing the implementation of case containment in all endemic villages before the end of May 1995;**
   b. **ensuring the implementation of active surveillance of dracunculiasis cases in all endemic villages, including monthly reporting of data and its appropriate use at all levels; and**
   c. **intensifying supervision at all levels, but particularly of the containment of cases by village health workers.**

2. **National eradication programs are encouraged to 1) use vector-control as a complement to the strategy of case containment, and 2) implement reward systems that will promote the rapid detection and containment of residual cases of dracunculiasis.**

3. **The process of informing and educating residents of affected communities about Guinea worm disease and its prevention should be intensified during 1995, and monitored to determine the most effective approaches for attaining the participation of communities in the elimination of the disease and to identify resources which can facilitate the diffusion of information.**

4. **During the second half of 1995, particular attention should be given by governments and their partners in making available in good time, filters, medical kits, and necessary logistical support essential to the correct implementation of activities in 1996.**

5. **The meeting applauds the Guinea worm cease-fire in Sudan and requests that all parties will agree to extend it, so that Guinea worm eradication and other child survival activities can succeed as soon as possible.**

6. **Given the importance of the problem of refugee populations and the increasing migration of populations, national coordinators are urged to rapidly notify neighboring countries, via WHO, about cross-border importation of cases, and to hold meetings with counterparts of the national programs in those countries to coordinate actions aimed at effectively eliminating transmission of disease from the villages where the infections originated and from villages which may have been contaminated by these infected persons.**

7. **Integration of Guinea worm surveillance is necessary for certification of eradication, given the rapid decline in number of cases. Counterparts [other programs such as EPI, ivermectin distribution, etc.] are therefore advised to work within their countries to begin integrating surveillance for Guinea worm disease and for other health/vital events deemed priorities for action by the Ministry of Health.**

8. **Before the end of 1995 the location of all villages affected by dracunculiasis should be mapped.**

ABATE SHIPMENT

A limited amount of Abate (7,000 liters) will arrive in Africa in late August. 2,700 liters each will be shipped to Ghana and Nigeria, and 1,600 liters to Kenya for distribution. This is the total amount of Abate that is expected to be needed for the remainder of the eradication campaign in all countries. National program coordinators desiring a fresh supply of Abate (temephos) for vector control in their Guinea Worm Eradication Program are requested to inform Global 2000 of their needs as soon as possible.

MEETINGS

The African Regional Office of WHO has requested the Government of Cameroon to host the 1995 Program Review for French-speaking endemic countries. The programs of Benin, Cameroon, Chad, Niger, and Togo will be reviewed on 18-20 October. The programs of Burkina Faso, Côte d'Ivoire, Mali, Mauritania, and Senegal will be reviewed on 23-25 October. Co-sponsors of these reviews include CDC, Global 2000, UNDP, UNICEF, and WHO.

The 1995 Program Review for English-speaking countries (Ethiopia, Ghana, Kenya, Nigeria, Sudan, Uganda, and Yemen) will be held in Khartoum, Sudan, during September 17-21, 1995.

RECENT PUBLICATIONS

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WHO, 1995. Dracunculiasis eradication - Update: Ghana and Nigeria 1994. Wkly Epidemiol Rec, 70:196-198.

* * * * *

Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.
The GW Wrap-Up is published in memory of BOB KAISER.

For information about the GW Wrap-Up, contact Trenton K. Ruebush, MD, Director, WHO Collaborating Center for Research Training, and Eradication of Dracunculiasis, NCID, Centers for Disease Control and Prevention, F-22, 1600 Clifton Rd, NE, Atlanta, GA 30333, U.S.A. FAX: (404)488-4532.

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WORLD HEALTH ORGANIZATION ORGANISATION MONDIALE DE LA SANTE

FORTY-FOURTH WORLD HEALTH ASSEMBLY
Agenda item 17.2

WHA44.5
13 May 1991

ERADICATION OF DRACUNCULIASIS

The Forty-fourth World Health Assembly,

Recalling resolutions WHA39.21 and WHA42.29;

Having considered the report of the Director-General on the eradication of dracunculiasis;

Encouraged by the considerable progress achieved in many countries toward elimination of the disease;

Aware that country-by-country elimination of dracunculiasis is considered to be the last step before global eradication can be declared;

Recognizing the support to national control activities provided by the international community;

Deploring, none the less, the continuing adverse effects of dracunculiasis on health, including that of mothers and children, as well as its constraining effects on agriculture, sustainable development and education in endemic areas of Africa and Asia, where over 100 million persons remain at risk of infection;

Aware that in the face of such problems a number of countries have set national goals aimed at ensuring that by the end of 1995 they have no more indigenous cases;

1. EXPRESSES its satisfaction with the progress made by affected Member States in eliminating dracunculiasis;

2. **DECLARES its commitment to the goal of eradicating dracunculiasis by the end of 1995, this being technically feasible given appropriate political, social and economic support;**

3. ENDORSES a combined strategy of provision of safe water, active surveillance, health education, community mobilization, vector control, and personal prophylaxis;

4. CALLS ON all Member States still affected by dracunculiasis to determine the full extent of the disease and elaborate regional plans of action; establish intersectoral steering committees; initiate certification of elimination; coordinate the contributions of the international community, including multilateral and bilateral agencies and nongovernmental organizations; and explore possibilities for mobilizing additional resources to eradicate the infection within the context of primary health care;.

5. INVITES donors, including bilateral and international development agencies, nongovernmental organizations, foundations and appropriate regional organizations, to continue to support countries' efforts to eradicate dracunculiasis by helping to ensure that funds are available to accelerate and sustain them;

6. URGES the Director-General:

(1) to immediately initiate country-by-country certification of elimination so that the certification process can be completed by the end of the 1990s;

(2) to support global efforts to eradicate dracunculiasis during the 1990s particularly by the certification by WHO of the elimination of the disease country by country;

(3) to support Member States in surveillance, programme development and implementation;

(4) to continue to seek extrabudgetary resources for this purpose;

(5) to keep the Executive Board and the Health Assembly informed of progress.

Eleventh plenary meeting, 13 May 1991
A44/VR/11