

THE  
CARTER CENTER



August 28, 1996

United States Agency for International Development  
USAID/CDIE/DI  
SA-18, Rm 311  
Washington, DC 20523-1802

Dear Sir,

I am pleased to submit an original and a duplicate copy of the annual narrative report that covers the grant period of October 1, 1994, through August 31, 1995, of the three-year grant #HRN-5994-G-00-5020-00 in support of our global Guinea worm eradication campaign. Apologies for our tardiness. We plan to submit the next narrative report to your office by October 31, 1996.

You will be pleased to know that collaborative efforts with our many partners has resulted in the global reduction of Guinea worm disease by over 97% from 3.5 million to about 130,000. Despite the difficulties of working in war-torn countries like Sudan, the achievements continue. With the support of USAID and our other partners, we are hopeful that total eradication will be achieved.

We are grateful for USAID's strong support of this effort. If I can be of any further assistance to you, please do not hesitate to contact me or Linnah Matano at (404) 420-5113.

Sincerely,

Pamela A. Wuichet  
Director of Development

cc: USAID/M/FM/CMP

Enclosure



**THE CARTER CENTER/GLOBAL 2000  
DRACUNCULIASIS ERADICATION  
1995 STATUS REPORT**

**OVERVIEW**

Exciting progress towards the eradication of dracunculiasis has been made in all Guinea worm endemic countries. From 1994 to 1995, the number of cases reported globally dropped from about 164,973 to a projected total of about 100,000, a reduction of approximately 39% over one year. In addition, the number of endemic villages declined from approximately 10,000 at the beginning of 1994, to less than 8,000 at the end of 1995.

During 1995, Pakistan reported zero cases, making it two years now since it last reported a case. Kenya has now reported no indigenous cases of dracunculiasis in over one year, while Cameroon reported only eight. From January to November of 1995, Senegal reported only 58 cases, India reported 60, Yemen reported 82, and Chad reported 122. In 1996, we expect these countries, and Ethiopia with 490 cases so far this year, to completely break transmission of the disease, if they have not done so already.

Mauritania, Benin, Togo, Mali, Côte d'Ivoire, Uganda and Ghana are closing in on eradication. Although Burkina Faso has only approximately 6,000 cases, its surveillance system and case containment implementation are weak and will require significant work to correct. The three other countries that will need special attention are: Nigeria and Niger because of their case load, and Sudan because of its case load and on-going civil war.

Last year, the principal objective was to assist all endemic villages in initiating and/or completing the implementation of case containment strategy<sup>1</sup>. This has been achieved. With the exception of Sudan which has about 20% of its endemic villages under case containment strategy, all endemic countries have 90-100% of endemic villages implementing case containment strategy.

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<sup>1</sup> Case containment strategy is a system whereby one seeks to find out, as rapidly as possible, all cases of dracunculiasis within a given area and given time, and then applies a thorough intervention to treat and control the patient to prevent all possibility of further transmission.

In 1996, the most important task for all endemic countries is to break transmission of this disease by intensifying case containment strategy in all endemic villages, reporting the number and percentage of cases of dracunculiasis that were completely contained, and intensifying social mobilization and awareness. Helping them to do this is also the most important task for their international partners.

### DONATION EXPENDITURE

NORAD has contributed greatly to the global dracunculiasis eradication effort through its support of The Carter Center/Global 2000. Global 2000 has used the funds donated by NORAD in 1995, for the following activities:

- a) To Operate Full-Time Secretariats in Ghana, Niger and Uganda. NORAD donation was used to fund a significant portion of the operational costs of the Global 2000 Ghana Secretariat based in Accra, the Global 2000 Niger secretariat based in Niamey and the Global 2000 Uganda secretariat based in Kampala. The presence of full-time, in-country Resident Technical Advisors to provide on-going assistance to these respective National Guinea Worm Eradication Programs is the most important aspect of the secretariats. The secretariats also offer the National Program financial, programmatic and administrative assistance, including but not restricted to, the provision of nylon or cloth filters, Abate<sup>®</sup>, vehicles, and Faso Fani cloth (a promotional incentive). As a result of this on-going assistance, the following progress has been made in these three countries:

Ghana: All endemic villages have a trained village-based health worker, have conducted health education, have distributed filters, and are currently implementing case containment strategy. In addition, 99% of all endemic villages are reporting cases monthly.

From January-November 1995, Ghana reported 8,697 cases, an increase of 18% compared to the same period in 1994, following severe disruptions of the program in association with civil disturbances in Northern Region, the most highly endemic region in the country, early in 1994. After an increase in cases of 115% in the first four months of 1995, compared to the same months in 1994, incidence in May-November 1995 has been reduced by 48% from 1994. Only 70 cases were reported in the entire country in September 1995, and only 59 cases in October, with six of the 10 regions having no indigenous case for those months! For the month of November 1995, with five of the 10 regions having reported no cases, Ghana reported a total of only 183 cases compared to 956 cases in November of 1994. In spite of Ghana's great recovery from the setback caused by the civil disturbances, the first quarter of 1996 will tell the true story of how successfully the case containment strategy has been implemented.

Niger: All endemic villages have a trained village-based health worker, have conducted health education, have distributed filters, and most report cases monthly and are currently implementing case containment strategy.

From January-November 1995, Niger reported 13,740 cases, a reduction of 22% compared to the same period in 1994. This reduction would have been higher except that there was no data for the first four months of 1994: reporting only began in May 1994. For October 1995, 691 cases were reported compared to 2,933 cases in October 1994, and for November 1995, only 357 cases were reported compared to 2,203 in November of 1994. Significant progress will be noted in 1996 as most of the necessary interventions to stop transmission are in place.

Uganda: All endemic villages have a trained village-based health worker, have conducted health education, have distributed filters, and are currently implementing case containment strategy. In addition, 96% of all endemic villages report monthly.

From January-November 1995, Uganda reported a total of 4,762 cases, a reduction of 52% compared to the same period in 1994. Uganda has made remarkable progress over the past year with some previously highly endemic districts in northern Uganda now reporting zero cases for some months. For October 1995, 114 cases were reported nationwide compared to 562 cases in October 1994, and for November 1995, only 65 were reported compared to 378 cases for November 1994. Uganda is well on its way towards eradicating dracunculiasis in the next year or two.

- b) To Contribute to the Interagency Technical Group (ITECH). NORAD donation was used to fund a portion of the operational costs of the ITECH secretariat based in Ouagadougou, Burkina Faso. ITECH is a collaborating agency made up of WHO, UNICEF and Global 2000. Its principal function is to provide technical support to all the West African francophone Guinea worm endemic countries. Global 2000 posted a full-time, in-country Resident Technical Advisor to ITECH.
- c) To Fund Global Campaign Activities.

Grants: To provide grants to the Côte d'Ivoire and Burkina Faso Guinea Worm Eradication Programs towards the implementation of case containment strategy and the intensification of the surveillance system. This involves the training of health workers from the national and district level down to the village level, the provision of Abate, filters, medical kits, health education materials, promotional paraphernalia and record keeping forms to maintain a sensitive and quick-to-respond surveillance system.

As a result of these grants, all endemic villages in Côte d'Ivoire have a trained village-based health worker, have conducted health education and have distributed cloth filters. Eighty-six percent (86%) of all endemic villages in Côte d'Ivoire are currently implementing case containment strategy and 96% report cases monthly. From January-November 1995, Côte d'Ivoire reported a total of 3,234 cases: a 36% reduction from the same period in 1994.

Unfortunately, Burkina Faso's progress has not been as significant as Côte d'Ivoire. From January-November 1995, Burkina Faso reported a total of 6,231 cases compared

to 6,733 cases during the same period in 1994. However, they have implemented most of the necessary interventions and so should be poised to make great strides in 1996: all endemic villages have a trained village-based health worker, have conducted health education, have distributed filters, and are currently implementing case containment strategy. In addition, 97% of all endemic villages are reporting cases monthly.

Orientation for CDC Staff: To fund a one-day orientation session on Guinea worm disease for CDC personnel. The objective of this session was to bring together all CDC personnel interested in carrying out consultations on Guinea worm disease in endemic countries and generate a pool of potential consultants. The session covered the epidemiology of the disease, the past and present status of the global effort to eradicate the disease, and experiences and expectations in the field. There were approximately 100 participants. Since the orientation in September 1994, Global 2000 has sent out approximately 10 participants for consultations to 10 endemic countries.

Consultation to Mauritania: To finance a consultation to the Mauritania Guinea Worm Eradication Program. The purpose of the consultation was to assist the Mauritania Guinea Worm Program in planning and implementing its eradication activities, particularly its surveillance network and its case containment measures. These activities required an epidemiologist, fluent in french, well acquainted with the dracunculiasis eradication program in Mauritania, and with knowledge of case containment and Abate application. A doctor from the Centers for Disease Control and Prevention (CDC) was recruited for the consultation which lasted from January 17-February 2, 1995.

From January-October 1995, Mauritania reported a total of 1,213 cases. All endemic villages have a trained village-based health worker, while 97% of endemic villages have conducted health education, have distributed filters, are currently implementing case containment strategy, and are finally reporting monthly. (In 1994, Mauritania was only reporting bi-annually.) Mauritania should be able to break transmission of the disease in 1996.

## FUTURE PLANS

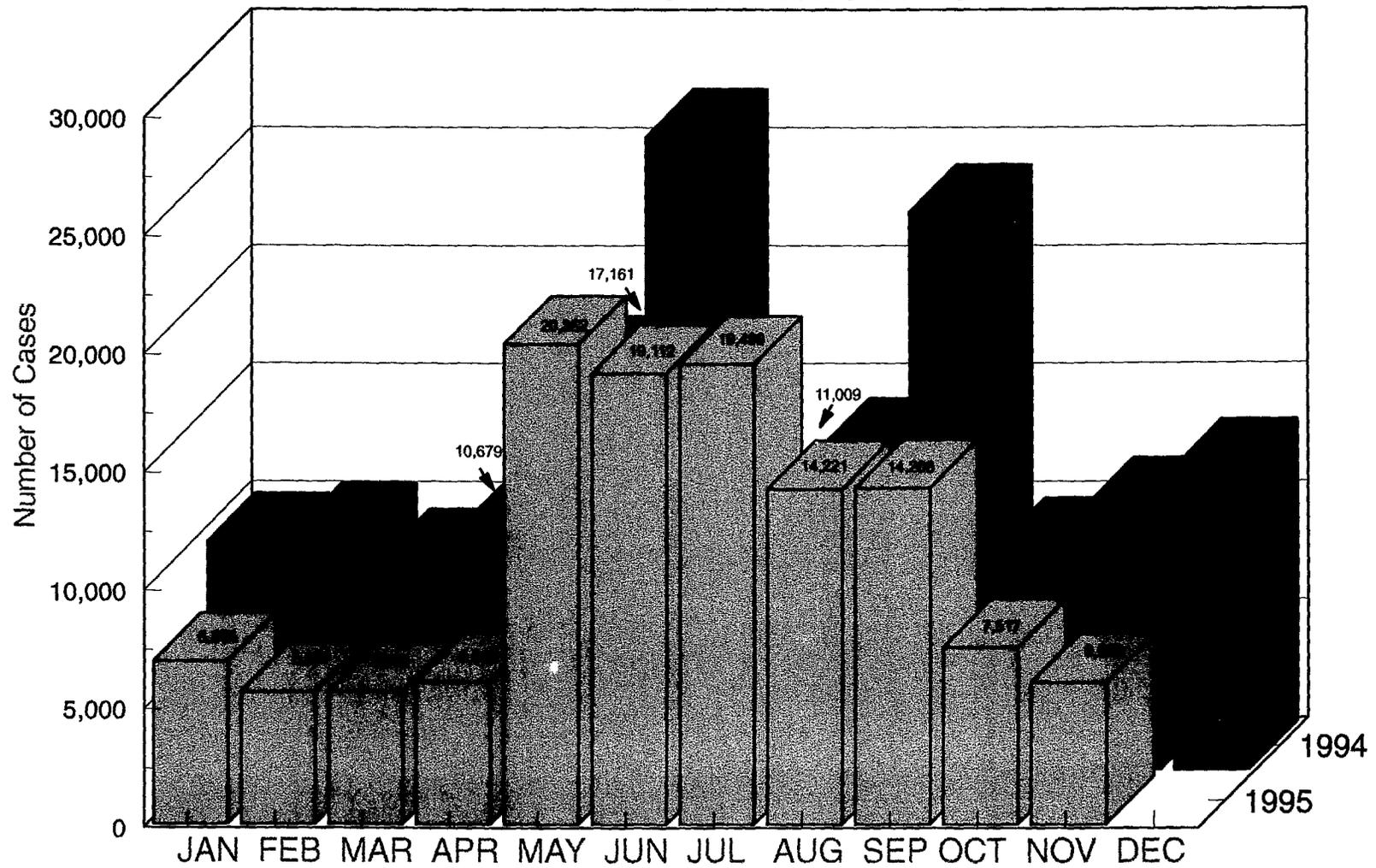
We are now in February of 1996 and the goal to eradicate Guinea worm disease by the official target date of December 1995 was not met by all countries. However, there is much to celebrate: 97% of the global disease has been eradicated, with half of the remaining three percent concentrated in Sudan.

In rejoicing, we must redouble our efforts because the last three percent will be the most difficult to tackle. Sudan, the greatest challenge, is still immersed in a civil war that has raged for over 12 years. Much progress was enabled by the 1995 Cease-Fire negotiated by former President Carter and the resulting health initiative (which has also been supported generously by NORAD), but Sudan remains the largest obstacle to global eradication of Guinea worm. Nigeria and Niger are proceeding on track but still have relatively high numbers of cases to contend with. (Nonetheless, Nigeria has reduced its cases by 97% from 653,000 in 1989 to

approximately 17,000 in 1995.) We cannot and must not give up during the final push.

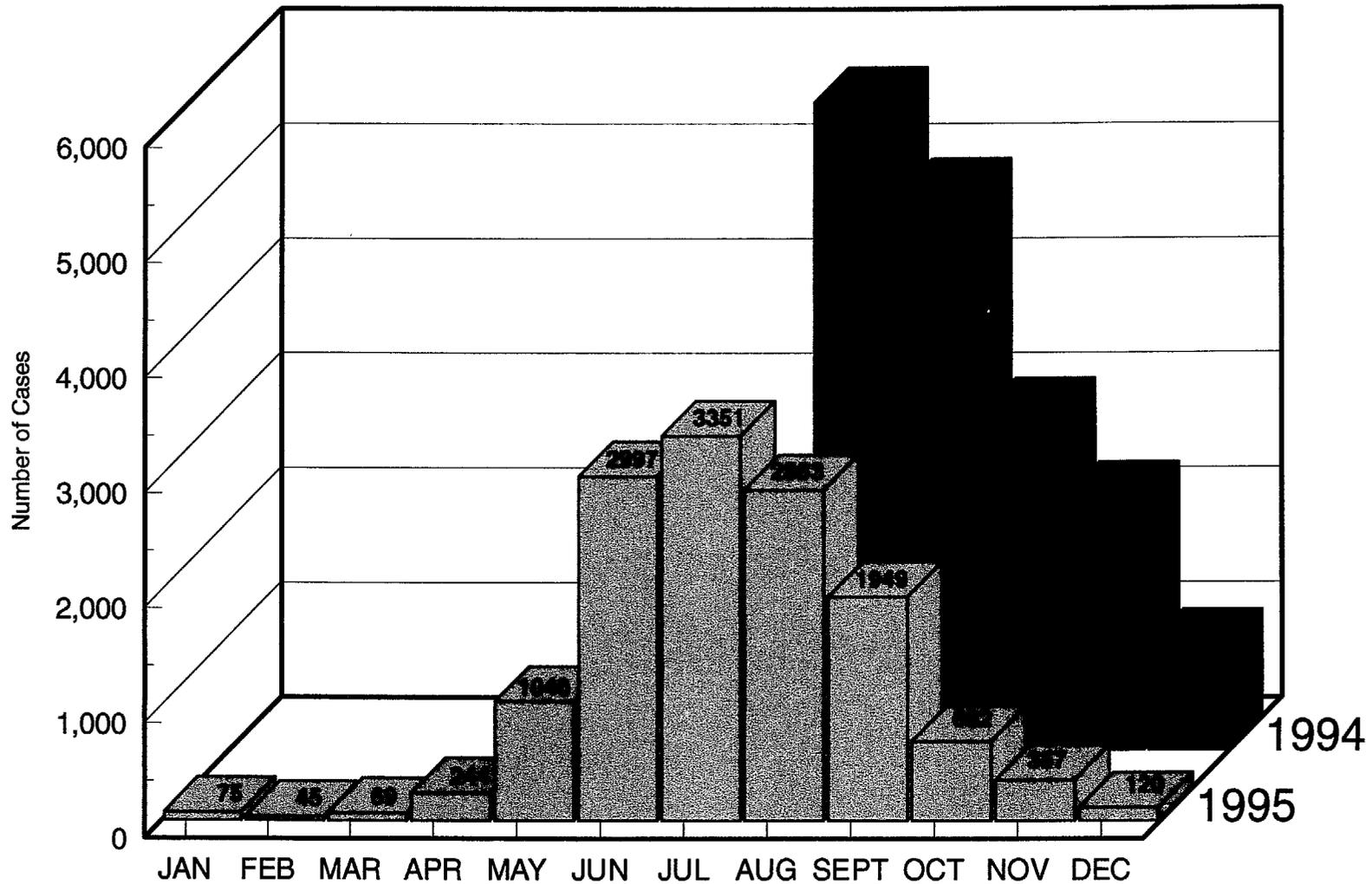
Under the leadership of former President Carter, The Carter Center/Global 2000 is committed to continue its leading role in the struggle to eradicate dracunculiasis as soon as possible after the target date of December 1995, through the provision of internationally recognized technical expertise and timely financial assistance. We shall not rest until the last worm is gone!

GUINEA WORM ERADICATION PROGRAMS  
 NUMBER OF CASES OF DRACUNCULIASIS REPORTED  
 BY ALL COUNTRIES BYMONTH

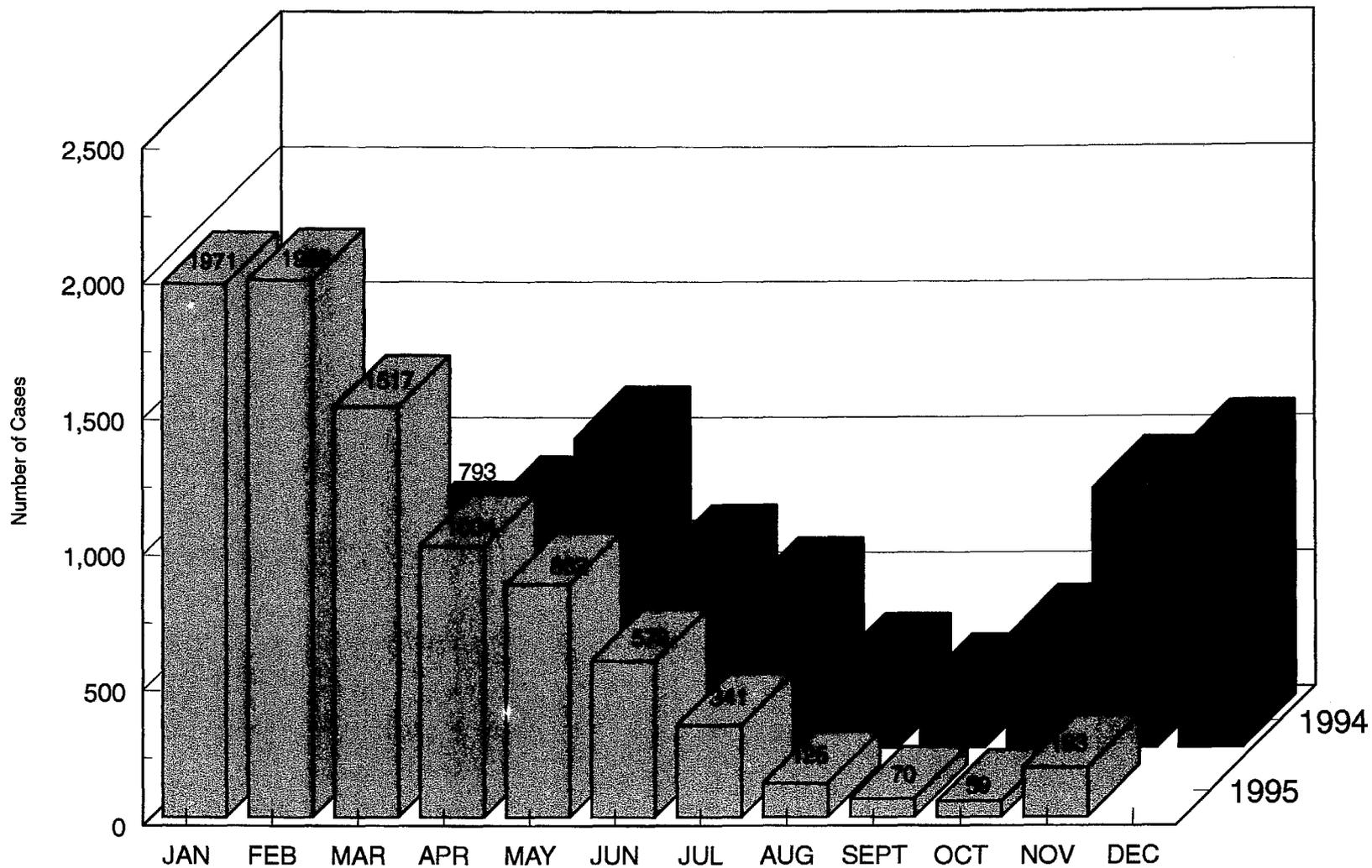


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# NIGER GUINEA WORM ERADICATION PROGRAM NUMBER OF CASES OF DRACUNCULIASIS REPORTED BY MONTH

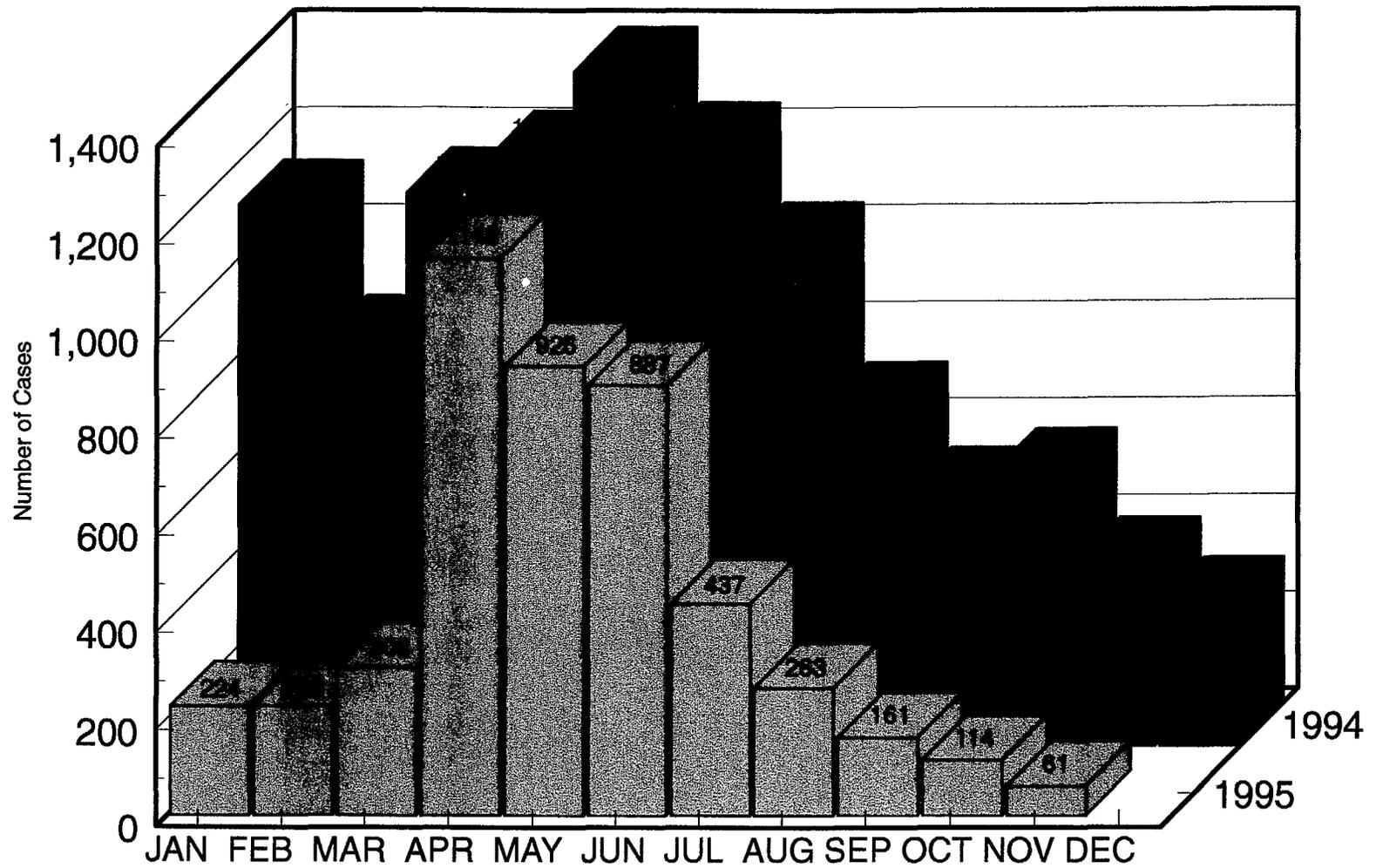


# GHANA GUINEA WORM ERADICATION PROGRAM NUMBER OF CASES OF DRACUNCULIASIS REPORTED BY MONTH



9

# UGANDA GUINEA WORM ERADICATION PROGRAM NUMBER OF CASES OF DRACUNCULIASIS REPORTED BY MONTH



# BURKINA FASO GUINEA WORM ERADICATION PROGRAM NUMBER OF CASES OF DRACUNCULIASIS REPORTED BY MONTH

