

Date: January 27, 2005

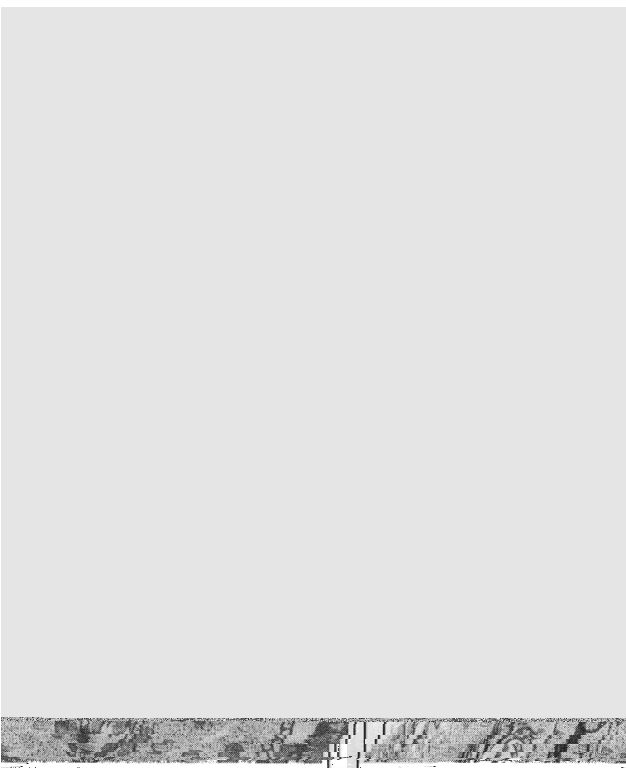
From: WHO Collaborating Center for
Research, Training and Eradication of Dracunculiasis

Subject: GUINEA WORM WRAP-UP #150

This program benefited from the beginning from the strong support of Uganda's own political leaders, including in the Ministry of Health, by the UNICEF mission to Uganda, and by The Carter Center/Global 2000, which provided a fulltime Resident Technical Advisor in Uganda from 1991 to 1998, in addition to other support. Other external support was provided by two Italian Non-Governmental Organizations, *Associazione Volontari per il Servizio Internazionale* and *Collegio Universitario Aspiranti Medici Missionari*; the governments of Japan, Norway, United Arab Emirates and United States of America; Health and Development International, the Japanese businessmen's consortium *Keidanren*, and the World Health Organization.

Nine of the twenty endemic countries have now interrupted transmission of dracunculiasis, including all three endemic countries in Asia, and four of these (Pakistan, India, Yemen, Senegal) have been certified GW-free by the World Health Organization.

PRESIDENT TOURE OPENS MALI PROGRAM REVIEW, DISSATISFIED WITH SPEED OF PROGRESS SO FAR



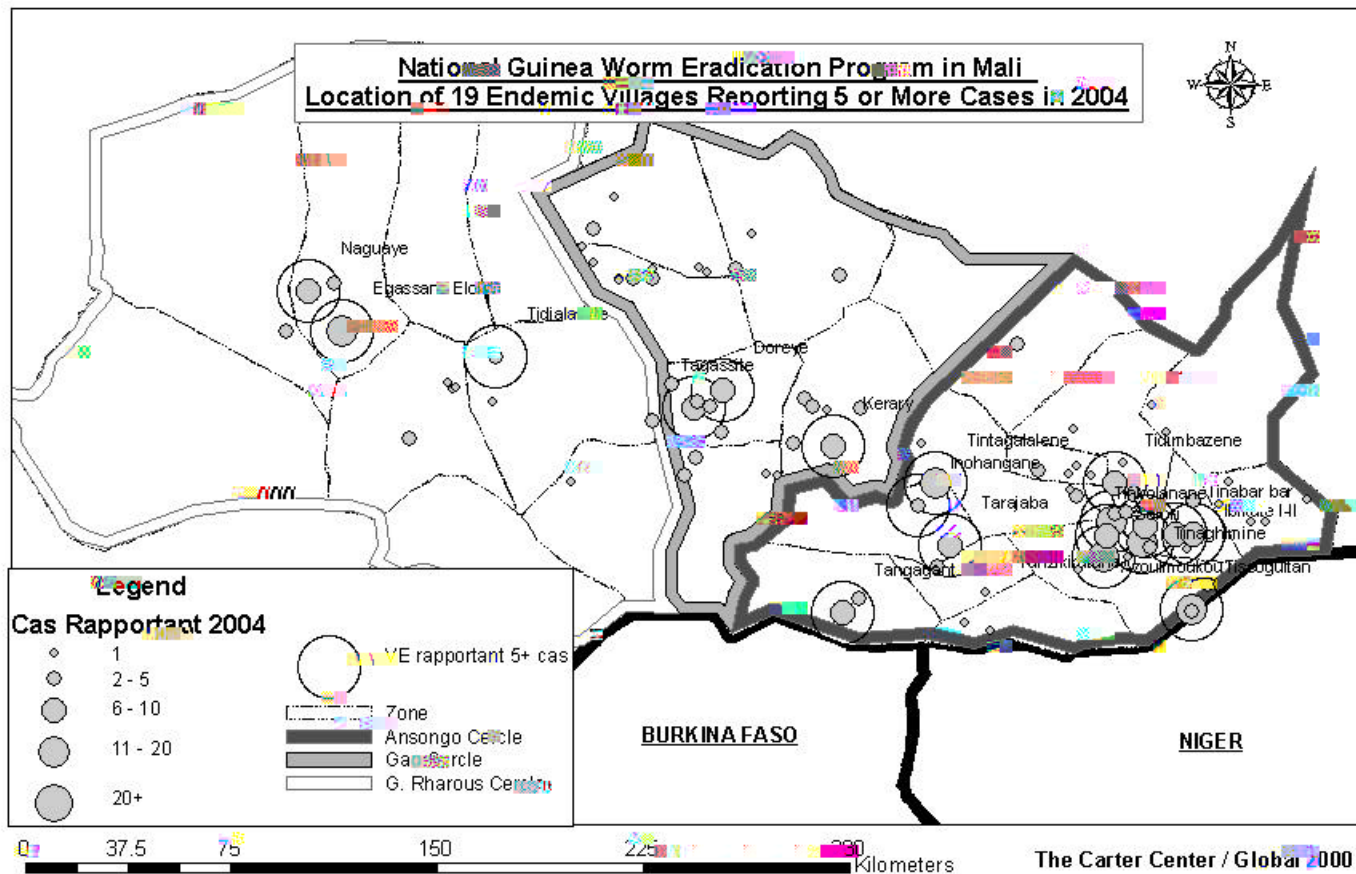
Fight Against Guinea Worm PRESIDENT TOURÉ IS DISSATISFIED AND HE'S MAKING IT KNOWN

Amadou Toumani Touré, whose involvement in the fight against Guinea Worm is well known, was disappointed by the results in our country

In a stern address that was interrupted repeatedly by applause, Mali's President Amadou Toumani Toure opened this year's annual national review dramatically, expressing his "profound disappointment" with the progress of his country's Guinea Worm Eradication Program. The exasperated president, who is still chairman of Mali's Intersectorial Committee for Dracunculiasis Eradication (since 1993), said that Guinea worm eradication is a "personal matter" for him, and that if those responsible for the program were "tired" or "incompetent" they should be removed. He said he is "embarrassed" that after all he has done since 1992 to advocate and mobilize people for Guinea worm eradication in Mali and other countries, visiting village after village, his own country is lagging so far behind. He declared that from now on, the national coordinator of the program would have to report directly to him every three months about the status of the program. The president's speech was carried prominently in the next day's government newspaper and on national television. The other speakers at the Opening Ceremony were Dr. Donald Hopkins of The Carter Center, and Minister of Health Mme. Maiga Zeinab Mint Youba.

Following the dramatic Opening Ceremony, the remainder of the annual review meeting, which lasted from January 13-15 in Bamako, was serious and specific. The program developed draft national objectives for 2005 and confirmed a list of the highest endemic villages, following a report on the status of its objectives for 2004. During work groups on the second and third day, the responsible staff

from the key endemic districts and regions prepared detailed objectives and work plans for 2005, building on the draft national objectives. Participants were happy to be informed on the last day of the review that the \$305,000 to UNICEF/Mali from the Contingency Fund of the Gates GW Grant, to be used for drinking water supply projects in endemic localities of Ansongo, Gao and Gournar Districts in 2005



Priority Zones

RANK	REGION	CERCLE	ZONE	CAS_2004
1	Gao	Ansongo	Tinhamma I	40
2	Gao	Ansongo	Outagouna I	38
3	Gao	Ansongo	Tessit II	32
4	Tombouktou	G. Rharous	Rharous Est	29
5	Gao	Gao	Intillit Sud II	22
5	Gao	Gao	Zinda/Gabero	22
6	Gao	Ansongo	Tinhamma III	14
7	Gao	Ansongo	Tessit I	13
8	Gao	Gao	Sorori	10
9	Gao	Gao	Intillit Sud I	9
10	Gao	Gao	Intillit Nord	8

Priority Endemic Villages

CIRCLE	ZONE	VILLAGE	CAS_2004	LAT	LONG
G Rharous	Rharous Est	Egassane Eloine	20	16.00997	-1.66977
Ansongo	Tessit 2	Tintagalalene	17	15.50846	0.27204
Ansongo	Outagouna 1	Tissoukitan	14	15.09609	1.11462
Ansongo	Tinhamma 1	Tinaghimine	14	15.31681	0.34913
Ansongo	Outagouna 1	Tanzikiratane	14	15.38359	0.84958
Ansongo	Outagouna 1	Sorori	12	15.27155	0.82284
Ansongo	Tessit 1	Tangagant	9	15.0848	-0.02775
Ansongo	Tessit 2	Tarajaba	9	15.30793	0.32225
Ansongo	Tinhamma 1	Tinabar bar	9	15.34288	1.0596
Gao	Zinda/Gabero	Kerary	8	15.62904	-0.06228
Ansongo	Outagouna 1	Tinkolanane	7	15.33986	0.8325
Gao	Intillit Sud 2	Tagassite	7	15.7511	-0.31896
Ansongo	Tinhamma 1	Wabkar I-II	6	15.34102	1.11626
Ansongo	Tinhamma 1	Azoulmoukou	6	15.36814	0.96181
Ansongo	Tinhamma 3	Tidimbazene	6	15.5124	0.85851
Gao	Intillit Sud 1	Doreye	6	15.81375	-0.42099
G Rharous	Rharous Est	Naguaye	6	16.14155	-1.77639
Ansongo	Tessit 2	Inohangane	5	15.43836	0.21903
G Rharous	Gao Est	Tioudiène	5	15.92199	-1.15373

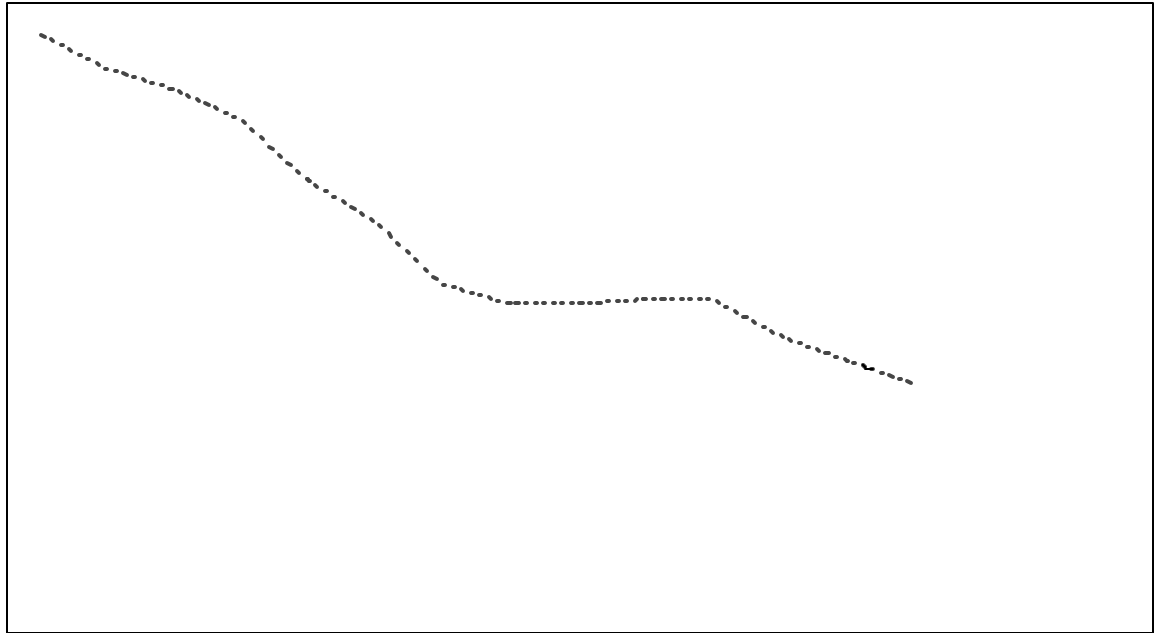
GHANA REPORTS -12% CASES IN 2004, -44% IN JULY



Figure 3

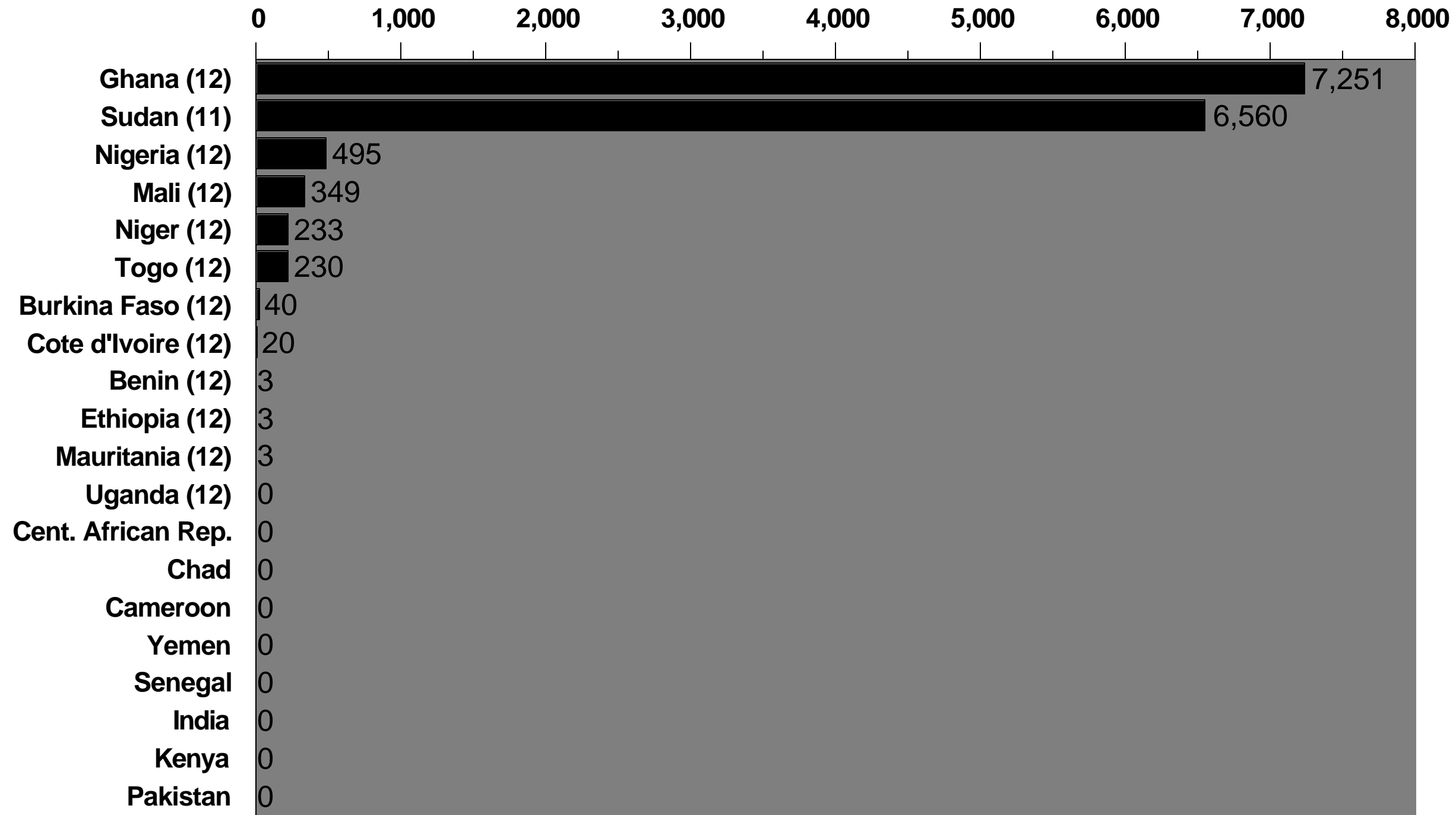
**NUMBER OF CASES OF DRACUNCULIASIS REPORTED:
GHANA AND NIGERIA, 1989-2004***

NUMBER OF CASES



* Provisional

Distribution by Country of 15,187 Indigenous Cases of Dracunculiasis Reported during 2004*

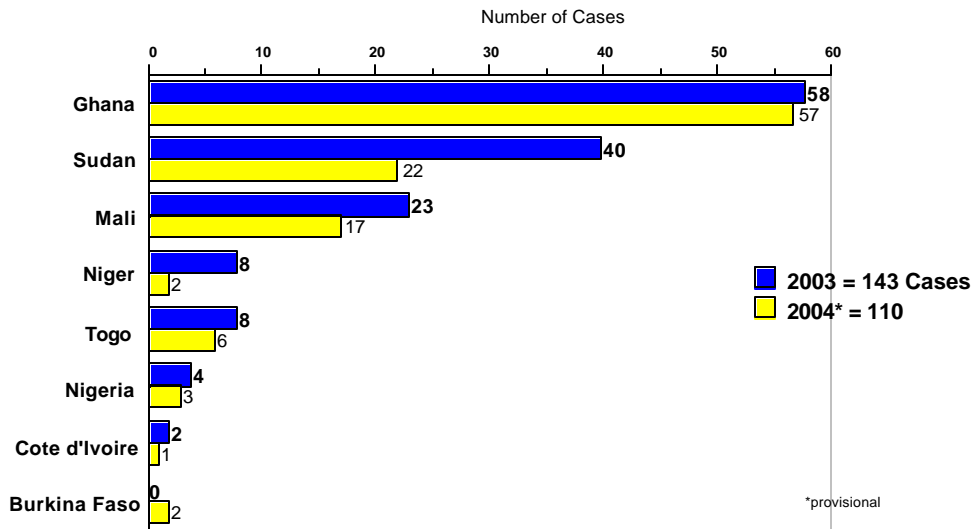


ASSESSMENT OF CCCs IN TOGO AND GHANA

In May - June of 2004, Dr. Natasha Hochberg, EIS Officer with the Division of Parasitic Diseases at CDC, Ms. Jennifer Fagan, public health analyst at Health Resources and Services Administration and former Carter Center Technical Advisor, and Mr. Phil Downs from The Carter Center, visited Togo and Ghana to work with members of national Guinea Worm Eradication Programs (GWEPs) to evaluate the use, effectiveness, and perceptions about case containment centers (CCCs) in each country. A total of 884 interviews were performed at 8 centers (4 in each country) and nearby endemic areas. The teams also examined the CCC facilities, evaluated treatment protocols, and interview

Figure 7

Distribution by Country of Origin of the Combined Cases of Dracunculiasis Exported to Other Countries During 2003 and 2004*



JAPAN PROVIDES ADDITIONAL SUPPORT FOR GHANA

In early January, representatives of the governments of Japan and Ghana and of The Carter Center signed an agreement in Accra under which the Japan International Cooperation Agency (JICA) will provide a grant equivalent to US \$481,840 for the period 2005-2007 for Guinea worm eradication in Ghana's Northern Region. Beginning in 2005, Japan will also provide the service of two Japan Overseas Cooperation Volunteers (JOCV) to work with the Guinea Worm Eradication Program based in Tamale, and a Japanese water expert. The

MEETINGS