



Date: April 15, 2005



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

Subject: GUINEA WORM WRAP-UP #152

To: Addressees

GATES FOUNDATION AWARDS \$25 MILLION CHALLENGE GRANT; CANADA AND HILTON FOUNDATION MATCH \$6 MILLION



Canadian International
Development Agency

The Bill & Melinda Gates Foundation has awarded a challenge grant of \$25 million to The Carter Center to help complete the eradication of dracunculiasis (Guinea worm disease). The grant includes an initial contribution of \$5 million, and challenges other donors to provide another \$20 million, which the Gates Foundation will match one-to-one. In the press release announcing the grant, Dr. Regina Rabinovich, director of the Gates Foundation's infectious disease program, said the "success in fighting Guinea worm demonstrates the power of international collaboration to solve the health problems facing developing countries." Former U.S. President Jimmy Carter emphasized that "The last cases of Guinea worm disease are the most crucial, difficult, and expensive to contain. The new peace agreement between northern and southern Sudan and the recent Gates Foundation challenge grant will help us secure the remaining access and resources needed to finish the job." Dr. Donald Hopkins, associate executive director of The Carter Center, announced the grant on April 5 at the opening ceremony of the Tenth Meeting of National Program Managers of Dracunculiasis Eradication Programs, in Accra, Ghana. About \$1.5 million of the challenge grant will help support the World Health Organization's activities to certify eradication and prepare endemic countries for certification.

The Canadian International Development Agency and the Conrad N. Hilton Foundation have already responded to the challenge by pledging \$5 million and \$1 million, respectively, to the campaign. In announcing Canada's contribution at the ceremony in Accra, Dr. Donald Bobiash, the Canadian High Commissioner to Ghana, said that "Ridding the world of Guinea worm is within our grasp. We know that healthy people are absolutely key to building a better world for all." The president of the Conrad N. Hilton Foundation, Mr. Steve Hilton, who did not attend the opening ceremony in Accra, conveyed his statement that "The Hilton Foundation is honored to be part of a positive effort to improve the lives of the most forgotten people." The Gates Foundation's first grant of \$28.5 million to the Guinea worm eradication program in May 2000 contributed greatly to the eradication program's current dramatic momentum, which was evident in the reports of all endemic countries during the remainder of the meeting in Accra (see below).

"Explain & Contain" Every Case During 2005!

REPORTS TO PROGRAM MANAGERS MEETING SHOW ERADICATION PACE IS ACCELERATING

The news from endemic and formerly endemic countries was consistently good during the Tenth Meeting of National Program Managers of Dracunculiasis Eradication Programs, which met in Accra, Ghana on April 5-7. For the first time, all of the remaining endemic countries were experiencing significant reductions in cases, **Uganda** had reported zero indigenous cases for the entire calendar year of 2004, and **Benin** announced that it had had no indigenous cases for twelve consecutive months, from April 2004 through M

Millennium Development Goals. Dr. Donald Hopkins of The Carter Center noted that the eradication target is finally within reach, and that Ghana's recent substantial reduction in cases was welcome news for Ghana, its neighboring countries, and the entire campaign. General Gowon expressed his pleasure at being back in Ghana, at the recent peace agreement in Sudan, and at the progress achieved by the eradication program so far, and said Nigeria was priming itself for its final onslaught against the disease. In a speech read on his behalf by deputy minister Owusu-Agyay, The Minister of Health, Major Courage Quashigah stated that the Ghana Health Services had directed all regional and district directors to give top priority to Guinea worm eradication in their budgets and plans. The deputy minister of works and housing, Mrs. Cecelia Dapaah, chaired the opening ceremony. Representing the Government of Ghana at the closing ceremony, the director of the Ghana Health Services, Prof. Agyeman Badu Akosa, charged the participants to remain unrelenting in their war against dracunculiasis, and he reminded everyone that the target date of 2009 that was established by last year's Geneva Declaration was for Sudan, and that all other countries were expected to eradicate the disease well before then. He then thanked the Bill & Mal c 2.3135s Geneva Declara2 Tc 1.7noi8D -0.0487 aw (thankedm4) Tj8abbt8i8D -cc 0.

Table 1

Number of cases contained and number reported by month during 2004*
(Countries arranged in descending order of cases in 2003)

The table content is almost entirely obscured by black redaction boxes. Only a few small white rectangular areas are visible within the redacted cells, likely representing the text of the table headers or specific data points that were not fully covered.

Figure 1

Number of Villages/Localities Reporting Cases of Dracunculiasis in 2003, Percentage of Endemic Villages Reporting in 2004, Number of Indigenous Cases Reported During the Specified Period in 2003 and 2004, and Percent Change in Cases Reported

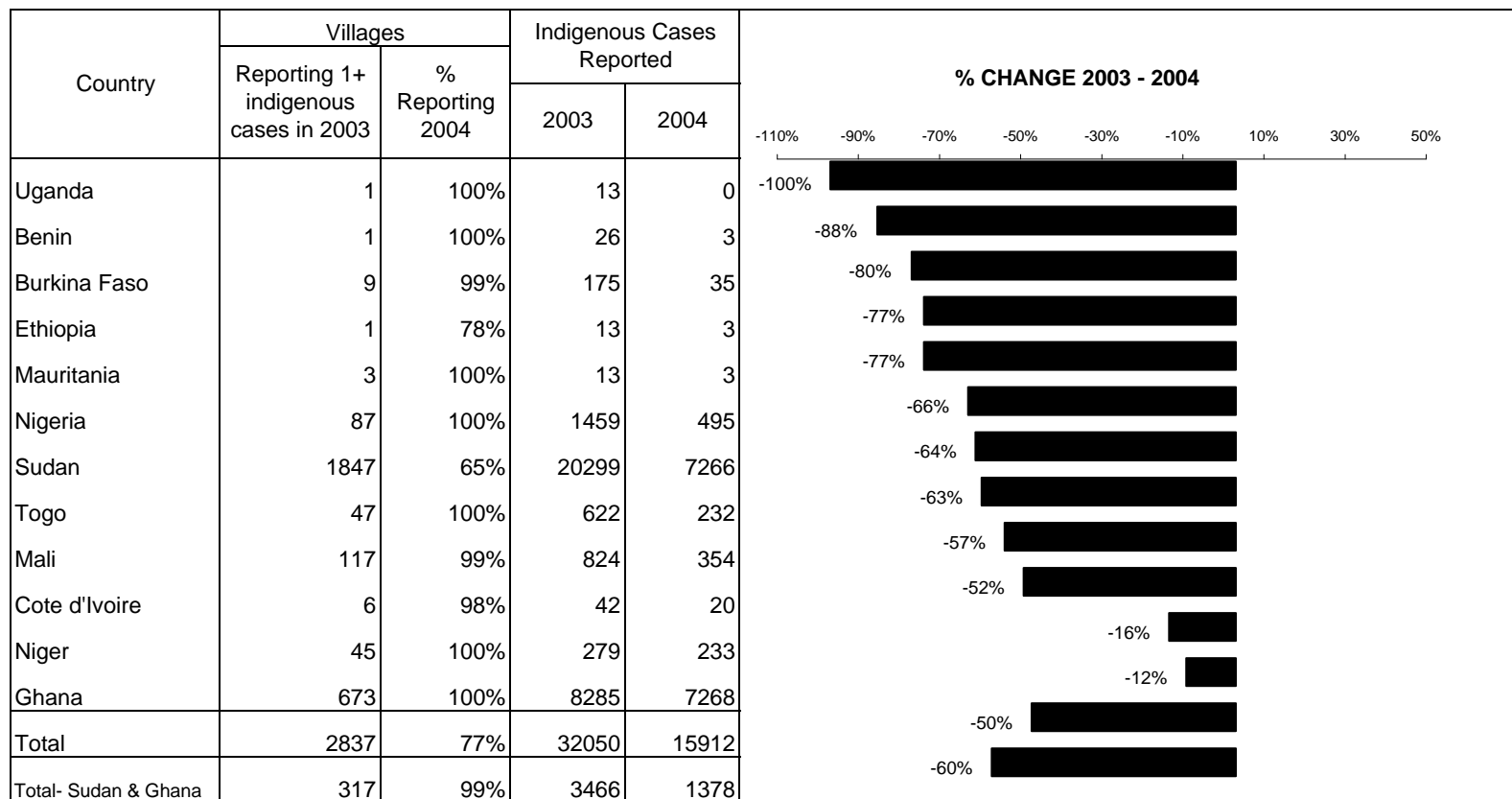


Table 2

Dracunculiasis Eradication Campaign: Status of Interventions during 2004

| Country | Number of reported cases (indigenous) in 2004 | Number of reported cases (imported) in 2004* | % of all cases reported that were contained during 2004 | No. of villages/localities where interventions were applied in 2003 and 2004 | % Change in cases where interventions were applied in 2003-2004 | Villages/Localities | | | | | | | |
|---------------|---|--|---|--|---|---------------------------------|-----------------------------------|--------------------------------|----------------------|-----------------------------------|----------------|---|------------------------------|
| | | | | | | No. reporting one or more cases | No. reporting only imported cases | No. reporting indigenous cases | % reporting monthly^ | % with filters in all households^ | % using Abate^ | % with one or more sources of safe water^ | % provided health education^ |
| Ghana | 7,268 | 7 | 66% | 1,478 | -12% | 1,017 | 344 | 673 | 100% | 67% | 23% | 44% | 90% |
| Sudan | 7,266 | 0 | 12% | 3,046 | -74% | 2,145 | 8 | 2,137 | 65% | 64% | 1% | 28% | 89% |
| Nigeria | 495 | 0 | 85% | 319 | -66% | 106 | 21 | 85 | 100% | 100% | 51% | 70% | 87% |
| Mali | 354 | 3 | 66% | 237 | -57% | 121 | 19 | 102 | 100% | 100% | 27% | 20% | 100% |
| Niger | 233 | 7 | 73% | 128 | -18% | 75 | 30 | 45 | 100% | 100% | 49% | 11% | 100% |
| Togo | 232 | 46 | 72% | 206 | -58% | 100 | 54 | 46 | 100% | 100% | 96% | 45% | 100% |
| Burkina Faso | 35 | 25 | 65% | 89 | -70% | 33 | 23 | 10 | 100% | 100% | 47% | 70% | 100% |
| Cote d'Ivoire | 20 | 1 | 29% | 17 | -50% | 8 | 2 | 6 | 90% | 74% | 79% | 93% | 100% |
| Benin | 3 | 0 | 100% | 13 | -90% | 1 | 0 | 1 | 100% | 100% | 100% | 100% | 100% |
| Ethiopia | 3 | 14 | 88% | 10 | -88% | 13 | 10 | 3 | 100% | 50% | 48% | 59% | 100% |
| Mauritania | 3 | 0 | 100% | 11 | -77% | 3 | 2 | 1 | 100% | 91% | 73% | 91% | 100% |
| Uganda | 0 | 4 | 100% | 10 | -100% | 3 | 3 | 0 | 100% | 100% | 0% | 100% | 100% |
| Total | 15,912 | 107 | 42% | 5,564 | -54% | 3,625 | 516 | 3,109 | 81% | 71% | 17% | 36% | 91% |

* Kenya (a non-endemic country) reported 7 cases of dracunculiasis imported from Sudan

^ The base of the percentage is the number of villages/localities where the program applied interventions during 2003-2004

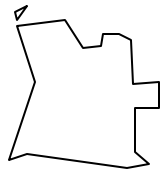
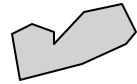
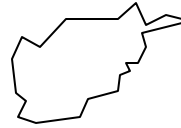
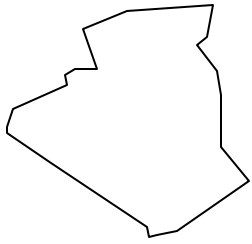


Table 3

Number of cases contained and number reported by month during 2005*

(Countries arranged in descending order of cases in 2004)

| COUNTRIES REPORTING CASES | NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED | | | | | | | | | | | | | CONT. | % |
|---------------------------|--|-----------|-----------|-------|-------|-------|-------|--------|-----------|---------|----------|----------|------------|-------|---|
| | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER | TOTAL* | | |
| GHANA | 358 / 531 | 242 / 480 | 217 / 389 | / | / | / | / | / | / | / | / | / | 817 / 1400 | 58 | |
| SUDAN | 0 / 42 | / | / | / | / | / | / | / | / | / | / | / | 0 / 42 | 0 | |
| NIGERIA | 25 / 34 | 13 / 15 | 5 / 9 | / | / | / | / | / | / | / | / | / | 43 / 58 | 74 | |
| MALI | 3 / 4 | 1 / 1 | 1 / 1 | / | / | / | / | / | / | / | / | / | 5 / 6 | 83 | |
| NIGER | 2 / 2 | 4 / 4 | 1 / 1 | / | / | / | / | / | / | / | / | / | 7 / 7 | 100 | |
| TOGO | 11 / 11 | 1 / 4 | 3 / 3 | / | / | / | / | / | / | / | / | / | 15 / 18 | 83 | |
| BURKINA FASO | 0 / 0 | 0 / 0 | 0 / 0 | / | / | / | / | / | / | / | / | / | 0 / 0 | | |
| COTE D'IVOIRE | 0 / 0 | 0 / 0 | 1 / 1 | / | / | / | / | / | / | / | / | / | 1 / 1 | 100 | |
| BENIN | 0 / 0 | 0 / 0 | 1 / 1 | / | / | / | / | / | / | / | / | / | 1 / 1 | 100 | |
| ETHIOPIA | 2 / 2 | 0 / 0 | 0 / 0 | / | / | / | / | / | / | / | / | / | 2 / 2 | 100 | |
| MAURITANIA | 0 / 0 | 0 / 0 | 0 / 0 | / | / | / | / | / | / | / | / | / | 0 / 0 | | |
| TOTAL* | 401 / 626 | 261 / 504 | 229 / 405 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 891 / 1535 | 58 | |
| % CONTAINED | 64 | 52 | 57 | | | | | | | | | | 58 | | |

* provisional

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

Figure 4

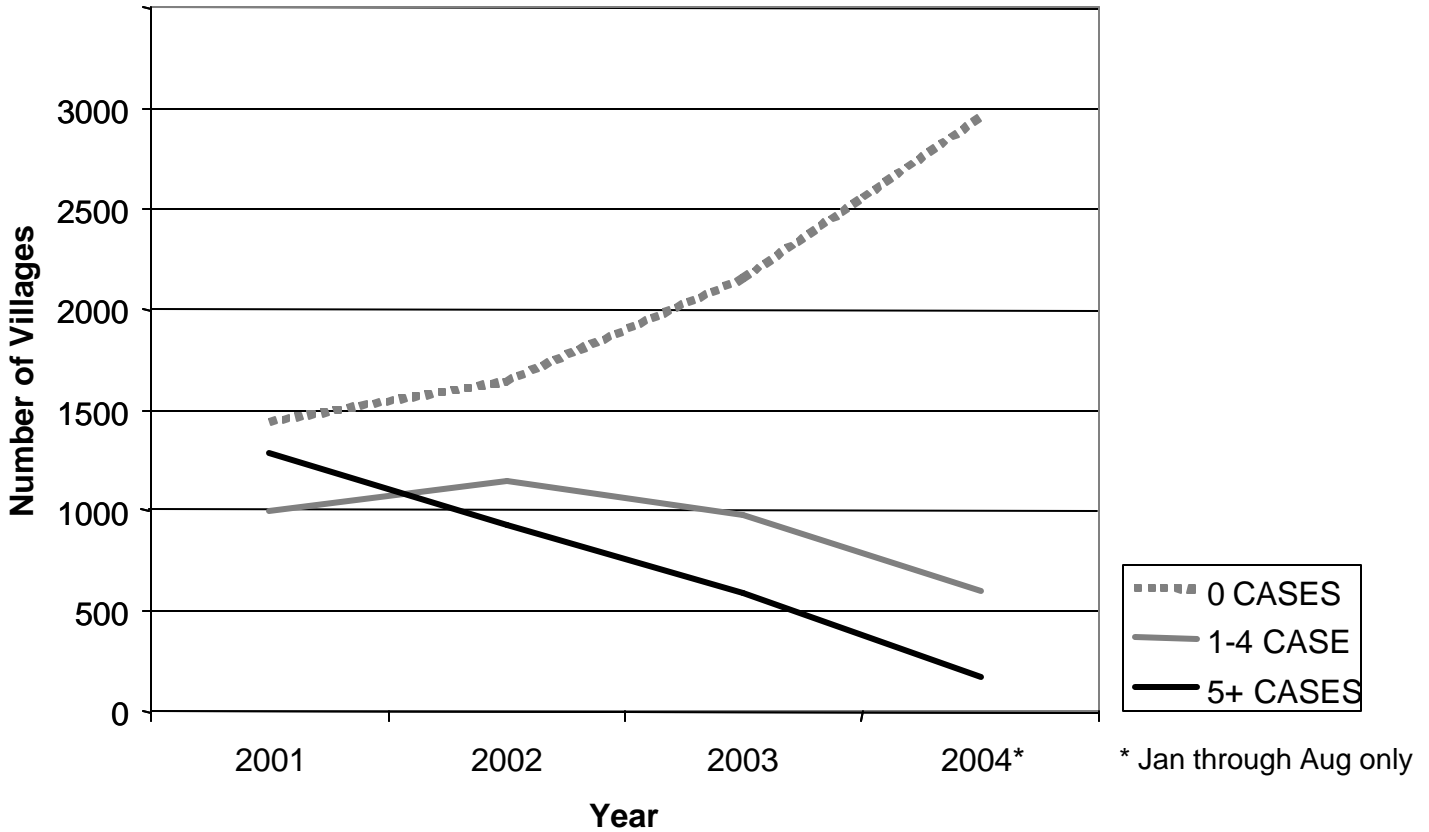
| Country | 2004 | 2005 |
|-------------------|------|------|
| Mauritania (3) | 1 | 0 |
| Benin (3) | 2 | 0 |
| Côte d'Ivoire (3) | 11 | 1 |
| Togo (3) | | |

Figure 5



Figure 6

Number of Villages Reporting 0 Cases, 1-4 Cases, and 5 or More Cases Among a Cohort of 3,729 Endemic Villages Reporting to the SGWEP Annually From January 2001 - August 2004*.



*Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.
In memory of BOB KAISER.*

For information about the GW Wrap-Up, contact Dr. James H. Maguire, Director, WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, NCID, Centers for Disease Control and Prevention, F-22, 4770 Buford Highway, NE, Atlanta, GA 30341-3724, U.S.A. FAX: 770-488-7761. The GW Wrap-Up web location is <http://www.cdc.gov/ncidod/dpd/parasites/guineaworm/default.htm>.



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