International Commission for the Certification of Dracunculiasis Eradication

Fourth Meeting
15 - 17 February 2000

REPORT and RECOMMENDATIONS
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Les opinions exprimées dans les documents par des auteurs cités nommément n'engagent que lesdits auteurs.
TABLE OF CONTENTS

REPORT                                                                1

I  INTRODUCTION                                                        1

II  EPIDEMIOLOGICAL SITUATION OF GUINEA WORM IN CURRENTLY ENDEMIC COUNTRIES  1

III REVIEW OF COUNTRIES PROVIDING REPORTS                              2

IV REVIEW OF COUNTRIES SUBMITTING A DECLARATION OF DRACUNCULIASIS-FREE STATUS  4

1. African Region                                                      4
2. Region of the Americas                                             4
3. Eastern Mediterranean Region                                       4
4. European Region                                                    4
5. South-East Asian Region                                            5
6. Western Pacific Region                                             5

V  REVIEW OF COUNTRY PROGRAMMES                                        5

VI MEETING WITH THE DIRECTOR-GENERAL OF WHO                           6

VII RESEARCH ON ANIMAL SPECIES OF DRACUNCULUS                         7

RECOMMENDATIONS                                                       7

ANNEXES                                                              9

Annex 1 Map of countries, territories and areas already certified  
Annex 2 Agenda                                                      10
Annex 3 List of participants                                         13
Annex 4 Chairman's letter to the Director-General of WHO              15
Annex 5 List of countries and territories certified at ICCDE 4
The organization of this meeting was made possible through the generous contribution from the Government of Japan to the Dracunculiasis Eradication Project.
REPORT

I  INTRODUCTION

The fourth meeting of the International Commission for the Certification of Dracunculiasis Eradication (ICCDE) convened by the World Health Organization was held from 15 to 17 February 2000 in Geneva, under the Chairmanship of Dr Abdul Rahman Al-Awadi.

The meeting was opened by Dr David Heymann, Executive Director of the Communicable Diseases Cluster. Dr Heymann conveyed to the Commission the Director General's commitment to the task of dracunculiasis eradication. He urged the continued partnership between relevant NGOs and WHO. He wished the Commission fruitful discussions in their review of the 55 countries that have applied for certification of dracunculiasis-free status.

Dr Maria Neira, Director of the Communicable Diseases Control, Prevention and Eradication Department, welcomed the participants to this meeting and expressed the hope that, in a near future, all the currently endemic countries will be able to achieve eradication of guinea worm (GW).

Dr Pierre Ambroise-Thomas was elected Vice-Chairman and Dr Frederick Wurapa, Rapporteur of the meeting.

The provisional agenda was adopted with few modifications to include discussion of the guidelines for the conduct of the International Certification Team's visits.

The report of the third meeting of the ICCDE was reviewed and adopted.

II  EPIDEMIOLOGICAL SITUATION OF GUINEA WORM IN CURRENTLY ENDEMIC COUNTRIES

The current status of the GW epidemiological situation in endemic countries was presented by Dr Daniel Colley, Director of the WHO Collaborating Center for GW at CDC, in Atlanta.

As a conclusion, the currently or recently endemic countries were grouped in three categories:

- Countries where continuous transmission is still taking place at a steady or possibly increasing level: Ghana, Nigeria and Sudan;
- Countries where there has been a continued decrease in the level of transmission over the past few years: Benin, Burkina Faso, the Central African Republic, Côte d'Ivoire, Mali, Mauritania, Niger, Togo and Uganda;
- Countries where no indigenous cases have been reported in the last year: Cameroon, Chad, Kenya, Senegal and Yemen.
The discussion and recommendations focused on the following issues:

1. The concern regarding the ability of the surveillance systems of the countries concerned to detect and report cases when they reach the pre-certification period. In view of the need for the Commission to rely on comprehensive and valid data for certification, it was felt important to stress to currently endemic countries the necessity to strengthen their surveillance system and ensure that it is maintained operational until certification.

2. The need to establish or strengthen cross-border coordination activities for interruption of transmission and surveillance, given movements of populations across borders.

3. The principle of the reward system has proven valuable in countries where the incidence is low or believed to be zero. Each country should assess the benefits of the reward as local elimination and global eradication is approached, within their own cultural and public health context.

III REVIEW OF COUNTRIES PROVIDING REPORTS

Morocco

The Country Report presented by Morocco was introduced to the Commission by Professor Pierre Ambroise-Thomas. As no cases of GW have ever been reported and on the basis of a solid surveillance system and large coverage of safe drinking water, the Commission recommended the certification of the country as free of GW transmission. The Commission acknowledged that the Country Report extended to Western Sahara, and noted that this was without prejudice to the status of the territory as provided for in the applicable resolutions of the General Assembly and Security Council of the United Nations.

Saudi Arabia

Following the recommendation of the Commission, Saudi Arabia prepared a Country Report detailing its surveillance system, water coverage and surveys on GW. The Commission commended the country for their report and recommended the certification of absence of transmission in Saudi Arabia. The Commission also recommended that, as a contribution to global eradication of dracunculiasis, Saudi Arabia continue to report to WHO the results of its surveillance activities on dracunculiasis, especially among pilgrims to Haj and Omra.

Libyan Arab Jamahiriya

The Country Report of the Libyan Arab Jamahiriya as well as the International Certification Team (ICT) Report were reviewed. The Commission commended the quality of the work of the Libyan Arab Jamahiriya for investigation of the local outbreak of 1993. On the basis of the reports, the Commission recommended that the Libyan Arab Jamahiriya be certified free of dracunculiasis transmission.
Turkmenistan and Uzbekistan

The reports prepared by these countries were reviewed by the Commission. In the absence of cases in humans, sporadic infections in animals appeared to be unrelated to human disease. Especially for Uzbekistan, there was no evidence that animal parasites were transmitted to man. The Commission commended the Isaev Institute for its very elegant work and detailed report, and proposed that the Institute could be requested by the Secretariat to pursue further research necessary to clarify the taxonomy as well as the susceptibility of the various *cyclops* species to *D. medinensis*. The Commission recommended that Turkmenistan and Uzbekistan be certified free of GW transmission.

India

India was the last country of the South-East Asian region where transmission of dracunculiasis was taking place. It was the country with the largest number of people exposed to the disease. The last case of GW was reported in July 1996. To achieve eradication in the country, an important work was carried out with exceptional involvement of state and national organizations, which formed the eradication programme. The history of GW eradication started in 1959 when the State of Tamil Nadu initiated an eradication programme at the state level. In 1983-84, the Government of India launched an important eradication effort nation-wide under the leadership of the National Institute of Communicable Diseases (NICD). Seven independent reviews of the India GWEP were carried out from 1985 to 1999. These reviews witness the high level of monitoring of the Guinea Worm Programme at national level.

The data provided by these independent evaluations constituted an invaluable platform of information for the work of the ICT, which verified the absence of transmission in the country in November 1999. During its visit, the ICT was able to review the data accumulated by the Programme from 1984 to 1999 and to discuss with the National Commission for the Eradication of Guinea Worm. On the basis of the review, the ICT selected 5 States for its field evaluations. The ICT visited 62 villages and 28 primary health centres, and carried out 386 individual interviews. The ICT also took note of the tremendous efforts made in the provision of safe drinking water following the Rajiv Gandhi National Drinking Water Initiative. The ICT also acknowledged the very effective action of the health workers in the area of health education for the prevention of GW transmission. The co-operation between health and non-health sectors in India has had a remarkable impact on GW eradication and should serve as model to other countries.

The documentation available to the ICCDE consisted of a Country Report and an ICT Report. The two reports were summarized by a member of the Secretariat and two former senior members of the India GWEP. The Country Report was highly commended and the Commission requested its distribution to Programme Managers of currently endemic countries as a model for preparing their own Country Report. The Commission recommended that India be certified free of GW transmission, but also recommended that surveillance and reporting to WHO be continued until global eradication is achieved.
IV REVIEW OF COUNTRIES SUBMITTING A DECLARATION OF DRACUNCULIASIS-FREE STATUS

1. African Region

   Nine countries had submitted documentation declaring dracunculiasis-free status. The Commission reviewed them and on the basis of the information provided, recommended that:

   - Burundi, Lesotho, Malawi and Namibia be certified free of GW transmission. The Commission also recommended that these countries be vigilant regarding the possible occurrence of GW disease.
   - Algeria and Liberia produce a Country Report.
   - South Africa and Zambia complete their documents and submit them again to the Commission.
   - Comoros provide information on safe water supply coverage in rural communities.

2. Region of the Americas

   Twenty countries and territories submitted declaration of dracunculiasis-free status. The Commission reviewed the documents available and recommended that 19 of them be declared free of GW transmission: Antigua & Barbuda, Argentina, Aruba, Bahamas, Belize, Chile, Costa Rica, Ecuador, Guatemala, Guyana, Haiti, Honduras, Paraguay, Peru, Puerto Rico, Saint Vincent & the Grenadines, Suriname, USA (including US Virgin Islands) and Venezuela. The Commission requested that data on safe drinking water be provided by Uruguay.

3. Eastern Mediterranean Region

   The Commission wished to receive a declaration and a completed questionnaire from the Palestinian Authority and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

4. European Region

   In addition to Turkmenistan and Uzbekistan (cf. supra) eight countries submitted documents for consideration by the Commission. The Commission recommended that five of them be certified free of GW transmission: Georgia, Greece, Portugal (including Azores and Madeira), Tajikistan and Turkey.

   Additional information was requested from three other countries: Israel, the Federal Republic of Yugoslavia and The former Yugoslav Republic of Macedonia.
5. **South-East Asian Region**

In addition to India two countries submitted documents for review by the Commission: the Democratic People's Republic of Korea and Thailand. They were both recommended for certification as countries free of dracunculiasis transmission. The entire South-East Asian Region is now free of GW disease.

6. **Western Pacific Region**

Australia and its territories, China, the Marshall Islands, Nauru, New Zealand, the Northern Mariana Islands and Tokelau were all recommended for certification as countries free of GW transmission.

Information on safe drinking water coverage was requested in the case of the Marshall Islands. Palau was requested to submit its completed questionnaire for review at the next meeting of the ICCDE.

**V REVIEW OF COUNTRY PROGRAMMES**

**Kenya**

A joint review of the Kenya national GWEP was undertaken from 13 to 24 September 1999 by WHO staff. The review was conducted in the three districts where GW had been reported. As Kenya no longer reports indigenous cases, it was felt that the current surveillance activities were not up to the standards required for certification. The results of the Review Team indicated major deficiencies in reporting, cross notification to case origins, case ascertainment and other follow-up actions. The ICCDE recommended the following:

1. To organize a National Task Force including a member of the Commission, to coordinate intersectorial activities;
2. To strengthen surveillance as follows:
   • ensure that dracunculiasis can be identified and reported through NHIS,
   • establish a rumour register and investigate and document each rumour,
   • introduce a reward system,
   • extend surveillance to regions of the country at risk,
   • liaise with bordering endemic countries for follow-up of investigations of reported cases;
3. To report monthly to WHO results of surveillance activities to meet the requirements for certification;
4. To review its commitment to the GWEP by increasing its political will at highest level.
Senegal

Senegal has reported the last case of GW in 1998 and an external review of the national GWEP was undertaken from 23 January to 9 February 1999 to assist the country in the preparation for certification. The Commission examined the report of the Review Team and made the following additional recommendations:

1. To pursue surveillance and send monthly reports to WHO;
2. To extend surveillance to non-endemic regions of the country at risk;
3. To maintain a rumour register and carefully investigate and document all rumours;
4. To establish the reward system using in-kind rewards rather than money.

Yemen

The last case of dracunculiasis in Yemen was reported in October 1997. A Review Team visited Yemen from 22 July to 6 August 1999 to collect the data and assist the country in preparation for the pre-certification period. The Review Team noted the weakness in the NHIS and the efforts that have been made to maintain surveillance of GW despite the difficult access to areas where GW was previously endemic. The Commission endorsed the recommendation of the Review Team and stressed the following needs:

1. To continue surveillance and monthly reporting to WHO;
2. To maintain a rumour register and to investigate carefully and report all rumours;
3. To extend surveillance to non-endemic regions of the country at risk by integrating dracunculiasis into other nation-wide surveillance.

VI MEETING WITH THE DIRECTOR GENERAL OF WHO

Prior to the final session of the Commission the Director General held a short meeting with the members of the Commission. Dr A.R. Al-Awadi, the Chairman of the Commission, presented a summary of the deliberation of current meeting highlighting the progress made in the certification of dracunculiasis-free status to date. He emphasized the fact that the main focus of endemicity has remained the African region. He therefore requested the increased support of WHO in the areas of advocacy, and increased financial and technical support to countries to achieve the target of eradication. The Director General reaffirmed WHO's commitment to collaborate with countries and relevant partners.

VII RESEARCH ON ANIMAL SPECIES OF DRACUNCULUS

Dr D. Colley presented a summary of the ongoing work in this area by a group of scientists in collaboration with CDC. He pointed out that appropriate collection of human as well as animal specimens of Dracunculus and the preservation of such specimens under appropriate conditions are required.

Possible approaches to the analysis of these specimens were discussed. It was proposed that the available guidelines for the standard protocol for collecting the specimens should be used. Following that DNA libraries of various species of worms should be developed. It was agreed
that the DNA libraries could then be made available to various researchers. The already established study group should also be maintained to guide future activities. The Secretariat will distribute the procedure for collection of worms to Programme Managers in endemic countries. The worms collected will be made available to a European university for the development of the DNA library.

RECOMMENDATIONS

The Commission reviewed the excellent progress made in the conduct of the Dracunculiasis Eradication Programme since the last meeting and expressed its satisfaction. The recommendations made in 1997 and 1998 were reviewed, accomplishment noted and areas discussed where more actions are indicated.

1. The WHO Regional Offices should encourage states and territories to report as soon as possible all imported cases of dracunculiasis especially in those countries certified free from the disease; cross notification to the locality, country of origin and WHO should occur concurrently. These reports should include information on the age and sex of the patient, and his residence during the previous 10 to 14 months. The information should reach the Dracunculiasis Eradication Project at WHO Headquarters for follow-up and further dissemination and action. Of particular importance is the patient’s residence and place where infection may have occurred.

2. As the global efforts of certification of dracunculiasis eradication is pursued, the certification of GW disease-free status has progressed rapidly in Europe, the Americas and Asia, leaving Africa as the major endemic bastion of the disease. The Commission urges an accelerated effort in strengthening the implementation of the proven strategies for interruption of dracunculiasis transmission in the remaining endemic countries.

3. The Commission recommended that the sub-regional block of countries in Africa should be encouraged to intensify their efforts to co-operate in cross-border joint meetings and case investigations, and that each country should endeavour to report monthly to WHO.

4. The Secretariat is encouraged to continue to find innovative and proactive ways of increasing the involvement of interested NGOs in GW surveillance activities in endemic countries.

5. The Secretariat is urged to continue to encourage the countries in the pre-certification stage to update the status of GWEPs and to prepare Country Reports on their national programmes. A copy of the India GWEP report is to be sent to all Programme Managers in endemic countries as a model.

6. Officials of non-endemic countries in the African region exposed to the risk of introduction should be invited to regional group meetings to share experiences with the aim of assisting them to prepare their national reports.

7. The Secretariat is commended for their proactive approach in urging the remaining endemic countries to start preparing their national reports and to apply for certification.
8. Surveillance is an essential component of GW eradication process. Prompt notification, analysis and dissemination of information should be intensified. Articles covering surveillance and programme progress should be shared widely in the WER, in other WHO and national revues, in scientific journals and in the lay literature.

9. Countries having possibly interrupted transmission, or at special risk and with incomplete surveillance (Angola, Cameroon, Chad, Congo, Democratic Republic of the Congo, Gabon, Gambia, Guinea, Liberia, Madagascar, and Sierra Leone) should prepare detailed Country Reports. Special efforts should be made to evaluate the situation locally, such as review of health records, implementation of active searches, particularly in areas of epidemiologic importance, and establishment of a widely publicized reward.

10. The Commission supports conduct of several WHO elimination and eradication programmes and the development of community-based integrated health services. However, eradication of GW and certification will require intensification of field activities and resources. These activities should not be diluted by integration into other control or eradication activities unless the GW actions are strengthened.

11. The Commission reiterated its previous position regarding surgical extraction which should not be recommended as a method for GW eradication. This practice is most common in Ghana.

12. The Commission discussed the need for a diagnostic tool for the discrimination of *D. medinensis* from close animal species and recommended that a special effort be made to collect human and animal parasite specimens for molecular biology work aimed at developing a species-specific diagnostic tool.
Annex 1  Map of countries, territories and areas already certified
Annex 2  Agenda

FOURTH MEETING OF THE INTERNATIONAL COMMISSION FOR THE CERTIFICATION OF DRACUNCULIASIS ERADICATION
WHO, Geneva, 15 - 17 February 2000

15 February 2000

8:30  Registration

9:00  I. Opening of the meeting
      - Appointment of the Vice-Chairman and Rapporteur  
        Dr D. Heymann
      - Adoption of the Agenda  
        Dr M. Neira
      - Review of the Report of the Third ICCDE Meeting and follow-up  
        of the recommendations

9:30  II. State of the art of dracunculiasis epidemiological situation in endemic countries  
      Dr D. Colley

10:00  III. Progress report on certification of dracunculiasis eradication  
      Dr M. Karam
      Dr N. Zagaria

10:30  Tea/Coffee Break

11:00  IV. Certification of countries with a Country Report and/or an ICT Report

      Introduction  
      Libya  
      Dr B. Sadrizadeh
      Morocco  
      Dr M. Karam
      Saudi Arabia  
      Prof. P. Ambroise-Thomas

12:30  LUNCH

14:00  Turkmenistan  
      Dr M. Karam
      Uzbekistan  
      Dr M. Karam
      India  
      Dr M. Karam

15:30  Tea/Coffee Break

16:00  V. Certification of countries submitting a declaration of dracunculiasis-free status

      African Region
      Introduction  
      Algeria  
      Malawi  
      Dr A. Maiga
      Burundi  
      Namibia
      Comoros  
      South Africa
      Lesotho  
      Zambia
      Liberia

      Discussion and Recommendations
16 February 2000

**American Region**

8:30 Introduction
Antigua and Barbuda
Aruba
Bahamas
Chile
Costa Rica
Ecuador
Guyana

Dr J. Ehrenberg

10:30 **Tea/Coffee Break**

11:00 Haiti
Honduras
Paraguay
Peru

12:30 **LUNCH**

14:00 Puerto Rico
Saint Vincent and the Grenadines
Suriname
USA
Uruguay
Venezuela
Virgin Islands

Discussion and Recommendations

15:30 **Tea/Coffee Break**

**European Region**

16:00 Introduction
Federal Republic of Yugoslavia
Georgia
Israel
Portugal
Tajikistan
Turkey

Dr M. Karam

Discussion and Recommendations
Annex 2 - page 3

17 February 2000

South East Asia Region

8:30
Introduction
D. P.’s R. of Korea
Thailand

Discussion and Recommendations

Dr S. Salunke

Western Pacific Region

9:00
Introduction
Australia
Australian territories
China
Marshall Islands
Nauru

10:30
Tea/Coffee Break

11:00
New Zealand
Northern Mariana Islands
Tokelau
Palau

Discussion and Recommendations

Dr M. Karam

12:30
LUNCH

13:30
VI. Programme Reviews of countries in the pre-certification period

Kenya
Senegal
Yemen

Dr A. Maiga
Dr A. Maiga
Dr M. Karam

VII. Plans for 2000-2001

Dr M. Karam

VIII. Prospect for certification of elimination/eradication of other diseases

Dr M. Karam

IX. Research on animal species of Dracunculus

Dr D. Colley

15:30
Tea/Coffee Break

X. Other business

17:00
XI. Closure
Annex 3       List of participants

Members

Dr A. R. Al-Awadi, Executive Secretary, Regional Organization for the Protection of the Marine Environment, Kuwait  - Chairman

Prof. P. Ambroise-Thomas, Centre collaborateur OMS, Département de Parasitologie, Mycologie médicale et moléculaire, Faculté de Médecine de Grenoble, France  - Vice-Chairman

Dr J.G. Breman, Deputy Director, Division of International Training and Research, Fogarty International Center, National Institutes of Health, USA

Prof. O. Doumbo, Professeur d’Epidémiologie des Affections Parasitaires, Ecole Nationale de Médecine et de Pharmacie du Mali, Mali

* Dr P. Magnussen, Department of Public Health, Danish Bilharziasis Laboratory, Denmark

Prof. D. Molyneux, Director, Liverpool School of Tropical Medicine, United Kingdom

Mrs Margaret Mwangola, Executive Director, Kenya Water and Health Organization (KWAO), Kenya

* Prof. A. Nadim, Professor of Epidemiology, School of Public Health, Islamic Republic of Iran

Dr A. R. Prata, Professor of Tropical Medicine, Disciplina de Doencas Infecciosas e Parasitarias, Faculdade de Medicina do Triangulo Miniero, Brazil

* Dr T. Umeda, Director, Division of International Cooperation, National Institute of Infectious Diseases, Japan

Dr F.K. Wurapa, Private Health Development Consultant, Ghana  - Rapporteur

Observers

Dr D. Colley, Director, Division of Parasitic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), Atlanta, USA

Dr D. R. Hopkins, Associate Executive Director, The Carter Center, Atlanta, USA

Dr P. Ranque, ex Chief of the Dracunculiasis Department, WHO, Geneva

* unable to attend
Annex 3 - page 2

Secretariat

Dr K. Behbehani, Director EML
Dr M. Behrend, CEE/CPE
Mr P. Cattand, CEE/CPE
Dr J. Ehrenberg, HCT/P, PAHO/WHO
Dr D. Heymann, Executive Director CDS
Dr M. Karam, CEE/CPE
Dr M. Kawano, LEP/CPE
Dr A. Maiga, GWE/AFRO
Dr M. Neira, Director CPE
Dr B. Sadrizadeh, Director DCD/EMRO
Dr S. Salunke, SEARO
Dr N. Zagaria, Coordinator CEE/CPE
Annex 4  Chairman's letter to the Director-General of WHO

17 February 2000

Dear Dr Brandtland,

I should like to inform you that the International Commission for the Certification of Dracunculiasis Eradication, which met in Geneva from 15 to 17 February 2000, has examined the documentation submitted to it.

I am pleased to submit to you for your consideration the decision of the Commission.

With best regards,

Yours sincerely,

Dr A.-R. Al-Awadi
Chairman
International Commission for the Certification of Dracunculiasis Eradication

ENCL.: (1)
Annex 5  List of countries and territories certified at ICCDE 4

RECOMMENDATION OF THE INTERNATIONAL COMMISSION FOR THE CERTIFICATION OF DRACUNCULIASIS ERADICATION

Based on careful examination of the evidence and in accordance with the established criteria, the International Commission for the global Certification of Dracunculiasis Eradication recommends that:

AFRO
Burundi
Lesotho
Malawi
Namibia

AMRO
Antigua & Barbuda
Argentina
Aruba
Bahamas
Belize
Chile
Costa Rica
Ecuador
Guatemala
Guyana
Haiti
Honduras
Paraguay

AMRO (continued)
Peru
Puerto Rico
St Vincent & the Grenadines
Suriname
USA (including US Virgin Islands)
Venezuela

EURO (continued)
Turkey
Turkmenistan
Uzbekistan

SEARO
Democratic People’s Rep. of Korea
India
Thailand

EMRO
Libyan Arab Jamahiriya
Morocco (incl. Western Sahara)
Saudi Arabia

WPRO
Australia + territories
China
Nauru
New Zealand
Northern Mariana Islands
Tokelau

EURO
Georgia
Greece
Portugal + territories
Tajikistan

be certified by WHO’s Director-General as being free of dracunculiasis transmission. This recommendation is based on the Commission’s finding at its meeting of 15-17 February 2000 that these countries, territories and areas fulfilled the requirements for certification.

For the International Commission for Certification of Dracunculiasis Eradication:

Geneva, 17 February 2000

Recommendation for Certification
Approved by

Dr Abdal Rahman Al-Awadi,
Chairman

Dr Gro Harlem Brundtland,
Director-General