

## Ethiopian Dracunculiasis Eradication Program (EDEP) National Review Meeting, 14-15 December 2015, Gambella

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## Acronyms

GRHB – Gambella Regional Health Bureau

RHB – Regional Health Bureau

GWD – Guinea Worm Disease

GWO – Guinea Worm Officer

EPHI – Ethiopian Public Health Institute

EDEP – Ethiopian Dracunculiasis Eradication Program

GWEP – Guinea Worm Eradication Program

SNNPR – South Nationals, Nationalities' and Peoples Regional State

## Introduction

The national active case search that was carried out during 1993-94, identified 99 endemic localities in seven Woredas (six Woredas from Gambella region and one Woreda from South Omo Zone in SNNPR). Following the implementation of a comprehensive intervention package, the number of dracunculiasis cases in Ethiopia has shown a reduction by more than 99% from 1994 to 2015. Indigenous transmission of dracunculiasis interrupted in SNNPR since 2001. However, low intensity transmission still continued in Gambella region. Currently the disease is endemic in Gog Woreda. The country reported three indigenous Guinea worm cases and also 14 Guinea worm infections among animals (13 dogs and 1 baboon).

The refugee influx from South Sudan, the increased number of animal infections with unclear transmission dynamics and the occurrences of cases in non-village settlement areas among hunters are the emerging challenges for the eradication effort. However, with support from WHO, the Ethiopian Dracunculiasis Eradication Program (EDEP) has now strengthened refugee surveillance. The number of cases being reported by the South Sudan Guinea Worm Eradication Program had also decreased which intern reduced the case importation treat. On top of this, with support from TCC, EDEP has intensified intervention activities in endemic villages including in forest areas, hunting places, fishing camps and non-village settlement areas; expanded enhanced surveillance with increased number of Guinea worm officers in at risk areas/level 2 Woredas as well as started reward system for dog owners which helped for prompt reporting of infected dogs.

Although initially the responsibility of supporting passive surveillance districts belonged to the World Health Organization; as of April 2015, that responsibility has been given to The Carter Center. Currently, there are 173 villages under active surveillance in 3 districts of Gambella: namely, Gog, Abobo and Itang as well as 12 districts under passive surveillance (2 in SNNPR and 10 in Gambella) supported by The Carter Center. WHO has been supporting activities in 6 of the refugee camps, playing an overall joint coordination role with TCC and EDEP, supporting the cross-border meetings and communication as well as advocacy and precertification activities.

All the cases among humans and animal infections were reported in a few villages of one Woreda within 15-20 KM radius. Hence, with intensified intervention strategies and the current renewed commitment, it is likely to interrupt the disease transmission in 2016 and prepare the country for eventual certification in 2019. However, the final push needs more resource and a concerted effort to end the game.

Ethiopian Dracunculiasis Eradication Program held its national annual review meeting in Gambella from December 14-15, 2015. The meeting created an opportunity to review the

performances of the eradication program and the level of implementations nationwide and in at-risk areas in particular.

### Meeting Attendants:

The meeting was attended by MOH, EPHI, Gambella Regional Health Bureau, Guinea worm disease good will Ambassador, District health office heads and GW focal personnel from Gambella Region, Surma and Nyangatom district health office, South Omo Zonal Health Department, WHO Country Office, Members of the NCC, WHO-HQ, TCC Ethiopia, TCC Atlanta, UNICEF, Ministry of Water and Energy, as well as other stakeholders. The total number of participants was 130.

### Objective

To review progress made in the implementation of 2015 planned activities and develop recommendations that will be part of 2016 annual plan of action.

### Keynote address

Brief overview of review meeting schedule and introduction of honorable guests and representatives of participant organizations were made by Dr. Zerihun Tadesse, resident country representative of the Carter Center in Ethiopia and Master of ceremony

***Opening speech and key note address by honorable guests and representatives of participant organizations were made by:***

- Honorable World Laureate Dr. Tibebe Yemane Birhan, member of Board of Trustees for LCIF representing Africa and Goodwill Ambassador for GWEP in Ethiopia

***Countries which were previously Endemic like Nigeria has been able to eradicate the disease and gain recognition globally for their efforts. Our country is on this journey of transformation and development, and ensuring eradication of the disease from our country should be part of this great journey. To achieve this, we need the commitment of our community as well as government stakeholders. I, take a vow that, I will do what I possibly can to play my part in this fight.***



- H.E Gatluak Tut, President of Gambella Regional State

*Gambella Regional Government would like to express the commitment to fight against Guinea worm disease and provide all the necessary support. However, this effort to eradicate the disease needs the collaboration and concerted effort of all partners and development entities.*



- Mr. Craig Withers, Vice president for health programs, the Carter Center

*On behalf of the President and Mrs. Carter and Dr. Donald Hopkins I offer you their regards. The Carter Center is grateful to the Technical Advisors, VVs and the other field staff that toil daily to eradicate GW. Ethiopia has been working to eradicate GW for a long time. Ethiopia is close to eradication, but it has been close for a long time. As we work to reach zero cases, we might take this time to consider seven elements that describe the most successful programs.*

- *A strong secretariat fully staffed to support GW eradication activities, Active supervision by both the national and Regional level, Active leadership, which leads by example, visiting the field monthly, An active NTF that meets monthly, Active leadership by the Federal Ministry of Health, which seeks regular updates, often monthly, Active political support, demonstrated by declarations of support at both the national and Regional level and Make recommendations to improve those program elements.*



- Dr. Esther Marry, representing WHO Country Representative in Ethiopia

*With only three cases in 2015, enhanced capacity and surveillance system to detect indigenous and imported cases and contain transmission of the disease, government leadership, Ethiopia is expected to interrupt indigenous transmission by the end of 2016.*

*The last phase will be the most difficult and less forgiving. Any lapse in this crucial phase will push us back.*

*Now is the time for more concentrated and focused efforts on surveillance and awareness creation, not only in endemic areas but also in all at-risk areas to ensure certification. I assure you that WHO will continue the support to the Ethiopian Dracunculiasis Eradication Program.*



- Dr. Ameha Kebede, Director General of Ethiopian Public Health Institute

*We should be able to isolate all guinea worm cases and treat all water sources in order not to be demoralized in the future by finding ourselves back to square one. I would like to reaffirm the commitment of my government*



*and specifically my Institute, which is the technical arm of the Ministry of Health, to break transmission of the guinea worm disease by 2016.*

## MEETING NOTES

### Overview of National GWEP Activities in 2015

*Presented by Mr. Amenu Shifara, National Program Coordinator, EPHI*

The presentation highlighted

- 2015 review of epidemiological situation and program's impact on transmission of GWD
- Interventions and performance indicators; and
- 2016 national plan of action by strategic area & objectives



#### Key Points:

- Significant decline in annual number of new dracunculiasis cases and villages reported cases from 1993-2015
- Three cases and 14 animal infections (13 among dogs and 1 in baboon) were reported so far in 2015
- Case containment rate shown increment since 2012 and in 2015 100% of the cases in humans were contained
- Wichini, Atheti and Ablen comprise of a cluster of villages in Atheti Kebele where most of the animal infections were reported
- In 2015, awareness of cash reward and self-reporting increased in free areas compared to 2014 which also increased the national average (People aware on the cash reward in 2014 was 63% Vs 69% in 2015)
- Rumors/suspected of GW case reporting increased (7526 as of November 2015); % investigated within 24 hrs were >90% in free areas
- Average number of villages under active surveillance increased from 2013-2015 (91 to 172)

#### Major achievements include:

- Awareness raising through: posters, TV, radio and mobile vans
- Increased focus at refugees camps and entry points
- A Cross border meeting b/n South Sudan, Ethiopia and Kenya
- Non-village area assessments in Gog and Abobo
- Increased number of people trained in free areas

## Challenges and gaps:

- Delayed nationwide awareness activities due to budget
- 7/11 national EDEP supervisions
- 6/11 NTWG meeting
- 1/4 NCC meeting
- No RHB monthly supervision
- No advocacy visit by higher level officials
- No report from physically inaccessible Woredas like Akobo
- High influx of refugee populations from S. Sudan

## Discussion

- Discordance between increased intervention coverage and case containment rate AND declining rate of Guinea worm cases ( continued low-level transmission) from 2010-2015, what is the missing element or what explains continued transmission)
- Need of mapping of non-village areas and identification of epidemiological clusters and monitoring proportion of non-village areas under active surveillance
- Continues mapping and treatment of ponds with abate chemical in non- village areas, including farming, hunting, and stick collection areas
- Concerns with regard to low level of GWD reporting through the IDSR reporting system in endemic districts (i.e. below 80% of completeness or the requirements for certification)
- The need to reporting and documenting of rumor investigations
- EDEP introduced cash reward for reporting of animal (dog) infection GW. What is the impact of the cash reward on reporting of animal infections?  
Response: not assessed yet, and EDEP will work to increase and monitor public awareness about the cash reward for reporting animal infections and assess its impact on reporting and containment of animal infections.
- Concerns based on observation and interviewing adults in Akweremero village traveling to farming, hunting, and honey and stick collection areas without pipe filters and the need to expand abating to treat hidden ponds in these areas.





## Gambella Regional GWEP Performance Report in 2015

*Presented by Mr. Nena Okello, Public Health Emergency Management Core process owner, Gambella RHB*

### Key Points:

- 2015 review of epidemiological situation in the region was presented which is similar with the national presentation
- Documentation
  - Reorganized the existing and new documents by type, and documented in chronological order for all Woredas
  - Documentation were made available both in soft and hard copies
- Active case search conducted by integrating with other Program activity
  - NIDs (Polio Campaign) in all Woredas
  - More than 75,747 HH reached and more than 46 suspects reported
  - During Malaria Spray in Abobo Woreda
  - More than 1,956 HHs reached 1 suspect reported
  - HEWs- 102 suspects reported
  - Health Centers- 10 suspects reported
  - 186,176 individuals interviewed and 60 rumors reported in non-endemic and formerly endemic districts
- Program Monitoring and Evaluation was carried out using:
  - Routine basis to ensure that interventions are carried out as planned.
  - Woreda Review Meeting
  - National Review Meeting
  - Regional Technical Working Group meeting
  - Integrated supportive supervision
- Challenges
  - High population movement across the border (at entry points)

- Lack of safe drinking water
- Inaccessibility of some Kebeles
- Population activities towards hunting and collecting honey
- Increasing number of Animal GWD outbreak in Gog Woreda with unknown mode of transmission and cross contamination

### The way forward

- Establish community based surveillance and improve regional guinea worm disease surveillance by strengthening community health promoters/HEW
- Induce political commitment to woreda administrators & health offices to collaborate with partners on community mobilization activities.
- Proper integrating active surveillance with campaigns should continue
- Improve supportive supervision at all levels

**Discussion:** questions were aimed to understand the presentation or based on misunderstanding of issues

### Endemic areas 2015 GWEP Performance Report of Endemic Areas:

*Abobo Woreda, Presented by Mr. Yohannes Alemayehu*

#### Key points:

#### Key details of 2015 Abobo case

- Highly mobile individual, Obang "Guynin" Ojwale Ogoro
- Detected by GWO in Gop Fishing Area(NVA) on 27 May 2015
- Taken to CCC, 27 May 2015, stayed until extraction & healed
- Key travel history during period of infection:
  - March to July 2014: Akweramero Farm & associated with hunting area, Gog Woreda
  - Based on investigation & interviews, contained and imported
  - Unclear transmission, like Dec. 2014 case out of window period
  - Lake too large to abate, connected to Alwero River



## Major achievements in 2015

- Enhanced surveillance sensitivity(2015 vs 2014), 3919 suspects vs 1847 suspects
- More suspects followed up within 24 hours, 3885 suspects' vs 1626 suspects (99% vs 88%)
- Improved IDSR timeliness (avg. 81% vs 65%) and completeness (avg. 86% vs 68%)
- Improved NVA surveillance coverage
- Integration of GW activities with nine other health services and programs (ex: Polio, Malaria, School programs)

## Challenges

- Consistent threat of imported cases and imported animal infections from Gog Woreda.
- Potential burnout among more experienced VBVs and GWOs.
- Some Kebeles display relatively low HEW participation.
- No new motorbike licenses are currently being issued in the region, thus reducing the number of motorbikes utilized and limiting our mobility.
- An increasing number of unsupervised commercial farms are opening outside Abobo on Gambella Zuria border.

## Recommendations

- Maintain tight surveillance system across Abobo; decentralize dog collars along areas bordering Gog, and train staff to abate, if necessary. Spread animal reward awareness.
- Maintain focus through engaging refresher trainings, performance incentives, and constant supervision. Replace chronic low performers.
- Work with chiefs, HEW supervisors, and Woreda Health Office to clarify expectations and improve supervision of low performing HEWs.
- Work with regional and federal partners to procure licenses from Gambella Road Transport Authority.
- Work with *Surveillance Level Two* to ensure these areas are covered.

## Gog Woreda, Presented by Mr. Omod Othow, Gog GWO

### Key details of 2015 Gog case 1

- ⌘ Case detected in Pugnido Refugee Camp-Agnuak, however:
  - ⌘ Resident of Akweramero Village in Gog Janjor Kebele
  - ⌘ Spent significant time in Akweramero Farm NVA during the key period of infection, March-October 2014
- ⌘ No evidence of GWD transmission in PRC Agnuak and Karkenyo was only visiting his family for a short time
- ⌘ Karkenyo moved with friends Obang "Guynin" Ajwale Ogoro (May 2015 case), Ochogi, and Okello in Akweramero Farm cutting sticks, setting traps, and collecting honey
- ⌘ Water sources in Akweramero Farm used frequently by Karkenyo and Guynin are Belack and Aruti ponds and are possible sources of infection
- ⌘ Possibility of transmission via animals in this area, given that:
  - ⌘ Infection can be linked by location but NOT by time to the Dec 2014 Akweramero Farm case Akidi Omod Omod
  - ⌘ 2 dog GWD infections in this area at this time

### Key details of 2015 Gog case 2

- ⌘ Ochan moved between Akweramero Village and Akweramero Farm NVA to clear his farm from October 2014-March 2015, and settled permanently in Akweramero Farm NVA in March 2015
  - ⌘ Ochan is not part of the the same hunting group as Guynin, Karkenyo, Okello and Ochogi, however:
  - ⌘ Father of Ochogi and has similar behaviors in the same forest area
  - ⌘ Frequent use of Belack and Aruti ponds
- ⌘ Transmission *can* be linked to the December 2014 Akweramero Farm uncontained case Akidi Omod Omod by time and location
- ⌘ Possibility of transmission of GWD via animals in Akweramero Farm, given that:
  - ⌘ 2 of the human cases this year cannot be linked by time to previous cases
  - ⌘ 2 dog GWD infections in Akweramero Farm this year

- Dec 2014 case Akidi Omod Omod's transmission remains unexplained

### Water Sources Targeted for Abate Treatment

- Investigated travel history of dogs Atheti/Wichini cluster by following the children who are the owners
  - Wanted to make sure didn't miss any WS in target areas
- Discovered 12 small potential ponds that will be targeted
  - These ponds are mostly small and grassy and may not hold water long. Only 1 has held water since identification in September
  - Will continue to send search teams to identify missing water sources

### Major Accomplishments of 2015

- ✓ Formalized reporting for 27 Non-Village Areas (NVAs) to ensure comprehensive coverage of hard-to-reach mobile populations (hunting, mining, fishing areas, commercial farms)
- ✓ Enhanced surveillance sensitivity from 2014 to 2015
  - 19% increase in suspects detected: 1,959 → 2,339
  - 9% increase in suspects investigated w/in 24 hours: 90% → 99%
- ✓ Introduced and sensitized community on dog reward of 250 ETB/250 ETB to enhance animal GWD infection surveillance
- ✓ Partnered with Gog Water Office to repair 35 boreholes across Gog Woreda to ensure access to safe water
- ✓ Worked with UNICEF and Water Bureau to drill 1 new borehole in 2014 1+ village Wichini to ensure access to safe water at both ends of the village

### Challenges

- Animal GWD outbreak in Gog Woreda with unclear transmission dynamics
- All three 2015 cases are associated with forest areas. There is low cloth filter and pipe filter usage in forest areas.

- Lack of safe water in high-risk villages and NVAs
- Weak integration with Woreda Health Services and other Sectors
- Large coverage areas in PRC Nuer weaken GWD surveillance in a place with constant population influx from South Sudan
  - *50-100 households per VBV*
  - *40-60 VBVs per GWO*

## Itang Woreda, Presented by Mr. Okuam Oguta, Itang GWO

### Major Accomplishments in Itang and Gambella Town

- No reported cases for 31 months in Itang Special Woreda
- No reported cases for 17 months in Gambella Town
- Started active surveillance in Zone 2 and 3 of 05 Kebele of Gambella Town in June 2015
- 863 out of 865 (99%) suspects investigated within 24 hours

### Challenges

- GWO Turnover
- Community buy-in
- Baro River Flooding
- Weak integration with Woreda Health office and other programs (NIDs, NTDs, Schools etc.)

### Discussion

- Discussion points following the presentation on the performance of GWEP in endemic districts such as Abobo, Gog, and Itang districts by the respective district guinea worm eradication program coordinators
- Discussion points included interventions in villages reporting cases, on issues related to human visa-vis animal infections, the need to improve access to water supply in endemic villages, treatment of ponds with abate chemical

## Presentation on the performance of GWEP in refugee camps

*Presenter, Mr Koang Jock, WHO Guinea worm field officer*

### Key Points:

- No indigenous transmission (case) in all refugee camps for the last 2 years
- A total of 39 rumors reported while only 35 were investigated within 24hrs.
- Cross border issues with S-Sudan and population movement across the border were some of the concern.
- There were a total of 3 awareness surveys conducted in three refugee camps (Tierkide, Kule and Okugo refugee camps)



### Major achievements:

- Conducted training of 220 COAs and 40 HWs on GWD and cash reward awareness
- Sensitization of 25 HW on GWD and cash reward system at Jowe
- Improvement of surveillance system as 39 rumors reported in 2015 vs 9 rumors reported in RCs in 2014
- Partnership with TCC, MSF, UNHCR, ARRA and RHB as the owner of the Program
- Participated in the Cross-border meeting conducted in Turkana region of Kenya
- Conduct integrated active case search with polio campaign in 4 RCs
- Timely investigation of reported rumors as 35/39 (90%)
- Conduct GWD and cash reward awareness survey in 3 RCs
- Placing of GWD and cash reward poster and billboard at entry points(Pagak & Lare)
- WHO Organized and facilitated cross-bordering meeting financially and technically.
- High level advocacy on GWD by WR visit of three refugee camps
- Joint coordination of National and regional technical working group
- Initiate and support STOG team to support documentation at Woreda level.

## Discussion

- Discordance between awareness and rumor reporting (i.e. high level of awareness and low level of rumor reporting) in refugee camps
- Two refugee camps not covered by awareness raising and surveillance activities
- Why awareness survey not conducted in 2 refugee camps? Response: because they established recently and limited awareness raising activities carried out.
- Which country cash reward (Ethiopia or South Sudan) assessed by awareness surveys conducted in refugee camps? response: the amount of reward in Ethiopia was assessed as awareness raising activities were promoting the amount of cash reward in Ethiopia and absence of cash reward in South Sudan until recently
- adequacy of one officer to support and supervise GWD surveillance activities in six refugee camps hosting nearly 300,000 refugees (this point also raised during the second day)

### **Discussion points following presentation on the performance of GWEP in formerly endemic and at-risk districts: Gambella Town, Gambella Zuria, Dimma, and Mengesh Woreda,**

- Concerns about extremely low level of IDSR reporting (completeness) in formerly endemic districts and the need to provide attention to meet certification requirements
- Concerns with regard to high level of water supply coverage presented by districts which seem unrealistic and in some districts found to be above the water supply coverage in major cities
- The need to build capacity and availability of tools for HEWs and PHEM officers to investigate rumors immediately (i.e. until GW program officers arrive in kebeles where rumors detected)
- The need to promote immediate reporting of rumors by IDSR reporting units and the need to incorporate rumor reporting in the weekly IDSR reporting system
- Participants also commented on the inappropriateness of pie-chart for graphical presentation of source of information about the cash reward which will obscure multiple responses
- Participants commented on exclusion of private clinics from proportion of health facilities reported at least one rumor) and suggested the need to increase the awareness of health professionals working in the private clinic about the need of reporting rumors of GWD
- The need to effectively use the Guinea worm eradication program to strengthen the IDSR system as well as to monitor and document the contribution of GWEP to strengthen the IDSR system
- Expert advice (by Dr. Ernesto) focused on the following points (i) The life cycle of guinea worm in human, and animals and the very likelihood of dogs infection by third stage larvae by eating infected fishes rather than drinking contaminated water (ii) the need to



focus on abating ponds likely to be used by both humans and animals (iii) availability of evidence with regard to eradication of GW in countries experienced both human and animal infection (not get panic).

- Later Dr. Ernesto strongly commented on the inappropriateness of mentioning the country owned and led guinea-worm eradication program as The Carter Center's program. Although the Carter Center is committed to provide technical and financial support to the program, the ultimate responsibility and accountability for the eradication program rests on the government.



### **Presentation on the performance of guinea-worm eradication program in formerly endemic and at-risk districts such Lare, Makuye, Jikawo, Akobo, and Wanthoa woredas**

- Participant suggested the need to strengthen GWD surveillance and awareness raising in cattle camps and hunting areas
- The need to improve the performance of guinea worm disease surveillance and awareness raising in Akobo Woreda
- The need to differentiate rumors reported by and through health facilities (the proportion of health facilities reported rumors should be focused on rumors detected and reported by health workers (not rumors reported by community members to health workers and then to districts)
- Participants from Akobo Woreda requested support for employing additional assistance program officer for the district. The RHB PHEM Coordinator responded to conduct an assessment to verify the need of additional assistance program officer and submit request to the Carter Center if needed.
- Suggested to incorporate previous years awareness level data to assess the trends
- Unavailability of health extension workers in assigned kebele during working days and in assigned health post during working hours (this topic took a lot of time and raised during other session)
- Participants noted very low access to safe water supply in Akobo district and unavailability of data on safe water supply coverage although few hand pumps installed by NGOs, and suggested he Federal Ministry and regional bureau of water resources development to take necessary action to improve access to safe water supply in the district as well as to ensure availability of data on water supply coverage
- 48 percent of refugees enter into Gambella region through Pagag kebele (lare Woreda) and the need to intensify surveillance and awareness raising activities in this kebele
- Question on access to safe water supply in Bilhum kebele (lare)

## Key remarks

- The administrator of Anwa Zone expressed his commitment to support the eradication program for the implementation necessary interventions and activities
- Head of the regional health bureau expressed commitment to take necessary actions that are within the mandates of the RHB to ensure the presence of health extension workers in assigned Kebeles and health posts, development and implementation of GW action plan for the year 2016, and take actions necessary actions in order to integrate GWEP activities in other health programs at all levels of the health system. In addition, the head of the RHB, strongly requested zonal and district administrators to provide leadership to the program including through closely monitoring and taking necessary actions to ensure the presence of HEWs in assigned Kebele and health posts, and take necessary action to address security problems in their respective areas in order to implement program activities and ensure that all areas accessible for evaluators. He also provided guidance to heads of district health offices to ensure the development and implementation of action plans for the year 2016 designed to meet the program objectives and integrate GWEP activities in other health programs and activities.

### ***Discussion points following presentation on GWEP performance in Nyangatom District, on the role of health extension workers in GWEP in Gambella regional state by Nena Okelo, and the status of EDEP's logistics and documentation by Mr. Birhanu Reta***

- High level of awareness in Nyangatom district despite limited efforts made after interruption of indigenous transmission
- Participant explained that assessment of appropriate response to rumors of Guinea worm disease by the international certification team will be based on review of documents and emphasized the need to ensure appropriate documentation of rumors reported and investigation reports and ensuring consistency of surveillance data at all levels (village, health facility, district, regional, and national levels). In addition participants emphasized making sure all documents and records are kept properly to avail for evaluators and intentional certification teams
- Unavailability of health extension workers in assigned area was the most dominant question and discussion point
- Difficulty (fall down) of bill boards due to their heavy weight and high level of wind pressure

## Recommendations

1. EPHI should provide a monthly update of EDEP activities through the EPHI Newsletter and website; Gambella RHB should also use available media outlets and disseminate similar information.
2. EDEP should work to achieve country wide cash reward awareness of 80% or greater; EDEP should monitor progress of awareness on regular basis.
3. EPHI and Gambella RHB should conduct supervisory visits assessing EDEP activities in all level 1 districts monthly and all level 2 districts quarterly. A report should be submitted after each visit.
4. EDEP should ensure that both the National and Regional Technical Working Groups (TWGs) meet monthly, i.e. 12 National TWG meetings shall be held at EPHI and 12 Regional TWG meetings should be held at Gambella RHB.
5. EPHI should ensure the Integrated Disease Surveillance and Response (IDSR) units treat all GWD rumors as a public health emergency and notify the local surveillance system immediately. The EDEP should monitor the number of rumors reported by the IDSR, schools and other reporting units on a monthly basis.
6. EPHI should ensure surveillance officers investigate any rumor of GW within 24 hours of receiving reports from IDSR units. The EDEP should monitor the proportion of rumors investigated within 24 hours on a monthly basis.
7. EDEP National Coordinator should work full time on GWEP. The program should also have full time GWEP Officer(s).
8. Gambella RHB should advocate to UNICEF and the Regional Water Bureau to drill boreholes in Ablen, Akweramero and Atheti villages.
9. WHO should assign more GW Officers to cover all of the refugee camps activities

10. EPHI should work to include a GWD module into Public Health Emergency Management (PHEM) training manual.
11. EDEP should identify gaps in supply of field materials (e.g. cameras, GPS, laptops, Satellite phones) and fill identified gaps for the level 1 and level 2 districts.
12. EDEP should develop and implement a strategy with the Ministry of Defense, Ministry of Federal Affairs, Ministry of Foreign Affairs and the UN to access remote and insecure areas that fall under their mandate.
13. EDEP should ensure establishment of immediate communication between districts, zones and regions to exchange immediate information about GWD rumors. The communication between two neighboring countries should through the national program coordinators.
14. EDEP should ensure that there is collaboration and integration with other NTD and other programs to raise count

## Annex I: Meeting Schedule

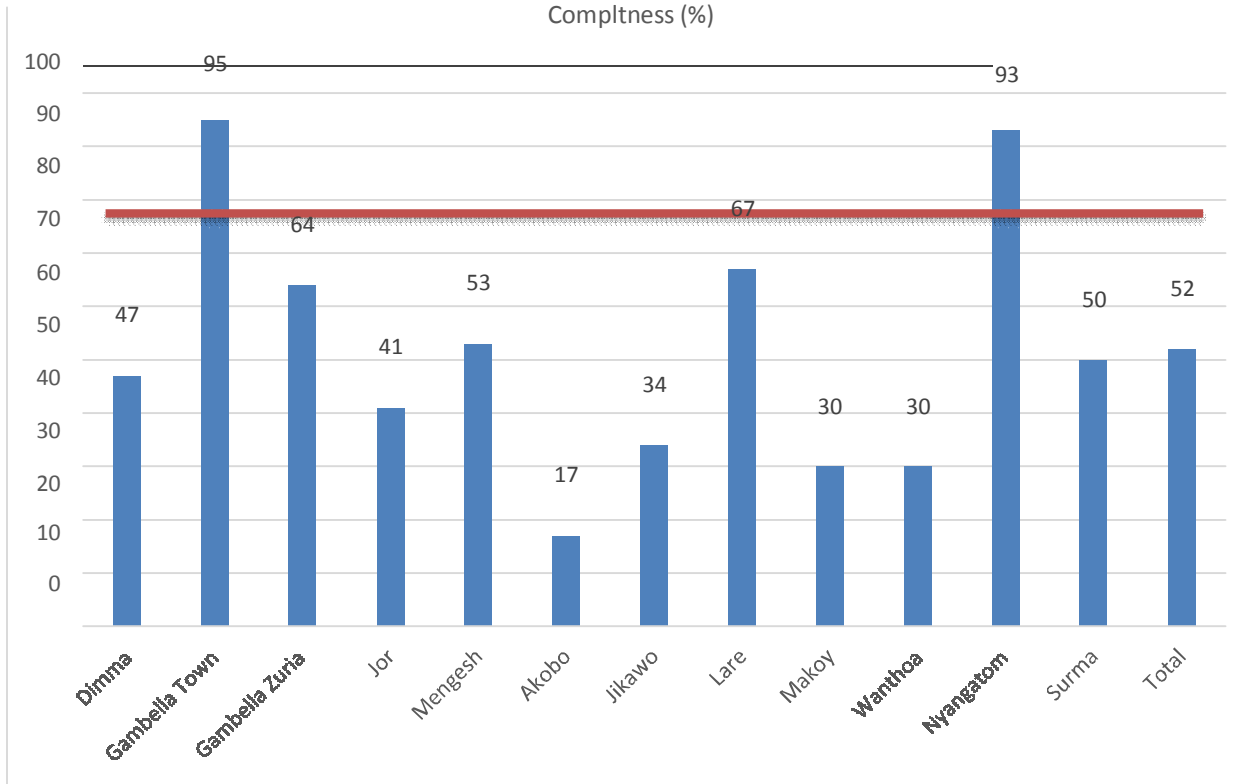
Ethiopian Dracunculiasis Eradication Program 20th National Annual Review Meeting, Gambella Town, 14-15 December, 2015			
Day 1 (Monday, 14 Dec 2015)			
8:00am-8:30 am	Registration of participants	Participants	Secretary
8:30am – 8:40am	Brief overview of the schedule for the review meeting and ground rules, available conference facilities and discussion language	Master of Ceremony	
8:40am-8:50 am	Recognition of honorable guests and representatives of partner organization	Master of Ceremony	Public Relation of EPHI
8:50am -9:00am	Key note address	Hon. World Laureate Dr. Tebebe Yemane Berhan, Member of Board of Trustees for LCIF representing Africa and Goodwill Ambassador for GWEP in	
9:00am-9:10 am	Welcoming address	H.E Mr. Gatluak Tup, President of Gambella Region (Guest of Honor)	Mr. Abyot Bekele, Federal PHEM coordinator
9:10am-9:20am	Keynote speech	Mr. Craig Withers Vice President for Health Programs, TCC	
9:20am-9:30am	Keynote speech	Dr. Esther Mary, WHO Country Office (WR's delegate)	
9:30 am-9:40am	Opening Speech	Dr Amha Kebede, Director General, EPHI	
9:40am-10:00 am	Overview of national GWEP activities in 2015	Mr. Amanu Shifara, National Programme Coordinator	
10:00am – 10:30am	Discussion	Participants	

<b>10:30am-10:40am</b>	<b>Group Photo and Health Break</b>	<b>Organizers</b>	
10:40am-11:00 am	Gambella Regional GWEP Performance Report in 2015	Mr. Berhanu Reta, Regional GWEP Focal Person	Dr. Zerihun Tadesse
11:00am-11:15am	Abobo Woreda GWEP Performance Report in 2015	Mr. Yohannes Alemayehu, Abobo GWEP Woreda Coordinator	
11:15am-11:45am	Gog Woreda GWEP Performance Report in 2015	Mr. Omod Othow, Gog GWEP Woreda Coordinator	
11:45am-12:05am	Itang Woreda GWEP Performance Report in 2015	Mr. Okumam Oguta, Itang GWEP Woreda Coordinator	
12:055pm-12:30 pm	Discussion		
<b>12:30 _2:00pm</b>	<b>Lunch break</b>	<b>Organizers</b>	
2:00pm-2:20 pm	Refugee Camp GWEP Performance Report in 2015	Mr. Kong Jock, Refugee Camp Coordinator	Mr. Poul Beil, Deputy RHB Head
2:20pm - 2:35pm	Discussion	Participants	
2:35 pm - 2:55pm	Jor Woredas GWEP Performance Report in 2015	Mr. Oriami gilo, Jor GWEP Coordinator	
2:55pm-3:305pm	Gambella Town and Gambella Zuria GWEP Performance Report in 2015	Mr. Yeshitela Mulugeta, GambellaTown and Gambella Zuria Woredas GWEP Coordinator	
<b>3:30pm-4:00 pm</b>	<b>Tea break</b>	<b>Organizers</b>	
4:00 pm - 4:20 pm	Dima Woreda GWEP Performance Report in 2015	Mr. Mark Kwot, Dima Woreda GWEP Coordinator	
4:20 pm - 4:40 pm	Mengeshi Woreda GWEP Performance Report in 2015	Mr. Yohanes Thomas, Mengeshi Woreda GWEP Coordinator	
4:00 pm - 5:30 pm	Discussion		
<b>Day 2 (Tuesday 15 Dec, 2015)</b>			
8:30 am - 8:45 am	Lare Woreda GWEP Performance Report in 2015	Mr. Fentahun AdaneGWEP Woreda Coordinator	Mr. Nena Okelo, Gambella RHB PHEM Head
8:45 am - 9:00 am	Makuye Woreda GWEP Performance Report in 2015	Mr. Nihal Gatluak, Makuye GWEP Woreda Coordinator	
9:00 am - 9:15 am	Jikawo Woreda GWEP Performance Report in 2015	Mr. James Gatluak, Jikawo GWEP Woreda Coordinators	
9:15 am - 9:45 am	Discussion	Participants	
9:45 am - 10:00		Mr. Bouw Koang, Akobo GWEP Woreda	

am	Akobo Woreda GWEP Performance Report in 2015	Coordinator	
10:00 am - 10:15 am	Wantahoa Woreda GWEP Performance Report in 2015	Mr. Gatpel Lam, Wantahoa GWEP Woreda Coordinator	
10:15 am - 10:30 am	Discussion	Participants	
<b>10:30 am - 11:00 am</b>	<b>Tea Break</b>	<b>Organizers</b>	
11:00 am - 11:30 am	SNNPR GWEP Performance Report in 2015	Mr. Abate Adosa, SNNPR PHEM Head	Dr. Zeyede Kebede
11:30 am - 11:45 am	Discussion	Participants	
11:45am- 12:05am	Role of HEWs in GWEP in Gambella Regional State	Mr. Nena Okelo,	
12:05 am - 12:20 pm	Discussion	Participants	
12:20pm-12:35pm	Status of EDEP's Logistics and Documentation	Mr. Berhanu Reta	
12:35pm-12:45pm	Discussion	Participants	
<b>12:45 pm - 2:30 pm</b>	<b>Lunch</b>	<b>Organizers</b>	
2:30 pm-3:30pm	Recommendations/ Way Forward	Mr. Abyot Bekele, Dr. Zerihun Tadesse and Dr. Zeyede Kebede	<b>Gambella RHB PR</b>
3:00pm-3:10pm	Closing remarks	Dr. Lao Oboup , Gambella RHB Head	

## Annex VI: Summarized Tables and graphs of All Presentations

### Completeness of IDSR reporting



### Awareness of GWD and correct amount of reward in formerly endemic/at-risk districts in 2015





## Rumor detection and investigation

- Four fold increase in rumor detection and reporting

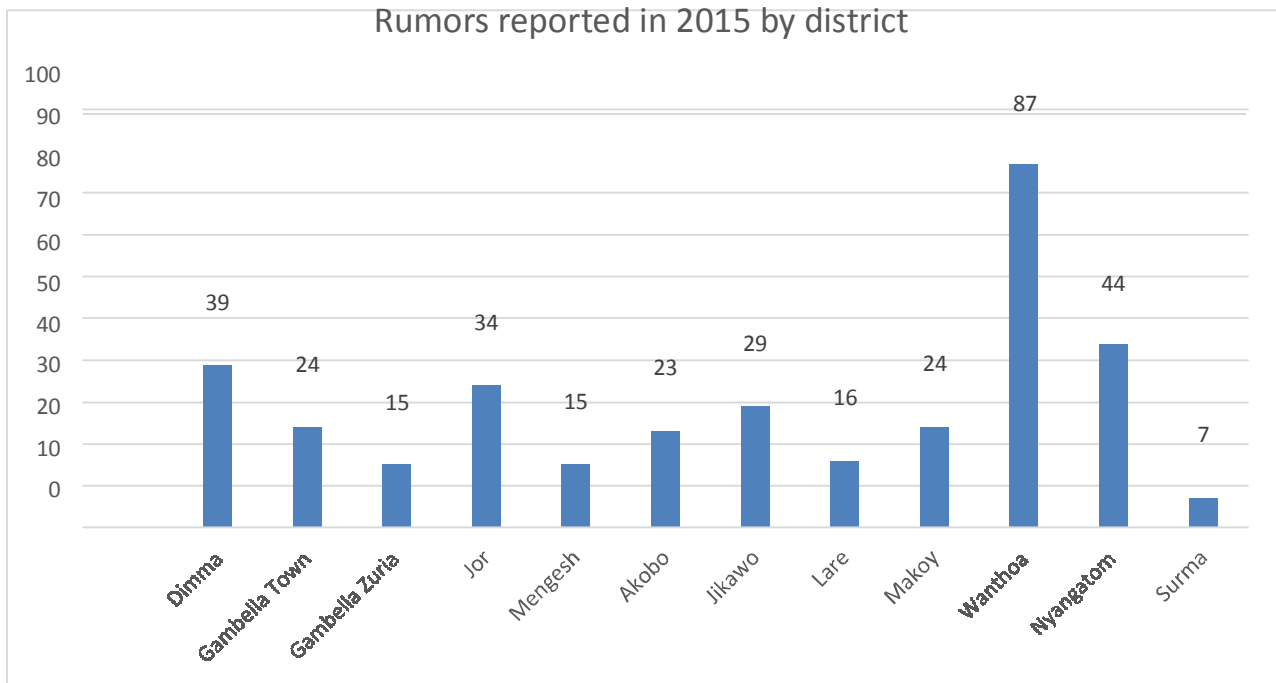
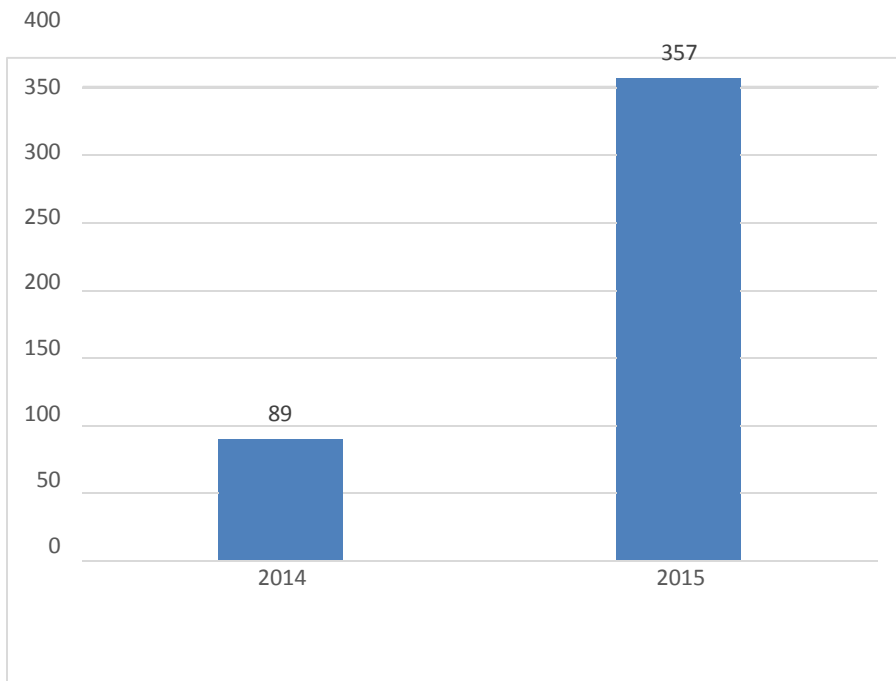
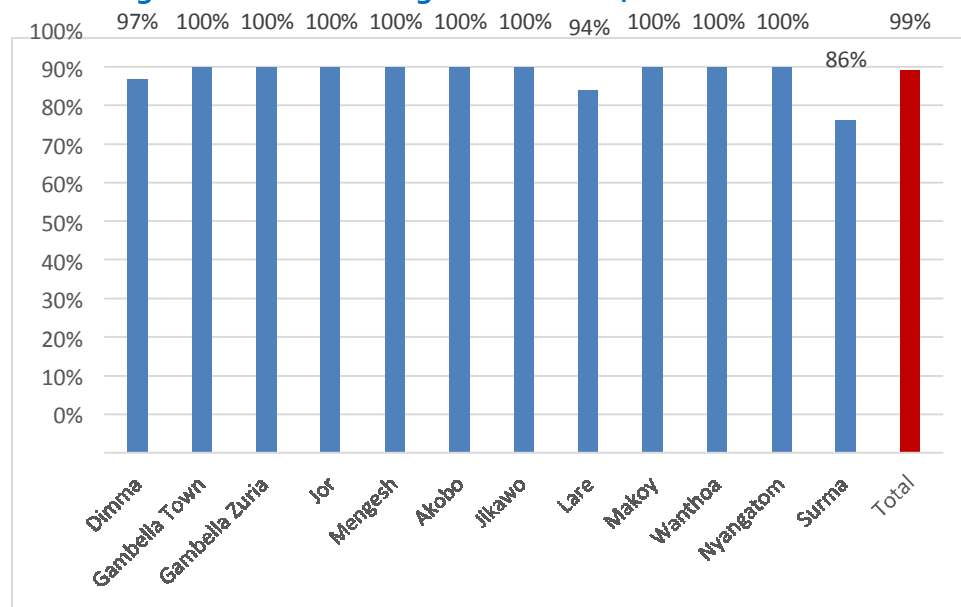


Figure: Rumors reported from 12 formerly endemic and at risk districts in 2014 and 2015



### Percentage of Rumors investigated within 24 hours



### Sensitization of health workers

Sn	District Month	Jun	Jul	Aug	Sep	Oct	Nov	Total
1	Dimma	32	42	27	0	0	20	<b>121</b>
2	Gamb.Town	0	28	59	0	0	0	<b>87</b>
3	Gamb.Zuria	22	25	24	10	34	11	<b>126</b>
4	Jor	0	0	7	18	18	0	<b>43</b>
5	Mengesh	0	11	38	0	30	0	<b>79</b>
6	Akobo	0	0	0	0	0	6	<b>6</b>
7	Jikawo	0	12	48	43	10	14	<b>127</b>
8	Lare	4	4	2	44	41	24	

								<b>119</b>
9	Makoy	26	54	54	42	10	26	<b>202</b>
10	Wanthoa	22	18	42	41	56	9	<b>188</b>
11	Nyangatom	0	0	0	0	0	3	<b>3</b>
12	Surma	0	0	0	0	0	13	<b>13</b>
	<b>Total</b>	<b>106</b>	<b>194</b>	<b>301</b>	<b>198</b>	<b>199</b>	<b>126</b>	<b>1114</b>

Annex: VII Pictures

