



Date: March 25, 2026

From: Guinea Worm Eradication Program, The Carter Center

Subject: GUINEA WORM WRAP-UP #329

To: Addressees

The public interest requires doing today those things that men of good will would wish, five or ten years hence, had been done. Edmund Burke (1729-1797)

MINISTER OF HEALTH ATTENDS ANGOLA'S FIRST PROGRAM REVIEW



Angola's Minister of Health Dr. Silvia Lutucuta officially opened the Angola Guinea Worm Eradication Program's (GWEP) first annual program review (photograph) in Ondjiva, the capital of Cunene Province, on February 25, 2026. Cunene is the only Angolan province with known Guinea worm infections. The Acting Provincial Governor of Cunene Province Dr. Apolo Ndinoulenga presided over the first day of the two-day meeting on behalf of the governor on February 25. Other key participants included Cunene Provincial Health Director Dr. Georgina Nunes; Angolan National Coordinator for Neglected Tropical Diseases Dr. Maria Cecilia de Almeida; Head of the Department of Public Health of Cunene Province Dr. Felix Belarmino; representatives from the Ministry of Fisheries and the Ministry of Energy and Water; the World Health Organization Representative in Angola Dr. Indrajit Hazarika; UNICEF; the World Food Program; and The Carter

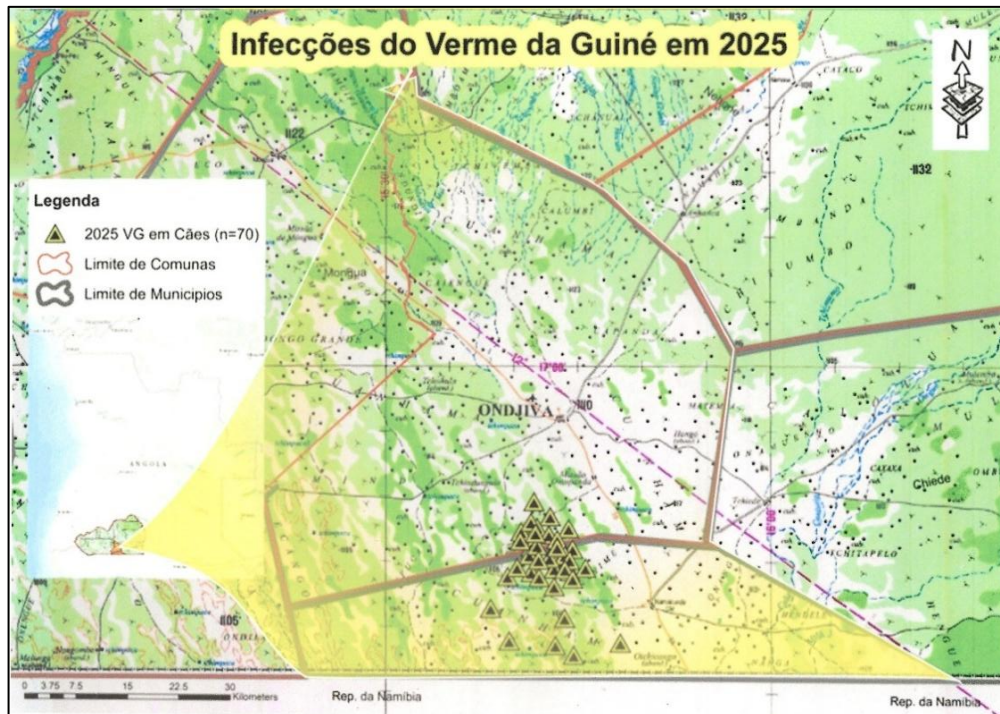
Center's GWEP Director Mr. Adam Weiss, Senior Associate Director Ms. Sarah Yerian, Associate Director Ms. Giovanna Steel, and Country Representative Ms. Lucia Verzotti. Minister Lutucuta noted that the eradication effort requires active collaboration from multiple sectors, including traditional authorities, and she addressed "especially the members of the Ministries of Agriculture and Forests, Energy and Water, and Environment, reminding you that this fight is also yours." She said "This meeting in Ondjiva is not just a technical meeting, it is a reaffirmation of our commitment, a moment of strategic alignment, and a clear call for coordinated action from all sectors...." She thanked Angola's international partners for their technical and financial support, "especially WHO, UNICEF, and The Carter Center".

A line list of the 21 Angolan villages that reported 70 dogs with GW infections in 2025 was included in the previous issue. The 70 dog infections detected in 2025 (Figure 1) were a 79% increase over the 39 infected dogs Angola reported in 2024. Sixty-nine percent (48/70) of the dogs were in 13 villages of Cuanhama municipality (district); 22 dogs (31%) were in 8 villages of adjacent Namacunde municipality. Thirty-one (44%) of the dog infections were contained. Eight villages (including the top four villages with 33 infected

dogs) received Abate treatments in 2025. All 21 villages received health education about preventing GW, and all received cloth and pipe filters. None of the 21 villages has a source of safe drinking water.

All known GW infections in Angola in 2025 occurred in January-April, during the rainy season, with a peak of 36 infections in February. The Angolan GWEP has 145 villages under active surveillance in Cuanhama and Namacunde municipalities. It investigated 145 rumors of GW (88 animals, 57 humans) in 2025. Since 2024, the cash reward for reporting GW is Kwanza 50,000 (~US\$55) for reporting a confirmed human case and Kwanza 25,000 (~US\$28) for an infected animal. (Angola discovered a human case of GWD for the first time ever in 2018 in a girl with no history of foreign travel. It detected its first dog infection and another human case in 2019, and a third human case in 2020, totaling 3 human GW cases and 204 dog infections in 2018-2025.)

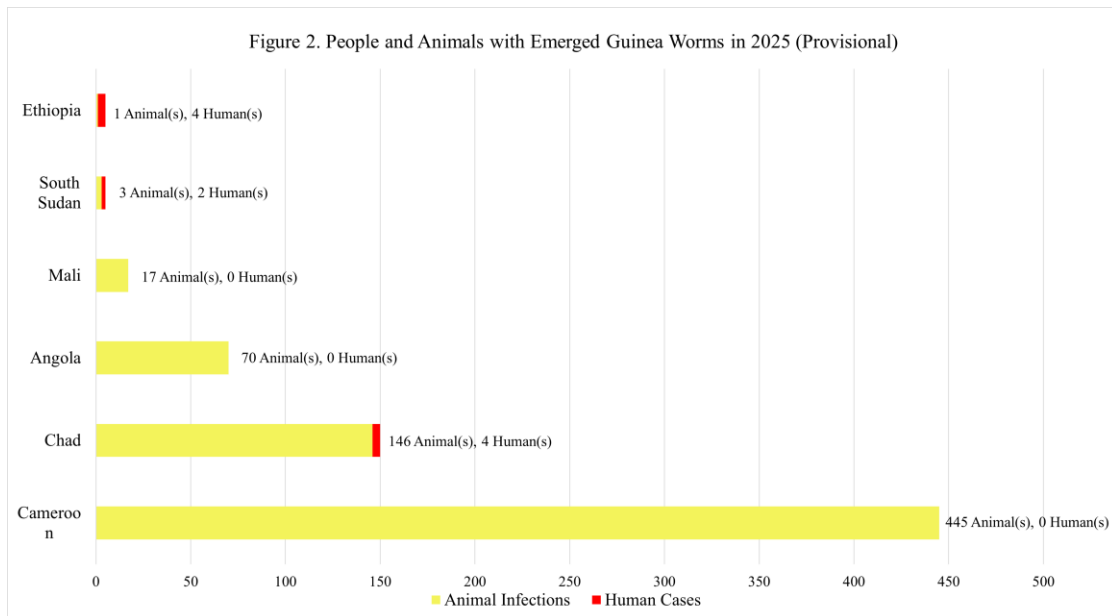
Figure 1. Locations of GW-infected dogs at border of Cuanhama (top) and Namacunde (bottom) municipalities of Angola's Cunene Province in 2025. Source: Dr. Felix Belarmino.



GUINEA WORM ERADICATION: 16 COUNTRIES FINISHED, 6 REMAIN

As of March 2026:

- The global Guinea Worm Eradication Program has eliminated Guinea worm disease (dracunculiasis) from 16 countries: Pakistan, Kenya, India, Senegal, Yemen, Central African Republic, Sudan (not yet certified), Uganda, Mauritania, Benin, Cote d’Ivoire, Burkina Faso, Togo, Niger, Nigeria, and Ghana.
- The World Health Organization has certified 200 countries, areas and territories as Guinea worm-free.
- Human cases reached a record low of 10 (provisional) in 2025.
- Guinea worm is still endemic in 6 countries: Angola, Cameroon, Chad, Ethiopia, Mali, South Sudan.
- Animals are the main sources of GW now (Figure 2).



Increasing political will

2022: Abu Dhabi Declaration

2024: Chad, Cameroon, Central African Republic Tri-country Agreement

2025: World Health Assembly Resolution

2026: Ministers of Health open annual program reviews in Chad, Ethiopia, South Sudan, Mali, and Angola. Chad Minister of Health visits four endemic villages.

Cameroon had the most GW-infected animals, mostly dogs, in 2025. Provisional 74% reduction in January-February 2026: 20 provisional animal infections vs. 76 in January-February 2025 (2025 peak GW transmission: February-July). Only 3 human cases since 2019.

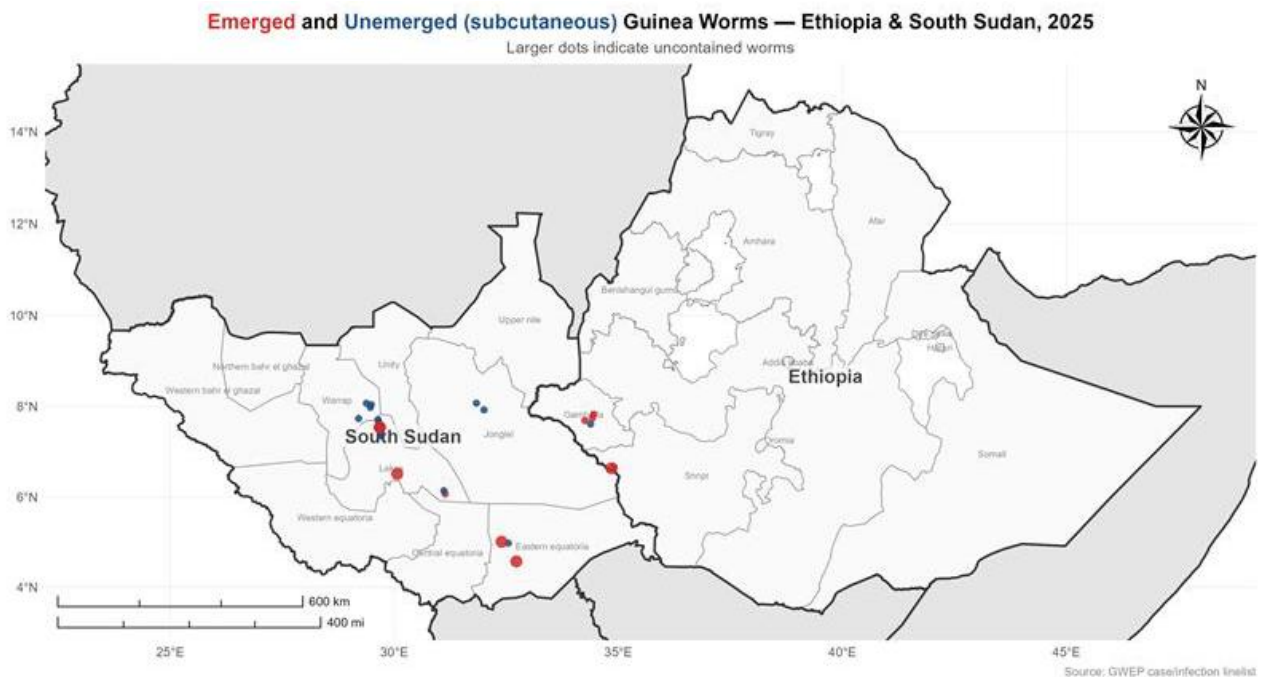
Chad had the second-highest number of GW-infected dogs in 2025, but reduced dog infections by 94% since 2019. Provisional 80% reduction in January-February 2026: 1 dog infection vs. 5 dogs in January-February 2025. This national GWEP has sustained momentum and strong political will (see previous issue).

Angola's promising inaugural annual program review is described above. Peak GW transmission in 2025 was in January-March. Only 3 human cases since 2018.

In **Mali**, insecurity is the main barrier to stopping GW transmission. Mali needs “150 Days of Safety” or a “Guinea Worm Cease Fire” in Macina, Djenne, Markala, and Tominian districts in June-November 2026 to allow intensive GW interventions and active surveillance. Only 4 human cases since 2015.

Ethiopia and **South Sudan** have the fewest known GW infections remaining. Each reported only 5 known humans or animals with emerged Guinea worms in 2025, including 1 uncontained human case in Ethiopia, 1 uncontained human case in South Sudan, and 3 uncontained dog infections in South Sudan. Ethiopia is challenged by *D. medinensis* infections in baboons in a relatively small area, but has reduced Guinea worm in humans, dogs, cats, and baboons by 84% over the past decade (see *Guinea Worm Wrap-Up #326*). South Sudan discovered *D. medinensis* infections in small wild carnivores in 2023, many of which had only *un-emerged* Guinea worms, in a few dispersed areas (Figure 3). Details of these two countries' infections in 2025 were summarized in the previous issue. Ethiopia and South Sudan both have strong political support and technical leadership and are working closely with national wildlife authorities.

Figure 3.



Number of Laboratory-Confirmed Human Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2025*
(Countries arranged in descending order of cases in 2024)

COUNTRIES WITH TRANSMISSION OF GUINEA WORMS	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
CHAD	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 2	0 / 1	0 / 0	0 / 0	0 / 0	0 / 4	0%
SOUTH SUDAN	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 2	50%
CAMEROON	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	N / A
MALI	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	N / A
ETHIOPIA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	2 / 2	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	3 / 4	75%
TOTAL*	0 / 1	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	3 / 4	0 / 3	0 / 1	0 / 0	0 / 0	0 / 0	4 / 10	40%
% CONTAINED	50%	N / A	N / A	N / A	N / A	100%	75%	0%	0%	N / A	N / A	N / A	40%	

***Provisional**

Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many cases were contained and reported that month.
Numbers indicate how many cases were contained and reported that month.

Number of Laboratory-Confirmed Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2024
(Countries arranged in descending order of cases in 2023)

COUNTRIES WITH TRANSMISSION OF GUINEA WORMS	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL	
CHAD	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 0	0 / 3	1 / 1	1 / 1	1 / 1	1 / 1	0 / 1	4 / 9	44%
SOUTH SUDAN	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 2	0 / 3	0 / 0	0 / 1	0 / 0	0 / 0	0 / 0	0 / 6	0%
CENTRAL AFRICAN REPUBLIC	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	N / A
CAMEROON	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	N / A
MALI	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	N / A
ETHIOPIA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	N / A
TOTAL*	0 / 0	0 / 0	0 / 0	0 / 0	0 / 1	0 / 2	0 / 6	1 / 1	1 / 2	1 / 1	1 / 1	0 / 1	4 / 15	27%
% CONTAINED	N / A	N / A	N / A	N / A	0%	0%	0%	100%	50%	100%	100%	N / A	27%	

Cells shaded in black denote months when zero indigenous cases were reported. Numbers indicate how many cases were contained and reported that month.
Numbers indicate how many cases were contained and reported that month.

DEFINITIONS:

A **rumor** is defined as any information about a possible case of Guinea worm disease or animal infection.

A **suspect** is a person or animal exhibiting a sign or symptoms compatible with GW infection (i.e., localized or generalized itching and/or swelling, a painful blister, and/or a skin lesion) but no visible Guinea worm.

A Guinea worm/dracunculiasis **case** is defined as an infection occurring in a person exhibiting a skin lesion or lesions with emergence of one or more worms that is laboratory-confirmed as *Dracunculus medinensis*. Because *D. medinensis* has a 10-14-month incubation period, each infected person is counted as having an infection only once during a calendar year. [The same requirement of worm emergence applies to confirmed *D. medinensis* infections in animals.]

A **presumed source of Guinea worm infection** of a human dracunculiasis case is considered identified if: The patient drank unsafe water from the same source/location (specify) as other human case(s) or an infected animal 10-14 months before infection, or

The patient lived in or visited the (specify) household, farm, village, or non-village area of a (specify) Guinea worm patient or infected domestic/peri-domestic animal 10-14 months before infection, or

The patient drank unsafe water from a (specify) known contaminated pond, lake, lagoon or cut stream 10-14 months before infection.

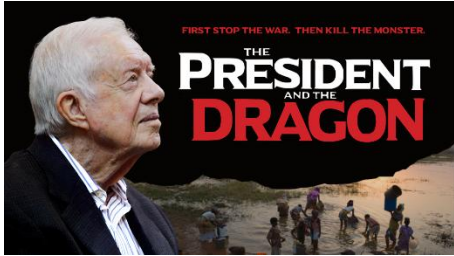
If none of the above is true, the presumed source/location of the infection is unknown. Whether the patient's residence is the same as the presumed source/locality of infection or not should also be stated in order to distinguish indigenous transmission from an imported case.

A **contained case**** means all of the following conditions are met:

1. The patient is detected before or within 24 hours of worm emergence; and
2. The patient has not entered any water source since the worm emerged; and
3. A village volunteer or other health care provider has properly managed the case, by cleaning and bandaging until the worm is fully removed and by giving health education to discourage the patient from contaminating any water source (if two or more emerging worms are present, the case is not contained until the last worm is pulled out); and
4. The containment process is validated by a supervisor within 7 days of the emergence of the worm, and
5. ABATE® is used if there is any uncertainty about contamination of the source(s) of drinking water.

***The criteria for defining a contained case of Guinea worm disease in a human should be applied also, as appropriate, to define containment for an animal with Guinea worm infection.*

NEW GUINEA WORM DOCUMENTARY



A new documentary, *The President and the Dragon*, describes challenges and achievements of the South Sudan Guinea Worm Eradication Program. The film is a collaboration between The Carter Center, Touchline Productions, The Brave Road, and Buffalo 8. Sudanese filmmaker Waleed Gubara directed the film, along with Ian D. Murphy. Communications team member Emily Staub led the effort on behalf of The Carter Center. This 92-minute-long documentary is available for streaming on-demand on Amazon, Hoopla, and Verizon Fios since October 1, 2025, with other platforms to follow. A link to one of the on-demand platforms is below:

https://www.amazon.com/gp/video/detail/B0D5HCTZQL/ref=atv_dp_share_cu_r

Are the right people receiving the Guinea Worm Wrap-Up?

We remind leaders of National Guinea Worm Eradication Programs to make sure all appropriate persons are receiving the Guinea Worm Wrap-Up directly, by email. With frequent turnover of government officials, representatives of partner organizations, and recruitment of new Guinea worm program staff, keeping desired recipients up to date is challenging. Frequent review of who is receiving the newsletter directly is advised. To add an addressee, please send their name, title, email address, and preferred language (English, French, or Portuguese) to Adam Weiss at The Carter Center (adam.weiss@cartercenter.org).

Note to contributors: Submit your contributions via email to Adam Weiss (adam.weiss@cartercenter.org), by the end of the month for publication in the following month's issue. Contributors to this issue were: the national Guinea Worm Eradication Programs, Dr. Donald Hopkins and Adam Weiss of The Carter Center, and Dr. Anthony Solomon of the World Health Organization. Formatted by Kidest Adane.

Back issues are also available on the Carter Center web site in English, French, and Portuguese and are located at:

www.cartercenter.org/GuineaWormWrap-Up