Memorandum

Date: October 29, 2026

From: Guinea Worm Eradication Program, The Carter Center

Subject: GUINEA WORM WRAP-UP #336

To: Addressees

*National political will, which is key to Guinea worm eradication, can't be bought or imported.*
Don Hopkins

## CHAD'S MINISTER OF HEALTH VISITS THREE ENDEMIC PROVINCES



The Minister of Public Health and Prevention of Chad, Dr. Abdelmadjid Abderahim visited Mayo Kebbi Est, Mandoul, and Moyen Chari Provinces during a five-day trip from October 15-19, 2026, to mobilize authorities and communities to eradicate Guinea worm disease. This tour follows Minister Abdelmadjid's previous visits to Guinea worm endemic areas in Salamat Province in February this year and to Mayo Kebbi Est Province in June 2023. Accompanied by senior Ministry of Health officials, the leadership of Chad's Guinea Worm Eradication Program (CGWEP), including the National Program Coordinator Dr. Tchindebet Ouakou and the Deputy National Program Coordinator Mrs. Zouleikha Djiddi, The Carter Center Country Representative Dr. Abdalla Meftuh and Deputy Country Representative Mr. Al-Hassana Outman, the minister met with the three General Delegates of the Government, Mr. Goukouni Sidimi (Mayo-Kebbi Est), Mr. Abdallah Fadoul (Mandoul), and Mr. Abdraman Ahmat Bargo (Moyen-Chari), as well as 17 *Prefects* (4 in Mayo-Kebbi Est, 3 in Mandoul, and 10 in Moyen-Chari), 54 *Sous Prefects* (24 Mayo-Kebbi Est, 6 in Mandoul, and 24 in Moyen-Chari), several mayors, more than 80 canton chiefs, health officials, religious leaders, and representatives of nomads, women, and youth.

On October 15, in Mayo-Kebbi Est Province, which has reported 39 animal Guinea worm infections in seven health districts in 2026, a 53% decrease from 2025, the minister visited Bongor and met with the General Delegate of the Government and the Provincial Health Delegate. He reiterated that "The eradication of Guinea worm disease is a major commitment of the country's highest authorities. Chad is a signatory to the Abu Dhabi Declaration of March 22, 2022. Provincial and district health officials need to disseminate prevention messages and promptly report any suspected infection, working closely with community leaders and civil society." The minister then visited Balampouta, an endemic village in Samga sub-prefecture, where more than 200 community members attended a meeting that included a demonstration of pond treatment with Abate larvicide (photograph). He called on every citizen to adopt preventive behaviors and protect water sources.

On October 16, in Mandoul Province, which reported no human case or animal infection in 2025 or 2026, the minister explained that the purpose of his visit was to encourage local initiative and strengthen the authorities' leadership to safeguard Mandoul's achievements.

On October 17, more than 300 community members attended a meeting in Massakaba, near Kyabe in Moyen-Chari Province (a district with no GW cases in 2025 or 2026), where the *Prefect* of Lac-Iro, Mr. Mahamet Wasiri, outlined the challenges: lack of safe drinking water, late detection of suspected cases, containment of infected animals, and management of aquatic animal waste. Among Kyabe's nomadic community, almost 160 representatives attended a demonstration of pipe, cloth, and cone filters, which were then distributed to them. That same day, at the minister's request, the Deputy Director General of Public Health, Dr. Narassem Mbaidoum, accompanied by the Deputy Country Representative, Deputy GWEP Coordinator and other team members, traveled to Maima, 18 miles (30 km) south of Sarh, which accounts for 10 of the 14 GW infections reported in Danamadji health district in 2026. There, the Deputy National Program Coordinator asked owners to keep their dogs and cats tethered long-term and to report any suspected animal infection.

On October 18, on the minister's last day in Moyen-Chari Province, a meeting in Sarh was attended by over 400 community members. The General Delegate of the Government of Moyen-Chari Province urged every citizen to report any suspected GW case without delay. The minister noted that the disease is still present in Mali, South Sudan, Angola, Ethiopia, Cameroon, and Chad, and stated, in essence, "Guinea worm has no treatment and no vaccine. Prevention remains the main way to break the chain of transmission." He advocated a One Health approach and a multisectoral mobilization involving the health, livestock, water, environment, and education sectors, and set four priorities: the availability and proper use of filters, Abate treatment of water sources, awareness-raising tailored to nomadic populations, and dialogue with animal owners. He recalled the commitment Chad made in Abu Dhabi in March 2022 to interrupt transmission and achieve certification of eradication by 2030, as well as the resolution "Accelerating the eradication of dracunculiasis," championed by Chad and adopted by the World Health Assembly in May 2025. Noting the severe strain on donor funding worldwide, he expressed his gratitude to The Carter Center for its support during this difficult period. Carter Center Country Representative Dr. Meftuh described the communities as the true heroes of this fight and affirmed that The Carter Center will continue its technical and financial support to the extent possible.

The minister concluded his tour on October 19 in Guelendeng, the capital of Mayo-Lemie Department, where no human GW case has been reported in 2026 and animal infections are declining. It was in this same department, in Nanguigoto, that the first human GW case was detected after Chad's failed certification of eradication.

After reducing its world-leading Guinea worm status by 92%, from 1,981 animal infections and 47 human cases in 2019 to 146 animal infections and 4 human cases in 2025, **#2 endemic Chad** has recorded a slight reduction of 5% in animal Guinea worm infections between 2025 and 2026 so far, with a provisional total of 132 animal infections in January-September 2026, compared to 139 animal infections in January-September 2025, following removal of incentives for proactive tethering of dogs and cats in 2025. The program has provisionally reduced confirmed human GW cases from 4 to 1 in the same period.

## MALI: INSECURITY & IMPEDED ACCESS




Guinea worm transmission in Mali has been complicated for the past decade by riverine ecology, collective fishing and haphazard disposal of fish waste, commercial marketing and transport of dogs for human consumption, and ongoing insecurity. Although in 2024, despite insecurity, an estimated 89% of known GW endemic areas (Level 1 surveillance) were accessible to Mali's Guinea Worm Eradication Program (MGWEP)(*Guinea Worm Wrap-Up* #319), only about 76% of the areas were accessible in 2025 (*Guinea Worm Wrap-Up* #330), and the impact of insecurity on the program appears to be worse in 2026. Mali has reported confirmed GW in 1 human, 12 dogs, and 3 cats (8/16; 50% contained) so far in 2026. It reported 13 infected dogs, 4 infected cats, and no human case in 2025. Rumors of GW in humans and animals increased from 422 in January-July 2025 to 485 in the same period of 2026. Surveys regarding disposal of aquatic animal waste in July reported proper disposal in 77% of 175 households and 67% of 6 fish sellers queried in Macina district, 35% of 34 households and 53% of 15 fish sellers in Djenne district, and 54% of 540 households and 43% of 75 fish sellers in Markala district.

Mali's National Program Coordinator, Dr. Cheick Oumar COULIBALY, led a supervisory mission of public health and veterinary personnel to Segou and San Regions on September 1-11, 2026. In Markala district they held a ceremony to pay the reward for reporting the human GW case that occurred in Nakry in June 2026 and visited four other villages that had confirmed GW infections in animals in 2024-2026. In Macina district they visited the local radio station and discussed proactive tethering of dogs and cats and safe disposal of aquatic animal waste in the endemic village of Kayo Bozo. MGWEP Data Manager Mr. Souleymane Diarra and Carter Center consultant Dr. Gabriel Guindo made supervisory visits with local health and veterinary staff to endemic areas of Djenne and Mopti districts on September 7-14, 2026. Notwithstanding these supervisory missions, insecurity is significantly impeding access to endemic and high-risk communities, including Nakry, the site of Mali's only known human infection so far in 2026 (see *Guinea Worm Wrap-Up* #333). Besides impeding supervisory visits by district, regional, and national GW teams, insecurity has also displaced populations from some endemic areas, including Gomitogo village in Djenne district, which is the site of a provisional dog infection in 2026. National and international political support to address these challenges has been inadequate so far.

## IN BRIEF

**#1 endemic Cameroon** increased interventions coverage and reduced GW in 2024-2026. Cameroon's reported coverage of 19 endemic villages with Abate increased from 73% to 97% between 2024 and 2025, coverage with proactive tethering increased from 67% to 90%, and practicing of fish waste disposal increased from 53% of endemic villages to 89%. Cameroon has reported a 22% reduction in GW infections so far in January-September 2026, compared to the same period of 2025. Reported coverage with all three indicators (Abate, proactive tethering, fish waste disposal) in 2026 was 100% of endemic villages.

A small team led by Carter Center GWEP Sr. Associate Director for Data and Analytics Dr. Obiora Eneanya visited Cameroon June 28-July 10 where they met with Dr. Priscilla Anya, Deputy Director for Malaria and Neglected Tropical Diseases and other Cameroonian Ministry of Health officials, World Health Organization officials, and workers in Cameroon's national GWEP for discussions and training related to data management, surveillance and interventions.

**#3 endemic Angola.** Fifteen Field Technicians began work in Cunene Province on October 1st. They joined two GW program officers and the program veterinarian who began work at the program's office in Ondjiva in early August. The program also trained 264 polio, rabies, and GW workers on GW eradication.

**Ethiopia** has achieved high coverage with key interventions and is monitoring the quality of interventions:

- All targeted unsafe water sources are treated with Abate and post-treatment testing found over 99% of Abate treatments achieved >80% reduction in copepods after treatment.
- Spot checks confirm that over 99% of targeted eligible dogs are consistently tethered.
- Facilities for safe disposal of aquatic animal waste such as fish entrails exist in 92% of high-risk villages, where 100% of inhabitants are reported to dispose of such waste safely.

**South Sudan** has not reported a confirmed GW infection in a human or animal so far in 2026, compared to 2 humans, 4 dogs, and a genet in 2025. The South Sudan Guinea Worm Eradication Program (SSGWEP) has greatly expanded surveillance for GW among small wild carnivores since 2024, screening 8,037 animals across 13 counties in week 37 (September 6-12, 2026) alone, for example. The SSGWEP has now reported *un-emerged* confirmed GWs removed from 10 wild animals so far in 2026: 6 wild cat/hybrids, 1 serval, 1 African civet, 1 leopard, and 1 white-tailed mongoose. They were reported from Tonj East County/Warrap State (4), Rumbek North/Lakes (3), Rumbek Center/Lakes (1), Cueibet/Lakes (1), and Lafon/Eastern Equatoria (1).

Carter Center GWEP Sr. Associate Director Sarah Yerian, MPH and Associate Director Giovanna Steel assisted SSGWEP Director Samuel Makoy in conducting training in Rumbek on September 15-17, 2026, to help improve supervision and accountability in the SSGWEP. Afterward Ms. Steel traveled to Rumbek North County for a field supervisory visit.

**Confirmed GW Cases, Animal Infections, and *Un-emerged* Animal GW Infections in Mali, South Sudan, and Ethiopia, Year-to-Date 2026***

| | Human Cases | Animal Infections | *Un-emerged* Animal Infections |
|---|---|---|---|
| Mali | 1 | 15 | 0 |
| South Sudan | 0 | 0 | 10 |
| Ethiopia | 1 | 0 | 0 |

*Provisional, January-September. *Un-emerged* GWs in animals are not a risk for transmitting *D. medinensis*, and do not qualify as official infections.

| Total Reported GW, January-September | | | |
|---|---|---|---|
| | 2025 | 2026* | |
| Human cases | 10 | 8 | -20% |
| Animal infections | 673 | 588 | -13% |
| *Provisional | | | |

Table 1.

## Number of Laboratory-Confirmed Human Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2026*

(Countries arranged in descending order of animal and human infections in 2025)

| 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 | |
| CAMEROON | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | | | 0 / 0 | N / A |
| CHAD | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 1 / 1 | 0 / 0 | 2 / 2 | 0 / 1 | 0 / 0 | | | 3 / 4 | 75% |
| ANGOLA | 0 / 0 | 0 / 0 | 1 / 2 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | | | 1 / 2 | 50% |
| MALI | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 1 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | | | 0 / 1 | 0% |
| SOUTH SUDAN | 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 | 1 / 1 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | 0 / 0 | | | 1 / 1 | 100% |
| TOTAL* | 1 / 1 | 0 / 0 | 1 / 2 | 0 / 0 | 0 / 0 | 1 / 2 | 0 / 0 | 2 / 2 | 0 / 1 | 0 / 0 | | | 5 / 8 | 62.5% |
| % CONTAINED | 100% | N / A | 50% | N / A | N / A | 50% | N / A | 100% | 0% | N / A | | | 62.5% | |

***Provisional***

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

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## Number of Laboratory-Confirmed Human Cases of Guinea Worm Disease, and Number Reported Contained by Month during 2025

(Countries arranged in descending order of animal and human infections in 2025)

| 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 | |
| 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 |
| 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% |
| ANGOLA | 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 |
| 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% |
| 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% | |

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

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## HELP FIGHT GUINEA WORM

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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.

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