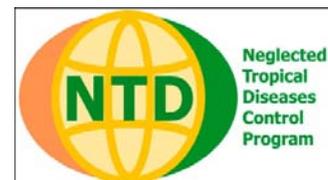




**USAID**  
FROM THE AMERICAN PEOPLE



# YES WE DID!

LYMPHATIC FILARIASIS CAMPAIGN IN THE WESTERN AREA 3<sup>rd</sup>-7<sup>th</sup> June 2010

On behalf of Helen Keller International I would like to congratulate the Ministry of Health and Sanitation for the recent “big fut and worrum” (lymphatic filariasis) campaign in the Western Area. Many countries around the world and especially in Africa have not been able to mount a successful urban lymphatic filariasis campaign where the “pass mark” for success is to achieve 65% coverage of the eligible population.

Early indicators from Independent Monitors report coverage in the Western Area around 86%. Over 1.2 million eligible persons were treated in just 5 days from 3<sup>rd</sup>-7<sup>th</sup> June!

This recent campaign is the culmination of 5 years of hard work and capacity building by the MOH&S. This can be traced back to the National Onchocerciasis Control Program lead by Dr. J.B. Koroma in 2005 who, with support from the World Health Organization first mapped using ImmunoChromographTests the lymphatic filariasis disease prevalence in Sierra Leone that justified this preventative treatment strategy for the entire country. This was followed by baseline studies on the microfilarial prevalence and community microfilarial load in 2007-8. In the Western Area George Brook community, Dworzak Farm had the highest prevalence of LF.

The drug companies, Merck that supplies Mectizan and GlaxoSmithKline that supplies albendazole free of charge to the lymphatic filariasis program have made this national strategy possible.

The generous support of the American people through the USAID made the funds available to up-grade the “Oncho” program into a full “National Neglected Tropical Disease Control Program” (NTDCP) in 2008. Technical support has been provided by RTI International, USA through Helen Keller International. The NTDCP is now lead by Dr Santigie Sesay and he is supported by dedicated team of national supervisors Abdulai Conteh, Florence McCarthy and 15 entomologists.

I also wish to express appreciation of the planning and management skills shown by the District Health Management Team (DHMT) for the Western Area, lead by Dr Samuel Juana Smith who put in place timely advocacy meetings with Councilors from Freetown City Council, Western Area Rural Council, religious and traditional leaders on the 13<sup>th</sup> May. The Ministry of Education Youth and Sports also cooperated in planning implementation within both primary and secondary schools. DHMT also trained all the in-charges of all the Peripheral Health Units in the WA on the 14<sup>th</sup> May. These “in-charges” in turn held meetings to inform their own communities and to mobilize local resources starting the following day; 15<sup>th</sup> May. All Peripheral Health Unit staff held training sessions for the numerous Community Health Workers that distributed the Mectizan and Albendazole during the 5 day campaign on Wednesday 2<sup>nd</sup> June with supportive supervision from the DHMT, NDTCP and HKI during this training process.

All primary health personnel in the WA were mobilized for this 5 day campaign and the increase in MOH&S staff numbers and motivation has contributed to the success of this LF campaign. For example, one Health Unit I visited in Sussex had only one Maternal and Child Health Aid 18 months ago and now has 3 assigned Maternal and Child Health Aids. The contribution of the Chief Medical Officer, Dr Daoh and his team in steering through the recent modernizations in the MOH&S with the support of DFID, UNICEF and other stakeholders has put in place a primary health service that can now perform and has done so admirably.

The staff at Helen Keller International, Tengbeh Town have provided technical support, advice and back-up when needed, in particular the NTD Program Manager: Mustapha Sonnie. HKI helped in planning, budgeting, advocacy meetings, and development of education, information and communication materials, training, social mobilization and monitoring. The WHO again supported the NTD program by advising HKI on an appropriate method to “Independently Monitor” the LF campaign and also participated in the training of 20 independent monitors.

The media helped this LF campaign enormously and I would like to thank in particular Talking Drums Studio, Independent Radio Network, Star Radio, Citizen Radio, CTN, Voice of Islam, UNMISL, Premier Media, SLBC among others.

Star Radio in particular provided us the platform to interact with the public with feed back from our initial broadcasts on “bigfut” to be able to answer questions from the public and address misunderstandings regarding “bigfut” and especially those relating to traditional beliefs and witchcraft.

The newspapers also had an important role in sensitizing the public and in particular AWOKO, Awareness Times and Standard Times carried early articles even before the official LF press conferences. We were also able to mobilize support via the internet and wish to thank all those who read the “Lymphatic filariasis Frequently Asked Questions”, contributed to their development and forwarded it to their contacts, especially those in the other NGOs or institutions who participated in sensitizing their staff using these FAQs.

Councilors and religious leaders also participated in sensitizing the public in civic meeting and in mosques and church services and many persons took their treatment during the campaign following these services. The Director of Education Western Area had notified all schools of this campaign allowing the head teachers time to inform the parents and obtain consent for the Community Health Workers to enter schools and treat the children which they did on the first 2 days.

The launch held in George Brooke Health center was chaired by the Director of Disease Prevention and Control, Dr Amara Jambai and officially opened by Ward 109 councilor, Mr Shaka Dumbuya. The local USAID office was represented by Mrs Boi Jenneh Jalloh and USAID, Washington by Dr Michel Pacque who made a statement on Sierra Leone’s struggle against Neglected Tropical Diseases and the continual interest and support of the American people. The Mectizan Donation Program had also sent a film crew from the USA to document this lymphatic filariasis campaign in preparation for the Mectizan Donation Program 25th anniversary; 2012. The vote of thanks was given by the in-charge, Community Health Officer, Mr Albert Vandy. Many elephantiasis sufferers made their way to this ceremony and were able to take their medicines on the first morning of the campaign much to their evident relief.

We are all aware that Freetown has grown enormously in recent years and many people have settled in the WA from the provinces and even neighboring Guinea. The drugs were supplied for the estimated eligible population of 1,000,000 people. Such was the response from communities that it became apparent by the second day of the “bigfut” campaign that more drugs would be required! The NTDCP was able to re-stock the DHMT with Mectizan and

Albendazole from the other 12 districts and a local NGO: St Andrews Clinic for Children-SL was able to donate 46,000 doses of Albendazole so that the campaign could continue.

If you are one to the 20% for the population of the Western Area that have not yet received preventive treatment with Mectizan and Albendazole, don't panic! There are still doses available at the Primary Health Units which you should be able to receive free of charge at the clinics until the end of next week although the outreach campaign has now finished.

You will no doubt be wondering who or what is Helen Keller International. Helen Keller herself was an American lady born in 1880 who became blind and deaf before the age of 2 years as a result of a severe childhood illness. Despite this disability, with the help of a dedicated tutor they developed a means of communication and she was able to get a university education and became a champion of the visually disabled. When she died in 1968 this INGO was formed from previous charities and named in her honour.

Helen Keller made many famous statements one of which was:

**“Alone we can do so little. Together we can do so much”.**

This recent lymphatic filariasis campaign exemplifies that statement and I am sure Helen Keller would delight in the knowledge of everyone's contribution to this successful “big fut” campaign! This was truly a team effort; well done Salone!

From: Dr Mary Hodges, Country Director, Helen Keller International, Sierra Leone

