



## SUCCESS STORY Yes We Did!

### Neglected Tropical Disease Control: Success in an Urban Setting



Michel Pacque/USAID

*In Sierra Leone's capital, Freetown, which is located in the Western Area, people gather around a board that is used to measure height in order to determine treatment dosage for LF. Preventative chemotherapy and transmission control for LF and other neglected tropical diseases in non-rural communities is a challenge worldwide. Sierra Leone's Ministry of Health and Sanitation adopted a novel approach of using FAQs and independent monitors to achieve 86 percent therapeutic coverage for LF in the Western Area in 2010.*

Lymphatic filariasis (LF) – also called elephantiasis – is endemic throughout Sierra Leone. WHO recommends that affected communities treat LF through mass drug administration with ivermectin (an antiparasitic drug) and albendazole (used to treat worms) annually to all persons over the age of 5 years, except for pregnant women and the very frail. Many countries around the world have struggled to mount a successful urban LF campaign, where the “pass mark” for success is to achieve 80 percent coverage of the target population.

Freetown, the capital, is in the Western Area and has greatly outgrown its infrastructure and expanded rapidly into the surrounding rural areas since the civil war ended in 2002. A new approach to mass drug administration was adopted in June 2010 by the Neglected Tropical Disease Control Program funded by USAID: a five-day campaign using the “National Immunization Day” Protocol.

Traditional and modern methods of social mobilization were utilized. Frequently Asked Questions about LF and their responses were developed, pre-tested, revised, and broadcasted repeatedly by government, commercial, and community radio stations leading up to and during the campaign. A new image and tag or slogan – “Fri big-fut and wurrum meresin” (Free big-foot and worm medicine) – was developed and used in posters by all health workers, community volunteers, and monitors, and in advertisements in a prominent newspaper daily during the campaign.

The campaign was launched and televised to sensitize the urban population and explain to them how they were expected to participate and facilitate the process.

As the data for the Western Area were known to underestimate the population, Helen Keller International trained independent monitors who evaluated the campaign and reported their findings daily to the District Health Management Team. More than 1.1 million eligible persons were treated in just five days in the Western Area. This represented coverage of 86 percent (total population estimated at 1.68 million), the highest coverage rate ever reported in an urban/non-rural setting worldwide, and well above the 80 percent pass mark for success.