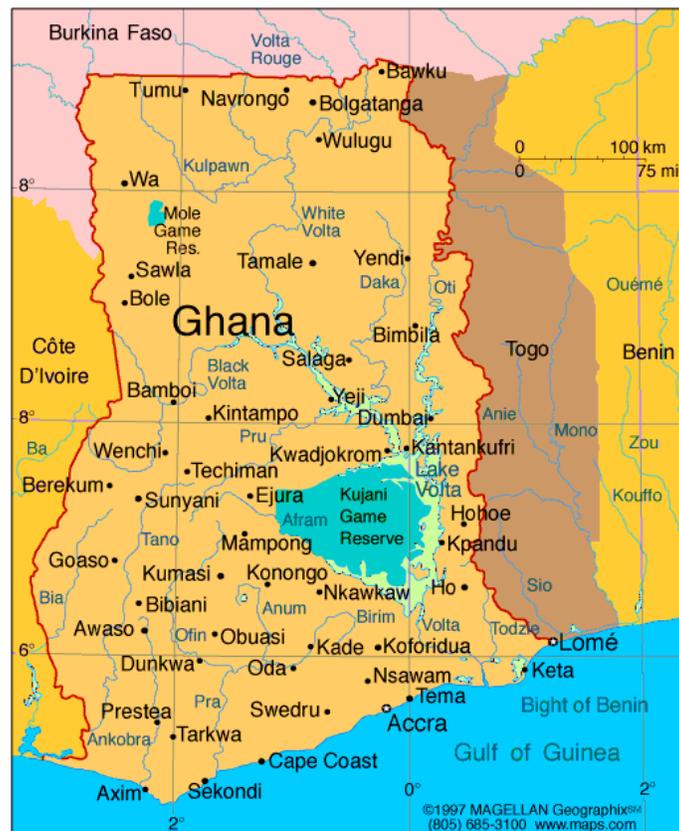


GHANA NTD PROGRAMME – SUCCESS STORIES TO SHARE



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Ghana has implemented the Neglected Tropical Diseases (NTD) Programme for 5 years, the Lymphatic Filariasis (LF) Elimination for an additional 5 years. The Ghana Health Service through its NTD Control Programme has collaborated with partners USAID/NTDCP, APOC, WHO (Ghana, AFRO and Headquarters) together with Liverpool CNTD, Atlanta LF Support Centre and SightSavers to advance the cause of the NTDs in Ghana. Improving the partnerships advances the common interest of all partners in the control of NTDs in Ghana. It has been a process of 'learning by doing' by the national programme team and its key partners. Implementation research has served as a guide for programme activities while regular in-country meetings served to help share experiences in mass drug administration. Implementation of an advocacy plan for the programme is already yielding some results through improved government commitments.



More than 48 million treatments have been provided to affected communities by the NTD programme and many districts are reaching the point where transmission of LF has been achieved. Morbidity control or alleviation of the suffering from complications of LF is another aspect of the programme that requires further support from everyone including donors, government and endemic communities. Across Ghana, over 5

thousand elephantiasis cases and over 10 thousand cases with hydrocoele have been registered for follow up care. Since the inception of the programme, over 2000 hydrocoele cases have received free surgeries. With the help of the lymphoedema management manual almost all identified cases of lymphoedema are receiving home-based management.

An evaluation of the hydrocoele surgery programme conducted in the Upper West region assessed the impact of hydrocoele surgery on the overall health and socio-economic life of beneficiaries of the free surgery. A total of 302 beneficiaries were interviewed in the Wa, Nadowli, Jirapa-Lambussie, Lawra and Sissala Districts. All these surgeries had been done at the Wa, Nadowli, Jirapa, Lawra, Nandom and Sissala Hospitals by medical officers and surgeons trained by the program. Few patients reported recurrence of their hydrocoeles and those interviewed reported a much better socio-economic life after the surgery. There was a very high satisfaction (92.4%) with the surgery, among the respondents. Their general state of health also improved from a pre-surgery level of 58.6% to 85.6% by the Euro-QoL visual analogue scale.

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Kwesi Mensa is sixty-four years old. He is married with 11 children; the eldest being forty years and the youngest being seventeen years old. He is a carpenter by profession and also does farming. He had elephantiasis of the left leg over 20 years ago. Currently with stage four lymphoedema, this family breadwinner still takes his carpentry work seriously, but his work predisposes him to pricks and cuts on his skin, setting the stage for acute attacks. As a subsistence farmer his condition is worsened by farming activities as well. He suffers about two or three attacks every year, a major worry because during these times he has to solely depend on his family for both physical and financial support. When it appeared that he would lose his farm, he went to herbalists, but the lacerations they made compounded his problems and hardened his leg and he



subsequently lost his farm. Unfortunately his eldest daughter also has stage 3 bilateral lymphoedema. The family stigmatisation in the community in which they live is real. Association with other households is minimal. Looks of pity have been their only source of comfort in their small community. Mr Mensa thinks that this is a disease that perpetuates poverty. He intends to engage more hands to support his carpentry work when he able to raise the resources. His only source of hope now is that since he started regular limb washing, regular limb elevation and exercising about 8 months ago he has had only one acute attack. He feels healthier, and is able to work more and supervise his workers. He is hopeful that he will see a reduction in the size of his affected leg in due course.

Afia Ason, a hairdresser from Anomabu, a suburban community in the Central Region, reported to the programme office in Accra with stage 3 lymphoedema two years ago. She was married, but declined to give any further information about her husband and children. She was quite depressed by her condition, but even more by her husband's attitude. She has been taking the treatment with ivermectin and albendazole for at least 5 years, but her affected limb continued to increase in size while she



suffered more and more at the hands of her husband who was initially very supportive of her condition. Her husband has even accused her of being a witch because she has elephantiasis. With this change in her husband's attitude, she decided to separate from her husband for a while and to seek treatment. She strictly adhered to lymphoedema management techniques and now thinks the size of her affected limb has actually reduced. She remains hopeful that her condition will continue to get better. As for her husband, she confidently said "he is history".

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