



THE REPUBLIC OF
UGANDA
MINISTRY OF HEALTH

Get rid of NTDs (Neglected Tropical Diseases) in Uganda!

An Advocacy Booklet



Letter from the Director General

Neglected Tropical Diseases (NTDs) affect the poorest of the poor. Uganda has a high burden of these diseases, which have dire effects on morbidity, mortality, and socio-economic status of affected individuals and their communities. They experience loss of productivity and educational opportunity, stigma, disability, and in some cases, death. With NTDs, poverty and sickness are intertwined. It is unacceptable for Ugandans to continually suffer from these diseases; we can, and must, do more.

By focusing on controlling or eliminating NTDs by 2020, the Ugandan government is simultaneously tackling serious health issues and impacting the Millennium Development Goals and the Government of Uganda National Development Plan:

- **End poverty** –The socioeconomic impact of eliminating and controlling the debilitating NTDs is great as a result of saving money on medical costs and increasing productivity.
- **Universal Education** – Disease and poverty form a vicious cycle leading to reduced school attendance. Preventing and treating NTDs in children improves cognitive development, growth, and school attendance.
- **Reduce Child Mortality** – Children affected by NTDs are more vulnerable to life-threatening health problems like malaria and severe anaemia.
- **Improve Maternal Health** – Preventing NTDs leads to decreased rates of severe maternal anaemia, malaria and HIV.
- **Combat HIV/AIDS, malaria, and other diseases** – NTDs are part of the “other diseases” globally targeted for reduced incidence by 2015.
- **Uganda’s Goal** – To eliminate NTDs as a public health problem by 2020.

We would like to ask you to read through this booklet to better understand what NTDs are, who they affect and what you can do to help us reach our goal of controlling or eliminating NTDs in Uganda by 2020.

I strongly encourage you to actively engage with the MOH NTD programme to see how you can make a difference in the lives of marginalized Ugandans.

Sincerely,

Dr. Jane Ruth Aceng

DIRECTOR GENERAL HEALTH SERVICES



ALBENDAZOLE 400

100 TABLETS



The Uganda Ministry of Health Neglected Tropical Disease (NTD) Control Programme



Uganda is endemic with 12 NTDs.

- Seven can be prevented and controlled by treating people living in endemic areas: lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminthiasis (roundworm, hookworm and whipworm), and trachoma.
- Five need case management and reduction of vector population: Human African Trypanosomiasis (HAT), leishmaniasis, buruli ulcers disease (BUD), plague, rabies, and tungiasis
- Guinea worm disease was eradicated in Uganda in 2009, but the MOH continues to conduct post-certification surveillance activities.

The Health Sector Strategic & Investment Plan II (HSSP II) targets a number of NTDs for eradication (Guinea worm disease) and elimination (lymphatic filariasis, onchocerciasis, schistosomiasis and trachoma) and promotes resource allocation toward NTD-affected districts. NTD control is also highlighted as part of the Uganda Minimum Health Care Package.

There are ongoing efforts to control these NTDs in the country. Mass drug administration occurs annually in districts endemic with NTDs that can be controlled with medicine. Vector control and NTD case management occurs in varying levels and with varying degrees of success. To reach our elimination and control of NTD goals a concerted effort to mobilize resources and coordinate activities at the National and District –levels needs to occur.

These NTDs are highly endemic in Uganda and pose a heavy burden on poor rural communities. NTDs contribute significantly to morbidity, reduced learning and working capacity and increase vulnerability to malnutrition and infection. The majority of districts in Uganda are endemic for at least one or more NTDs and the number of people at risk or actually infected is very high.

What is your role in eliminating these diseases and improving the lives of millions of Ugandans?





Elephantiasis & Hydrocele (lymphatic filariasis)

What is lymphatic filariasis (LF)?

- LF is a disease caused by tiny thread-like worms transmitted by mosquitoes to humans. Infection is acquired early in life and it slowly begins to cause internal damage
- Adult worms are found in the lymphatic vessels (used for carrying waste body fluids), where they cause damage leading to elephantiasis (swelling of the legs and feet), hydroceles (swelling of the scrotum), and other parts of the body. However, the majority of infected individuals show no physical signs yet can infect mosquitoes
- The disease can be eliminated by treating everyone in all endemic districts every year for five years and by reducing mosquito bites with bed nets. Treatments are donated by WHO.
- The Ministry of Health goal is to eliminate lymphatic filariasis by 2020

How many people in Uganda are affected?

- LF mostly affects the poorest Ugandans. Nearly 14.5 million people in 54 districts are at risk of becoming infected
- In some communities in eastern and northern Uganda, up to 25% of adults show chronic signs of LF; mainly hydroceles



What are we doing about it?

- The NTD programme provides annual drug treatments to nearly 13 million people in affected areas.
- Health workers (Medical Officers) conduct hydrocele surgeries. There are plans to scale up the number of surgeries conducted by implementing surgical camps.
- Those with elephantiasis get health education to control secondary infections and alleviate pain

What can you do?

- Mobilize communities to ensure that everyone is treated during mass drug administration
- Encourage everyone in your district to sleep under a long-lasting, insecticide-treated bed net
- Educate opinion leaders on the risks of contracting LF and the benefits of sleeping under bed nets, taking drugs to prevent infection, and management of chronic manifestations
- Dispel rumors that elephantiasis is caused by witchcraft and hydroceles are hereditary



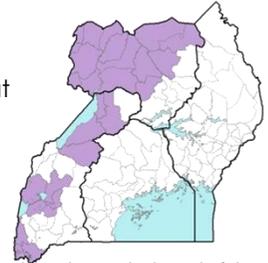
River blindness (Onchocerciasis)

What is river blindness?

- A disease spread by black flies that causes blindness and disfiguration of the skin
- A leading cause of blindness and visual impairment in Uganda
- River blindness can be reduced to a level where it is no longer a public health problem if all individuals living in affected areas receive treatment every year for 15 to 20 years
- In some areas where the programme treats all people twice a year, river blindness can be eliminated in less than seven years. With additional black fly control, it can take fewer years

How many people in Uganda are affected?

- More than 2 million people are infected with the parasite that causes river blindness, and 3 million more are at risk of being infected
- Approximately 20,000 Ugandans are blind because of river blindness



What are we doing about it?

- The MOH NTD programme provides community directed drug treatments to at-risk populations
- Vector control and elimination being conducted in several foci. The vectors and disease have been eliminated in some areas of focus such as Mt Elgon

What can you do?

- Mobilize the affected communities to ensure that everybody is treated during mass drug administration
- Educate opinion leaders on the risks of contracting river blindness, signs of the disease and the benefits of taking drugs to prevent infection
- Raise funds to support river blindness control and elimination activities, including mass drug administration and control of black flies
- Dispel rumors that river blindness is caused by witchcraft



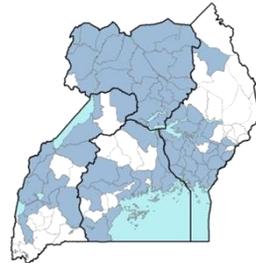
Bilharzia (Schistosomiasis)

What is bilharzia?

- A parasitic worm infection that can damage the urinary and intestinal tracts
- Bilharzia larvae are released in water by fresh-water snails. As people enter water, the larvae penetrate their skin and move through the body to the urinary and intestinal tracts, where they develop to maturity. The cycle is complete when infected people urinate or defecate the bilharzia eggs back into fresh water
- The majority of infected people do not have initial symptoms. If untreated, infected individuals can experience stunted growth, cognitive impairment and severe damage internal to organs which can lead to death
- Individuals who spend more time in fresh-water bodies have a higher risk of infection
- Bilharzia can be reduced to a level where it is no longer a public health problem by treating at-risk individuals in all endemic areas every year

How many people in Uganda are affected?

- Bilharzia is in 74 districts in Uganda, mostly those with large fresh-water bodies
- Approximately 4 million people are infected.
An additional 17 million risk getting infected



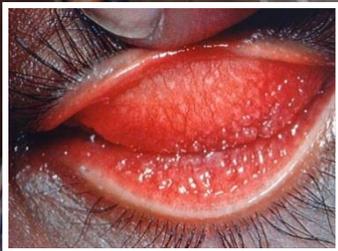
What are we doing about it?

- The MOH NTD programme provides annual school and community-based drug treatments to at-risk populations. Fishing communities are typically targeted for treatment

What can you do?

- Mobilize communities to ensure that everyone is treated during mass drug administration
- Raise funds to improve sanitation, including the construction of latrines near water bodies
- Advocate for the scale-up of annual drug treatments in 20 districts that currently do not receive treatments
- Educate opinion leaders on the risks of contracting bilharzia, the need to use latrines, and the benefits of taking medicine to prevent infection





Trachoma

What is trachoma?

- An infectious eye disease caused by bacteria. It spreads by contact with an infected person, eye-seeking flies, dirty fingers and contaminated cloth
- Trachoma causes the inner upper eyelid to become inflamed. With repeated infection, the eyelid becomes scarred, leading to the shortening of the eyelid
- This causes the eyelashes to turn inward and rub on the eyeball, which scars the cornea, and can lead to blindness
- Trachoma is the world's leading cause of preventable infectious blindness
- Elimination of blindness from trachoma is possible by treating everyone in endemic districts every year for 3-5 years, by operating people with in-turned eyelashes, and by improving hygiene and sanitation

How many people in Uganda are affected?

- Over 900,000 children under age 10 have active disease and 10 million people are at risk
- Approximately 47,000 people in Uganda are blind from trachoma and 250,000 people are at risk of becoming blind
- Trachoma is found in 36 districts



What are we doing about it?

- The programme follows the WHO recommended use of the SAFE Strategy (**S**urgery, **A**ntibiotics, **F**acial Cleanliness, **E**nvironmental Improvements) to eliminate trachoma by 2020
- All individuals in endemic districts receive free drugs annually
- Since 2007, more than 12.8 million people have received treatments for trachoma
- Approximately 20,000 trichiasis surgeries have been done to prevent blindness

What can you do?

- Educate opinion leaders about the risks of trachoma and the benefits of improving hygiene and sanitation practices and of taking drugs to prevent infection
- Urge people going blind from trachoma to visit health facilities for surgery
- Support the introduction and maintenance of sanitation and hygiene bylaws in your communities

How can **YOU** make a difference?

- Participate in a Neglected Tropical Disease (NTD) mass drug administration (MDA) in your district
- Advocate for the inclusion of NTD activities in district plans
- Mobilize communities for 100% coverage of those eligible for treatment during MDA
- Take part in a radio call-in show with health officials and local government leaders in your district
- Tell someone about NTDs, how they affect Ugandans, and what they can do to help eliminate NTDs
- Support your area in developing and enforcing bylaws for community hygiene and sanitation
- Advocate for the resources required to fully staff and retain personnel for the primary health care system
- Promote training on NTDs as part of pre-service and continuing medical education for health workers
- Contact the NTD programme at the MOH to learn more about NTDs





Uganda NTD Control Programme partners:

African Programme for Onchocerciasis Control (APOC)
The Carter Center (TCC)
Centers for Disease Control and Prevention (CDC)
Children Without Worms (CWW)
GlaxoSmithKline (GSK)
International Trachoma Initiative (ITI)
Johnson & Johnson (J&J)
Mectizan Donation Program (MDP)
Merck
Pan African Tsetse and Trypanosomiasis Eradication Campaign (PATTEC)
Pfizer
RTI International – ENVISION Project
Schistosomiasis Control Initiative (SCI)
Sightsavers
USAID
World Health Organization (WHO)

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