



Nigeria Launches Africa's First Nationwide Malaria and Lymphatic Filariasis (Elephantiasis) Elimination Co-Implementation Plan

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The Nigeria Federal Ministry of Health is distributing new national guidelines for co-implementation of interventions to eliminate malaria and lymphatic filariasis (elephantiasis). This combined nationwide strategy is the first of its kind in Africa and will allow the Federal and State Ministries of Health to efficiently protect all Nigerians from the two mosquito transmitted parasitic diseases.

The guideline was launched by the Honourable Minister of Health, Professor Onyebuchi C.O.Chukwu on Tuesday, 18th February, 2014 in Abuja. The Minister noted the following:

- Though these diseases are preventable and treatable, they still constitute major public health problem in the country and a barrier to social and economic development
- Impact studies have shown that the distribution of LLINs to prevent human mosquito contacts have shown decline of lymphatic filariasis prevalence.
- The use of community directed approaches by the two Programs will help to fast track the process of the elimination of both diseases.

In his closing remarks, HMH, stated that in view of the current elimination goal set for both diseases "I recommend the guidelines to all those currently engaged in the elimination of both malaria and lymphatic filariasis and welcome comments based on lessons learned in the field."

The Federal Ministry of Health set up a committee to develop a framework for co-implementation of malaria and lymphatic filariasis so that both diseases and their effects are controlled and eliminated, using synergistic tools. The newly released guidelines will harness available resources in a cost-effective manner by taking advantage of the mosquito vector shared by malaria and lymphatic filariasis. Both diseases are spread by the bite of female *Anopheles* mosquitoes. Integrated distribution of long-lasting insecticidal bed nets and mass drug administration for lymphatic filariasis is predicted to reduce the incidence of both diseases more quickly

and more economically than providing each intervention individually. Additionally, integrating supervision, monitoring, and evaluation of the co-implementation efforts will strengthen these already successful programmes. Finally, the two elimination programmes will be able to combine health communication and social mobilization messages to increase reach and impact.

Nigeria's groundbreaking co-implementation guidelines were developed by a committee spearheaded by Oladele Akogun, a Professor of Parasitology in the Federal University of Technology Yola, with the support of a strong coalition of partners led by The Carter Center and the Malaria Consortium. Other key partners include: the U.S. Agency for International Development, RTI/ENVISION, the Department for International Development, UK Aid, The Malaria Action Program for States, The World Health Organization, UNICEF, Sightsavers International, Christian Blind Mission, Helen Keller International, Mission to Save the Helpless, and The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Malaria in Nigeria

Malaria is a potentially fatal mosquito-borne parasitic disease that kills an estimated 655,000 people, mostly children, worldwide each year. Malaria is transmitted through the bites of infectious female *Anopheles* mosquitoes. Only female mosquitoes bite, and when feeding, they can pick up malaria parasites from an infected person. After a development cycle in the mosquito lasting from seven to 10 days, the mosquito becomes infectious and transfers malaria into the next human host when feeding.

Malaria causes periodic fever, anemia, and low birth weight. It can be fatal, especially in children under five years of age and pregnant women. Nigeria has the world's largest malaria burden, containing nearly one-third of the cases in Africa. Nearly all Nigerians (97 percent) are at risk of contracting the disease and half of the population will have at least one malaria attack per year. Malaria is also the leading cause of clinic attendance and absenteeism in Nigeria.

The federal and state ministries of health currently use integrated vector management, including long-lasting insecticidal nets, indoor residential spraying, and environmental management to combat malaria in Nigeria. The programme also strives to provide prompt and effective diagnosis and treatment for malaria as well as preventative treatment during pregnancy. Health education is another critical tool in the fight, to get people to use their long-lasting insecticidal bed nets every night. Research has shown that LLIN can stop transmission of elephantiasis, and using this as a health education message will improve LLIN usage among all age groups. About 57.8 million LLINs have so far been distributed in the country. This represents 90.2% national target.

Lymphatic Filariasis in Nigeria

Elephantiasis is a debilitating parasitic infection caused by thin worms living in the lymphatic system that cause blockages to the return of fluids to the circulatory system. The blockage results in fluid collection in the tissues (most commonly the legs and genitalia), grotesque swellings, and periodic fevers resulting from frequent bacterial infections of the collected fluid. In Nigeria, the infection is transmitted by the bites of *Anopheles* mosquitoes.

Nigeria is Africa's most lymphatic filariasis-endemic country with approximately two-thirds of Nigerians at risk. In some communities as many as 5 percent of women can be affected with swollen limbs, and 50 percent of men can suffer from swollen genitals (hydrocele). These conditions have a devastating effect on the quality of life of victims, impacting them not only physically but also emotionally and economically.

The drug albendazole, donated by GlaxoSmithKline, is provided in mass drug administration programs in Nigeria together with the medicine ivermectin (Mectizan®, donated by Merck&Co). Currently, about 20 million people are accessing LF treatment in the country. However, this represents only about 20% of the at risk population. Albendazole is also effective against the intestinal worms (especially hookworm) that cause anemia. Reducing anemia is a key goal of the national malaria elimination programme.



FEDERAL MINISTRY OF HEALTH

DEPARTMENT OF PUBLIC HEALTH

GUIDELINES
FOR
MALARIA-LYMPHATIC FILARIASIS CO-
IMPLEMENTATION IN NIGERIA

