

THE STORY OF THE WEST AFRICAN FILARIASIS MORBIDITY PROJECT



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In the year 2002 the WHO organised the first workshop on the surgical management of filarial hydroceles. This led to the production of the WHO "green" book on Surgical Approaches to Hydrocele Management. After that meeting, a workshop was held in Brazil at the Centre for Research on Lymphatic Filariasis under Prof Joaquim Noroes and Prof Gerusa Dreyer. They taught workshop participants about the lymphatics of the limbs and the genitourinary system, ultrasound examination of the genitourinary system and filarial hydrocele (filaricele) surgery.



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The West African LF Morbidity Project

PILOT PHASE (JANUARY – DECEMBER 2004)

After the workshop, Dr Anders Seim (HDI) and I decided that a team was needed to do filaricele surgeries in West Africa. Using funds from the Bill & Melinda Gates Foundation awarded to the Global Alliance, we developed a plan for the West African Filariasis Morbidity Project. We had funding for one year administered by Interchurch Medical Assistance (IMA). I went back to Brazil in 2004 to study under Professors Dreyer and Noroes for 3 months in order to develop my skills both for surgery and for training. I had to learn from Prof Noroes the filaricele surgical technique of total filaricele sac resection without using post-operative drains and learn ultrasound

examination of the genitourinary system from Professor Dreyer. We then started workshops in West Africa with the aim of training West African Surgeons in training institutions and in endemic areas to institute the technique of total resection for filarial hydroceles. Johnson and Johnson supplied us with all the filaricele surgical kits in 2005 and provided funding for the publication of the Surgical Handbook for District Medical Officers whilst Handicap International also provided funding for its translation into French. The American NGO IVUMED supplied us with all the surgical instruments and equipments for our training.

PHASE TWO (JANUARY 2005 – DECEMBER 2010)

After the pilot phase we secured funding from NORAD, the Norwegian government's Agency for International Development, to sustain the Projects activities in the ensuing years. This funding was administered by HDI (Health & Development International) from 2005 till 2010. Johnson and



Drs Seim, Mante and Gueye

Johnson is sponsoring surgeries in 2011 through the American NGO IVUMED. We were joined in 2007 by Professor Gueye a urologist from Senegal to assist with Surgeries in Francophone Countries and to assist with the evaluation of activities of the Project in West Africa.

Achievements of the West African LF Morbidity Project

Objectives

The project was designed to train surgeons in LF-endemic countries to operate on filariceles employing the technique of total filaricele sac resection without post-operative drainage. This technique was recommended by WHO because it leads to fewer post-operative complications such as bleeding, infection, and recurrence, when it is done properly. Workshops were organized in 12 West African countries in close collaboration with each country's LF Elimination Programme

Filarial Hydrocele Workshops

Exploratory visits were done to all project countries to ascertain equipment and staff availability in various hospitals. Country surgical coordinators were selected, and a date and venue were selected for the actual workshop. The surgical coordinators oversee training workshops and follow up cases after the workshops. For the workshops, 10-15 surgeons were invited for training and between 15 and 20 patients were included for surgeries. All patients were transported from their districts to the selected hospital and were admitted 1 day prior to the workshop. They were fed throughout their stay in the hospital and transported back to their districts when discharged. Funding was provided by the West African Filariasis Morbidity Project for the



Thorough washing

upkeep of the patients. The hospital was paid by the project for its services such as theatre usage, drugs, laboratory services and per diem for the staff in the wards and the theatres.

From 2004 until now, 17 workshops have been organised and more than 200 physicians trained. These physicians have now operated on more than 3000 patients in 10 countries of West Africa and two in East Africa, Tanzania and Malawi. Countries covered in West Africa include Ghana, Togo, Burkina Faso, Mali, Niger, Gambia,



Dissected hydrocele

Nigeria, Sierra Leone, Liberia and Senegal. The LF Hydrocele MANUAL was produced in May 2005 as an aid for surgeons, authored by Drs Mante and Seim and revised in 2007. Copies can be obtained in both English and French versions at www.hdi.no.



Filarial Hydrocele Workshops

Perhaps the greatest tribute to this LF-surgery training project is the fact that so many people who received filaricele surgery in northern Ghana using the WHO-recommended technique after a training workshop were unavailable for questioning during a follow-up survey conducted with the assistance of CDC in 2006. 77.4% were away working in agriculture and other occupations elsewhere in the country when surveyors came to visit. Of those reached for follow-up, 92.4% said they were pleased or very pleased with the result, 88.3% better or much better able to work and 70.6% reported being better able to provide for their families than before their filaricele was operated on. In other words, this project has brought a better life, greater dignity, relief from suffering, and a better socio-economic situation to thousands of men and their families, mostly in West African countries but also in East Africa

For further details, see:

Mante SD, Gueye SM (2010) Capacity building for the filarial hydrocelectomy technique in West Africa. *Acta Tropica*
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