



Technicians screen for NTDs in Mayom County
Photo: Jenn Warren

PROJECT BRIEF

Rapid NTD Mapping in South Sudan

The aim of this project was to establish which administrative areas of South Sudan required mass drug administration of preventive chemotherapy for neglected tropical diseases

COUNTRY

South Sudan

DONOR

USAID through Research Triangle Institute (RTI) International

LENGTH OF PROJECT

2008 - 2010 (completed)

PARTNERS

Ministry of Health - Government of Southern Sudan (MoH-GoSS), Mectizan Donation Programme, International Trachoma Initiative, World Health Organization, African Programme for Onchocerciasis Control

PROJECT OUTLINE

Detailed information on the distribution and burden of neglected tropical diseases (NTDs) in Southern Sudan is largely absent. Limited data, however, indicate that up to 90 percent of the population is likely to be infected with one or more NTD.

War and civil unrest have prevented large-scale interventions, resulting in Southern Sudan probably having the largest per capita NTD burden of any country in sub-Saharan Africa.

If NTD endemic areas were identified, preventive chemotherapy could be donated or made available at low cost for five major NTDs:

- lymphatic filariasis (LF)
- onchocerciasis
- intestinal worms
- schistosomiasis, and
- trachoma

Preventive chemotherapy could be donated to Southern Sudan or made available at very low cost by pharmaceutical companies, if NTD prevalence is known. These donations could readily meet the country's treatment needs. Millions of Southern Sudanese would be cured from chronic and debilitating infections in a highly cost-effective manner, making a major contribution to positive health outcomes in this post-conflict setting.

To address this need, Malaria Consortium, in collaboration with the Ministry of Health Government of Southern Sudan (MoH-GoSS) and other partners, conducted rapid NTD mapping. With funding from USAID/RTI, Malaria Consortium developed a protocol for integrated mapping and completed mapping of LF, intestinal worms, and



*Malaria Consortium technicians prepare sample pots to begin testing for neglected tropical diseases in the community
Photo: Jenn Warren*

schistosomiasis in four out of the 10 states - Northern Bahr-el Ghazal, Unity, Eastern and Central Equatoria. Based on the survey results, areas of Northern Bahr-el-Ghazal endemic for intestinal worms and schistosomiasis were treated in 2009 and further treatment rounds in the other states were conducted in late 2010.

Malaria Consortium has also conducted population-based prevalence surveys for trachoma, the leading cause of preventable blindness. Trachoma surveys were completed in two counties in Western Equatoria State and in the whole of Unity State. Data from Unity State showed that the prevalence of trachoma in all counties significantly exceeded the World Health Organization's threshold for mass drug administrations (MDA). Therefore, the entire population of Unity State, around 700,000 people, is eligible to obtain azithromycin

donations from the International Trachoma Initiative.

Malaria Consortium implemented MDA for trachoma in Mayom County, Unity State in 2010, treating 130,000 people for the infection. This exercise provided crucial lessons to guide the scale up of MDA campaigns for trachoma to the whole state in 2011.

ACHIEVEMENTS

- Developed and implemented integrated rapid mapping protocol.
- Conducted large-scale mapping to target MDA (four out of 10 states mapped by mid-2010).
- Delivered integrated MDA to populations at risk in the mapped areas.
- 130,000 people treated for trachoma in 2010.

This project had a direct impact upon efforts to:

- ✓ Control or eliminate neglected tropical diseases
- ✓ Encourage behaviour change through communications
- ✓ Provide operational research outputs
- ✓ Provide monitoring and evaluation outputs
- ✓ Provide health support to at-risk and vulnerable populations