Burundi: £500,000 donation rescues NTD programme

In May 2011, the Neglected Tropical Disease (NTD) control programme in Burundi seemed certain to close down due to a lack of funds. However, an anonymous donor has reversed the fortunes of the programme with a donation which will guarantee its continuation for the next 2 years, at least.

“If you can treat a person for half a dollar, it seems wasteful to spend your money elsewhere. It’s wrong that these diseases aren’t treated. People need to focus on this area much more,” the donor pointed out.

Q&A Burundi

Q: Can you comment on which of the NTDs cause the most problems for people living in Burundi, and what is SCI doing to tackle them?
A: Burundi has areas in which schistosomiasis is a problem, some with onchocerciasis and some with trachoma, while intestinal worms are widespread. SCI, working together with CBM (a NGO that coordinates trachoma treatment) and the African Programme for Onchocerciasis Control (APOC, that provides onchocerciasis treatment), provides treatments for schistosomiasis and intestinal helminths. By working together drugs are delivered, by the Ministries of Health and Education, in a coordinated way, providing the necessary treatments to reduce the suffering of those infected and protect those at risk.

“I’ve seen a noticeable fall in the prevalence of worm diseases in children since the MDAs began, and ask for the programme to continue,” says Bimenyiamana.
UK Neglected Tropical Diseases Coalition launched

On Tuesday 13 September, the *UK Neglected Tropical Diseases Coalition* was launched by The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases (APPMG) at the House of Commons, London. The coalition is a collaborative partnership between UK organisations actively engaged in the implementation, capacity building and research of NTD control at scale.

The Coalition represents a strong collective identity within the UK on NTD control. Its principle aims are to raise awareness and influence policy decisions among UK, European & International policy makers to best support effective approaches for the long-term sustainable control of NTDs. Also to ensure that NTD control is included within national, regional and international health and development frameworks through demonstrating that NTDs are a key barrier to attainment of the Millennium Development Goals and poverty alleviation. The Coalition will focus on expanding the number of organisations committed to supporting NTD control from within and outside the health sector. It is not an exclusive coalition and will welcome the joining of like-minded organisations to the group.

To download the APPMG NTD Report 13 September:


MDA NEWS: Ivory Coast political instability is no threat to SCI programme

Conducting a mass drug administration (MDA) programme in rural Africa presents a considerable challenge at the best of times, but add war and conflict to the mix, and the game-plan changes considerably often grinding to a halt. Since 2009 until earlier this year, the Ivory Coast suffered such difficulties, but SCI local partners still managed to continue treatment programmes. In 2010, when security was unfavorable, Dr Dogbo and his team successfully conducted a pilot programme while delivering the MDA in 13 districts, treating over 500,000 children. With sadness, in January 2011 SCI had to temporarily halt operations due to post election turmoil.

During 2011, Dr. Paul Dogbo (co-ordinator of the integrated NTD programme in Ivory Coast) and his team still managed to deliver more treatments. In part, he puts this down to SCI’s drug distribution strategy which they implement through the community. “We always ask the village chief to choose somebody for this role. Even during troubled times, the chosen distributor can collect the drugs from my office and return to the village. It is easier for him to deliver the drugs to his own community.”

Through sheer determination and support from SCI, Dogbo has ensured the programme continues and more incredibly has scaled up from 3 to 23 districts in 3 years. The community effort to ensure drug distribution and administration continues despite challenging circumstances is testament to the determination of local people to take responsibility for their own health. This success in difficult conditions also illustrates the resilience of SCI-supported infrastructure and methodology.
SCI FACES

NTD community mourns loss of Dr. Likezo Mubila

The staff of SCI join all the other colleagues and friends of Dr Likezo Mubila in paying tribute to her as a shining example of a dedicated, caring scientist. Her life ended tragically in Harare on August 4th 2011 but she will be long remembered by all of us for her love, friendship and dedication to the cause of controlling NTDs. The African Regional Office of the World Health Organization has lost a valued member of their team.

Dr. Likezo Mubila

Dr Charlotte Gower, Programme Manager for Uganda and Malawi joined the SCI to provide for maternity cover for Fiona Fleming in July 2011. Prior to accepting her new role, Dr. Gower held a Royal Society research fellowship, also based at the Department of Infection Disease Epidemiology, Imperial College. Last year, Dr. Gower worked with the Tanzanian National Control Programme. “I was moved by the stories they told, such as how parents who were initially resistant to taking medicines, had changed their minds after seeing the difference in children who had been treated.” she said.

Dr. Ben Styles, SCI’s biostatistician, has been granted Chartered Statistician status by the Royal Statistical Society. It is the Society’s highest professional award, providing formal recognition of an individual’s statistical qualifications and professional training and experience.

Ms Alexandra Weldon, SCI Advocacy and Relations Officer joined the SCI part-time in June 2011, after working on a voluntary basis since October 2007. Amongst her many ambitions for SCI, she hopes to provide a high quality link between SCI and its generous supporters and donors, and provide up to date information about the work SCI is carrying out and the wider NTD community.

Christmas Challenge 2011 Double your donation

SCI is hoping to raise £20,000 for NTD control in Senegal

From 5-9 December, online donations to SCI through our theBigGive page could be matched £1 for £1. Starting at 10am every morning (for 5 days) matching funding will be released by theBigGive. Once it has run out for that day online donations will not be matched. Speed is key!

Visit SCI’s Senegal fundraising page on theBigGive.org.uk and help raise £20,000 to fund NTD medication delivery to 250,000 infected children in Senegal http://new.thebiggive.org.uk/projects/view/13157

For a more detailed explanation of how The Christmas Challenge works http://content.thebiggive.org.uk/challenge-explained/

DONATE ONLINE AT:  On-line donations to SCI
Data collection is moving from paper to Smartphone in Yemen where SCI treatment programmes are piloting mobile phone technology for monitoring and evaluation in a 6-year study.

Mike French, SCI Programme Manager for Yemen, is running a study cohort of nearly 8000 children and adults who are followed annually over a total of 6 years. The pilot study using Smartphones will collect data on prevalence, intensity and morbidity of schistosomiasis in school children.

Mobile phone technology promises speed and efficiency for data collection and analysis. If the pilot project is successful, the phone will replace lengthy paper forms, with data directly entered and sent automatically to a central server, based at the programme office at the Ministry of Health in the capital, Sana’a. The phones also enable a photographic record to be taken of each school and child, ensuring data is entered against the same child each follow-up year. The phones also have GPS technology so the results can be displayed using Google maps or Google Earth immediately.

“One of the advantages of using data recorded by phone is that they are already in a format ready for analysis. These results can be uploaded by multiple field workers and data from each team can be compared, highlighting any interesting findings or problems. Paper forms often get lost and by directly uploading the data from phones to servers there is less chance of error being introduced.”

“This exciting software, EpiCollect, has been designed by colleagues within the Department of Infectious Disease Epidemiology at Imperial College using android open access technology. We are using HTC Desire Smartphones, but effectively any Smartphone could be used,” says Mr. French.

If the pilot is successful then there is potential for the technology to be rolled out across the SCI sub-Saharan African countries.

DONATING:

SCI can now receive text donations commission free!

JustTextGiving is a new service that allows donations to be made with a simple text message and the recipient charity receives 100% of the donation. There are no hidden costs for the donor either. Simply send a text to 70070 and give up to £10 using SCI’s unique six-digit code WORM22.

If supporters want to give: £

They text the message: WORM22 £10

To this number: 70070

DONATE ONLINE AT: On-line donations to SCI
Sustainability: Giving men their lives and livelihoods back

Thanks to the immense generosity of SCI’s online supporters, $30,000 has been sent to Niger to enable Dr Garba to continue expanding this life-changing project.

Lymphatic filariasis (LF), also known as elephantiasis, is a leading cause of disability in Niger, affecting over 70% of the population. Notably, LF can cause gross enlargement of the legs and male genitalia, often forcing men into social and financial difficulty. Back in 2007, SCI received a generous donation of US$200,000 from Dr Allan Lewis, a private donor from Arizona, USA, to launch a surgical intervention project to correct the LF swellings of male genitalia (hydroceles) in Niger. The project holds surgery camps every 3-4 months to complement the annual mass drug administration (MDA) in Niger.

Hydroceles develop due to worms, which lodge in the lymphatic system causing fluid to accumulate and lead to swelling of male genitalia.

SCI’s National Coordinator in Niger, Dr. Amadou Garba, has been coordinating the surgical intervention project. He said the project not only reversed the physical effects of LF, but in addition, returned social and financial well-being to patients’ lives.

“Sufferers cannot work, are often rejected by their families and they don’t have the means to have the necessary operations. But with surgery, we can reverse this predicament and greatly improve their lives,” said Garba.

Integrated into the project is local capacity building and sustainability. Local surgeons are trained in the hydrocelectomy surgical procedure ensuring that each health district has a trained doctor. Before SCI, support for the camps, patients had to travel long distances to hospitals and pay for expensive surgery, something most could not afford to do.

Unfortunately, the need is far greater than initially thought due to so many cases which were unknown until this project gave men the confidence to overcome stigma and seek help. The educational arm of the project has encouraged hundreds of men to come forward requesting the 20-minute surgical intervention.

This increased demand is accompanied by economies of scale, reducing the cost of each SCI-funded intervention to around $200, which includes pre- and post-operative treatment as well as the surgery itself.

Thanks to the immense generosity of SCI’s online supporters, camps are scheduled to be held in a further 2 regions of Niger during the coming months, where up to 700 men will be operated on.

SCI looks forward to bringing you more news about how your donation has helped hundreds of men get their lives back once the camps have been run.

According to Moussa Hassane, who was operated in February 2009, this has been a life changing experience:

“For the last couple of years I have not been able to work in my fields as I have been unable to walk properly. This has caused my family to suffer as we have not been able to farm the crops. I was ashamed to go to the doctor as I didn’t understand why it was happening to me. Then one day the health worker called us all together to explain about the disease and that they could heal us for free. I couldn’t believe how lucky I was when I came to the hospital and in just a short time the problem had disappeared. My wife was so happy”
FUNDRAISING Money for old hair

A long-haired researcher from the University of East Anglia, UK, Dr Greg Colbourn, raised just under £1,500 for the SCI through an auction to cut-or-keep his mane of 6 years.

Earlier this year, Dr. Colbourn invited donors to bid for cutting or keeping his hair in return for a donation to SCI. “It’s growing for 5 ½ years, and I’m quite attached to it, but if you think it should go, then you should sponsor me here!” he teased on his CharityGiving webpage.

The auction cut-off point was Dr. Colbourn’s 30th birthday on January 30. Dr. Colbourn kept his hair. A total of £1,483.51 was raised through donations, with £400 given by Dr. Colbourn himself in an effort to save his hair.

Dr. Colbourn was motivated by givingwhatwecan.org. “We are relatively very rich in the western world through accident of birth, and can and should be giving away significant amounts of income, 10% plus, to the world’s poorest, and in doing so we should consider the number of lives saved per pound donated.”

Doctor dons cycling shorts and raises £1,727 for the SCI

In April this year, Steve Baguley, NHS Consultant in Sexual Health and HIV, Grampian, Scotland, raised £1727 for the SCI. He decided to incorporate an Easter visit to his parents with a sponsored 400-mile cycle ride from his clinic in Aberdeen to Shap, Cumbria.

He chose SCI to benefit from the funds raised. “Clearly there are lots of charities asking for money, and deciding where best to spend your money can be difficult. These guys, [http://www.givingwhatwecan.org/resources/recommended-charities.php] made it easier by comparing charities in terms of Disability Adjusted Life Years.”

In a message to potential donors, Dr. Baguley added that you need to think in units of 33p, “Each 33p means that another child will get treated.”

Living on £1 a day

In order to raise awareness of NTDs which effect the poorest of the poor, the 1.4 Billion people who currently live below the poverty line, Aled Roberts, a fiercely dedicated SCI supporter, decided to live below the poverty line himself for a week [http://www.charitygiving.co.uk/aledroberts]. Between the 19-24 September he spent no more than £1 a day on food and drink - in accordance with the "live below the line" rules [http://www.livebelowtheline.org.uk/how-to-participate/rules/]. An enormous thank you to Aled for his unwavering support and for raising funds for SCI and awareness about NTDs.

Produced by Alexandra Weldon and Becky McCall for SCI.
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