



MINISTRY OF HEALTH

**MINISTERIAL STATEMENT ON ELEPHANTIASIS AND MASS DRUG
ADMINISTRATION IN ZAMBIA**

Presented to the National Assembly

by

Dr. Chitalu Chilufya MP

Hon. Minister of Health

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ADMINISTRATION IN ZAMBIA

Preamble

Mr. Speaker, thank you once more for granting me this opportunity to present a Ministerial Statement on the Lymphatic filariasis Mass Drug Administration campaign for 2016 which is currently being implemented in eighty five(85) endemic districts in all the ten provinces of Zambia.

Mass Drug Administration

Mr. Speaker, I wish to inform the House and the Nation at large that, the Government is currently undertaking the second Mass Drug Administration for Lymphatic Filariasis, a disease commonly referred to as Elephantiasis. As the House may recall, this exercise commenced last year and will continue until 2020 as it is supposed to run for five years in order to achieve the desired results, which is to eliminate Elephantiasis.

Mr. Speaker, this year my Ministry is implementing the campaign again in all the endemic 85 districts (as per attached list) from the 10th October 2016 to 31st October 2016 with each district implementing for a period of five (5) days. This follows the successful campaign which was done in 2015 in which 10.8 people million living in the endemic districts received preventive chemotherapy.

Mr. Speaker, the drugs being distributed are Albendazole and Diethylcarbamazine (DEC) which have shown to be very effective in the control and elimination of this disease. According to the World Health Organization (WHO), these drugs should be administered to all eligible population yearly for a period of 5 years to achieve elimination of Lymphatic Filariasis.

Background

Mr. Speaker, Lymphatic filariasis, or Elephantiasis as it is commonly called, is one of the seven Neglected Tropical Diseases (NTDs) that are currently endemic in Zambia. The others are Schistosomiasis (Bilharzia), Human African Trypanosomiasis (Sleeping Sickness), Soil Transmitted Helminthes, Trachoma, Leprosy and Cystercosis.

Mr Speaker, NTDs cause marked disability in the people affected thereby reducing their productivity and hence perpetuating poverty. These diseases are common in communities which lack good water and sanitation facilities. These diseases therefore are very common in the rural districts of Zambia.

Mr. Speaker, Elephantiasis is transmitted from person to person when a mosquito infected with the filarial parasites bites a person who is not infected. The parasite enters the uninfected person and affects the lymphatic system. This infection may take up to twenty years to manifest, and when it does the disability it causes can be irreversible. The disability caused involves mainly the swelling of the limbs, genitals and sometimes breasts in our women folk.

Problem and Global response

Mr. Speaker, Lymphatic filariasis affects over 25 million people worldwide. Currently over 1 billion people are at risk of contracting this disease globally as they live in the endemic areas. In Zambia about 11million people live in the districts that are endemic to this disease and are therefore at risk of contracting it if nothing is done. The prevalence rates from the survey which was done in the country in 2003 and 2011 revealed that certain districts had rates as high as 53% (Kalabo district in Western province). These results provided an important background to the Lymphatic filariasis elimination programme in Zambia which started at nationwide scale in 2015.

Conclusion

Mr. Speaker, I wish to inform the house that lymphatic filariasis is preventable using the mentioned drugs. This however requires repeated treatment rounds and success is assured as seen in other countries like Malawi which has eliminated the disease.

Mr. Speaker, as I conclude I would like to encourage all eligible individuals living in the districts which are conducting this campaign to participate fully and seek any clarification from the District Medical Offices, or the Provincial Medical Offices, or indeed the Ministry of Health.

Mr. Speaker, I thank you

LF MDA Districts by Province

Luapula Province

1. Chipili
2. Mwansabombwe
3. Milenge
4. Kawambwa
5. Nchelenge
6. Mwense

Central Province

7. Chibombo
8. Itezhi-Tezhi
9. Kabwe
10. Kapiri Mposhi
11. Mkushi
12. Mumbwa
13. Serenje
14. Chisamba
15. Ngabwe
16. Luano
17. Chitambo

Lusaka Province

18. Chilanga
19. Chirundu
20. Chongwe
21. Kafue
22. Luangwa

23. Rufunsa

24. Shibuyunji

Munchinga Province

25. Nakonde

26. Isoka

27. Mpika

28. Mafinga

Northern Western Province

29. Chavuma

30. Ikelenge

31. Kabompo

32. Kasempa

33. Mufumbwe

34. Mwinilunga

35. Solwezi

36. Zambezi

37. Manyinga

Eastern Province

38. Chipata

39. Lundazi

40. Mambwe

Western Province

41. Kalabo

42. Kaoma

43. Limulunga

44. Luampa

45. Lukulu
46. Mitete
47. Mongu
48. Mulobezi
49. Mwandu
50. Nalolo
51. Nkeyema
52. Senanga
53. Sesheke
54. Shangombo
55. Sikongo
56. Sioma

Northern Province

57. Chilubi
58. Kaputa
59. Kasama
60. Luwingu
61. Mbala
62. Mporokoso
63. Mpulungu
64. Mungwi
65. Nsama

Southern Province

66. Choma
67. Gwembe
68. Kalomo
69. Kazungula

70. Namwala

71. Monze

72. Pemba

73. Siavonga

74. Sinazongwe

75. Livingstone

76. Zimba

Copperbelt Province

77. Chililabombwe

78. Chingola

79. Kalulushi

80. Kitwe

81. Luanshya

82. Lufwanyama

83. Masaiti

84. Ndola

85. Mufulira