BACKGROUND

Sixteen districts in Sierra Leone were endemic for lymphatic filariasis (LF) and eligible for mass drug administration (MDA). To date, 12 districts have stopped LF MDA. Despite good MDA coverage at the district level, four districts failed the pre-transmission assessment survey (pre-TAS) in 2013, re-pre-TAS in 2017 and 2020 with microfilaremia prevalence ≥1% and antigenemia prevalence ≥2%, respectively. A rapid social science assessment using power mapping, focused group discussion, participant observation, and rumor tracking uncovered social factors that may have contributed to inadequate sub-district MDA coverage, including relocating for employment, "commuting", trading, and cattle herding; hard-to-reach locations; difficult terrain and limited access during the rainy season; semi-pastoralist communities; and language/ethnic group barriers.

OBJECTIVE

To identify strategies to address persistent LF in hotspot districts in Sierra Leone.

STRATEGIES TO IMPROVE COMPLIANCE AND MDA COVERAGE

To identify problematic areas for targeted supervision, subdistrict-level MDA data were analyzed and the results showed low coverage in several communities. Starting in 2018, different strategies and new approaches were implemented to increase compliance and MDA coverage. Social mobilization was intensified to target senior leaders of key ethnic groups who are most responsive to messages challenged through their hierarchy and traditional healer networks through a local NGO (FOCUS1000).

CONCLUSIONS

The results of the 2022 repeat pre-TAS suggest that novel approaches implemented helped improve MDA compliance and reduce transmission to low levels. Three districts (Koinadugu, Karene - pending WHO approval - and Falaba) will proceed to conduct TAS1 in October 2022 having met the criteria. There was a significant reduction of LF prevalence in five of the old spot check sites when compared with 2020 results.

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