

ABSTRACT

Lymphatic filariasis is a mosquito transmitted parasitic diseases caused by filarial nematodes *Wuchereria bancrofti*. World health Assembly approved a resolution calling for the elimination of lymphatic filariasis as a public health problem (WHA 50.29). As a result this Zanzibar developed a policy to control this disease through mass drug administration.

Despite the massive intervention of MDA, some people did not take the recommended doses of ivermectin and albendazole for different reasons varying from poor education, negative cultural attitudes among others. It is thought that this could have affected the intended outcomes of the Mass Administration campaign. Since mass drug administration ended in 2006, it has not been known how the disease burden has changed over time and hence the need for this study.

The study was conducted in Wawi Division, Chake chake District, in Zanzibar. The main objective of the study was to establish the trend of lymphatic filariasis occurrence in Wawi division following the Mass drug administration intervention that was carried out between 2001 to 2006 so that we could suggest possible solutions should there be evidence of resurgence.

A cross sectional study design using both qualitative and quantitative strategies was conducted and this involved 340 respondents, and 15 health workers in the health facilities participated in the study in Wawi division chake chake district, Pemba Island and questionnaire were used in the study.

From the study, some significant findings show that majority of the respondents were ignorant about the cause of LF. 201(59.1%) of the respondents thought LF is a hereditary disease. Although the trend of LF came down between 2001-2006, it will also be noted that no major intervention has been undertaken by the ministry of health to eliminate LF from wawi division since MDA, and there are also no drugs from national up to health facility level as shown in this study.

Current records about the trend of LF are not available and this has proved to be one of the limitations of this study. However on a positive note, the health seeking behavior of the respondents was positive with 83.2% of respondents seeking for health care from the public hospital.

Therefore Ministry of Health Zanzibar should go on a health promotion and education drive. This will enable the community to gain more knowledge about the causation of lymphatic filariasis. This knowledge about causation will in turn help to reduce the prevalence of lymphatic filariasis.

Secondly the ministry of health should prioritize lymphatic filariasis in their budget. This will enable them to purchase and provide drugs and other resources for the treatment and management of lymphatic filariasis at national, district and health facility level. In addition to the above, the ministry of health should come up with specific interventions targeting lymphatic filariasis. These can include indoor residual spraying, mass drug administration, use of larvicides and surveillance system.