

Anglo-Malagasy Society Meeting – 30th March 2016 – Bloomsbury, London

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## Report of Meeting

Having discovered the Anglo-Malagasy Society on 29<sup>th</sup> March, whilst researching other matters concerning Madagascar, I looked at their website, only to find they had a meeting the very next day and it was orientated around health issues. I therefore made a last-minute decision to attend the meeting and so travelled to London the following evening.

Vik Mohan, of Blue Ventures, had mentioned the society during our discussions the previous week and the subject matter of the society's talk was Schistosomiasis, a disease which had also been touched upon during our meeting with Vik. I had originally discovered the existence of Schistosomiasis when looking at the data collected by Hery Andrianandrasana for his thesis paper in Oxford. All these connections made it almost essential for me to attend the meeting, connect with other people interested in Madagascar, and hear the talk.

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The talk was given by three final year medical students at the University of Manchester – Hannah Russell, James Penney and Corty Linder – who had travelled as a team to Madagascar in 2015, with the sole intention of running a Schistosomiasis prevalence screening programme. This was to take place along a river in the remote district of Maralambo, to the south east of Antananarivo, the capital of Madagascar. Throughout their visit, the team were aided by Durrell Wildlife Conservation Trust personnel – and previously unbeknown to me, their main contact and facilitator from Durrell was Hery!

To give an overview of the disease in question, Hannah said that there were five species of Schistosomiasis and two are prevalent in Madagascar. Of these two, one attacks the urinary system and is chiefly to be found in the West of the country, whilst the other attacks the intestinal system, and is most prevalent in the East of the country.

Schistosomiasis is generally caught by people when they come into contact with untreated river water. An everyday occurrence for some who need to wash clothes, collect drinking water or fish in the rivers. It is a parasite which enters the body in different ways, but soon enters the bloodstream and in due course attacks essential organs within the body.

The team planned to test people for the parasite being present in either faeces, urine or both. There are 243 million people affected by this disease (also known as bilharzia) worldwide, and it is one of 17 neglected tropical diseases. An estimated 7.5 million people are infected in Madagascar, although data is somewhat limited and there might well be many more.

In the long run, the team are hoping their studies will serve to accumulate more information about the disease, leading to better treatment, and better outcomes.

The Head of Infectious disease, in the government of Madagascar was very supportive of the project, meeting the team at the outset and ensuring the necessary permits were made available. Durrell, one of the largest and longest serving NGOs in Madagascar, were also very supportive, providing people to act as go-between in dealing with the various communities the team came into contact with.

On arrival in the capital of Madagascar, the team travelled due east to the coast at Mahanoro, acclimatising and preparing there for a few days, before travelling south and then west to Marolambo some way inland. The roads on this last section were typical rural roads which deteriorated into wet muddy conditions and the team were unable to complete their journey by truck, as the road was completely blocked by another overturned truck. They therefore walked with their all their baggage, the last 15 km to Marolambo on the Nosivolo River.

The next few weeks were spent walking along the river, stopping at various villages, taking samples of faeces and urine from schoolchildren as they went – all organised through local schools, with the team providing health education about the disease and basic hygiene as they went. In addition, many useful medical supplies were left with local clinics.

After analysing hundreds of faecal and urinary samples, and recording the results, the team presented their findings to the local medical director and community leaders. Overall, the team discovered that the parasite / disease was present in 93.8% of all those tested.

So what to do about this? The WHO says Schistosomiasis is a ‘high risk’ disease and needs to be treated annually for treatment to be effective. Otherwise, it is cyclical and will re-occur after initial treatment. The team opined that ideally, ‘everyone’ should be treated every six months, but this is unlikely to happen for a variety of reasons, not least cost, distribution issues and resources.

The team’s intention is to return to Madagascar in the middle of 2016, with the aim of assessing the ‘burden’ of the disease – the affect on daily lives of people suffering from Schistosomiasis, and precisely how it is caught. Hopefully, this will produce a better idea of what can be done to limit or prevent the disease. The Malagasy government is keen to develop a relationship with the team and contribute to remedial measures.

The next phase will involve questionnaires, height and weight measurements (to determine how many tablets a person needs to be treated with), blood tests for anaemia and malaria, plus ultrasound tests of livers to establish long term effects. Results will be shared with academia and the lay community. Sharing will also take place via blogs, vlogs, documentaries, articles, talks and exhibitions.

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Among others, I chatted to a couple whose daughter and her family are currently resident in Madagascar. They live in central Madagascar to the north of Antananarivo, having originally gone there about 20 years ago as medical volunteers. After an initial visit, they went back again, consulted with the government, gained the assistance of various NGOs (including main funding from a charity in the USA) and eventually ended up founding a 'baptist' run hospital in a remote area which previously had no medical facilities.

One of the most sought-after operations at the hospital, are cataract operations – sight being one of the most important faculties to retain.

The hospital has expanded over the years and is now run by three 'western' couples, but with the majority of the staff Malagasy. Having said that, they experience considerable difficulty in keeping Malagasy qualified doctors; these tend to want to improve their opportunities in life by emigrating to work in Australia, New Zealand and other countries.

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Well, I hope you find this report interesting and hopefully it will have some relevance to future projects in which we might become involved.

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1<sup>st</sup> April 2016  
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