

December 6<sup>th</sup> 2023

It was with enormous excitement and pride that I joined the Uganda Framework last week to take part in the first LIMPRINT study in low-income countries. Many of you know that ILF has been undertaking a programme of epidemiology in high income countries over the last decade to try and show, not only the size of this problem, but far more importantly its impact. We never have had within ILF the resource to be able to undertake LIMPRINT in low-income countries although we have longed to do so. All this has come together now because of a number of amazing opportunities. I was introduced to colleagues in Uganda through a truly Global leader Professor Linda Gibson who is Professor of Global Public Health who works with colleagues from Makerere University in Kampala, Uganda.

The Ugandan framework was born this year and is ably led by Dr Arthur Bagonza (clinical epidemiologist) and Lydia Kabiri (nurse). Thanks to the ILF and a small private donation we have been able to fund a pilot study in Uganda. This work is supported by Dr Narahari from India who is a pioneer working to establish a low-cost programme in India funded by the Gates Foundation in which ILF are partners. His model of care has already been acknowledged as a model of care by the WHO. As you will see below, we have full government support in Uganda for the work we are undertaking and I believe we will be able to offer programmes of support to help people living with Lymphoedema very soon

I certainly feel that at last the world is opening its eyes to the appalling problem of Lymphoedema across the world and I am proud to lead such a committed group of people around the world who are also determined to do this as well. Yet as I write this I reflect on the very real struggles you are all facing to maintain or establish Lymphoedema services in many countries. Our ILF motto “belong together” is the ethos we believe should underpin all our work.

Professor Christine Moffatt CBE  
Chairman, International Lymphoedema Framework



Whilst it is well known that lymphatic filariasis is endemic in tropical countries, alongside other mosquito borne diseases, the real extent of the problem and its expression among the people is not properly understood. Lymphatic filariasis however is only one of the causes of lymphoedema in East Africa, all of the other causes, whether primary or secondary are also present, though the mix will be different than in Europe, and other parts of the world.



The team which is lead by Dr Arthur Bagonza (far right) of Makerere University in two districts in the village regions of Uganda.

Basic training in the use of the tool for collection of data and identification of three stages of progression of the disease was completed in Kampala last week and the lead research assistants have now gone out onto the field to interview the primary stakeholders. Later as the reports from the field workers come in Dr S Narahari of the IAD, India, and Professor Christine Moffatt will act as referees to confirm or vary the stage assessments made by the field workers.

The epidemiology survey will assess the numbers and proportion of individuals in the community affected together with the impact of the disease upon the quality of life of the sufferers. The results will be used to inform the Ministry of Health, who have given their unqualified support to the study, in the allocation of resources to combat the problem and relieve the suffering.



Dr Arthur with Dr Alfred Mubangizi, Assistant Commissioner Health Services – Vector Borne and Neglected Tropical Diseases, Ministry of Health with the rest of the team who attended the inaugural meeting.