Profile

Uche Amazigo: overcoming onchocerciasis in Africa

Every Monday during the 1980s, Uche Amazigo left the Nigerian university town of Nsukka, where she had worked as a lecturer on tropical diseases since 1978, and trekked into the rural expanses of Enugu state. Accustomed to travelling 30–40 km on such trips—undertaken in her free time between classes teaching medical students—Amazigo was committed to helping to educate women in rural areas about health, nutrition, and simple ways of preventing infection. It was on one of these visits that she was introduced to a young woman who would shape the direction of her future career.

While visiting one antenatal clinic, Amazigo was taken to a room where a young woman with debilitating skin lesions was sitting. Pregnant and abandoned by her husband because of her disfiguring scars, she could not afford treatment to relieve the excruciating itching that is the hallmark of onchocerciasis. Moved by her predicament, Amazigo pledged to pay for the necessary drugs to see her through the pregnancy. And, out of concern for other women who might be suffering in the same way, Amazigo set out to better understand the debilitating social consequences of onchocerciasis for women. "People talk about the blindness in oncho but forgot all the people suffering from severe itching…before blindness develops the individual will have suffered for several years", explains Amazigo. "There is a lot missing in medicine and science because we are not looking at the social consequences of diseases", she says.

This interest in the social aspects of onchocerciasis set Amazigo on a career path that has seen her shoot to the top of one of the most successful public-health programmes in Africa: the WHO-sponsored African Programme of Onchocerciasis Control (APOC). Her involvement with WHO began not long after her encounter with the young woman. Already a member of the river-blindness taskforce, Amazigo enrolled in a local rural women's group to learn how onchocerciasis was affecting experiences such as marriage and breastfeeding. Around that time, she contacted the head of the WHO-associated Special Programme for Research and Training in Tropical Diseases and was encouraged to apply for a grant to study the disease. She took up the offer, and her research has helped change international perceptions about the morbidity associated with onchocerciasis. David Molyneux, who chaired the expert advisory committee of APOC's forerunner, the OCP, and is now based at the UK's Liverpool School of Tropical Medicine, says Amazigo's work "pointed out the enormous but essentially unrecognised burden of severe itching and its social and economic impact".

WHO repeated Amazigo's studies in several other countries and these data formed the scientific basis for launching APOC in 1995, which Amazigo was invited to join as a scientist in 1996. As part of this programme, which aims to eliminate onchocerciasis from all African countries, she began work on sustainable ways of providing a single yearly dose of ivermectin (Mectizan)—a broad-spectrum antiparasitic agent donated free to APOC by Merck—to isolated rural communities. "It means people can live in endemic areas and not avoid bites but they will not go blind", explains Amazigo. "The Mectizan brings hope".

The system she helped develop—and refined during 4 years as chief of WHO's sustainable drug distribution unit from 2001—empowers communities to treat themselves. Molyneux says Amazigo's recognition of the value of shifting the drug-delivery system from mobile teams to the community was crucial. "This approach was questioned by many who thought that it was naive that it could be extended on a large scale and that it would be sustainable", explains Molyneux. "Both these points have proved to be wrong and the fact that there are some 140 000 of the remotest communities now accessing Mectizan through APOC financing is some achievement", he adds.

In 2005, Amazigo returned to APOC as its head. She is now overseeing the difficult final stages of the programme before its planned completion in 2010, by which time she hopes that all affected communities will have sustainable drug-delivery systems in place, covering 100 million people. For Amazigo, one of the most rewarding aspects of her work is seeing communities become involved. "Villagers can go and collect [the drug] and decide when to take it. They feel part of the system…It is a beautiful experience because it helps to build trust between the health system and the communities", she says. Molyneux says one of Amazigo's greatest achievements is "her persuasive belief in allowing communities to decide for themselves what to do and when to do it. These are important contributions to the health of Africa not just because Mectizan is being delivered and works, but because communities have taken responsibility", he says.

But despite APOC's success, Amazigo wants to broaden its remit . "People ask for malaria interventions but we have no mandates for that. Sometimes you get to the communities and they ask you for water and to build pipes or wells. It is very painful", she says. For this reason, Amazigo's main goal as head of APOC is to integrate the onchocerciasis programme into the health system to make sure all the health needs of communities are addressed, rather than just single diseases. "I want to be able to convince ministers of health that the more they build partnerships with communities the more they will achieve", she says.

Hannah Brown
hannah@two-cultures.com