Technical Advisory Group on the Global Elimination of Lymphatic Filariasis (TAG-ELF)

Report of the Fifth Meeting
Geneva, Switzerland
3–6 February 2004

World Health Organization

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TECHNICAL ADVISORY GROUP ON THE GLOBAL ELIMINATON OF LYMPHATIC FILARIASIS

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Members:

Dr D. Addiss (USA), *Rapporteur*
Dr R. Baru (India)
Dr M. Bockarie (Sierra Leone)
Dr K.Y. Dadzie (Ghana), *Chairman*
Dr J. Gyapong (Ghana)
Dr J. Habbema (Netherlands)
Dr R.H. Henderson (USA)
Dr L.M. Hernandez (Philippines)
Professor M.M. Ismail (Sri Lanka)
Dr H.A. Kamal (Egypt)
Dr D. Kyelem (Burkina Faso)
Dr S. Persaud (Guyana)
Professor Dato Dr C.P. Ramachandran (Malaysia)
Dr J. Sokhey (India)

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1. Opening and introduction

The Fifth Meeting of the Technical Advisory Group on the Global Elimination of Lymphatic Filariasis (TAG-ELF) was held in the headquarters of the World Health Organization (WHO), Geneva, Switzerland, from 3 to 6 February 2004. The meeting was opened by Dr H. Endo, Director, Department of Control, Prevention, and Eradication (CPE) of the Communicable Diseases Cluster. Dr Endo welcomed all the participants and thanked TAG-ELF members for contributing their time and expertise. He pointed out that the meeting was particularly critical because of the financial crisis affecting WHO and the Global Programme to Eliminate Lymphatic Filariasis (GPELF).

The meeting was attended by all 14 members of TAG-ELF. Other participants were members of the WHO Secretariat, staff of the WHO Regional Offices for Africa, the Americas, the Eastern Mediterranean, South-East Asia, and the Western Pacific, technical experts to advise TAG-ELF on specific issues, and observers from the Global Alliance to Eliminate Lymphatic Filariasis (GAELF). Dr K.Y. Dadzie continued to serve as Chairman and Dr D. Addiss was appointed Rapporteur. Dr Dadzie welcomed the participants and introduced two new TAG-ELF members – Professor Dato Dr C.P. Ramachandran (Malaysia) and Dr Addiss (USA). A full list of participants is given in Annex 1.

Dr Dadzie suggested minor rescheduling of the agenda. Dr Ramachandran moved to accept the revised agenda and this was seconded by Dr R. Henderson. The agenda adopted is given in Annex 2.

Dr Henderson pointed out that the financial crisis affecting WHO was also felt by the filariasis elimination programmes at country level, and suggested that "packaging" lymphatic filariasis (LF) elimination with programmes for the control of other parasitic diseases, such as intestinal helminths, might have advantages. Dr Dadzie agreed and indicated that this issue would be addressed on the agenda.

2. Global Programme to Eliminate Lymphatic Filariasis – update

Drs G. Biswas, F. Rio, and S. Yactayo reported on progress made by the Global Programme to Eliminate Lymphatic Filariasis (GPELF) since the previous TAG-ELF meeting in March 2003. Their reports included updates on mapping, mass drug administration (MDA), drug procurement, disability prevention, social mobilization, and training and capacity building

2.1 Mapping and scaling up of mass drug administration

A total of 83 countries are now considered LF-endemic, including three that have been added to the list since the previous TAG-ELF meeting, namely the Marshall Islands, Palau and Timor-Leste. Four countries that have been considered LF-endemic but in which surveys have not detected infected persons or, in some cases, infected mosquitoes, have been included in the list: they are Costa Rica, Solomon Islands, Suriname, and Trinidad and Tobago.

Of the 83 LF-endemic countries, 45 have completed mapping. Mapping is currently in progress in 18 countries and is planned in nine others (see Table 1). In the remaining 11 countries, plans for mapping have not yet been formulated. The current version of the immuno-chromatographic card test (ICT) requires that it be read at 10 minutes. During 2003, 107 000 ICT cards were procured by WHO for mapping and were provided to endemic countries. The manufacturer, Binax, has raised the cost of the cards to US$ 2.20 each, based

on a minimum guaranteed purchase of 200 000 cards per year. It is difficult for WHO to guarantee the purchase of this number, as funds are currently limited.

Table 1. Progress in mapping of LF distribution by regional PRG in 2003

Region	Completed	In progress	Planned	Outstanding	No. of countries
Africa	13	8	8	10	39
Americas	5	2	0	0	7
Eastern Mediterranean	2	0	1	0	3
Mekong-Plus	7	4	0	1	12
Indian Subcontinent	2	3	0	0	5
PacELF	16	1	0	0	17
Total	**45**	**18**	**9**	**11**	**83**

By the end of 2003, a total of 38 countries were implementing MDA. During the course of that year, about 81 million people received two-drug combinations of either albendazole plus diethylcarbamazine citrate (DEC) or albendazole plus ivermectin, and 52 million received DEC alone; this total coverage of approximately 133 million people is a remarkable achievement (see Tables 2 and 3). However, the at-risk population in these 83 endemic countries is approximately 1.3 billion, meaning that only 6.5% of the total at-risk population have participated in MDA. One country has completed five rounds of MDA, implementation units (IUs) in 11 countries have completed four, and another 11 countries have completed three rounds.

Table 2. Progress of MDA with co-administrated drugs in 2003

Region	No. of endemic countries	At-risk pop. in millions	% of global burden	No. of countries started MDA	At-risk pop. covered in 2003 in millions	% of at-risk pop. covered in 2002
Africa	39	477	37.9	9	23.6	4.95
Americas	7	9	0.7	3	1.9	21.11
Eastern Mediterranean	3	29	2.3	2	2.6	8.97
Mekong-Plus	12	214	17	6	22.5	10.51
Indian Subcontinent[a]	5	524	41.6	4	28.6	5.46
PacELF	17	6	0.5	14	2.2	36.67