

# The Global Elimination of Lymphatic Filariasis

## The Story of Zanzibar





## ACKNOWLEDGEMENTS

The lymphatic filariasis (LF) elimination programme in Zanzibar is the story of the hard work and commitment, primarily of the people of Zanzibar. This document is an attempt to portray the dedication of the many people who were convinced of the importance of the LF programme and made the campaign a success. WHO is indebted to those who are mentioned within the pages of this publication, and also those not mentioned who nevertheless saw a vital role for themselves in making a difference to the health of their communities.

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WORLD HEALTH ORGANIZATION



WHO Tanzania Country Office

WHO AFRO Regional Support

WHO HQ Social Mobilization Team (CPE/SMT)

WHO HQ Country Technical Support Team (CPE/CEE)

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# Letter from the WHO LF Support Team (HQ)

Zanzibar was a challenge. Almost everyone in Zanzibar, nearly a million people, needed to be convinced that they had to swallow free but potent drugs. And they all had to do it on the same day, Saturday, 27 October 2001. It would be one of the largest mass drug administrations ever attempted. And if it worked, then 27 October would be the beginning of the end for the stigmatizing and incurable parasitic disease known as lymphatic filariasis (LF), the world's second leading cause of disability. And with the elimination of LF, elephantiasis, the disfiguring disease caused by the filariasis parasite, would vanish over time as well.

No longer would people be anchored in life by giant legs or other horrors of the disease.

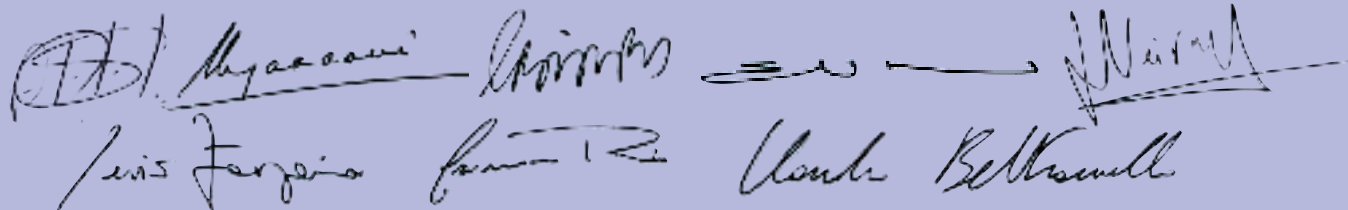
If the majority of the population did take the drugs once a year for at least five years, then transmission would essentially be stopped. The risk was that if the target was not reached, the exercise would largely be a waste of time, effort and money.

The challenges in Zanzibar were enormous and, quite frankly, more than we expected. The

prevalence of LF parasite in the country is one of the world's highest. Around 15% of people carry the parasite. In some villages, infection rates were well over 30%. The social environment also presented special challenges to a drug distribution programme. Prior to October, research revealed the presence of widespread misconceptions about LF — that the disease was caused by witchcraft or eating green coconuts. Once the campaign was launched, rumours began circulating that the free tablets were a form of birth control or had unknown side-effects. If this wasn't enough, logistical and financial problems arose that threatened to sink the entire effort. In fact, the drugs themselves arrived in Zanzibar too close to 27 October, "F-Day".

What follows is the story of the LF campaign in Zanzibar. It is one of the most unusual health campaigns ever.

In Zanzibar, we were reminded again that WHO is a technical agency. We supply, primarily, expert advice. But no matter how good our advice is, if a health campaign is to be successful it is because thousands of ordinary people



Handwritten signatures of team members, including names like 'Miyasawa', 'Luis Ferreira', and 'Clark Bellknap'.

work very hard to improve the health of their neighbours. It is also because a few people, like senior political and religious leaders, commit themselves in a public way to personally improving the nation's health. These personal commitments were abundant in Zanzibar. So, although the programme did not go entirely the way it was planned, the success was more than was hoped for.

Given all the frantic activity and eventual success in Zanzibar, we should not lose sight of how special this moment is. After 4000 years of physical and psychological suffering inflicted by LF, we now have the tools to eliminate this disease. If nations seize this opportunity with vigour and commitment, in the way that Zanzibar did, we not only can put an end to this terrible affliction, but also can break the chains that have bound millions of people to poverty. Zanzibar shouts at us that this can be done. But it can be done only if we work hard, work in partnership and, now with the example of Zanzibar, work with the certainty that we all can make a difference.

*W. Heyman*

*Abdul*

*Ernesto Abreu*







1. The vector
2. *Microfilariae*
3. Adult worm

## Lymphatic filariasis and the strategy for its elimination

**M**ore than 120 million people are infected with the lymphatic filariasis parasite. The lives of 40 million people are limited and disfigured by the disease. For them, there is no cure. The remaining 80 million infected people risk the same fate. These people have impaired immune systems and are at risk of developing the gross deformities.

A thread-like worm causes the disease that is spread by mosquitoes.

LF parasites are found in more than 80 countries around the world, which means that 1000 million people are at risk.

Efforts to eliminate the disease began with an understanding of the parasite itself. Once injected by the mosquito

reproductive organs and lower limbs which are characteristic of hydrocoele and elephantiasis.

As this process of destruction continues, the mature worms produce offspring. It is these immature parasites (*microfilariae*), which circulate freely in the blood, that are picked up by a mosquito and passed to the next

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