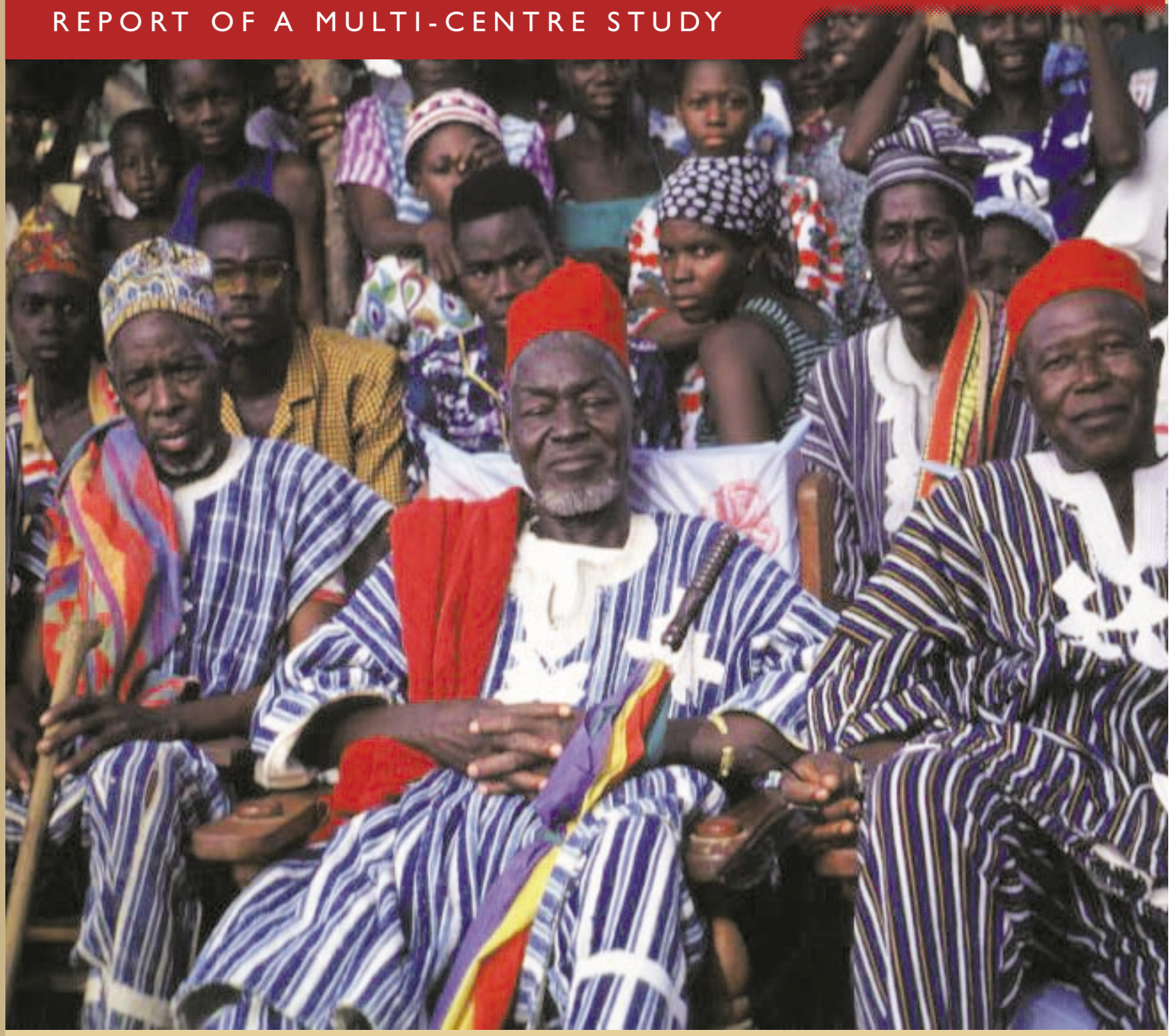
REPORT OF A MULTI-CENTRE STUDY



Community-Directed Treatment of Lymphatic filariasis in Africa

UNDP/World Bank/WHO Special Programme for Research & Training in Tropical Disease (TDR)

TDR/IDE/RP/CDTI/00.2

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REPORT
of a multi-centre study
in Ghana and Kenya

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Cover photo: Community gathering - Ghana (WHO/TDR/Crump)
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EXECUTIVE SUMMARY

Lymphatic filariasis is an important public health and socio-economic problem affecting over 120 million people worldwide. The recent introduction of new drugs and annual, single-dose treatment regimens has been a major breakthrough in the fight against the disease and, in 1997, the World Health Assembly passed a resolution calling for '…..the elimination of lymphatic filariasis as a public health problem…".

High treatment coverage is the main challenge for elimination of Lymphatic Filariasis

The principal challenge for filariasis elimination is to ensure high and sustained treatment coverage of the populations of affected communities. However, in most endemic countries in Africa, sustained drug delivery to all affected communities is difficult to achieve by the health services alone. TDR has therefore developed the concept of Community-Directed Treatment (ComDT), in which the community itself has the responsibility for the organisation and execution of the treatment of its members. ComDT was effectively tested for onchocerciasis and it is now the principal drug delivery strategy of the onchocerciasis control programmes in Africa.

Two drug delivery systems studied in Ghana and Kenya

Because of important differences between onchocerciasis and lymphatic filariasis control, further operational research was required to determine the feasibility, effectiveness and potential sustainability of ComDT for lymphatic filariasis. A study was therefore undertaken in Ghana and Kenya to compare two delivery strategies:

- a delivery strategy of mass treatment by the regular health care system **(HST)**
- a strategy of Community-Directed Treatment of filariasis, which incorporates the health services at the level of implementation **(ComDT/HS)**.

Treatment coverage by health systems was poor

The study comprised two phases:

- Phase I consisted of a situation analysis during which basic information was collected.
- Phase II was the intervention phase, during which both HST and ComDT/HS were executed.

One round of treatment was undertaken, and the results evaluated and compared. The study was conducted between July 1997 and October 1999.

In each country, four study units (full health districts in Ghana and half health districts in Kenya) were selected. Two were randomly allocated to HST and two to ComDT/HS. Within each district, 10 communities were selected for the study, giving a total of 80 study communities for the two countries together. The evaluation consisted of a process evaluation and a final treatment coverage survey.

The results indicate that ComDT/HS achieved high levels of treatment coverage - between 75-88% of the population above 5 years of age - that appear adequate for filariasis elimination.

ComDT achieved high coverage needed for elimination

The study has shown that ComDT can be effectively implemented through the regular public health services. Communities and health staff appreciated the ComDT approach and are willing to take part in the future.

ComDT effectively implemented by health services

The treatment coverage achieved with HST was poor, at around 45%, and insufficient for filariasis elimination. Distance from health centres was also a significant factor. HST coverage was particularly poor in villages located at more than 5km from a health facility, but distance did not affect treatment coverage in the ComDT/HS arm.

As a result of findings from this study, Community-Directed Treatment, implemented through the Health Services, is therefore recommended for drug delivery for filariasis elimination in Africa.

ComDT/HS recommended for the elimination of lymphatic filariasis in Africa