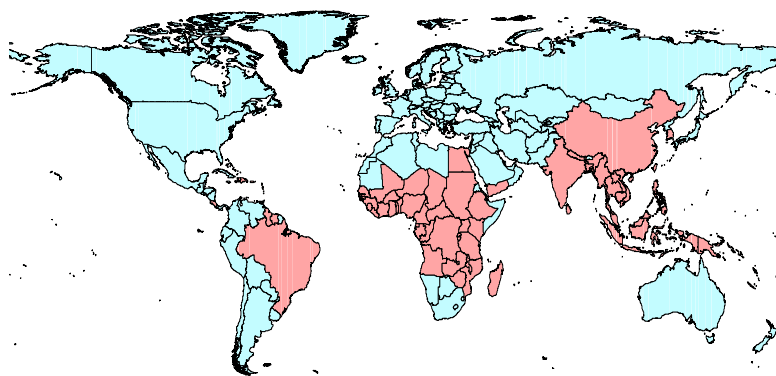


GLOBAL PROGRAMME TO ELIMINATE LYMPHATIC FILARIASIS

WHO Programme Report

2000



WHO/CDS/CPE/CEE/FIL



Global Programme to Eliminate Lymphatic Filariasis (LF)

2000 – The Programme takes off

S U M M A R Y H I G H L I G H T S

In the Countries:

- 3.2 million people in 12 countries were targeted for 2-drug, once yearly treatment in start-up-phase programmes
- 11 additional countries developed national plans of action for LF elimination (including applications for donated drugs) which were approved for activities beginning in 2001
- 34 million albendazole tablets were shipped by GlaxoSmithKline to 17 countries either initiating or about to initiate national LF programmes
- 1.7 million ivermectin (Mectizan®) tablets were shipped to 4 African countries by Merck & Co., Inc. specifically for LF elimination (in addition to the Mectizan® already donated for onchocerciasis control in those countries)
- 30 trainees from 11 countries completed International Training Centre Course on disability prevention, management and rehabilitation
- 10 countries began active Programmes of disability prevention, management and rehabilitation.

In the Regions:

- Initial regional and sub-regional meetings of the Programme Managers from LF Endemic Countries led to Regional Plans of Action in the South-East Asian, Eastern Mediterranean and American Regions; and to a Sub-Regional Plan of Action for PacELF countries of the Western Pacific Region
- Plans were agreed to complete the process of 'regionalization' of national programme coordination and support by 2001
- Sub-regional mapping of LF prevalence began in all five endemic regions
- WHO staff support for LF was strengthened in all 5 endemic regions
- Coordination between the LF Elimination Programme and control programmes for onchocerciasis was achieved, with activities underway in 4 African co-endemic countries.

At Global Level:

- First meeting of the Global Alliance to Eliminate Lymphatic Filariasis took place in Spain, with 75 delegates representing 50 different organizations or countries
- Global Alliance partners increased to 35, in addition to the national ministries of health
- Donor base for LF elimination expanded to 7 Governments, 3 Foundations and 3 private companies, in addition to endemic country support
- A Technical Advisory Group to the Programme held its initial meeting and made both general and specific recommendations around defined technical issues
- National-plan-review and drug-application procedures were finalized, with a commitment towards 'regionalization' of these activities in 2001
- The scientific bases for safety and efficacy of 2-drug regimens and for programmatic linkages with intestinal parasite control programmes were documented in scientific publications
- Testing and procurement mechanisms were established to ensure the quality of the DEC drug supply acquired by the Programme
- The first international training course in LF disability prevention, management and rehabilitation was held with newly prepared curricular materials
- Document production and distribution by the Programme included 7 training or programme manuals for drug distributors, health personnel and programme managers; 8 informational or advocacy documents; and 11 scientific articles
- The internet website www.filariasis.org was expanded to house all documents produced by the Programme and to be a forum for information exchange.

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The Global Programme to Eliminate Lymphatic Filariasis (LF)

After millennia of suffering, centuries of neglect, decades of research and years of programme development the world finally launched, in the year 2000, a Global Programme to Eliminate Lymphatic Filariasis (LF). Inauguration of this Programme at London's Royal Society for Tropical Medicine & Hygiene in January 2000 was followed in May of that year by the first meeting of the Global Alliance, a unique partnership of public-sector and private-sector organizations committed to eliminating lymphatic filariasis, with the World Health Organization (WHO) serving as Secretariat. By the end of 2000 fully 23 of the 80 endemic countries had completed national plans of action to eliminate lymphatic filariasis, 12 had already initiated programme activities and over 3 million individuals had received drugs during the start-up phase of these activities.

1. Background: Programme Progress 1997- 1999

Through 1997. Disabling and disfiguring, lymphatic filariasis remains the second leading cause of permanent and long-term disability (World Health Report, 1995) and the second leading cause of lost 'disability adjusted life years' (DALYs) among all parasitic diseases affecting humanity (World Health Report, 2000). Following major research breakthroughs in the 1980s and 1990s, however, LF was recognized by the medical community as one of a small number of diseases considered potentially eradicable with the tools currently available. The World Health Assembly responded in 1997 with a resolution calling for "the elimination of lymphatic filariasis as a public health problem", and early support for this effort came from both the Ministries of Health of the 80 LF endemic countries and a number of important international organizations including the Arab Fund for Economic and Social Development, the World Bank and the United States Centers for Disease Control and Prevention (CDC).

1998. The pace of this initiative accelerated dramatically, however, in 1998 after the Director-General of WHO and the Chief Executive of SmithKline Beecham (now GlaxoSmithKline [GSK]) signed a memorandum of understanding announced in January of that year creating the "SB/WHO Collaboration for the Global Elimination of Lymphatic Filariasis". This *single* contribution from GSK to solving health problems

in the developing world includes a drug donation and other assistance on an unprecedented scale over the next 20 years or until LF is eliminated. Other private-sector companies (most notably Merck & Co., Inc.) and international aid organizations have since pledged additional funds or drugs for this initiative. Indeed, during the first full year of its activities (1998) the Programme invested a significant proportion of its energy in establishing a broad coalition of partners to share in this global effort to eliminate lymphatic filariasis, while it simultaneously prepared the necessary programmatic and technical bases and guidelines to permit the full functioning of this massive public health undertaking.

1999. By the end of its second year (1999) the number of organizations participating in this partnership had reached 27, in addition to the national Ministries of Health of the LF endemic countries. Just as important as the number of partners, however, was the agreement among them (September 1999) of a common strategic plan to move the Global Programme forward and, subsequently (December 1999), an organizational plan that defined the LF Global Alliance as “a free, non-restrictive partnership forum for the exchange of ideas and coordination of activities with membership open to all interested parties” along with a Technical Advisory Group to WHO of “specialists selected for their expertise in LF science and programme management who will meet annually to make recommendations on all aspects of the elimination efforts in all regions of the world”; WHO serves as the Secretariat.

From the technical standpoint, 1999 also saw the development of many essential programme components, including:

- mechanisms to supply the necessary drugs to those countries using the regimen of albendazole-plus-DEC in their mass drug administration (MDA) programmes;
- the collection of appropriate evidence for safety of both that drug regimen and the albendazole-plus-ivermectin regimen used in countries where onchocerciasis co-exists with LF;
- the establishment of an International Training Centre for LF Disability Management in Brazil;
- initial development of training materials for both disability and programme management courses;

- establishment of the internet website www.filariasis.org as a principal communication tool to disseminate programmatic, scientific, advocacy and informational documents to all interested parties.

Though *all* of the necessary programmatic ‘building blocks’ had not yet been put into place, still, by the end of 1999 almost 200 000 individuals in 4 countries had been treated in pilot programmes under ‘interim monitoring guidelines’. Furthermore, for almost all aspects of the Programme the seeds for the many successful activities of 2000 (see below) were first sown during that principally infrastructure-strengthening year of 1999.

2. LF Elimination: The Programme Achievements of 2000

2.1 National programme (‘country’) activities

2.1.1 Interrupting transmission

Largely because of the many technical and programmatic activities detailed below, by December 2000, 23 countries had developed national plans of action to eliminate lymphatic filariasis that had been submitted to the Global Programme Review Group (PRG), in some cases subsequently refined, and in all cases ultimately approved by the PRG. Indeed, 12 of these 23 countries (Table 1) had already initiated their once-yearly MDA activities using the appropriate 2-drug, single-dose treatment regimen (8 countries using albendazole-plus-DEC and 4 [in the African Region], using albendazole-plus-ivermectin [Mectizan®]). The number of individuals targeted for treatment in these predominantly start-up-phase programmes was approximately 3.2 million and the reported coverage achieved generally ranged between 60% and 100% of the targeted population (Table 1). In addition, another 100 000 people received treatment as part of a large ‘operational research’ programme in Haiti serving as the precursor to a full national plan of action currently under development.

The 11 other countries whose plans of action have been approved by the PRG but whose programmes will start only in 2001 are identified in Figure 1. In addition, the plan of action from Tokelau was approved, but after extensive surveys filariasis was subsequently found to be now absent from the country. China, which has had an active filariasis elimination programme for more than 20 years is now in the final phase of its national LF elimination effort when only intensive surveillance, and no

further drug administration, is required. A further 10 countries (Figure 1) had initiated, but not yet completed, development and submission of their national plans of action by the end of 2000.

2.1.2 Disability prevention, management and rehabilitation

The principal strategy for achieving this goal of the Global LF Elimination Programme is the dissemination of the newly available disease management and prevention techniques; and training is the principal tool to effect this strategy (see 2.4.3 below). By the end of 2000, 30 individuals from 11 countries (Table 2) had completed the International Training Center course programme. Disability prevention and management were already active components of the national programmes in 10 countries, and in 9 of these countries the first training-of-trainers (ToT) courses had already been conducted by December 2000 (Table 2).

2.2 Partnership and support

2.2.1 Global Alliance

With its framework established in December 1999, the Global Alliance (that “free, non-restrictive partnership forum for the exchange of ideas and coordination of activities with membership open to all interested parties”) held its first meeting in May 2000. Hosted by the Ministry of Health of Spain in the Galician city of Santiago de Compostela, the meeting was chaired by the Honourable Secretary, Ministry of Health and Family Welfare, India, and was attended by 75 delegates representing 50 different organizations.

At these sessions the Global Alliance of partners first re-affirmed its support for the programme activities already underway and for both the existing general organization of the Programme and the plans for future ‘regionalization’ of much of the Programme focus (section 2.3.2 below). Then, subpanels composed principally of national LF programme leaders identified the critical programme elements that must be ensured by the Alliance for overall Programme success. Finally, plans were made to constitute specific sub-committees to address the following issues:

- effective communication among the Alliance partners,

- a coordinated and successful funding strategy,
- maximization of programme input from current and potential future NGDO partners.

By the end of 2000, the number of partners in the Global Alliance to Eliminate Lymphatic Filariasis had reached 35 (Table 3). Its next meeting is anticipated for May 2002 (in India).

2.2.2 Collaborating and Support Centres

The 4 WHO Collaborating Centres for Lymphatic Filariasis continued to play active and essential roles in the Global Programme during 2000, as highlighted below:

- Australia: James Cook University
 - Carrying out operational research on drug distribution and on programme impact, particularly in Papua New Guinea;
 - Initiating and promoting The Centre for Partnerships in Health;
 - Producing the Newsletter, *Filarial Update*, for Global Alliance partners.
- China: Institute of Parasitic Diseases, Shanghai
 - Assembling and translating into English the extensive programmatic and epidemiological experience in China's successful programme to eliminate lymphatic filariasis;

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https://www.yunbaogao.cn/report/index/report?reportId=5_30555

