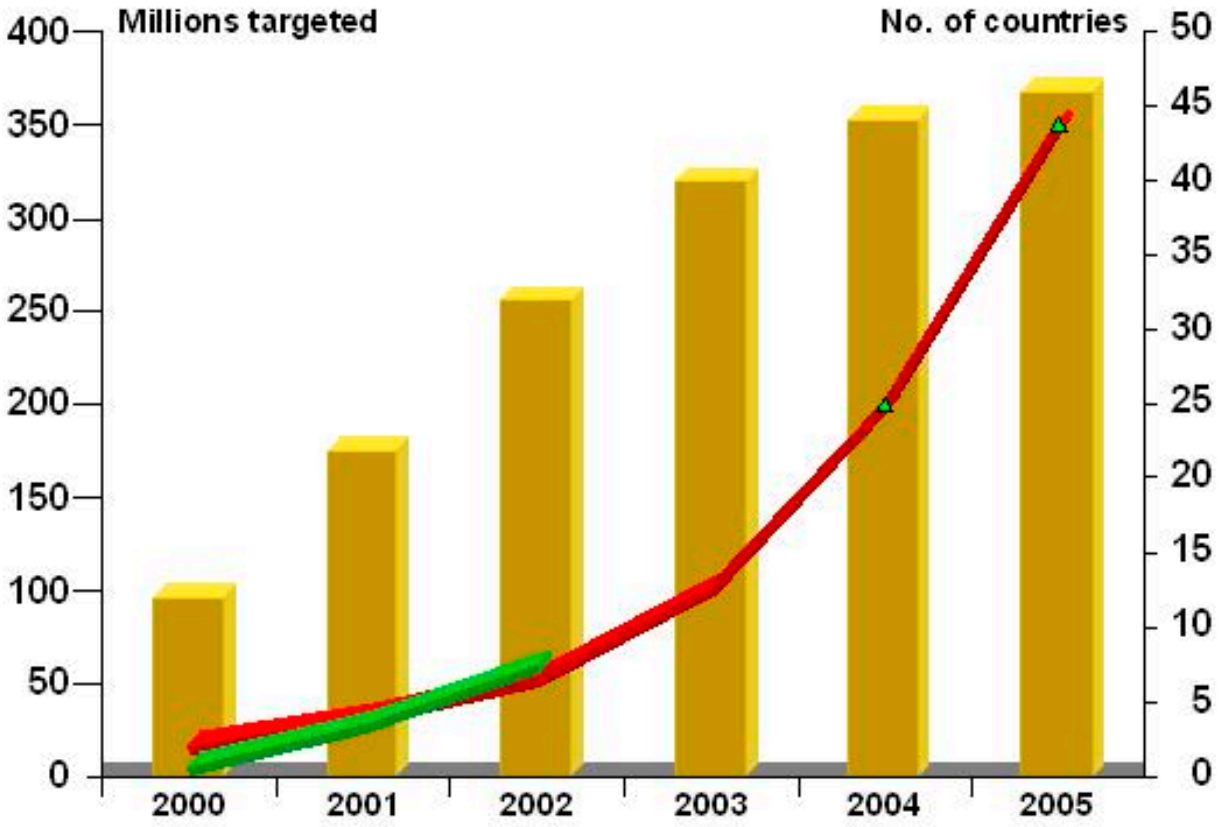
GLOBAL PROGRAMME FOR THE ELIMINATION
OF LYMPHATIC FILARIASIS

Strategic Plan 2003–2005
Challenges of scaling up



World Health Organization
Geneva

CDS/CPE/CEE/2004.39

GLOBAL PROGRAMME FOR THE ELIMINATION OF LYMPHATIC FILARIASIS

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Programme to Eliminate Lymphatic Filariasis
Department of Control, Prevention and Elimination
Communicable Diseases, World Health Organization
Geneva, 2004

This Plan, which has been approved in outline and content by the Technical Advisory Group on Lymphatic Filariasis at its meeting in March 2003, is intended to provide strategic guidelines as a basis for Regional Programme Review Groups and Country Programme Managers to finalize the specific implementation plans appropriate to their regions and countries. Its content may also be used, in appropriate form, for advocacy and promotional purposes by the Global Alliance to Eliminate Lymphatic Filariasis (GAELF).

Contents

Goal and overall assumptions

The goal of the Global Programme to Eliminate Lymphatic Filariasis (GPELF) is defined as "**the elimination of lymphatic filariasis as a public health problem by 2020"**.[1] The Strategic Plan of 1999[2] identified four major elements of the GPELF and two aims:

- ➢ the interruption of transmission
- ➢ the prevention of disability.

This Strategic Plan for 2003–2005 for scaling up is exclusively programmatic and assumes the availability of adequate funding for GPELF. Detailed planning for the acquisition of funding is being done by the Alliance Task Force on Advocacy and Fundraising.

Scope

Endemic countries - strategy to interrupt transmission of lymphatic filariasis

Mass drug administration (MDA) to entire "at-risk" populations can effectively interrupt transmission of lymphatic filariasis (LF) by reducing the number of parasites in the blood to levels below which the mosquito vectors can no longer transmit infection:

- ➢ Use of once-yearly treatment with single dose of two drugs given together (albendazole plus either ivermectin or diethylcarbamazine (DEC)) for 4–6 years.[3]
- ➢ Exclusive use of DEC-fortified table or cooking salt for 1–2 years.

Preventing disability caused by lymphatic filariasis – lymphoedema and hydrocele

- ➢ Community home-based self-care for lymphoedema through support services.
- ➢ Access to surgery for LF patients with hydrocele.

[1] World Health Assembly resolution 50.29.

[2] *Building partnerships for lymphatic filariasis: strategic plan*. Geneva, World Health Organization, 1999 (WHO/FIL/99.198).

[3] The number of annual rounds of MDA required is dependent on the MDA coverage. The lower the coverage the greater is the number of rounds that may be required. A minimum coverage of 65% of the total population of the implementation units is considered to be effective.

Strategic operational principles

Regionalization

While much has been achieved in the area of regionalization, GPELF must continue to focus closely on action that is region- and country-specific so as to respond in the most appropriate and practical way to particular characteristics and needs. Such focus should also help in finding the most cost-effective approach to problems and needs in the various regions. Regional Programme Review Groups (Regional PRGs) need to be strengthened to enable them to perform a greater steering and supporting role in respect of the country programmes.

Strengthening existing health systems

It is clear from experience that large-scale programmes such as GPELF must be implemented through existing health systems – otherwise the programmes become external and "top-down" and impose considerable additional demands on scarce resources. Working through existing systems offers the dual advantage of increasing local and national capacity and promoting the sustainability of GPELF. Sector-wide approaches demand a critical role in planning and allocation of resources at district levels (which largely coincide with LF implementation units). National programmes should start MDA only in provinces or districts that have incorporated ELF activities into their plans of action through the local health systems (which is also essential step to secure synergies with other public health programmes).

Synergies with other disease control or elimination programmes

In terms both of cost and of management and operational efficiency, the PELF, like other large programmes, must seek to synergize as far as possible with other relevant national or sub-national programmes and activities, such as those dealing with onchocerciasis, helminthiasis, schistosomiasis, or malaria in Africa. In most cases, the channels of treatment and national or local management are likely to be the same, and inter-programme synergy creates greater efficiency, effectiveness, and economy. Vector control programmes – bednets in Africa, dengue control in the Pacific, for example – provide important entry points for the LF programme (and vice versa).