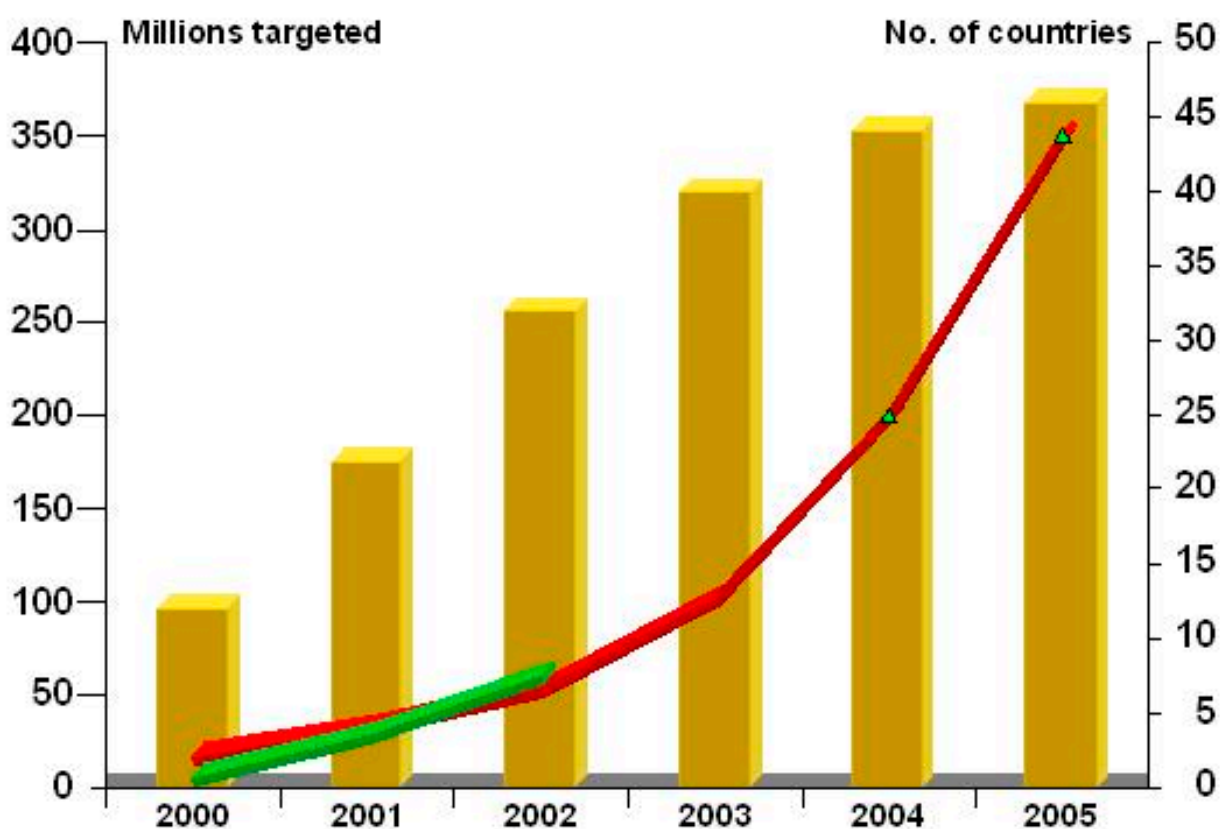

**GLOBAL PROGRAMME FOR THE ELIMINATION
OF LYMPHATIC FILARIASIS**

Strategic Plan 2003–2005
Challenges of scaling up



World Health Organization
Geneva

© World Health Organization 2004

All rights reserved.

This health information product is intended for a restricted audience only. It may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means.

The designations employed and the presentation of the material in this health information product do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this health information product is complete and correct and shall not be liable for any damages incurred as a result of its use.

**GLOBAL PROGRAMME FOR THE ELIMINATION
OF LYMPHATIC FILARIASIS**

Strategic Plan 2003–2005

Challenges of scaling up



**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

	Page
Goal and overall assumptions	7
Scope	7
Endemic countries – strategy to interrupt transmission of lymphatic filariasis	7
Preventing disability caused by lymphatic filariasis – lymphoedema and hydrocele	7
Strategic operational principles	8
Regionalization	8
Strengthening existing health systems	8
Synergies with other disease control or elimination programmes	8
Embedding ELF in primary development strategy	8
Creating national partnerships	9
Strategic objectives	9
2003–2005	9
2006–2010	9
2011–2020	9
Short-term plan 2003–2005	9
Objectives and priorities	9
Activities and outputs	10
Medium-term plan 2006–2010	14
Objectives and priorities	14
Long-term plan 2011–2020	14
Objectives and priorities	14
Resource requirements	14
Short-term plan 2003–2005	14
Medium- and long-term plans 2006–2020	16
LF programme governance	16
Country organization	16
Regional organization	17
Global organization	17
Annex 1: Summary report of GPELF progress 1999–2002	21
Annex 2: List of acronyms	25

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 1999² 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).

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26610

