Towards eliminating lymphatic filariasis: progress in the South-East Asia Region



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Towards eliminating lymphatic filariasis: progress in the South-East Asia Region (2001–2011)



Regional Office for South-East Asia

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Foreword

Lymphatic filariasis (LF) is one of the most debilitating neglected tropical diseases known since ancient times. Caused by three species of filarial worms and transmitted by mosquitoes, it is endemic in 72 countries and responsible for 5.9 million DALYs lost. An estimated 63% of the 1.34 billion people globally at risk of infection and 50% of the 120 million infected people live in nine countries in the South-East Asia Region.

In recognition of the worldwide burden of LF, in 1997, the Fiftieth World Health Assembly passed Resolution WHA50.29 calling for collaborative efforts by Member States to eliminate the disease as a public health problem. In 2000, the Global Programme to Eliminate Lymphatic Filariasis (GPELF) was formed in response to the WHA Resolution and aimed to eliminate the disease by 2020. The programme adopted a two-pronged strategy: to interrupt transmission of infection through implementation of annual mass drug administration (MDA) and to alleviate morbidities associated with the disease.

Nine LF-endemic countries in the South-East Asia Region have adopted the strategy, and completed mapping and implementing the plan. LF-endemic Member States gradually implemented MDA with diethyle carbamazine citrate (DEC) and albendazole and increased the coverage from 19.4 million in 2001 to 314 million in 2011. As a result the micro-filarial (Mf) rate declined to less than 1% after five or more MDA rounds in 493 implementation units (IU) accounting for 45% of the total 1100 IUs endemic for LF in the Region by 2011.

Maldives and Sri Lanka have initiated the process of verification of LF elimination in 2011, with WHO assistance. Thailand has also initiated the process of verification in December 2012.

This report highlights the country-wise progress towards elimination of lymphatic filariasis in the South-East Asia Region since 2001. Halfway through, it is the right time to capture the different elements of the LF elimination efforts since it started and the progress made. As a Region with a majority of LF-endemic countries, strategic direction and assistance provided by WHO and several partners in the Region have proven crucial in the elimination of the disease, in spite of several challenges and constraints. It is expected that the report would serve as an advocacy tool for the national and local governments and partners to continue to provide support beyond LF elimination including morbidity management and disability alleviation.

The efforts must continue and with the lessons learnt and way forward outlined in this report, it is hoped that LF will become history in the South-East Asia Region.

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