

Managing morbidity and preventing disability in the Global Programme to Eliminate Lymphatic Filariasis



World Health
Organization

WHO position statement



Why manage morbidity and prevent disability?

In 1997, the World Health Assembly resolved to eliminate lymphatic filariasis as a public-health problem. In 2000, the World Health Organization (WHO) established the Global Programme to Eliminate Lymphatic Filariasis to assist Member States in achieving this goal by 2020. The global programme includes two main components:

- interrupting transmission of the parasite that causes lymphatic filariasis by using mass drug administration to deliver annual treatment to all people living in endemic areas who are at risk of the disease; and
- managing morbidity and preventing disability among people who have already been affected by the disease.

Infection may damage the lymphatic system, and put people at risk of secondary infections and complications. An estimated 40 million people worldwide have clinically significant manifestations of the disease, predominantly lymphoedema, elephantiasis and urogenital disorders (especially hydrocele in men). These clinical manifestations account for a burden of 5.9 million disability-adjusted life years,¹ and lead to social stigmatization and a concomitant loss in productivity.

National elimination programmes should focus on managing morbidity and preventing disability in order to achieve the objectives of the global programme, which include providing care to those already affected by lymphatic filariasis even after transmission has been interrupted. Patients who experience various clinical and social consequences of the disease have a right to health care, and national programmes must make this right a reality.

Activities to manage morbidity and prevent disability will not only meet the needs of those with disease but will also enhance compliance with mass drug administration, and thereby contribute to efforts to interrupt transmission of the parasite and prevent new infections.

The global programme has been integrated into efforts to prevent and treat a number of related, neglected tropical diseases. Collaboration has already been established and shared activities developed with other programmes working to control neglected tropical diseases and vector-borne diseases; these programmes deliver preventive chemotherapy and integrated vector management aimed at interrupting transmission. In order to manage morbidity and prevent disabilities, integration efforts should also consider combining approaches that involve other disease-specific programmes, such as those targeting the chronic clinical manifestations of Buruli ulcer, leprosy, infection with the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), and diabetes.

¹The world health report 1995: bridging the gaps. Geneva, World Health Organization, 1995.

What are morbidity management and disability prevention?

The global programme focuses its morbidity-management and disability-prevention activities on lymphoedema, elephantiasis and hydrocele. Activities for managing other clinical forms of filarial disease – such as chyluria, lymphocele, scrotal lymphoedema, tropical pulmonary eosinophilia, adenopathy and haematuria – should follow standard practices for the clinical management and referral of individuals, since public-health approaches to these issues have not yet been established.

Almost 15 million people, the majority of them women, have lymphoedema or its more advanced form, elephantiasis, primarily of a lower limb.² Lymphoedema and elephantiasis can be managed using simple measures, including improved hygiene and skin care, to prevent acute inflammatory episodes of adenolymphangitis; additional measures that can be used include caring for the wound properly, taking exercise, elevating the affected limb, and using proper footwear. Studies have shown that these measures are effective in reducing episodes of adenolymphangitis and improving patients' quality of life, and they can be continued through the provision of home-based care.

Approximately 25 million men suffer from urogenital disease related to lymphatic filariasis, most commonly hydrocele. Hydrocele can be cured through surgery, yielding considerable improvements in the patient's and family's economic situation and the patient's quality of life, as well as leading to greater participation in the community.

Disability is a general term that encompasses limitations in specific functions of the body (known as impairment) or the whole person (such as by limiting activities), as well as of the individual in a social context (by restricting participation). To prevent disability, people with a disease related to lymphatic filariasis also need access to psychological and social support to foster their reintegration into society and economic life.



WHO Position Statement

by Neglected Tropical Diseases (NTD)

LF Morbidity Management and Disability Prevention
promoting improvements in the quality of life of people with LF-related disease through the management of its complications and the prevention of the resulting disability in affected countries.

GPELF aims to expand access to services for all people with lymphoedema, elephantiasis or hydrocele by facilitating integration into other NTD programmes and with health systems.

² Progress report 2000–2009 and strategic plan 2010–2020 of the Global Programme to Eliminate Lymphatic Filariasis: halfway towards eliminating lymphatic filariasis. Geneva, World Health Organization, 2010 [also available from http://whqlibdoc.who.int/publications/2010/9789241500722_eng.pdf].

What are the goals and the aim of morbidity management and disability prevention?

The goals of the global programme's morbidity-management and disability-prevention components are to alleviate suffering among people with lymphoedema, elephantiasis and hydrocele, and to improve their quality of life.

The aim is to provide access to a package of basic recommended care for every person with lymphoedema, elephantiasis or hydrocele in all areas where lymphatic filariasis is endemic.

The recommended minimum package of care includes:

- providing access to surgery for hydrocele;
- treating episodes of adenolymphangitis among people with lymphoedema and elephantiasis;
- preventing debilitating and painful episodes of adenolymphangitis and the progression of lymphoedema and elephantiasis; and
- providing antifilarial medicines to help destroy any remaining worms and microfilariae through the use of preventive chemotherapy, such as mass drug administration.

People with lymphoedema must have access to continuing care. These patients need support throughout their lives to properly manage the disease, as well as to prevent the progression of lymphoedema to more advanced stages. Thus, activities aimed at managing morbidity and preventing disabilities should have a foundation in the primary health-care system to ensure that they are sustainable.

The health care provided must meet appropriate standards, as described by WHO.³

How will this aim and these goals be achieved?

Achieving the goals and aim of the global programme's morbidity-management and disability-prevention components relies on three factors:

- **advocacy** – to promote the morbidity-management and disability-prevention components of the global programme locally, nationally and globally. Advocacy activities include developing national policies and strategies to support morbidity management and disability prevention, and creating partnerships and collaborations with nongovernmental organizations, academic centres, donors and other partners to support the establishment of these components;
- **data for decision-making** – to define suitable indicators and methods for measuring success. Activities in this area include systematically collecting and analysing data on the prevalence of clinical manifestations, and on morbidity management and disability prevention; monitoring and evaluating these activities as a necessary component of the global programme; and using research to refine clinical guidelines and define best practices;
- **capacity building and training** – to develop adequate human and financial resources at national and local levels. Actions to be taken to build capacity include strengthening health systems to ensure that morbidity-management and disability-prevention activities are sustainable.

The activities in these key areas can be most effectively accomplished by using an integrated approach. The global programme encourages the sharing of expertise and experiences from related programmes that target specific diseases.

What will success look like?

The global programme will be successful if, by 2020:

- the morbidity-management and disability-prevention components of national programmes to eliminate lymphatic filariasis have achieved full geographical coverage of all endemic areas;
- all people with hydrocele, lymphoedema or elephantiasis who live in areas where lymphatic filariasis is endemic have access to basic recommended care;
- for people with lymphoedema and elephantiasis, the frequency and intensity of episodes of adenolymphangitis will have been reduced;
- new cases of lymphoedema, elephantiasis and hydrocele will have been reduced to background levels when transmission of the parasite is interrupted.

³ Relevant publications include *Training module on community home-based prevention of disability due to lymphatic filariasis: tutor's guide*. Geneva, World Health Organization, 2003 (also available from http://www.searo.who.int/LinkFiles/New_Lymphatic_Filariasis_Disability_prevention_guide_Part2.pdf); *Training module on community home-based prevention of disability due to lymphatic filariasis: learner's guide*. Geneva, World Health Organization, 2003 (also available from http://www.searo.who.int/LinkFiles/New_Lymphatic_Filariasis_Disability_prevention_guide_Part1.pdf); and *Surgical approaches to the urogenital manifestations of lymphatic filariasis: report of an informal consultation*. Geneva, World Health Organization, 2002 (WHO/CDS/CPE/CEE/2002.33).

What will success look like?

To reduce the human suffering associated with lymphatic filariasis, the global programme's activities to manage morbidity and prevent disability aim to provide access to a basic package of recommended care for people with lymphoedema, elephantiasis and hydrocele in areas where the disease is endemic. The benefits from these activities will help to alleviate poverty by having a positive impact on the health, social and economic status of the world's most underserved populations.

WHO's Member States are urged to adopt an integrated approach to managing morbidity and preventing disability from lymphatic filariasis so that the benefits, experiences and resources of the Global Programme to Eliminate Lymphatic Filariasis can be shared among control programmes targeting similar diseases.

National programmes to eliminate lymphatic filariasis should include activities to manage the disease and prevent its progression to physical, mental or social disability by providing integrated services as part of the national health system.



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