Lymphatic filariasis (LF), commonly known as elephantiasis, is one of the most debilitating and disfiguring scourges among all diseases. It is the second leading cause of disability worldwide with nearly 1.4 billion people in 73 countries at risk. Globally over 120 million people are currently infected, with about 40 million disfigured and incapacitated by the disease.

South-East Asia Region accounts for the highest burden of the disease among WHO Regions. Nine out of the 11 Member States in the Region are endemic, with 60 million infected and 63% (875 million) of the population at risk.

The end of a long journey towards the elimination of this debilitating disease is in sight with greater political commitment, international cooperation and efficient implementation of the elimination strategy.

Mass drug administration (MDA) or large-scale preventive chemotherapy is the mainstay of the strategy to eliminate lymphatic filariasis. It involves cost-effective delivery of safe medicines to endemic populations at regular intervals. With the help of a strong international community of partners including pharmaceutical companies, and with efforts of WHO and Member States, encouraging results towards elimination have been achieved.

As of 2013, three countries (Maldives, Sri Lanka and Thailand) have made commendable progress in eliminating the disease and are in the process of certification of elimination. Four countries (Bangladesh, India, Indonesia and Myanmar) are about to start the last round of MDA. They have already started transmission assessment surveys in some endemic areas. Timor-Leste will restart MDA in 2014.

An integrated approach to elimination of LF can have several collateral benefits on:

- prevention of soil transmitted helminthiasis (intestinal worms in children);
- disability care – leprosy;
- vector control – dengue, chikungunya, kala-azar, malaria.

Factors favourable for elimination

- Humans are the predominant reservoir host for bancroftian and brugian filariasis prevalent in the Region.
- Low-cost, safe and very effective drugs are available.
- Diagnostic kits and monitoring tools are available.
- MDA strategy is cost-effective and operationally feasible.
- Countries have the necessary infrastructure and experience for implementation of the programme.

Regional Strategic Plan for Elimination of Lymphatic Filariasis

Goal

Elimination of lymphatic filariasis (LF) as a public health problem, from the South-East Asia Region by 2020.

Strategies

- Reduce and ultimately interrupt LF transmission, through:
  - mass drug administration;
  - ensuring high coverage and compliance.
- Prevent and alleviate disability through:
  - community home care measures for lymphoedema;
  - management of acute episodes;
  - surgical facilities for hydrocelectomy;
  - patient and family education.
Main objectives

- Scale up and sustain mass drug administration.
- Ensure high treatment compliance exceeding 65% of the total and 80% of the eligible population.
- Scale up and implement activities for prevention and alleviation of disability.
- Implement integrated vector management.
- Conduct operational research.
- Undertake effective programme monitoring.

Key elements of national programmes

- Political commitment.
- Resource mobilization.
- Establishing partnerships and involvement of partners.
- Implementing integrated vector management.
- Availability of trained human resources.
- Projection of drug requirement and drug procurement, supply/distribution and quality assurance.
- Surveillance.
- Community awareness and education.
- Advocacy and social mobilization.
- Supervision, monitoring and evaluation.
- Operational research.

Four steps towards elimination

- Mapping of the geographical distribution of disease.
- Administering MDA for at least 5 years in endemic countries.
- Surveillance after discontinuation of MDA.
- Confirming interruption of transmission at the national level.

Stopping MDA and post-MDA surveillance

- The elimination level is expected to be achieved in each implementation unit after 5–6 rounds of MDA.
- Additional rounds may be required if the coverage is low.
- There is a need to implement stop-MDA and post-MDA surveillance procedures.
- Certification of the absence of transmission in a country is judged on the basis of an assessment of:
  - reliability and adequacy of the original survey determining endemicity;
  - reliability and accuracy of post-MDA surveys.

Transmission assessment surveys are:

- a standard component of monitoring and evaluation for elimination programmes;
- a methodology to assess whether MDA successfully reduced the prevalence of infection to the critical cut-off threshold.

Regional Programme Review Group

- Comprises LF experts
- Advises WHO
- Identifies/estimates drug requirement.