Fighting Filariasis & Achieving Elimination
Fighting Filariasis & Achieving Elimination

Following a prolonged battle against lymphatic filariasis (LF), Sri Lanka achieved a major public health milestone in 2016 and received WHO Certification for the Elimination of Lymphatic Filariasis as a public health problem. This brief highlights the strategies that were instrumental towards achieving this milestone.

What’s at stake?

Sri Lanka has a long history with lymphatic filariasis, one of the oldest and most debilitating neglected tropical diseases. The earliest known cases can be traced back to the 4th century BC. Lymphatic filariasis causes profound disfiguration, permanent disability and psychological stress. The first national surveys conducted from 1937-1939 indicated a microfilaria (Mf) rate ranging from 20–24%, meaning almost one in every four people was affected by the disease. Eight districts in the country were endemic to this disease.

Key approaches

Political Commitment

- Strong political commitment to prevent and control lymphatic filariasis led to the establishment of the Anti-Filaria Campaign (AFC) in 1947.
Key Strategies

- The AFC implemented key strategies to stop the spread of the disease, including; intensification of mosquito control efforts and parasitological surveillance, increased access to health services, treatment and disability management for those affected, mass drug administration campaigns and health education programmes to reduce stigma associated with the disease.

- Systematic surveys and surveillance generated rich data for precise endemicity mapping and the design of evidence-based strategies and targeted interventions.

- Collaboration with WHO and other key partners ensured strong technical support for the AFC.

Mass Drug Administration Campaigns

- In 2002, a national elimination programme was launched, focusing attention on the eight LF endemic districts, where 11 million people resided. Mass drug administration (MDA) campaigns were conducted annually for 5 consecutive years.

Health Workforce

- A highly trained workforce including Public Health Inspectors, midwives and local volunteers ran social mobilization campaigns to ensure the success of the MDA campaigns in endemic areas.

Elements of success

The mass drug administration campaigns conducted between 2002 and 2006 achieved over 80% coverage, which subsequently reduced the Mf rate to 0.05% and enabled the country to target lymphatic filariasis elimination.

Post-MDA surveillance and Transmission Assessment Surveys (TAS) conducted from 2011-2013 proved that the disease dynamics were in decline.

The Mf rate is stable at 0.03% since 2015.

In July 2016, Sri Lanka officially received WHO Certification for Elimination of Lymphatic Filariasis as a public health problem.
Lessons learned

• Strong political leadership is a prerequisite for the elimination of neglected tropical diseases.

• Commitment to technical excellence, evidence-based strategies and a highly trained, dedicated workforce achieved major gains in the fight against lymphatic filariasis.

• Strategic collaboration and partnerships ensured critical long term technical and financial support for the AFC.

• Investment in the capacity building of healthcare staff especially on morbidity management and disability prevention is a cost-effective intervention.

• High coverage of MDA campaigns for five consecutive years was instrumental in bringing down the disease burden and gearing the country towards elimination of lymphatic filariasis.