DELHI Towards the elimination of lymphatic filariasis

There was much to celebrate at the second meeting of the Global Alliance to Eliminate Lymphatic Filariasis (GAELF) in Delhi, India, last week. Since the first conference in Santiago de Compostella in Spain 2 years ago, large strides have been made. At the first meeting, just one million albendazole tablets had been shipped. Last week, the hundred millionth tablet went out. The campaign to eliminate one of the world's most disfiguring and debilitating diseases has got momentum.

GAELF, the biggest mass drug administration programme ever conceived, was created in 2000. It comprises the 80 endemic countries and more than 30 partners including three international agencies (WHO, World Bank, and UNICEF). In 2000 just three countries treated a few million people at the start of the first elimination programme based on drugs. Last year, 26 states treated 50 million people with a double drug dose. This year 40 countries are expected to treat 92 million and by next year, the plan is for 48 states and 150 million treatments.

If this sounds like a phenomenally fast implementation, it is. But if the disease is to be eradicated by the target date of 2020, then all 80 endemic countries will need to have full-scale programmes in operation (or concluded) for the 1·1 billion people at risk by 2010. The maths are straightforward but daunting. It takes an estimated five consecutive annual dual drug doses—albendazole/ivermectin for Africa, albendazole/diethylcarbamazine for the rest of the world. The community treatments must be repeated each year for 4–6 years to ensure elimination. If the last endemic countries are only just fully operational by 2010, they will not have finished treatments until 2015. Eradication requires a further 5 clear years without any outbreaks which takes the campaign through to 2020.

There were plenty of other things to celebrate last week. For example, the number of health ministers who showed up and spoke up; the big countries that have begun programmes—India, Nigeria, Bangladesh; and the smaller countries in the Pacific that are powering ahead. Egypt, where autopsies on mummies have shown that lymphatic filariasis was around 3000 years ago, is, with Sri Lanka, the first large state already treating all its people who are at risk.

In addition, the news from regional programme managers suggests the campaign is helping to strengthen national health networks. And the researchers have shown the other benefits which the public health campaign will bestow. For example, lymphatic filariasis is helping to rehabilitate public health programmes.

But, in a world in which politicians and the public understandably place fatal diseases at the top of their priority lists, disabling diseases have received less attention. This has only been reinforced by the extra money now available through the new Global Fund for AIDS, Tuberculosis, and Malaria. Ministers and health officials in severely affected countries were already concentrating most of their attention on these high mortality diseases, because these along with the expanded programme on immunisation, are performance indicators by which their countries are being measured. Now they have the additional incentive to stick to high mortality diseases because of the offer of extra cash.

"This year 40 countries are expected to treat 92 million and by next year, the plan is for 48 states and 150 million treatments"

At the GAELF meeting in Delhi, David Heymann, WHO's executive director of communicable diseases, set out powerful medical, social, and economic arguments why disabling diseases should not be ignored. Policy makers should not be allowed to forget the psychological burden that lymphatic filariasis inflicts on patients—lost jobs, broken marriages, extreme social exclusion—or the economic losses that communities suffer, he said. Lymphatic filariasis might have been tailor-made to meet the new poverty reduction targets set by the G7 and other bodies with respect to debt relief. People with lymphatic filariasis are confined to poor countries and within those countries they are the poorest of the poor.

As with previous eradication programmes, it is not all plain sailing. In India the lymphatic filariasis campaign is caught up in internal politics. Although there were 26 million dual drug treatments in India last year, India still treated 40 million with less effective single diethylcarbmazine doses. Close observers said the state had a tradition of ploughing its own furrow but usually still managed to deliver.

Rights were not granted to include this image in electronic media. Please refer to the printed journal.

Science Photo Library

Working on eradication

Another hiccup has been the disruption to the mapping programme, a crucial exercise in defining who is at risk, caused when there was a change of manufacturer of the cards used to do rapid filarial antigen testing. But this was being sorted out even as delegates left Delhi. Another issue that needs to be tackled is faster integration of the onchocerciasis programme, which already uses ivermectin, and the lymphatic filariasis campaign.

WHO's main concern is to avoid the Global Alliance turning into a second bureaucracy. WHO is running its coordination of the campaign with an extremely tight and overstretched team of four. WHO's Maria Neira has already recognised the urgent need for more advocacy and fund-raising by the GAELF. Further ways of pursuing the ideas that emerged from the conference's four working groups are being explored. Most support WHO's main stated aim of leaving as much control as possible in the hands of the endemic countries.

Most promising of all was an speech from Sally Stansfield of the Gates Foundation, who said it was a duty of every generation to aim to be good ancestors. "We should not have to justify spending money on the programme; justification was only required if we delayed spending." Stansfield told the conference to go out and remind the world of the cost of not investing in health care. Many in the audience detected signals that there could be much-needed early extra Gates Foundation money if the campaign continued to have momentum.

Malcolm Dean