

PORT VILA **Launching a lymphatic filariasis campaign in the Pacific Islands**

On the third floor of the Vanuatu Club, above the poker machine room installed to attract Australian tourists, health workers of Shefa province were involved in a much more important gamble: preparing to be early players in what is planned to be the world's largest-ever mass drug administration programme.

The Pacific nations are leading the way in the global campaign, launched last year by WHO and SmithKline Beecham, to eliminate lymphatic filariasis from the 80 nations where it still persists. The current campaign envisages treating 1.2 billion people at risk from the disease with an annual dual drug combination for up to 5 years.

The Pacific is an appropriate leader. In no other region of the world has the disease been studied so seriously. Few states have had such extensive experience of earlier drug administration programmes. The tiny island nations, with strong social structures still in place in rural areas, have a long history of battling with the disabling disease and its chronic effects. They are also familiar with the biggest challenge facing eradication programmes: the danger of relaxing when elimination seems to have been achieved—only to find that the disease re-emerges.

Some 22 Pacific island countries, comprising 1000 islands and 7 million people, under the umbrella of PacElf (Pacific elimination of lymphatic filariasis), aim to rid their region of the disease by 2005 and achieve a formal declaration of elimination by 2010—10 years ahead of the global goal. The three small island nations of Samoa, Western Samoa, and Niue launched programmes last year; programmes in French Polynesia and Vanuatu are underway; and Tonga and the Cook Islands are to follow.

There is no single approach but Vanuatu, the former New Hebrides jointly run by the British and French as a condominium, is a good illustration of the challenge—a Y-shaped archipelago of 83 tropical islands, 64 of which are inhabited, stretching over 1000 km just south of the Solomon Islands. The total population is only 200 000. More than 75% still live in rural communities, mostly along narrow coastal strips or on offshore islets. There are almost 3000 communities, a large proportion with fewer than 50 people in them. Melanesian by descent, many of the people have little sense of nationhood. Like many remote communities, the rural people

identify with their village or island.

How do you run a national campaign in such societies? By allowing as much discretion as possible to local community leaders. There were more than 40 key community health workers in the Vanuatu Club—almost 20 men down one side of a large rectangle of tables and 20 women along the

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Keeping the campaign active

opposite side: community nurses; midwives; health-centre managers; dispensary supervisors; health-promotion workers; and malaria, tuberculosis, and leprosy workers.

They had travelled from 14 islands in the province for this workshop in Vanuatu's capital, Port Vila. George Taleo, the national organiser, set out the framework: the drugs and literature; the registration books and how they should be completed; the different doses of diethylcarbamazine (DEC) to be given with with a standard tablet of albendazole; and the national mobilisation campaign (radio, local press, television where available, posters, and pamphlets) which local campaigns could link into.

But the key decision about how the dual drugs should be distributed was left for the community workers. Some planned house-to-house visits by local health teams; several others decided to distribute from a community centre. They argued it would allow village chiefs, local church leaders, and health workers to be more involved.

On hand at the community workshop was Kazuyo Ichimori, the WHO regional co-ordinator of the elimination programme. Trained in Japan and the UK with field experience in Africa and central America, Ichimori is an indefatigable campaigner. She played an important role in the creation of PacElf and understands the subtlety needed to encourage 22 disparate nations to enrol in the campaign. Her commitment has won the respect of public-health officials and health ministers in the region. PacElf is supported by WHO and financed through aid from Australia.

The Pacific may seem like a single community to outsiders but there are three distinct cultures—Melanesian, Micronesian, and Polynesian—and many more subcultures. How is a nation like Samoa, never colonised and sturdily independent, encouraged to take part? It leaped at the chance of leading the world, its Prime Minister taking the two drugs on television, its rugby team following suit, and even the British, French, and US ambassadors invited to parliament to take the drugs to maintain the mobilisation campaign. Samoa believes it achieved 96% coverage of its population last year.

French Polynesia which contains five archipelagos of 130 islands spread over an area the size of Europe but with a tiny landmass, also distributed 96% of its pills to its 220 000 people but some specialists remain wary. Lam Nguyen, an epidemiologist working in Tahiti in the nation's main research unit for the past 11 years, draws a distinction between distribution and coverage. The pills have gone out but the planners felt unable to require the people to take the pills in front of health workers. In an earlier era of French central control, people were threatened with fines if they did not consume their drugs. That is no longer realistic.

Lam is also aware of a familiar pattern in disease control. Twice French Polynesia in the past 50 years believed it had eliminated the disease as a public-health risk only to see it re-emerge. In the 1950s, up to 40% of the population on some islands were infected. The introduction of DEC in 1953 cut the prevalence in 15 districts from 30% to 3% by 1959, only for it to begin to climb again when officials moved from an active to a passive programme. A similar pattern occurred in the 1980s. This third campaign will benefit from the failure of the previous two drug administration programmes, and the much more powerful effect of the drug combination.

Eric Ottesen, WHO co-ordinator for the global alliance in Geneva, believes the Pacific is an appropriate lead region. The costs involved in eliminating the disease in the region are tiny compared with the challenge in Africa and India, and eradication in this region would provide the global campaign with a huge psychological boost.

Malcolm Dean