

## Editorial

### Lymphatic Filariasis Elimination: Operational Research – Need of the Hour

Lymphatic filariasis (LF) has a significant impact on the public health as it is among the leading causes of disability worldwide. Worldwide the World Health Organization coordinates a massive programme to eliminate this chronic and disfiguring disease. Even though there is no significant mortality caused by this disease the prejudiced societal attitude towards the disabled and disfigured due to LF has prompted political commitment of similar degree as Leprosy elimination. This Global programme to eliminate LF (GPELF) hopes to mirror the success of guinea worm disease eradication programme in eliminating the dreaded parasitic infection. GPELF was established in 2000 under the leadership of WHO as an alliance of partners, with the aim of assisting LF-endemic countries in mobilizing resources, increasing the political commitment and providing technical assistance. GPELF is a partnership of many bilateral and multilateral agencies, foundations, international NGOs and the ministries of health of endemic countries committed to the elimination of LF. The most exciting global health programme of this earlier century is now being implemented in most of the 72 filariasis endemic countries.

An underestimated and clouded picture of the prevalence of number of people with filarial infection and clinical LF is 128 million globally with 48 million of these estimated to be in India. Even though LF rates are declining it continues to be a major health problem in the South and South East Asian Region (SEAR) countries. Unplanned and rapid urbanization with poor sanitary and sewerage facilities are favouring mosquito breeding which transmits LF disease in these endemic countries. China was able to eliminate LF with planned housing policies, better sanitary conditions and an intensive disease control campaign.

The strategic plans in India for LF elimination have been developed in the lines that were successfully implemented in the SEAR and includes, mass drug administration (MDA) with diethylcarbamazap-

(DEC) and albendazole once in a year on designated dates to all the eligible people in LF endemic districts. The other strategy of prevention and alleviation of disability (morbidity management) caused by LF is by providing training and support for treatment of secondary infections, limb care, access to hydrocelectomy and community awareness. It is planned that by 2015, India will complete five or more rounds of annual MDA in all the LF endemic districts and will initiate action to "Stop" MDA.

But, the ground realities are different in the country. The external evaluation conducted after the MDA campaign has found disturbing results in the operation of the programme at the field level in some of the LF endemic districts. These independent external evaluators designated by the government of India for post MDA evaluation have repeatedly found many operational deficiencies and have suggested mid term corrections. The programme manager's of some of the endemic districts are reporting unduly exaggerated drug distribution figures in the MDA campaign. The most important strategy to eliminate LF is to ensure that at least 80% of the eligible population consumes all the distributed drugs (coverage) in the MDA campaign annually every year for at least 4-6 years. With coverage rates of as low as 32.7% in some of the evaluated districts it becomes a far reached goal to eliminate LF in the country. It has been repeatedly observed in the annual MDA campaign of drugs not being supplied to many districts in time for distribution. Glaxo-Smith-Kline (GSK) as part of "Corporate Social Responsibility" has pledged to supply the entire requirement of albendazole, free of charge for countries implementing the two-drug regimen of MDA until 2020. Albeit the major strength of the LF elimination programme in the country being drug security through the availability of free albendazole, there is a miserable failure in distributing them on time to the LF endemic districts. This speaks of poor programme management capacity at the central level.

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Also, the health care personnel who were responsible for managing the programme at primary health centre level during MDA campaign went on strike for their grievances to be addressed by the health department and have affected programme supervision and monitoring at a crucial period. The drug distributors have failed in ensuring that the beneficiary swallows DEC and albendazole under their supervision and in some of the LF endemic districts have not carried out the mopping-up activities of the households on the two successive days following the drug distribution days of the campaign. This indicates absence of monitoring of the drug distributors and their poor training preparations. The drug distributors were generally found to be students of nursing or medicine and have cultural barriers in language and are poorly motivated to participate in the programme as volunteers. The apprehension by the community of adverse effects of the drugs were not allayed and which prevented the parents from administering the drugs to their under five children. This is indicative of poor information, education and communication activities (IEC) in the programme. In addition to creating awareness and IEC activities, it is important to undertake advocacy and social mobilization targeted at political, administrative and social levels. Advocacy should be targeted to the highest political level including the heads of the state and district level policy and decision makers.

These observations of the mid term evaluation of MDA campaign made by the independent external evaluators have not been incorporated in the successive LF elimination campaigns. Infact the numbers of MDA campaigns have exceeded the target of 5-6 in many districts further confirming the failure of LF elimination programme in the country. The programme managers of LF elimination have underperformed at all the levels of the centre, regional, state, district and primary health centre level in the implementation of MDA campaign.

Many operational constraints have been identified by the external evaluators and it is necessary for the programme managers to analyze some of these key constraints in implementation of MDA campaigns. Necessary operational research in collaboration with research institutes must be initiated by the programme to resolve these constraints.

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