

# SAMPLE OF A POLICY BRIEF ON LYMPHATIC FILARIASIS

Lymphatic filariasis, commonly known as elephantiasis, is a neglected tropical disease (NTD). Infection occurs when filarial parasites are transmitted to humans through mosquitoes. Infection is usually acquired in childhood causing hidden damage to the lymphatic system.

When lymphatic filariasis develops into chronic conditions it leads to lymphoedema (tissue swelling) or elephantiasis (skin/tissue thickening) of limbs and hydrocele (scrotal swelling). Involvement of breasts and genital organs is common. Such body deformities often lead to social stigma and sub-optimal mental health, loss of income-earning opportunities and increased medical expenses for patients and their caretakers. The socioeconomic burdens of isolation and poverty are immense.

## LF KEY FACTS



Lymphatic filariasis impairs the lymphatic system and can lead to the abnormal enlargement of body parts, causing pain, severe disability and social stigma.



856 million people in 52 countries worldwide remain threatened by lymphatic filariasis and require preventive chemotherapy to stop the spread of this parasitic infection.



In 2000 over 120 million people were infected, with about 40 million disfigured and incapacitated by the disease.



499 million people no longer require preventive chemotherapy due to successful implementation of WHO strategies.



## THE WORLD HEALTH ORGANIZATION'S (WHO) RESPONSE

World Health Assembly resolution WHA50.29 encourages Member States to eliminate lymphatic filariasis as a public health problem. In response, WHO launched its Global Programme to Eliminate Lymphatic Filariasis (GPELF) in 2000. In 2012, the WHO neglected tropical diseases roadmap reconfirmed the target date for achieving elimination by 2020. WHO's strategy is based on 2 key components:

- Stopping the spread of infection through large-scale annual treatment of all eligible people in an area or region where infection is present; and
- Alleviating the suffering caused by lymphatic filariasis through provision of the recommended basic package of care.



## GLOBAL PROGRAM SUCCESSES

- From 2000 to 2016, 6.7 billion treatments were delivered to more than 850 million people at least once in 66 countries, considerably reducing transmission in many places.
- The population requiring MDA has declined by 36% (499 million) where infection prevalence has been reduced below elimination thresholds.
- The overall economic benefit of the programme during 2000–2007 is conservatively estimated at US\$ 24 billion.
- Preventive chemotherapy is still required in 52 countries but has not been delivered to all endemic areas as of the end of 2017.



## LF ELIMINATION: PROGRESS IN AFRICA

An unprecedented effort of mapping NTDs in the African Region has narrowed the scope of LF endemicity. Among the 35 countries originally considered endemic, an estimated 395.3 million persons are currently considered to require MDA. Based on data reported from 20 countries, 176.5 million persons were reported covered in MDA for a regional coverage of 44.7%, representing an 18% increase from 2014. MDA scale-up as observed in 2015 compared to 2014 is encouraging for Cameroon, Democratic Republic of Congo, Ethiopia, Kenya, Nigeria, Senegal, and Zambia, highlighting the many examples of success with MDA in the region.



## LEVERAGING THE BENEFITS OF LF TREATMENT

LF medications provide effective prevention of and treatment for several medically important intestinal helminth (parasitic worm) infections. For example, one medication used to treat LF, albendazole, also treats hookworm, roundworm, and whipworm infections. Prevention of and treatment for these infections (also NTDs), contribute to greater productivity and better quality of life by protecting children from cognitive impairment, anemia, and malnourishment.



## RECOMMENDATIONS

In support of the global program, countries and partners are encouraged to:

- Continue and scale-up MDA programs;
- Develop and implement strategies to accelerate the elimination of LF;
- Increase efforts to provide disease management for persons with LF; and
- Wherever possible, integrate LF programs to deliver services for other NTDs and diseases.

For more information about the NTD Advocacy guide or the No to NTDs movement please contact: [info@speakupafrika.org](mailto:info@speakupafrika.org) or check out the No to NTDs online platform at [notontds.org](http://notontds.org)