

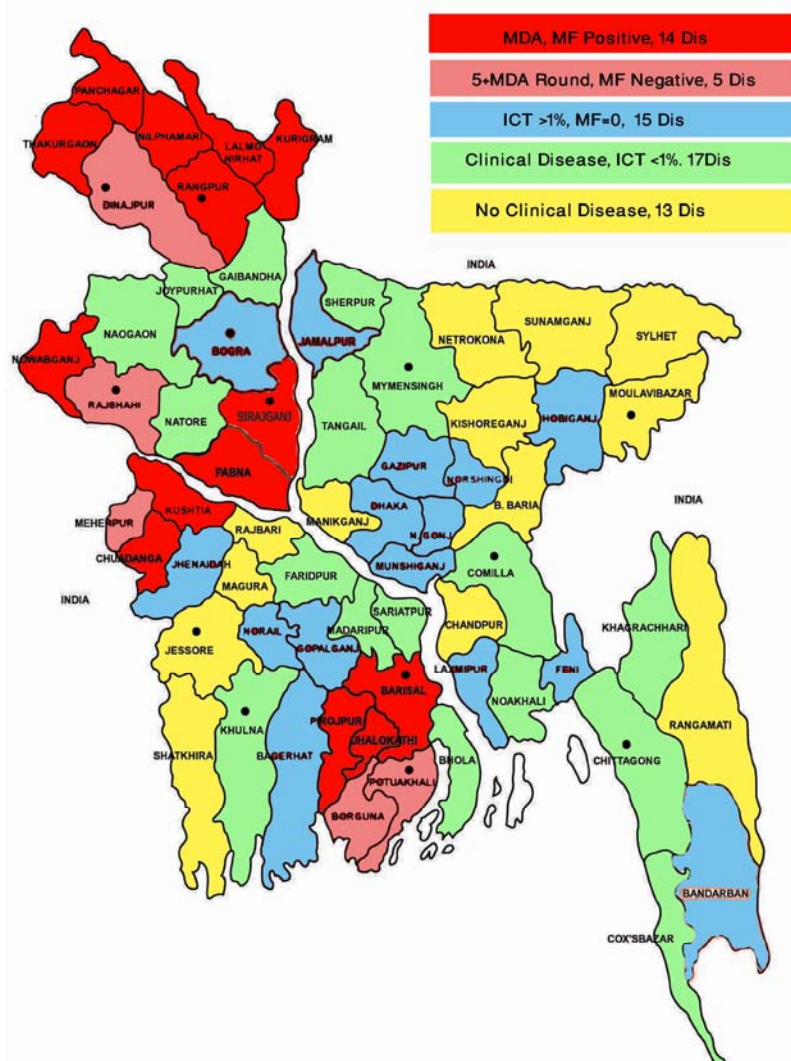
PROGRESS TOWARD ELIMINATION OF LYMPHATIC FILARIASIS AND A SUCCESS STORY OF INTEGRATION OF NTDS



A FUTURE FREE OF LF
Global Alliance

Bangladesh is a remarkable country in terms of the progress it has made in the elimination of LF over the past decade. It was one of the first countries to start the elimination process with the mass drug administration (MDA) strategy of the Global Programme to Eliminate LF (GPELF) with the support of GAELEF, and now it is one of the first countries to begin the verification process using the new WHO guidelines of the Transmission Assessment Survey (TAS).

Bangladesh, a country of the South-East Asian region with an estimated population of 142.30 million (Census 2011), is one of the most populous LF endemic countries. The disease is caused by the parasite *Wuchereria bancrofti* and *Culex* mosquitoes are the main vectors for transmission. In 2001, an assessment based on microfilaria (Mf) levels found the infection in 34 of the 64 districts with 19 districts eligible for mass drug administration (MDA). It was estimated that a population of 69 million people were living in endemic districts (See Map). The highest rates of infection and disease are in the northern part of the country where up to 16.8% of the population is Mf-positive and 10.1% have chronic disease.



The Action – what we did?

The Ministry of the Health and Family Welfare (MOHFW) in Bangladesh responded very positively to the World Health Assembly resolution 50.29, urging member nations to take all necessary steps to eliminate LF as a public health problem. The MOHFW launched the programme to eliminate LF (PELF) in 2001 with an aim to eliminate by 2015, with MDA and morbidity management as its core components. In 2001 the MDA for LF began in one district, and has since scaled up to 19 districts in 2008 targeting about 35.0 million people with door-to-door strategy of drug distribution of diethylcarbamazine (DEC) and albendazole (ALB) annually.

MDA is continuing with high coverage of 70-80% of at risk population without any interruption, resulting in dramatic reduction of Mf prevalence. In addition, the Bangladesh PELF has trained several thousand health workers and community members to take part in MDA and morbidity control. This has been an important capacity building exercise and more importantly, it has raised awareness among the general public and social mobilisation. Further, the Bangladesh PELF has started morbidity management programmes with sensible and realistic strategies. Formal and informal community health workers have been trained to provide home based morbidity management services to alleviate the suffering of patients. Japan Overseas Cooperative Volunteers (JOCVs) also work in highly endemic areas to help people with morbidity management.

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What has been achieved?

In 2010, 13 out of 19 districts had completed five or more rounds of MDA and Mf prevalence rates were found to be zero in 5 districts according to Mf sentinel surveys. These five districts have therefore been targeted to verify the interruption of transmission using the new, transmission assessment survey (TAS). The TAS was a big challenge for the program due to resource and staff constraints. Involving primary health care staff made the survey a cost effective and successful. To date, the TAS has been completed in 5 districts with great success as ICT positive in children were found to be lower than cut off point; thus confirming the interruption of



transmission. It is important to mention here that Bangladesh was one of the first countries to use the new TAS protocol developed by WHO in collaboration other international institutions.

Based on the TAS results MDA has now stopped in five districts that were previously highly endemic. This is an incredible achievement and the PELF plans to conduct TAS in a further five districts, which is due to be completed at the end of

2011. It is anticipated that transmission will also be interrupted in these districts, indicating that the Bangladesh PELF is well on its ways towards elimination in spite of high density of population and limited resources.

Key factors for achieving success?

The key factors for the achievement of the Bangladesh PELF are the support of the MOHFW, which responded well to the rapid scaling up the activities, its timely and coordinated implementation of the different programme components, specially MDA, the comprehensive programme guidelines, dedicated and committed programme team, successful partnership and strong social mobilization through wide spread health infrastructure and community health worker network.

Who has supported Bangladesh?

There has been an incredibly strong commitment from the Bangladesh Government, Ministry of Health and Family Welfare (MOHFW) over the past decade. This commitment together with the support of external donors/stakeholders has made it possible to achieve the many things in the programme. The



main donors have been the Centre for Neglected Tropical Diseases (CNTD) Liverpool, USAID, GlaxoSmithKline (GSK), JICA, RTI, LF Support Centre, Atlanta USA. It has truly been an international collaborative effort and the Bangladesh people and Government are thankful for the support.

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Future actions and optimism

The Bangladesh PELF is a model in terms of starting a challenging health initiative in a developing country, despite considerable resource constraints, to combat one of the most ancestral and neglected tropical diseases. The Bangladesh Government and particularly the national PELF is grateful to have had the opportunity of working towards eliminating this ancient disease. It recognises that it is making history and is proud to be part of an incredible global community with a common goal which will benefit so many millions of people around the world. The next decade will be challenging as all endemic countries move towards elimination, however, the Bangladesh PELF is ready for the challenge and is sure that it will be successful.



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