

GAELF

Global Alliance to Eliminate Lymphatic Filariasis



Towards a future free of LF



The Global Alliance to Eliminate Lymphatic Filariasis (GAELF)

is a public-private partnership to assist in advocacy, resource mobilisation and programme implementation towards a world free of LF.

Dr Adrian Hopkins MBE

Chair, Global Alliance to
Eliminate Lymphatic Filariasis



Much can be achieved in the health sector through partnerships, each partner contributing something unique to the combined effort. Lymphatic filariasis elimination is no exception.

The World Health Assembly passed resolution 50:29 in 1997 calling on Member States, working with other partners, to take advantage of the simplified and highly effective strategies to eliminate the disease. In support of this goal, the Global Alliance to Eliminate Lymphatic Filariasis (GAELF), was created to foster partnership together with the WHO in order to support the Global Programme in bringing together ministries, implementing organisations, academia and research organisations to coordinate these efforts. Importantly, it has played a critical role in collaborating with pharmaceutical companies whose donated medicines continue to make an exceptional contribution to this joint effort.

The achievements of the global programme have been enormous; over 800 million people have been treated using 6.2 billion treatments in 60 countries. Six countries have been validated to have eliminated the disease as a public health problem, and many more have been able to stop treatment in some endemic areas. Importantly, GAELF has played an important role in helping patients suffering with the later effects of the disease and has continued to implement programmes in affected countries.

However, 29 countries are not on track to eliminate the disease by 2020. Many of these are in Africa and are due to conflict, co-endemic infections making treatment difficult and also funding problems. As we approach 2020 we must make every effort to help these countries catch up. So much has been achieved in the last 17 years and we must make every effort to finish the job.

The Global Alliance

The Goal of the GAELF is to create a future free of lymphatic filariasis and its strengths lie in its ability to bring together various partners in the quest to eliminate lymphatic filariasis.

GAELF's role is to support the Global Programme to Eliminate Lymphatic Filariasis (GPELF) and has circa 150 global partners with a broad and deep experience of health, research, development and philanthropic experience. Each partner joins with their own and diverse mandate with all sharing a common goal.

73 Endemic Countries

lead GAELF by implementing the strategy, identifying operational research needs and monitoring and evaluating progress.

3 International Organisations

support the global programme. WHO provides guidelines and a strategic framework to guide countries through starting and stopping treatments and ensuring care. WHO coordinates donation of medicines and diagnostic tests to countries and ensures treatment decisions are based on epidemiological data.

35 Academic and Research

Institutions strengthen the scientific basis, develop and test new tools and strategies, provide postgraduate human capacity development and carry out operational research.

17 Non-Governmental Development Organisations

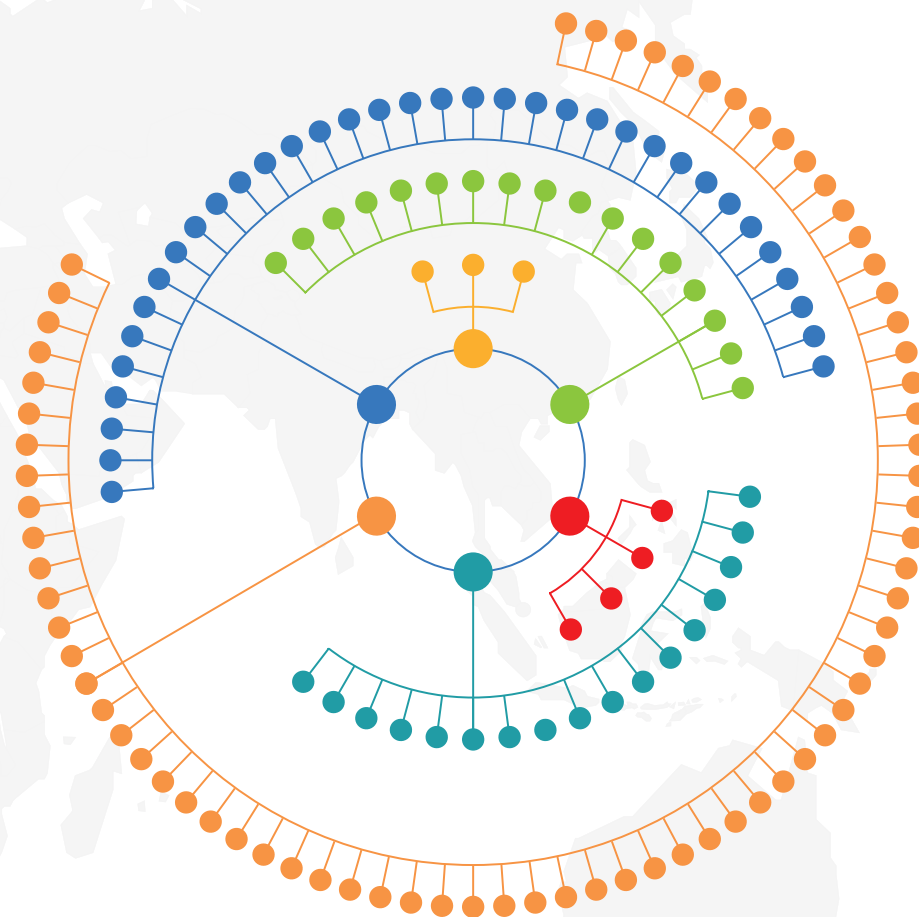
complement the efforts of the national Ministries of Health in implementing different components of the programmes within their specific competence and scope.

17 International Development Agencies and Foundations

have pledged funds to support the implementation of national LF elimination programmes.

4 Private Sector companies

provide supplies and drugs, free or at-cost, for mass drug administration campaigns, promote advocacy, support academia and facilitate programme development.



Partner highlights

\$785

million amount pledged to support NTD research efforts and elimination activities after the London Declaration on Neglected Tropical Diseases in 2012

82

ongoing operational research studies related to lymphatic filariasis

86%

of endemic countries started Mass Drug Administration

75%

of LF endemic countries have received support from NGOs

5

Regional Programme Review Groups established by WHO to guide programmes from start to finish

12 billion

tablets donated from start to finish for LF elimination programmes

Haiti

Haiti's NTD programme has embraced the global goals for eliminating LF by 2020. Despite political conflict, hurricanes and a devastating earthquake, the Haiti NTD programme has successfully scaled-up treatment to reach all 140 communes.

Transmission assessment surveys are being implemented in eligible communes. Recent surveys have shown tremendous progress toward elimination, with more than 5 million people no longer at risk for LF in Haiti. "Hope clubs" for persons suffering with lymphoedema have been established in some areas of the country to reduce stigma and encourage management of morbidity through peer support groups.

The national NTD programme continues to focus on maintaining high treatment coverage and capacity strengthening for ongoing surveillance. Resources are being sought to enable expansion of services to address lymphoedema and hydrocele.



PERSONS REQUIRING MASS DRUG ADMINISTRATION

2014	2015	2016
11.36m	9.75m	7m <small>not confirmed</small>

1.6 million persons no longer require MDA



Pursuing effective partnership and collaboration



Government

Honourable Jerome Ludvaune
Minister of Health, Vanuatu

“Vanuatu joined other countries committed to eliminating lymphatic filariasis globally. Managing a health sector confronted with limited resources and challenging geographical landscape, the government of Vanuatu was committed to the public health endeavor which is of importance given the opportunity to prove the strategy of mass treatment, synergistic vector control measures and successful community awareness about the possibilities that LF can be eliminated. Key players integral to the success have been development partners, national programme staff, health workers and communities participating and making the commitment toward the national Vanuatu LF elimination programme.

On the grounds to prove that such a public health intervention can achieve long term benefits, as Minister responsible for Health I fully support the global strategies for elimination of public health diseases that will continue to impact on the livelihood of the people, free of diseases such as LF.”



International Organisations

Dr Dirk Engels

Director, Department of the Control of Neglected Tropical Diseases, World Health Organisation

“We have witnessed that partnership is the main factor driving the success of the Global Programme to Eliminate Lymphatic Filariasis launched by WHO in 2000. The countries’ commitment and call for elimination of this debilitating disease led to the WHA Resolution. The research community documented the efficacy and safety of what WHO now recommends as preventive chemotherapy, a core strategy for elimination of NTDs. The pharmaceutical companies’ donations enabled access to the needed medicines.

In 2012, we launched the WHO Roadmap for Implementation reaffirming the targets for LF and other NTDs where simultaneously we saw an outpouring of committed resources by countries, bilateral and multilateral donors, NGOs and Foundations to support both implementation and essential research. Together, this is accelerating the scale-up of preventive chemotherapy such that countries are achieving the highest coverage to date.”

Bangladesh

The Bangladesh Filarial Elimination Programme (FEP) launched in 2001, with an estimated 70 million people at risk. FEP scaled-up MDA across 19 districts requiring MDA with support from MOH, UKAid (CNTD) and USAID (FHI360) so that by 2009, all endemic districts were receiving MDA. Partners' support primarily focused on MDA advocacy and TAS. Scale-down of MDA started in 2012 following completion of TAS. In 2016, the final district passed TAS, resulting in a total population of 33 million no longer requiring MDA across the country. TAS has also been completed in 15 districts considered to be 'low endemic' and not requiring MDA at the start of the programme, confirming absence of transmission in these areas, and a further 37 million people not at risk of infection. In addition to ongoing TAS, FEP is conducting post-transmission surveillance with support from CDC, Atlanta in selected districts.

Since 2012, morbidity management activities have been scaled up across Bangladesh, with training conducted for community health workers and patient case/estimate mapping in the 19 endemic districts between 2013 and 2016. Over 8,000 community health workers were trained, and over 43,000 lymphoedema and hydrocele patients were reported. Lymphoedema management is provided in these districts through community clinics, and hydrocele surgery has been made available through intensive camps with a total of 14,900 surgeries provided to date (2003-2016). Additionally, patient searching was conducted in the 15 low-endemic districts, including the peri-urban areas of Dhaka, to ensure all patients have access to care. Health worker training is ongoing, with retraining of community health workers in seven districts conducted in 2017. With support from CNTD, quality of training evaluations, health facility assessments and access to care surveys will be conducted in 2017 to provide evidence to support FEPs ongoing activities and elimination efforts.

PERSONS REQUIRING MASS DRUG ADMINISTRATION

2010	2015	2016
36.34m	3.21m	0

33.1 million persons no longer require MDA



Driving towards a world free of lymphatic filariasis

Lymphatic filariasis elimination became a realistic proposition with donation of albendazole by GSK in 1998 and by Merck and Co Inc donation of Mectizan for LF elimination in Africa at the same time. Until Eisai made their donation countries had to buy their own DEC for non onchocerciasis endemic countries. The situation is now completely changed globally. Enough medicines are available to eliminate the disease. The international community must leverage these donations to achieve the final goal.

Development Agencies and Foundations

Julie Jacobson

Senior Program Officer Global Health,
Bill and Melinda Gates Foundation

“By working together toward the common 2020 goals, development agencies and foundations, such as the Bill and Melinda Gates Foundation, can comprehensively address diseases such as lymphatic filariasis by advancing R&D to find next generation treatments and interventions; operationalising new diagnostics and, increasing resources in NTD-endemic countries to improve implementation of drug programmes on-the-ground.”



Private Sector

Haruo Naito CEO, EISAI

“Since the launch of the London Declaration in 2012, a growing number of countries, where Neglected Tropical Diseases (NTDs) are endemic, are achieving their elimination goals. Of the 10 diseases identified, treatment coverage for lymphatic filariasis (LF) showed the greatest increase of all treated by MDA in 2014 and reached the largest number of people globally. This is a tremendous accomplishment and great relief to the more than 1 billion people who were exposed to this disease that causes severe disfigurement, suffering and pain.

Much of this success can be attributed to the contributions from the industry partnership among GSK, Merck and Eisai. Together these three companies have donated treatments for LF to millions of people worldwide. Through this collaboration, they have not just accelerated the mission, but have ignited a passion to be part of team that goes beyond drug donation to expand into R&D, supply chain effectiveness and diagnostic tool supply. These partners believe that their contributions not only help to relieve immediate illnesses but are an important investment in the future health and economic growth of affected regions.”

Togo

In the eight districts which were endemic for lymphatic filariasis (LF) in Togo, 6 to 9 rounds of annual MDA were conducted from 2000 to 2009 with the combination of ivermectin and albendazole and coordinating with the ongoing MDA for onchocerciasis control as a platform.

The reported treatment coverage in the districts was consistently high throughout the 10 years of MDA resulting in the complete decline in microfilaria in selected sites and a successful transmission assessment survey.

The results of the five-year post-MDA surveillance did not show any sign of recurrence of the disease following the stopping of MDA. Importantly, Togo implemented successful morbidity management and disability prevention programmes to help address the impact of the disease on those infected.

As the two pillars of the programme were successfully addressed, the country was approved in 2016 by the WHO-AFRO NTD Regional Programme Review Group to have achieved the elimination of LF as public health problem.

Strong and diverse partnerships, integration to existing health interventions and innovative approaches were the key determinants of success in Togo which is on the way to becoming the first sub-Saharan African country to be validated free of LF by the WHO.

PERSONS REQUIRING MASS DRUG ADMINISTRATION

2010	2015	2016
1.2m	0	0

**MDA no longer required.
Elimination being validated**



Courtesy of GSK



Delivering solutions and assessing impact

Non-Governmental Development Organisations

The LF network members (23 in total in 2016) were primarily involved in implementation of the WHO strategies in partnership with Ministries of Health. Different NGOs addressed MDA, and others morbidity management, and some both and this continues to be the same today. NGOs continue to contribute both funds and technical expertise to LF elimination.

Dr Frank Richards
The Carter Center

“There was an obvious need for the development of best practices and the coordination of the various organisations involved in the Global Programme to Eliminate LF. Non-governmental development organisations, NGOs, got together almost at the beginning of the global programme under the LF Network.”



Research Organisations

Dr Eric Ottesen
Director Neglected Tropical Diseases Support Center

“While some might think that the PC-NTD programmes are really simple – just taking donated medicines and delivering them once a year to the people needing them – the numbers alone (literally billions of tablets for up to a billion people a year) and the program targets for eliminating these public health problems translate into enormous complexity at every step of the way. Fresh challenges continue to arise and improved tools continue to be needed. Finding solutions to these practical challenges is what ‘operational research’ (OR) is all about. Indeed, it is the existence of strong, targeted OR agendas supporting national NTD programmes in their implementation, while at the same time providing an evidence base for essential WHO guidelines, that has played a determining role in NTD program success.

The foresight of the NTD program donors to earmark a specific portion of their program funding to drive and support the needed OR already has not only provided significant returns on investment, but also promises to ensure the long-term success of all our NTD control and elimination initiatives.”

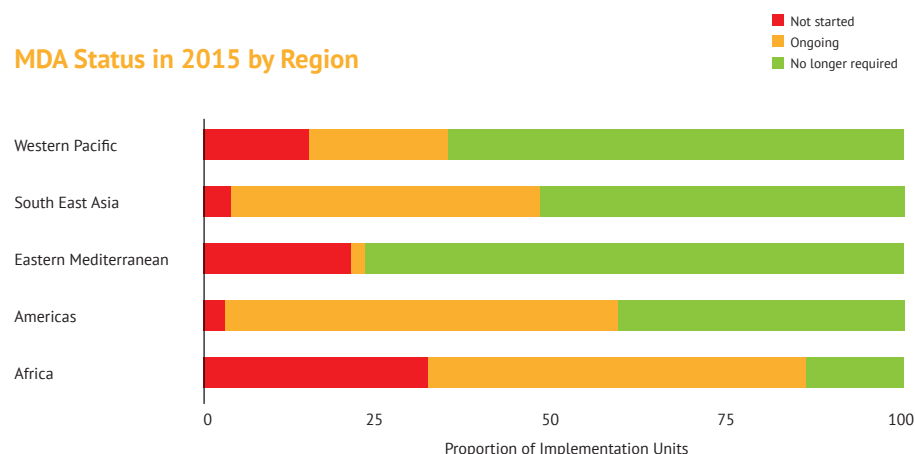
Proof of impact

More than 6.2 billion treatments have been delivered across 62 countries. National programmes that started MDA early are reaching targets. Globally, 32% of known endemic implementation units (IUs) across 41 countries have reduced infection below target elimination thresholds. This represents 351 million persons no longer requiring MDA. An estimated 97.1 million LF cases have been prevented or cured. The treatments already delivered will likely avoid up to US\$ 150 billion in economic losses among those who have benefited.

Cambodia, Cook Islands, Maldives, Marshall Islands, Niue, Sri Lanka, Togo and Vanuatu have met criteria for elimination as a public health problem setting the example for the remaining 65 countries.

Clear progress is being made as the majority of endemic IUs in each region are either currently receiving or have already stopped MDA. However, 850 known endemic IUs had not received a single round of MDA by the end of 2015. While representing only 22% of endemic IUs globally, these IUs are spread across 29 countries which will require MDA beyond 2020 under the current MDA strategies. While several countries will not be in a position to stop MDA by 2020, the subnational progress achieved positions GPELF for a chance to achieve 80% reduction in the population requiring MDA.

MDA Status in 2015 by Region

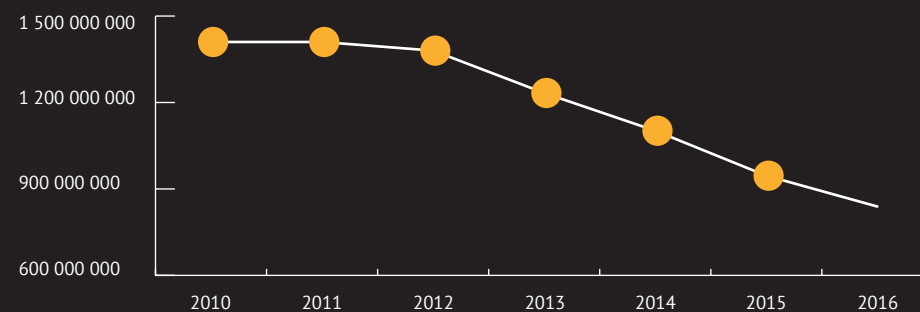


Investment Priorities

Domestic financial investments are direly needed to start MDA in all endemic IUs. An annual global investment target of US\$ 154 million for five years starting in 2015 was estimated to be required to support full implementation of MDA in all countries. Required investments will fall rapidly as IUs stop MDA. For the 36 countries either under surveillance or implementing MDA at scale, investments must sustain MDA and support implementation of transmission assessment surveys (TAS). Commitments have been made to provide the diagnostic tests needed for TAS to compliment commitments for conducting TAS. Operational research remains a priority, not only to identify but also determine best ways to deliver more effective and safe alternative MDA strategies. New tools are needed for surveillance in the post-validation period to detect and respond to any resurgence in infection and to confirm interruption of transmission.

For the 36 million persons still suffering from lymphoedema or hydrocele, the minimum package of care must be available to alleviate suffering and improve quality of life. This minimum package includes surgery for hydrocele, management of lymphoedema and treatment of the debilitating acute attacks. Including the package as essential services under Universal Health Coverage will improve accessibility to care and should also protect patients from out-of pocket-costs. However, resources are needed for establishing where services are required and ensuring health care system is capable of providing quality care.

Total Population requiring MDA to eliminate LF



Global Alliance to Eliminate Lymphatic Filariasis

Secretariat

Liverpool School of Tropical Medicine

Pembroke Place

Liverpool, UK

L3 5QA

www.filaria.org

gaelf@lstm.ac.uk

+44 (0)151 705 3145

@gaelf9

