2. Progress on the path to regional elimination of lymphatic filariasis

Lymphatic filariasis is one of the 13 neglected tropical diseases endemic in the Western Pacific Region. The disease is caused by mosquito-borne filarial parasites. The infection can result in permanent disability, such as lymphoedema or elephantiasis of limbs and hydrocele (scrotal swelling). In addition, people may suffer from mental health and socioeconomic impacts due to the stigma associated with the disease, further aggravating their suffering.

In 1997, WHO launched its Global Programme to Eliminate Lymphatic Filariasis (GPELF). Member States, communities, donors and partners joined forces to eliminate the disease as a public health problem globally by 2020. The WHO strategy is twofold: (1) interrupting transmission through annual mass drug administrations (MDAs) for all eligible people in all endemic areas; and (2) alleviating the suffering caused by the disease through morbidity management and disability prevention activities.

Endemic countries in the Region have achieved significant progress tackling this disease through MDAs. In 2016, out of 22 lymphatic filariasis-endemic countries and areas, four (Cambodia, Cook Islands, Niue and Vanuatu) received official WHO validation for having eliminated lymphatic filariasis as a public health problem. Eleven countries are implementing MDAs. Among those countries, eight have completed possibly their last round of MDAs in 2015. These eight will assess their eligibility to begin the post-MDA surveillance phase.

Elimination of lymphatic filariasis in the Region will make a real difference. The achievement will remove a neglected tropical disease that causes significant morbidity and stigma, and improve the socioeconomic well-being of people in affected communities.

However, achieving elimination of the disease as a public health problem is not the end of the story. Strong surveillance must be integrated into general health services to ensure early case detection and rapid response to prevent re-establishment of transmission. Health-care service provision for people affected by the ongoing debilitating effects of residual morbidity also must be strengthened.