Programme forElimination of
Lymphatic Filariasis

INDIA

Overcoming Challenges
India’s Disproportionate Burden

40% of Global Burden
Endemic in 20 States/UT

600 million “at risk”
509 million targeted for MDA
INDIA
Elimination Programme

• Filariasis control Programme (1950s)
• MDA pilot
  – 13 districts 1997
• MDA with single dose DEC 2004
• DEC + Albendazole 2006
Policies and Political Commitment

• Signatory to WHA Resolution (1997)
• National Health Policy (2002) advances Elimination to 2015
• National Task Force and Guidelines
• Addresses both “pillars” of the programme
• Financial commitment (USD 10m)
• Independent study to evaluate feasibility of DEC + Albendazole
Programme Complexities

• 1 billion DEC (100 mg) tablets
• 500 million Albendazole tablets
• Approximately 2.5 million peripheral workers trained and deployed for MDA
• 250 persons per day per worker
• Quality Assured, Centralized Drug procurement and transfer to States
• Storage and Distribution
Scaling up of the Programme

2002: *Orissa (4), UP (1), Bihar (2) did not observe MDA

- **No. of Districts**
- **population (in Million)**

NVBDCP 2011
Morbidity Management and Disability Prevention

- Updates on Burden of illness
- Home based management of lymphoedema cases
- Hydrocele operations in the identified CHCs / District hospitals/ medical colleges.
- Training programmes
- Demonstrations and provision of kits
- Working with the NGOs
Partners

- State Governments
- Other Government Departments
- NGOs
- Medical Colleges
- Indian Council of Medical Research
- NCDC
- Drug donors
Challenges

• Improving drug compliance
• Stepping up social mobilization
• Scaling up morbidity management services
• Scaling Down
  – Stopping MDA and (170 IU Mf < 1%)
  – Post-MDA activities
  – Resources (ICT cards)