Development of the long-awaited structure of the Global Alliance was one of the major achievements of the Third Meeting of the Global Alliance, held in Cairo from 23 to 25 March 2004.

Central to the new structure is the creation of the Representative Contact Group (RCG), made up of 30 nominees from each constituency of the Alliance. In a business session at the end of the Alliance meeting, the RCG nominated the six members of the Executive Group (EG): Yankum Dadzie (Chair), Pat Lammie, Francesco Rio, Yoshitomi Takeda, Bjørn Thylefors and Andy Wright. The RCG also formulated a work plan based on the recommendations that emerged from the three-day Alliance meeting, charging the EG with implementation of the recommendations over the two-year period leading up to the Fourth Meeting of the Alliance - an important leadership function for the EG.

Demonstrating how seriously it views the responsibility it has assumed, the EG has met three times since its nomination to review the achievements of the Global Programme and the Alliance, identify the challenges and deliberate on the way forward.

The EG has developed a comprehensive work plan covering the areas of fundraising, advocacy and communication. Recognizing current difficulties in the fundraising environment and the important funding gap in the Programme, the EG has planned to support fundraising activities to cover global, regional and country levels, laying emphasis on those most likely to yield worthwhile results. The EG has also developed a framework for addressing the communication needs of the Alliance; one of its tasks will be to inform the RCG quarterly, through its Chair, on the progress of its activities. It expects that the RCG, in turn, will inform its constituencies about the reported issues. The EG intends to be transparent in its activities, open to suggestions and comments, and sensitive to the aspirations of the endemic countries.

The Global Alliance exists to support the goals of the Global Programme to Eliminate Lymphatic Filariasis. It recognizes that tools for the elimination of lymphatic filariasis (LF) are available, and is convinced that ongoing studies will soon prove the feasibility of LF elimination, thanks to the support of the Bill and Melinda Gates Foundation. The EG recognizes the invaluable support provided by the Department for International Development (DFID), United Kingdom; the Japan International Cooperation Agency (JICA), Japan; the Arab Fund for Economic and Social Development (AFESD), Kuwait; the Government of Spain; the United States Agency for International Development (USAID), USA; and most importantly, the pharmaceutical manufacturers, GlaxoSmithKline and Merck & Co., Inc.

There is no doubt that much work lies ahead, including operational research to sharpen the tools and approaches needed to ensure the elimination of LF by 2020. Synergies and links must be sought with other programmes, particularly those termed «neglected diseases», in order to achieve efficiency and cost-effective programme implementation. However, adequate funds need to be mobilized if these objectives are to be reached, and this can be done only through the efforts of partners working at global and regional levels and, most importantly, within the endemic countries. The EG is determined to do everything possible to coordinate efforts to respond to this requirement. It sincerely hopes that donor institutions will respond favourably, given that this is a unique health programme that will not only benefit the LF cause, but will also contribute to achievement of the Millennium Development Goals.

Yankum Dadzie
Chair, Executive Group of GAELF
After the showing of a video message from Dr Jong-wook Lee, Director-General of the World Health Organization, the meeting was inaugurated by His Excellency, Professor Mohamed Awad Tag El Din, Egyptian Minister of Health and Population. Dr J.-P. Garnier, Chief Executive Officer of GlaxoSmithKline, and Mr Michel Iguer, Regional Director and Vice-President, Merck Sharp & Dohme reaffirmed the continued commitment of their respective companies to the Global Programme in donating the two principal drugs used for the treatment of LF – albendazole and ivermectin. Dr Jaime Galvez-Tan, Chairman of the Alliance, gave the keynote speech, in which he acknowledged the achievements already made and emphasized the challenges that remain if the goal of a world free of LF by 2020 is to be reached.

The progress made by the Global Programme was reviewed by Dr Asamoa-Baah, Assistant Director-General, World Health Organization, who praised the achievement of the planned treatment goals set in 2002 at the Second Meeting of the Alliance in New Delhi. Progress can be measured by the figures, which speak for themselves. In the year 2000, 3 million people were covered by mass drug administration in 12 countries – by 2003, 82 million people in 38 countries were covered.

The Chairs of the Regional Programme Review Groups reported on progress in the campaign to eliminate LF in the six world regions, citing the results that confirm the positive effect of the two-drug strategy.

The various ministers of health attending the meeting presented statements on the status of GAELF in their respective countries, and the Chairs of the two Task Forces formed after the New Delhi meeting reported on advocacy, fundraising and communications. One of the most vital roles of the Alliance is to ensure scale-up and sustainability of the momentum of the Global Programme. On the second day of the meeting, there was a lively debate on the financing environment of GAELF and a discussion on potential links with the Global Fund to Fight AIDS, Tuberculosis and Malaria. Opportunities for integration and synergies, such as the possibility of including LF in malaria control programmes that are already funded, were also discussed as ways of scaling up and sustaining the LF elimination programme. The host country, Egypt, reported on progress in its countrywide, village-based MDA campaign to combat LF, which has just completed its fourth round – a remarkable achievement.

Several challenges continue to dominate the work of the Alliance. Three working groups were formed to examine the most urgent of these: the future direction of communications, advocacy and fundraising; funding of national and sub-national partnerships for scaling up; and integration and sustainability of national programmes.

A number of recommendations for the members of the Alliance arose from the deliberations of the working groups.

Dr Galvez-Tan proposed a new working mechanism for GAELF involving the formation of a Representative Contact Group with 30 members, and an Executive Group of six members, with a President to replace the former Chairman of the Alliance. Both groups were nominated before closure of the meeting.

An offer from Fiji to host the next GAELF meeting in 2006 was extended by the Minister of Health of that country.

Thanks were expressed to the Egyptian hosts for their hospitality and a successful meeting in their fascinating country. The meeting had taken place in the shadow of the famous Giza Pyramids – a reminder of what coordinated human effort and commitment can achieve.

The disease is transmitted by mosquitoes that bite humans who are already infected and in so doing, ingest the microfilariae. These develop into the infective stage, inside the mosquito, in a process that usually takes 7-21 days. The larvae then migrate to the mosquito’s biting mouthparts, ready to pass into the bloodstream of the next individual, thus completing the cycle.

The worst symptoms of LF generally appear in adults and in men more often than in women. In endemic communities, some 10–50% of men suffer from genital damage, particularly as a result of hydrocele (fluid-filled balloon-like enlargement of the sacs around the testes) and elephantiasis of the penis and scrotum. Elephantiasis of the entire leg, the entire arm, the vulva, or the breast – swelling up to several times their normal size – can affect up to 10% of men and women in these communities.
Figure 1. African PRG: Geographic coverage* by country in 2003

Figure 2. American PRG - Geographic coverage* by country in 2003

Figure 3. Eastern Mediterranean PRG - Geographic coverage* by country in 2003

Figure 4. Indian subcontinent PRG - Geographic coverage* by country in 2003

Figure 5. Mekong-Plus PRG - Geographic coverage* by country in 2003

Figure 6. PacCARE PRG - Geographic coverage* by country in 2003

PARTNERS

The Global Alliance to Eliminate Lymphatic Filariasis is a coalition forged among many organizations, each with a different mandate but all having a common goal: to tackle the wide-ranging and complex process of science and practice that will result in the elimination of lymphatic filariasis. Partners of the Global Alliance are:

Ministries of Health of the 83 endemic countries; The World Bank Group; United Nations Children’s Fund (UNICEF); the World Health Organization (WHO); Binac, Inc., USA; Merck & Co., Inc., USA; GlaxoSmithKline, UK; Arab Fund for Economic and Social Development (AFESD), Kuwait; Bill and Melinda Gates Foundation, USA; Centers for Disease Control and Prevention (CDC), Atlanta, USA; Department for International Development (DfID), UK; Director General for Development Cooperation (DGCS), Italy; Japan International Cooperation Agency (JICA), Japan; Ministry of Health and Welfare, Japan; Ministère des Affaires sociales, de la Santé publique et de l’Environnement, Belgium; Ministerio de Sanidad y Consumo, Spain; Ministry of Health Welfare and Sport, The Netherlands; Amaury Coutinho, Brazil; Fondazione Franco Moschino, Italy; Handicap International; Health and Development International (HDI), Norway; Interchurch Medical Assistance (IMA), USA; International Foundation for Dermatology, UK; International Skin Care Nursing Group, UK; International Volunteers in Urology, USA; The Carter Center, Atlanta, USA; The Centers for Partnerships in Health, Australia; The Mectizan® Donation Program, USA; World Alliance for Community Health, Canada; Ain Shams University, Egypt; Bernhard Nocht Institute for Tropical Medicine, Germany; Chinese Academy of Preventive Medicine, China; Danish Bilharziasis Laboratory (DBL), Denmark; Institute for Medical Research (IMR), Malaysia; James Cook University, Australia; Lymphatic Filariasis Support Center, Emory University, USA; Lymphatic Filariasis Support Centre, Liverpool School of Tropical Medicine, UK; Michigan State University, USA; Notre Dame University, USA; Universidade Federal de Pernambuco, Brazil; Vector Control Research Centre (VCRC), Indian Council of Medical Research, India; Washington University in St. Louis - Barnes-Jewish Hospital, USA.

THE NEWSLETTER

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LF News is a publication of GAELF and is published quarterly by the Executive Group of the Global Alliance. Published data reflects information available at the time of print.

The editor welcomes articles of interest on public health and lymphatic filariasis for publication and suggestions of themes or issues that readers would like to see discussed or written about in LF News.

MEETINGS

23 – 27 August 2004
6th Annual Workshop on Lymphatic Filariasis Elimination in the Pacific
Apia, Samoa

9th – 10 September 2004
5th Meeting of the African Programme Review Group
Dar es Salaam, United Republic of Tanzania

26 – 30 September 2004
Refresher Workshop for Schistosomiasis/Soil-Transmitted Helminths - Lymphatic Filariasis Resource Persons in the African Region
Nairobi, Kenya

4 – 5 October 2004
6th Meeting of the Indian Subcontinent Programme Review Group
Colombo, Sri Lanka

7 – 8 October 2004
6th Meeting of the Mekong-Plus Programme Review Group
Kota Kinabalu, Malaysia

1 – 5 November 2004
Workshop for LF Disability Management and Prevention
Abuja, Nigeria

REDESIGN OF THE GAELF WEBSITE

Following consultation with several website designers, the website of the Global Alliance has been given a new look to convey a less “medical” image. The content has been expanded and is currently being updated in order to reflect the latest developments within the Global Alliance. New discussion fora have been created to encourage on-line collaboration and sharing of documents between users.

Dear Partners,

This fourth issue of LF News has been published with some delay due to the preparation of the Third Meeting of the Global Alliance to Eliminate Lymphatic Filariasis (GAELF). As you will see from the first article, the Alliance has been given a new structure and adjusting to this has also proved quite time-consuming. Exceptionally, this issue will consist of only four pages instead of the usual six.

This issue focuses on the new structure of GAELF and on the first page you will find an article written by Dr Yankum Dadzie, Chair of the newly-formed Executive Group providing information on this. In addition, this issue includes a report on GAELF3 and data on geographical coverage by regional programme review group for the year 2003.

LF News, Issue 4, has been printed in 3,000 copies and widely distributed in countries and regions. Electronic copies can be downloaded from the Global Alliance website at www.filaria.org and the html version has been e-mailed to several hundred people throughout the world.

Once again, your suggestions on themes and articles will be most welcome and may be sent via the website by clicking “Contact” in the upper right-hand corner on the home page of www.filaria.org.

The Editor

All comments and feedback on LF News should be sent to the Executive Group of GAELF: fax: + 44 (0)151 709 0354 e-mail: fahy@liv.ac.uk