The Executive PRG includes 23 countries. LF is well known to be a disabling endemic in three countries in the region: Egypt, Sudan and Yemen. Elimination of LF in Egypt, Oman, Pakistan, Saudi Arabia and Somalia is currently under way.

In these countries, LF is caused entirely by a filarial worm, *Wuchereria bancrofti*, and transmission occurs through infected mosquitoes belonging to the genus *Culex*. The number of infected individuals varies from country to country.

Armed forces serve as reagent and research entities in these countries. The number of infected individuals varies from 1 million to 3 million.

The programme depended on a well-developed IUSs and MDA programmes in endemic countries. The programme continued in these countries to form endemic elimination programmes.

In 2002, the second round of MDAs was carried out in Egypt and Sudan. During the programme, a new strategy was employed and the elimination of mass drug administration was chosen as the main strategy.

Consequently, 14 laboratories were set up to perform ICT tests, owing to the high incidence of the disease. The number of ICT cards used for elimination has been increasing in these areas.

Since the beginning of the programme, the disease has been controlled in endemic IUs. Lack of ICT cards and resources hindered the process, but the disease has been controlled in endemic areas.

In 2000, questionnaires were distributed to key informants and revealed that 13 out of 15 endemic IUs were endemic by ICT. However, due to a technical problem encountered at that time with ICT, it was not possible to get the ICT cards properly used in 3 out of 15 endemic areas.

In 2002, the third round of MDAs was carried out in Egypt, Sudan and Oman. The programme was designed to cover the whole of Egypt, Sudan and Oman. The programme was designed to cover the whole of Egypt, Sudan and Oman.

Oman has a population of approximately 250,000 people, of which 10% are infected. The number of ICT cards used for elimination has been increasing in Oman.

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The Newsletter of the Global Alliance to Eliminate Lymphatic Filariasis

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Egypt 2,731,644 2,547,143 93.2 100 100.0

To continually improve programme delivery
To set up an effective programme monitoring system
To improve the general health status of people with LF
To achieve high drug coverage
To reduce the suffering of people with LF
To use chemotherapy with ivermectin/DEC

The strategic objectives are therefore:

* To increase the coverage of mass drug administrations
* To reduce and ultimately eliminate transmission of lymphatic filariasis
* To diminish the impact of LF on the health and socio-economic life of affected communities

The global goal of the Global Alliance to Eliminate Lymphatic Filariasis (GAELF) is to eliminate LF as a public health problem by the year 2020.

The project is currently being implemented in the following countries:

Challenges

- Funding for the programme continues to be a major challenge, with donor support levels in high but often not translated into adequate levels for the implementation of competing health needs. Within the international community, there is special interest in malaria, TB and HIV/AIDS, but less interest in LF. There is a need to promote LF and other diseases "at the top of the agenda".

- A major challenge is to use the programme resources to reach the non-endemic regions. The resources available for mass drug administration are being used in programmes to control LF and other diseases. However, a specific funding strategy targeting the non-endemic countries of the world is required to ensure that resources are channelled to these regions.

- Achieving higher drug coverage rates in the target populations is another major challenge. Strategies for achieving high-coverage proportions ranging from 60% to 70% of the target population are being implemented in several countries. The rest of the programmes are covering the target population because of lack of resources. Only one country, Kenya, is making substantial progress towards achieving 100% coverage.

- Infrastructure and logistics continue to be major issues, but programmes are making progress in dealing with it at the community level.

In order to achieve the elimination goal, high drug coverage levels will be required in the entire programme within countries that have completed mapping. The elimination of LF will be substantially successful if the country programmes continue to be a major issue, but the country managers and programme directors must continue to deal with it at the community level.

In the active programme greater effort needs to be put in achieving and sustaining high drug coverage rates in all target areas. At each stage, the need is to be continuously reminded of the importance of high drug coverage levels at all levels as well as creating synergies with other programmes to ensure the benefits to the endemic communities.

John Coop, Chair of African PRG

Executive summary of the Communication Strategy of GAELF

The primary objective of the Communication Strategy is to mobilise the necessary financial and programmatic resources, including technical and human, that will be required to eliminate LF from all affected countries. It is also to foster a climate of acceptance and support for the global elimination of LF as an important health priority.

The Global Alliance to Eliminate Lymphatic Filariasis (GAELF) is working closely with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to ensure that the eliminating LF programme is included in the eligible activities and that resources are channelled towards its implementation.

Conclusions

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has recently called for proposals to support national programmes to eliminate LF as a public health problem. The GFATM is seeking proposals that address the following: (i) creation and utilisation of innovative funding mechanisms; and (ii) management and sustainability of national programmes in the medium and long term.

A full report of how they achieved success will be presented to the 2nd regional meeting of the PRGs (coming up in October 2003). The report will highlight why they have been successful in applying to the Global Fund and what makes a good programme.

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Progress on the Elimination of LF in African PRG

Effective programme delivery must continue to maintain the high-level control programmes of adequate resources and also because it is difficult and impractical to eliminate LF independently combined with the MDAs programme. Pilot activities have been initiated in Benin, Ghana, Malawi and Uganda. The Malawi programme has completed Phase 1, and is under review. The mapping activity has been conducted in 17 or 18, for the assertion to be made that the LF programme is carried out in the following African PRG countries.

MADA

The strategic objectives are therefore:

1. To improve the current health status of people affected with LF and, in the long term, an important element in the economic status, thereby contributing to national productive life. Improving the health status of the affected population is an important strategy for disease elimination as a public health intervention, serves as a vehicle for promoting general health care.

2. To reduce and ultimately interrupt transmission of LF by drug administration (MDA) programmes to ensure short and long term elimination programmes are carried out through the provision of ivermectin or DEC.

3. To address the suffering of people with lymphatic filariasis and its sequelae, as well as the health-related costs of LF and other diseases associated with the LF programme.

4. To continue to develop the LF elimination programme.

Impact of MADA

Assessment of the impact of MADA is an important part of the efforts to ensure the LF programme continues to be financially sustainable and growth-oriented. The assessment of the impact of MADA is primarily focused on the reduction of clinical morbidity and mortality, as well as the economic burden of LF. The impact of MADA is assessed by various indicators, including the reduction in the prevalence of LF, the reduction in the number of cases of lymphatic filariasis, the reduction in the number of cases of hydrocele and elephantiasis, and the reduction in the number of cases of clinical filariasis.

Mapping

It is estimated that some 400,000 people are at risk of LF in the African Region and that more than 10 million people are at risk of LF in the African Region. In the case of the African PRG countries, the mapping activity has been conducted in 17 or 18, for the assertion to be made that the LF programme is carried out in the following African PRG countries.

The exact distribution of the disease within the endemic countries in the sub-region can be estimated as follows. Mapping the geographical distribution of LF is an essential step in our elimination goal of 2005. As stated above, 60% of the affected cases have been completed, and an iodo-125 isotope has been concurrently injected. In some cases, the mapping has been conducted in 17 or 18, for the assertion to be made that the LF programme is carried out in the following African PRG countries.

African PRG countries

Four countries: Kenya, Nigeria, Togo and Zimbabwe.

Registration of LF-affected countries in 2003: A national task force was initiated in 2003 in the African states of Benin, Burkina Faso, Cote d'Ivoire and Togo. These states have been involved in the project from the beginning, and the following countries are covered by registrations for the year 2003:

- Benin: 62.4% of the population was registered for the LF programme.
- Burkina Faso: 59.1% of the population was registered for the LF programme.
- Cote d'Ivoire: 65.8% of the population was registered for the LF programme.
- Togo: 73.1% of the population was registered for the LF programme.

In addition, a small number of countries have not yet registered for the LF programme, but are planning to do so in the near future.

Additional information is available in the report of the Global Alliance to Eliminate Lymphatic Filariasis (GAEFL), which can be downloaded from the GAEFL website. The report provides detailed information on the progress of the LF programme in each country, including the number of registered cases, the number of cases identified, and the number of cases treated.

John Coopman, Chair of African PRG

The global eradication of LF is a major cause of morbidity and is one of the major goals for eradication in Africa. The disease has grown since its introduction in the 19th century and is a leading cause of morbidity and mortality in many African countries. The disease has been a major priority for the Global Alliance to Eliminate Lymphatic Filariasis (GAEFL), which was established in 2000. The Alliance aims to eliminate LF by 2020 and contribute to national development in Africa.
**Progress on the elimination of LF in African PRG**

The strategic objectives are therefore:

- To improve the global health status of people living with LF and lymphedema and thereby reduce the burden of the disease.
- To reduce and ultimately interrupt transmission of LF through the provision of insecticidal spraying.
- To allow the suffering of people with LF and lymphedema to use hygiene and by use of specific medical care.
- To set up an effective programme review system to assess the progress of the programme and the living of LF patients as a major public health and poverty-related problem.
- To develop and develop a programme that can be continued and have a continue.

**Impact of MDA**

Assessment of the impact of MDA is a major part of the elimination strategy. In the past, the number of cases of LF and lymphedema has not been accurate, and the impact of MDA can be assessed by calculating the ratio of cases before and after MDA. However, in recent years, the impact of MDA has been assessed by calculating the number of cases before and after MDA.

**Mapping**

- It is estimated that some 400,000 people are at risk of LF in sub-Saharan Africa, and the risk is mainly in the tropical and subtropical areas.
- MDA coverage of less than 50% is the threshold for elimination of LF.
- The exact distribution of the disease within one or two endemic countries in the sub-Saharan region is not clear. Mapping the geographical distribution of the disease is necessary for our estimation of LF.

**Morbidity control**

Morbidity control remains one of the least-cost LF programmes. The impact of MDA on morbidity reduction is not well understood. However, the impact of MDA on morbidity reduction is not well understood, and the impact of MDA on morbidity reduction is not well understood.

**Drug coverage (%)**

- The drug coverage is calculated as a proportion of people who have received all the drugs used in the programme.
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**Challenges**

- Funding for the programme continues to be a major challenge. The programme has been unable to reduce morbidity and mortality levels in high-risk areas, but it has not been translated into the elimination of LF.
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**Conclusion**

Ineffective drug coverage to countries to identify any programme that might be effective because of the potential drug-resistance trends in various countries. The rapid mapping of the programme process allows for the identification of areas where morbidities before any programme can be initiated. Sustaining the intervention of the elimination programme can be achieved through the involvement of the target audience. Involving the target audience in the programme can be achieved through the involvement of the target audience. Involving the target audience in the programme can be achieved through the involvement of the target audience.
The Newsletter of the Global Alliance to Eliminate Lymphatic Filariasis

The Eastern Mediterranean PRG

In the newsletter, it is mentioned that the Eastern Mediterranean PRG includes 23 countries, which is unstated elsewhere.

The newsletter also contains information on the current status of LF elimination in the Eastern Mediterranean PRG:

- **Egypt**: The population of Egypt is estimated at 92.6 million inhabitants, of which 26.3% are expatriates. Many of the expatriates come to work in the construction sector and do not have access to LF treatment.
- **India**: Over the past decade, 15 LF cases were reported to have ingested the drug. In 2002, health authorities in Oman carried out two rounds of MDA targeting expatriates. The Ministry of Health of the 80 endemic countries; Ministries of Health of the 80 endemic countries; Ministries of Health of the 80 endemic countries; Indo-Pakistani and Afghan Border Counties, which provides greater detail of the activities of the EG, have been circulated. The EG believes that the communication strategy needs to be refined and adapted to the local context. The Eastern Mediterranean PRG includes 23 countries, which is unstated elsewhere. The newsletter also contains information on the current status of LF elimination in the Eastern Mediterranean PRG:

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The Eastern Mediterranean PRG includes 23 countries. LF is well known to be a public health concern in the region; Egypt, Sudan and Yemen were among the first LF situations to be reported. However, the prevalence of LF in the region is still precarious and remains a concern.

LF is considered a problem of utmost priority in the region and is currently the main focus of attention given the need to eliminate the disease and the potential risks associated with it. The dissemination of LF information in the region is crucial to improve public awareness and ensure the success of the elimination programs. The role of the Eastern Mediterranean PRG is to coordinate and support the efforts of the countries in the region to eliminate LF.

The PRG has organized several meetings and workshops to discuss the progress of LF elimination programs in the region. The latest meeting of the PRG was held in Cairo, Egypt, on 23-25 March 2004. The meeting was attended by representatives of the countries in the region and other stakeholders.

The meeting focused on reviewing the progress of LF elimination programs in the region and identifying challenges and opportunities for future action. The meeting also discussed the need for strengthened collaboration and coordination among the countries in the region to ensure the success of the LF elimination programs.

The PRG is committed to working closely with the countries in the region and other stakeholders to achieve the goal of LF elimination in the Eastern Mediterranean region. The PRG is also committed to ensuring that the lessons learned from the LF elimination programs in the region are shared with other countries to support their efforts in LF elimination.

LF elimination in the Eastern Mediterranean PRG

LF News is a publication of GAELF and is published four times a year. It contains updates from the Chair of the Eastern Mediterranean PRG, updates from the Africa PRG, updates from the Americas PRG, and updates from the Indian Ocean PRG. The issue also features a section for Partner Notes, which includes updates from partners and organizations working in LF elimination.

The newsletter is a valuable resource for those interested in LF elimination, providing up-to-date information on the progress of LF elimination programs worldwide. It is a platform for the sharing of knowledge and best practices among the partners in the Global Alliance to Eliminate Lymphatic Filariasis (GAELF).

The newsletter is available online at www.filariasis.org. It is also available in printed form, with copies distributed to partners and organizations working in LF elimination. The newsletter is also available in Arabic, French, and Spanish.

The newsletter is an important tool for the dissemination of information on LF elimination and is used to communicate the progress of LF elimination programs worldwide. It is a platform for the sharing of knowledge and best practices among the partners in the Global Alliance to Eliminate Lymphatic Filariasis (GAELF).