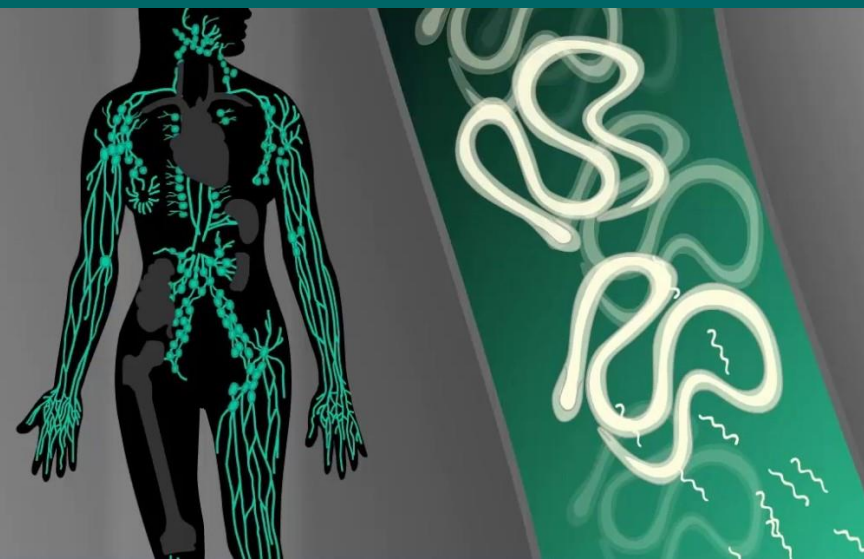


Date: 25 August, 2019



1. Elimination of lymphatic filariasis still a challenge for Indian healthcare policy makers

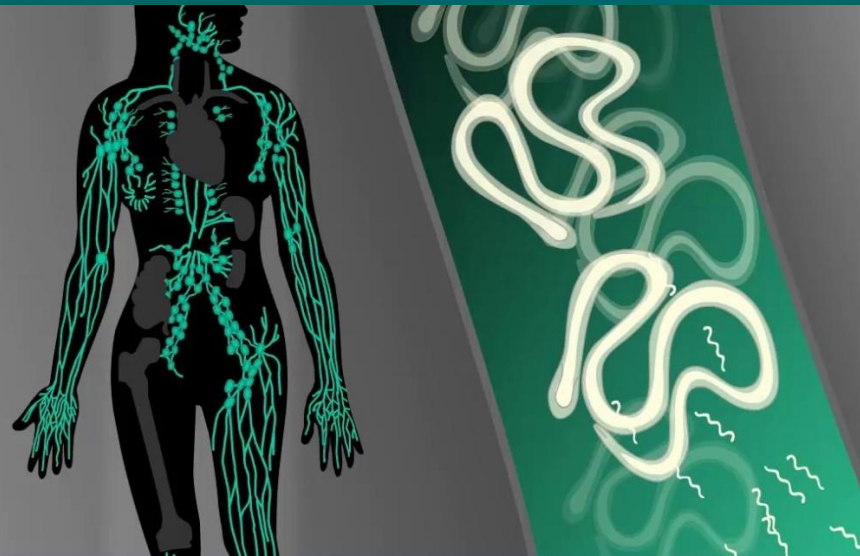
- What is lymphatic filariasis? What is the need for India to contain the lymphatic filariasis?
- How did WHO respond to eliminate lymphatic filariasis?
- How did WHO respond to eliminate lymphatic filariasis?
- What measures did government of India take to tackle this disease?

GS paper 2 (Issues related to health, education and human resources)



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Date: 25 August, 2019



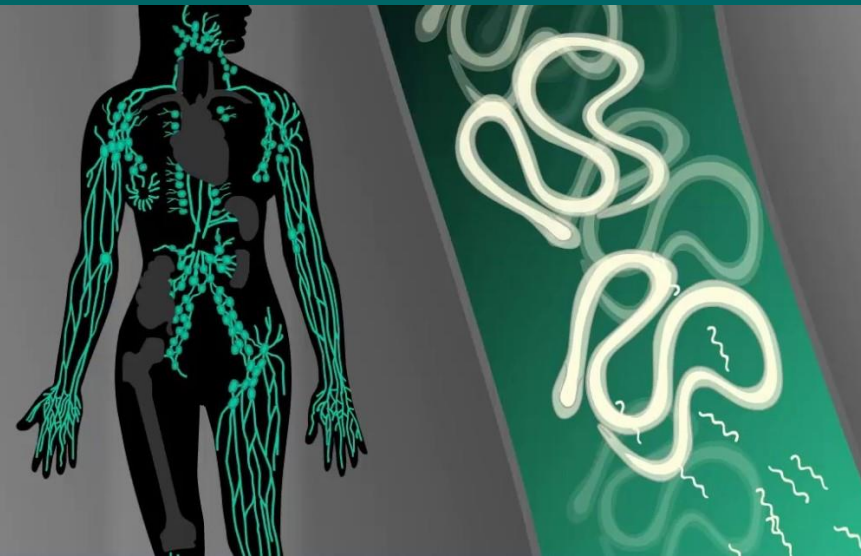
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In this video, you can find detailed answers for all the above questions.

The above article has been retrieved from:

Afshan YasmeeenBengaluru. (2019, August , 24). Elimination of lymphatic filariasis still a challenge. The Hindu. Retrieved from

<https://www.thehindu.com/news/cities/bangalore/elimination-of-lymphatic-filariasis-still-a-challenge/article29215493.ece>



What is the context about?



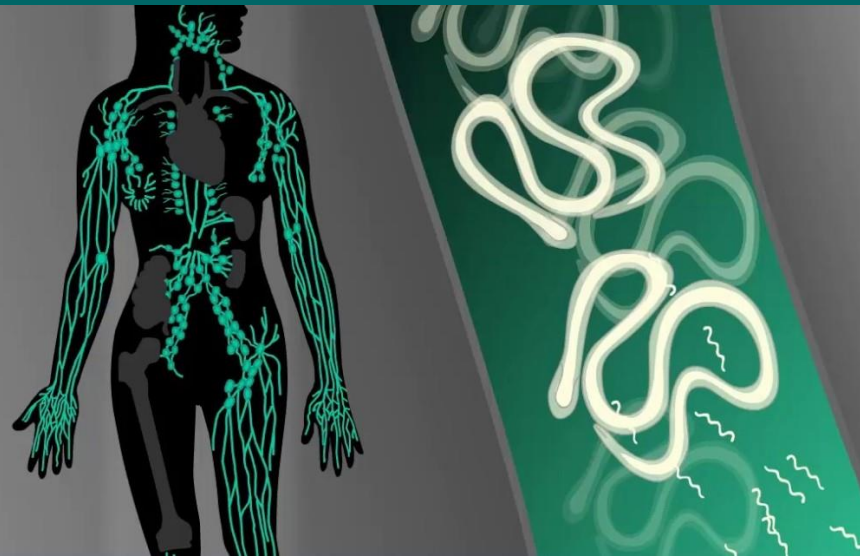
Vector-borne diseases have gained significance in recent years with several States reporting a surge in malaria, dengue, chikungunya, etc., year after year.



Not many know that lymphatic filariasis is another preventable vector-borne disease that needs to be tackled effectively to meet the Health Ministry's target of eliminating it in India by 2020.



According to Indian Council of Medical Research (ICMR), India still has over 2.3 crore people suffering with lifelong disability due to lymphatic filariasis (LF).



What is lymphatic filariasis?



Lymphatic filariasis, commonly known as elephantiasis, is a neglected tropical disease. Infection occurs when filarial parasites are transmitted to humans through mosquitoes.



Infection is usually acquired in childhood causing hidden damage to the lymphatic system.



The painful and disfiguring visible manifestations of the disease, lymphoedema, elephantiasis and scrotal swelling (hydrocele) occur later in life and can lead to permanent disability. These patients are not only physically disabled, but suffer mental, social and financial losses contributing to stigma and poverty.

What is the need for India to contain the lymphatic filariasis?



Over 40% of worldwide cases are found in India and to eradicate the disease a concerted effort is needed.



Presently, India has 256 endemic districts across 16 States and five Union Territories including nine endemic districts in Karnataka. According to Indian Council of Medical Research (ICMR), India still has over 2.3 crore people suffering with lifelong disability due to lymphatic filariasis (LF).



Having missed the deadline 2015 and 2017, in June 2018, India renewed its commitment towards achieving the global LF elimination goal of 2020 with the launch of Accelerated Plan for Elimination of LF (APELFF).



How did WHO respond to eliminate lymphatic filariasis?

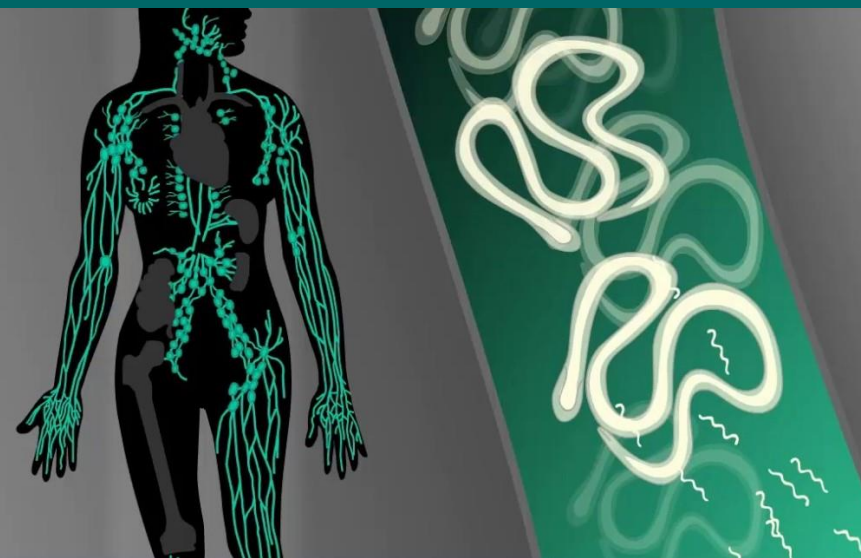


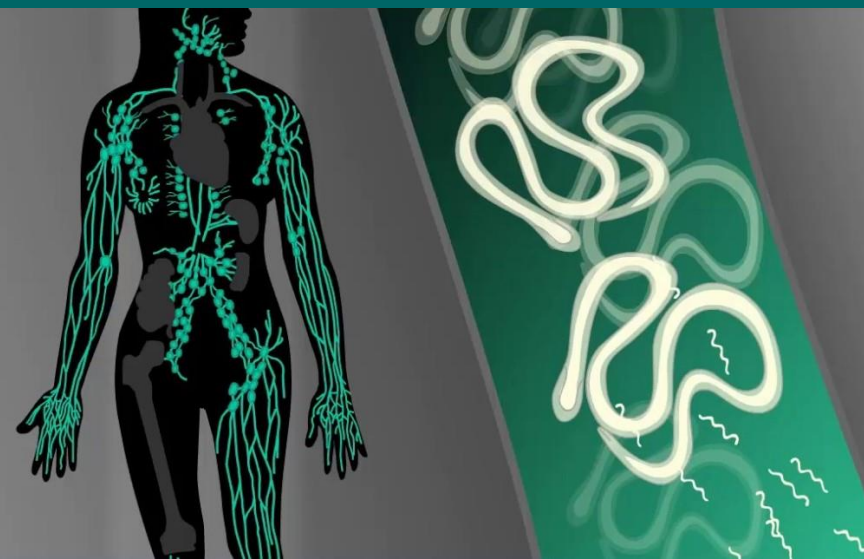
To eliminate lymphatic filariasis as a public health problem; in 2000, Global Programme to Eliminate Lymphatic Filariasis (GPELF) was launched. In 2012, the WHO neglected tropical diseases roadmap reconfirmed the target date for achieving elimination by 2020.



WHO's strategy is based on 2 key components:

- ✓ stopping the spread of infection through large-scale annual treatment of all eligible people in an area or region where infection is present; and
- ✓ Alleviating the suffering caused by lymphatic filariasis through provision of the recommended basic package of care.





What measures did government of India take to tackle this disease?



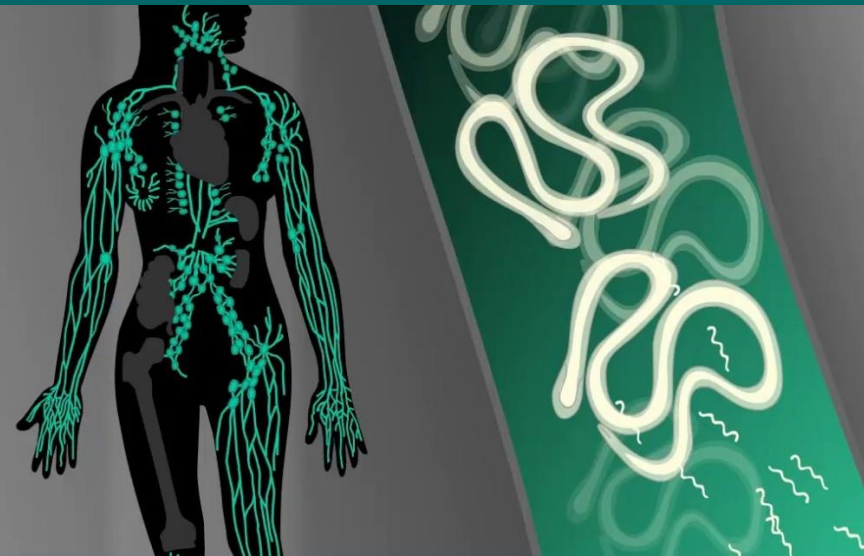
In 2004, the Government of India launched the National Programme for Elimination of LF with the adoption of the globally-recognised Mass Drug Administration (MDA), using a combination of two drugs – diethylcarbamazine (DEC) and Albendazole (ABZ).



In June 2018, India renewed its commitment towards achieving the global LF elimination goal of 2020 with the launch of Accelerated Plan for Elimination of LF (APELFF).



Under APELFF, the government introduced the WHO-recommended Triple Drug Therapy (TDT) also known as Ivermectin, DEC and ABZ (IDA) that is more effective than the previous two-drug regime.



What is Triple drug therapy?



The treatment, known as IDA, involves a combination of ivermectin, diethylcarbamazine citrate and albendazole. It is being recommended annually in settings where its use is expected to have the greatest impact.



The third drug being used in this therapy will help control adult worms of lymphatic filariasis. Micro filariasis, which is produced by adult worms, is the cause of swollen leg. Previously the adult worms were sterilized by drugs and remained inactive for a year. Now that period will increase to two years.



The plan is to administer these drugs for two consecutive years. The life of the adult worm is hardly four years, so it would die a natural death without causing any harm to the person.