



In the Name of God, the Compassionate, the Merciful

Opening remarks

to the

**SEVENTH REGIONAL PROGRAMME REVIEW MEETING ON LYMPHATIC
FILARIASIS ELIMINATION**

Egypt, Cairo, Egypt, 27–28 February 2008

Dear Colleagues,

It gives me great pleasure to welcome you all to the seventh meeting of the Regional Programme Review Group on Lymphatic Filariasis Elimination. The primary objective of the meeting is to review the progress in the implementation of the national plans on lymphatic filariasis elimination during 2007 and to discuss plans of actions for 2008. The meeting will also provide a good opportunity to discuss the progress in achieving the regional target of eliminating lymphatic filariasis in endemic countries of the Eastern Mediterranean Region by 2015, and to update knowledge on the current status of activities for the global elimination of lymphatic filariasis.

As we well know, lymphatic filariasis is endemic in three countries of the Eastern Mediterranean Region, namely Egypt, Sudan and Yemen. Major success has been achieved in Egypt. Mass drug administration (MDA) has been stopped after five annual rounds in the majority of endemic villages where evaluation surveys, according to the current guidelines, confirmed interruption of lymphatic filariasis transmission. However, MDA is being continued in certain hot-spot areas and in villages where four or less rounds of MDA were completed. The group should discuss operational challenges in hot-spot areas and suggest solutions/recommendations. The programme should consider implementing post-MDA surveillance in the villages where MDA has been stopped and also in other areas where microfilaremia prevalence is below 1%.

Yemen has reached the turning point, having completed five annual rounds of MDA with high coverage of endemic populations. Early indications showed that mainland Yemen is on the verge of eliminating lymphatic filariasis. Post-MDA surveillance will play an important role in verifying that lymphatic filariasis transmission has been interrupted.

Sudan represents the endemic country of the Region with the largest at-risk population. Mapping of lymphatic filariasis endemic areas is still in progress in Sudan. So far, mapping exercises in the northern states indicated that 12 states are at least partially endemic. Available information indicates that the disease may be endemic in all the ten states of southern Sudan. This should be confirmed by mapping surveys. Strategies to integrate MDA for lymphatic filariasis with control of other neglected tropical diseases will need to be explored. Combat of neglected tropical diseases is a great challenge in Sudan; these diseases promote poverty, stigmatize individuals and cause disability, often preventing people from being able to care for themselves or their families.

I would like to take this opportunity to acknowledge the participation of representatives from our nongovernmental organization partners and donors. The medicines for effective prevention and treatment of lymphatic filariasis were made available to the national programmes free of charge, thanks to the commitment and generous donation of the medicines by major pharmaceutical companies (GlaxoSmithKline & Merck). Action in southern Sudan by Malaria Consortium Africa will help to scale up and accelerate lymphatic filariasis elimination activities.

In conclusion, I would like to thank all of you for attending this meeting and wish you successful and fruitful deliberations and practical decisions, and a pleasant stay in Cairo.