

National Filariasis Elimination Program

Filariasis is a major parasitic infection, which continues to be a public health problem in the Philippines. It is the second leading cause of permanent and long-term disability. A control program was created in 1963 and was placed under the Communicable Disease Control Service in 1987 under E.O. 119. It is one of the vertical programs of the Department of Health, which is being implemented through the Filariasis Control Units in Region 5, 8 and 11. In other endemic areas without Filariasis Control Units, the program is implemented by the designated personnel from the Center for Health Development. It was only in 1996, that the program was given a separate budget. Its objective is to eliminate filariasis, in line with the World Health Organization call for global elimination of filariasis as a public health problem. Preparatory activities on elimination started in 1998 such as determining the real magnitude of the problem through Endemic Mapping, field testing of the new rapid assessment diagnostic method, the Immunochromatographic test for filariasis, pilot testing of the new treatment strategy using Mass Annual Treatment with combination drugs, Diethylcarbamazine Citrate and Albendazole and creation of the National Advisory Group for Filariasis. The Mass Annual Treatment of all established endemic municipalities started in 2000 and is ongoing. The Mass Treatment scheme is integrated with other programs such as the Soil Transmitted Helminthiasis and the Schistosomiasis Control Programs.

Target Population/Clients:

Individuals, families and communities living in endemic municipalities in 13 regions except Region 2, 6 and NCR.

Area of Coverage:

Forty-eight (48) provinces in regions 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, CARAGA, ARMM and CAR.

Mandate:

A.O. No. 25-A

Program Vision:

Healthy and productive individuals and families

Mission:

Universal access to quality health services

Program Objectives:

General Objective: To reduce the Prevalence Rate to <1/1,000 population

Specific Objectives:

1. To establish the endemicity of municipalities at the end of two years.
2. To perform Mass Treatment in established endemic municipalities for at least four years.
3. To continue surveillance of established endemic areas five years after Mass treatment.

Key Result Areas (KRAs)

1. Institution of Rapid assessment in the diagnosis of filariasis
2. Mapping of endemic municipalities
3. Prevention, control and elimination of filariasis using the Mass Annual Treatment scheme with Diethylcarbamazine Citrate and Albendazole in all established endemic municipalities
4. Integration with other parasitic control programs
5. Build-up the capabilities of the field healthworkers in the implementation of the Filariasis Elimination Program
6. Improved efficiency of the National Filariasis Elimination Program

M. PROGRAM STRATEGIES

1. Mapping of endemic areas using Rapid Assessment Methods
2. Advocacy and Capability building through training and establishment of Family Support System
3. Mass Treatment using Diethylcarbamazine Citrate and Albendazole
4. Support Control strategies which includes Morbidity and vector control
5. Monitoring of process indicators

N. PROGRAM COMPONENTS

1. Mapping of Endemic areas
2. Capability building
3. Mass Treatment
4. Integration with other parasitic control programs
5. Support Control Strategies
6. Monitoring and Supervision
7. Evaluation
8. National Certification of Elimination
9. International Certification of Elimination

O. MAJOR ACTIVITIES

1. Endemic Mapping
2. Mass Treatment
3. Integration with other parasitic control programs

P. Collaborating Centers

1. Collaborating Center for Helminthiasis in CHD 8

Q. Other Partners

1. Endemic LGUs
2. Academes (UST & UP-CPH)
3. OTher GOs (UP-NIH and RITM)
4. WHO
5. NGOs (Christian Mobile Medical Service and Teknotropheo, Inc)

Source: Department of Health | Republic of the Philippines