

Global alliance launches plan to eliminate lymphatic filariasis

Gavin Yamey *BMJ*

The World Health Organisation (WHO), in collaboration with other international agencies in the public and private sector, launched a global campaign last week to eliminate lymphatic filariasis by the year 2020. The disease affects 120 million people in 80 countries, and one billion people are at risk of infection in tropical regions (*Bulletin of the WHO* 1997;75:491-503).

In 1993 the International Task Force for Disease Eradication identified lymphatic filariasis as one of six infectious diseases that it would be possible to eliminate. It was chosen because of advances in diagnosing and treating the disease and in controlling its transmission.

The disease is caused by the parasitic filarial worms *Wuchereria bancrofti* and *Brugia malayi*. Each adult worm lives for 4-6 years in the lymphatic system, and female worms release microfilariae into the bloodstream.

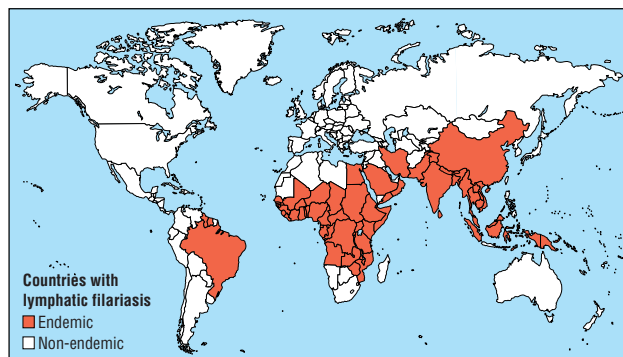
Transmission occurs when a mosquito bites an infected human, picking up the microfi-

lariae, which develop into larvae. The larvae migrate to the mosquito's mouth, and, when it bites another human, they enter the bloodstream.

The adult filariae lodge in the lymphatic system causing debilitating lymphoedema. Secondary bacterial infection can cause hardening and thickening of the skin, known as elephantiasis. In endemic communities, up to 50% of men experience genital damage, particularly hydrocele. One in 10 men and women in these communities have elephantiasis of the leg, arm, vulva, or breast.

The global eradication programme aims to break the cycle of transmission of the disease between mosquitoes and humans. Populations in endemic regions will be treated once a year for 4-6 years with a single dose of two antifilarial drugs—albendazole plus either ivermectin or diethylcarbamazine. The drugs are being donated by the pharmaceutical companies SmithKline Beecham and Merck.

Nigeria, Egypt, and Samoa will be the first three countries to



More than 100 million people worldwide have lymphatic filariasis

benefit from the drug programme, which will start this month. Other endemic countries will be targeted later this year.

For people who already have the disease, a supplementary educational programme will teach people symptomatic treatments of proved benefit. These include limb exercises and regular washing with soap and water.

The World Bank will work with the WHO to monitor the socioeconomic impact of the eradication programme. Dr David Heymann, executive director of the Communicable Disease Cluster at the WHO, said: "Endemic countries are the poor countries of the South.

There is an unequal burden of the disease, which is an obstacle to economic development."

Dr John Gyapong, deputy director of the national research unit in Ghana, welcomed the programme's launch, but warned that "the greatest difficulty will be how you get the drugs to the remotest villages and communities."

The UK government's Department for International Development is donating £3m (\$4.8) towards the programme, including £1.3m to establish a lymphatic filariasis support centre at the Liverpool School of Tropical Medicine. □

Details of the WHO's programme are at www.filaria.org/index.shtml.

Trust accused of racism in awarding payments

Jacqui Wise *London*

Plymouth Hospitals NHS Trust has admitted that its procedures for the allocation of discretionary payments may be flawed after two senior consultants took the trust to an employment tribunal alleging racial discrimination.

Plymouth Hospitals NHS Trust agreed a settlement with orthopaedic surgeon Maher Halawa and neurosurgeon Jagdev Mohan after the tribunal had sat for four days.

Evidence presented during the tribunal suggested that the trust's process of giving awards was subjective and smacked of

racism. Both Mr Halawa and Mr Mohan were at the top of the consultant pay scale and had been practising for over 20 years, yet neither had received any discretionary payments.

Discretionary payments replaced C merit awards in 1996 and are allocated by the local trust management for "above average contribution in respect to service to patients, teaching, research and management of the service."

The payments are on a five point scale and are worth up to an extra £12 320 a year (\$19 712). They are seen as the pathway to higher merit awards that are worth up to £58 500 a year.

Normally the written applications for these discretionary payments are kept secret, but solicitors representing Mr Halawa and Mr Mohan obtained them from the trust with a subpoena. Dr Aneez Esmail, head of the school of primary care at the

University of Manchester, gave evidence at the tribunal detailing how he marked the anonymous applications using the trust's own criteria.

Dr Esmail said it was obvious from the applications that Plymouth Hospitals NHS Trust was not following any objective criteria when giving these awards.

"I was appalled at the huge variation in the applications. Some people had been awarded payments on the basis of very poor applications; many of them looked like they had been written the night before."

Dr Sam Everington, vice president of the Medical Practitioners Union, who also gave evidence at the tribunal, said that the South and West region has the lowest percentage of doctors from ethnic minorities in the country, which suggested that racial discrimination was at work.

Plymouth Hospitals NHS Trust employed 19% of regis-

trars from ethnic minorities, compared with a national average of 41%. Only 6% of consultants were from ethnic minorities, compared with a national average of 16%.

Between 1996 and 1999 Plymouth Hospitals NHS Trust awarded 104 discretionary points to consultants, yet none went to doctors from ethnic minorities.

Dr Everington said that merit awards were awarded in a totally unscientific way without any attempt to ensure robustness, yet they could add up to £0.5m in pensionable income over a consultant's working life. "This is not an acceptable use of NHS funds," said Dr Everington.

After the tribunal the trust acknowledged that its allocation procedures "may be flawed."

Dr Esmail and Dr Everington have published research showing that a doctor is three times less likely to get a merit award if he is from an ethnic minority (*BMJ* 1998;316:193-5). □