

# Puskesmas ready to combat filariasis in endemic regions

*Regencies/cities vary in terms of conducting mass drug administration (MDA) for filariasis but raising awareness among the people about the importance of taking anti-filariasis measures remains a major challenge.*

October 1 will mark the start of *pemberian obat massal pencegahan* (POMP) or nationwide mass drug administration (MDA) for lymphatic filariasis, known locally as *kaki gajah*, with more than 100 million people residing in endemic regions expected to be the target of the disease-prevention drive.

Dubbed the first and the biggest-ever POMP for filariasis to be held in the country and even in Southeast Asia, the event will cover as many as 241 endemic regencies/cities across the archipelago.

On an individual regency/mayorality basis, however, this is not the first attempt to combat filariasis through POMP. Regencies vary in terms of moves to tackle the spread of the disease through POMP, with the finding of an infected person being the driving force for the activity.

In several regencies, the spread of filariasis is considered high. In Batanghari Regency, Jambi province, the number of filariasis patients amounted to 75 persons as of July 2014.

Rokan Hilir regency has been included as one of the endemic regencies in Riau province as, based on the latest survey, as many as 42 chronic filariasis patients have been detected, of whom 23 reside in Pasir Limau Kapas district. Others live in Rima Melintang, Bangko Pusako, Kubu and Tanah Putih Tanjung Melawan districts.

To cope with the spread of the disease, local governments have conducted POMP activities in the

five districts, with the next one, due in early October, being its fourth.

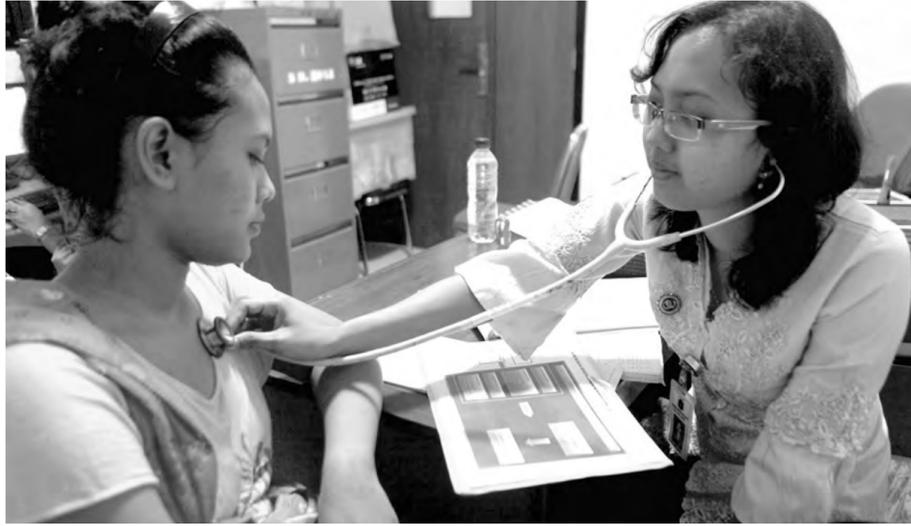
Preparation for the MDA has been made by Puskesmas (community health center) Panipahan in Palika district. Local Puskesmas will train dozens of staff members of Posyandu (community-based health care centers), who will spearhead the move into hinterland villages, on Sept. 14.

"Research Triangle Institute [RTI] and a USAID team from Jakarta will attend the upcoming training session," Puskesmas Panipahan head Dr. Netty Juliana told *The Jakarta Post* in a phone interview.

Surveys on filariasis patients have been conducted by direct visits to residents' homes and under the plan all patients are expected to present at the Posyandu staff training. "We have informed all of them of this and we will bear the cost of their travel to the district capital. Most of them live in remote areas, with some of them taking three hours by boat. We will also cover their accommodation costs during the training," she said.

"It will be the first time to invite patients to attend the training sessions, because in this way a team from Jakarta will be able to meet directly with the patients so they will believe in the validity of our data," said Netty.

Rokan Hilir head office has sent five kinds of medicines plus vitamins for filariasis patients. Eighty percent of the estimated 40,000 people are targeted to take part in the filariasis



JP/Seto Wardhana

**Health check:** A Puskesmas employee in Jakarta checks the health of a resident to discover if she is infected with filariasis or not.

prevention drive.

"Aside from the potentially at-risk people representing 20 percent of the population, all will be obliged to take the anti-filariasis medicines. When a filariasis case is found, other people in surrounding areas will be potentially at risk of being infected. The vector is mosquitoes. Any kind of mosquitoes can spread the disease," she said.

The POMP will be conducted simultaneously in the local government-owned health centers and Posyandu. "Special mobile teams from Puskesmas will make home visits door-to-door because, based on previous experience, not all residents or patients are willing to come to Posyandu. We have to trace directly on the spot," she said.

"All will have to take the medicine, be they patients or not.

None will be missed, except for those that have a medicinal risk. If not we will never isolate filariasis patients," she remarked.

According to her, four patients have been cured because they were treated earlier prior to the permanent swelling of their body parts as a result of the disease. "They no longer have the complaint. Usually they feel itching throughout their body," she said.

"The permanent swelling will never go down or return to the original condition despite his or her recovery. The medicines that they take will only kill the microfilaria in the blood, leaving the patients unable to infect others," she said.

According to her, someone infected by filariasis may be disabled by the permanent swelling. "It has an incubation term of

between five and 10 years. The initial clinical systems are feverish, pains in the thighs, with legs feeling hot and floppy [...] that's the symptom of filariasis," she said.

POMP should be conducted with extra patience because not all residents are willing to take the medicines despite them being given for free and taken only once a year, she said.

Another challenge facing Puskesmas staff in coping with filariasis is geographical-related hurdles in remote areas when engaging in home visits. "It is not easy to visit patients in Sipasir village, especially at times of high seas. Our boat has to wait until the water level is lower first to travel to the destination. It takes weeks for the staff to wait until the level is low," she said.

She said that there was no problem pertaining to the supply of medicines. "The problem we have found is related to getting staff to attend the training and logistics due to limited funds, where they have to struggle hard to distribute medicines to the people, especially when having to conduct door-to-door medicine distribution, which costs extra," she said, adding, "Budgets should be adjusted to the location as transportation costs in a coastal area are commonly higher than on land."

## Side effects

Meanwhile, head of Puskesmas Limo in Depok, West Java, Elsi, is of the view that raising awareness about the importance of taking anti-filariasis medicines to the people is the major challenge facing the health center staff in running the POMP.

Each resident has his or her own level of awareness about the disease, with many feeling somewhat reluctant to take the anti-filariasis medicines. "Initially some were afraid of the side effects of taking the medicines but after thorough explanation, they finally were willing to take the medicine. We also provide special medicines that will heal the headaches, nausea and drowsiness side effects of taking the anti-filariasis medicines," she told *The Post*.

Depok mayorality has seen as many as 40 persons disabled, with their legs swollen due to filariasis. The patients reside in filariasis-prone districts, namely Limo, Cinere and Tapos.

Local government has launched the MDA for filariasis for five years in a row, with the most recent one on December 6, 2014 in its efforts to curb the spread of the disease. **(Rizal Harahap and Sudibyo M. Wiradji)**

# Partnership crucial to filariasis elimination program

*Indonesia is currently pursuing a status to be a filariasis-free country by 2020. In achieving the goal, the government is collaborating with many parties, including WHO and PT Eisai Indonesia, that deliver DEC tablets to support the upcoming Filariasis Elimination program.*

Enlargement of leg, arm or other body parts is the visible manifestation of Lymphatic Filariasis, which is locally known as *kaki gajah*.

Certainly, filariasis patients feel uncomfortable with the look of unwanted swelling of their body parts, which resemble those of an elephant. The disease also makes them experience pain, be severely disabled and suffer from social stigma.

Denny, a filariasis patients from Tasik Malaya, West Java, for example, admitted in a video interview recently that his swollen leg has made him shy about meeting people.

Young Wahyu, another filariasis patient, lost his self-confidence after learning that his left leg would gradually enlarge to about five times bigger than the original size, leading him to drop out of his elementary school.

Not only do young people contract the disease, but also elderly people. Infected *Ibu Fatimah* is compelled to live alone in her old age.

She shares her thoughts and feeling to the visiting staff of a drug manufacturer, expressing her hope that medicines would be developed to cure her leg, not only for her, but also for other filariasis patients.

Denny, Wahyu and Fatimah are among those whose quality of life is severely affected because of the unwanted infection of filariasis and with more spots in the country considered endemic, the number of Indonesians potentially at risk of being infected by the infectious disease is expected to be on the rise.

Recent data at the Directorate General of Disease Control and Environmental Health at the Health Ministry has shown that as of July 2014, the number of chronic filariasis patients reached 14,932.

The data also showed that more than 100 million Indonesian

people are potentially at risk of being infected by the disease, with potential economic losses reaching Rp 13 trillion if preventive actions are not taken.

WHO data shows that globally, 1.23 billion people in 58 countries worldwide, or more than 15 percent of the global population, are at risk of filariasis.

Of that number, about 40 million have disfigured body parts hindering the infected people from doing work. "The affected persons lost income and the families lose more money for treating the affected persons," WHO says.

Of the 1.3 billion people globally at risk of filariasis, 871 million reside in the Southeast Asia region (SEAR), which includes the nine endemic countries of WHO SEARO. Indonesia has the second biggest population at risk of getting filariasis, with around 100 million, after India with 489 million.

WHO statistics in 2013 showed that the Indonesian population requiring the mass drug administration for Lymphatic Filariasis reached 99,704,027, with geographical coverage reaching 46.7 percent. The reported number of people treated was 24,425,649 and the national coverage 24.5 percent.

Lymphatic Filariasis is a contagious annual disease caused by three species of thread-like nematode worm, known as *filariae* - *Wuchereria bancrofti*, *Brugia malayi* and *Brugia timori* - and is transmitted by mosquitoes.

The disease can last for years and, if not treated properly, may cause permanent disabilities to limbs and cause the enlargement of sexual organs.

"Filariasis not only impacts the performance of human resources but also incurs economic losses because filariasis patients are unable to work," said the director

general of Disease Control and Environmental Health at the Health Ministry, H.M. Subuh.

## Neglected Tropical Diseases

He explained that the filariasis prevention initiative in Indonesia started in 1970, with the prevalence rate being 19.6 percent in the 1980s and declining to 4.6 percent in 2014. With the more than 15 percent decline, filariasis is considered no longer in existence, which has led to it being categorized as a neglected tropical diseases (NTDs). In fact, however, filariasis is quietly developing.

Given the looming menace of filariasis, the government has set *eliminasi penyakit kaki gajah* (filariasis elimination) as one of the top national priorities with respect to containing contagious diseases.

The move is aimed to cut the chain of the transmission of filariasis through a WHO-recommended program of mass distribution of anti-filariasis drugs (POPMP), or mass drug administration (MDA) in their respective endemic regencies/cities and alleviating the suffering caused by filariasis through increased morbidity management and disability prevention activities.

The government has a strong determination that Indonesia will achieve the status as a filariasis-free country by 2020 to comply with the target date set by WHO Southeast Asia Region through the Global Alliance for Elimination of Lymphatic Filariasis (GAELF).

To achieve the goal, the government has declared October as Filariasis Elimination Month (Belkaga), during which a MDA is held, with people from endemic regions taking anti-filariasis drugs simultaneously.

President Joko "Jokowi" Widodo is scheduled to officially launch



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Belkaga and lead the mass taking of anti-filariasis medicines on Oct. 1, at 1 p.m. in Cibinong, Bogor Regency, West Java, during which time all governors of endemic provinces across the country will simultaneously do the same.

The first and biggest-ever MDA to be held in Indonesia and even in Southeast Asia is targeted to reach 105 million people, aged 2 to 70 years old, from 241 regencies/cities where filariasis is endemic.

The program is a once-yearly administration of single doses of two kinds of drugs given together. The recommended drug regimens need to be administered every year for at least five years in row.

H.M. Subuh underscored the importance of collaborating with other parties, including the private sector, unveiling the signing of an agreement with 27 organizations, agencies and companies, to enable the program to run well.

PT Eisai Indonesia, a multinational pharmaceutical company, a subsidiary of Tokyo-based Eisai Co. Ltd., is one of them.

Learning that many people lack knowledge about filariasis, Eisai is eager to raise mass awareness, engage students and the community to learn about Filariasis. It also wants to participate and contribute in Belkaga or POPMP.

"We would like to encourage everyone to contribute and make Indonesia free from filariasis," said Eisai human resource division director Winda Yunita

To support Belkaga that will be launched on Oct. 1, Eisai is conducting a video clip competition and writing contest about filariasis and Belkaga and an internship program in collaboration with AIESEC," she said.

Eisai's decision to engage in a filariasis prevention drive is in parallel with the company's human health care (*hhc*) philosophy that primarily emphasizes the pursuit of meaningful contributions to patients and their families.

Eisai boasts the only Japanese company that joined in the London Declaration, a coordinated endeavor to eliminate NTDs by the end of this decade.

## Filariasis elimination acceleration

In line with this endeavor, Eisai has committed to support WHO by manufacturing and supplying 2.2 billion diethylcarbamazine (DEC) tablets free of charge for the treatment of filariasis, Winda said.

According to Winda, based on a request from the Health Ministry to WHO Indonesia in 2014, Eisai has delivered 151 million DEC tablets to support the filariasis elimination program and Belkaga in Indonesia.

In collaboration with WHO Indonesia, Eisai delivered the drugs to the Health Ministry warehouse in Jakarta and ministry will take care of the drug distribution to regencies all over Indonesia.

Aware that partnership plays a key role in implementing the filariasis prevention program, Eisai eagerly wants to build partnerships and collaborate with public-private

institutions to make a meaningful difference aimed at accelerating the elimination of filariasis in Indonesia.

Winda expressed her delight at collaborating with the Health Ministry, WHO, *The Jakarta Post*, RTI/Envision and "We also engage our employees for promoting patient-focused activities and thinking about how we may contribute in improving the quality of living of filariasis patients," she said.

"We are now building a partnership with AIESEC, to engage youth and young leaders to think how they can contribute in accelerating the filariasis elimination program in Indonesia. We would like to build more meaningful partnerships with public-private institutions in the future," she added.

Meanwhile, WHO expressed its full support to Indonesia's filariasis elimination activities, working with the Health Ministry, particularly on mass drug administration, advocacy and public communication programs.

"We collaborate with different supporters and stakeholders, managing every aspect of the filariasis elimination activities. Only with the collaboration of central and local stakeholders, can the elimination of filariasis be accelerated," it said. **(Sudibyo M. Wiradji)**

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