

LF DOSSIER

Job aid/cheat sheet on preparation and submission

The LF Elimination Dossier contains all the evidence to support the claim of achieving LF elimination criteria. The dossier enables the WHO to:

- Validate a country's claim of LF elimination as a public health problem; **or**
- Provide feedback about necessary action to receive WHO approval.

WHAT NEEDS TO BE SUBMITTED?

1. Dossier

WHERE CAN I FIND THESE TEMPLATES?

Template available in Annex 2 of Validation Handbook:

<http://apps.who.int/iris/bitstream/10665/254377/1/9789241511957-eng.pdf?ua=1>

2. Data Annex

Template available here:

http://www.who.int/lymphatic-filariasis/elimination-programme/WHO_LF_elimination_dossier_template_data_annex.xls

WHERE CAN I FIND INFORMATION TO COMPLETE THE DOSSIER?

Use the following resources to prepare your dossier:

- Ministry/Department of Health reports
- Integrated NTD database or similar national data management system
- Reports submitted to WHO
 - LF annual report to WHO
 - WHO Joint Application Package Forms
 - Joint Reporting Form (JRF)
 - Joint Request for Selected Medicines (JRSM)
 - Epidemiological Data Reporting Form (EPIRF)
 - TAS Eligibility and Planning forms
 - Meeting reports and presentations given at Regional Programme Review Group Meetings and Programme Managers Meetings
- WHO PCT Databank: http://www.who.int/neglected_diseases/preventive_chemotherapy/lf/en/
- WHO Weekly Epidemiological Record: <http://www.who.int/wer/en/>
- Publications from research projects or surveys
- Activity reports from collaborating institutions and nongovernmental organizations
- Patient case-reports, surveillance reports of lymphoedema and hydrocele cases
- Health facility lists and registers
- Reports from program evaluations, situation analysis, consultants

WHEN SHOULD I SUBMIT THE DOSSIER?

When you finish TAS 3 and have achieved morbidity technical indicators (see back page)

WHO SHOULD I SUBMIT THEM TO?

Send to your WHO country representative

WHAT TO EXPECT NEXT

A reviewing authority convened by the WHO regional office will make a determination and respond within 3-6 months (though it may take up to one year).

Abbreviations

Ag: antigenemia
IU: implementation unit
LF: lymphatic filariasis

Mf: microfilaremia
MDA: mass drug administration
NTD: neglected tropical disease

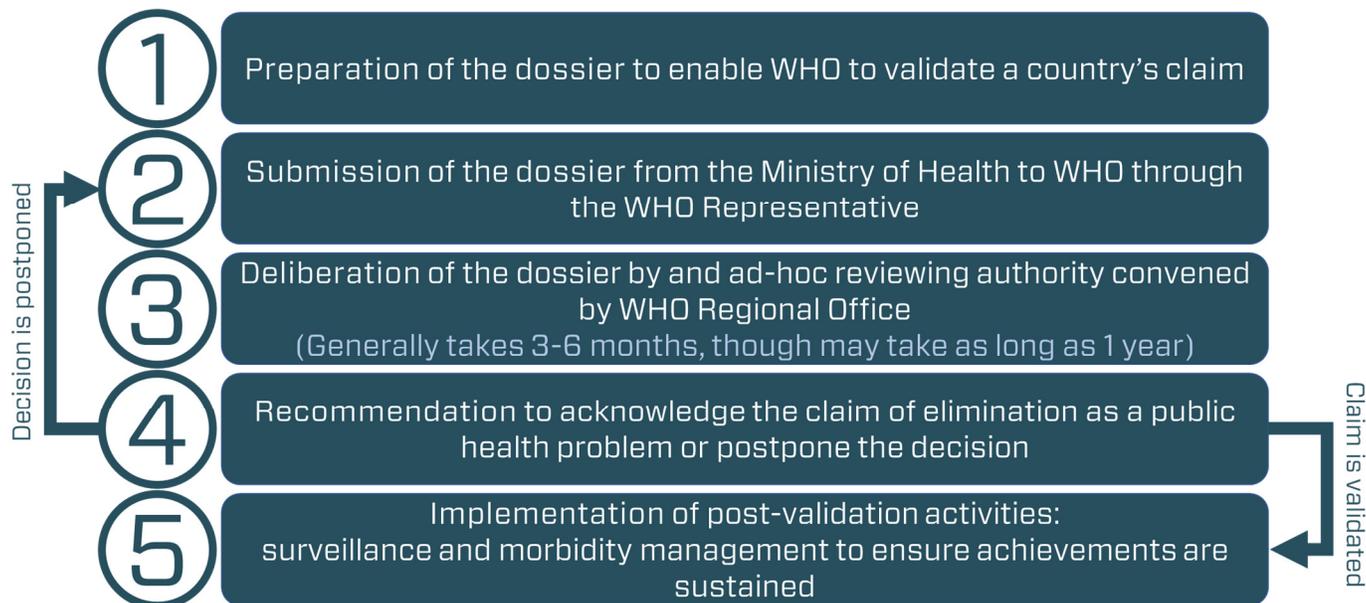
PCT: preventive chemotherapy treatment
TAS: transmission assessment survey
WHO: World Health Organization



Key resource:
**WHO Validation of
Elimination of LF as a
Public Health Problem
handbook**

Additional Information for LF Dossier

Main actions for validation of LF elimination as a public health problem



From WHO, *Validation of Elimination of Lymphatic Filariasis as a Public Health Problem*

WHO dossier narrative template sections

1. **Background** – Demographic and development context – Health system information – History of LF Program and structure
2. **Endemicity** – Data used to classify IUs as endemic or non-endemic – LF regional context in surrounding countries
3. **Interventions** – MDA – Supplemental interventions
4. **Epi Monitoring** – Sentinel and spot-check sites – Stop MDA surveys/TAS1
5. **Surveillance** – TAS 2 and 3 – Ongoing surveillance – Entomological monitoring
6. **MMDP** – Number of patients with lymphoedema or hydrocele – Availability of treatment
7. **Special Issues** (if any)
8. **Resources and Partnerships**
9. **Bibliography**
10. **Abbreviations**

The main indicators needed in the template include the following:

Technical indicators for the aim of ‘stopping the spread of infection through MDA’

- How endemic and non-endemic areas were classified as such
- Five rounds of MDA achieving $\geq 65\%$ coverage of the total population
- Pre-TAS with Mf prevalence $<1\%$ or Ag prevalence $<2\%$
- TAS 1, 2 and 3 results below target thresholds (number of positives \leq critical cut off)
- Commitment for post-validation surveillance

Technical indicators for the aim of ‘alleviating suffering by managing morbidity and preventing further disability’

- Number of estimated patients with lymphoedema or hydrocele per IU
- Number of health facilities designated to provide lymphedema and hydrocele services (recommended 1 serving each IU with known patients)
- Assessment on quality of care provided by health facilities (recommended 10% of facilities providing each service assessed nationwide)