Draft

WORLD HEALTH ORGANISATION

REGIONAL OFFICE FOR AFRICA

Division of Communicable Diseases

des Prevention and control

Regional Programme for the Elimination of Leprosy

WHO African Region National Leprosy Elimination Programme Managers' Meeting

Brazzaville, 27 - 29 June 2005

PARTICIPANTS GROUP PHOTO

LIST OF USED ABBREVIATIONS

AFRF:	Association Française Raoul Follereau
AFRO:	WHO Regional Office for Africa
AIFO:	Association Italienne des Amis de Raoul Follereau
ALES:	Aide aux Lépreux Emmaüs Suisse
ALM:	American Leprosy Mission
AMDT:	Accompanied Multiple Drug Therapy
ASF:	Annual Statistical Form
CAR:	Central Africa Republic
DDC:	Division of Communicable Diseases Prevention and Control
DRC:	Democratic Republic of Congo
DPM:	Director Programme management
GAEL:	Global Alliance for the Elimination of Leprosy
IDSR:	Integrated Disease Surveillance and Response
IEC:	Information, Education, Communication
IMCI:	Integrated Management of Childhood Illness
LEC:	Leprosy Elimination Campaign
LEM:	Leprosy Elimination Monitoring
LEP:	Leprosy Elimination Programme
LEPRA:	British Leprosy Relief Association
NGO:	Non-Governmental Organisation
NLR:	Netherlands Leprosy Relief
NMLP:	National Manager of Leprosy Programme
MDT:	Multiple Drug Therapy
NLEP:	National Leprosy Elimination Programme
POD:	Prevention of Disability
RLEP:	Regional Leprosy Elimination Programme
SAPEL:	Special Action Project for the Elimination of Leprosy
SMHF:	Sasakawa Memorial Health Foundation
STP:	Short Term Professional
TLC:	Term limited Contract
TLMI:	The Leprosy Mission International
ULR:	Updating Leprosy Registers
WHO:	World Health Organisation

Introduction

The annual meeting of WHO/AFRO member States national leprosy elimination programme managers took place in WHO Regional Office meeting room in Brazzaville from 27 to 29 June 2005. This meeting was attended by 22 national programme managers, eleven NGO representatives and ten WHO/AFRO/ DDC staff members. The opening and closing ceremonies were chaired by the Director of Programme Management (DPM)

1. Opening ceremony

At the opening ceremony, there were two interventions:

The welcoming words pronounced by the Director of Communicable diseases Prevention and control (DDC). On this occasion, Doctor James Mwanzia, DDC, after greeting participants, invited them to observe United Nations securityies rules. He encouraged them to work hard during these three meeting days to reach the expected results.

The opening speech of the meeting was given by the Doctor Lusamba Dikassa Paul, DPM, who representing represented the Regional Director. He underlined the importance of this annual meeting that aims aimed essentially, to the coordination of interventions, the exchanges on of experiences and reach the consensus on priorities for the coming year. The Director pointed out that the African Region already reached the fixed threshold target for the elimination of leprosy in 2002. However, some countries are were still having difficulties to achieve it at the national level. He urged participants to have a peer review of the leprosy situation in these countries and recommended that the meeting to discussed widely the draft strategy for the post elimination period. According to DPM, this strategy will would be the basic document in coming years and all partners should were asked to focus the attention on it to further reduce the leprosy burden in the Region. He especially saluted the participation of partners and urged them to work towards a reinforcement of collaboration before declaring the meeting opened.

2. Objectives and presidium of the meeting

Following the opening ceremony, Doctor James Mwanzia, DDC, presented the objectives and expected outcomes of the meeting. These objectives are:

- To update participants on the leprosy status in countries of the WHO African Region;
- Présenter To present the leprosy case management computer programme to participants;
- To obtain contributions into the draft post elimination strategy document;
- Faire des recommandations pour le renforcement de l'élimination de la lèpre dans les paysTo reach a consensus on WHO / AFRO 2006 – 2010 plan of action;
- To make recommendations to strengthen the elimination goal in countries.

This presentation was followed by the election of a presidium for the meeting. The members of this presidium were:

Chairman:	Doctor Nsom Mba charles (Cameroon)
Vice chairman:	Doctor Martin Ndombe, TLMI (DRC)
First Rapporteur:	Doctor Akwo A. Otabir (Ghana)
Second Rapporteur:	Doctor Idrissou ADJIBADE (Benin)

3. Programme of work

The programme of work and the participant list are in annex.
The meeting was organized in three parties sections with different sessions:

- Plenary presentation and discussion on leprosy situation in countries
- Group work on the post elimination strategy document.
- Group work on the draft 5 year plan of action for 2006 - 2010.

The meeting ended with the adoption of recommendations by participants.

4. SESSION 1: Plenary presentation and discussion on leprosy situation in countries

Participant Participating countries were organised in three groups:

- Countries where the elimination goal is reached
- Countries which are wavering around the threshold of the elimination
- Countries with high prevalence rate

Before country presentations, the regional leprosy team make made a statement on the regional situation.

4.1. Leprosy situation in the WHO African Region

The regional office presented the average leprosy situation in the Region.

- Summary of indicators:

Indicators	Number of cases	Rate and Proportions
Prevalence	41,824	0.61/10,000
Detection	41,769	6.06/100,000
New case MB	27,525	65.90%
New case Child	4,602	11.02%
New case with disability 2	3,797	9.09%

- Summary of leprosy elimination goal achievement in countries:
  - 38 have a prevalence rate of less than 1/10,000
  - One particular country: Guinea (914 cases ►1.08/10,000) where the number of cases increased and the rate went up to the elimination threshold.
  - Seven countries did not reach the elimination goal but the trend of the disease in these countries was decreasing and currently all of them have a prevalence rate of less than 3/10,000

- The three majors challenges of the leprosy elimination programme in the region are:
  - Stabilize Maintain the results and reinforce the elimination goal in countries that reached the threshold of less than one case per 10,000 inhabitants
  - Achieve the elimination of leprosy in the remaining countries,
  - Reduce Reach the a detection to of less than 1,000 new cases in all the countries whatever isirrespective of the size of their populations.

- Opportunities for national programmes are:
  - Free distribution and availability of specific leprosy medicines,
  - Availability of partners (to eradicate leprosy: «a world without leprosy »)
  - The national mobilization for leprosy,
  - Development of a strategy to maintain the quality of leprosy services when cases become rare.

In summary, the Region reached the leprosy elimination goal but it still remains in some countries that must face some major difficulties. The motivation in implementing leprosy activities is decreasing in national programs, especially for supervisions, updating of leprosy registers and validation of case detections.

4.2. Leprosy elimination: progress and perspectives in the three most endemic countries: Angola, Madagascar, and Mozambique

Angola: 17.2 million populations, 18 Provinces, 164 Municipalities. National statistics estimate, to 35% of the population having access to primary health care. In 2004, the geographic coverage of the program reached 85% of all health services countrywide. The implementation of the national leprosy elimination plan helped to make MDT available in all health services, to improve the awareness of the disease among the people, to reduce negative stigma that follows, to reinforce the supervision of health unitiesfacilities, to train more health workers, and to organize coordination activities. During 2005, the national program prioritized the training, the re-organization of supervisions, the reinforcement of the national team, the improvement of technical supports to IEC activities, and the organization of POD activities. The number of leprosy cases was constantly reduced during the three last three years. The national prevalence was at 2,496 cases in 2004 and the detection at 2,109 new cases. With a prevalence rate of 1.83 cases for per 10,000 inhabitants, the country is expecting to reach the elimination goal by the end of 2005. Nevertheless, a lot of challenges remain. Ten provinces have a high prevalence rate. The technical level of health workers is still low and they are not motivated. The negative stigma of leprosy persists in communities. Logistics for supervisions are insufficient.

Madagascar: 597,000 Km² and 17,460,838 inhabitants. The countrywide access is very weak because of absence of practicable roads. An approximate of 60% of regions is not accessible during six months in a year. The administrative structure is composed of six provinces, 22 regions, 1,392 communes, and 13,000 villages. The leprosy prevalence is constantly decreasing from 10,427 cases in 2000 to 4,607 at the end of 2004. In the same period, the detection decreased from 7,784

to 3,710 new cases. All provinces are endemic except Antananarivo. The provinces of Mahajanga and Toliara with a prevalence rate up to 4 cases per 10,000 inhabitants are currently the most endemic provinces. At the end of the year 2004, the national prevalence rate was 2.71 cases per 10,000 inhabitants. The country is expecting to achieve the elimination of leprosy in the next two years if ongoing activities are sustained. Major problems to overcome to obtain this result include the weak technical skill of health workers, the persistence of wrong knowledge and image of the disease in communities, lack of regular follow up of patients, absence of organized reference system, and the low accessibility in several communities of the country. In coming years, the program will prioritize the validation of diagnosis, the organization of follow-up of patients, the training of health workers, and the settlement establishment of some reference centres.

Mozambique: 18,863,000 inhabitants. The country is subdivided in 11 provinces out of Maputo and 145 administrative districts. The national prevalence is in constant regression and decreased from 10,885 cases in 1996 to 4,694 cases in 2004. During this period, the detection reached a plateau because of the implementation of specific projects and innovative actions for active case detection organized in the country. The number of new leprosy cases increased from 4,230 in 1996 to 7,386 in 2001 and since 2001, this detection is constantly decreasing to 4,829 new cases in 2004. The proportion of MB patients is 60% while children and disabled patients is in the range of 9 to 10% of new cases. The three provinces of the northern part are the most affected and Cabo Delgado with a prevalence rate of up to 5 cases for per 10,000 inhabitants; is the more most endemic area in the country. Main problems of the programme are; the verticality of interventions, the low MDT coverage, and the non-respect of technical instructions in provinces. The programme will prioritize the integration of activities, the coverage of health services, the social mobilization for leprosy, the validation of diagnosis in health facilities, the regular supervision, and the periodic evaluation.

4.3. Leprosy elimination: progress and perspectives in the four countries where the prevalence rate is wavering around the threshold: DRC, Tanzania, CAR and Comoros

Democratic Republic of Congo: based on the national health system there are 11 provinces and 307 health districts but, the ongoing political and administrative reforms will introduce a new structure with 25 provinces and 515 health districts. The provincial coordination of leprosy and tuberculosis programme will remain probably unchanged. Currently there are 20 TB/LEP coordination offices of which two are recently created: Katanga West and Bandundu West. The coordination of Ituri province is frozen because of conflicts and civilian war occurring in the province. The current leprosy situation at the national level is summarized as follows:

Indicator	Number of cases	Rate and Proportion
Prevalence	10,530	1.91 cases / 10,000
Detection	11,781	21.40 cases / 100,000
New case Child		13%

New case with disability 2		11%

Major problems of leprosy elimination programme which have to face in this country include; high prevalence in the Eastern part provinces, delay of diagnosis of new cases, the low cure rate, lack of financial resources, shortage of leprosy medicine stocks in endemic provinces and the growing priority granted to TB and which is overshadowing leprosy activities in the provinces. The program is willing to continue special action projects in endemic districts, reinforce the geographical MDT coverage, mobilize community volunteers, reinforce POD activities, promote community based activities, and reorganize the management of leprosy blisters

Tanzania: 945,087 sq.km. The total population is was estimated at 37,.1 million of inhabitants. Tanzania has a very good access to health facilities with a geographic coverage of more than 93% of population living within 5 10 Km around of health centresfacilities. WHO MDT was introduced in 1996. SAPEL and LEC projects were introduced in 1998. A LEM was organized in 2001 and the updating of leprosy registers took place in 2002. During the year 2004, more than 400 health workers were trained carrying the total number to 2,498 workers trained in the country. The updating of leprosy registers resulted in a reduction of 30% of registered patients. This reduction concerned included patients already cured, defaulters and wrong leprosy diagnosis. The integration and the expansion of MDT services are were ongoing. A program review meeting was organized in April 2005. IEC activities are were being implemented. Two regions started POD activities and a Plan of action for the coming five years is was under preparationalready prepared. The leprosy situation at national level iswas as follows:

Indicator	Number of cases	Rate and Proportion
Registered Prevalence	4,777	1.3/10,000
Detection	5,602	
New case with disability 2		11%
New case Child		9.4%
Cure rate		>90%

Among the problems that arewhich hampering the program experience included, there is the stagnation of the detection, the high rate of disabled patients among new cases, lack of community awareness, displaced populations, over treatment of patients, and lack of qualified health workers. The programme is elaborating edhis next a strategic plan, of whichwith priorities which included, the training of health workers, scaling up of decentralization and, promotion of integration of leprosy services, promoting community awareness, and updating of leprosy registers. The country is was expecting to start the computer programme to facilitate data collection,and information compilationcompilation, and information sharing. The reinforcement of POD programme and of supervisions is was also part of the priorities.

Central Africa Republic; a plan to accelerate the implementation of leprosy elimination activities was introduced in 2001 to reach the global goal of the

elimination of leprosy as a public health problem. The national political commitment, the regular and adequate support from partners of the leprosy elimination program (ALES, WHO, Foundation SASAKAWA), the motivation of health workers and the active participation of communities contributed to the successful implementation of important activities and to the improvement of leprosy patient care. The National leprosy control Program is implementing the 2nd part of the biennial plan 2004–2005. Important activities planned in the biennial plan contributed efficiently to the elimination of leprosy in the country. These activities includes awareness of community leaders by the national leprosy task force group, the use of community workers for follow-up of leprosy patients within pygmies' population, the supervision of health workers, the ULR. The situation in June 2005 was as follows:

Indicator	Number of cases	Rate and Proportion
Prevalence	315	0.80 cases / 10,000
Detection	89	10.2 cases / 100,000
New case with disability 2	8	9 %
New case Child	7	8 %
New case female	38	43 %
Goegraphical MDT coverage	331/689	48.04 %
Ratio Prevalence/Detection	315/89	3.53

Among important problems the program will .face are:

- High leprosy prevalence within pygmies' population living in promiscuity and in difficult access areas in the forest,
- High defaulter patient's rate,
- Low detection rate,
- Slow integration of leprosy elimination activities in general health care services,
- Lack of quantitative and qualitative supervision at intermediary and peripheral levels,
- Difficult follow up of nomadic populations (Pygmies, Peulhs) in some health districts,
- Low technical skill of many health workers involved in leprosy control activities,
- Difficult access to some health districts (absence of road, bridges, and floods…),
- Persistent lack of security in several health districts,
- Lack of transport in many health districts
- Frequent reshuffle of trained health workers.

The priorities of the programme for coming years are:

- To increase the geographic MDT coverage to more than 80% in all health Regions (training of health workers, equipment of health centres),
- To advocate with partners for supplying all health Prefectures in with motorcycles to implement leprosy elimination activities,

- To advocate with partners for allocation of whaling for follow-up of patients in towns alongside the river Ubangi and difficult to reach by road,
- To ensure an adequate patient care by extending to all health districts concerned, the organization of community health workers,
- Develop special action projects for the elimination of leprosy in populations living in health districts difficult to reach,
- To reinforce the technical skills of health workers,
- To integrate systematically the ULR in the routine supervision of leprosy activities at district level,
- To associate other health programmes and other development sectors to the fight against leprosy,
- To reinforce supportive activities of the national leprosy task force group to the PNLL,
- Organize the evaluation of the program at the end of each year.

Comoros: The Islamic Republic of Comoros is composed of 4 islands situated in the canal of Mozambique between Madagascar (300 Km) and the Eastern coast of Africa continent (300 Km). Main Comoros: 1.142 sqKm, Anjouan: 424 sqKm, Moheli: 290 sqKm and Mayotte: 374 sqKm (Mayotte is under French administration since 1975). The population of Comoros is 694.000 inhabitants. The density of the population is 292 inhabitants / sqKm. The young population of less than 15 years old is estimated at 43%. The demographic growth rate is 2.7% and the fertility index is 5.1 children per woman. Life expectancy is estimated at 58.8 years at birth and the Gross domestic product (GDP) is 380 USS USD per capita.
The leprosy situation in the country is as follows:

Indicators	Number of cases	Rate and Proportion
Prevalence	147	1.9 Cases / 10,000
Detection	84	
New case MB	46	55%
New case with disability 2	4	3.5%
New case Child	53	63%
Ratio Prevalence/Detection	147 / 84	1.75

The program continues to do a systematic biopsy review to confirm the leprosy diagnosis of all patients.

The major challenge of the program is to reduce the detection to one case per 10,000 inhabitants in Anjouan and Moheli.

The priorities of the program are:
- Organize the training of health staff
- Integrate the leprosy elimination program in the basic health activity package in countries
- Reach by 2010 the level of one case per 10,000 inhabitants in Anjouan and Moheli
- Motivate the staff

4.4. Leprosy activities and disease trend after reaching the elimination goal in Chad, Côte d'Ivoire, Ethiopia, Uganda.

Côte d'Ivoire: 322,000 sqKm. The total population was estimated at 18,782,956 inhabitants in 2004. 1066 patients were recorded at the end of the year 2004. The program carried out during 2005, the training of medical doctors and health workers to strengthen patient care activities in high endemic districts, perform leprosy medicine management, to sensitize and undertake social mobilization activities, to develop community based activities, to reorganize supervisions and POD. Among problems were the low poor accessibility in areas under 'New Forces" control, lack of transportation and equipment in districts under occupation, shortage of leprosy blisters in occupied areas, displaced patients and many non-native populations, the low skill of health workers. At the national level, it is difficult to for the leprosy elimination programme to find an office to be relocated. There is also lack of resources and the leprosy data management system is not operational.

The national programme planned to introduce MDT services in all health centres, to resume health workers training in occupied areas, to elaborate and implement an intensified leprosy elimination plan in districts with high prevalence rate, to train the staff, and to reorganize the central service of the programme.

Ethiopia: country situated in the horn of Africa, Ethiopia covers an area of 1,1 million sqKm with an estimated population of 73 million inhabitants. The administrative structure is composed of 9 regions, 612 Woredas or districts and 12,500 Kebeles or villages. Health services coverage is 61%. Leprosy elimination programme has been combined with TB in 1994. Integration in general health services was realized in 2001. The geographic coverage of the programme is 100% with 1,778 health centres delivering PCT. The leprosy prevalence diecreased from 80,927 cases in 1983 to 4,787 cases in 2004. Multibacillary cases constitute 87.5% of patients, while children are 6% and patients with disability grade 2 are 14.5%. Since 1983 a total number of 99,615 patients are cured countrywide. The current prevalence rate is 0.68 cases for 10,000 inhabitants. Among problems that are hampering the programme, there were frequent reallocation of health workers, weak management of patient treatment activities and POD, weak monitoring and evaluation of the programme. The programme will introduce the training on leprosy programme in the curriculum of medical training, develop community based activities and reinforce and harmonize supervisions and programme review meetings.

Tchad: 1,284,000 sqKm. The total population was estimated at 7,942,621 in 2001. The country is subdivided in 18 regions and 56 prefectures. In 2004, 8 prefectures did not communicate report any leprosy data and information, 36 prefectures have a leprosy prevalence rate of less than one case per 10,000 inhabitants, and 13 are still high endemic. The country reached the leprosy elimination threshold in 1997. This achievement was based on a good leprosy case treatment and follow up plan. In 2004, the prevalence rate was 0.74 cases per 10,000 inhabitants with a total number of 591 cases. To maintain this achievement, it is necessary to sustain the integration of leprosy control activities in general health with following specificities:

- Orientation Referal of suspected new leprosy cases to prefecture leprosy supervisors,
- Sensitization of communities via radio, and community health workers,
- Supply specific populations like nomads with stocks of MDT needed for all the transhumance period,
- Organize accompanied or supervised MDT according to areas.

Among difficulties the program is facing, are:

- Low geographical accessibility
- Cultural problems (taboos, stigmatisation)
- Weakness of the health coverage (leprosy "pockets" are at more than 50 kms from health centres)
- Presence of refugees from Eastern and Southern part of the country
- Lack of qualified staff in health centres of some operational districts
- Lack of logistic support to the programme
- Low integration of the programme
- Periodic movements of some population (nomadic)
- Low communication infrastructures
- Inaccessibility to some areas during a period of 6 months in a year.

The national programme is planning to:

- Intensify detection activities in some departments districts with focus on high endemic areas,
- Reinforce the sensitization of communities on leprosy,
- Maintain the training of health workers focussed on effective integration of activities,
- Reinforce the epidemiological surveillance in areas having already reached the elimination threshold,
- Organize specific actions in difficult access areas (flooded and conflict areas)

Uganda: the population was estimated at 26,000,000 inhabitants in 2002. The leprosy elimination programme collaborates with NGOs and multilateral agencies. The program has been combined with TB programme since 1990. Leprosy elimination activities started in the years 1930 and MDT was introduced in 1982. The national geographic coverage was achieved in 1994. The program is organized based on eight zone offices, 56 districts with leprosy supervisors and 960 focal points with community health workers.

Leprosy is included in the national 2005-2010 strategic plan of health sector development as a disease to eliminate with an overall goal of integration in the public health services.

The detection rate is 2.5 cases per 100,000 inhabitants with 69% of multibacillary cases, 14.5% of children, 10% of cases with disability grade 2 and 45% of female. At the end of 2004, 753 patients were registered corresponding to a rate of 0.27 cases per 10,000 inhabitants.

Activities to reduce prevalence in most endemic districts

- Develop a system for prioritization of districts based on new case detection and prevalence at district level

- Conduct Training and Orientation training for district focal persons (DTLS), health Centre (II, III and IV) Staff and training institutions
- Conduct Quarterly review meetings in the districts.
- Carry out regular district validation of cases.
- Build Partnerships with Communities &NGOs.
- Implement Active case finding "mini-LECs"
- Decentralize further diagnosis and treatment of leprosy to health Sub district level (214 areas of about 100,000 populations) and focus intensive case finding to Sub-County level HCIII and HCII (960areas of about 20,000 population).
- Integrate diagnosis into GHS through
- Maintain the 6 National Reference Centres

Constraints to attaining elimination (Confusing statement as they have already reached the elimination target).

- Insecurity in the high prevalence districts.
- Low Community awareness and participation in Leprosy control.
- Ongoing restructuring of Health Sector.
- Low staffing in the GHS system and low suspicion of leprosy by health workers.
- Districts not yet articulating their role in leprosy control.
- Cross border migration – DRC, Sudan, Kenya

Challenges to be faced

- High prevalence pockets in rebel areas: cases in Internally Displaced Persons (IDP) camps.
- Sustaining awareness in low endemic states
- Sustaining political commitment in the face of other pressing health problems e.g.TB, HIV/AIDS
- Drug management (equitable distribution).
- Monitoring and evaluation in low endemicity.
- Influencing the case detection trend especially MB.
- Containing Cross border migration.

5. SESSION 2: Presentation of leprosy data and information computer programme

Leprosy data and information computer programme was developed by the WHO Regional office to facilitate the epidemiological analysis on leprosy situation at all levels, support rapid and appropriate response at local level, promote the dissemination of information, and reinforce the collaboration in order to find rapid solutions to specific situations. Data will be collected on using a case declaration form. It will be computerized and analysed at district level. Aggregations of data compiled will be done at upper levels

EpiInfo 2000 was chosen as platform for the development of the new tool because of hisit is user friendlinessy and because it facilitates the use of Windows environment. Its use required:

- A computer equipped of a microprocessor, minimum Pentium II with at least 32 MB of RAM,
- An operating Windows 98, 2000, NT, XP system,

- That EpiInfo 2000 is installed on a computer where you want to execute the application.
- A colour screen SVGA 15", but we recommend17" for a good visual comfort

The typical plan of the applications includes:
- Mask of data inter and control
- Cleaning of the data
- Analyze data
- Sharing of data
- EpiInfo
- Set-up
- Miscellaneous

The program will:
- Generate automatically reports, feedback information, sharing of information
- Integrate the applications in the diseases data network system
- Be software support computer training and serve to support the training or the familiarization of health workers with the computer tools particularly for leprosy programme.

A demonstration was done to participants in plenary session. The program was set up on all participant laptops. Each country experienced the programme by introducing data and producing reports with data available.

Three countries were selected on a voluntary basis to field test the tool (Angola, Mozambique, and Tanzania) but many other countries are were willing to introduce the software. ILEP representative proposed collaboration among all partners to finalize the tool.

6. SESSION 3: Obtain contribution from participants in the document of the leprosy strategy after the elimination

During this session, all partners after following the speech of the ILEP representative give awho made speech and a pledge for an important, necessary, and effective partnership among all leprosy control programme partners. All of them, insisted on the first role and responsibility of Ministries of health, in the control leprosy and expressed their wish to see all partners working together on one strategy to control leprosy when cases are becominge rare. They expressed the will to contribute to the regional strategy and recommend to be in line it with the WHO globalal strategy. one.

Three groups, one English-speaking and two French-speaking, were organized to give inputs for the development of the new strategy. Group discussions were easy because all participants have had received the document one month before the meeting. Contributions were presented in plenary. WHO/AFRO secretariaty will incorporate different suggestions to the draft strategy document. A subcommittee will edit the final version which will be sent to participants.

7. SESSION 5: Obtain consensus on 2006 - 2010 plan of action of WHO/AFRO regional leprosy programme

The current leprosy elimination programme results indicate that a majority of countries in the Region reached the elimination goal. The definition of a new strategy and the organisation of a five years programme in concordance with this new strategy will help to support countries in consolidating their results. The proposed plan includes three specific objectives and fifteen main interventions to maintain and reinforce the quality of leprosy case management activities and to more reduce the leprosy burden at different levels: national, intermediary, and district.

Participants were divided in three groups: one English-speaking group and two French-speaking groups. Every group had a peer review of the document and made suggestions to improve the plan according to the new leprosy control strategy orientations. Group suggestions were presented in plenary. WHO/AFRO secretariaty will finalize the document.

7. En vue d'atteindre le troisième objectif de la réunion « Examiner le projet de plan stratégique 2006-2010 de la lèpre », un document de travail a été introduit par Dr Bidé Landry, proposant les grandes lignes du plan stratégique avec les points suivants :
   -la justification et le but du plan stratégique de l'après élimination de la lèpre
   -les principes directeurs et les objectifs

La fiche de déclaration des cas de lèpre soumise pour discussion et amendements a été ensuite discutée. Des observations ont été faites sur la forme avec quelques ajouts. La fiche a été adoptée pour servir au suivi et à la déclaration des cas, à l'analyse des cohortes. Elle complètera les supports de collecte de données existants des programmes lèpre et servira à l'établissement de registres électroniques de la lèpre.

8. RECOMMANDATIONS

The annual meeting of coordinators of national leprosy elimination programme was held from 27 to 29 June 2005 in the conference Hall of the WHO Regional Office in Brazzaville. Twenty-two National programme Programme Managers, 10 11 partner representatives and 14 members of the WHO secretariat attended the meeting.

The meeting discussed extensively the draft document entitled "Rregional strategy for further reducing the leprosy burden and sustaining leprosy control activities" and the "2006-2010 Regional Pplan of Aaction for Lleprosy" and agreed upon on the details of the plans. The highlights of the agreed up on strategy document are given below as recommendations toto the Ministries of Health, WHO and partners.

The meeting recommend:

To all (MOH, WHO and Partners)

- Collaborate with the secretariat of the WHO to finalise the regional strategy taking into account the specificity of the African region and the State Members orientation;

To the Ministries of Health:

- To sustain quality leprosy services including prevention of disability and rehabilitation activities to further reduce the leprosy burden;

- To strengthen capacity building activities including Human Resource Development (HRD) to ensure sustainability of quality leprosy control activities.
- To strengthen Advocacy, Communication and Social Mobilization (ACS) to further decentralize the service and ensure sustainability of quality leprosy prevention and control activities.
- Reorganise and strengthen supervision to make it more formative and regular so as to contribute in resolving operational problems and improve the quality of leprosy services and statistical reports;
- Introduce and strengthen updating of Leprosy registers as a routine activity during the supervision visits;
- To strengthen leprosy case finding through improved IEC activities including organisation of leprosy days in high endemic areas;
- Use the Leprosy Notification form for each new case detected;
- Organise synchronised detection and treatment activities in border regions so as to reach nomad and displaced populations, and to study the opportunity of elaborating a trans border project for the management of leprosy cases;
- Organise Leprosy elimination monitoring (LEM) to evaluate activities when the country reaches the elimination target.

To the WHO:

- To provide technical support to countries to sustain quality leprosy services including prevention of disability and rehabilitation activities to further reduce the leprosy burden;
- Maintain support to all countries that have not reached the elimination target so as to reach this objective within the next 2 years in all the countries in the Region;
- Support countries to build capacity including human resource development (HRD) to ensure sustainability of quality leprosy control activities;
- Support countries to accelerate advocacy, communication and social mobilisation (ACS) to further decentralize the service and ensure sustainability of quality leprosy control activities;
- Support all countries in provision of logistics and anti-leprosy drugs for a sustained fight against leprosy;
- Support countries to adequately incorporate basic facts on 'prevention and control of leprosy' into the curricula of all health training institutions;
- Continue the dialogue and collaboration with Partners so that the content of messages sent to the different countries be harmonised and coordinated;
- Field test the computerized data management tool in at least 3 countries, finalise the software and make it available to countries within an acceptable time frame that is before the next annual meeting;
- Continue to organise such meetings annually.

To the partners:

- Continue their multiform support to the National Leprosy Programmes so as to contribute to the objective of liberating Africa from the burden of Leprosy
- Continue the dialogue and collaboration with WHO so that the content of messages sent to the different countries be harmonised and coordinated.

Brazzaville, 29 June 2005

Participants

Annexe 1: Récapitulatif des rapports statistiques lèpre 2004

country	Date	population	Regist.	New	Pre. rate	Det. rate	New MB	New Child	N. Dis. 2	Relap.	Pre/det
Algeria	14-Mar-05	31,800,000	0	0	0.00	0.00	0	0	0	0	
Angola	17-Feb-05	13,625,000	2,496	2,109	1.83	15.48	1527	229	202	0	1.18
Benin	4-Mar-05	6,736,000	333	453	0.49	6.73	304	44	82	0	0.74
Botswana	5-May-05	1,785,000	9	5	0.05	0.28	4	0	3	0	1.80
Burkina Faso	5-Feb-05	13,002,000	1,036	1,100	0.80	8.46	737	64	76	0	0.94
Burundi	11-May-05	6,825,000	366	199	0.54	2.92	166	18	30		1.84
Cameroon	17-Mar-05	16,018,000	533	410	0.33	2.56	303	67	19	0	1.30
Cabo Verde	28-Mar-05	463,000	14	3	0.30	0.65	3	0	0	2	4.67
CAR	9-Mar-05	3,865,000	438	402	1.13	10.40	265	37	73	1	1.09
Chad	10-Mar-05	8,598,000	591	374	0.69	4.35	275	8	37	0	1.58
Comoros	13-Apr-05	768,000	84	147	1.09	19.14	46	48	4	0	0.57
Congo	6-Apr-05	3,724,000	264	416	0.71	11.17	260	26	51	0	0.63
Côte d'Ivoire	13-Apr-05	16,631,000	971	1,066	0.58	6.41	740	59	86	9	0.91
D. R. Of Congo	5-May-05	52,771,000	10,530	11,781	2.00	22.32	6255	1,513	1,241	0	0.89
Equatorial Guinea		494,000									
Eritrea		4,141,000									
Ethiopia		70,678,000									
Gabon		1,329,000									
The Gambia	18-Mar-05	1,426,000	108	70	0.76	4.91	44	10	11	0	1.54
Ghana	11-Apr-05	20,922,000	737	815	0.35	3.90	639	82	53	0	0.90
Guinea	05-May-05	8,480,000	914	1,097	1.08	12.94	692	122	88	0	0.83
Guinea Bissau		1,493,000									
Kenya		31,987,000									
Lesotho	24-Feb-05	1,802,000	4	4	0.02	0.22	4	0	2	0	1.00
Liberia		3,367,000									
Madagascar	1-Apr-05	17,404,000	4,610	3,710	2.65	21.32	2616	606	341	0	1.24
Malawi		12,105,000									
Mali	5-Apr-05	13,007,000	486	394	0.37	3.03	258	0	0	0	1.23
Mauritania		2,743,000									
Mauritius		2,893,000									
Mozambique	17-Feb-05	18,863,000	4,692	4,266	2.49	22.62	2570	383	422	23	1.10
Namibia	7-Apr-05	1,987,000	9	9	0.05	0.45	4	6	0	0	1.00
Niger	8-Feb-05	11,972,000	674	760	0.56	6.35	544	18	119	2	0.89
Nigeria	5-Feb-05	124,009,000	5,348	5,276	0.43	4.25	4608	528	659	34	1.01
Rwanda		8,387,000									
Sao Tome		161,000									
Senegal	16-Jun-05	10,095,000	499	421	0.49	4.17	284	43	56	10	1.19
Seychelles	9-Mar-05	81,000	1	-	0.12	0.00	0	0	0	1	#DIV/0!
Sierra Leone	6-Jun-05	4,971,000	457	597	0.92	12.01	328	84	70	4	0.77
South Africa	19-Apr-05	45,026,000	90	32	0.02	0.07	32	4	5	0	2.81
Swaziland		1,077,000									
Tanzania	5-May-05	36,977,000	4,777	5,190	1.29	14.04	3562	507		67	0.92
Togo		4,909,000									
Uganda	7-Apr-05	25,827,000	753	663	0.29	2.57	455	96	67	8	1.14
Zambia		10,812,000									
Zimbabwe		12,891,000									
TOTAL		**688,927,000**	**41,824**	**41,769**	**0.61**	**6.06**	**27525**	**4602**	**3797**	**161**	1.00

* = source : « Rapport sur la santé dans le monde 2005

Annexe 2: récapitulatif des indicateurs de la lèpre pour l'année 2004

country	Regist.	New	New MB	New Child	N. Dis. 2	Relap.	Female	SSL	% MB	% of Child	% Mut 2	% Fmale	% SSL
Algeria	0	0	0	0	0	0	0	0					
Angola	2,496	2,109	1527	229	202	0	585	0	72.40	10.86	9.58	27.74	0
Benin	333	453	304	44	82	0	218	16	67.11	9.71	18.10	48.12	3.53
Botswana	9	5	4	0	3	0	3	0	80.00	0.00	60.00	60.00	0.00
Burkina Faso	1,036	1,100	737	64	76	0			67.00	5.82	6.91	0.00	0.00
Burundi	366	199	166	18	30		97	2	83.42	9.05	15.08	48.74	1.01
Cameroon	533	410	303	67	19	0			73.90	16.34	4.63	0.00	0.00
Cabo Verde	14	3	3	0	0	2	2	0	100.00	0.00	0.00	66.67	0.00
CAR	438	402	265	37	73	1	199	0	65.92	9.20	18.16	49.50	0.00
Chad	591	374	275	8	37	0			73.53	2.14	9.89	0.00	0.00
Comoros	84	147	46	48	4	0	64	0	31.29	32.65	2.72	43.54	0.00
Congo	264	416	260	26	51	0	110	39	62.50	6.25	12.26	26.44	9.38
Côte d'Ivoire	971	1,066	740	59	86	9	402	16	69.42	5.53	8.07	37.71	1.50
D. R. Of Congo	10,530	11,781	6255	1,513	1,241	0			53.09	12.84	10.53	0.00	0.00
The Gambia	108	70	44	10	11	0			62.86	14.29	15.71	0.00	0.00
Ghana	737	815	639	82	53	0	336	0	78.40	10.06	6.50	41.23	0.00
Guinea	914	1,097	692	122	88	0		0	63.08	11.12	8.02	0.00	0.00
Lesotho	4	4	4	0	2	0	2	0	100.00	0.00	50.00	50.00	0.00
Madagascar	4,610	3,710	2616	606	341	0	1,001	0	70.51	16.33	9.19	26.98	0.00
Mali	486	394	258	0	0	0			65.5	0.00	0.00	0.00	0.00
Mozambique	4,692	4,266	2570	383	422	23			60.24	8.98	9.89	0.00	0.00
Namibia	9	9	4	6	0	0	3	0	44.44	66.67	0.00	33.33	0.00
Niger	674	760	544	18	119	2	354	0	71.58	2.37	15.66	46.58	0.00
Nigeria	5,348	5,276	4608	528	659	34	2,370	0	87.34	10.01	12.49	44.92	0.00
Senegal	499	421	284	43	56	10			67	10.21	13.30	0.00	0.00
Seychelles	1	-	0	0	0	1	0	0					
Sierra Leone	457	597	328	84	70	4	235	49	54.94	14.07	11.73	39.36	8.21
South Africa	90	32	32	4	5	0	9	0	100.00	12.50	15.63	28.13	0.00
Tanzania	4,777	5,190	3562	507		67			68.63	9.77	0.00	0.00	0.00
Uganda	753	663	455	96	67	8	367	0	68.63	14.48	10.11	55.35	0.00
TOTAL	**41,824**	**41,769**	**27525**	**4602**	**3797**	**161**	**6357**	**122**	65.90	11.02	9.09	15.22	0.29

Annexe 3: Liste des participants

Pays ou organisation	Name et prénoms
Liste des représentants des pays	
Angola	Dr Maria da Conceiçao Palma
Benin	Dr Idrissou Adjibadé
Burkina Faso	Dr Christophe Kafando
Cameroun	Dr Charles MBA NSOM
République centrafricaine.	Dr Nicolas Félicien DOLOGUELE
Comores	Dr Aboubacar Mze Mbaba
Congo Brazzaville	Dr Ovala Damas
Côte d'Ivoire	Dr Zotoua Ernest
Ethiopie	Dr Zerihun Tadesse
Ghana	Dr Akow A. Otabir
Guinée	Dr Sakoba KEITA
Lesotho	Mrs Nthabiseng Ntlama
Madagascar	Dr Rakotovao Andriamitantsoa Julien
Mali	Dr Mamadou Zoumana Sidibé
Mozambique	Dr Alfredo Mac-Arthur
Nigeria	Dr M. Kabir
RDC	Dr Mputu LUENGU
Tchad	Dr Moussa Djibrine Mihimit
Sénégal	Dr Ibrahima Mane
Tanzanie	Dr Blasdus Franz Njako
Uganda	Dr Francis Adatou Engwau
Zambia	Mrs Lucy M Zulu
Liste des partenaires	
ALM	Dr Jacques K.Kongawi
ALM	Dr Jean Pierre Brechet
ALES	Dr Etienne Dolido
AFRF	Dr Augustin Guedenon
AFRF	Mr Xavier Surmont
FD	Dr Pamphile Lubamba
SMHF	Dr S. K. Noordeen
ILEP	Dr Pieter Feenstra
TLMI	Dr Martin Ndombe
NLR	Dr Umar Abdullahi Namadi
GLRA	Dr Joseph Kawuma
WHO Secrétariat	
DDC/AFRO	Dr James N. Mwanzia
OTD/DDC	Dr Roungou Jean Baptiste
DMT/DDC	Dr Louis Ouedraogo
DMT/DDC	Mr Choueibou Corera
DMT/DDC	Mr Kinvi Ekoue
DTM/CB Camerooun	Mr Olinga-Olinga Jean Marie
AO/OTD/DDC	Mme Nzeng-Sendze Marie A.
SSA/WHO/Angola	Dr Teixeira Bernadino
SSA/LEP/Madagascar	Dr Sammuel Andrianarisoa
LEP/Mali	Dr Amadou Sekou Diallo
LEP/AFRO	Dr Bidé Landry