Leprosy control in the WHO Africa Region

Meeting of national programme managers and partners

Brazzaville, 22nd to 24th June 2010

ACTION POINTS AND RECOMMENDATIONS

ACTION POINTS

Introduction

The annual meeting of national program managers and partners involved in leprosy control held from the 22nd to the 24th of June 2010 in the main conference hall of the Head Quarters of the WHO Africa Region in Brazzaville – Congo. This meeting brought together sixty-two (62) participants made up of 37 national program managers, 14 representatives of partners, 3 facilitators recruited by WHO and a secretariat of 8 members coming from the WHO, the Global Leprosy Program in New Delhi, the Regional Head Quarters at Brazzavile and 2 Inter-Country Support Team (EIAP) from Libreville and Harare and the WHO office in DRC, (see list of participants in the annex).

The opening ceremony was punctuated by two speeches from Prof. Cairns Smith, President of the Medical Commission of ILEP and Dr Mukwisa, representing the Director of Program Management (DPM) of the Africa Regional Bureau of the WHO. The two speakers stressed on the importance of this meeting to make a balance sheet of the situation of leprosy programs in Africa and the adaptation of the enhanced global strategy to the specific context of the region.

During the first day, the regional situation of leprosy, the epidemiological trends within the last five years and the coverage of health care facilities in MDT within countries was presented by the Focal Point Person at the Regional Bureau and one of the facilitators of the meeting. Nine countries also presented the situation of leprosy at national and district levels as well as the trends in the last five years. The group works that followed enabled the identification of major problems encountered by control programs in terms of coverage, case detection and management, drug management, training, supervision, monitoring and evaluation, community based activities as well as research of the specific leprosy antibiotics and the financing of programs.

On the second day, presentations were centered on the prevention and management of complications of leprosy and the enhanced global strategy for further reducing the burden of leprosy for the period 2011 – 2015. Group works enabled the identification objectives, targets and priorities of the Africa Region for the next five years. One of

the facilitators presented the system for monitoring and evaluation of the global strategy and partners (members of ILEP) dwelled on the challenges of better resources mobilization for the national control programs.

The third day was consecrated to the strategies for capacity building and the presentation of training needs assessment tools. A roadmap for the implementation of the "enhance global strategy" in Africa was drafted before the elaboration of recommendations and action points retained for the 2010 annual meeting.

The closing ceremony of the workshop was chaired by the representative of the DPM in the afternoon of the third day.

The participants at the workshop agree upon the following action points and recommendations.

I. New regional strategy for leprosy control:

The national control programmes in Africa have registered good results during the last two decades. These results have permitted the attainment of the threshold of less than one case per 10 000 inhabitants in all countries. The trend in leprosy is on the decline in WHO Africa Region. However, within the last three years, some countries are witnessing a progressive upward trend in the prevalence and detection. As a result of attainment of the elimination target, many countries no longer consider leprosy as a national priority even when entire districts remain hyper endemic and persons affected continue to be stigmatized. It is therefore necessary to reactivate the national leprosy control programmes in order to further reduce the disease burden due to leprosy in the region. The development of regional strategic orientations shall take into account the major problems identified by the participants during group works of the meeting of national programme managers and partners involved in leprosy control and the solutions proposed by them.

- A new strategy shall be put in place in all countries in conformity with the new global strategy, taking into consideration the specificities of the region and each country. The main objective of this strategy shall be that adopted at the global level, that is: "reduce by 35% the rate per 100 000 inhabitants of new cases with grade 2 disability by the year 2015, taking the rate of 2010 as baseline".

- The Africa Region shall have an additional objective to focus activities in health districts where leprosy remains endemic. Each country will have to define her target for the period and annual milestones for the progressive attainment of this objective.

II. **Geographic coverage of national leprosy control programmes** :

The access to leprosy services by all populations regardless of their location is not only a question of equity. It is also a necessary condition for further reducing the burden of leprosy in the countries. The national control programmes have to show proof of innovations in order to guarantee to these isolated populations who do not have access to health care services, quality care in the domain of leprosy management. They will ensure the development of community based activities and the involvement of persons affected by leprosy in detection, treatment and follow-up of new cases.

Given the importance of the geographic coverage of national programmes, this information shall be included as one of the essential indicators for monitoring and evaluation. The coverage of all health facilities in endemic districts with leprosy care services, in terms of the capacity to diagnose, to treat and to follow-up patients is sufficient information for assessing the geographic coverage of leprosy control programmes.

III. Monitoring and evaluation of leprosy control programmes:

The national leprosy control programmes have a well organized information system, with tools for data collection and periodic reports well in place. Yet, the use of these tools is gradually declining due to the increasing scarcity of qualified personnel in the health centers, the reduction in the priority given to leprosy control activities in the health services, and the absence of a training plan for new health personnel who come into the programmes. The consequence of this situation is the lack of documentation of the achievements registered by leprosy control programmes. To correct this weakness, countries will have to revamp the collection and analysis of data and information on leprosy, organize periodic analysis of the magnitude of the

disease and document the trends of detection in each health district. The revision of data collection and reporting tools to include data required to calculate the essential outcome indicators like cure rate shall also be necessary.

IV. **Mobilization of additional resources for leprosy control programmes**:

The mobilization of resources should not be limited only to financial resources. It should take into account the need for the increase of qualified human resources, to reorganize programme logistics management and implement support activities like training, supervision, evaluation and periodic meetings. This will have additional funding implications. Countries have to re-organize and improve information systems in order to generate information required for resource mobilization. Resource mobilization is a key determinant of the successful implementation of the new strategy for further reducing the disease burden due to leprosy in countries. Countries have to reorganize and improve information systems in order to generate the information required for resource mobilization. In addition, they have to document their achievements in this area including the impact of the additional resources on the efficacy and efficiency of programmes.

- The programmes have to explore the possibilities of obtaining additional resources from ministries of health and their traditional partners of the programs.
- National programmes have to identify and sensitize local funding agencies in a bid to mobilize additional financial resources from them.
- The WHO will need to help national programmes to develop or reinforce their capacities in resource mobilization and to support countries in their efforts to attract new partners into the programmes through international advocacy.

V. Involvement of persons affected by leprosy in control program activities:

The social stigma and discrimination to which persons affected by leprosy are subjected, is still persistent in many health districts despite the progress made in the reduction of the prevalence of the diseases in the communities. The public image of

leprosy does not seem to have changed at the same rate as disease prevalence in the course of the years. Some patients are still are reluctant to disclose their illness and tend to hide themselves. It is unlikely that such patients will be picked up early through passive case detection methods. The involvement of persons affected by leprosy in the activities of community sensitization and education as well as activities of patient care like their treatment and education for self-care of complications seems to be a necessary and efficacious strategy. To do this, national control programmes will have to promote the involvement of people affected by leprosy in all aspects of the programme.

VI. **Leprosy case detection:**

Many programme managers feel that leprosy is under detected in certain health districts because of the scarcity of competence in this area. An increasing number of qualified and skilled personnel are going ~~on~~ into retirement or joining other programmes. There is lack of organized initiative to train new personnel joining the programmes. In the coming years, provision of appropriate leprosy training and re-training of the personnel in the health districts will have to be prioritized.

Mechanisms for the validation of new cases detected have to be put in place in each country especially in the endemic health districts and those showing significant variation in trends of the disease. Activities of monitoring and updating of treatment registers have to be strengthened. The individual recording form for new patients shall be deployed in the health districts and treatment facilities in order to facilitate the production of reliable reports and ensure a better follow-up of trends.

VII. Evaluation of grade 2 disability in patients at diagnosis :

Given that the objective of the program is “the reduction by 35% of the rate per 100 000 inhabitants of grade 2 disability by 2015, taking the rate of 2010 as baseline”, it is important that emphasis be laid on the description of lesions and the proper categorization of disabilities at the time of diagnosis. The collection of data related to the development of disability during and after treatment is also necessary in order to

appreciate the impact of sensitization of patients and their education on self-care and other activities for the prevention of disabilities.

The WHO shall provide support to countries for the development of a tool for recording, reporting and follow-up of patients with grade 2 disabilities requiring care.

VIII. Availability of drugs :

The availability of free and good quality anti-leprosy drugs for the patients constitutes the key to the success registered by the national leprosy control programs. Countries have to give priority to measures to avoid stock outs and/or expiry of stocks in the treatment centres. The drugs for the management of complications are becoming scarce. Countries, with the support of partners, shall ensure their continued availability. WHO shall provide support in the organization of stock management of leprosy specific drugs. The WHO shall also continue efforts to supply stocks of loose clofazimine (CLO) to countries for the management of type 2 reactions (ENL).

IX. Referral system in leprosy control :

The organization of a referral system for persons affected by leprosy has been one of the most difficult activities to organize during the last two decades. Some of the reasons are: the tendency to organize a vertical referral outside the health system, the abject poverty of persons affected by leprosy, the difficulty in communication between the peripheral health facilities and the district health service and the lack of preparedness to receive patients by reference centers. The management of complications of leprosy particularly reactions, neuritis and disabilities have to be integrated into the operational referral system specific to each country. The support of partners for the effective referral of patients in need and their care in the reference centers shall be an important and necessary input.

X. Technical and operational instructions for the implementation of leprosy control activities:

Many national programme managers were not aware of the changes made on the technical and operational guidelines for the leprosy control programmes. The new

guidelines, which are contained in document accompanying the new global strategy, will come into force with the new strategy for leprosy control. National programme managers are called upon to study the new guidelines and to incorporate relevant sections into their national operational guidelines. They should ensure the dissemination of these guidelines at all levels of the health system.

RECOMMENDATIONS:

To all countries:

1. Improve upon data collection, and document the achievements made in the elimination of leprosy, for use in advocacy for the mobilization of resources for national programmes.
2. Use combinations of indicators on detection, prevalence, treatment and grade 2 disabilities for analysis and interpretation of the leprosy situation and its epidemiological trends over the next five years.
3. Develop national strategic plans based on the enhanced global strategy and the revised operational guidelines taking into considerations the specific context of the countries and national health systems framework.
4. Explore the training needs assessment tool that has been presented and use the WHO training modules for the training of health personnel at different levels of the health system
5. Integrate the services for the management of leprosy and the referral of complications into the general health system in order to improve the quality of care.
6. Involve associations of persons affected by leprosy into the organization of leprosy control activities in the countries.
7. Reinforce collaboration and information sharing between countries for a better management of leprosy cases from special populations like the pygmies, nomads, displaced persons and refugees.
8. In a more specific manner, countries selected to participate in the study on resistance of *M. leprae* specific antibiotics are called upon to begin the recruitment of suspected cases of relapse following the inclusion criteria,

collecting specimens and sending them to the collaborating reference laboratories for tests.

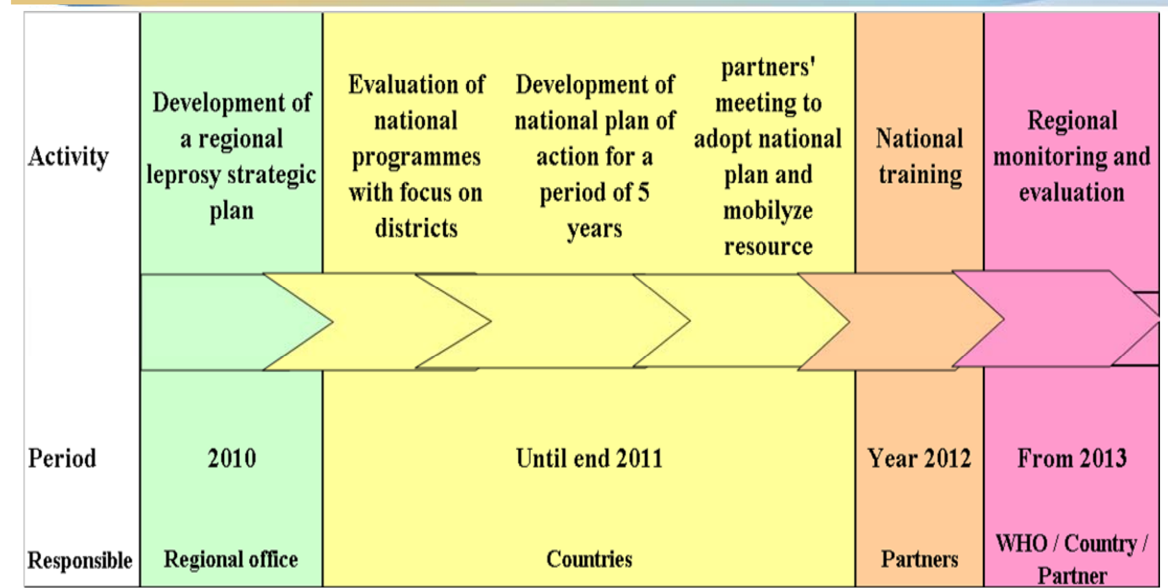
To the World Health Organization:

9. Improve upon the software for management of patients and statistical analysis of leprosy data and extend its use to all countries
10. Support countries in the development of new national strategic plans adapted to the Enhanced Global Strategy for Further Reducing the Disease Burden due to leprosy for the period 2011 – 2015.
11. Supply countries with the WHO training module on leprosy and support countries in the organization of cascaded training
12. Involve persons affected by leprosy in annual meetings of national programme managers and partners of the leprosy control programmes.
13. Continue international advocacy for free donation of MDT blister packs and loose clofazimine, as well as the mobilization of additional resources for leprosy control programmes.

To Partners:

14. Maintain and reinforce support to national leprosy control programmes for further reduction of the burden of leprosy in Africa and contribute to the mobilization of resources for countries from new partners.
15. Collaborate with the WHO for the organization of the annual meeting, external monitoring and evaluation of national strategic plans and the mobilization of resources for further reducing the burden of leprosy.

ROAD MAP


World Health Organization
REGIONAL OFFICE FOR Africa
Roadmap
Activity
Development of a regional leprosy strategic plan
Evaluation of national programmes with focus on districts
Development of national plan of action for a period of 5 years
partners' meeting to adopt national plan and mobilyze resource
National training
Regional monitoring and evaluation
Period
2010
Until end 2011
Year 2012
From 2013
Responsible
Regional office
Countries
Partners
WHO / Country / Partner