

Brazil session

IILEP Co-operation Meeting

October 13, 2011

London, UK

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Overview

- Current situation in Brazil – national policies and epidemiological data
- Trends in the way IILEP members are working in Brazil
- National Project (IILEP-MoH) 2011 and 2012
- Brazil National Coordination (2012-14)

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I. Leprosy Situation in Brazil (Policy Context)

Strange Politics

– If you sometimes feel baffled by politics in Brazil...please join the club

Same party (Labour) in power won 2010 national elections; so one might expect...

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Continuity of policy (??)



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National HD Policy – 2007-2010

- 1) Leprosy (Hansen's Disease) **Control** as the predominant national policy
- 2) Focus on **Integral Care** of Patients
- 3) Push for **international respect of Enhanced Global Strategy** and discontinuation of prevalence as key indicator and elimination as a (national or sub-national) goal – WHO and PAHO forums
- 4) One of main proponents of **8th Expert Committee on Leprosy** (October 2010)

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However...at the beginning of 2011

Control Policy – 2007-2010
Return of Elimination

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New National Policy



Elimination is once again national policy for Hansen's disease - emphasis on reaching this elimination goal at a national level by **2015**

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Diminished Status for Leprosy?



Leprosy is now part of national "**Leprosy and Eliminable Diseases**" Coordination with six other mostly parasitic diseases:

- Lymphatic Filariasis
- Onchocerciasis / Onchocercosis
- Schistosomiasis
- Trachoma
- Cysticercosis
- Helminthiasis

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Prior Administration (2004-07)



- Dr Rosa Castália has returned as coordinator of leprosy and other 6 diseases;
- Dr Jarbas Barbosa (Neglected Diseases; PAHO) is once again National Health Surveillance Secretary

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Relations with ILEP



Favourable relations so far (LEM meeting), although

- Request for ILEP support at state and municipal levels to reach elimination

- Status as partner is not as strong as MORHAN (national patients' rights social movement) or PAHO (neglected diseases) in current context

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Means to reach elimination



- Doubt lies in how elimination will be reached:
 - current prevalence rate of **1.56 per 10,000** population (2010 data)
 - To reach 1 per 10,000 by the end of 2015 would require an **average annual decline in prevalence rate of 7.7%**
 - Only fell from 1.71 to 1.56 from 2004 to 2010 (**average of 1.5% per year**)

So far, only mention of closer monitoring at state and municipal levels; focus on priority areas

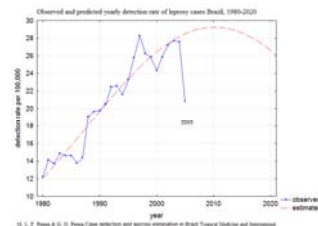
--Relations could become strained if additional measures are **taken simply to reach this total**

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II. Leprosy Situation in Brazil (Epidemiological Context)

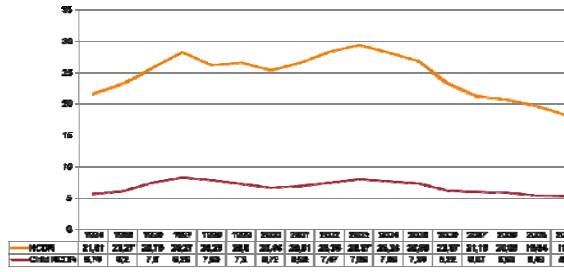


As in most countries; slow decline of disease



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Case Detection Trends – General and Children (100,000)



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New Case Detection - 2010

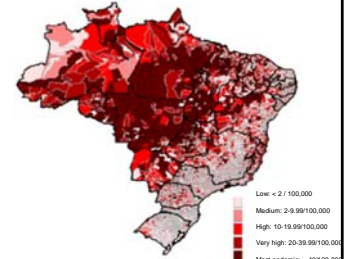


General

-34,894 new cases
-18.2/100,000 – NCDR
Decrease of 7.2% from 2009
(37,610)

Children – 7.1% of total

-2,461 new cases
-5.4/100,000 children
Similar decline from 2009
(2,669)



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G2 Disability - Stability



G2 disability in 7.2% of new cases in 2010

- 7.2% in 2009
- 7.7% in 2008

Currently 13.1 NC with G2 disability per 1,000,000 (Baseline for WHO target)– Would have to reach 8.5 by 2015

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Additional Key Data



- Disability Grade Assessment at Diagnosis (89.4%) v. Release from Treatment (73.7%)
- Treatment Completion (Cure) rate (combined cohorts) = 82.3%
- Contact examination = 61% (Operational Factors)

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Clusters



Current national policy will continue to use previous cluster approach (based on new case detection from 2005-2007)



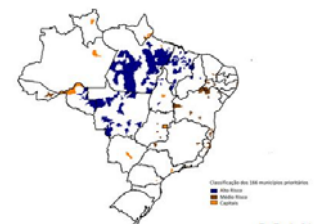
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Priority Municipalities - 2011



Focus on **168 Priority Municipalities** (based on clusters; 145 located in cluster areas)

Priority municipalities comprise 35 % of the general population and 70% of the Brazilian new leprosy patients



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Priority Municipalities - 2011



Possibility of additional funding for these municipalities (284 when metropolitan areas are included)

To reaching targets in:

- Treatment completion (cure) rate
- % of household contacts examined

III. Trends in the way ILEP members are working in Brazil



Prevailing perception is that Brazil has the means both in terms of finances and human resources to provide adequate leprosy services throughout the country

Declining priority vis-à-vis other developing nations

ILEP in Brazil



Five active members (23 of 27 States):

- AIFO
- DAHW
- Damien Foundation
- Fontilles
- NLR (finally)
- On-going ALM technical presence (National Advisor and National Project participation)
- LEPRA has recently discontinued its projects and presence in Brazil -- NLR is greatly appreciative of LEPRA's support from July 2009 to August 2011

Policy papers



- Most of the associations with a permanent local presence are in the process of redefining their priorities and ways of working in Brazil (NLR Policy Document; DAHW Strategy Document; DFB international strategy visit in 2011)
- Budget reduction and move towards less programmatic support
Complementary initiatives in high-quality training, supervision and other routine public sector services are likely to continue for some time, especially in the highly endemic clusters, remote rural areas and in excluded communities.

A move beyond the Programme



General tendency towards general physical rehabilitation (leprosy and others) (and less on NTDs) most members are increasingly looking to fill gaps in:

- physical and social rehabilitation for leprosy patients
- stigma reduction
- research
- joint interventions with general rehabilitation, other diseases or co-related social issues

Role for ILEP in Brazil



- Need still exists for ILEP to work in Brazil, particularly in **areas of high endemicity and social inequality**, but also pushing to reduce fungibility of ILEP funding
- Must achieve **strong results with limited budgets**; seek new partners and ways of working
- Challenges to rethink the way we work

IV. National Project (ILEP- MoH)



Based on a 4 year plan of PoD and Physical Rehabilitation (Middle 2009-End 2012)...late start
(Dr. Castália has pledged to continue this project)

- General Objective – **Effective and Efficient integral care interventions** for persons affected by Hansen's disease, **seeking a reduction in the magnitude of damage caused by the disease**

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Main Objectives



- Improving **Health Information System registration of disabilities**
- Implement full **EHF scoring** (rather than simple disability grade)
- PoD and neurological assessments as part of all courses
- Daily activity limitation (SALSA) and social participation screening implemented
- Better **monitoring of post-RFT disability cases**
- Self-care groups
- Surgical rehabilitation

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Progress on 2011 Project



R\$ 154,000 total budget (ALM, DAHW & NLR); 49% spent at 30 September 2011

Difficult beginning of year with transition period; good counterpart

- Over the last year, "leprosy services" have been included as a separate payment category (should eventually facilitate payment of surgeries, bandages and insoles); slow implementation at local levels
- Standardised teaching materials for primary care training

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Progress on 2011 Project (cont.)



- Training of trainer courses for insole production (along the model left by Dr. Hugh Cross)
- Annual visits to 5 states for **monitoring of integral care**
- Technical **supervision visits** to 7 states in integral care (focus on PoD/Rehab.)
- State training for development of **self-care groups**

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Plan / Budget for 2012



Likely reduction in budget (initial request of R\$ 170,000; reduced initially by Reps to **R\$ 120,000**)

- Continuation of integral care monitoring; self-care groups
- Surgical rehabilitation refresher course
- CBR development in states with strongest self-care groups
- Cut out part of supervision visits and training of trainers in general courses

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External Evaluation of 2009-12 Plan



- Ideally, to be done by an **external evaluator** but one that speaks Portuguese
- Providing inputs for **development of National Plan in future** (or determining whether such a project is necessary; politically or technically)
- Suggestions from group are welcome

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V. NLR Proposal for ILEP Co-ordination of Brazil 2012-14



Evaluation of 2009-11 period (LEPRA-NLR)
Questionnaire and interviews at last week's meeting

Generally positive reviews in terms of communications and relations between members

Recommendations – other Reps.



1. **Specific budget for ILEP coordination costs**; separate from 'National Project budget line' (participation in national meetings, invitees to ILEP meetings, stands and materials for national events, periodic monitoring visits for National Project, material translation, reproduction and shipping)
2. **Closer Monitoring and Evaluation of National Project** either through NLR Brazil representative or technical advisors
3. Improved **marketing of ILEP**
4. Lobby ILEP (international) to push for more materials in Portuguese and more joint Lusophone initiatives as well as Brazilian involvement in international conferences

NLR Proposal for National Coordination (2012-14)



- NLR is working in **13 (of 27 states)**; largest current member (projected **budget of € 675,000 for 2012**)
- Good technical backstopping from KIT
- History of very good ties with government and university partners
- Slowly **rebuilding its name** in the country (only fully functional in September 2011)

NLR Proposal for National Coordination (2012-14) cont.



- **Results-based management focus** (will apply this to National Project as well) – seek improvements in Monitoring & Evaluation (beyond national meetings)
- Seek to maintain **positive relations with National Programme** (regardless of policy and coordinator)
- Renew **Memorandum of Understanding with MoH**
- Develop **new National Plan for MoH partnership**

Thanks from ILEP Reps in Brazil

