WHO-EM/CTD/052/E

Summary report on the

# Programme managers meeting on leprosy elimination

Tunis, Tunisia
7–9 July 2008

World Health Organization
Regional Office for the Eastern Mediterranean

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Contents

## 1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean (EMRO) organized a regional meeting of national managers of leprosy control programmes in Tunis, Tunisia, from 7 to 9 July 2008. The objectives of the meeting were to:

- Review the status of integrated leprosy services and referral systems;
- Discuss progress in leprosy elimination at subnational levels (province, district);
- Discuss operational issues and solutions; and
- Discuss and adapt recommendations of the Ninth Meeting of the WHO Technical Advisory Group on Leprosy Control.

The meeting was attended by participants from Afghanistan, Egypt, Islamic Republic of Iran, Libyan Arab Jamahiriya, Morocco, Sudan, Tunisia and Yemen, representatives of the International Federation of Anti-Leprosy Associations and staff of WHO headquarters and the Regional Office.

The meeting was opened by Dr Ibrahim Abdel Rahim, WHO Representative Tunisia, who delivered a message from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. In his message, Dr Gezairy attributed the continued decline in new case detection and high population coverage with leprosy control to fruitful collaboration between national programmes, national and international partners and WHO. He underscored the challenges related to civil conflicts and economic turmoil, with resultant severe damage to the infrastructure in several countries and in the Eastern Mediterranean Region in particular. Some countries had experienced specific problems in timely diagnosis and treatment of new cases due to insecurity in endemic areas, social stigmatization, high levels of population movement and insufficiency of local resources.

Leprosy programmes in most countries today faced the problem of consolidation and achieving further success in leprosy elimination by sustaining leprosy referral systems through integrated services. He reiterated the need the implement strategy for the leprosy disease burden and sustaining leprosy control activities with emphasis on providing quality patient care that was equitably distributed, affordable and easily accessible.

Dr Najoua Melady, Deputy of Minister of Health, Tunisia, welcomed the participants, briefly described the national activities and expressed appreciation to WHO for assistance to the national programme for leprosy control.

The opening session was followed by the introduction of participants. Dr Abdul Rahim Al Samei (Yemen) served as Chairman; Dr Abdellatif Idrissi Azzouzi (Morocco) was elected Rapporteur. The proposed agenda and programme of work were approved.

## 2. Summary of discussions

The global number of new cases has a steady declining trend. Only 16 countries in the world reported over 1000 new cases at the beginning of 2007; these countries accounted for 94% of global new cases during 2006. Brazil, Democratic Republic of Congo and Nepal are still targeting elimination of leprosy as a public health problem. Mozambique recently declared the achievement of the global elimination target of prevalence less then 1 case per 10 000 population. Analysis of new cases detected annually has shown that countries in each region reported a wide rage of data on the proportion of multibacillary (MB), female, child and grade 2 disabilities.

Leprosy continues to have significant public health importance in some countries of the Eastern Mediterranean Region, particularly in Egypt, Yemen and Sudan. A large number of new cases are being reported from south Sudan. The annual new cases detected in the Region has decreased from 5565 in 2000 to 3782 in 2007; with a corresponding decrease in new case detection rate from 0.21 per 100 000 population to 0.6 per 100 000 population respectively. Leprosy control activities have largely been integrated into the general health care services, leaving the remaining leprosy clinics with mostly referral and supervisory functions. In some instances, leprosy control work has been integrated with other disease-specific programme e.g. dermatology (in Egypt, Morocco and Pakistan) and tuberculosis control (Saudi Arabia).

The major challenges facing the national programmes related to sustaining the quality of services and improving the care of patients in order to prevent disabilities and provide rehabilitation. It is important that the coverage of leprosy control activities is improved to ensure that the disease burden declines in all endemic countries/areas, not only in terms of statistical numbers but also in terms of the reduction of disabilities, cases occurring among children and leprosy-related stigma and discrimination.

It is important to maintain expertise among health care workers, particularly in countries/areas where endemicity is relatively low. Strengthening referral networks is important in order to support integrated leprosy control services.

Referral facilities must be integrated into the general health care system so that these services are easily accessible to patients in need. It is important to ensure that the services offered in these referral facilities are effective and affordable.

Leprosy control programmes in countries will need continued support from all partners to ensure that leprosy remains on the health agenda as long as necessary and that success does not lead to complacency. Political commitment of the ministries of health to control leprosy in low-endemic situations is particularly important.

The general principles described in the global strategy for further reducing the leprosy burden and sustaining leprosy control activities (2006–2010) should be applied in all countries according to country-specific situations.

The recommendations of the ninth meeting of the WHO Technical Advisory Group on Leprosy Control (Cairo, Egypt, 6–7 March 2008) were discussed by the participants. It was emphasised that further efforts are needed to improve the quality of the routine case detection data at the national level based on standardized methods. Reporting should focus on new case detection (which includes breakdown on age, sex, type of disease and grade 2 disabilities) and treatment completion rates. The accuracy of diagnosis should be assessed through regular technical supervision. Indicators for quality of care and patient management can be collected as part of an integrated supervision process.

It was agreed that workshops for health service managers and the training guides are useful in strengthening and sustaining the capacity of national programmes for the implementation of the global strategy and its operational guidelines. The national focal points on leprosy control from countries with low number of leprosy cases should have the possibility to be trained either through provision of fellowships or through organization of WHO regional workshops in countries where practical demonstration and management of leprosy cases are available.

The principle of self-care is an important component of disability prevention and rehabilitation initiatives. Persons affected by leprosy

should be routinely provided information on self-care as recommended in WHO booklet *I can do it myself*. It is important to ensure that the training materials are available in the national languages.

Stigma associated with the disease has had a negative impact on all aspects of the leprosy control. There is no ‘one size fits all’ interdisciplinary approach to reduce stigma; social action is required at all levels. Social justice and equity must be an integral part of all leprosy work including approaches to preventing disability, stigma and discrimination. Possible strategies to reduce stigma include better use of media and language to raise awareness, legislative reform for legal protection, combining strategies and interventions for community-based rehabilitation of people affected by a range of related conditions, e.g. other disabilities, HIV/AIDS, tuberculosis.

Countries with the low-prevalence leprosy situations need support in the promotion of applied research to confirm the status of leprosy. Possible sources of funding and areas of research were identified by the participants. It was considered that the experience of the national programmes in leprosy control should be analysed, recorded and published for the benefit of global efforts to control leprosy.

## 3. Recommendations

1. New leprosy cases are expected to occur in all countries, and ministries of health are requested to maintain political commitment to sustain leprosy control activities.

2. National programme managers should ensure quality of care, integrated services and appropriate referral systems for case management and rehabilitation.

3. National programmes, in addition to routinely monitoring data, should analyse and interpret indicators for patient management and follow-up in order to monitor the programme and identify aspects where the programme needs to be strengthened.

4. It is recommended that leprosy is included in the biennial operational planning between WHO and Member States.

5. The recommendations of the 9th WHO Technical Advisory Group (TAG) meeting should be adapted to the specific situation of national programmes.

6. The Regional Office should ensure that the global strategy for further reducing the leprosy disease burden and sustaining leprosy control activities and operational guidelines are available in national languages.

7. The Regional Office should ensure the following research areas are among priorities for funding by the EMRO TDR Small Grants Scheme:

- Social research on leprosy stigma and review of existing laws in the countries relating to stigma and discrimination associated with marriage, travel, migration and work etc.
- Review of leprosy training curriculum in medical schools/institutes

8. WHO should coordinate/support the organization of regular regional training for leprosy programme managers including fellowship training to maintain expertise in the countries.

9. Programme managers are encouraged to review and record past data on leprosy going back to the era before multidrug therapy was widely implemented, if possible, with technical support from WHO.