

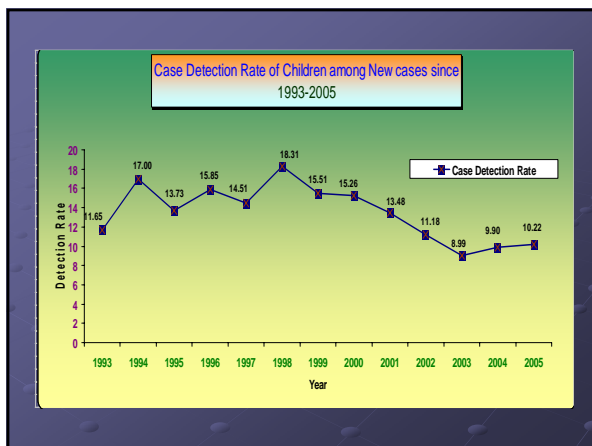
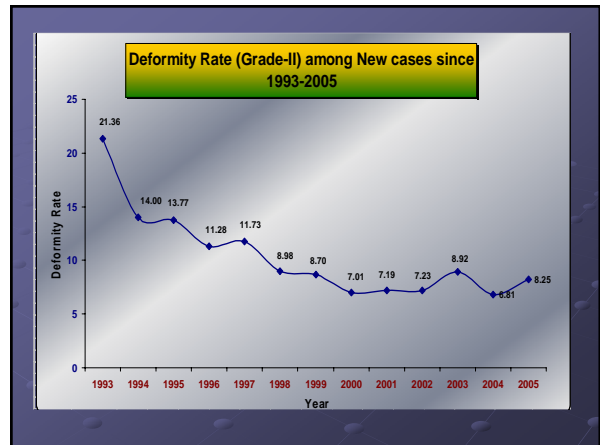
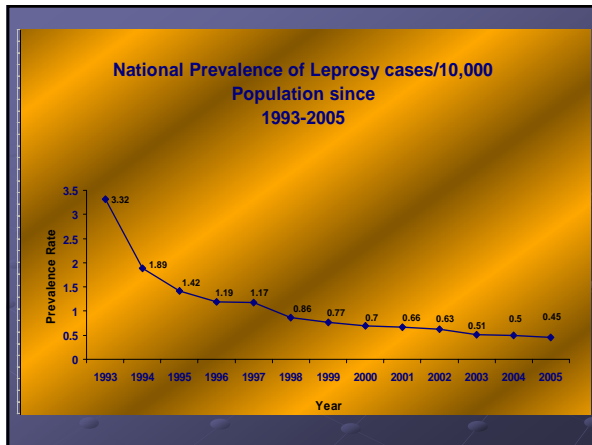
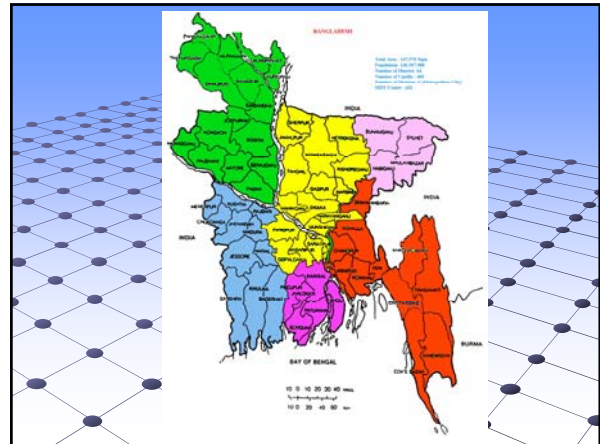
Inter country Meeting of National Programme Managers of SEAR Countries
Bangkok, Thailand
15 to 17 May 2006

Country Report on Leprosy Elimination, Bangladesh

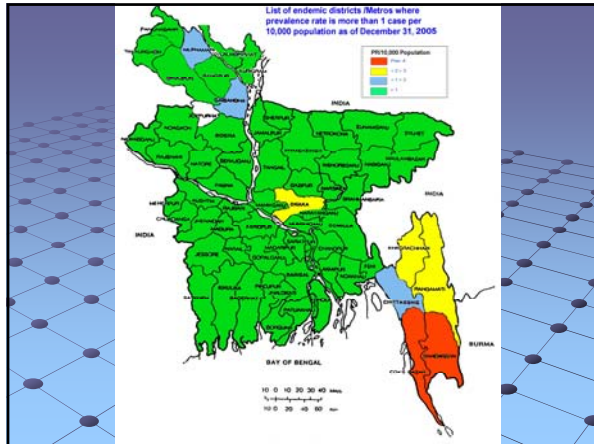
Presented by

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- ### Current status of Leprosy
- Prevalence rate at the end of 2005 is 0.45 /10,000 population
 - Deformity rate (gr.-2) among newly detected cases at the end of 2005 8.25%.
 - 05 (five) districts and 2 (two) Metros having prevalence more than 1 case /10,000 population at the end of 2005.
 - Cumulative Completed MDT from 1985 to at the end of 2005 - 1,67,150.
 - Total cases under treatment at the end of 2005 - 6195
 - Total number of new cases detected during the year 2005 - 7883.



Report of Activities (2004- 2005)

- Situation analysis
- Skin camp on leprosy
- APW for IEC materials
- In services training
- Orientation of Religious leaders/Community leaders
- Orientation of other stakeholders in diff. Districts.
- CBR
- VT
- Organized in endemic districts
- 101 MB & 53 PB cases diagnosed among 4147
- Community awareness increased than before
- Funds for CBR for 76 leprosy affected persons
- Funds for VT for 55 leprosy affected persons

Report of Activities (2006-2007)

- Conduction of LEM exercise
- Telecasting of TV spots on Leprosy
- Refresher training for Doctors/Pos/TLcs
- Orientation of scouts/traditional healers/Homeopathiests/Women self-help group
- MDT corner extension in Medical college/Other Hospitals.

Goals and objectives at present

- To achieve elimination at Sub- National level (district) by the year 2007
- To reduce deformity grade-2 below 5% among new cases by the year 2007

Strengths

- Strong Collaboration of GO with NGOs and other service providers.
- Adequate and interrupted MDT Supply
- Well established service delivery system
- Regular reporting system and updating of patients registrar.

Urban service delivery Tiers

Weaknesses	Solutions
High rate of rural urban migration, huge floating population	Careful registration of cases, transferring cases to nearest MDT centres as desired by the patients, regular follow up of cases.
Quality of service and inconvenient clinic timings	Better quality of services and convenient clinic timings providing accompanied MDT
Case detection targets & over diagnosis by some non-governmental organizations (NGOs)	Discontinuous case detection targets and give only activity targets
job insecurity leading to efforts to sustain Leprosy as a problem	Creation of environment assuring job security through participating in community based rehabilitation, vocational training and other health interventions.

Conclusions

- Strong political commitment
- Early case detection in pocket areas and in migrant population (Urban areas)
- POD and Rehabilitation

Let us work for Leprosy free
Bangladesh.

Thank You.

