

Report on National Leprosy Control Programme in Pakistan

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Topics

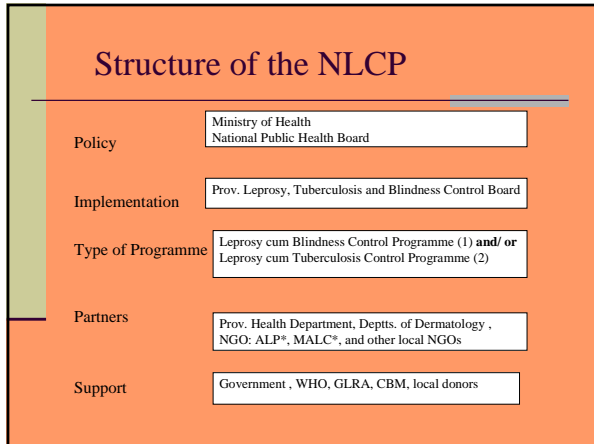
- I. Introduction
- II. Set-up and Structure of the Programme
- III. Statistical Data
- IV. Current Strategies
- V. Available Resources
- VI. Challenges
- VII. Strategies for the Future

Introduction

- Leprosy control in Pakistan is a major success highlighting the benefits of a joint venture between the Government Health Departments and the NGOs.
- Leprosy has been controlled in Pakistan in 1996, 4 years prior to the WHO target year 2000. The achievement has been sustainable.
- The Leprosy *control* programme has to adapt to very low prevalence conditions.

Set up and Partners in the NLCP

- 1. The Government of Pakistan through its Federal Ministry of Health
- 2. The Provincial Governments through their Health Departments
- 3. The World Health Organization in providing free quality drugs, health education materials and support for training
- 4. The international NGOs, mainly the German Leprosy and Tuberculosis Relief Association and Christoffel-Blindenmission International, Germany
- 5. The National NGOs as implementing partners
 - a) Marie Adelaide Leprosy Centre, Karachi
 - b) Aid To Leprosy Patients, Rawalpindi
 - c) Small local NGOs



Note:

- The NGOs are running the referral hospitals for leprosy, besides being responsible for the training, logistics and the technical expertise in the National programme.

Consolidated Data NLCP

Year	2004	2005	2006	2007	2008
Patients under Treatment	1002	970	896	856	830
MDT Regularity	99%	98%	97%	97%	97%
Newly registered patients untreated	655	551	476	496	447
male	389	337	281	285	230
female	266	214	195	211	217
Child rate among new cases	7%	7%	7%	7%	8%
Disability rate (Gr. II) among new cases	22%	25%	20%	19%	19%
Relapses	18	26	17	22	19

Data on case-finding 2008

Notifications attended	169 cases found
Contacts examined	108 cases found
Voluntary reporting	96 cases found
Skin Camps	64 cases found
Others	10 cases found

Current Strategies

- 1. Leprosy control activities according to National guidelines
- 2. Net-working of the National Leprosy Control programme with the National Eye Health and Tuberculosis Control Programmes
- 3. Combine leprosy control with basic dermatology in special action programmes
- 4. IEC programmes for different target groups

Implement National Guidelines

- a) Active case-finding by conducting contact surveys and "Skin Camps"
- b) Proper case-holding and continuous monitoring of treatment outcome
- c) Comprehensive services for prevention and treatment of impairments and deformities
- d) Comprehensive services for social needs assessment and rehabilitation including net-working

Net-working with TB Control and Prevention of Blindness Programmes

- a) All leprosy staff is trained as ophthalmic and/or TB technicians
- b) Leprosy field-staff is doing primary eye care activities
- c) Leprosy field-staff is doing tuberculosis control activities

Leprosy and Basic Dermatology

- a) Training and participation of local authorities in special action programmes (Skin Camps)
- b) Participation of local primary health care staff in Skin Camps (Capacity building)
- c) Training of local PHC staff in skin diseases including "suspect leprosy"
- d) Public "skin awareness campaigns" in preparation for Skin Camps

IEC Programmes

- Leprosy lectures during routine medical, nurse and paramedical training courses
- Medical Officers' Orientation Courses on leprosy
- Lecture on leprosy during school screening programmes for Eye Health

Available Resources I

Facilities and Manpower

Doctors	39
District supervisors	41
Leprosy /Ophthalmic/TB technicians	218
Hospitals	11
Clinics	173

Available Resources II

- **Out of 173 clinics are located :**
- 25 in Sindh,
- 17 in Baluchistan,
- 10 in Punjab,
- 40 in NWFP
- 14 in Northern Areas and
- 67 in Azad Kashmir.

Available Resources III

- **The 80 bedded MALC Hospital in Karachi and the 72 bedded ALP Hospital at Rawalpindi are the 2 main secondary referral facilities**

Available Resources IV

- Transport:
- a) Jeeps 35
- b) Vans 12
- c) Motorcycles 174
- Costs of transport are born by the NGOs.
- All vehicles are used for leprosy as well as Primary Eye Care/Tuberculosis work.

Available Resources V

- Medical Supplies:
- Anti-leprosy drugs (MDT) are provided by WHO free of cost and are distributed to the Leprosy Centres through the NGOs.
- Other supplies including general medicines, stationary etc. are provided regularly to the Leprosy centres by the NGOs.

Financial Resources

- a) WHO: anti-leprosy drugs, HE materials, training
- b) Government Health Department: Partly salaries, infrastructure, overheads and medicines
- c) International NGO German Leprosy and Tuberculosis Relief Association (GLRA): Main share of the budgets of the NGOs ALP and MALC
- d) Local resources, e.g. Zakat, donations from local NGOs and private persons

Recording and Reporting

- All leprosy centres are required to maintain patient records on prescribed proformas, details are available from NGOs.
- NGOs are regularly submitting statistics on leprosy control, primary eye care and tuberculosis control activities to the concerned Government Health Departments, WHO and the international donors

Monitoring and Evaluation

- A validation of the high WHO grade II disability rate is under preparation
- A systematic validation of leprosy relapses by the leprosy referral centres is under preparation (already done by Rawalpindi Leprosy Hospital)

Challenges

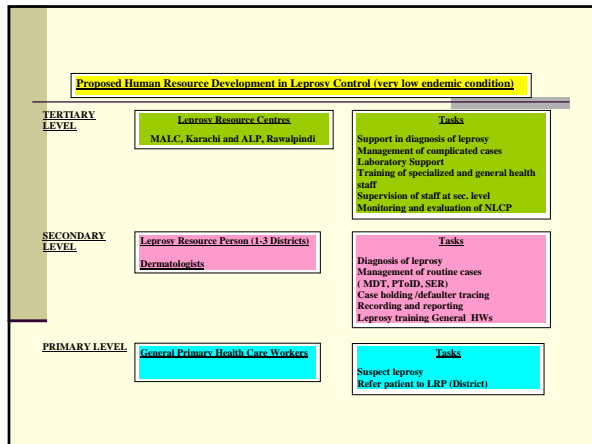
1. To maintain appropriate coverage in leprosy control considering the vastness of the geographical area, the number of population and the very low prevalence of leprosy
2. To maintain knowledge, skills and experience in leprosy management under very low prevalence conditions
3. To create a countrywide sustainable cooperation between leprosy control and dermatology services

Strategies for the Future

- Establish a National Task Force on Leprosy
- Strengthen the existing 2 base and referral hospitals for leprosy as national resources centers
- Develop appropriate Human Resource Structure
- Develop integration/ net-working models of Leprosy Control with Dermatology Services

T o R National Task Force

- Quality assurance of leprosy service delivery
- Work for long-term sustainability of leprosy control under low prevalence conditions
- Recommendations to the Nat. Public Health Board



- ## Leprosy Control and Dermatology
- Comprehensive training of all dermatologists in leprosy
 - Development of "basic dermatology" as part of comprehensive primary health care services
 - Networking with departments of dermatology at tertiary care level as regional resource centres for Leprosy

Thank you very much