

**ILEP Technical Forum
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Sustainability of leprosy services

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Sustainability of leprosy services

- **WHO Global Strategy 2006-2010 :**

. Among the main elements of the strategy : « Sustain leprosy control activities in all endemic countries ».

. « Sustainability is the capacity of a programme to maintain quality and coverage of services at a level that will provide continuing control and further reduction of a health problem at a cost that is affordable to the programme and the community. »

Sustainability of leprosy services

- **ILA Technical Forum, 2002 :**

« To guarantee sustainable leprosy services, leprosy control programmes should be integrated in the general health services ».

Sustainability of leprosy services

Why integrating leprosy services :

Better coverage of the population

Equity

Increased cost-effectiveness

Reduction of stigma and discrimination

• **WHO Global Strategy 2006-2010 :**

Activities which should be integrated :

- . All leprosy related tasks and functions.
- . All management and support activities.
- . All organizational components.
- . Promotion of basic and operational research.

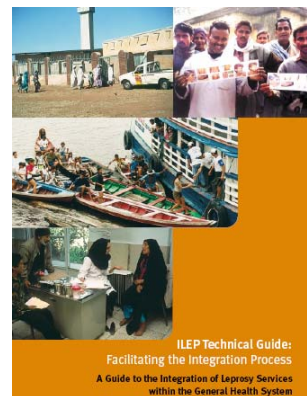
Basic principles for successful integration :

- . MDT services available in every health facility in an endemic area on all working days.
- . At least one trained staff member in every health facility.
- . Adequate amounts of MDT available, free of cost.
- . IEC materials available for patients and families.
- . Simple treatment register available.
- . Referral services available and accessible, and staff should know where and how to refer patients.

• **Quality leprosy services* :**

- . Are accessible to all who need them.
 - Coverage : MDT treatment can be provided at all health units.
 - No geographical, economic or gender barriers.
- . Are patient-centred and observe patients' rights, including the rights to timely and appropriate treatment and to privacy and confidentiality.
- . Address each aspect of case management, based on solid scientific evidence :
 - . Diagnosis is timely and accurate, with supportive counselling.
 - . Treatment with MDT is timely, free of charge and user-friendly.
 - . Prevention of disability interventions are carried out appropriately.
 - . Referral for complications and rehabilitation is done as needed.
- . Maintain simple records and encourage review and evaluation.

*Operational Guidelines

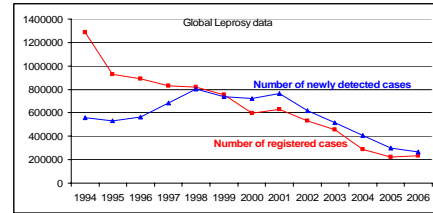


Where are we now ?

- Many countries have made efforts to integrate leprosy activities :
- . Diagnosis and treatment services of « normal » patients are usually delivered by general health personnel.
 - . Managerial, supportive and organizational activities often remain in the hands of specialized personnel, even at District level.

Where are we now ?

What about quality of services ?



Where are we now ?

What about quality of services ?

- . Proportion of new patients with grade 2 disabilities : 4.5 % at global level; more than 10 % in 19 countries
- . POD programmes are often weak.
- . Referral system is not always effective.
- . Rehabilitation activities are often extremely limited.

Challenges for NGO's :

- Supportive rather than executive role for :
- . Organization of services (integration)
 - . IEC and promotion of self-reporting
 - . Training of personnel for the implementation of the new strategy and guidelines
 - . Effective referral system
 - . POD and rehabilitation
 - . Quality assessment of services
 - . Functioning of general health services
 - . Partnerships : national programmes
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