



### “Mechanism to validate grade 2 disability reported from the field”

PEM Fine  
LSHTM

“Informal Consultation ....”  
London 12-13 November 2009

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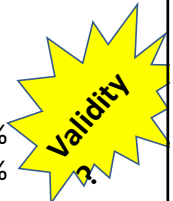
#### Ranges of G2D statistics for 2008

- AFRO: 3.6 % to 25.2 %
- AMRO: 3.1 % to 10.3 %
- SEARO: 2.8 % to 13.1 %
- EMRO: 4.0 % to 15.5 %
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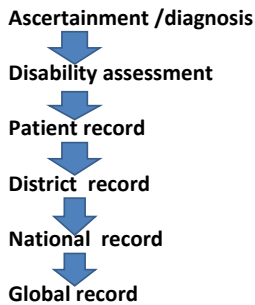
**What's behind the numerators and denominators in these statistics ??????**

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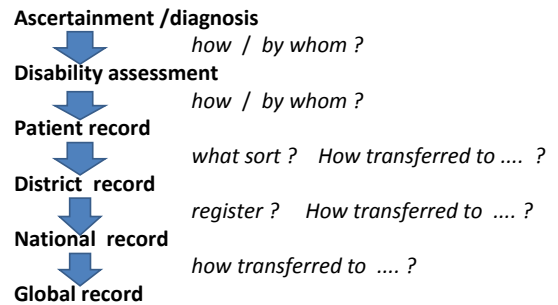


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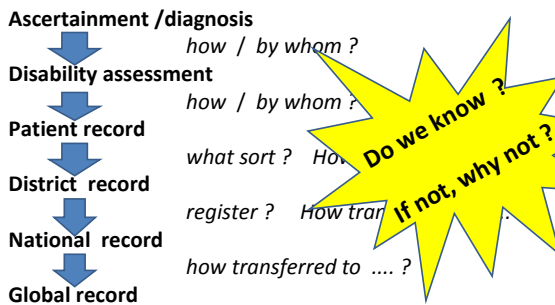
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### Quality of initial disability assessment ?

“Most patients do not have access to even the most basic neurological supervision “  
*(Jakeman and Smith, 1994)*

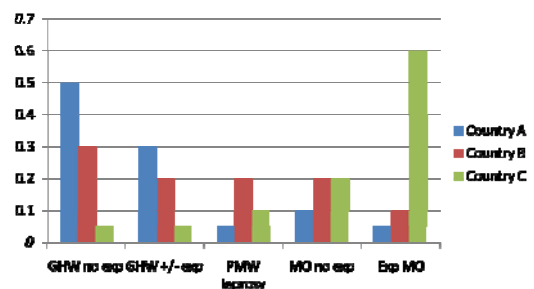
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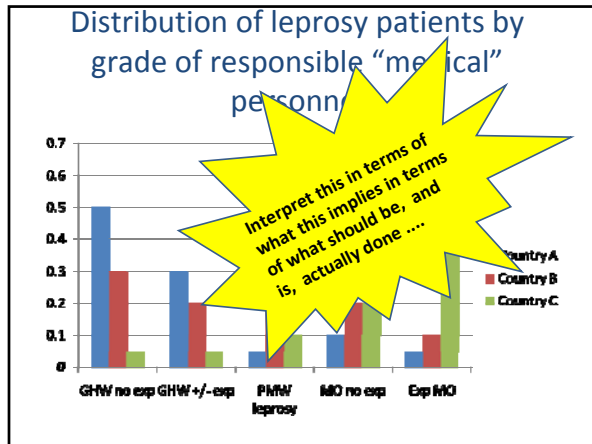
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**Simple suggestion :** a critical survey of who actually assesses leprosy patients today, by country (or by state, in India and Brazil)

- General health worker with little / no leprosy training
- General health worker with some leprosy training
- Experienced / trained leprosy paramedical
- Physician with little / no leprosy experience / interest
- Physician with leprosy interest and experience

### Distribution of leprosy patients by grade of responsible “medical” personnel





**Validation implies *independent* critical checking of reported (G2D) statistics against original patient circumstances....**

By whom ?  
 How organised (eg sampled) ?  
 How many ?  
 Who pays ?

**Protocol for validation -**

General , or specific .....?

Who should prepare ?

**Major issue / problem = TIMING**  
 If validation several months after original assessment – disabilities evolve

Thus might be appropriate to have continuous independent review of *recently* diagnosed patients – *but is this realistic ?*

**What is realistic ?**

**Organise special surveys to facilitate target achievement ?**

But .... continues bad tradition of manipulating data

does not strengthen routine services (isn't that the goal ?)

**Insist upon rigorous management – from the top down**

Managers at every (global, regional, national, district) level should (want to) know what is *really* happening , who is doing what, how well, and to what effect .... in order to improve performance

That tone should be set at the top - and start here ....

**The numbers / weighting problem**

That 35 % decrease, as expressed in the "target", will be driven largely by India (and Brazil and China ...)

Is this sensible ?

"I don't make predictions – I never have, and I never will..."

Tony Blair

**"There will be much number-dancing over the next decade, as different people try to interpret the target and as different organizations twist it in various ways in order to suit their own publicity needs."**

**Reflections on the Elimination of Leprosy  
*Int'l Leprosy* 1992; 6(1): 71-80 (page 79)**