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Agenda Item 4

REVIEW OF THE LEPROSY PROBLEM IN THE EASTERN MEDITERRANEAN REGION

COUNTRY REPORT :

S U D A N

by

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INTRODUCTION

Leprosy is endemic in the Sudan. The disease causes a lot of disabilities and results in considerable economic loss. In addition to the physical disabilities, there is also a strong stigma associated with it.

Leprosy shows a characteristic focal distribution in the country. Apart from the small foci known to exist in the different parts of the country, there are certain areas with high prevalence, particularly in the Western and Southern regions.

LEPROSY STATISTICS

There are no accurate data about leprosy in the Sudan. The available data represent cases in leprosy settlements, in the few clinics run by voluntary organizations in the highly endemic areas and the cases seen in the dermatology clinics in the hospitals. These cases are mostly self-reporting. The leprosy settlements have been accepted as indicators for the leprosy prevalence in the different regions of the country.

The total number of cases in the country was estimated by WHO, 1966, as 100 000 cases with a prevalence of 8 per thousand. The attached table shows the total number of registered cases and their distribution in the different regions. During the last few years field activities have been more marked in the Southern region, where several voluntary organizations are engaged in the leprosy control activities.

THE OBJECTIVES AND TARGETS OF THE LEPROSY PROGRAMME

The long-term objective of the leprosy programme is the eradication of leprosy. However, as a short-term objective, the programme is intended to reduce the leprosy prevalence and its socio-economic impact. Lack of accurate data and the focal distribution of the disease make it difficult to establish targets for the programme for the whole country. A more realistic approach would be to have regional targets. With the improvement in coverage and the introduction of effective therapy, marked reduction in the disease prevalence is expected.

STRATEGIES OF THE LEPROSY CONTROL PROGRAMME

To attain the objectives stated, the following strategies are used :

1. Case finding :

The majority of cases registered at present are actually self-reporting. Leprosy is well known to the people living in the endemic areas and patients usually report to the health units for treatment. Active case finding activities are limited. Apart from a sample survey carried out in 1976 in the Nuba mountains, case finding through survey activities is limited. With improvement in coverage and training of the health personnel, more cases are likely to be discovered at the different health units.

2. Treatment of cases :

The long duration of treatment results in marked irregularity of patients. Dapsone is the drug used nationwide. The country was fortunate in maintaining a 100mg daily dose. Combined therapy is carried out on a limited scale and is still confined to dermatology clinics and places where trained personnel are available.

The WHO recommendations regarding therapy stated in the 5th Expert Committee Report were adopted. The recommendations were translated and distributed to the health units but with shortage of trained personnel to supervise the treatment, the regimen is not likely to be widely used. Another factor likely to limit the wide use of the new regimens is the shortage of drugs.

To overcome the difficulties of shortage of trained personnel, a national training centre was established to provide courses both in English and Arabic for the different categories of personnel. Priority in training is given to personnel from highly endemic areas. The centre also provides opportunities for training of medical students and post-graduate students in community medicine.

The shortage of drugs is partly solved by the contributions by voluntary organizations working in leprosy control. UNICEF has promised to help during 1983 budget, with drugs that can be used in combined therapy.

3. Rehabilitation of patients :

There is very limited effort in this aspect. Voluntary organizations are expected to help along the Government policies of rehabilitation. The Government is providing land in certain areas for the patients. The National Leprosy Relief Association is expected to have a more active role.

4. Health education :

Though difficult to evaluate, it seems that the limited efforts exerted in this aspect have a positive effect on the programme activities.

ORGANIZATION OF THE LEPROSY CONTROL ACTIVITIES

The Sudan Government has accepted Primary Health Care as an approach and vehicle through which communicable disease control should be carried out. Within this context, the leprosy control activities are intended to be integrated into Primary Health Care programme activities.

Leprosy is one of the diseases expected to be detected by the primary health care worker (PHCW), working at a primary health care unit (PHCU), which should refer the patient to a medical assistant (MA) at a dispensary, or to a medical officer (MO) at a hospital, to confirm diagnosis. The MA or MO should prescribe appropriate treatment and send the patient back home to have treatment under supervision of the PHCW. A PHCU intended to serve a population of 4000 within a radius of 10 miles makes it possible for the patient to have treatment near his home.

The primary health care activities at the regional level are the responsibility of a public health specialist. He is responsible for the disease surveillance, provision of appropriate drugs and the coordination of the control activities within the region.

At the Ministry of Health headquarter level, there is a leprosy control unit (as part of the endemic and epidemic control department). The unit, headed by a leprologist, is responsible for :

1. Giving advice about policies and methods of leprosy control to be used in the different parts of the country.

2. Provision of appropriate forms to be used for registration.

3. Training of personnel at the National Training Centre and other centres.

4. Ensuring provision of appropriate drugs.

5. Coordination of efforts and activities of non-governmental agencies involved in the leprosy control activities in the country.

Integration was appropriate for the country and more practical because of the limited resources and the fact that there was no vertical programme for leprosy control.

RESEARCH

In collaboration with WHO, the Leprosy Control Programme is planning to establish a unit for drug sensitivity testing through the mouse foot pad technique.
The Unit will be at the National Health Laboratory and will help in detecting cases of dapsone resistance and to map areas affected.

There is also a programme - in collaboration with TDR - for trial of the new chemotherapeutic regimen for paucibacillary patients in Wau area. The trial is scheduled to be started early this year (1983).

REGISTERED LEPROSY CASES

1982

REGION	TOTAL CASES
Khartoum	422
Darfur Region	798
Kordofan	3 460
Central	268
Northern	23
Eastern	65
Southern	3 754
	8 790