WORLD HEALTH ORGANIZATION

Regional Office for the Eastern Mediterranean

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REGIONAL PROGRAMME PROPOSALS FOR LEPROSY CONTROL

presented by

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MEDIUM - TERM PROGRAMME

LEPROSY

1. Introduction

The WHO Expert Committee on Leprosy in 1977 stated that the total number of cases of leprosy throughout the world may well exceed 12 million cases, indicating that the hopes raised 30 years ago that leprosy could be controlled by the introduction of sulfone drugs were over-optimistic.

Accurate information on the prevalence and incidence of leprosy is difficult to obtain in a comparable way from various countries. As well, there is evidence that infection rates are several times higher than illness rates.

In spite of the shortcomings of treatment with sulfone, there is substantial evidence that it was responsible for reduction both in the incidence and in the prevalence of leprosy. It is expected that with the introduction of rifampicin in the treatment, improvement in control will be more evident. It is estimated that for the achievement of a reduction in incidence, it is necessary to render 75 per cent of the cases inactive by treatment, provided that the majority of cases are identified.

Research in leprosy is expected to have a major boost especially after its inclusion as one of the diseases covered by the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR).

2. Background and Analysis

(a) Policy Basis

The World Health Assembly Resolution WHA27.58 (1974) recommended that the policy for leprosy control include intensive case detection (to ensure early diagnosis), treatment of infectious cases, as well as research, especially as regards immunization and rehabilitation of cases.

The Regional Committee for the Eastern Mediterranean recommended (EM/RC7A/R.14) that the countries of the Region, where the disease represents a public health problem, establish leprosy control measures including training of health personnel, health education of the public, and social services, and coordinate leprosy services with other health services in the country.

The Sixth General Programme of Work (1978-1983) outlines WHO participation in establishing epidemiological and socio-economic parameters identifying possibilities for prevention and control and providing adequate supplies of diagnostic and therapeutic substances.

(b) Situation Analysis

The estimated number of cases of leprosy in the Eastern Mediterranean Region (1975) is 180 000 cases. The figure reported in the early sixties was of the order of 220 000 cases, but the two figures cannot be easily compared as that for the sixties was an estimate more than based on actual field studies. The prevalence rate for 1975 was found to be 0.1 per cent or lower in almost all Asian countries of the Eastern Mediterranean Region, and 0.3 per cent or higher in all African countries of the Eastern Mediterranean Region, except for Tunisia where it is less than 0.1 per cent.

Voluntary Organizations are very active in leprosy control in many countries of the Region, in some cases in collaboration with WHO, and in other cases independently. Their input in some countries is substantial.

WHO collaboration includes the provision of advisory services, training both within the countries and abroad, and provision of supplies and equipment. A number of projects have been completed and collaboration is ongoing with Sudan, Democratic Yemen and Pakistan, and is in the planning stage for the Yemen Arab Republic and Somalia.

3. Objective

- To reduce morbidity from leprosy.

4. Target

To make, by 1983, contribution to selected aspects of leprosy control programmes in four countries of the Eastern Mediterranean Region, including at least partial integration into primary health care.

5. Approaches

- Estimation of the prevalence and distribution of the disease.
- Treatment of cases with rifampicin, followed by dapsone for the optimum period, without interruption.
- Surveillance of contacts for at least five years after the case becomes bacteriologically negative.
- BCG vaccination for the populations of areas with high prevalence of tuberculoid leprosy.
- Research in prevention, control, and rehabilitation of cases.

Medium-Term Programme: Bacterial, Viral and Mycotic Infections (1978-1983)

4.1.3.4. Leprosy

Objective: To reduce morbidity from leprosy.

Target: To have by 1983 a leprosy control programme in operation in 4 countries* of EMR including at least partial integration with PHC.

Activity	Location	1979	1980	1981	1982	1983	Remarks
1. Planning and programming for implementation of services a) Planning and programming	Sudan Dem.Yem. Pakistan Yemen	✓ ✓	✓ ✓	✓ ✓			Voluntary organizations are actively involved in leprosy control in these countries, and in Somalia and increased WHO collaboration with these organizations is needed.
b) Implementation of services - Integration with PH care	Sudan Dem.Yem. Pakistan Yemen	Khartoum area	Southern regions, Nuba Mountains, Blue Nile and Darfour	Further extension to areas to be determined At central level ✓	Further extension At peripheral ✓ levels ✓ ✓	Full coverage through PHC At peripheral ✓ levels (cont'd) ✓ ✓	Closely related to activities 2, 3 and 4. (For Dem.Yem. integration with TB ser.)
c) Conduct prevalence surveys to determine extent and distribution of leprosy	Sudan Dem.Yem. Pakistan Yemen		✓	✓	✓ ✓ ✓		Cross reference with ESD
Resources:		-WHO staff EMRO -MO 12 mm -Equip. & supplies Dem.Yem. 2mm STC	-EMRO and Geneva staff -STC leprologists Sudan 4 mm Pakistan 3 mm Yemen 2 mm -Equip. & supplies	Same as 1980	STCs leprologists Equip. & supplies depending on assessment made in 1980/81	Same as 1982	
Output indicators: -Plans of leprosy control -Integrated functioning leprosy services -Results of prevalence survey							

* In addition to the four countries mentioned, WHO contribution in Somalia (see activities 5 and 6)

Activity	Location	1979	1980	1981	1982	1983	Remarks
2. Treatment of all identified cases regularly so that at least 75% of prescribed treatment is taken by the patient. Resources: covered in activity 1. Output indicators - Coverage rate by treatment - Attendance rate & defaulters - Annual inactivation rate	Sudan Dem.Yem. Pakistan Yemen.	Khartoum area	Southern regions, Nuba Mountains, Blue Nile & Darfour	Further extension	Further extension (To be implemented (in some areas (	Full coverage through PHC (Extend with PHC ((	This will go hand in hand with the developments in activity one.
3. Active surveillance (case detection), essentially through primary health workers, for contacts of cases and examination of special groups. BCG vaccination for susceptible populations in areas with tuberculoid type. Resources: covered in activity 1. Output indicators 1. Coverage rate of contact tracing 2. Detection rate among examined 3. Disability rate and % with single lesion among identified cases through surveillance.	Sudan Dem.Yem. Pakistan Yemen		Khartoum area	Extension to other areas	Further extension	Full coverage (Implementation (in areas (covered by (activity 2.	This is to proceed after the implementation of activities 1. & 2. Complementation of what is provided by EPI

Activity	Location	1979	1980	1981	1982	1983	Remarks
. Promotion of community participation through health education in the context of each country's public health programme	Same 4 countries						To be carried Cross reference with Health education
	) EMRO	✓					
	)	✓					
	) Sudan Dem.Yem. Pakistan Yemen		→	→	→	→	To be carried out at the time and place where services are available
Resources: - WHO staff - Equipment can be covered from resources available under activity 1. **output indicator** - Awareness of the public impact on activities 2. and 3.							
5. **Training**							
i) Establishment of a regional training centre to train those who will be responsible for training auxiliaries	Sudan	Planning of a centre, probably at Khartoum	Establishment of the centre	Start training	Continued	Evaluation of training	Cross reference to MTP/HMD
ii) Fellowships to key personnel to train abroad	All EMR countries	Fellowships	Fellowships	Fellowships	Fellowships	Fellowships	
iii) Training of auxiliary personnel through in-service training	Sudan, Democratic Yemen, Pakistan, Yemen						
iv) Seminar (national) **Resources:** as under activity (1) Output Indicator: - Number of trained personnel - Impact of activities 2,3 and 4	Somalia	✓					Cross reference to TDR
Research: See MTP/TDR							Cross reference is made here to TDR