3. ハンセン病制圧に向けての進捗報告

PROGRESS TOWARDS ELIMINATION OF LEPROSY IN MYANMAR (2001 - 2002)

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1. INTRODUCTION

Leprosy had been a public health problem in Myanmar, for many years. The Government of the Union of Myanmar at various times, with the expertise and advice of the World Health Organization (WHO) and INGOs, had been fighting against the disease.

The Government of Union of Myanmar started to launch Anti-Leprosy Campaign as early as 1950-51. Partial integration with People's Health Plan started in 1977. In 1988 MDT Programme was started in six hyper-endemic regions and it was integrated to Basic Health Services (BHS) in 1991 and completed in 1995.

As the country has strong and clear decision to eliminate the leprosy meaningfully as soon as possible, many participation bodies both internal and external come to join hand in hand to accelerate the efforts for leprosy elimination.

2. OBJECTIVES

2.1 General Objective

To achieve the leprosy elimination at the national level by the end of the year 2003 (i.e. to reduce the leprosy prevalence rate under one per 10,000 population.) and after that to sustain leprosy elimination and formulate the Community Based Rehabilitation (CBR).

2. Specific Objectives

i. To impart right knowledge about leprosy among the communities.
ii. To promote self-reporting of the suspected cases by improving the community awareness.
iii. To explore undetected / hidden cases and treat them with MDT.
iv. To develop the surveillance system for sustainability of the programme.

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v. To identify the problems and areas of weakness needed to be strengthened.
vi. To monitor the cases by up-dating the data.
vii. To cure the patients with MDT by providing regular and complete treatment.
viii. To improve the capacity building of the staff.
ix. To ensure participation of the partners in elimination of leprosy.
x. To make regular monitoring and supervision of leprosy elimination activities in the field.

3. Strategies.

i. Enabling all health facilities in endemic districts to diagnose and treat leprosy.
ii. Sustain high geographical coverage with case detection and MDT services over the next 3 to 5 years.
iii. Closely monitoring and supervision at the township and health centre levels.
iv. Changing the community image of leprosy through information, education and advocacy.
v. Ensuring political commitment of local authorities at different levels.
vi. Promotion research and development strategies to accelerate and sustain the elimination status.
vii. Mobilization of resources (including deployment of manpower) for effective utilization.
viii. Job oriented capacity building for the leprosy control staff and the BHS personnel leading to partnership and ownership.
ix. Establishment of surveillance system at the township level.
x. Creation of community demand leading to active participation and collaboration.
xi. Strengthening and broadening of partners (in related sectors, local NGOs and private sectors).
xii. Strengthening intervention of prevention and management of disabilities.
xiii. Maintaining easy and uninterrupted access to free MDT drugs.
xiv. Maintaining high cure rate through flexible and patient friendly drug delivery system.

With the above mentioned strategies and activities which are in line with the WHO global strategy, Myanmar will achieve the elimination of leprosy within the proposed global time frame of WHO and will sustain the elimination status in the future years.

4. Organization for N.L.E.P

Under the National Health Committee, National Leprosy Elimination Steering Committee provide the guideline followed by the National Task Force for Leprosy Elimination and the Leprosy Elimination Co-ordinating Committee. Member of the Co-ordination Committee include National Task Force members, representatives of non-governmental organizations and WHO.

5. MAIN ACTIVITIES AND OUTCOMES

5.1. Cleaning of Register

At the end of the year, 1999 and 2000, the Prevalence and Detection (P:D) ratio were 0.96 and 1.03, which were higher than the normal ratio. To confirm the P:D ratio and report the valid data, Register Cleaning Campaign was conducted in 179 townships of Ayeyarwady, Bago, Magway, Mandalay, Mon, Lower Sagaing and Yangon area. The National Leprosy Elimination Programme is intensifying the new case finding activities and improving the accuracy of diagnosis on one hand and supervising the reporting and drug distribution system on the other hand to get the actual prevalence data and support the achieving of meaningful leprosy elimination in time.

The total number of cases on MDT after cleaning is 6877 cases. 6612 cases (**96.1%**) of those are during the minimal period of regimen, only 212 cases (**3.1%**) could not be released in the prescribed period . 53 cases (**0.8%**) need longer duration because of changing the regimen (Type change) after starting the treatment. 171 out of 212 cases (80.7%) take longer duration of treatment because of the weakness in drug delivery system, from township to patient and about 10% of cases need accompanied MDT (A-MDT).

The total number, removed from the registers and reports were 673 (9%). 382 (56.8%) out of 673 total discharged cases were RFT cases. Out 382, 136 cases (**35%**) are removed as regular RFT. About half (**45%**) of total RFT were not removed from the register and report, although the treatment was stopped at the grass-root level and about **20%** was over treated.

Out of 291 other discharged cases, 172 cases (**59%**) were removed because of statistical errors. 63 cases (**20%**) of the other discharges were defaulter. If we can give A-MDT to these cases, the cure rate will be increased.

After cleaning the registers, 228 cases **(3%)** of total cases on MDT, which were not in registered, could be registered.

Three main weaknesses are identified during the Registered Cleaning Campaign (RCC).

(a) Compilation of data, registration and reporting (25.8 %) (174 of total discharge).
(b) Supervision of treatment and provision of A-MDT (10%) (63 of total discharge).
(c) Supervision of drug distribution system down to patient level (3%) (212 of total cases on MDT)

5.2. Focused LEC

Pilot LEC was conducted not only to identify the village selection criteria, but also to improve the operation procedure.

After the lessons learnt from the pilot trial, Focus LEC was conducted in 99 townships of the most hyper-endemic townships in 4 Divisions and one State. The New Case Detection Rates (NCDRs) were varied according to the endemicity (4.5 to 21.8) and the average is 15.78/100,000 population. The average village coverage is 70.97% (64.3 to 81.4) in state and division-wise. The village coverage is based on selection criteria rather than based on either township or health centre. Although the village coverage is more than two times the previous LEC, the number of villages, where new cases detected is lesser, the average is 13.97% (8.95% to 21.47)

29.8% of new cases have the history of contact (24.5% - 32%). the proportion of contact and non-contact is the same as in theory. Single Skin Lesion is 12.2% (9.1-15.4) and the percentages are higher in central Myanmar than lower Myanmar but MB% is lower, the average MB% is 40.45 (34.5% - 47.9%).

Table 1. Comparison of new case detection between Pilot LEC and Focused LEC

Indicator	**Pilot LEC**	**Focused LEC**
NCDR	16.5	15.78
% of Village with New Case Detection	13.54	13.97
% of New Cases with contact history	46.8%	29.8%

Table 2. Comparison of Category of Village with new case detected between Pilot LEC and Focused LEC

Category of Village	Pilot LEC	Focused LEC
Cat I	51%	50.8%
Cat II	8.2%	13.3%
Cat III A	0%	1.2%
Cat III B	8.2%	17.6%
Cat IV A	22.4%	16.4%
Cat IV B	2.0%	0.3%
Cat V	8.2%	0.32%
Total	100%	100%

Criteria of Village Category (*See Annex 1*)

Cat I, II, III B + IV A - are the villages which need to be focused.

Table 3. Comparison of new case detection among LEC, NLEC and Focused LEC

Particular	LEC	NLEC	Focused LEC
No. of Townships	118	118	99
Population	21425556	21881216	18989641
New Cases	15635	8255	2996
NCDR	72.9	37.84	15.78

5.3. Transferring Ownership to Township

To improve the management of local health staff, at township level, township level monthly review meeting is conducted by Township Medical Officer (TMO) and his / her Basic Health Staff (BHS), based on the points suggested by the leprosy programme. One-day programme management workshop was conducted with TMOs before the monthly meeting. The main points, reviewed at the meeting are; up-dating of data in the reports and registers, case finding and treatment, drug distribution and balance in hand, capability of staff, especially for diagnosis and classification, RFT and discharged cases etc. Based on the findings, the area of weakness identified, solution to solve and co-ordination are discussed.

5.4. Strengthening Monitoring and Supervision at Township

Capacity building for all the categories of vertical staff was conducted, mainly on case finding and case intake, case holding, drug distribution and registration and reporting.

To improve the accuracy of diagnosis and MDT services, meeting and on-job training are conducted at township and rural health centre by the vertical staff. Every intake cases and five essentials for health facility (Manual and Guide, MDT drug, Trained Staff, IEC Materials, Reports and Registers) are reviewed and supported by vertical staff, according to their monthly assignment by senior officers.

Central and Regional level supervisors monitor the situation of township level by using the monitoring tools and indicators for improving the reporting system. After identifying the weakness, either feed-back or field visit are made.

Monitoring and Supervision is improved than the previous years and all the staff both BHS and Vertical are aware of it.

The weakness of the activities and reporting is not only due to the inadequate knowledge and skills but also due to the lack of concept, practice and guidance.

So, capacity building workshop were conducted for the vertical staff at regional level, especially on :-

- diagnosis and classification
- drug distribution system
- reporting

During the workshop, try to identify specific problems of the topics, based on their findings and experiences of field visits both from technical and conceptual aspects. Then, formulate the comprehensive solutions and make the plan.

5.5. Improving Community Awareness and Advocacy

Improving Community Awareness is one of the five important issues of the National Leprosy Elimination Programme (NLEP).

*The following **preparation activities** were carried out to conduct "National Leprosy Elimination Awareness Week" in 23rd to 29th October.*

1. Identifying the essential information for the specific target group/s.

2. Conducting Need Assessment Survey especially for the urban and peri-urban community.
3. Conducting advocacy meeting to the different levels of authorities, administrator, related government sectors, local NGOs,
4. Conducting advocacy meeting and paper reading session for media personal/association.
5. Identifying strategy and communication channels for the specific target group.
6. Production and distribution of I.E.C Materials.
7. Conducting capacity building for General Practitioners (GPs) through Myanmar Medical Association, Medical Doctors Working in General and Specialist Hospitals and Basic Health Staff, distribution of reference reading materials and MDT drugs.
8. Conducting training and distribution of IEC materials to Local NGOs, especially MCWA.
9. Competition of essay, poems, story, novels, cartoons etc.
10. Developing Township Micro planning.
11. Monitoring and Supervision of the preparation activities.

The ***"National Leprosy Elimination Awareness Week"*** (NLEAW) was conducted from 23rd to 29th October 2002.

The main objectives are :-

1. To achieve the Leprosy Elimination in the year 2003, by active participation of community as their awareness is improved.
2. To sustain the leprosy elimination status after 2003.
3. To eliminate leprosy from the (some) district level by the year 2005.

During the awareness week, the following activities were implemented.

1. Launching ceremonies at different level.
2. Broadcasting and telecasting about leprosy and elimination of leprosy by Myanmar Radio and Television (MRTV) and Myawaddy Television.
3. Mass distribution of IEC materials e.g. posters and pamphlets to the almost wards and villages through out the country.
4. Issue of news and articles from TV channels, Newspaper, Magazines and Journals.
5. Video & VCD Show at wards and villages where Video and VCD players are available.
6. Conducting Information Session by BHS and Local NGOs. Coverage was 70-80% of total villages in hyper-endemic areas but less in low endemic areas.
7. Reporting.

Nationwide Leprosy Elimination Awareness Week (NLEAW) was conducted in 306 townships of states and divisions. Awareness activities are expanded with our partners which will further improve the awareness of leprosy among the authorities and community leading to the elimination of leprosy from country. Strong political commitment, specific and effective guidance and support have been received from central level down to the village level.

According to the preliminary report on Assessment Survey of NLEAW conducted in the community of 17 townships showed the encouraging and very important results. Every one out of two households know early signs of leprosy and almost 100% of respondent know the curability and availability of MDT at health centre.

6. CURRENT SITUATION

Registered Prevalence

At the end of 2002, there are only 5494 cases under treatment and the rate is 1.04 per ten thousands population.

Prevalence rate (PR) less than one in (9) states and divisions, between one and two in (5) state and divisions and there is no states or division in which PR is more than two.

New Case Detection

Instead of LEC was implemented during October 2001 to July 2002, focused on 99 hyper-endemic townships, intensified routine case finding activities and implemented National Leprosy Elimination Week successfully conducted in October 2002. It is the first time the NCDR comes below 15/100,000 since 1989, i.e. after the introduction of MDT.

4735 new cases are detected by routine activities and it is the lowest number of cases detected since 1990. Special case detection rates are also reducing significantly and even it is lesser than the routine.

Prevalence and Detection Ratio (P:D)

At the end of 2002, the P:D was 0.74. It is not only the lowest P:D since changing the MB regimen from two years to one year in 1997 and also reach to the optimal ratio of Prevalence and detection. Main reasons behind the reaching of the optimal P:D are :- improved drug distribution, monitoring, supervision and reporting. At least 95% of the registered cases can discharged as RFT. The lessons learnt from the Register Cleaning Campaign (RCC) improved the situation.

Development of Partnership and Ownership

Because of the advocacy, capacity building, provision of I.E.C, decentralization, etc and supported by political commitment and area wise special projects, leading to the strong development of partnership and ownership.

They can manage their own programme and synergistically strengthen the elimination activities.

7. MAIN CHALLENGES

1. To eliminate the leprosy at remaining divisional and township level.
2. To sustain the elimination at the National Level.
3. To sustain the community awareness and participation.
4. To develop the capacity of health staff according to the changing situation and needs.
5. To initiate prevention of disability and rehabilitation.

8. PLAN of ACTION (2003)

Main Activities planned to be implemented in 2003

i. Cleaning and validation of data
ii. Focused LEC
iii. Transferring ownership to townships
iv. Strengthening of Monitoring and Supervision on LE activities.
v. Improving community participation and awareness
vi. Training and Human Resource Development

Detailed plan of action with time schedule is mentioned in Annex 3.

9. CONCLUSION

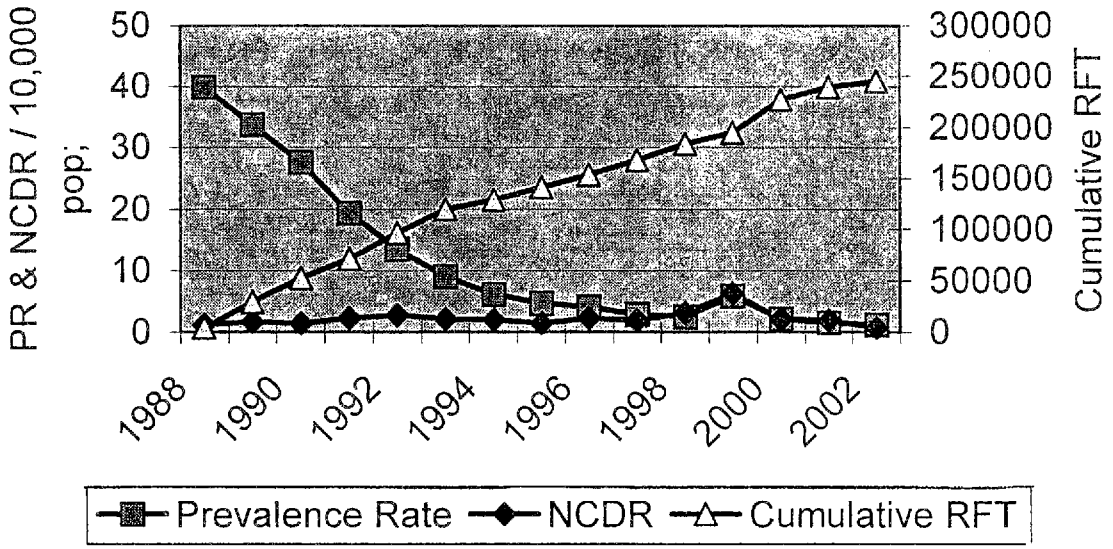
Under the clear guidance and strong political commitment of National Health Committee and Ministry of Health, Basic Health Services and Leprosy Control Project are enthusiastically and energetically implementing the elimination activities with technical and financial support of WHO and international organisations, administrative support of local authorities, coordination, cooperation and collaboration activities of local NGOs and active participation of the community. Therefore it is strongly believed to achieve the elimination goal very soon before the end of the year 2003

Criteria For Village Category *Annex 1*

Category		Case (+) before 1996	NC(+) after 1996	On MDT	NC(+) When LEC / NLEC done
I		-	Ï	-	Ï
II		Ï	Đ	Đ	Đ
III	A	-	Ï	Ï	Đ
	B	-	Ï	Đ	Đ
IV	A	Đ	Đ	Đ	Đ
	B	Đ	Đ	Ï	Đ
V		Đ	Đ	Đ	Ï

Annex 2 A

GRAPH SHOWING THE TREND OF LEPROSY PREVALENCE RATE, NEW CASE DETECTION RATE AND CUMULATIV RFT FROM 1988 TO 2002 IN MYANMAR.



Annex 2 B

State and Division wise Prevalence and Detection (2001 & 2002)

Sr.	State / Division	2001				2002			
		Reg: Cases	PR	New Cases	NCDR	Reg: Cases	PR	New Cases	NCDR
1	Ayeyarwady	693	0.97	777	10.87	1035	1.41	1742	23.89
2	Bago	1070	1.98	1167	21.64	902	1.64	1249	22.71
3	Chin	28	0.55	37	7.23	9	0.17	20	3.83
4	Kachin	90	0.68	95	7.2	27	0.2	16	1.18
5	Kayah	16	0.61	11	4.18	10	0.43	18	7.87
6	Kayin	226	1.46	276	17.86	103	0.54	147	7.8
7	Magway	1327	2.8	1426	30.09	460	0.95	670	13.86
8	Mandalay	1776	2.62	2552	37.6	933	1.34	1029	14.86
9	Mon	168	0.66	161	6.31	108	0.41	250	9.6
10	Rakhine	136	0.47	167	5.77	73	0.24	64	2.13
11	Sagaing	1463	2.56	1617	28.32	645	1.1	801	13.75
12	Shan	615	1.19	691	13.38	433	0.82	526	9.98
13	Taninthayi	114	0.82	144	10.42	45	0.31	42	2.97
14	Yangon	515	0.87	563	9.56	711	1.18	812	13.52
Union		**8237**	**1.61**	**9684**	**18.88**	**5494**	**1.04**	**7386**	**14.04**

Gantt Chart for Myanmar Leprosy Elimination Programme, Plan of Action 2003.

Annex 3

Sr. No.	Activities to be implemented in the year 2003	2003												Remarks
		J	F	M	A	M	J	J	A	S	O	N	D	
1.	**Cleaning & Validation of data** by means of identification of townships needed for special emphasis (a) Updating of data (b) Capacity building of staff. (c) Strengthening of MDT services.													
2.	**Focus LEC** in selected 30 townships													
3.	**Transferring ownership to townships** by township review meetings													
4.	**Strengthening Monitoring & Supervision on case finding, diagnosis , classification, case holding and treatment.** by means of: (a) Assessment of all registered cases for correct diagnosis & classification, Timely RFT & Updating of registers and avoidance of Recycling of cases. (b) Strengthening the dissemination of leprosy knowledge in the communities. (c) Monitoring ,Supervision and action taken on the case finding activities and drug distribution system. (d) On-job training of BHS													

Gantt Chart for Myanmar Leprosy Elimination Programme, Plan of Action 2003.

Sr. No.	Activities to be implemented in the year 2003	2003												Remarks
		J	F	M	A	M	J	J	A	S	O	N	D	
5.	Programme monitoring visits by DOH, ALM & NLR													
6.	Mid Term Review of POID Pilot Project in Bago Division (March/April 2003)													
7.	**Improved community participation and awareness** Printing of IEC materials													
8.	Health Education activities -manuals & guides													
9.	Improving & sustaining community awareness by media.													
10.	**Training and Human Resource Development** A Core Group of 4 Leprosy Medical Oficers to receive state of the art POID training at Pokhara, Nepal.(4 weeks)													
11.	Training of Trainers on POID (one week) (Core group trainers)													
12.	Training of LCP staff on POID by core group trainers -42 MOs, 102 LI/ALIs, 5 LHVs													
13.	Training of TMOs on ulcer care (two courses) one in Yenanthar & one in Mawlamyaing. (10-15 TMOs each course)													

Gantt Chart for Myanmar Leprosy Elimination Programme, Plan of Action 2003.

Sr. No.	Activities to be implemented in the year 2003	2003												Remarks
		J	F	M	A	M	J	J	A	S	O	N	D	
14.	Training on physiotherapy in India, four candidates,2 from YNT & 2 from CSSC(3months)													
15.	Training of one MO on post-graduate public health training on M.Sc Epidemiology, Extra-regional													
16.	Training of one MO on post-graduate training on M.Sc. Social Science, Extra-regional													
17.	Programme Management Workshop for RLOs & TLs and Refresher Training of LI/ALIs, LHVs and JLWs (2-3 weeks)													
18.	Experienced leprosy staff for study tour abroad (2 weeks) special emphasis on POID.													
19.	Study tour abroad for Leprosy Inspectors & Assistant Leprosy Inspectors for 2 weeks on rehabilitation programme.													
20.	Sustainability workshop for the development of strategic master plan (Preparation & Organization)													

Gantt Chart for Myanmar Leprosy Elimination Programme, Plan of Action 2003.

Sr. No.	Activities to be implemented in the year 2003	2003												Remarks
		J	F	M	A	M	J	J	A	S	O	N	D	
21.	**Utilizing Health System Research findings** Protocol Development Workshop or Data Analysis & Reporting Workshop.													
22.	Study on cost benefit analysis of leprosy elimination programme.													
23.	**Advocacy** Task Force Meeting & Evaluation Meeting													
24.	Advocacy Meetings with various sectors including NGOs and local grass root organizations.													
25.	**Logistic Support** Communication equipment for data/information transmission.													
26.	Critical logistics and maintenance expenses not covered by other sources. (a) email connection and office consumables (b) Renewal of computer (c) Maintenance Vehicles													
27.	Provision of vehicles for RLOs & TLs													
28.	Monitoring & Supervision Fuel cost for field activities and vehicle maintenance cost													

Gantt Chart for Myanmar Leprosy Elimination Programme, Plan of Action 2003.

Sr. No.	Activities to be implemented in the year 2003	2003												Remarks
		J	F	M	A	M	J	J	A	S	O	N	D	
29.	Provision of bicycles for the implementers. 2000 bicycles for 2003													
30.	Supplementary drugs such as prednisolone, gammaxine, TEO etc.													
31.	Motorboats for field supervision at Ayeyarwaddy Division. (30 numbers)													
32.	**Sentinel Monitoring Survey**													
33.	**National Consultants** Continuation of assigned(three)National Consultants													
34.	**POID** Supply of self-care aids in POD Pilot area such as protective footwear, sunglasses and pumice													
35.	Provision of POD Tool kits to MOs, LIs and JLWs in POD Pilot area.													
36.	**Joint Action Plan with JICA** (1) Capacity building of Basic Health Staff. (2) Follow up of Microscope training course 2002. (3) POD training for vertical staff. (4) Capacity building of 48 TMOs. (5) Footwear Program. (6) Sewing training course.													