

EDITORIAL

Partnership for sustainable leprosy control beyond 2005

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Partnership

Partnerships have always played an important role in leprosy control. The World Health Organization (WHO) and national and international non-governmental organizations (NGOs) provide a significant supportive function in partnership with national governments. Among the NGOs involved, the members of the Federation of Anti-Leprosy Associations (ILEP), The Nippon Foundation, Novartis and the World Bank have played a prominent role. Partnership can be defined as: 'Inter-organizational relationships involving activities (beyond that which contracts or authority alone would demand) aimed at achieving shared goals based upon close working relationships'. There are more definitions of partnership but they usually include these common themes: commitment to shared objectives; mutuality, equality and open dialogue; sense of trust and respect between the partners; and reciprocal obligations and accountability.

Partnership does not mean that partners should agree on all aspects, but implies that there is a willingness on both sides to 'give and take' so as to reach consensus.

ILEP as a federation is a good example of a partnership between organizations that share common objectives. For many years, WHO and ILEP shared an outstanding partnership that had been exemplary to other disease control initiatives. Although a difference in opinion on technical issues led to partnership problems at the international level in 2001, WHO and ILEP members continued their fruitful collaboration in most countries at the national level. However, since last year, the constructive collaboration between WHO and ILEP has been fully re-established at the international level. This is a very positive development.

Challenges for the 'post-2005' period

Despite a dramatic reduction in the number of leprosy patients registered for treatment, resulting in the achievement of the 'elimination' target (a prevalence of leprosy cases

registered for treatment below 1 per 10,000 population) in 113 countries, the number of newly detected cases has not shown a comparable decline, for various reasons, in many of the endemic countries. In fact the decline in case detection as seen at the global level during the last 2 years can be attributed mainly to the reduction in case detection in India alone. It is inevitable that a significant number of new patients will continue to present for many years, and there is now a clear consensus among leprosy workers that it is essential to sustain leprosy control activities to further reduce the disease burden. This is also necessary in countries that have reached a prevalence rate of below one per 10 000 population.

There is, however, a considerable risk that political commitment will diminish in countries where the elimination target has already been achieved. Politicians, including ministers of health and other decision makers, often interpret 'elimination' as 'eradication'. It is important that decision-makers are convinced that 'elimination', though an important milestone in the long march towards the goal of a 'world without leprosy', does not in itself constitute an end to the leprosy problem. Governments and all agencies, supporting leprosy control work should therefore continue to allocate the resources necessary for sustaining leprosy control activities. Leprosy control activities incorporate all activities aiming at the reduction of morbidity and suffering resulting from the disease including diagnosis, treatment with MDT, patient and family counselling, community education, prevention of disabilities, rehabilitation, referral for complications, etc.

Without political will and support, public health programmes cannot be successful. However, this does not mean that public health related managerial decisions should be made on the basis of political criteria alone. In selecting public health priorities we must find the right balance between technical and political priorities in order to attain a successful process. The 'elimination' target has been very effective in obtaining political commitment and, consequently, in intensifying anti-leprosy activities. However, the number (prevalence) of patients on the treatment register is not the most appropriate indicator to reflect the progress towards true elimination of leprosy (i.e. reduced transmission and incidence). The ILA Technical Forum, the ILEP Technical Commission and the WHO Technical Advisory Group (TAG) all have, in the absence of efficient tools to measure transmission and incidence, identified new-case detection (numbers and rates) as the preferred proxy indicator for monitoring progress in leprosy control. This indicator should preferably be used in conjunction with the proportion of newly detected patients with disability grade 2 for optimal monitoring. The treatment completion rate is an important indicator of the effectiveness of patient management. These indicators are also useful for self-evaluation by health workers as they reflect their major responsibilities: to find patients before they have developed disabilities and to cure them.

Today, we have an excellent opportunity to build on the achievements of the elimination campaign, such as growing awareness for leprosy, strong political commitment, increased involvement of the general health services and the recognition of the importance of partnership among the major stakeholders.

Towards sustainable leprosy control

Even though the leprosy burden has been reduced, new cases of leprosy will continue to appear in significant numbers for the foreseeable future in most of the current endemic countries. Given such a scenario, although much has been achieved, it is important to secure

the provision of accessible leprosy services in communities in which new cases of leprosy will continue to be detected, and to further reduce the disease burden.

Disease control is defined as reduction of the incidence and prevalence of the disease, and of the morbidity and mortality resulting from the disease to a locally acceptable level as a result of deliberate efforts. Continued intervention is required to maintain the reduction. Effective leprosy control ideally requires an integrated approach, which provides wider equity and accessibility, improved cost-effectiveness and long term sustainability. This implies that leprosy control activities should be implemented by the general health services, including integrated referral facilities. WHO, ILEP and ILA all see integration as the most realistic strategy to sustain leprosy control activities. Integration is also a central element of the health sector reforms. Integration not only improves accessibility to treatment, but also reduces the stigma and discrimination faced by persons affected by leprosy. The integration process will need careful planning and probably different approaches within each country, depending on the local leprosy burden and the health infrastructure. If donors wish to ensure the establishment of sustainable leprosy services, they must work with and strengthen the national general health services system.

Improved access to quality leprosy diagnosis and case management will remain the cornerstone of the leprosy control strategy beyond 2005. The recently published WHO Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities (2006–2010) recognizes the need to sustain leprosy control services for many years to come. A change is required from the campaign-oriented approach to the long-term approach of sustaining integrated quality leprosy control activities, which in addition to case detection and treatment with MDT, also include prevention of disability (PoD) and rehabilitation.

Role of partners

The role of the partners in the short to medium term will focus on strengthening the national capacity to provide quality leprosy services, to provide technical advice, funding for core activities, free MDT drug supply and logistics and global advocacy. It is important that the partners involved in leprosy control continue to collaborate and coordinate their activities to increase their effectiveness. The government, particularly the ministry of health (MoH), is the owner of the programme, and should coordinate national and international donor support to the country. Effective donor coordination is an important requirement for a consistent and uniform implementation of the programme activities throughout the country. All partners should know how their resources are utilized, and should therefore be involved in the planning and evaluation process. It is necessary that the MoH and its partners, including WHO and ILEP Members, reach consensus on the implementation of the Strategy, plans of action and budgets. This will be greatly helped by organizing joint programme reviews by the MoH and all partners.

It is important that WHO continues to provide technical leadership at the international level and participates in the partnerships at the international as well as the country levels. The partners must agree on the major strategic issues for the fight against leprosy after the year 2005 and on the specific role of each partner in the Global Strategy. ILEP is a prominent international partner for WHO, along with the governments of the leprosy endemic countries, TNF and Novartis. The fact that WHO has developed the Global Strategy 2006–2010 in close consultation with the member states, regions and local and international partners, including

ILEP, makes the restored effective international partnership evident. The united endorsement of this Strategy will strongly contribute to sustaining the achievements made to date and to further reducing the disease burden.

Conclusion

Our challenge is to ensure that all persons affected by leprosy, wherever they live, have an equal opportunity to be diagnosed and treated by competent health workers, without unnecessary delays and at an affordable cost. We need to ensure that the achievements made so far in controlling leprosy are sustained, that the burden of the disease is further reduced, and that affected communities continue to receive quality leprosy services as long as they are needed. At the same time efforts to increase community awareness are required so that we can put an end to the prejudice and discrimination still faced by affected persons and their families in many societies. Effective collaboration between the MoHs of endemic countries, WHO, ILEP, TNF and Novartis will strongly contribute to ensuring that this happens.

References

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