

# Keeping Up Quality

WHO's Dr. Pannikar discusses some of the key issues in leprosy control.

Integrating leprosy services into the general health services has been a necessary step to improve coverage and reduce stigma, but efforts are needed to ensure that the quality of services that was offered under the vertical system is sustained under an integrated system, according to the head of the WHO's Global Leprosy Program.

Interviewed recently, Dr. Vijaykumar Pannikar said integration enables more cases to be reached, and stops leprosy being seen as a special disease. But integration also necessitates simplifying the management of leprosy so that it can be done by the most basic health workers. For that reason, he said, it is important to avoid giving the impression that all there is to leprosy treatment is handing out MDT blister packs.

"Sometimes complacency sets in and people think leprosy is easy to treat. I would like to bring back the focus on the patient and case management besides multidrug therapy," he said. "There is a lot of apprehension that integration will reduce quality of services. We have to keep an eye on this."

**"Integration does not mean abolishing special services."**

In particular, for dealing with problems such as leprosy reaction and ulcers, he stressed the need to have a good referral system. "Integration does not mean abolishing special services but using them in a different way," said Dr. Pannikar, who argues that existing referral centers should not be closed. "Integration makes



Dr. Pannikar: Team Leader, Global Leprosy Program

## INDICATORS FOR MONITORING AND EVALUATION

### MAIN

1. New case detection
2. Treatment completion rate

### ADDITIONAL

1. % Grade II disability
2. % female
3. % children
4. % multibacillary

### QUALITY OF CARE

1. % defaulters
2. Number of relapses
3. % correctly diagnosed cases
4. % with new disabilities

the role of a referral system even more important."

With the WHO's new "Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities" now in its second year, most countries are moving ahead with leprosy control activities. However, a handful of countries have still to achieve elimination of leprosy as a public health problem — the goal established under the previous strategy.

Where these countries are concerned, Dr. Pannikar said, "All remaining countries need to achieve the goal that was set and this will certainly happen within the next few years. At the same time, they need to prepare for sustaining achievements and maintaining quality of services."

As to what "further reducing the leprosy burden" in the current strategy entails, Dr. Pannikar offered this definition:

"The leprosy burden is not about the number of cases, but about the capacity of the local health infrastructure to deal with those cases, and also the effect on the patient, family, and community," he said. "Reducing the burden is also about reducing disability, stigma and children from among new cases."

He pointed out that some countries have a higher burden than others even if the actual numbers are less. "For example, if one country has over 200,000 leprosy cases, of which only 1,000 have disabilities, while another country has only 500 cases, all of which are disabled -- which then has the higher burden?" Dr. Pannikar asked. ■

## Leprosy FACT

- India reported that in 2006, a total of 144,633 new cases of leprosy were detected. Of these, 3,041 had Grade II disability, 14,589 were children under 15, and 49,112 were female. As of the end of January 2007, 90,599 leprosy patients were under treatment and the country's prevalence rate stood at 0.79/10,000.