Leprosy Elimination Program in Madagascar

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My job is not only to elaborate and to plan, but also to go out in the field for supervision and training, supporting regional and district programs. This can be a difficult task, since 60 percent of our Basic Health Centers (BHC) are mainly inaccessible during the six-month rainy season.

During the past six months, I have visited a number of BHC, as well as health districts. I have also participated in staff-level training in support of those responsible for provincial programs. It is increasingly apparent that we still have a lot to do. Even though we have achieved some good results since implementing the leprosy elimination program, many problems remain and must be solved if we are to reach the goal of elimination.

In addition to the problem of accessibility and the lack of transportation, the major problems I have experienced are:

1) Insufficient ability of health workers to diagnose and treat leprosy cases correctly, or to properly use the leprosy program information supports. This contributes to a number of diagnostic errors and results in unreliable data.

2) The poor awareness of the availability of free treatment, contributing to fear of leprosy and a deep social stigma. Most of the population, even people living in towns, do not know the early signs of leprosy and do not know that treatment is freely available at health centers. This is one of the reasons why there are still undetected cases in communities.

I have witnessed insufficient health worker training in more than 75 percent of the BHC I have visited, which seems to be due to a lack of supervision, lack of training and a high health staff turnover.

Those two problems need further consideration, because free MDT is available in more than 85 percent of the BHC. I am convinced that if we manage to solve those two main problems, we will see a rapid improvement in our current situation.

In what ways should we focus our activities in the coming years?

1) Training of peripheral health workers for proper leprosy case handling, including correct diagnosis and correct use of national leprosy program supports. This training should provide well-trained leprosy people at the district level, beginning with highly endemic districts. Staff support at the national level should be made as available as necessary.

2) Strengthening of IEC (Information, Education and Communication) activities with strong community involvement.

3) Updating registers. This is already one of our main activities, but its success is contingent on improving basic health worker skills.

Before I began working in the leprosy program (during my medical studies), leprosy did not interest me, but since I started working on this program, I have learned more about it and little by little I have become deeply interested in the leprosy elimination program. It began when I went into the field for the first time. I was deeply moved when I met many kinds of disabled people, especially young people and children who were beginning to develop disabilities. Since I knew that it could have been avoided, I felt that I must do what I could to help the situation.

Meeting patients at a Basic Health Centre in Toamasina Province, Madagascar (together with Dr. E.M. Samba and Health Minister Professor Rasamindrakotroka)

Leprosy has been eliminated in many countries, so why not in Madagascar? We still have a lot to do and maybe it will take more time, but it is not impossible.

I think the most important thing is to detect all leprosy cases when the very first symptoms appear and get them properly cured before disabilities develop. With the determination and the commitment of those responsible, we can succeed. ❑