

## **“REACHING THE UNREACHED.”**

### **THE UNEVEN DISTRIBUTION OF LEPROSY CASES IN TANZANIA.**

African Leprosy Congress.

31<sup>st</sup> Jan.-3<sup>rd</sup> Febr. 2005.

Dr. B.F. Njako.

GLRA/NTLP Tanzania.

Background.



### **Cont.**

- It is the largest country in East Africa with an area of 945,087 sq km.
- Borders with 8 countries.
- Projected population for 2004 according to census of 2002 is 37.1 mill.
- Life expectancy is 47 yrs for males and 49 yrs for females.
- Health expenditure per capita – 7.3 USD (2002).

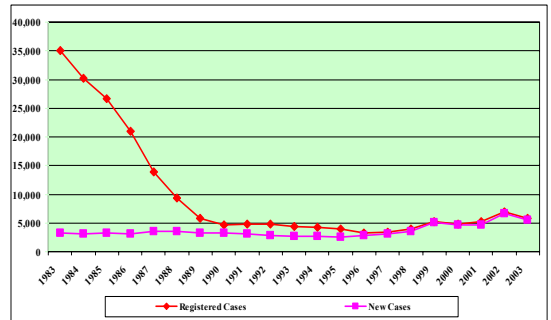
### **Health care services.**

- Well-developed health care delivery system-93% of the population live within 10 kms of a health facility.
- Country undergoing HSR since 1994 in order to improve and sustain good health care services.
- Leprosy control is one of the components of National Essential Health Package (NEHP).

## Leprosy programme.

- NTLP launched in July 1977
- It falls within the GHS with few managerial and supervisory staff.
- Passive case finding and MDT-strategy used in NTLP
- MDT introduced in 1983 and reached 100% coverage in 1990.
- Comprehensive MDT services was given in less than 50% of the HFs due to poor knowledge of the GHW on Leprosy.

Prevalence and new cases 1983 - 2003



## Problems/challenges.

- Disability grade 2 among new cases- 15%.
- Proportion of children among new cases- 7%.
- New case detection-not changed much over the years.
- High leprosy endemic regions.
- Leprosy not completely integrated in the GHS.
- Poor knowledge of GHW on Leprosy diagnosis.
- Limited accessibility to MDT.
- Low community awareness on Leprosy.

## Cont.

- Difficult to reach areas.
- Displaced population.
- No community involvement.
- Stigma.
- Poverty.

## Strategies adopted to reach the unreached.

1. WHO Elimination strategy.
  - 1.1. LEC
    - training of GHW and volunteers.
    - raise community awareness.
    - expansion of MDT services.
  - 1.2. SAPEL
    - community involvement.

## Cont.

2. Regular supply of MDT.
3. Integration
4. Validation of case notification.
5. Proper recording and reporting.
6. Monitoring and evaluation.
7. Training of HS in all HF's -2 staff.
8. IEC.

## Cont.

- POD and Rehabilitation.
- Social mobilisation (WLD).

## LEC



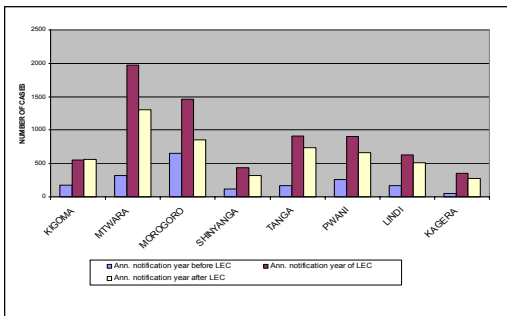
## Results.

1. Increase in case detection.
2. Disability grade II-15%-10%.
3. Proportion of children- 7-10%.
4. Comprehensive MDT services now provided in 80% of HFs.
5. Good cure rate.

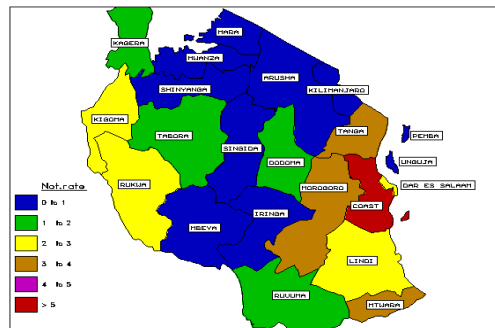
## Regions which conducted Leprosy campaigns

REGIONS	1997	1998	1999	2000	2001	2002	2003
Dar es Salaam	132	101	152	143	146	158	231
Dar Kiroondo	77	79	85	86	95	107	193
Dar Temeke	62	81	102	94	123	150	223
Dar Mwanza	8	25	35	45	46	46	75
Subtotal Dar es Salaam	276	324	369	370	388	443	747
Arusha	18	8	16	17	27	41	107
Dodoma	68	45	44	44	56	76	122
Iringa	37	22	25	28	33	36	59
Kagera	40	49	38	52	39	58	265
Kigoma	210	244	218	238	274	332	379
Kilimanjaro	17	16	19	23	21	39	58
Lindi	112	114	180	225	239	241	280
Mara	44	51	34	38	47	35	74
Mbeya	53	82	85	104	91	109	112
Morogoro	447	489	559	727	749	835	935
Mtwara	499	515	709	524	525	482	455
Mwanza	181	161	174	228	187	233	251
Pwani	154	168	203	245	272	379	489
Rukwa	186	116	137	203	225	302	357
Ruvuma	176	148	150	132	154	207	199
Sihyaniga	209	175	170	167	167	169	201
Singida	18	12	36	34	36	34	34
Tabora	160	136	155	145	167	225	243
Tanga	172	225	285	245	251	322	380
Subtotal other regions	2743	3463	4641	4229	4249	4955	5876
ZANZIBAR	82	81	81	86	109	152	108
Total Tanzania	3031	3575	5101	4656	4759	7007	5741

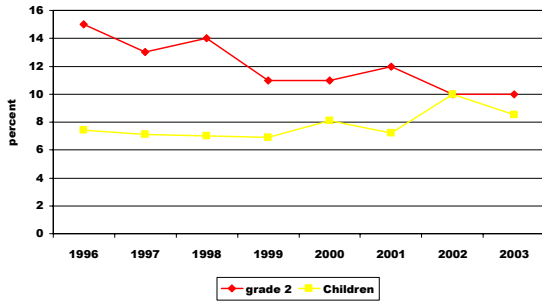
## Leprosy cases diagnosed before, during and after LEC.



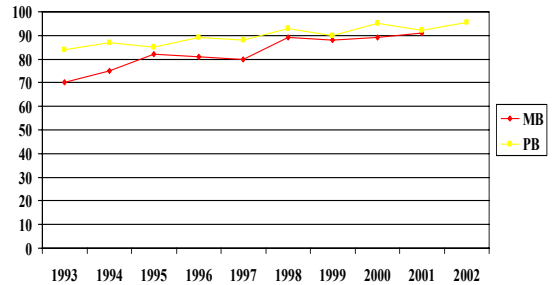
## LEPROSY REGISTERED PREVALENCE PER REGION 2003



Trend of disability grade 2 and children among New cases notified in Tanzania, 1996 - 2003



Treatment outcome 1993-2002: MB and PB.



## Constraints.

- Increasing problem of TB/HIV.
- Shortage of HR.
- Under estimation of MDT drugs.
- Poverty.

## Lessons learned.

- Leprosy is still a public health problem with regional variation.
- WHO Elimination strategy have contributed greatly to the fight against leprosy.

## Recommendations.

- Government should continue and be committed to sustain quality leprosy control services.
- Uninterrupted supply of MDT must be guaranteed.
- Enhance Integration of leprosy.
- Increase community awareness/ involvement.
- Monitoring and evaluation.
- Strengthen POD and Rehabilitation.
- Reduce Poverty.

THANK YOU.