

Referral System in Leprosy in the Post-elimination era

Dr. Bhushan Kumar

Consultant Dermatologist
Chandigarh, India

- Leprosy one of the major scourges of mankind will soon face elimination at all levels due to:
 - WHO introduced MDT, donor agencies, committed NGOs & dedicated leprosy workers
 - Integration of vertical leprosy services to general health care delivery (1998)
 - Staff reduced to 25% by 2004
 - Repeated modifications of MDT regimens because of self imposed target deadlines
 - 1985 – 2005: >15 million case treated
 - Total registered cases
- | | <u>2006</u> | <u>2007</u> |
|-------|-------------|-------------|
| India | 265,661 | 231,361 |
| India | 139,252 | 82,801 |

Where are we today?

And where are we going?

- Elimination target achieved at global level (4 countries yet to achieve elimination)
- Decrease in the disease burden
- Standardization of diagnosis & classification
- Shorter treatment regimens
- Improved surveillance system

- Integration of leprosy services
- Understanding the need for sustainability
- Stress on quality of services

Challenges

- Shift in emphasis – *quality of services, POD, rehabilitation*
- Sustaining commitment - *political / professional / donors*
- Reducing the burden – *numbers, disabilities, child cases, stigma, discrimination*
- Capacity building – *integration in GHS*
- Drug resistance
- **Referral system**



To further reduce the burden

(eradication may take more time)

WHO (2005), ILEP (2005) & IAL (2005)

- Recommended better cooperation between governments and NGOs at central and local level
- Dermatologists and other specialists and private practitioners to help in the system of diagnosis and delivery of MDT
- Sustain the expertise on leprosy management



To further reduce the burden

(WHO, DFI, Sasakawa Memorial, Novartis Health Care, ILEP)

need for:

- Sustainability and quality of services
- Person with leprosy should have the same opportunities as those with other diseases
- Patient as a person- not to be counted and reported
- Targets should be avoided
- Shift from numerical to quality



National Programme Managers for Leprosy Elimination (Thailand, May 2006)

- From prevalence to new case detection and completion of treatment
- Disability care, prevention and rehabilitation
- Availability, accessibility and covering of existing leprosy services should be enhanced
- Private practitioners should be involved
- Community Based Rehabilitation (CBR) should be ensured
- **Effective Referral System should be in place**



Referral system

- Strengthening referral networks is important in order to support integrated leprosy control services
- Referral facilities must be integrated into the GHS system so that these services are easily accessible to patients in need
- It is important to ensure effective and affordable services in these referral facilities



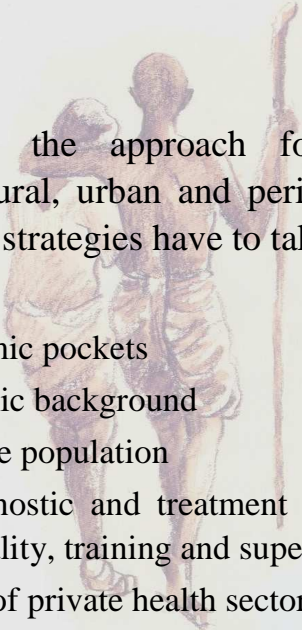
Referral system

- **Refer-** to direct a person to seek expert advice/treatment/information
- **System** – an organized set of connected health facilities at primary-secondary-tertiary levels
- To provide effective treatment of complications with minimum delay and minimum cost



Referral system

- Needs clear policy and strategy
 - Staff capability – identify/refer/follow-up
 - Adequate/appropriate/accessible referral facility
 - Patient's timely transport to facilities
 - Procedure for coordination/communication between referrer and receiver
 - Affordable cost
 - Back- referral and follow-up
 - Supervision and accountability
 - Monitoring effectiveness
 - Simple operational research to improve the system



Even though the approach for **Integration and Referral** in rural, urban and peri-urban areas remains the same - the strategies have to take into account-

- ✓leprosy endemic pockets
- ✓socio-economic background
- ✓mobility of the population
- ✓existing diagnostic and treatment services (coverage of population, quality, training and supervision)
- ✓participation of private health sector
- ✓health seeking behaviour of the population at risk



Ultimate aim is to provide continued support to the ongoing leprosy control services - and to manage problems such as:

- Reactions
- Deformities, disabilities
- Plantar ulcers
- Difficult to diagnose and manage cases

ILEP (2005) to sustain the expertise and provide quality leprosy services - assistance to train General Health Care professionals to acquire skills (122 institutions)

Programme Implementation Plan (2005) for continuation of NLEP (India) also stressed the need for a suitable Referral System

Levels of Patient Care

Peripheral → **Intermediate** → **Specialized**

Peripheral : suspect leprosy and refer

Intermediate: diagnose and treat under supervision

treatment of reactions, slit skin smear, surgical, medical, ophthalmic, dermatological specialists, disability testing & grading, physiotherapy, specialized footwear, POD, CBR

Specialized care: same as above including,

sensation and muscle testing, differentiate between type 1 and type 2 reactions, between relapse and reaction, biopsy, drug resistance, prosthesis, CBR

Referral : When ?

Referral: Referring a difficult or complicated case to an expert who is part of a general health system

Routine:

- ❖ Diagnosis (when the cardinal signs are missing)/suspected relapse/drug resistance
- ❖ Disability/deformity requiring surgery
- ❖ Other medical problems not related to leprosy
- ❖ Counseling, rehabilitation, CBR etc.

Referral : When ?

Emergency :

- ❖ Severe reactions –Type 1 or 2 (especially if no response to 4 weeks of steroid therapy)
- ❖ Neuritis/recent nerve function impairment
- ❖ Severe infections of hands and feet
- ❖ Acute eye problems
- ❖ Serious adverse drug reactions
- ❖ Advanced disease

All patients after problem solving are to be referred back to **peripheral level**

Recording, reporting, monitoring

To know the trends

Proportion of new cases presenting with grade 2 deformities/disabilities

0.66%	-	23%
<i>Micronesia</i>		<i>China</i>

- Proportion of child cases

0.55%	-	12.3%
<i>Cuba</i>		<i>Yemen</i>

- Proportion of multibacillary (MB) cases

27.27%	-	90.5%
<i>Papua New Guinea</i>		<i>Kenya, Indonesia</i>

- Sex ratio (F)

8.5%	-	60%
<i>Congo</i>		<i>Uganda</i>

- Cure rates
- Regional prevalence

Recording, reporting, monitoring

- New cases correctly diagnosed, defaulters, relapses, new or additional disabilities
- Logistics
- Organizational issues: technical supervision
 - Supervision is a way to ensure staff competence and effectiveness through observation, discussion, support and on job training
 - Close and unbiased monitoring and evaluation of the programme are essential

Where we are?

National programme should circulate contact details of clinics and consultants?

- ILEP Member Representatives Meet -

(Bangalore, June, 2007)

Suggested a National level meeting involving - members of Government (Centre/State/District) and NGOs to define the role & responsibilities of hospitals to be part of the Referral System ?

- Government sector – 30%, Private -70%

(Govt. of India, 2003)

- Involvement of private practitioners?

Need of the hour!

- Commitment
- Shared vision
- Confidence and respect for others
- Accountability and responsibility
- Sustainability in long term
- World without leprosy will take enormous funds and time to become a reality
- Can we ride Piggy-back on cash rich programmes like *Malaria, Tuberculosis, HIV?*

“Leprosy work is not merely medical relief but it is transforming the frustration of life into joy of dedication and personal ambition into selfless services”

- Mahatma Gandhi

The battle against leprosy...
WORKING TOGETHER

