



## Discussion Document

Dear Reader,

The ILEP Technical Commission (ITC), through its eight experts in different areas of leprosy work, provides advice to the Members of the Federation (Members) on technical matters.

In order to provide advice on a particular subject, the ITC often asks one of its members, or an invited expert, to prepare a discussion document to serve as input into ITC discussions on the subject. By posting this discussion document on the ILEP website, it is now possible to reach more people with expertise in and experience on the subject under discussion, and who may be willing to contribute to the ITC advisory process.

These documents do not pretend to be complete; they are documents for discussion purposes only and remain on the website for a limited length of time. They do not constitute official ITC advice.

Any input should be sent to the Secretary to the ITC at [susan.lord@ilep.org.uk](mailto:susan.lord@ilep.org.uk)

## Discussion document on the coverage of leprosy services

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### *Introduction*

The principle objective of leprosy control is to detect every person affected with leprosy early, treat him promptly with MDT and cure the disease without any residual disability. This requires the delivery of a series of critical interventions which, if they are effective, well distributed, easily accessible and used properly, may produce the predictable impact. These interventions include empowering the community through proper dissemination of the right mix of information, and establishing a mechanism whereby persons suspected of leprosy with or without complications will reach the right service point and are then managed properly.

The critical activities in the health system include awareness generation, suspect referral, diagnosis, treatment delivery, management of complications, recording and reporting.

## *Coverage*

Study of the coverage of the population with leprosy-specific services can be considered from the point of view of the three main elements of coverage: access, utilisation and effectiveness. Access is defined in terms of availability, accessibility and affordability. Utilisation is the combination of access and personal health behaviour. Effectiveness is the function of inputs (amount and quality of resources), quality assurance mechanisms (process of service delivery, provider performance) and patient compliance.

## *Indicators*

Indicators are measures that are used to assess the progress towards achievement of objectives. The objective in this case is the effective coverage of the population with the critical leprosy control activities. The indicators to be chosen therefore form an important integral part of the planning process. Several indicators that collectively look at effective coverage of leprosy services are given in the table below. Data to be used in these indicators can be gathered from available records or collected through special surveys of facilities, people, providers or patients. Even though several indicators can be constructed for each of the three elements, access, utilisation and effectiveness, appropriate prioritisation and selection is required based on the ease of data collection, acceptability across space and time and their inherent validity i.e. the extent to which they reflect what they are supposed to measure.

There might be three or four indicators used to measure coverage; perhaps one for each of the three elements of coverage. Programmes can select the indicators appropriate to their needs, based on the factors mentioned above. Indicators number 1, 4 and 8, found under geographic coverage in the table below, could be essential (essential indicators are shaded) and others could be optional. It is also possible to apply different weighting to each indicator after identifying the most appropriate ones specific to the country, and to develop a composite index to measure effective coverage.

The standard criteria for measuring progress in relation to each indicator may be formulated based on the local situation. For example, the criteria for travel time (for the first indicator under accessibility in the table) could vary from place to place. It is also important to define the key elements to be measured in the indicators such as MDT service (i.e. diagnosis, treatment, recording and reporting), affordability, awareness, POD service, etc. It is important to realize that coverage of leprosy services is to a large extent influenced by the extent of the endemicity of leprosy. In situations where the incidence of the disease is high, more health posts need to be identified to provide MDT services for both diagnosis and treatment. In low endemic areas less health posts are required, at least for diagnosis of leprosy.

<b>Parameter</b>	<b>Indicator</b>	<b>Source of information</b>
<b>1. Access</b>		
<i>Availability/ Geographic coverage</i>	1.Proportion of population living in basic health service units* (health post) that provide diagnostic service	Health post survey (from records)
Ratio of services to population in need;	2.Proportion of population living in basic health service units* (health post) that provide treatment service	Health post survey (from records)
The ratio of resource to population in need	3.Proportion of villages not covered by MDT service provider	health post survey (from records); village survey (enquiry from a sample of villages)
	4.Proportion of uncovered villages having MDT volunteer** (for referring suspects and providing follow-up treatment)	health post survey (from records); village survey (enquiry from a sample of villages)
	5.Proportion of health posts providing MDT services on all working days	Health post survey(enquiry from staff, sample of patients, records)
	6.Ratio of basic health workers (for suspecting and referring and providing follow-up treatment wherever required) to population in need (dependent on endemicity level)	health post survey (from records); village survey (enquiry from a sample of villages)
	7.Ratio of diagnostic facilities to population in need (dependent on endemicity level)	Health post survey (from records)
	8.Proportion of staff trained in leprosy	From records/ Questionnaire survey of staff
	9.Proportion of health posts where MDT drugs are available	Records and verification
	10.Proportion of health posts where MIS manual is available	Verification from health posts

<b>Accessibility</b>		
The proportion of people for whom MDT services are accessible in terms of their distance or travel time	1. Proportion of families located in the proximity to health posts thereby requiring a travel time by walk of less than half an hour (can vary from place to place-dependent on endemicity level))	Community survey (questionnaire survey from a sample of people)
Gender	2. Proportion of female cases detected out of total cases detected in a defined population unit/ health service unit (health post/ district/ region/ state)	Health post survey (from records)
	3. Case detection ratio of females to males (case detection rate among females/ case detection rate among males)	Health post survey (from records)
<b>2. Utilisation</b>		
	1. Proportion of new cases detected by voluntary reporting out of total new cases detected	Leprosy patients survey (questionnaire to a sample of patients under treatment)
	2. Median delay in seeking service	Leprosy Patients survey (questionnaire to a sample of patients under treatment)
<b>3. Effectiveness</b>		
	1. Proportion of community members aware of leprosy and MDT services	Community survey (questionnaire survey from a sample of people from selected villages)
	2. Proportion of MB/ PB completing treatment	Health post survey (from records)
	3. Proportion of health service units (health posts) with basic data on patients with disability	Health post survey (screening of records)
	4. Proportion of health service units (health posts) which provide services to patients with disability	Health post survey (screening of records/ questionnaire to a sample of leprosy affected persons with disability)
	5. Proportion of patients under treatment developing new disabilities	From health post records (screening of a sample of patients)
	6. Proportion of patients provided footwear among those in need	Survey of patients with disability
	7. Proportion of health posts sending progress reports on time	From health post records
	8. Proportion of health posts with no discrepancies between records and reports	Verification of sample of reports

\* Basic health service unit is a health facility where diagnosis and treatment facilities for basic ailments including leprosy are expected to be available. It may be referred to as health posts or primary health centres or community health centres or hospital.

\*\* MDT volunteer: In villages where basic health worker is not available one could identify someone from the community to help the programme in suspecting and referring cases and providing follow-up treatment

### ***References***

World Health Organisation. National assessments of health care coverage and of its effectiveness and efficiency. Document SHS/83.7. Geneva, WHO, 1983