

**National Buruli Ulcer Control Programme  
(PNLUB)  
COTE d'IVOIRE**

**Overview of activities 2005  
and Prospects for 2006**

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# 1-INTRODUCTION

- Aggregate number of cases: over 22 000 at the end of 2005
- Prevalence 1.4 per 1000 pop.
- Incidence 1745 NC +++ in the Gov. controlled part of the country
- Proportion of disabilities 16 %
- Case-fatality rate 0.63 %

# Introduction (contd.)

## ➤ Distribution by region

- Centre 61 % West 24% South 13%

## ➤ Distribution by age

- under 15 years 50 %
- 15- 49 years 40 %
- 50 years and over 10 %

## Distribution by clinical form

- Ulcerative and mixed forms 70 %
- Nonulcerative forms 30 %

# 2-ACTIVITIES



# 2-1- COMMUNITY LEVEL EARLY CASE DETECTION

**Awareness-raising and evaluation in target districts  
by data collection and analysis**

- Bouaké EAST++++.
  - Bamoro health area (16 Villages)
- Bondoukou
- San Pedro
- Grand Bereby
- Daloa, Zoukougbeu S/P
- Tiassalé Taabo

## 2-2- INFORMATION, EDUCATION and COMMUNICATION

### **5 public lectures: Abidjan and Provinces**

- Buruli ulcer: epidemiology and impact on the population
- Buruli ulcer, the leprosy of the 3<sup>rd</sup> millennium
- Buruli ulcer: symptoms and treatment
- Case management of Buruli ulcer patients.

Djékanou- Bonoua Bingerville Medical training and research unit

- Quarterly meetings with CMCs

## 2-3- TRAINING FOR HEALTH WORKERS, TEACHERS AND COMMUNITY HEALTH WORKERS

- Taabo (pilot project)
  - 2 Physicians ;
  - 10 nurses
  - 20 community health workers(MAP International)

## 2-4- Treatment

- Integration of treatment of BU into 6 more public health centres
  - Djekanou GH
  - Bondoukou HD
  - Tanda (Kounfao) HD
  - Daloa HD
  - Bouaké East. Bamoro HD
  - Zouan Hounien GH

# Treatment (contd.)

## ➤ rifampicin – streptomycin protocol

– Applied in 3 facilities :

- Taabo
- Zoukougbeu
- Centre Demi Emile Angré

– 814 surgical procedures :

IRF and surgical missions

Kongouanou, Zoukougbeu, Angré

## 2-5- Strengthening care facilities

- 2 physicians and 1 anaesthetist (STATE)
- Construction and fitting out
  - 2 wards at Treichville CHU and Taabo GH (MAP)
  - 2 operating theatres at Angré (ANESVAD)
  - beds, surgical material and consumables
- Supplies of drugs for 15 health facilities (BGE+++  
ONG MAP/ALM)
- Means of transport: 0

## 2-6- Laboratory case confirmation

	Tested	Not tested	Total
number	494	1,251	1,745
%	28.30	71.70	100

Only 28% of our BU patients have been confirmed by laboratory examinations

## 2-7- Follow-up and evaluation of control activities

- Number of evaluation activities 7/12
- Number of health facilities or districts visited:

Grand Béréby; San-Pedro CHR ;  
Bondoukou CHR; Bouaké ESST health  
district; Yakro health district; Institut Raoul  
Follereau in Adzopé;)

- Daily visit to the Angré centre

## 2-8- Awareness, social mobilization and partnership

- Weak: tools and aids to raise awareness, media accessibility
- Meeting with partners
  - ANESVAD
  - MAP International/ALM
  - MSF
  - PSF
  - Capuchin brothers
  - SANOFI AVENTIS


## 2-9- National programme coordination

- Based on 15 operational structures
- Provision of data-management tools for the centres
- Supply of drugs paid for from the State budget to the treatment centres
- Supervision, monitoring and evaluation


# 3-PROSPECTS FOR 2006

1. Organize national resource mobilization days
2. Organize National Buruli Ulcer Control Day.
3. Produce our own film on Buruli Ulcer control in Côte d'Ivoire

# PROSPECTS 2006

4. Press ahead with the control effort + 3 districts
  5. Standardized treatment for BU at the national level
  6. Preparation and provision of BU treatment kits at the beginning of the second half of the year
  7. Introduce the rifampicin-streptomycin protocol in all centres
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# PROSPECTS 2006

8. Set the health district at the heart of the control effort by training DMTs in treatment of BU
  9. Strengthen collaboration between the Leprosy control programme and PNLUB
  10. Improve awareness among the population by providing more and better information on BU
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# Conclusion

- UB Still on the increase
  - Efforts made in resp. of med. and surg. case management:
  - Increase of the cure rate to 41 %
- Much good will; our priorities:
  - Capacity-building via training and provision of equipment
  - increasing awareness
  - decentralizing +++

# Acknowledgements

- WHO
  - MAP ALM
  - ANESVAD
  - SANOFI AVENTIS
  - The church case management centres
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