Challenges in implementation of the current strategies

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Back ground

• Globally, Ethiopia is one of the 22 Leprosy high burden countries (HBCs),
• In 2018/19, 3426 all leprosy cases were notified to the national program, of which 96.2% were newly diagnosed.
• During the same year, 68% of the new cases were MB,
• 15% were children younger than 15 years of age,
• 14% had Grade 2 disability at the time of diagnosis
• Treatment completion rate was 87% among MB and 99% for persons with PB.
Trend of leprosy in Ethiopia

Ethiopia remains constant, at about 3000 - 5000 cases, with no marked reduction in the past 20 years

Figure 34. Trend in national Leprosy case notification, 2000-2018.
• After an initial decline in the earlier part of the last 10 years, the Grade 2 disability rate among new cases has been increasing over the past 5 years.

After stabilizing around seven percent, childhood leprosy in Ethiopia has been increasing since 2013.

Percentage of Grade 2 disability among nationally newly notified persons with leprosy, 2008 - 2018.

Leprosy distribution by district (Mapping)

• The burden of Leprosy varies significantly by region, ranging from 2.4 per 10,000 in Gambella to as low as 0.1 per 10,000 population in Somali region

• Data from the National Leprosy mapping shows an annual case load above 1 per 10,000 population in some Woredas
The 2019 external end-term TBLP review provides more detailed findings, main gaps and limitations in the leprosy elimination efforts of the country.

Some of the highlights are:
- Stagnation in the number of notified persons with leprosy for the past two decades.
- Increasing trend of Grade 2 disability rate among new cases in the past ten years.
- Increasing trend in the proportion of childhood leprosy from 2013 onwards.
- Suboptimal quality of leprosy services through the integrated health delivery systems.

Limited resource
- Limited domestic fund
- Reduced partners which support leprosy
- Delayed DFC activity due to COVID 19 and grant transfer
Challenges and gaps identified during stakeholder analysis using people center framework

1. People not accessing the health system

I. Low health seeking behaviour
   ✓ Low community awareness about leprosy due to limited leprosy related community IEC/BCC activities with, Insufficient health education material for the community & for leprosy clients.
   ✓ Fear, Stigma and discrimination towards leprosy
   ✓ Disadvantaged population groups with low socio-economic status and high rate of poverty,
II. Suboptimal implementation of Leprosy prevention activities in the community

• Lack of active implementation of leprosy contact tracing due to sub-optimal engagement of HEWs in leprosy related activities

• Leprosy Prophylactic treatment not being implemented for eligible contacts
I. Leprosy Misdiagnosis as other dermatologic illness

- HCW Knowledge and skill gap with limited clinical skills to diagnose leprosy with limited on-the-job training and mentorship
- HCW with infrequent exposure to leprosy patients
- Lack of dermatology/leprosy specific/skin care clinics for primary skin diseases as OPD units at public health facilities due to limited number of dermatologists
- Limited engagement of and linkage between the dermatologists at health training institutions and public health facility staff for capacity building, clinical consultation and patient referral
- Lack of laboratory capacity to assist diagnosis of leprosy

2. People with leprosy seeking health care but not correctly diagnosed
3. People with leprosy Diagnosed but not notified to NTP

I. Absence or improper utilization of leprosy registers and forms
   ✓ Knowledge and skill gap on recording and reporting

II. Non-inclusion of leprosy disability grading and contact tracing in the TBL Health Information Management System (DHIS2)
   ✓ Poor coordination between HIT and leprosy programs
   ✓ Lack of joint planning and implementation between programs
   ✓ Lack of regular performance monitoring and data verification system at health facility and program management level
4. People with leprosy diagnosed and notified but not successfully treated

I. Suboptimal quality of care

✓ Poor management of leprosy patients with complications/ Neuritis / Lepra reaction management
✓ Patient clinical follow (VMT/ST) not properly done on regular basis
✓ Improper wound care
✓ Inadequate implementation of interventions for case holding/treatment interrupter tracing
✓ Inadequate implementation of POID (Prevention of Impairment and Disabilities) activities during the course of treatment and after completion
✓ Dwindling number of available beds for leprosy for in-patients care
II. High rate of relapse cases

- Inadequate MDT provision (treatment interruption) due to patients lost to follow up
- Misclassification/misdiagnosis of leprosy patients
- Inadequate follow up of clients Released From Treatment (RFT) with No documentation of follow up
Thank You!
Way for ward