
Venue: WHO office, Western Pacific Region, Manila, Philippines.
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Proceedings:

Day 1, (28 November 2003)

A. Opening of the meeting.

The opening session was chaired and welcome address was delivered by Dr. Richard Nesbit, Director, Programme Management, WPRO.

While welcoming the participants Dr. Nesbit observed that leprosy elimination program in WPRO is a success story. However there are areas of concern such as 2 small countries not reaching elimination and fluctuations in prevalence and case detection rates of small countries. He wished that intensive and frank discussion will take place during the meeting with a fruitful outcome.

B. Nomination of Chairpersons and Rapporteurs

Dr. Noordeen, Professor Simth and Dr. Rao were nominated to act as Chairpersons one for each of the main sessions of the meeting.
Dr. Khang and Dr. Tin Shwe were nominated as Rapporteurs for the meeting.

Dr. Noordeen chaired morning session

Agenda Items and Presentations:

Agenda item 1

Dr. Ahn presented meeting background and objectives.

During the presentation Dr. Ahn explained the progress of elimination activities in WPR and also the activities planned for future. He narrated the objectives as:
1. To review the Leprosy situation and the progress of leprosy elimination in the region;
2. To discuss and outline the key elements on the post elimination strategy in the region;
3. To discuss the future steps to further develop and finalize the comprehensive post elimination strategy in the region;

Dr. Ahn also discussed the reasons of the meeting and possible key elements of the post elimination strategy such as reaching elimination at sub-national levels, integration of leprosy control activities into general health, information and post-elimination surveillance.
During the discussions it was suggested that a global post elimination strategy is better developed for ready acceptance or modification by member countries. However, it was pointed out that depending upon the regional requirements, the regions could also develop strategy and headquarters could collaborate and advise on such strategies in due course.

**Agenda item 2**

**Elimination of leprosy as a public health problem: current status and challenges ahead**

Dr. Daumerie presented the item and stated that elimination was reached at global level by the end of the year 2000. He explained the global and regional status of leprosy as well as the status of countries that are contributing most to the present leprosy problem. He also mentioned there is a decline in the number of new cases detected globally in 2002 and in WPR. The possible scenarios such sustainable elimination through integration and virtual eradication and phasing out when elimination target was reached at national level were also dealt.

During the discussions it was observed that the key elements of the strategy for elimination and during the post elimination period might be basically the same. The differences can be in the intensity of certain activities depending upon endemicity of the disease and the levels. However, even when subtle changes are made to the strategy, countries understand this to mean the introduction of a new strategy. Also, introducing a new strategy is some time politically attractive than refocusing on old strategy.

The aims and objectives of the post elimination strategy could be:

(a) To sustain the present achieved levels. (less than 1/10,000 population)

(b) To further reduce the prevalence (PR) rate.

(c) To aim for Zero number of cases (as the tools of intervention are developed.)

**Agenda item 3 and 4**

**Achievements and future challenges of leprosy elimination program in WPR; Criteria for elimination in small countries and sub-national elimination in large countries.**

Presentations were made on:

a) Achievements and future challenges of leprosy elimination program in WPR by Dr. Barua;

b) Experiences with elimination criteria in small and large countries in the Western Pacific Region by Dr. Rao; and

c) Persisting endemic pockets in China by Dr. Shen Jianping.

Achievements like reaching elimination in 35 of 37 countries covering more than 99.9% of regional population by the end of 2000, sustaining elimination and reaching sub-national elimination in large countries, progress of pilot projects on post elimination surveillance system were listed against the challenges of not reaching elimination in the two countries with small population, fluctuations of prevalence and
new case detections in countries with small population, absence of sensitive and specific tools to measure infection and disease. Criteria for elimination in small and large countries with reference to size of the population in WPR and possible reasons for persisting endemic pockets were also highlighted.

During the discussions it was pointed out that focus should be on long-term trends instead of year-to-year fluctuations. Publishing of facts on leprosy such as WPRO report is an excellent means of tracking progress. In the post elimination phase it will be important to monitor the new case detections rather than prevalence rates. The prevalence rates may not be useful for monitoring at the sub-national level and after reaching a certain level instead of using rates, monitoring by absolute numbers specially new cases will be useful.

It was felt that there may not be need to identify separate criteria for countries with small population and creating artificial units of population in large countries since the unit would not correspond with administrative divisions within the country. While it is possible to have a different or new target depending upon the size of the population, it may not be relevant because countries will decide whether they have reached the target or not.

Dr. Rao chaired afternoon session.

Agenda item 5

Integration of leprosy activities into general health services including information system, indicators, surveillance mechanisms and evaluation

Dr. Noordeen and Dr. Samson made presentations on Post elimination surveillance system, indicators, mechanisms for surveillance and integrating them within general health services and Extent of integration of leprosy control activities into general health services.

Dr. Noordeen explained that the purpose of information system is for action and to work as an alert mechanism, stressed the need for simplification, establishment of national registries and development of GIS. He has listed the indicators for post elimination surveillance, and stated that all activities should be integrated into general health services except monitoring at central and regional levels. The activities will include IEC, building up capacity to suspect leprosy at the peripheral level by all general health staff, referral mechanisms as part of integrated medical or dermatological referral and supervision.

Dr. Samson in his presentation stated that leprosy activities were integrated into general health services over a period of time explained the difficulties that were faced and made suggestions for sustaining integration. He mentioned that legislation alone would not result in integration.

During discussion it was agreed that the objectives of collecting the information should be action oriented. The information collection should help to monitor that the elimination is sustained and to review further reduction. Simplified information, specifically on new cases, integrated into general health information covering large areas is important and at the same time detailed information need to be available at the centres where cases are diagnosed and managed for analysis at central/regional
levels. As regards to indicators, cases must be known by age and type for MDT drug management.

The surveillance should be performed with a clear purpose, and the data transmitted from the peripheral levels should be analysed at the central levels. GIS could be developed and used as a tool for analysis. Integration of leprosy services into general health services is important in the post elimination period specifically for sustainability of elimination. Integration encompasses several elements ranging from preparing general health staff to do case detection and management, to information systems and drug management. However, the levels of integration may vary from country to country depending upon the infrastructure. It is also noticed that integration and decentralization are viewed as barriers in collecting good information. Referral centres should be established and strengthened at different levels according to the availability of resources with in the existing general health facilities. The General Hospitals can also be made as a referral centre.

**Agenda item 6:**

**Validation and evaluation of leprosy elimination**

During this session, Professor Dr. Smith made a presentation on Validation of elimination – scope and constraints and Dr. Lai Ky presented on Leprosy geographic information system in Cambodia.

Professor Smith in his presentation stated that the validation of elimination is complex and challenging since there is no gold standard for diagnosis, detailed the methods of validation including LEM and stressed the need to repeat validation for assessment of trends. Sustained quality of leprosy control and health information is considered important to validation of elimination.

Dr. Lai Ky in his presentation explained that leprosy was eliminated in Cambodia in 1998, introduced post elimination surveillance system pilot project in 2000 and developed GIS in 2002/2003. He has showed the GIS maps and concluded that it would be very helpful to understand the special distribution of cases and identification of endemic pockets.

During the discussions it was observed that a number of items for leprosy elimination monitoring (LEM) exercise might be revised for low prevalence areas since the document in the present form was mainly designed for countries that have not yet reached elimination. Collecting and maintaining portfolios of information for long periods of time will be useful for study of trends.

The presentation from Cambodia showed that GIS is an important tool that can identify endemic pockets and special distribution of cases. However, GIS should not be seen as a solution.

**Day 2 (29 November 2003)**

Professor Smith chaired the session.
Agenda item 7

Sustaining partnerships and political commitment including leprosy awareness in the communities and LEC activities

Dr. Khang made a presentation on IEC activities for leprosy awareness in the communities and health staff in Vietnam.

Dr Khang in his presentation showed that in Vietnam that leprosy was grouped under social diseases, the training activities being carried out, methods and media used and the sources of funding. He stressed that participation of the community is very important for success of the program.

During discussions on the presentation questions were raised as to how long the training activities will be continued, whether combining leprosy related messages with HIV messages will have any adverse effects, whether to focus IEC towards female population since the proportion of female cases among new were less than expected. The role of IEC in a post elimination context may be to "zoom-in" on high-risk populations, instead of focussing on the population at large.

The second topic "scope and extent of partnerships" was discussed without a presentation.

While considering partnerships it was pointed out that not only the partnerships with donors but also partnerships like inter-sectoral cooperation, other relevant governmental and non-governmental social organizations should also be kept in mind.

Agenda item 8

Formulation of draft comprehensive post elimination strategy framework (presentation and discussion)

Dr Tin Shwe (Rapporteur) presented the outline of post elimination strategy prepared by the secretariat, which was followed by a discussion.

Draft outline of post elimination strategy

Objective: To sustain elimination and further reduce leprosy cases

Strategy: Early case detection and treatment with MDT

Key elements:

- Sub-national elimination
- Ensure the quality of diagnosis utilizing the existing healthcare facilities
- Efficient and simplified information system
- Monitoring the trend of new case detection using protocols suitable for low prevalence areas

- Strengthen partnerships and political commitment to sustain elimination and the further reduction of new cases.

- Integration

- Rehabilitation

- IEC

Discussion:

The participants have accepted the objective and strategy as presented.

Key elements:

1. Sub-national elimination

This element is important to keep the post elimination strategy dynamic and action oriented. During discussion it was agreed that sub-national level should be defined by importance of disease in an area than by administrative areas and this will be more flexible approach. The national program managers should do identification of areas with high burden of the disease. GIS was considered to be an important tool for identification of high burden areas and in dealing with sub-national elimination.

2. Ensuring the quality of diagnosis utilizing the existing health care facilities.

It was agreed that this element should be more comprehensive and management of cases should also be added to diagnosis. As the numbers of cases become few, case diagnosis will become difficult and the quality of case diagnosis should be sustained and improved. This would also mean utilizing existing referral mechanisms and facilities and strengthening with necessary training inputs, supervision, case holding, prevention of disabilities. It is pointed out that not only the quality of diagnosis but also quality of case detection should be kept in mind. Both the case diagnosis and case management will equally be important under low prevalent conditions. Besides training, IEC was considered to be a tool for increasing the sensitivity for suspecting leprosy cases and specificity of diagnosis.

3 and 4. Efficient and simplified information system and monitoring the trend of new case detection using protocols suitable low prevalence areas.

The above 2 elements were considered to be related to each other and discussed together. The purpose of information collection should be for monitoring at different levels. It was agreed that the information on new cases is the most important one under low prevalent conditions. Reporting of individual new case with information on location, age, type of disease and grade 2-disability status would be enough for routine information and monitoring. Cases by type and age will be essential for drug supply management. This will facilitate creation of central/regional registries of cases.
and development of GIS. Concern was raised on monitoring of prevalence in countries that reached elimination recently and very close to elimination level. However, it was agreed that information on new cases will be useful enough to have an idea on prevalence. Detailed documentation of cases will have to be maintained at health facilities that make diagnosis and manage for further analysis such as cure rate as and when necessary.

5. Strengthening partnerships and political commitment to sustain elimination and further reduce cases.

During the discussion, country program experts informed about the nature and extent of assistance being received from the partners and possibility of continuation of partnerships. However, it was agreed that strengthening of partnerships with the present donors and establishing new partnerships is very essential for program management. Continuous advocacy to policy makers is necessary to maintain the political commitment.

6. Integration

Since the integration is an on-going activity in all the countries it is advisable to sustain integration with general health services. It was considered that the issue of integration was adequately covered under key element 2 and 3 and it need not be listed as a separate key element.

7. Rehabilitation

Some discussions were held on the scope for community-based rehabilitation. All country experts expressed concern that it would be very difficult to organize the rehabilitation services and it need not be considered as a separate key element.

8. IEC

It was agreed that IEC could be considered as a tool in key item 2 and not be listed as a separate key element.

Agenda item 9

Conclusions:

Under conclusions Dr. Ahn informed that:

Headquarters has offered to collaborate on the post elimination strategy.

WPRO will form a committee to draft the Regional Strategy on Post-elimination.

The draft regional post-elimination strategy will be submitted during the next meeting of the global technical advisory group (TAG) for elimination of leprosy to be held in Geneva in February 2004 for their review and suggestions.

Draft will be revised as per the suggestions of TAG and circulated by the end of second quarter of 2004.
The post-elimination strategy will be introduced through a bi-regional WPRO/SEARO meeting either by the end of third quarter or beginning the fourth quarter of 2004.

Drafting committee will be composed of Dr. Noordeen, Prof. Smith, Dr. Yuasa, and representatives from China, Cambodia, Philippines and Vietnam and the WPRO secretariat.

The meeting has ended with a vote of thanks by Dr. Ahn.