EFFECTIVENESS OF MIDWIVES IN THE RETRIEVAL OF DEFAULTING LEPROSY PATIENTS IN URBAN YANGON, MYANMAR

Editor
We were extremely interested to read the account by Barua et al. in the June issue of Leprosy Review, emphasizing the strong contribution of midwives to the National Leprosy Elimination Programme in Myanmar.

We have had similar experiences in an urban area of Yangon (formerly Rangoon). In Myanmar (population 46 million; registered prevalence 14,723 cases), leprosy control was fully integrated into the general health services in 1991. Yangon division, with a population of 4.5 million, is one of the hyper-endemic divisions of the country. Whilst the periphery of this large area was integrated into the National Programme at an early stage, the urban area was not. The care of leprosy patients in this central, residential population was provided by the Central Special Skin Clinic, attached to the Yangon Central Hospital. This clinic functioned without the benefit of field staff for home visiting or defaulter retrieval, and this undoubtedly contributed to the high percentage of defaulting and irregular patients. Further details of leprosy work in this area have been submitted for publication (Pangi C, Shwe T, Le Le Win et al., submitted for publication). From 1993 onwards, the proportion of cases under regular treatment in this area was only 47%, significantly lower than the figures for Yangon division and for the country as a whole (92.5% in both).

In 1994–1995, we conducted a programme of training and motivation of health staff based on a health centre in urban Yangon, to retrieve as many defaulters as possible and bring them under regular treatment. After 1 year, from a total of 52 defaulters, 67% were retrieved; 23 remained untraceable and 10% had died. Our main purpose in writing is to draw attention to the remarkable performance and motivation of the midwives in retrieving cases and supplying accurate information. They soon proved to be the most appropriate and reliable cadre for this work, accounting for the identification of over 80% of the total defaulters. As report by Barua et al., they were able to carry out these additional activities without interrupting their routine duties. Our experience, although involving a small number of patients, calls for further recognition of the value of this cadre of health worker in the leprosy control programme.

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