Sustainability of leprosy services in South Pacific islands: the Kiribati Experience

ROLAND FARRUGIA
Leprosy Consultant, Pacific Leprosy Foundation, 115, Sherborne Street, Private Bag 4730 Christchurch, New Zealand

Accepted for publication 01 November 2010

Introduction

A WHO workshop on the theme of sustainability of leprosy services in the Island States in the South Pacific was held in Fiji, from the 10th to the 12th May 2010. Among the countries invited to attend the workshop were the only three states in the WHO Western Pacific Region still above the point of elimination of leprosy, namely the FSM (Federated States of Micronesia), the Marshall Islands and Kiribati.

The Pacific Leprosy Foundation, (PLF, New Zealand) provides specialised help to a number of island states around the South Pacific and sends a leprosy consultant to Kiribati twice a year, for periods of 3 or 4 weeks each time.

The concept of sustainability of the leprosy services involves three crucial components:

- The leprosy services provided to the community already exist, and all efforts should be made to give it a character of permanence.
- The quality of the services offered will be kept at a reasonably high level.
- The funding of the activities will be regular, at a reasonable level.

THE STEPS TOWARDS A SUSTAINABLE LEPROSY PROGRAMME IN KIRIBATI

1. Awareness of the leprosy problem

At Ministry of Health Level

The quality of a leprosy programme in a country is a matter of general health policy regarding this specific issue. Policy makers around the globe tend to pay much less attention to leprosy programmes because of the resounding success of MDT treatment. However, the phenomenon is also present in countries where leprosy is still a public health problem.
In Kiribati, the leprosy control programme had not received much attention from the Public Health department for years. The leprosy unit was outside of the hospital compound and its location was widely ignored from the community; compliance to any working plan or to normal working hours was totally overlooked. The two leprosy officers provide MDT treatment to new cases, without any supervision or technical support from the Public Health department. The leprosy programme was entirely vertical with no collaboration with other units. The consequence was a complete lack of awareness of the leprosy problem in the country, its magnitude, or the quality of the services offered to patients. In Kiribati, that situation was wholly understood by the new director of Public Health, open to changes in the national leprosy control programme and willing to bring support and supervision to the new leprosy unit.

At Community Level

The lack of awareness of the leprosy problem in the community has direct consequences. The community is left without knowledge of the disease and its treatment, hence a strong stigma against leprosy patients, and transmission of leprosy continues. Seeking medical advice is difficult, and the diagnosis of leprosy is always considerably late, which translates into a high percentage of disabilities among newly diagnosed leprosy patients.

Conversely, there is a clear link between the level of awareness of leprosy in a community and the possibility for the leprosy programme to work towards an improvement of the local situation and establish good quality, durable leprosy services.

In Kiribati, the new manager of the leprosy programme undertook a series of measures towards the improvement of awareness in the community, making use of the available local media: placing the leprosy programme unit on the map, regular talks on television and radio programmes, talks at schools and planning of a Leprosy Awareness Day at the main island, Tarawa which will be funded by the PLF.

2. The management of the leprosy programme:

The durability and quality of the services offered to leprosy patients depends on how much the manager of the programme is able to provide, in order to achieve a stable control of the situation. The Ministry of Health can change the picture by nominating a manager of the programme who will strive to make the programme a success, define the necessary objectives and the means and ways to implement them, and make all efforts to achieve the goal.

Most importantly, the manager of the national leprosy control programme should set the goal towards which to work: that goal should represent the realistic picture of what is already available in the programme and what efforts will be necessary to reach the level of sustainable quality leprosy services agreed upon. The time frame will have to be clearly defined and over all, the manager should accept to keep the goal alive whatever the obstacles could be.

The personality of the manager in any programme has an obvious influence upon the quality of the services that programme will offer. The manager needs to solve problems instead of being stopped in his/her efforts to achieve a sustainable quality in the performance of the unit.

Immediate objections to this last statement will come to the mind, all quite true: the turnover of the staff in small island states is notoriously high, the sheer number of health
workers is small and the quality of the potential managers may not be very high. It is probably more important to have one quality manager for several programmes rather than one individual for each of the programmes, and it may pay off to concentrate on the one manager, have them trained, provide technical and personal support, and **KEEP THEM AT THE SAME POST** to ensure stability and permanence of the services offered.

**INTEGRATION**

The integration of leprosy services into the general health services represents a key factor in the sustainability of the quality of work offered to leprosy patients. A horizontal programme in public health is more workable because it involves a lot more health workers to achieve the same goal. In that respect, the integration process could be seen as the delegation of the performance of duties to a whole sector of the public health services which presents many advantages and some difficulty as well.

The advantages of integration are numerous:

- It provides the collaboration of many health workers at once.
- It ensures durability in the quality of services offered, especially in the follow up of patients’ compliance to MDT treatment.
- It allows the leprosy unit to better manage the leprosy programme in all its aspects.

There are also a few problems to overcome:

- The central leprosy unit needs to establish a climate of collaboration with the public health units, generally after a campaign of direct contacts to explain what is expected from them, and obtain their agreement.
- Integration of the leprosy programme does not mean that the general health services will automatically take control of all the leprosy activities; the central unit still needs to supervise the performance of the general health workers in following up patients, especially in their compliance with the MDT treatment.
- The central unit still has the responsibility of a regular programme of refresher courses for the staff already in place or training for new staff, an eventuality made frequent because of the high turnover.
- The central leprosy unit is in charge of the maintenance and updating of the central leprosy register.

To sum up: sustainability of the presence and quality of the services offered to leprosy patients in the country depend closely on the quality of the technical collaboration of the general health services. Close contacts with medical and nursing staffs, friendly but firm follow up of the performance of the health workers, continuous updating and training of staff are conditions to the sustainability of reasonably good quality in leprosy services.

**TRAINING**

It is well established that one of the problems in the current situation of leprosy in the world at the moment is the rapid erosion of knowledge about the disease and the skills among the health workers. The same situation was present in Kiribati before the nomination of a new
manager of the leprosy programme. As an immediate consequence, health workers had no access to any source of improvement and the potential for quality leprosy services was reduced to naught. If the objective of the leprosy unit in the country is to establish a durable, integrated programme, it becomes crucial to set up a plan for regular sessions of training at various levels.

In Kiribati, the programme manager has received a thorough hands-on training, which could be supplemented by more formal training overseas, depending on the availability of the budget.

Keeping in mind the need to keep up the interest of health workers in supporting the leprosy programme, and the rapid turnover of health staff, it is important to maintain an agenda of regular sessions of training and refresher courses for health workers at regular intervals. Another target for training would be for the manager to participate each year in the curriculum at the local nursing school.

FUNDING

It is evident that the sustainability of leprosy services will depend, for a large part, on the availability of regular funding for all the activities involved. The sources of funding will vary from one country to another, but there are ways of finding the necessary funds:

1. International sources: Each country has a budget allocated by the World Health Organization. It may be small but each country may rely on it.
2. NGOs: The search for partnerships with NGOs working in the geographical area is essential. There are NGOs well established in the majority of the island states in the South Pacific.

Kiribati can also rely on technical and financial support from the same sources. A working plan and the budget for each of the components of the plan are now available to the country.

In summary: the key factors to a sustainable leprosy programme in Kiribati could be summarised as follows:

- Awareness of the leprosy problem at Ministry of Health level.
- Awareness of the leprosy problem at community level.
- Political and technical support.
- Strong management of the leprosy unit.
- Integration into the general health services, with collaboration and supervision of performance.
- Regular training of health workers.
- Search for multiple partnerships with international organisations and NGOs.