EDITORIAL

The importance of neglected tropical diseases in sustaining leprosy programmes

W. CAIRNS S. SMITH, DAVID SALANDINI ODONG & ANGELA NNEBUOGOR OGOSI
Institute of Applied Health Sciences, School of Medicine and Dentistry, University of Aberdeen, Foresterhill, Aberdeen AB25 2ZD, UK

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Neglected tropical diseases

International attention and funding has been focused on killing disease such as HIV/AIDS, malaria, and tuberculosis, for example through Millennium Development Goal 6. Until recently, other diseases responsible for considerable morbidity affecting an estimated one billion people, as well as mortality, had been relatively neglected. Neglected Tropical Diseases (NTD) programme is an initiative\(^1\) that brings together efforts to tackle a group of 17 neglected diseases that affect over one billion people worldwide. This grouping includes leprosy and provides an opportunity for leprosy programmes to work synergistically with other disease programmes in a more efficient and sustainable way.

NTDs have much in common. They often co-exist and are associated with poverty, affecting large numbers of people who lack visibility and a political voice. Many of the programmes addressing individual NTDs have worked in isolation through vertical programmes with disease specific funding streams. Like leprosy, many of those affected by NTDs experience stigma and discrimination with women, children and migrants being especially vulnerable. There are also common underlying causes based on poverty, poor environments, inequity and complex social determinants.\(^2\) Five different approaches\(^1\) are proposed to tackle NTDs, intensive case management by early diagnosis and treatment is the approach used in leprosy but it is also the approach used for Buruli ulcer, Chagas disease, human African trypanosomiasis, leishmaniasis and yaws. Clearly there are opportunities for integration between leprosy and other NTDs where they co-exist for example in training, implementation, supervision, drug distribution, monitoring and evaluation. A framework has been proposed to analyse NTD control partnerships.\(^3\) The potential to develop such
integration in Uganda and Nigeria has been analysed by two of the authors as part of postgraduate research and are presented below.

Leprosy and NTDs in Uganda

The neglected tropical diseases (NTD) in Uganda are endemic where by every person is at risk of at least one of the reported diseases. These include schistosomiasis, soil transmitted helminths (STH), trachoma, lymphatic filariasis, onchocerciasis (most prevalent), leishmaniasis, human African trypanosomiasis (low prevalence), dracunculiasis, leprosy and buruli ulcer. The implementation of interventions for control of leprosy was integrated with tuberculosis control, known as the National Tuberculosis and Leprosy Programme (NTLP), in 1990 under the Communicable Disease Division in Ministry of Health. Since then, the country has made remarkable progress using the multidrug therapy and achieved the World Health Organisation (WHO) recommended target for elimination of leprosy of less than one case per 10,000 populations in 2004.

The control and prevention of the most prevalent NTDs is mainly through preventive chemotherapy (PCT) using the integrated approach with child health days plus (immunisation programme). The drugs being used for PCT are ivermectin for oncherciasis and lymphatic filariasis, albendazole and mabendazole for STH, praziquantel for schistosomiasis and zithromax for trachoma. These interventions are being integrated into the general health service delivery involving the community health workers or the village health teams. Most studies consider that integration enhances treatment coverage, while others asserted that integration can affect performance negatively.

Leprosy and NTDs in Nigeria

Nigeria, Africa’s most populous nation with a population of about 150 million people, ranks in the top three endemic countries globally for the NTDs. In Nigeria, the most endemic NTDs are lymphatic filariasis, schistosomiasis, onchocerciasis, trachoma and leprosy. Nigeria was listed among one of the countries reporting more than 1000 new cases of leprosy per year with approximately 4500 new cases of leprosy detected in 2010.

Integration can be explored for the control of NTDs from different dimensions; (i) integration across NTDs, (ii) integration into a pre-existing health system, (iii) integration with control strategies of other conditions, (iv) integration of NTD strategies for control of a particular NTD. These dimensions are not mutually exclusive and in some cases overlap. Integrating the control strategies is believed to have the potential of minimising costs, improving access, expanding coverage, ensuring equity and sustainability. Leprosy care in Nigeria is faced with stigmatisation, this has been a hindrance to the control processes especially integration of leprosy services into the existing health care system. An interesting concept to be explored is that of ‘reverse integration’ which basically refers to bringing other health care services into existing leprosy services. By doing this, leprosy patients can have access to important services they need such as eye care, counselling and rehabilitative physiotherapy from one point instead of going to general health care facilities where they would be stigmatised.
Leprosy and neglected tropical diseases

Sustaining leprosy services is a challenge following the much reduced prevalence and reducing case detection rates of leprosy. Leprosy programmes need to be integrated with other services to be cost-effective and sustainable. In many countries leprosy control services are combined with tuberculosis services or dermatology services, or are integrated into primary health care, although leprosy struggles against competing priorities from larger, more immediate health problems. The emergence of NDTs as an entity through strong international leadership by WHO and partners provides a new ally for leprosy programmes, and in many countries, particularly in the African region, governments have established new departments of NTDs. There are opportunities for partnership and integration at many levels including surveillance, monitoring, drug distribution, treatment delivery, training, health information, health promotion, programme evaluation and research. Greater synergy between leprosy and other NTDs by governments, non-governmental organisations (NGOs), and international funding agencies can achieve greater efficiencies in the use of scarce resources.15

The NTD movement is an opportunity for leprosy, but the leprosy community must proactively engage with NTDs in national programmes, between NGOs, and in research.

References