Letter to the Editor

CAN URBAN HEALTH POSTS MANAGE LEPROSY DETECTION AND TREATMENT AFTER INTEGRATION WITH GENERAL HEALTH SERVICES? – A STUDY IN BOMBAY

Bombay Leprosy Project (BLP) covers an urban population of 2 million comprising mainly of slums including Dharavi, the biggest in Asia. We present our experience in BLP after integration of leprosy management into General Health Care (GHC) System.

The leprosy programme was integrated with the Health Posts (HP) of the GHC System in Bombay (population: 12 million) in July 2004. Health delivery in the metropolis is highly complex. Citizens are free to choose a wide variety of health infrastructure. The structure essentially consists of 167 HPs, nine medical colleges (five allopathic and four non-allopathic) besides many non-teaching hospitals. There are about 40,000 to 50,000 general practitioners (qualified and unqualified) and about 300 to 350 dermatologists besides several specialists.

In this background, BLP was offering services through more than 20 leprosy clinics. Over a period of time these clinics were reorganised based on the patient load and some of these have been closed. A few satellite clinics have been strengthened and retained at the ward level after integration.

During the 2 years before integration, in 2004, 227 patients were detected in 2002 and 326 in 2003. Following integration detection was as follows: 120 patients in 2005, 116 patients in 2006, 112 patients in 2007.

Since 2000 during the preparatory phase, general health staff of 23 HPs and municipal dispensaries in the project area of BLP had been repeatedly trained on diagnosing and treating leprosy as well as maintenance of basic records on how to fill up simplified patient cards, registers pertaining to list of patients and drugs etc. Cases were also demonstrated. They were also trained on how to administer MDT and submit monthly reports.

It was expected that the GHC staff will diagnose, confirm and treat the patients. MDT blister packs etc were also handed over to the health facility. Our paramedical workers offered expertise in diagnosis, maintaining records, follow-up of patients. No surveys were conducted and IEC activities were practiced to promote voluntary reporting as per the government guidelines.

No assessment of the performance of the city programme after integration of leprosy is available. We present our experience on the analysis of new case detection from July 2004 to December 2007 in BLP’s adopted population of about 2 million.

Observations

From July 2004 to December 2007, a total of 393 new cases were detected in the project area and registered. 63 cases (16%) first reported to the HP at an average of 1·5 new cases per month. Most of the 393 cases reported directly to leprosy referral centres & teaching medical colleges and a few practising dermatologists and general practitioners. These cases, as well as those identified through ‘catchment clinics’ of BLP, were confirmed by the senior supervisory staff. There have been no interventions from any other agency in the area (Figure 1).
Conclusion

There is a slow rising trend in detection by the GHC over the study period. Performance of the HPs is by no means satisfactory as most of the patients are reporting directly to centres other than HPs. In order to meet the objective of total integration, of making the GHC system deal with all problems related to leprosy, far more planning is needed.

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