CHAPTER 5

SUMMARY AND CONCLUSION



5.1 Conclusion.

So LEC successfully detected a large number of cases within a relatively short period of time and increased awareness of the disease in the community. However, proper follow-up is needed to ensure that the gains made during the LEC are maintained. The main challenge is to ensure that all cases under treatment complete the recommended course of treatment and are cured within the specified time.

The problems encountered in carrying out LECs are mainly related to operational issues, including logistics. When areas for LEC are selected without ensuring that the necessary health infrastructure is in place, patients may have to travel long distances to get treatment regularly. Limited involvement of the general health services and poor geographical coverage also contributed to low detection rates in some of the campaigns. Because of increased attention focused on detection cases, and also as a result of inadequate training being provided to the local health worker, there were instances of individuals being wrongly diagnosed as having leprosy.

Inadequate monitoring of the supply of MDT drugs created shortages in some areas because of the sudden increase in the number of patients detected during the campaigns. In some areas community awareness promotion was not carried out properly or as extensively as it should have been, which resulted in low awareness about the campaigns and individuals with suspicious skin lesions not coming forward for examination.

LEC can detect many new cases Leprosy in a short time. 40% of Newly Detected Cases are MB Leprosy. We can not detect MB Leprosy in the community, there will be transmission of disease in this community. One MB Leprosy patient excretes 700 million of Leprosy bacilli from nasal secretion in one day. If we detect the MB Leprosy patients and treat with MDT, we can prevent disease transmission in the community. It means the benefit to the society, but it is intangible and difficult to measure.

5.1.1 Factors influencing Effectiveness of Leprosy Elimination Program.

These are the factors, which influence the effectiveness of Leprosy Elimination Program.

- (1) Political commitment,
- (2) Community awareness,
- (3) Community participation,
- (4) Capacity building of Health Workers,
- (5) Treatment Multi-Drug Therapy,
- (6) Accessibility of health care by the community,
- (7) Socio-economic status of the community.

5.2 Limitation of the study.

The following facts are the weakness of this study, because of some constraints in the real situation.

- 1. There is no primary data for costs from provider as well as patient's perspective. For provider's perspective some secondary data are available (eg. Manpower list, salary), but there is no primary data (eg. Proportion of time spent for each method of case detection activities from patient's perspective).
- For calculation of Provider cost, we can not get the data of capital cost, such as building cost, vehicle cost. Because most of the health centers in Myanmar, are more than 30 years duration. So provider cost, we can calculate only the recurrent cost of the Case finding activities.

5.3 Policy Implication.

There is no doubt that LEC is the cost-effectiveness case finding activities to flush out hidden cases in Leprosy endemic areas. The main challenges for national programme are:-

- (1) To reach geographical area and population, which have not yet, benefit from MDTservices.
- (2) To reduce the delay in detecting and diagnosing the disease.
- (3) To continue to provide patients with good quality services.

The following activities are needed to be intensified to ensure the success of the elimination goal.

- (1) To conduct the Leprosy Elimination Campaigns to flush out all hidden cases and to increase the geographical coverage by intensification of community awareness through media campaigns and capacity building of BHS staff and conducting information services at village level.
- (2) To integrate LEC into BHS as their routine activities for the sustainability of the Leprosy Elimination.
- (3) To strengthen the monitoring, supervision and evaluation to solve the problem effectively and without delay.

5.4 Recommendation for Further Studies.

Priority needs in the area of social and economic research include studies directed towards assessing the social costs of Leprosy, the best use of resources in relation to effectiveness of Leprosy control, community participation, in particular for case detection and case-holding. The another important research to be needed is the economic evaluation of community based rehabilitation to the care of Leprosy patients with deformities, disabilities and handicaps.