

8: VL AND THE MINISTRY OF HEALTH

8.1 **What minimum or special infrastructures and personnel must be provided at primary, secondary and tertiary health care levels?**

The first level which usually correspond to the health posts, dispensaries or primary health care centres, should be provided with a health worker. They are responsible for detection and notification of suspected cases.

The second level (health centres) should be provided with a physician, nurse, laboratory technician and a technical team for vector control and, if appropriate, animal reservoir control. They are responsible for confirmation of the clinically suspected cases and their treatment, and for vector and, if appropriate, reservoir control. They have to ensure the follow up of treated patients.

The third level (hospitals) should be responsible for the management of severe cases which need hospitalization. They are in charge of data collection and active surveillance.

The central level (National Health Ministry) will be responsible for:

- elaboration of health policies and guidelines for national strategies
- financial administration, cost-effectiveness analysis
- personnel administration
- provision of supplies: drugs, insecticides, reagents for diagnosis, spraying equipment
- training
- elaboration and distribution of training material
- collection, analysis and diffusion of data
- overall supervision and evaluation of the control programme and links to other control programmes
- epidemic control measures
- bilateral and multilateral cooperation
- links with research institutions

8.2 **What minimum or special equipment and services must be provided for each activity and at each level?**

Information on equipment and services required at each level is given in the appropriate sections of this report and in the relevant appendices.

8.3 **What health education material is required and how should it be disseminated?**

Any possibility of health education should be exploited and material diffused by all means of mass communication. Health education must be correctly targeted. People should get a clear perception of the advantages they can expect. Guidelines such as those described in this present volume should be sent to the appropriate level and be supported by training programmes.

Public awareness material for the community should be prepared at the central level.

8.4 **How can a supply of drugs, insecticides and essential reagents be assured?**

- (a) First-line and back-up drugs required should be included in the list of Minimal Essential Drugs.
- (b) Negotiation of a long-term competitive contract for insecticide supplies would be beneficial.
- (c) A separate budget allocation for drugs and insecticides for VL control should be supported, especially to avoid interruption of interventions.
- (d) Adequate storage for drugs and insecticide should be ensured.
- (e) When feasible, and especially in case of an epidemic, a local task force should be set up to coordinate and supervise the distribution and use of reagents, drugs and insecticides.

8.5 **What back-up resources are required to respond to epidemics?**

- (a) Elaboration of a strategic plan and designation of a task force.
- (b) Stocks of drugs, reagents, insecticides and equipment.
- (c) Availability of reserved personnel to implement the emergency plan of action.
- (d) Logistical support including transport.
- (e) Prompt involvement of other infrastructures: when there is no specific leishmaniasis unit, existing health infrastructures should be used such as those of malaria.
- (f) Special forms for reporting cases
- (g) Material for health education and training.

8.6 **What minimal communication/disease notification network is necessary?**

- (a) The minimum essential communication should be by voice (telephone or radio) at all levels.
- (b) Additional written communication is required at all levels (courier, fax).
- (c) At the central level, computer availability is necessary for the collection and analysis of data (and for e-mail).

8.7 **What monitoring of the control activities are required?**

- (a) Recording changes in the numbers of cases (per month and year) possibly as changes in incidence if population fluctuations are marked but known from census data.
- (b) External quality control for diagnosis.
- (c) Follow-up of treated patients.
- (d) Monitoring of utilisation of resources.
- (e) Monitoring availability of personnel.

8.8 **What are the benefits of disease prevention and control?**

- Reduced cost for treatment or hospitalization
- Maintenance of family income
- Sustained labour and production
- Reduction of morbidity and mortality
- Continued education of children
- No social consequences
- No destruction of the community
- Sustained income from tourism
- More cost-effective health care