



**Pan American
Health
Organization**

Regional Office of the
World Health Organization



Summary Report and Recommendations:

5th Biennial Meeting on Leprosy Control in the CAREC Member Countries and Cuba

(Georgetown, Guyana, 29 June – 1 July 2005)

Summary Report

The 5th *Biennial Meeting on Leprosy Control in the CAREC Member Countries and Cuba* was convened in Georgetown, Guyana on from 29 June to 1 July 2005, with support from the Netherlands Leprosy Relief (NLF). The meeting was jointly organized by the Ministry of Health, Guyana, The Caribbean Epidemiology Centre (CAREC) and the Guyana Country Office of the Pan American Health Organization / World Health Organization (PAHO/WHO).

Participants, totaling twenty-three, were dermatologists, medical officers, Medex, nurses, programme managers, and coordinators from six countries, namely Guyana, Suriname, Trinidad and Tobago, St. Lucia, Jamaica and Cuba. CAREC's coordinator and the PAHO Regional Advisor for Leprosy Control were involved in the proceedings.

The **main topics** covered were as follows:

- low endemicity and the changing health systems;
- monitoring, case detection and management;
- public education, communication and health promotion as well as sustainability efforts for disease control.

The targeted <1 case/10,000 population has been achieved in the countries represented at the meeting, except for Guyana and St. Lucia. These countries' prevalence rates have been 1 case per 10,000 population during the past few years. St. Lucia and Jamaica reported slightly increased new cases from 7 and 5, respectively, in 2003 to 13 and 7 cases in 2004, while Guyana and Trinidad and Tobago reported declines from 53 to 37 and 29 to 24 for the same period. St. Lucia has not reported any cases 14 years of age and

under since 2003; however, Trinidad and Guyana continue to report that an estimated 23% of all cases are in this category. It is also noted that 50% of all new cases are multi-bacillary in the countries and that the number of cases with Grade 11 disability varies from one to five.

Given the stability in the number of new cases reported during the past few years, it is well recognized that an extra push is needed if the rates are to be decreased even further. To this end, recommendations from the 4th Biennial Meeting were implemented by Guyana and Jamaica. These are using the hidden prevalence to estimate the real prevalence and the conduct of case-finding in “silent areas”, or areas once deemed prevalent for leprosy. Both countries have had some measure of success with this activity. Overall, there has been a considerable increase in coverage in the countries, and multi-drug therapy have been available free of charge through the World Health Organization (WHO).

However, the sustainability of health care services for persons with leprosy remains an important challenge for the countries in the Caribbean reporting the disease. Health reform processes appear not to have taken leprosy control into consideration, nor have they accorded priority for sustainable measures. Nevertheless, relevant authorities are aware about the need for support. At this meeting, the document entitled “Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities” was introduced to the participants. Critical areas were discussed in relation to sustaining high-quality leprosy services. The basic principle would be to detect cases early and to adequately treat all patients. Participants were therefore requested to develop plans that would build on the achievements thus far, such as increased awareness of leprosy and involvement of general health services.

Recommendations

- Provide high-quality services for all persons affected by leprosy.
- Improve cost-effectiveness by integrating and/or decentralizing ongoing leprosy control activities within the existing local health infrastructure.
- Sustain political commitment and increase collaborative activities with all partners at the global, national and regional levels.
- Build capacity among health workers in the integrated setting.