



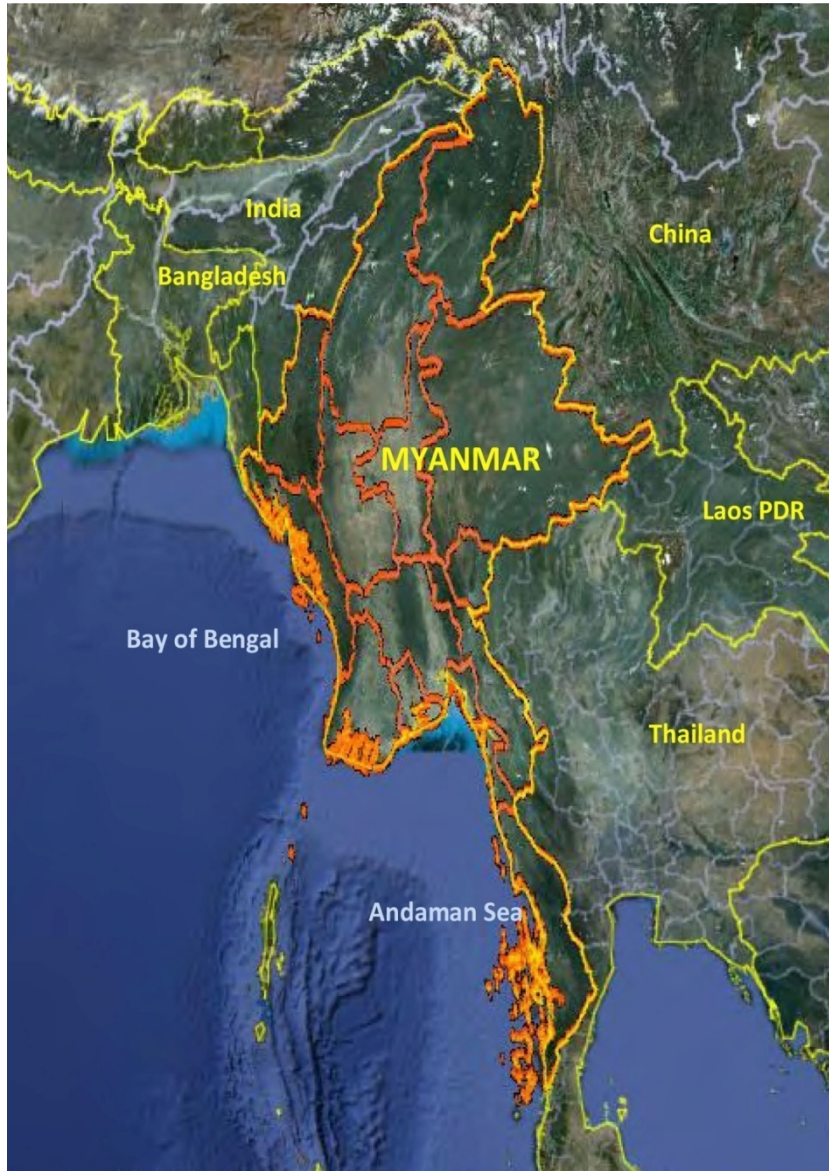
# Current Leprosy Situation in **MYANMAR**

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# Demographic Information



## *The Republic of the Union of Myanmar*

Area Sq:km	- 676,578
Population	- 54,145,623
State & Region	- 14
Union Territory	- 1
District	- 74
Township	- 330
Sub-township	- 84
Village tract	- 13,618
Village	- 64,134

**Ref; from Department of Population,  
Ministry of Labour Immigration &  
Population (2019)**

## **Vision**

*Leprosy Free Myanmar*

## **Mission**

*Enhancing further reduction in Disease burden of leprosy*

## **Goal**

*Enhancing reduction of leprosy disease burden and provision of high quality services for all affected communities, ensuring the principles of equity and social justice*

# Objectives

- Objective 1:** *To enhance political commitment*
- Objective 2:** *To reduce the rate of newly diagnosed with grade-2 disabilities less than 1/million population by the year 2020*
- Objective 3:** *To reduce child disability grade-2 among new cases to zero by the year 2020*
- Objective 4:** *To sustain the Prevention of disability activities*
- Objective 5:** *To enhance rehabilitation of LAPs (Leprosy Affected Persons)*
- Objective 6:** *To strengthen proper monitoring, supervision, evaluation and surveillance.*
- Objective 7:** *To enhance the use of basic and health system research*

# WHO Strategic Direction

- **1-S: Strategic Direction -1**  
*Strengthen government ownership, co-ordination and partnerships*
- **2-S: Strategic Direction-2**  
*Stop leprosy and its transmission*
- **3- S: Strategic Direction -3**  
*Stop discrimination and promote inclusion*

# Top 22 Leprosy endemic countries (2017)

- Angola
- Bangladesh
- Brazil
- Comoros
- Côte d'Ivoire
- D R Congo
- Egypt
- Ethiopia
- Micronesia
- India
- Indonesia
- Kiribati
- Madagascar
- Mozambique
- **Myanmar**
- Nepal
- Nigeria
- Philippines
- South Sudan
- Sri Lanka
- Sudan
- Tanzania

## New Case Detection in WHO Global Priority Countries (2008 and 2017)

No	Country	2008	2017
1.	India	134184	126164
2.	Brazil	38914	26875
3.	Indonesia	17441	15910
4.	Bangladesh	5249	3754
5.	Congo	6114	3649
6.	Nepal	4708	3215
7.	Ethiopia	4170	3114
8.	Nigeria	4899	2447
<b>9.</b>	<b>Myanmar</b>	<b>3365</b>	<b>2279</b>
<b>10.</b>	Tanzania	3276	1936
11.	Mozambique	1313	1926

## New Case Detection in WHO Global Priority Countries (2008 and 2017)

No	Country	2008	2017
12.	Philippines	2373	1908
13.	Sri Lanka	1979	1877
14.	Madagascar	1763	1430
15.	Côte d'Ivoire	998	773
16.	Angola	1184	605
17.	Sudan	1901	551
18.	Egypt	797	543
19.	Comoros	338	429
20.	Kiribati	42	187
21.	Micronesia	124	141



# Milestones of Myanmar Leprosy Control Programme

- **1952**- Leprosy Control Programme started with *Dapsone Monotherapy*.
- **1986**- WHO *MDT was introduced* in Myanmar. At that time, the number of registered leprosy cases was 222209 and prevalence rate was 59.3 per 10000 population.
- **1988**-Nationwide MDT programme started *in 6 hyper endemic areas*.
- *Full integration* with six hyper-endemic regions (**1991** onwards)
- *100% area coverage* of MDT services (**1995**)
- *Achieved elimination target* at **2003**.

# Milestones of Myanmar Leprosy Control Programme

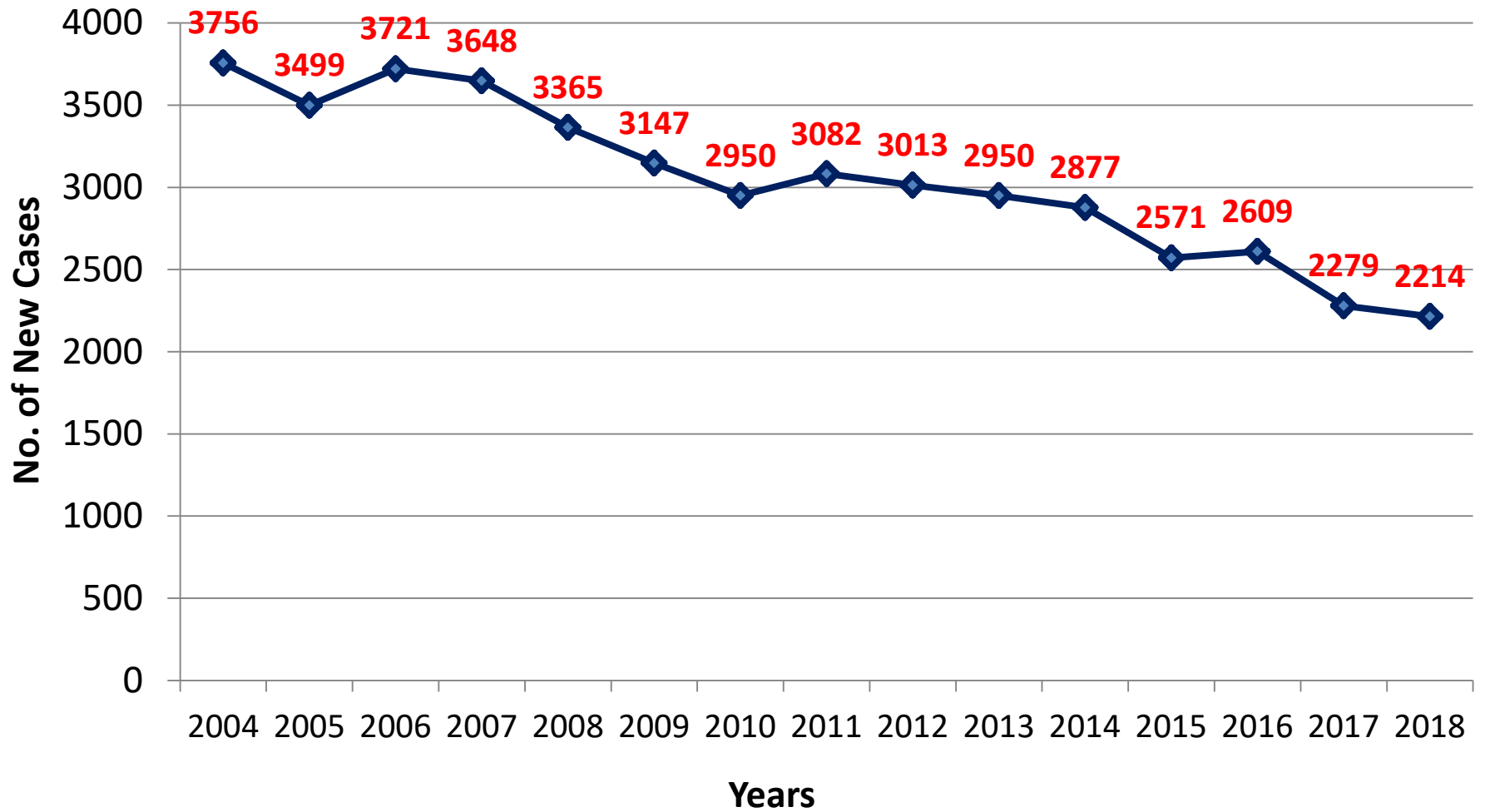
## Activities after leprosy elimination

- Case finding and MDT Treatment
- Leprosy Awareness Campaign (LAC) in Pocket Areas
- Prevention of Leprosy Related Disability (POD) activities
- Capacity Building
- Research
- Post Exposure Prophylaxis of Leprosy Contacts
- Leprosy Mapping Project
- Partnership development and strengthening
- Technical Advisory Group For Myanmar Leprosy Control

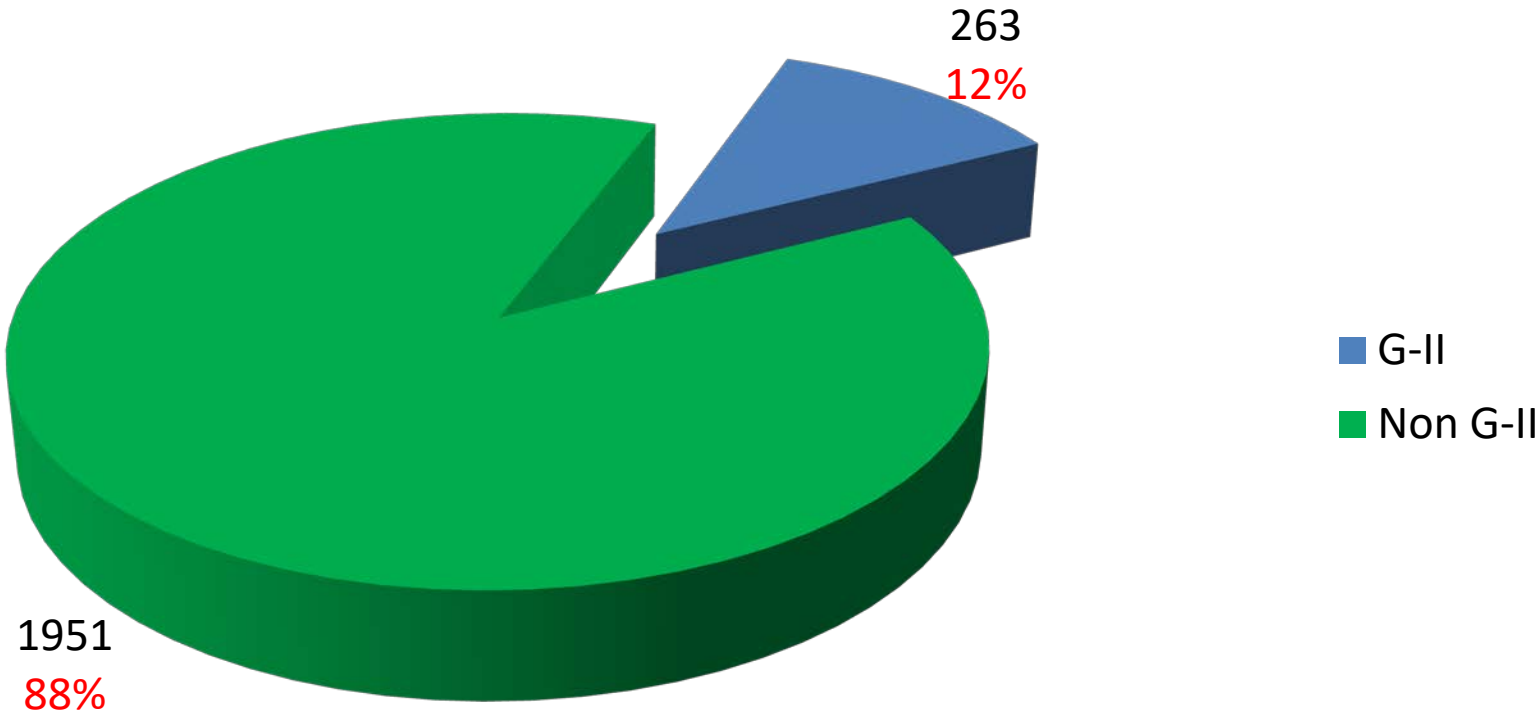
# Leprosy Indicators (From 2014 to 2018)

Indicator		2014	2015	2016	2017	2018
Reg:		2687	2413	2526	2216	2117
PR/10,000 pop;		0.52	0.46	0.49	0.42	0.39
NC		2877	2571	2609	2279	2214
NCDR/100,000 pop;		5.59	5	5.1	4.3	4.11
Among NC	MB	2209	2013	2020	1747	1767
	<15	119	101	88	79	100
	G II	415	350	358	283	263
	Female	964	781	801	699	742
RFT(Yearly)		2830	2787	2418	2460	2204

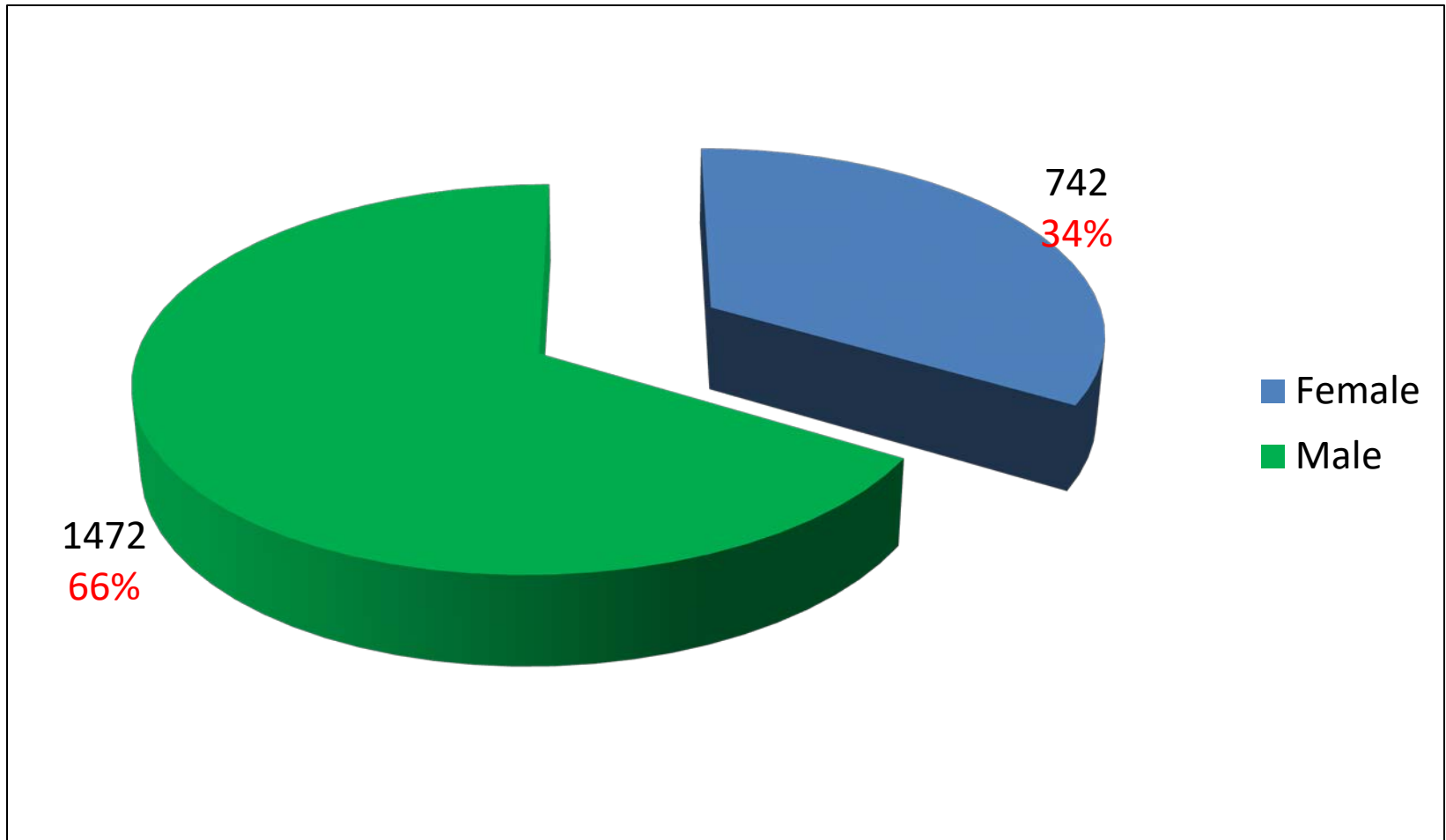
# Graph showing new case detection (2004 to 2018)



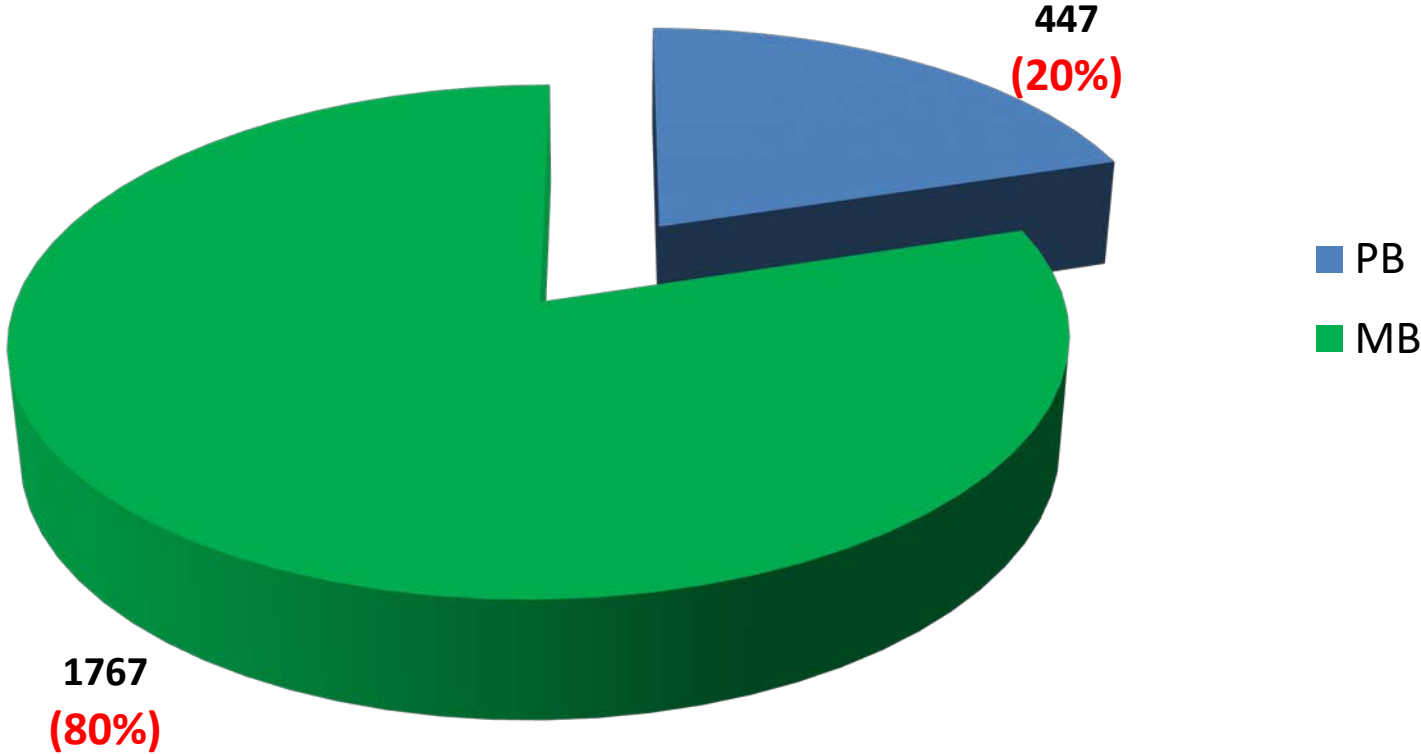
# Number and proportion of new cases with Grade-2 disabilities during 2018



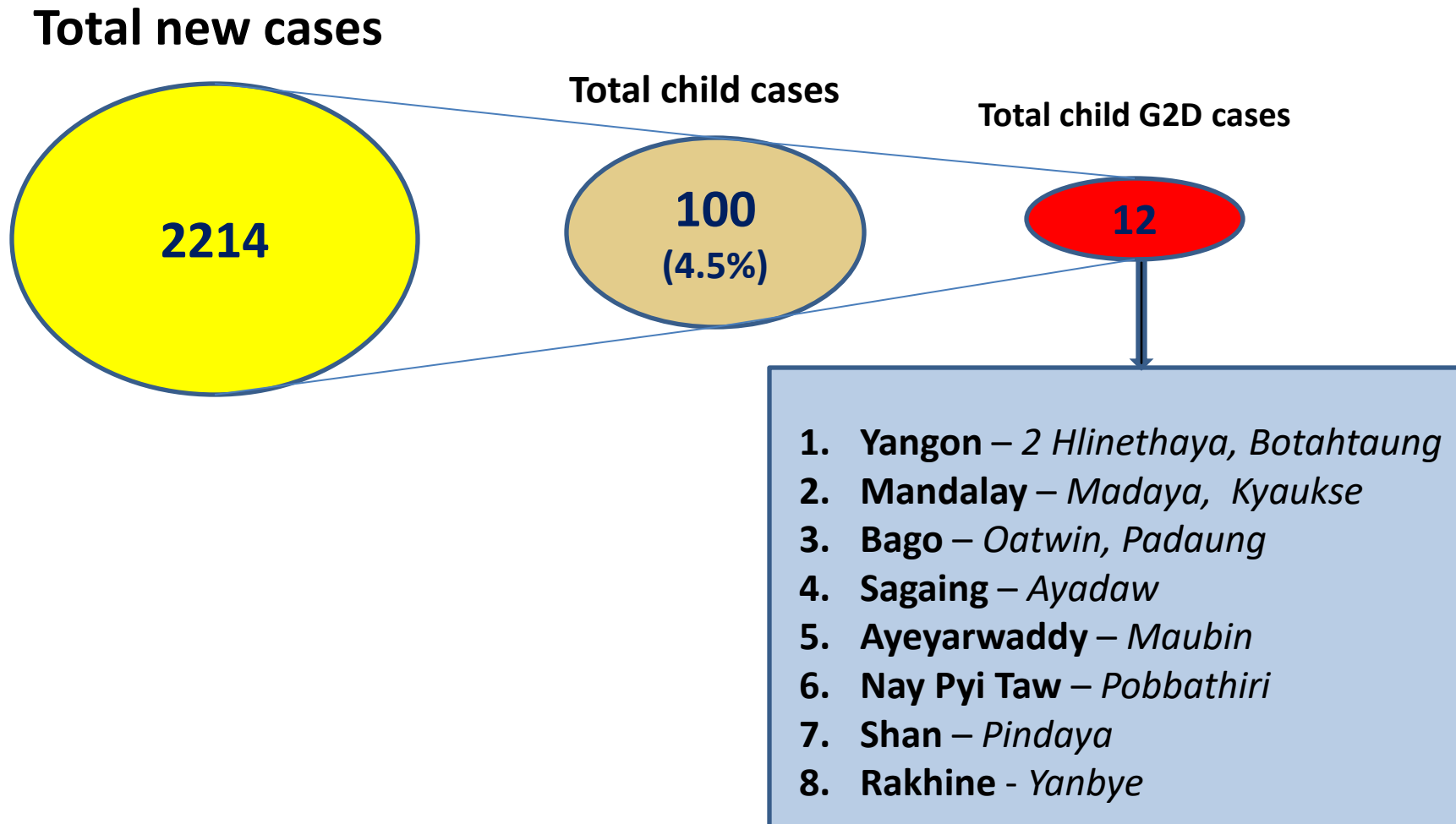
# Female and Male new cases during 2018



# PB and MB Cases (2018)



# <15 years new cases (2018)





## Top 6 Regions and 1 State in New Case Detection 2014 to 2018

Sr. No	State/Region	New cases detected during 2014	New cases detected during 2015	New cases detected during 2016	New cases detected during 2017	New cases detected during 2018
1	Yangon	439	390	393	367	392
2	Mandalay	547	510	473	469	389
3	Sagaing	402	389	425	337	308
4	Magway	278	277	280	249	241
5	Shan	283	230	205	184	195
6	Ayeyar waddy	302	253	279	207	209
7	Bago	389	305	293	249	271
	<b>Total</b>	<b>2640</b>	<b>2354</b>	<b>2348</b>	<b>2062</b>	<b>2005</b>

## Low endemic 6 States, 1 Region and Nay Pyi Taw Union Territory in New Case Detection 2014 to 2018

Sr. No	State/Region	New cases detected during 2014	New cases detected during 2015	New cases detected during 2016	New cases detected during 2017	New cases detected during 2018
1	Nay Pyi Taw	80	60	84	70	60
2	Tanintharyi	30	29	20	20	28
3	Kachin	31	20	15	14	8
4	Chin	8	9	4	4	5
5	Kayah	6	5	6	7	6
6	Rakhaing	25	33	23	13	18
7	Mon	93	87	83	63	53
8	Kayin	44	34	26	26	31
	<b>Total</b>	<b>317</b>	<b>277</b>	<b>261</b>	<b>217</b>	<b>209</b>

## **LAC (2018)**

- Leprosy Awareness Campaign (LAC) was conducted in 60 pocket health centers during **2018**.
- **179** new leprosy cases were detected
  - [ PB=56, MB=**123**(68.7%) ]
  - New cases with G-2 = **19** (9.4%)
  - Under 15 child new cases = **11**(6.1%)

# Problems Identified

## (1). Epidemiological

1. It is noticed that annual new case detection does not reflect the real situation of leprosy in Myanmar.
2. Transmission is still going on in the community indicated by 3 to 5 % of new cases in children under 15 year as well as G2 among child new cases.
3. Late case detection, indicated by high G2 (10 to 15%) and MB proportion among new cases (more than 70 %).
4. With some active case finding activities (e.g. Leprosy awareness campaign detected 179 new cases in 2018 ).More than 80% of new cases are detected by passive approaches.
5. Presence of high disease burden area (Hot-spot) mainly in six regions and one state. In some area persistently high.
6. Leprosy situation in urban area, (such as; Yangon, Mandalay) is still high.

# Strategies to solve epidemiological problem

## Priority 1

Strategies	Key Activities
Advocacy to policy makers	Advocacy meeting
Identification of “Hot Spots” by mapping project	Identification of high disease burden pockets of leprosy by mapping project
Early diagnosis and quality care	ACD especially contact survey
	Implementation of LAC in hot spots
	Well supervised MDT services
Prevention of Leprosy (Immuno and chemo-prophylaxis)	Dissemination Workshop on LPEP and Expansion of LPEP
	Expansion of LPEP to appropriate townships
Stratified focused case finding among children community and Identification of epidemiological situation in hot spot area	Special case finding activities in health center (RHC)/ Villages with child G2 cases
Surveillance on Anti-Microbial Drugs Resistance	Sentinel Surveillance on Anti-Microbial Drugs Resistance
Re-vitalization of urban referral centers	Re-establishing of CSSC and MSSC
Capacity building of health staff	Basic and refresher training

## Priority 2

Strategies	Key Activities
Stratified focused case finding among children community	School health talk with examination
	Production and Distribution of IEC materials in school and community
Strengthening of surveillance system	Development of an effective surveillance method and Identification of epidemiological situation in hot spot area
Reduction of stigma and discrimination	Electronic media
Provision of technical support	Implementation of basic research (Sentinel Surveillance on Anti-Microbial Drugs Resistance)

# Problems Identified

## (2). Operational

7. Re-organization / structural problem mainly at district and township level
8. Low profile of leprosy control program activities
  - Misinterpretation of elimination and eradication
  - Inadequate support from BHS
9. Low community awareness
10. Weak monitoring and supervision from all level. Inadequate information collection and computerized reporting
11. Inadequate active case search approaches

# To solve operational Problem

## Priority 1

<b>Strategies</b>	<b>Key activities</b>
Advocacy to policy makers	Advocacy meeting
Community awareness raising	Production of IEC posters
Restructuring of LCP staff	Re-allocation, replacement of LCP staff and Job assignments to co-operating health staff (TB/Leprosy team leader and BHS staff)
Partnership strengthening	Partners meeting
Capacity building of health staff	Basic and refresher training
Coordination	Coordination meeting at different level
Strengthening of field supervision	Field Supervision from Central Level (3 persons)



# Priority 2

<b>Strategies</b>	<b>Key Activities</b>
Capacity building of BHS & LCP staff for effective supervision and monitoring	Production of Leprosy Manual and Guideline for BHS
Strengthening of surveillance system	Development of digital reporting system

### **(3). Administrative problems**

12. Inadequate leprosy control staff at district and township level
13. Inadequate financial support at peripheral level (placement and salary/travel cost)

### **(4) Prevention of disability and stigma problem**

- Inadequate POD services
- Presence of stigma in the community

# Priority 1

Strategies	Key Activities
Sustaining POD as routine	POD review
	POD workshop
	Provision of POD kits
Strengthening of referral center	Re-establishing of CSSC and MSSC
Coordination	Coordination with YLH, MCLH and other related referral center (Eye, Ortho)
Development of national CBR guideline	Workshop on development of national CBR guideline
Inclusion of leprosy affected person	Peer group training and involvement in LCP activities

# **Priority Strategies according to strategic directions**

## **Strategies Direction (1)**

- 1.1 Advocacy
- 1.2 Capacity building
- 1.3 Strengthening of field supervision
- 1.4 Community awareness raising
- 1.5 Coordination

## **Strategies Direction (2)**

- 2.1 Early diagnosis and quality care
- 2.2 Capacity building
- 2.3 Prevention of leprosy by LPEP

## **Strategies Direction (3)**

- 3.1 Sustaining of POD activities
- 3.2 Inclusion of leprosy affected person

# Recommended Strategies

1. Early diagnosis and quality care
2. Capacity building
3. Community awareness
4. Sustaining of POD activity
5. Strengthening of field supervision
6. LPEP
7. CBR



***Thank you!***

**“ACCELERATING TOWARDS A  
LEPROSY-FREE WORLD”**