Communicating for Health

Leprosy control in Sri Lanka
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In Sri Lanka a social marketing and social mobilization campaign directed against leprosy has led to greatly increased detection and treatment rates.

Although all registered cases of leprosy in Sri Lanka have been dealt with by multiple drug therapy since 1982, the transmission of the disease has continued.

In 1990 a social marketing and social mobilization campaign was launched in order to tackle this problem. It involved organizing facilities to suit the convenience of patients by expanding the network of services. The demand for treatment was raised by creating an awareness of the early signs of the disease and reducing the fear associated with it. A national advertising programme was set up, in which advertisements in the mass media, posters, stickers on buses, and radio and television serials all played a part. This programme was highly professional and attractive, and regular reviews were conducted with target groups in order to obtain feedback so that corrective measures could be adopted where necessary. Leaflets and booklets on leprosy were distributed to the general public and to new patients. Special steps were taken to cover very remote areas not normally reached by the mass media. Health education programmes lasting a week were organized on a district basis for key people, among them administrative officers, village heads, religious leaders, teachers and voluntary workers. Skin camps were organized so that cases of leprosy could be detected and minor skin ailments treated.

In order to maximize the effectiveness of messages at grass-roots level, opinion leaders such as clergy, village heads, schoolteachers, Ayurvedic practitioners, and women’s leaders in the villages were encouraged to become involved in health education sessions on leprosy. Schoolteachers were given flip charts on the disease so as to assist them in spreading messages to colleagues and children.

The links between the leprosy control services and the general health services were improved. All primary care staff, medical officers working in hospital outpatient departments, other hospital staff, and estate medical and paramedical staff were given special training so that they would be able to make an initial diagnosis of the disease and reduce their fear of it.

Virtually every district now has at least one person who specializes in leprosy control activities; in the districts where the disease is endemic there are two such workers. In most
districts a medical officer has been appointed to coordinate these activities, and every district has a trained medical laboratory technician/microscopist who stains and interprets leprosy smears. Monthly meetings are attended by the leprosy staff to evaluate progress.

School surveys, contact surveys and selected mass surveys are conducted on a regular basis. Thus in 1992, 109 132 schoolchildren were covered and 31 new cases were detected as a result; contact examination of 27 890 individuals revealed 149 new cases, and mass surveys of 60 610 people brought 225 new cases to light. During the same year, 16.5% of new cases were detected by active case-finding methods. Altogether in 1992, 2432 new cases were recorded, some 450 fewer than in the previous year but more than double the number for 1989 and earlier. Half the cases are now self-reporting, as compared with under 10% in 1989, indicating an increased awareness of the early signs of the disease as well as a diminished fear of it.

Because of the stigma attached to leprosy, many patients prefer to consult private practitioners. To ensure that the treatment they give is correct, information on the disease is distributed to doctors throughout the country. Furthermore, close collaboration has been established with dermatologists.

In 1991, 25 additional clinics were opened to meet the increased demand for leprosy services. With a view to improving the compliance of patients and simplifying the dispensing of treatment, calendar blister packs for multiple drug therapy, donated by the Ciba-Geigy Leprosy Fund, have been introduced. In 1992 a deformity care component was introduced under the guidance of a plastic surgeon.

It has been clearly demonstrated that social marketing can effectively combat a highly stigmatized disease. It is intended that future efforts will build on the foundations that have been laid, with emphasis on publicity, maintenance of the quality of the leprosy services, and a good network of care.

The success of the campaign has been largely attributable to the people involved in it, who are highly dedicated and work as a team. Support comes from all levels of the Ministry of Health, and the specialized leprosy staff collaborate closely with established structures and give due respect and attention to opinion leaders and grass-roots organizations. Productive collaboration between the Ministry of Health, the charity organization Leprosy Relief Work Emmaus Suisse, and the Ciba-Geigy Leprosy Fund has proceeded in an atmosphere of trust.

With common goals and mutual trust, much has been achieved in a short time. If people continue to seek treatment when they first suspect leprosy, Sri Lanka will be well on the road to eliminating the disease.