

Editorial

How much has been achieved to prevent and control leprosy in Malawi since 2012?

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Unlike HIV and AIDS, Covid-19 and Monkey Pox disease, leprosy has affected humanity for thousands of years. The Norwegian physician at Bergen, Dr Gerhard Armauer Hansen, ¹“discovered” this Mycobacterial disease which for some period adopted his last name, i.e. Hansen’s disease. Leprosy has also been found in domestic and wild animals,² perhaps not surprisingly. I have resisted the temptation of bringing forth the Holy Book in so far as leprosy was presented.

A 2012 study on skin diseases by Msyamboza et al ³ concluded and reported that “*Leprosy was still an important public health problem in Malawi. Improving knowledge and skills of health workers, registration and recording of data, contact tracing, decentralisation and integration of treatment to health centres and introduction of leprosy awareness days and community-based surveillance could help to improve early detection, treatment, case holding and prevention of disabilities.*” This was after Msyamboza et al had diagnosed 63 leprosy cases among 6,338 individuals screened; 18% of the 6338 had some kind skin disease overall. Ten years have since elapsed and I am wondering to what extent knowledge and skills of health workers and data reporting with respect to leprosy have improved. The recommendation on decentralization was made with the understanding that treatment provision was centralised and having an integrated system within health centers would be best.

If we choose to dissect what Msyamboza et al proposed, we can ask as to what extent those proposals have so far been adopted or adapted. Or, have we taken the 2012 report as “academic”, i.e. simply and perhaps ignorantly and naively translated as, of no or minimal value. One of the proposals made in 2012 was that there was need to improve the knowledge and skills of health workers. We can speculate as to what this knowledge and skills were all about (epidemiology, microbiology including molecular biology, anti-microbial resistance, prevent and control, clinical management, resource mobilisation and reporting). We can also ask about the health workers (community nurses, health educators, social workers and rehabilitation professionals, clinicians and nurses, laboratory, data specialists), and what skills needed to be enhanced and

what would be the methods of achieving these (pre-service, in-service and continued professional development, seminars, workshops, lectures, brochures and role plays).

Msyamboza et al also proposed the integration of treatment at health centers and creating leprosy awareness days. “Disease awareness days” are promoted with the “aim of increasing awareness on the burden of a specific disease and emphasizing the need for more effective actions, especially underscoring the unrecognised threat and serious consequences.”⁴ Were Msyamboza et al’s proposals on “disease awareness days” reasonable? Have we had these in the intervening period since 2012? If not, why haven’t we? What more needed to be done to ensure that these awareness days were implemented, evaluated and reported?

Finally, we can talk about community-based surveillance systems. For me, definitions matter. So what is public health surveillance? It is “the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice.”⁵ With surveillance, we may have to consider the following: use or uses of public health surveillance systems; active and passive surveillance; and sources of public health surveillance data. How far have we gone in doing these things if Msyamboza et al’s paper was not written in vain?

At/in a 2022 webinar organised by the Society of Medical Doctors (SMD) in Malawi, the presenters highlighted the grim statistics *vis a vis* the emergence or re-emergence of Hansen’s disease in Malawi with several districts as epicenters. The Leprosy Control Programme has been combined with the Tuberculosis Control Programme. Increased resource allocation is happening, although this has been rather too late for those who have been disabled and disfigured between 2012 and the present. We have a responsibility to operationalise the 2012 Msyamboza et al, report, if we should be judged fairly by posterity.

References

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