Democratic Republic of Timor-Leste

Ministério de Saúde

National Leprosy Elimination Strategy

2005 - 2010

Directorate of Health Service Delivery

Department of Communicable Diseases

October 2005
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>SISTL</td>
<td>Health Information System Timor-Leste</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NLES</td>
<td>National Leprosy Elimination Strategy</td>
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<td>GoT-L</td>
<td>Government of Timor-Lets</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>MDT</td>
<td>Multi-Drug Treatment</td>
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<td>IAF</td>
<td>Intersectoral Action Framework</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>BCC</td>
<td>Behavior Change Communication</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organization</td>
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<td>NCHET</td>
<td>National Institute for Health Education and Training</td>
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<td>IHS</td>
<td>Institute of Health Sciences</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>SAMES</td>
<td>Autonomous Medical Supply Store</td>
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<td>CD</td>
<td>Communicable Disease</td>
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<td>DHS</td>
<td>District Health Services</td>
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<td>FBOs</td>
<td>Faith Based Organizations</td>
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<td>UN</td>
<td>United Nations</td>
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<td>AAP</td>
<td>Annual Action Plan</td>
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<td>CDCWG</td>
<td>Communicable Disease Control Working Group</td>
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<td>IA</td>
<td>Intersectoral Action</td>
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National Leprosy Elimination Strategy

The problem

Timor-Leste has an estimated population of about 940,000 distributed to 13 districts in a total area of 14,609 square kilometers. There are 65 sub-districts, 490 villages and 2,337 hamlets.

The exact prevalence of leprosy in general population of Timor Leste is difficult to estimate however data from 1994 –1997 and the limited surveys carried out in selected districts during 2001 and 2002 indicates that leprosy is highly endemic in which the prevalence rate could be as high as 20 per 10,000, or more. This is an unacceptable high ratio.

The cumulative human sufferings and economic damage caused by Leprosy is immense. It is estimated, that more than 170 people may contact the disease every year.

Leprosy is a leading cause of permanent disability in Timor Leste and almost every villages is effected by human suffering and economic hardship caused by leprosy. Mocking and social stigmatization are frequent behaviors toward affected individuals.

The disease

Leprosy is a chronic bacterial disease of humans caused by Mycobacterium leprae.

Leprosy is one of the oldest recorded diseases. It is caused by a bacteria similar to that which causes tuberculosis.

There are three types of the disease. The generalised form - the lepromatous form - attacks peripheral nerves, the skin, the hands and feet, the mucous membranes (such as the lining of the nose), and the eyes.

In contrast, the tuberculoid form is localised, so its affects are less widespread across the body.

The third type is known as borderline or dimorphous leprosy, and is has characteristics of both other forms.

The major pathology is confined to the cooler parts of the body: skin, the upper respiratory mucosa, superficial nerves, lymph glands, the testes, the anterior chamber of the eye. It is a chronic infectious disease that attacks the nervous system, particularly the nerves of the hands, feet and face. Sufferers feel no pain in these areas and are thus likely to injure themselves without realising it.

The exact mode of transmission of leprosy is not clearly established although living conditions and prolonged close contact with a current sufferer appear to be important. The incubation period ranges from 9 months to 20 years, the average is probably 4 years. The disease is rarely seen in children under 3 years. Clinical and laboratory evidence suggests that infectiousness is lost in most instances within 3 months of treatment.
Efforts to eliminate leprosy in Timor Leste have hitherto been sporadic, piecemeal and, despite some successes, have not effectively reduced or even decelerated overall disease rates.

Despite the lack of sensation in hands, feet and face, leprosy is a painful condition which, although curable, can leave sufferers deformed and crippled if left untreated.

The Goal

To eliminate leprosy from Timor-Leste by addressing the causes of the disease, treating those affected and increasing the knowledge of all the population on the attributes of the disease and the need to seek early treatment when symptoms appear.

The Objectives

The objectives of the National Leprosy Elimination Strategy are to:

- Identify an overall medium term strategy for action
- Detail specific strategies to address causes, treat illness and increase knowledge
- Outline the approach and mechanisms to enact this strategy
- Identify key indicators for monitoring achievements.

Purpose

The purpose of the National Leprosy Elimination Strategy (NLES) is to provide strategic direction through a practical working document outlining the key objectives for development, operational guidelines for service structures, functions and accountabilities, and directions for possible future developments aimed at institutionalizing leprosy elimination strategies in a durable and sustainable manner within the health services of Timor-Leste.

The NLES aims to set up an enabling environment for the development and implementation of practical interventions by:

- Coordinating stakeholders and efforts
- Strengthening partnerships
- Integrating systems
- Advocating resource priority
- Focusing national commitment
- Designing national guidelines

The NLES will provide:

**For the Ministry of Health:**

A framework for advocating appropriate public resource allocation to leprosy elimination
For multi-lateral and bi-lateral agencies:
A framework for monitoring and coordinating support for GoTL for leprosy elimination initiatives.

For the implementation partners:
A basis for strategic roles and consistent action towards a common goal; elimination of leprosy as a public health problem

For the Directorate of Health Services, Department of Communicable Diseases:
A direction for which to support central and district services in strategic and technical matters.

For districts and sub-districts:
A framework to compliment overall Basic Package of Services for identifying and applying local strategies at district, sub-district and community levels for leprosy elimination.

The Mandate

The NLES is mandated by and embraces the direction of the National Development Plan of Timor-Leste, and government document, Vision 2020, Timor-Leste Health Policy Framework and the Global Leprosy Elimination movement.

The Plan

The National Leprosy Elimination Strategy draws on the evolved consensus of stakeholders from the health sector of Governmental, National & International NGOs and International Organizations at central and district levels.

It assembles a plan of action derived from the Ministry of Health and WHO documents and guidelines for the elimination of leprosy.

It blueprints an enabling environment for:
An institutional framework that will:
• Ensure a coordinated, multi-lateral national response that harnesses leprosy elimination and reflects Timor-Leste’s policies on health sector reform and poverty alleviation.

Three strategic approaches that will:
• Raise the profile of the determinants of leprosy within an intersectoral framework and seek to initiate interventions to eliminate the occurrence of leprosy by addressing those determinants where possible.

• Estimating the current burden of leprosy and enable all health facilities sub-districts and districts to diagnose and treat leprosy by ensuring easy, uninterrupted access to free multi-drug therapy (MDT) drugs and high cure rates through flexible and patient-friendly drug delivery system and promotion of case-finding and sustaining high geographical coverage with MDT services over 5 years

• Sustaining interventions for the prevention and management of disabilities
A number of vital crosscutting strategies on:

- Behavior change communication, to better inform the public about the disease, changing community image of leprosy and encourage individuals with suspicious skin lesions to come forward for treatment.
- Community participation in exploring local conceptions of leprosy and identification of ways and means of de-stigmatizing the condition.
- Intersectoral action to engage all sectors and groups in increasing the awareness of and responses for communicable diseases in general and leprosy in particular.
- Monitoring, evaluation of leprosy elimination interventions at district level.

STRATEGIC APPROACH 1

Raise the profile of the determinants of leprosy within an intersectoral framework and seek to initiate interventions to eliminate or seriously inhibit the spread and stigmatization of leprosy by addressing those determinants where possible.

Leprosy, similarly to tuberculosis, is spread by bacilli that are prevalent in conditions of high levels of poverty, poor housing and living conditions, lack of education opportunities and poor health status. Studies have indicated environmental contributors to prevalence of proximity to water, distance of sufferers from main roads and polarized living conditions in lower density populations. Stigmatization results in restricted participation opportunities for sufferers: mobility, self care, domestic life, general tasks and demands, learning and applying knowledge, communication, interpersonal relationships and interactions plus access to unhindered community, social and civil life.

Policy statement

The Government of Timor-Leste will, through the Intersectoral Action Framework, establish and support a mechanism for raising the profile of health and wellbeing issues within communities and districts including leprosy.

Using the findings of research undertaken internationally and at both the national and local level to instigate cross-sector action to address determinants of leprosy specifically in regard to living conditions and other issues relating to the spread of the disease.

The GoT-L and specifically through MOH will strengthen existing policy or develop new policy, strategy and guidelines to ensure that:

- Leprosy is considered as a priority public health and wellbeing issue in intersectoral deliberations.
- Central level service units responsible for leprosy as a public health issue continue an oversight on new research finding and pass those finding on to the appropriate planning forums.
The multi-sector working groups, centrally and within districts, include deliberation, planning and responses to breaking the cycle of infection of leprosy.

**Targets by 2007**

- 100% of districts have introduced a list of communicable diseases, including leprosy, to the intersectoral action forums and councils for deliberation
- 100% of districts have identified at least one key determinant of leprosy
- 80% of districts have developed a strategy using local knowledge and available resources to address at least one local key determinant of leprosy

**Targets by 2010**

- 100% of district Intersectoral Action forums and councils include communicable disease, including leprosy, interventions in their annual action plans for health and wellbeing

**Implementation of the policy statement**

Continued surveillance of responses to leprosy

Innovative public health interventions to address the determinants of communicable disease are continually being introduced and tried in various settings across the globe. Timor-Leste is a small country that must draw on experiences elsewhere, consider the results in light of local epidemiology, geography, resources and culture. The responsibility for this falls with the Communicable Disease Department of MoH supported by development partners. The MoH makes the commitment to ensure that surveillance of leprosy interventions continues with relevant findings considered in the local context and used to inform action.

Raising the profile of leprosy as a public health risk

With the establishment of the intersectoral working groups the government of Timor-Leste has created an ideal opportunity to include all priority public health issues in open debate and configuration of strategic and operational plans of government and community sectors.

In continuing this dialogue there is the opportunity to identify leprosy as one of the priorities and ensure that the disease is given the exposure and priority it deserves from a multi-sectorial perspective. Leprosy will be considered from the perspective of causes, treatment, lasting disability and stigma and how the various sectors can contribute to eliminating the occurrence and impact of the disease.

Inclusion of innovative responses in plans and action on health and wellbeing

As the Intersectoral Action Framework is implemented the opportunity for districts to prioritize their public health problems and initiate joint responsive action becomes more real. The profile of leprosy as a local disease will be continually updated within these forums to ensure that resources, including time, funding,
equipment and people, are committed to addressing the determinants of the disease.

The Communicable Disease Department will provide the strategic and technical support and liaison at the central level to ensure that a true intersectoral response is achieved.
STRATEGIC APPROACH 2

Estimating the current burden of leprosy and enabling all health facilities sub-districts and districts to diagnose and treat leprosy by ensuring easy, uninterrupted access to free MDT drugs and high cure rates through a flexible and patient-friendly drug delivery system and promotion of case-finding and sustaining high geographical coverage with MDT services over 5 year

Policy statement

The Government Timor Leste will continue to monitor the prevalence of the leprosy disease and commit the necessary resources (trained human resources, medical supplies and equipment, funding) to ensure a national response is implemented.

The Government Timor Leste will ensure all leprosy patients have access to year around recognition and treatment and management of disease.

The MOH will set policy and guidelines to ensure that:

- All leprosy cases are treated as early and as close to a patient’s home as possible, with a multi-drug therapy (MDT) using blister packs.
- All complications of leprosy will be referred to health facilities and managed accordingly

Targets by 2007

- 100% of districts to receive targeted IEC on leprosy
- 90% of districts introduced innovative actions, adapted to local culture and resources to locate leprosy cases and provide appropriate treatment
- 100% of Government health facilities to have adequate supplies of MDT for the treatment of leprosy
- 100% of health workers had orientation and training on leprosy diagnosis, treatment, treatment for disabilities and health promotion for the establishment of sustainable MDT services

Targets by 2010

- 100% of districts have adequate system for early detection and treatment of leprosy cases
- 100% of all health facilities have adequate knowledge and supplies of MDT for the treatment of leprosy.
- 100% of districts able to deliver MDT to leprosy patients living in difficult accessible areas.

Implementation of the policy statement

Awareness among client community

Fundamental to the success of this strategic approach is the confident and correct use of MDT and corresponding services by the community. To this end, a
concerted effort will be made to ensure communities are aware that leprosy is a curable disease and requires timely start of treatment.

**Improved MDT delivery by service providers**

At national level, the Communicable Disease Department, Leprosy Unit will ensure that guidelines developed for health service workers and community workers are effectively distributed through all MOH, pre-service and service training, church, NGO and mission channels.

The Leprosy Unit will work with partners within MOH and others to ensure adequate support and resources for in-service training of community health workers, nurses, midwives, and doctors.

The Leprosy Unit will liaise with pre-service training curricula for medical and paramedical personnel to ensure consistency with, and give appropriate emphasis to the National Leprosy Elimination Strategy.

The national institutes (NCHET and NIHS) and other training initiatives will collaborate to ensure that there is sufficient trained teachers and training materials to ensure the disease of leprosy is capable of inclusion in pre-service and continuing training where applicable.

District Health Service will ensure the development and implementation of their district health work plans include responses leprosy specific capacity building and leprosy elimination activities are included.

The Leprosy Unit will work with those responsible at national level for TB and Safe Motherhood to ensure new developments, strategies and interventions have a leprosy component and these programmes are coordinated and make effective use of resources.

**Ensuring adequate drug supply**

Adequate supply of MDT drugs and supporting management supplies is vital to confidence in the leprosy elimination. The MDT drugs will be provided free by WHO to the MOH.

District Health Service Teams will be responsible for defining supply requirements in their areas. The request will be processed through the regular channels of the government pharmaceutical supply chain. The Leprosy Unit will support the DHS in drug ordering and follow-up to facilitate the timely and adequate distribution of new supplies to the districts.

Districts will be responsible for monitoring drug supplies and distribution in the formal sector. The Leprosy Unit will support the monitoring of national supplies, identifying and liaise directly with SAMES when responding to obstacles to timely distribution.
STRATEGIC APPROACH 3

The current situation with regard to people with leprosy-related disabilities warrants a clearly focused strategy in order to reach all those in need.

Policy statement

The MOH and WHO will technically support Non-governmental and faith-based organizations interested to provide rehabilitation services to patients with leprosy-related disabilities.

Target by 2007

• At least 70% of patients with leprosy-related disabilities having access to rehabilitation services

Implementation of the policy statement

Referral process

District medical and health staff will be responsible for liaising with patients who may benefit from access to rehabilitation services. Information gathered with the informed consent of the patient should be forwarded to the NGOs or faith-based organizations operated within the district or surrounding region.

Service liaison and priorities

The Communicable Disease Department, Leprosy Unit will provide the focal point for organizations wishing to provide such services and, during the course of negotiations, will provide such organizations with the information on the local epidemiological situation and MoH priorities for support. Priority will be given to the sub-districts with high incidence of leprosy.

The Leprosy Unit will additionally be the focal point between non-government and faith-based organization for requests of a technical nature in regard to rehabilitation for clients with a leprosy related disability. This responsibility may come in the form of passing on the requests of a medical nature to specialist departments within the comprehensive care levels of the government system or to external technical support organisations.

Health information

Non-government and faith-based organization working within the district have an obligation to provide basic service data to the MoH for inclusion in the national SISTL. This data will relate to a limited number of key indicators on rehabilitation of leprosy disability.
CROSS CUTTING ISSUES

Behavior Change Communication

While recognizing that changing behaviors requires more than merely increased knowledge, utilizing appropriate information, education and communication materials are intrinsic to each of the control and prevention strategies of many diseases including leprosy. The NLES recognizes that effective IEC compliments any efforts to effectively identify and address determinants, change community behaviours and perceptions, improve service provider skills, and create a greater demand for effective services.

Until now, Leprosy IEC activities in Timor Leste have faced three key problems:

- Activities have been too sporadic and fragmented to secure sufficient or sustainable behavioral change
- Information has often been didactic, physically and culturally distant, and has not been sufficiently targeted toward critical reference groups
- Advice has not always been in sync with the availability of services.

A national health promotion strategy has been developed which will guide the NLES health promotion approach along with direction from the GoT-L Intersectoral Action Framework.

Policy statement

The MOH will ensure the population of Timor-Leste has access to appropriate, accurate and culturally relevant information about the cause and effects of leprosy plus treatment regimes.

Target by 2007

- 100% of households' national-wide will have access to general communicable disease IEC material which will contain information on leprosy
- 100% of households specifically affected by leprosy will have access to leprosy specific facts, guidelines and recommendations for dealing with the disease.

BCC Implementation framework

The health promotion strategy will be delivered within the Intersectoral Action Framework of the government. This framework identifies and establishes a working communications structure at all levels of Timor Leste social structure (Ministerial, central department, district and sub-district level) with a clear mandate to improve the health of the population through co-joint problem identification and action. Health promotion will form the base of this work.

In particular all health promotion interventions will require a broad and integrated multisectorial approach to address determinants that fall beyond the capacity of the MoH to address and require decisive and well supported action by all relevant ministries to facilitate change that will lead to a continuity of health and wellbeing to the community.
The development of leprosy specific IEC activities will be taken by a sub-group of the central health Promotion Working Group established in MOH. This sub-group will be responsible for BCC coordination, ensuring messages are appropriate and in concert with national policy recommendations.

The IEC WG will ensure that health promotion activities are fully supported when implemented within the districts.

The integrated approach of district planning and intervention will be utilized. This includes the full participation of NGOs, faith-based organizations, community representatives, all government sectors and other interested parties including the private health sector in problem identification, options for change and initiatives for action.

Activities

All IEC approaches will focus on several generic messages including

- Identification of the determinants of leprosy
- The signs and symptoms of leprosy
- MDT
- Leprosy in the family
- Prevention of Leprosy

Institutional Approach and Framework

The institutional approach for the implementation of the NLES will follow the generic structure of the MoH and within related government policy frameworks (Intersectoral Action Framework).

National level

The planning, implementation and evaluation of the national leprosy elimination strategy is coordinated by the Leprosy unit under the supervision of the Communicable Disease Department. Its role will be to:

- Develop and disseminate policy and strategies and keep them up to date
- Provide technical assistance
- Produce and disseminate standards and guidelines for all components of the strategy
- Undertake national level planning
- Support district activities within the context of delivery of the overall Basic Package of Services
- Monitor and evaluate quality improvements, implementation and impact
- Build capacity through training
- Advocate leprosy elimination with integration of other programmes

Leprosy unit will co-ordinate and facilitate the organization of leprosy specific activities and Leprosy unit staff will be adequately trained in planning, management and monitoring of Leprosy specific interventions.
District level

District Health Service teams will be responsible for supporting the planning, implementing, supervising, monitoring and evaluating leprosy interventions and services at the sub-district level. The NLES focal persons for the time being shall be the CD officer who is responsible for the implementation of the communicable disease control activities at the district level and to provide support to the sub-districts for leprosy related health care and other interventions. Harmonization of direction between the NLES implementation and health reform efforts provide a clear direction for the DHS to facilitate interventions for leprosy elimination - tailored to the particular leprosy problems in each area.

Health facility staff will be appropriately trained in all aspects of leprosy service provision. District level managers have the responsibility to provide adequate supervision and to ensure that appropriate participation by other sectors, community representatives and implementing partners is possible within the Health and Wellbeing Council at the district level.

Sub-district and Community level

Sub-districts have the responsibility to develop their own health plans. This is undertaken in a fully participatory manner. Community representatives, other government departments, non-government and faith-based organizations, other implementing partners and interested individuals are encouraged to participate in problem identification and in developing plans of action. The link with communities will be in the form of community representatives, specific leprosy representatives where necessary and community health volunteers. Community health centers and health posts will implement leprosy specific activities within the context of the delivery of the Basic Package of Services, communicable disease control.

Planning and implementation will involve local community authorities and leaders, peripheral health workers, community groups, faith-based organizations, other governmental and non-governmental community based structures and organizations. It is expected that they will act as important entry points for broader health sector involvement at the community level, with support and access to information from other levels in the system.

Intersectoral collaboration

Intersectoral collaboration at all levels will follow the mechanisms of the Intersectoral Action Framework. Within this framework leprosy specific activities will be identified discussed and responsive action planned and executed by the MoH and partner departments and other implementing agencies.

The Institutional Framework

Leprosy is one of the priorities of the Ministry of Health. The principals and structures articulate in National Leprosy Elimination Strategy will be same as other priorities identified by MOH (Figure 1).
Partnerships

Key to the success of the NLES is development of effective partnerships at all levels

Within the Ministry of Health

- All Communicable Disease Department units
- Maternal and Child Health Department
- Information, Monitoring and Evaluation Department
- Central Pharmacy and SAMES
- District Health Management Teams

Other Ministries

The joint government mechanism of the Intersectoral Action Framework provides the opportunity for all relevant government ministries and departments to contribute to the implementation of this strategy.

Ministries will be encouraged to attend depending in their potential inputs into multi-sectorial interventions being considered.

Development and implementing partners

- UN and development partners: on access to technical advice, resources and global initiatives
- NGO’s and other implementing partners: to assist in the co-coordinated delivery of services to coordinated delivery of services to communities.

Mechanism for coordination and communication

A central mechanism to control the disease of leprosy will be included within a Communicable Disease Control Working Group; a sub-group of the IAF Council. Eliminating leprosy will form a regular part of the agenda of this forum. This will provide an opportunity for partners in the NLES to exchange information, coordinate leprosy elimination plans and activities, and monitor progress against objectives. Leprosy specific terms of reference of this Working Group:

- To advice and guide ministries on national Leprosy elimination policy, strategy and priorities.
- To act as a forum for exchange of information on partners’ activities
- To identify and advice on areas for national/international coordination
• To define and review the output of other technical working groups and take account of their findings
• To receive and review reports from partners on progress against objectives
• To identify problems and obstacles to implementation of leprosy elimination and recommend solutions
• To report to the IA Council yearly on achievements and progress against objectives.

The CDCWG will meet with six months interval. Ad hoc meetings on specific business may be arranged in exceptional circumstances.

Leprosy representation of the Communicable Disease Control Working Group

The Communicable Disease Control Working Group is multi-sectorial and covers all priority communicable diseases across Timor-Leste. The working group will have various priorities at various times and will be flexible in membership to enable representation from technical experts and interested partners to provide input into the discussion on specific disease control. As such, when leprosy issues are included on the CDCWG agenda, specific representation will be invited however standing members will include the Director of Health Service Delivery and Communicable Disease Department head. Other standing members will include representatives of the districts.

Implementation

Annual Plans of Action

Each component of the five year NLES will be broken down into milestones, set before the start of each financial year.

A detailed annual plan will be developed to reach these milestones. The format for the plans will follow the standardized Annual Actions Plans (AAP) of the MoH. These identify activities, responsibilities, resources needed and timeframes for action. Draft plans will be prioritized and form a component of the Directorate of Health Service Delivery AAP and be used to negotiate for governmental resources and donor funds, and final plan will then be fitted to the resources available.

The Leprosy Unit will provide technical assistance, support and work with districts and other partners to ensure plans at each level dovetail.

Advocacy and Political Support

The Ministry of Health will lobby for political support for NLES through the appropriate parliamentary channels.

Resources

Budgeting will be tied to annual work plans at all levels.

• At the service levels, as decentralization proceeds, leprosy will be incorporated and earmarked in budgets for delivery of the total health package.
At national level a budget will be attached to the Leprosy Unit work plan. Resources for this plan will come thorough the recurrent and development budgets plus inputs from WHO (MDT drugs).

INFORMATION, MONITORING, EVALUATION AND RESEARCH

Information gathering and dissemination

Information is vital to the coordinated and strategic response to leprosy elimination, enabling all partiers at all levels to make decisions in concert with national policy. This is particularly necessary at district level. The health management information system (SISTL) will provide the tool to support the gathering of basic information. Measurements of the key indicators to measure the epidemiology and coverage of treatment will be collected through the SISTL or through non-routine information gathering.

Developing leprosy information planning tools tailed to district decision-making using health facility, population, diseases prevalence and administrative data. Planning tools to track and respond to the leprosy problem may be linked through a Geographic Information System if deemed appropriate.

The dissemination of information will occur at all levels. Initial information to inform responsive planning within districts will come from reports from service providers and community linkages. SISTL data will be used to inform strategic planning at the district intersectoral council. National level data needs will come from regular information gathering systems (SISTL) plus ad hoc surveys and specific research. This will be available through the leprosy unit and disseminated to the CDCWG, development partners and interested others.

Monitoring and evaluation

Monitoring and Evaluation is recognized as a key component of any health intervention package. Accordingly, the Leprosy Unit will have the responsibility to monitor the National Leprosy Elimination Strategy progress toward its specific targets, working in collaboration with national partners to identify ways to measure its intended goal achievement.

Policy statement

The MOH will ensure adequate monitoring and evaluation of the strategic approaches to Leprosy Elimination as outlined in the NLES, and will promote and support the implementation of the NLES.

Monitoring and evaluation of leprosy related activities will be at all levels. Implementation of activities as well outcomes will be monitored. Routine SISTL data gathering will be complemented by the integrated disease surveillance system. MoH staff responsible for leprosy at all levels will ensure leprosy indicators are routinely monitored. Coverage targets for identified indicators will be set within the capacity of each district to achieve, with the district targets consolidated into a national target. Leprosy coverage surveys and other evaluation studies will be conducted from time to time as the need arises.

Measuring target indicators of the NLES
Assessments will be structured to measure outcomes and process by the year 2007. This data will be used to re-define further targets. The Leprosy Unit will undertake a series of reviews, facility level surveys and community-based surveys to assess the target set out as part of the NLES for 2010.

Key indicators will be required to measure the targets identified for each component.

As Timor Leste is in the process of the integration of disease surveillance and control activities it will be possible to develop monitoring and evaluation process of leprosy elimination in an integrated manner.

Outcome indicators will include:
- % increase in leprosy cases detected
- number of cases successfully treated

Process indicators will include:
- notes from community participation meetings regarding leprosy detection, problem identification and intervention options
- actions in annual plan for leprosy interventions
- reports on leprosy interventions