

Cross-NTD Opportunities and Examples



Field worker Shopna carries out case-finding in a community in Bangladesh.
Credit: Tom Bradley

The Leprosy Mission is committed to using cross-NTD approaches wherever these are feasible and beneficial. However, we recognise that we cannot do this alone; partnership with like-minded organisations, combining our expertise and strengths is essential to delivering high quality, cross-NTD programmes. This brochure outlines opportunities for collaboration with us and some examples of what we are already doing

Background

The WHO's Roadmap for Neglected Tropical Diseases (NTDs) 2021-2030 calls for a move away from "siloes, disease-specific programmes" and towards integrated, cross-NTD approaches. Such approaches are more readily adopted within national health systems, contributing to Universal Health Care and increasing country ownership. They also allow pooling of resources and more cost-effective interventions.

Most importantly, integration has significant benefits for people affected by NTDs. Many people are directly affected by or at risk of contracting more than one NTD. These diseases also have shared or similar clinical characteristics and consequences including physical disability and effects on mental health. Integrated services put people affected, rather than diseases, at their centre, providing holistic care that addresses multiple needs simultaneously.

Opportunities for collaboration

TLMEW has significant expertise and experience to contribute to cross-NTD partnerships. Examples of what we do include:

- [Awareness raising and education](#) to tackle stigma and ensure people know the signs of NTDs and how to get help. We support people affected by NTDs to lead on community education and mobilisation. We have previously integrated leprosy and lymphatic filariasis awareness, with messaging on water, sanitation and hygiene. We have also integrated leprosy awareness with education about Covid-19, rabies and dengue fever.
- [Advocacy](#) for increased government investment and ownership of NTD programmes. We also support and strengthen local champions and organisations of people affected so they can advocate effectively for the issues important to them.
- [Active case detection](#) to promote early diagnosis and treatment, particularly of skin NTDs, in remote or hard-to-reach areas through outreach camps and door-to-door check-ups. Data from these activities can also contribute to NTD mapping and surveillance.

- **Training health workers** to suspect, diagnose and treat skin NTDs and to refer for specialist management when necessary.
- **Mental health interventions** including basic mental health training for lay- and peer- counsellors and strengthening of referral pathways for psychological care.
- **Surgery** to address complications such as clawed hands, dropped feet, damaged eyelids and complex wounds and ulcers. Our facilities and expertise can also be used to perform hydrocele surgeries for lymphatic filariasis and eye surgery for trachoma.
- **Physiotherapy and provision of assistive devices** (e.g. prosthetics, protective footwear, mobility aids) and ulcer treatment.
- Support cross-NTD **self-care groups** that provide people with the knowledge, skills and support network to care for themselves and prevent further disability.

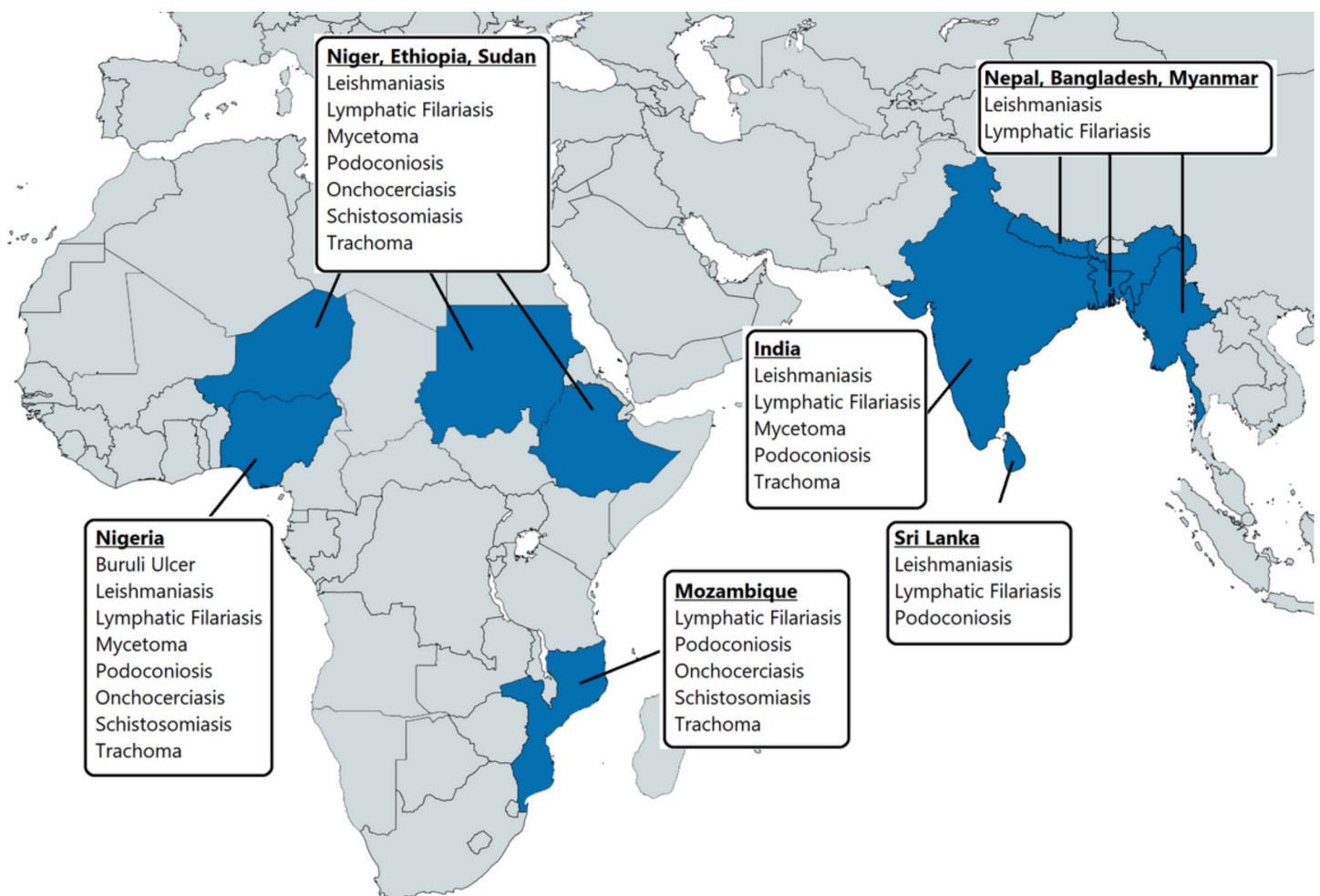


Self-care group in Mozambique

We are open to innovative suggestions for partnership that will address the needs of people affected by leprosy together with other NTDs. If you would like to discuss collaboration with The Leprosy Mission please email programmes@tlmew.org.uk

Where we work

The Leprosy Mission England and Wales (TLMEW) supports projects in ten countries across Africa and Asia, all of which are endemic to multiple NTDs. Scabies, soil-transmitted helminths (STH) and rabies are endemic in all countries we work in. Other endemic NTDs are shown in the map below.



NTD Endemicity in TLMEW-supported countries (based on data from the WHO Global Health Observatory <https://www.who.int/data/gho>)

Examples of our Cross-NTD Work

Cross-NTD Research - Buruli Ulcer and Leprosy

The Leprosy Mission is working in partnership with The University of Birmingham and the German Leprosy and Tuberculosis Relief Association (DAHWA) on a cross-NTD research project:

Transforming the Treatment and Prevention of Leprosy and Buruli Ulcers in Low and Middle-Income Countries (LMICs). The project is funded by the UK's National Institute for Health Research (NIHR) through its Research and Innovation for Global Health Transformation (RIGHT) grant.

Research is ongoing across three countries - Nigeria, Nepal and India. The overall aim is to improve self-care in the community for people affected by NTDs who are at risk of recurrent ulceration and further disfigurement and disability and to better understand their needs and the barriers to meeting these.

The main strands of the research are:

- Designing, piloting, rolling out and evaluating local interventions to encourage and improve self-care and assessing the sustainability of these interventions.
- Assessing the health needs for persons with Buruli ulcer and identifying barriers and facilitators to meeting those needs.
- Scoping the involvement of traditional healers in the management and prevention of ulcers due to leprosy and Buruli ulcer.
- Developing and evaluating new methods of clinical care for ulcers due to leprosy and Buruli ulcer, particularly the use of Leukocyte and Platelet Rich Fibrin (L-PRF) to promote ulcer healing.



Self-care group in Nigeria

Integrated case detection & management in Nepal – Lymphatic Filariasis and Leprosy

The HEAL Nepal project, supported by UK Aid, integrates leprosy and lymphatic filariasis (LF) case-finding and management. Over 3,000 community health volunteers and 150 Government health workers have been trained to diagnose and treat leprosy and LF and more than 80 medical officers have received the in-depth training needed to diagnosis complex cases and manage complications. Outreach camps are helping to find cases in hard-to-reach locations and ensure people receive specialist treatment where needed. People affected by other NTDs including taeniasis and scabies have also been referred for care through these camps.

A key objective of the HEAL Nepal project is to raise awareness of leprosy and LF among affected communities. Since the start of the project, radio adverts and text messages have reached more than 2.8 million people with information on the symptoms of LF and leprosy, the importance of early treatment and where to get it. These messages will also reduce stigma which can prevent people coming forward for treatment.

The Leprosy Mission's Anandaban Hospital is a vital component of the HEAL Nepal project, providing facilities and expertise for the integrated management of leprosy and LF complications. It is a leading centre for reconstructive surgeries for leprosy and hydrocele surgeries for LF. The hospital is also scaling up management of ulcers using Leukocyte and Platelet Rich Fibrin (L-PRF) and training others in this technique to increase its availability in local settings. Physiotherapy and assistive devices, including prosthetics and 3D printing of protective in-soles, help to maintain people's independence and prevent further disability.



Preparation of L-PRF at Anandaban hospital

About Leprosy

- Leprosy is caused by the M. Leprae bacillus and is spread through close contact with an infected, untreated person over a prolonged period. It can take several years before symptoms appear.
- Leprosy affects the skin and nerves and without treatment can cause permanent damage to the hands, feet and eyes leading to severe impairments such as amputation and blindness.
- There are an estimated four million people living with disability caused by leprosy.
- Around 200,000 people are diagnosed with leprosy every year. Additionally, there are likely to be over 4 million people living with undiagnosed leprosy due to insufficient intensity and coverage of leprosy case-finding.
- Diagnosis of leprosy is based on clinical changes to the skin and/or nerves or the presence of bacteria in a slit skin smear test. Research into rapid, low-cost testing for leprosy is ongoing.
- Leprosy is easily treated with a combination of antibiotics – multidrug therapy (MDT) – taken for 6-12 months. MDT is currently freely available thanks to an agreement between WHO and the drug manufacturer Novartis.
- Leprosy is often thought to be the result of a curse and people affected face severe stigma and discrimination

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