



The Damien Foundation in the Comoros

Programme

The Union of the Comoros, half-way between Madagascar and Mozambique, consists of three islands – Greater Comoros, Anjouan and Moheli.

These may be sheltered against most cyclones but are powerless before the upheavals which have raged through the Comoros in the past thirty years or so. However, the situation appears to have settled down now.

We hope our health care department will thus be able to make progress.

Except for Anjouan, our programme is entirely run by local personnel. On all three Islands, we have had problems incorporating leprosy and tuberculosis control programmes into the existing basic health care structures. Naturally, this has somewhat affected our achievements in patient detection.

Three very different islands

Despite the islands' proximity to each other and small size, their populations, economy, degree of progress and specifically their leprosy and tuberculosis disease rate vary considerably. Anjouan has the highest number of patients with leprosy, while in Greater Comoros, there are more tuberculosis patients. Naturally, this calls for a different, individualised approach for each case.

Most of the islands' intellectuals live abroad either on neighbouring islands such as Madagascar or in France and are part of a diaspora. So it is hard to find highly qualified health workers and also to follow up on patients' treatments. However, the diaspora's financial contributions help the islands to progress - a two-edged sword in other words.

Our support

The Damien Foundation is one of the rare NGOs which continue to invest in the Comoros. We have supported the anti-leprosy programme there since 1979. Nine years later, we incorporated the anti-tuberculosis programme. Our Foundation's support is of a financial and technical nature. We provide medical support as well as support on how to manage leprosy and tuberculosis programmes.

Major successes and challenges

However, our rates of detection and cure of patients suffering from leprosy and tuberculosis are satisfactory. This can be considered a success. In many ways, this has been difficult to achieve. We have had to face innumerable challenges. Decentralization and integration incorporation efforts must be made and started where basic health structures are functioning.

Follow up of patients who emigrate is also an issue. We must make further contact with anti-tuberculosis programmes situated in Madagascar and Mayotte.

To conclude, if we manage our health care personnel well, this should help stem the flow of potential health care workers seeking to broaden their horizon.

Summary

Start of the project	1979
Project type	Starting with leprosy only Leprosy and tuberculosis since 1988
Population covered in 2006	694,000
Patients detected and treated in 2006	116 tuberculosis patients 132 leprosy patients
Expenditure in 2006	€ 87,838