

The Damien Foundation in Mozambique

Enormous needs

The Foundation has responded to the appeal on the part of the National Leprosy and Tuberculosis Control Programme requesting support for two provinces, Tete and Sofala. They were suffering from a cruel lack of partners in this field. Mozambique is one of the rare countries that have not yet achieved leprosy elimination. Tuberculosis is an ever-growing threat there. This is due, above all, to the country's AIDS epidemic. The two provinces supported by the Damien Foundation are among the worst affected. Even though leprosy is no more a major problem, vigilance is still called for and follow-up of detected patients remains problematic. Numerous cases are still registered in a few districts of Sofala province.

With a very low coverage of health services, the detection rate of both diseases is wide below the requested level and it is difficult for detected patients to follow and complete the treatment. There is a glaring need for health staff, considering quantity as well as quality.

Three routes

In doing what it does, the Foundation follows three main paths. The first priority is personnel training and the organisation of regular and effective supervision activities. The second one is the organisation of a network of laboratories in such a way as to make diagnosis more accessible. Finally, the Foundation provides suitable means of transport at each level. This partly solves the problem of distance and allows activities to be carried out in isolated areas, assisted by volunteers in the community.

Moreover, our organisation backs up the planning, managing and assessment of programme activities carried out at provincial level.

Successes we have scored

After two years' intervention by the Damien Foundation, our leprosy/tuberculosis activities are improving in both these provinces. A system to supervise and monitor the programme has been set up and a laboratory network created. The patient detection and treatment results are gradually improving.

Many challenges ahead

Concerning leprosy, we must intensify our efforts to fight the disease in the province of Sofala. Bearing in mind that the disease rate registered is low, we have to look towards maintaining a balance between incorporating these activities into the overall health care structure and observing a high degree of vigilance vis-à-vis leprosy.

As regards tuberculosis, HIV/tuberculosis co-infection will for a long time yet pose a major challenge, requiring adaptations in our strategy to combat tuberculosis. The situation in urban areas is clearly different from that in rural areas. We will have to intensify our efforts to collaborate with an already existing AIDS programme so as to cover a maximum of tuberculosis patients in urban areas. Prophylactic treatment and systematic tracking down of tuberculosis shall be part of our indispensable assistance to patients with HIV. Testing and caring for HIV sufferers shall form part of the assistance we offer to our patients with tuberculosis. In rural areas on the other hand, our priority remains unchanged, namely the issue of access in geographic terms. This means a greater degree of involvement on the part of the community in detection and adherence to treatment.

Summary

Start of the project	2003
Project type	Leprosy and tuberculosis
Population covered in 2006	3,204,083
Patients detected and treated in 2006	8,265 tuberculosis patients 330 leprosy patients
Expenditure in 2006	€ 228,890