

The Damien Foundation in Rwanda

An integrated programme in full growth

Integration and decentralisation of campaign activities in the fight against leprosy and tuberculosis are now reality. Both are based on intermediate level, which means district hospitals. In the country, there are about 400 health structures. All of these offer patient follow-up and treatment. However, only 161 are equipped for diagnosis of tuberculosis. In 2005, in 3 districts, community involvement started. It is growing, the objective being to facilitate access to diagnosis while encouraging more patients to adhere to their treatment. A contractual approach system is successfully working in some of the districts and process indicators for diagnosis and taking in charge of tuberculosis will be included very soon. The results of a national survey on the prevalence of resistance to anti-tuberculosis drugs will soon be published. A report on patients taken in charge for multi-resistant tuberculosis has been drawn up and second-line treatment is being given in a specialised unit situated in Kabutare hospital.

The two-pronged challenge of TB/HIV

Over the last 10 years, the number of tuberculosis cases has doubled. The increase is closely linked with the general epidemic of AIDS. In 2005, about half of the patients suffering from tuberculosis detected were infected with HIV also. In order to face this challenge, the National Leprosy and Tuberculosis Control Programme and the Treatment and Research AIDS Centre together drew up a carefully structured policy for joint activities covering both diseases. The competent authorities then approved this policy and it is being progressively applied. One of the priorities is to generalise systematic screening for HIV among tuberculosis patients and for tuberculosis among persons afflicted with HIV in such a way as to institute an early follow-up of such two-pronged infections. Two pilot centres are making it possible to pinpoint and test strategies for covering the whole of the country.

The content of what we do

Our doctor supports the PNILT in the capacity of a technical adviser and collaborates in supporting districts in order to help them to achieve a satisfactory level of quality. Our financial support helps the programme to function and helps also with the realisation of planned activities. Priority is given to training, supervision and assessment. We then take care of popular awareness on the part of the public at large and at-risk groups. We provide the network of laboratories with reagents and diagnosis equipment. Priority is given to quality control of smear examinations. Finally, we support all activities coming under the country's anti-leprosy campaign.

Major successes and future challenges

For tuberculosis, the Directly Observed Treatment Strategy is applied in all health services. However, the detection rate is not good enough. This is because the health services are not used sufficiently. The population at large do not know enough about the disease. The therapeutic success rate is gradually improving, which is due more particularly to increased follow-up of patients who have been transferred elsewhere.

The programme enjoys financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria and likewise from a partnership programme with Columbia University. This applies to both tuberculosis and AIDS activities. The main constraints are insufficient involvement at the intermediate levels. Human resources are numerous enough. Training needs are considerable for all personnel categories. Private services will have to go on being associated with anti-tuberculosis campaigns. Leprosy is no longer a major health problem at the national level. However, the disease is still present, especially along the border with Burundi. The number of cases is much reduced. This means that health personnel do not have enough experience in recognising the disease when they see it. The PNILT is organising training days followed by active screening in villages where the disease is endemic. This activity has made it possible to detect considerably more patients in 2005. Treatment follow-up must improve in order to make sure that patients get better.

Summary

Start of the project	1964
Local partner	National Leprosy and Tuberculosis Control Programme
Project type	Started with leprosy Since 1989, both leprosy and tuberculosis
Population covered in 2006	8,781,770
Patients detected and treated in 2006	8,283 tuberculosis patients 32 leprosy patients
Expenditure in 2006	€ 194,473