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PARTNERS IN LEPROSY ACTION (PILA)

CONTINENT	Asia
COUNTRY	Philippines
HEALTH FOCUS	Neglected Tropical Diseases, Leprosy
AREAS OF INTEREST	Health education, Education sector involvement, Community mobilisation, Disease control and elimination
HEALTH SYSTEM FOCUS	Service delivery

PARTNERS IN LEPROSY ACTION (PILA), PHILLIPINES

PILA is a project that serves to integrate stakeholders in the national leprosy system and provide them with resources such that awareness, education and care for patients affected by leprosy can be improved and stigma associated with the disease can be reduced.

Authors: Rachel Chater and Lindi van Niekerk

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SIHI Academic Advisory Panel: Lucy Gilson; Lenore Manderson; and Rosanna Peeling

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ABBREVIATIONS

ALM	American Leprosy Missions
BHW	Barangay health workers
DOH	Department of Health
IEC	Information-Education-Communication
LGU	Local government unit
MDT	Multi-drug therapy
PILA	Partners in Leprosy Action
PLM	Philippine Leprosy Mission
RHU	Rural health unit
TB	Tuberculosis
US$	United States dollars
WHO	World Health Organization

CASE INTRODUCTION

The Philippines has had the highest number of new leprosy cases detected in the Western Pacific Region over the past decade. The registered prevalence for 2014 was 508 with 1 655 new cases detected during that year (WHO, 2015c). Maintaining early detection and treatment is essential if the disease is to remain contained. Partners in Leprosy Action (PILA) is a strategy developed by the Philippine Leprosy Mission (PLM) that serves to integrate stakeholders in the Philippines national leprosy system and provide them with resources to improve awareness, education and care for patients affected by leprosy and to reduce stigma associated with the disease. PILA builds the capacity of the existing system through provision of training and resources for district health officials, public sector workers and patients. PLM staff conduct orientations, provide information materials and organize the training activities of municipal and city health officers, public health nurses, health workers and teachers. PILA also partners with the Department of Education to involve schools in screening and education of communities regarding skin health and leprosy. Using 'skin health' as an entry point rather than 'leprosy control', PILA encourages community members to voluntarily consult for any skin disorder without the fear and anxiety attached to leprosy.

PILA also engages and connects the Department of Health (DOH), provincial chief executives (i.e. governors, mayors), local health practitioners, public-sector leprosy coordinators, village health workers, private dermatologists, teachers, households and patients. Meetings, workshops, trainings, advocacy sessions and practical programmes integrate the different stakeholders, and strengthen the existing system, providing a more holistic care approach for leprosy patients.

The PILA case study shows how community-based organizations play a unique role in supporting the last steps to full disease elimination. Beyond delivering key services, these organizations can facilitate the integration and coordination of all system stakeholders to leverage appropriate skills and resources. It also demonstrates the value in engaging different sectors to raise awareness and knowledge about different health conditions, e.g. utilizing the education system to provide information to school children, which can then be transferred to households. Increasing awareness and improving skills among frontline health workers through regular training and engagement helps improve the identification and treatment of neglected tropical diseases.

PILA…improves case finding strategy. It minimizes discrimination and, with the help of the PLM, they also give us logistics for the orientation of the doctors, midwives, nurses and barangay [community] health workers in preparation [for] the PILA strategy. We taught the nurses, the midwives [and] the health workers how to identify and treat leprosy cases. (Regional Leprosy Coordinator)

1. INNOVATION AT A GLANCE

Project Details

Project name	Partners in Leprosy Action (PILA)
Founding year	2005
Founder name	Dr Belen Dofitas & Dr Gemma Cabanos (Co-founders)
Founder nationality	Filipino
Name of organization	Philippine Leprosy Mission
Organizational structure	Nongovernmental organization

Innovation Value

Value proposition	A project that serves to integrate stakeholders in the national leprosy system and provide them with resources to improve awareness, education and care for patients affected by leprosy and to reduce stigma associated with the disease.
Beneficiaries	Patients and community members affected by leprosy; Public sector health workers and district health officials
Key components	1. Facilitating integration of all members of the care continuum 2. Supportive training resources for health care workers and patients 3. Community mobilization for enhanced screening and stigma reduction

Operational Details

Main income streams	Grant funding, government subsidies, in-kind support
Cost considerations	Annual expenditure US$ 18 000 per province per year. Cost per patient screened PhP 24.03 (approximately US$ 0.52) Services free to patients at the point of care.

Scale and Transferability

Scope of operations	Active in 2 provinces (Ilocos Norte & Ilocos Sur). Expansion plans for Pangasinan province
Local engagement	PILA integrates all stakeholders active in leprosy care provision including: district health officials, public sector health workers, private providers and community members.
Scalability	To scale the PILA model, the following would be required: • A leprosy endemic area • Political will and resource mobilization by district health departments • Community members willing to engage in the programme • External funding support
Sustainability	PILA catalyzes activities in a provincial area in partnership with the local district health authorities. Enhancing district health capacity is a key component of sustainability. New provincial expansion is dependent on grant funding.

2. CHALLENGES

The Philippines is an archipelago in South-eastern Asia with a total area of 300 000 km^2, extensive mountain ranges and coastal lowlands, and a tropical marine climate. Its population of just fewer than 101 million people is spread across the islands, with over 55% of the population residing in rural areas (World Bank, 2015). The Philippines has had the highest number of new leprosy cases detected in the Western Pacific Region for the past decade, averaging around 2 000 per year (Handog et al, 2011). Leprosy is a chronic infectious disease affecting the skin, peripheral nerves, mucosa of the upper respiratory tract and the eyes. Although it is not highly infectious, it is transmitted through close and frequent contact with untreated individuals (WHO, 2015a). Leprosy is curable, using a 6 to 12-month course of multi-drug therapy. Early detection and treatment can avert disability. The treatment is highly effective and has few side effects, low relapse rates and no known drug resistance. If left untreated, however, the disease can cause nerve damage, leading to muscle weakness and atrophy, and permanent disabilities (WHO, 2015a).

At the end of 2013, official figures from 103 countries across the five WHO regions showed a global registered prevalence of leprosy of 180 618 with 215 656 new cases reported that year (WHO, 2015c). Global elimination (defined as a prevalence rate of leprosy less than 1 case per 10 000 persons at a global level) was achieved in 2000. Leprosy has been eliminated from 119 of the 122 countries identified as having leprosy as a public health issue (WHO, 2015b). Nearly 16 million leprosy patients have been cured with multi-drug therapy (MDT) over the past 20 years. In the Philippines, the registered prevalence for 2014 was 508 with 1 655 new cases detected during that year, down from 2 706 with 1 818 respectively in 2011 (WHO, 2015c). Although elimination has been achieved when counting the entire population, there are pockets of high prevalence, which fail to meet the elimination criteria, especially in the Northern Luzon region (WHO, WPRO, 2012). Even after elimination is achieved, maintaining early detection and treatment is essential if the disease is to remain contained.

Although curable and not highly infectious, leprosy still carries severe stigma and persons who have (or have had) leprosy, as well as their families, face discrimination and social marginalization. *"The stigma … is not limited to the patient himself. It extends to his or her family. So, you are a patient and the neighbours find out. They will also not approach your brothers and sisters or your parents for fear they have been infected."* (Dr Belen Dofitas, Co-founder, PILA) PILA/PLM members identified the following common barriers to receiving care for leprosy in the Philippines:

1. The general lack of prioritization of skin health, including leprosy, among the local government executives who are mainly responsible for health care in the communities and the health budget. Many are not sensitized to the problem of leprosy in their community or would rather focus on other health problems.

2. The general public's lack of awareness about leprosy, such as early signs and symptoms, its curability and the availability of free medication.

3. Poor health seeking behaviours (self-treatment or traditional healers rather than consulting health facilities), which are either due to the stigma of leprosy (i.e. fear of being a known case of leprosy) or due to the public's lack of regard for skin health. Early voluntary consultations for skin diseases are important for early detection of leprosy and other skin diseases.

4. The lack of continuing medical education for peripheral health workers and officials. The rapid turnover of health professionals and health workers has led to the loss of trained personnel who can properly detect and manage leprosy cases in the field. Early cases of leprosy may go undetected by new health workers.

5. Cultural beliefs (leprosy is caused by curse or bad spirits) causing patients to consult traditional healers first, thus delaying diagnosis and proper treatment.

3. INNOVATION IN INTERVENTION

Partners in Leprosy Action (PILA) is the response of the Philippine Leprosy Mission (PLM) to the global strategy recommended by the World Health Organization (WHO): to put in place sustained, integrated and quality services to detect, diagnose and successfully treat leprosy, as well as reduce associated disabilities. PILA was first piloted in Ilocos Norte province from 2006 to 2009 and then implemented in Ilocos Sur province from 2010 to 2013. The Ilocos Sur province continued it in 2014 and 2015.

3.1. FACILITATING INTEGRATION OF ALL MEMBERS OF THE CARE CONTINUUM

PILA serves to integrate relevant stakeholders in the national leprosy system and provide them with supportive resources such that awareness, education and care for patients affected by leprosy can be improved and stigma associated with the disease reduced. PILA engages and provides links between the Department of Health (DOH), provincial chief executives (i.e. governors, mayors), local health practitioners, public-sector leprosy coordinators, village health workers, private dermatologists, teachers, households and patients. By holding meetings, workshops, trainings, advocacy sessions and offering practical programmes that integrate the different stakeholders, the existing system is strengthened and provides a more holistic care approach for leprosy patients.

3.2. SUPPORTIVE TRAINING RESOURCES FOR HEALTH CARE WORKERS AND PATIENTS

PILA builds the capacity of the existing system through the provision of training and resources for district health officials, public sector workers and patients. PLM staff conduct orientations, provide information materials and organize the training activities of municipal and city health officers, public health nurses, health workers and teachers. A local PILA team for each province is formed to coordinate and implement activities. These training activities occur on an ongoing basis, so primary and barangay (community) health workers remain up to date on leprosy detection and treatment.

3.3. COMMUNITY MOBILIZATION FOR ENHANCED SCREENING AND STIGMA REDUCTION

"The most innovative thing about the PILA strategy is that they include the [Department of Education]." (Provincial Leprosy Coordinator) PILA partners with the Department of Education to involve schools in the screening of communities and education regarding skin health and leprosy. The strategies of using teachers to screen children, as well as using children to 'pre-screen' their families for a homework assignment, were employed. Once a year, elementary and high school students were given homework by their teachers to inspect their family members and themselves closely, with the aid of flyers showing photographs of leprosy and other skin diseases. Students recorded family members with skin problems and submitted this homework to their teacher. School authorities collected, consolidated the data and periodically submitted the consolidated reports to their counterpart health authorities.

To make sure all households were covered, the village health workers screened households that were not included in the schools' screening. Those with skin problems were then encouraged to visit the health centre for proper diagnosis and treatment, or to consult during scheduled free skin clinics. Newly detected leprosy cases were immediately referred to the local health centres for multi-drug therapy. Local dermatologists rendered free services at skin clinics and for referred leprosy cases.

It takes a village to educate a child and to transform a generation… So their role as educators, they need to teach the children how to have basic information, so they will make good decisions for their health on their own, like awareness on infectious diseases or leprosy. (Philippines Department of Education Official)

Dr Belen Dofitas (Co-founder, PILA) anticipates that: *"Education of communities and school children about…skin diseases and leprosy will eventually reduce fear or stigma attached to leprosy [and] transform their minds to be more compassionate, thus paving the way for leprosy patients' reintegration into society."*

4. IMPLEMENTATION

4.1. INNOVATION IN IMPLEMENTATION

Partnering with local district health and education departments

The PILA project acts primarily as an integrator, not an implementer, so it recognize the importance of building good partnerships and engaging all stakeholders from the beginning of the process. The first phase of the PILA approach is to establish working partnerships to prepare those involved for implementation. PLM, with the Department of Health's permission, presents the PILA project to local chief executives (i.e. governors, mayors) and requests their leadership in implementing the project through the municipal health office or rural health unit (RHU) in partnership with the Department of Education. Under the directives of the local executive officers, PLM secures the cooperation of local schools and health care units. This generates a sense of ownership and inclusion and is especially important for strengthening the existing local health structures. *"Since our city was chosen as a model to pilot this PILA project, we adopted the system… we actually co-owned [the process], you know this co-ownership of the problem. I think that's the magic, that's the secret actually why this programme succeeded."* (Assistant City Health Officer)

This engagement creates a network and set of partnerships that is recognized across the system, from the mayor to the local nurse. *"It is better than before, because PILA has given us partners. We now have collaboration with the provincial health office, the MHOs, the barangay captains in the barangays, also the mayor."* (Local Public Health Nurse)

Community sensitization

Using 'skin health' as an entry point rather than just 'leprosy control', PILA encourages community members to voluntarily consult for any skin disorder without the fear and anxiety attached to leprosy. *"You see when people have this, they are afraid to come out of their shells. They do not come to us for consultation, because they are stigmatized."* (Assistant City Health Officer)

Whereas previously people were scared to come forward for a specific leprosy campaign, the invitation to attend skin health clinics is much more socially acceptable. This then creates an opportunity to identify hidden cases and for leprosy information and education to be broadly disseminated. Barangay health workers also go house-to-house to do screenings and invite people to attend the free skin health clinics. *"We don't usually use the word 'leprosy', to avoid the stigma for the people coming."* (Local Public Health Nurse and Leprosy Coordinator) Over time, with engagement through schools and skin clinics, the conversations around leprosy are introduced and the stigma reduced.

4.2. ORGANIZATION AND PEOPLE

PLM is a not-for-profit organization, has been operating in the Philippines since 1962 with the mission to find, treat and rehabilitate persons affected by leprosy, especially among the disadvantaged, through education, capacity strengthening, partnerships, and network-building towards their economic and social empowerment. PILA was conceptualized in 2005 during a period when health care was being devolved to local government units (LGUs). Dr Belen Dofitas - then a member of the board of trustees of PLM - and Dr Gemma Cabanos, the Executive Director of PLM, proposed a shift to community skin health and together developed and implemented the PILA strategy. PLM has four full-time staff who implement PILA.

4.3. COST CONSIDERATIONS

PILA is funded through grants, donations (via PLM), government subsidies and in-kind contributions. The Department of Health's regional office (Centre for Health Development for Region 1) provides the multi-drug therapy (MDT) and referral laboratory supplies and services. The local government units (LGUs) are expected to provide the budget for local transport and food needed during the coordination, monitoring and supervision of primary skincare services in the LGUs.

During the pilot project, the PILA project cost PLM a total of PhP 2.35 million (US$ 53 409 at P44:$1) from 2006 to 2008. Annual cost averaged to US$ 17 803. Screening and treatment were offered free of charge and in an accessible location (e.g. schools, local community halls, rural primary care clinics). In early 2013, PLM's estimated cost using the PILA strategy across three years in Ilocos Sur was calculated at PhP 24.03 per person served (approximately 52 cents).

The major objects of expenditure were training, social preparations, information education campaign (IEC) materials, survey instruments, transportation and per diem of staff and local project coordinators, and medicines for common skin ailments. The details for expenditure by the respective LGUs on leprosy control activities are not available for comparison. Three PLM staff members (coordinator and support staff) are employed by PLM to undertake PILA activities. There are also three PILA coordinators per locality, who receive honoraria from PLM. School teachers, local health staff and local leaders do not receive honoraria.

5. OUTPUTS AND OUTCOMES

5.1. IMPACT ON HEALTH CARE DELIVERY

Improving leprosy case detection

PILA's target was to cover 85% of households per city/municipality within 3 years or less. From 2006 to 2013, PILA was implemented in 2 provinces (Ilocos Norte and Ilocos Sur), covering 39 municipalities and cities. In Ilocos Norte, almost 72% of the target goal was covered while PILA in Ilocos Sur reached 91% of its target goal.

From 2006 to 2013, a total of 194 confirmed leprosy cases in 2 provinces were found and treated through the PILA strategy. As of 2013, 768 699 people were screened and treated for skin diseases and leprosy. Training seminars were provided in all partner areas to equip health workers to detect and provide primary level care for common skin diseases. The IEC campaign also created a broader awareness of important leprosy messages.

> *PILA... improves case finding strategy. It minimizes discrimination and, with the help of the PLM, they also give us logistics for the orientation of the doctors, midwives, nurses and barangay health workers in preparation [for] the PILA strategy. We taught the nurses, the midwives, the health workers how to identify and treat leprosy cases.* (Regional Leprosy Coordinator)

Reduction of stigma

One of the major aims and achievements of the PILA strategy has been the transformation of attitudes towards and knowledge surrounding leprosy. Although difficult to measure, every stakeholder brought up the change that took place within people (patients, families, broader communities and health workers) because of increased information, awareness and reduced stigma.

Before PILA came... the social stigma was so strong, they were ashamed to come out... Their notion was 'it's in the family, it's in the blood.' They didn't know they got it from another patient. Since PILA came they are now...not afraid to come here. They ask questions and they really come out in the open now, because they know leprosy can be treated. (Leprosy Coordinator/Nurse in the City Health Office)

In this area, the people who have leprosy, they are out in the open now. I think the discrimination is becoming less. (Private Dermatologist involved with PILA)

Not only have health workers observed these changes, patients also discussed the improvement in their lives since they were given more information and the community around them had a better understanding of the disease. While not every patient felt accepted yet, many spoke of the difference in perceptions (both their own and others') over time. Several patients said they did not know leprosy was curable, they were very depressed when they were diagnosed, but with education, they subsequently knew better and encouraged others to get screened. When asked what she would tell people who did not know anything about leprosy, one patient said: *"I will tell them leprosy is a curable disease and that it's not infectious once you have taken medications." "Oh, PILA made the biggest difference to the patients, because it's an awakening. It's an awakening to them and to us too that leprosy... is just a common disease or just the cousin of TB."* (Leprosy Coordinator/Nurse in the City Health Office)

Enhancing effectiveness of the health care system

Through its integrating approach, PILA enables different stakeholders to communicate more effectively, utilize their respective skills and resources, and coordinate activities to achieve better outcomes for leprosy case detection, treatment and education. This enhances the overall effectiveness of the health care system and improves the delivery of services for leprosy patients.

5.2. COMMUNITY AND BENEFICIARIES

The different stakeholders engaged through PILA expressed their gratitude for the dedication shown, as well as the effective work and noticeable improvements since it was launched. *"In leprosy, PILA gives me hope. That PILA won't stop working, won't stop giving this aid to leprosy patients so that we can all live in a healthy community."* (Leprosy Coordinator/Nurse in the City Health Office)

That is to really show care for leprosy patients, to address the illness, to prevent the disease, to support the patient with this illness, to lessen also the disability... I pity those patients with this, because before they were just confined at home but thank God there's PILA. (Elementary School Teacher in Ilocos Sur)

In addition to the activities and tangible outcomes of PILA, the changing community perceptions, knowledge levels and attitudes were noted as a source of hope and progress. *"I think it's more on transforming the values and the attitude of our people, the patients in particular with regards to the facts or their knowledge on leprosy... That, for me ... is very significant, so more of our constituents came out to seek the necessary consultation from our office."* (Assistant City Health Officer)

Provincial officials also saw the benefit of being proactive about leprosy. *"Before PILA, we only wait for patients to come have check-ups... but that's not enough because we should go out of the hospital, into the barangays. We should find them ourselves...that's why we saw the PILA programme to be really the right way to address or to deal with leprosy."* (City Mayor in Ilocos Sur)

5.3. ORGANIZATIONAL MILESTONES

One of the biggest milestones for PILA was having Ilocus Sur province continue the PILA strategy beyond the four-year initial implementation period. In 2014, the Candon City Council in Ilocos Sur passed an ordinance to financially support and continue PILA after PLM discontinued logistical support.

We continued to conduct PILA after the PLM [involvement] stopped. Even though they stopped, we continued their strategy to the other municipalities so up to now I have so many schedules for the isolated municipalities to continue the PILA activities. But not PILA anymore, we changed the name to Kilatis Kutis Campaign, but it's the same strategy. (Ilocos Sur Provincial Leprosy Coordinator)

6. SUSTAINABILITY

PILA catalyzes activities in a provincial area in partnership with the local district health authorities. Enhancing district health capacity is a key component of sustainability, which for PILA is viewed not as internal sustainability, but rather reaching adoption into the public health system. New provincial expansion is dependent on grant funding or public sector adoption. Getting public sector adoption requires substantial engagement with different stakeholders. PLM first engaged the Department of Health (DOH) National Leprosy Control Programme for coordination and guidance on priority areas. With the DOH endorsement, they approached the local chief executives beginning with the provincial governor and then the municipal or city mayors to introduce the concept of PILA and secure their support for the project. A Memorandum of Understanding between the stakeholders (PLM, mayor, Department of Education, Department of Health) specified the roles and responsibilities and deliverables.

This has occurred in Ilocos Sur because of the provincial government's willingness to invest in the programme. One of the enabling factors for local government units (LGU) adoption was the integral role of stakeholder involvement from the beginning. *"Since our city was chosen as a model to pilot this PILA project, we adopted the system. We recommended it to our city officials for the local government unit to sustain it, so as to remove the stigmatizing effect among our leprosy patients and possible contacts of our leprosy patients, so we actually co-owned the problem."* (Assistant City Health Officer)

Another factor that makes it more likely for an LGU to allocate budget is having the officials recognize the importance of maintaining good leprosy detection and treatment programmes. *"Okay, it is important to address leprosy, because of the incubation period. So even though – for example last year we had only a few cases, but if we don't continue... after three to five years they might increase again with new cases so the best strategy is to continue Kilatis Kutis Campaign and the leprosy case finding."* (Provincial Leprosy Control Officer)

7. SCALABILITY

As the PLM team acts as initiators and facilitators, not implementers, scaling internally is not a priority but rather scaling through partnership with key stakeholders. Scaling to a new province (Pangasinan) is currently planned, pending the release of DOH funding from the National Leprosy Control Programme. Other provincial health officers have expressed interest in having PILA conducted in their areas as well, but would need to commit part of their leprosy control budget to implement the PILA strategy.

Requirements to scale include 1) resources: regular funding for private and public stakeholders to support personnel, logistics, IEC materials, training, training manuals, medication, coordination meetings; 2) networks: partners such as local leaders, dermatologists, schools, health offices; and 3) local and national legislative/policy support: provincial/municipal/city ordinances would establish and sustain PILA as a regular health activity with funding from local government; a national skin health programme would enable local skin health services to be established, integrating leprosy in general health services.

When selecting potential new areas, the following factors would be needed: 1) a leprosy endemic area; 2) political will and resource mobilization by district health departments 3) adequate number of village health care workers; 4) community members willing to engage in the programme; 5) efficient channels for MDT supply, skin medications, laboratories, referrals; 6) external funding support; and 7) dermatologists within reasonable distance to act as trainers and for referral of difficult cases.

8. KEY LESSONS

8.1. IMPLEMENTATION LESSONS

Getting started

It is important that an organization that says it prioritizes community engagement, do so in a genuine way, rather than just paying lip service to the idea. PILA invested time in building relationships with all stakeholders before beginning the work and continued engagement throughout the life of the project. They also pushed for partners to buy into the process and take ownership through counterpart funding. PILA encouraged partners to co-design the programme throughout its life cycle. This occurred in Ilocos Sur, the province that has now continued the strategy beyond PLM's involvement period. They adapted the model to better fit their context and resources by adding on village health workers for screening households without schoolchildren, thus increasing coverage and actively engaging village leaders (barangay captains) to improve the cooperation of the village.

Maintaining efforts

Exploring the use of incentives and regulation for implementation is a way to maintain efforts in an effective, sustainable way. One of the identified pathways for sustainability would be to have PhilHealth add leprosy as a disease that qualifies for compensation. If the LGU was rewarded for each successfully detected and treated case, it would make it a more attractive disease to invest in. It would not be a significant burden to the national insurance due to the relatively low case numbers, but could make a significant impact to the roll out of an effective leprosy care programme. This is an avenue that PLM is exploring.

Overcoming challenges

Although the Philippines has achieved elimination of leprosy at a national scale, there are regions where it is still endemic. Achieving elimination can lead to complacency, as it is no longer viewed as a public health issue. In the Philippines, this also meant that funding for leprosy control decreased. However, ongoing case detection and treatment are still important to prevent the prevalence from increasing again in the future. Given that health budgets are limited, there is still difficulty faced in convincing officials that leprosy is a priority issue. *"It seemed like the biggest challenge was … getting the [LGUs] to commit to funding the programme, because they're happy if PLM comes in and funds it. That's one thing, but then after they leave it's getting people to agree to make room in the budget for it; it's a lot harder."* (Philippines Public Health Expert) This is where an external actor, such as PLM, can assist by advocating for more focus on a neglected disease and providing guidance on how to approach the issue. One of the strategies suggested was to try get leprosy care incentivized through the national insurance, PhilHealth. This has worked for tuberculosis (TB), where compensation is given to the LGU for each patient that is successfully treated.

8.2. PERSONAL LESSONS

Practising as a private dermatologist, Dr Dofitas believes that it is important to work to improve the lives of those affected by devastating illness, even if it is a less glamorous and lucrative path. Demonstrating fierce determination and a willingness to challenge the status quo, she has dedicated much of her career to increasing awareness around leprosy, treating and encouraging patients and their families, and working to improve the health care services delivered for leprosy. The key message from Dr Belen Dofitas, one of PILA's co-initiators, is to think big and persevere.

Don't be afraid to think big and to try out new things, because the problem you are trying to work on is important enough for you to actively try to solve it. There is no one way to solve a problem, you have to come up with new ideas, new methods, because it is the only way to progress. We cannot be using the same old methods for years. And some would say, 'if it ain't broke, why fix it?' But that depends on whose perspective you're coming from. In the past, people have told me: 'Why do you have to do it that way? We've already been doing our community screening.' But I don't believe it is enough. I want to affect the change on a wider scale, and one must have the guts to do it, even if it's not initially accepted. You have to persevere, even though there are challenges along the way. You have to keep on going based on your basic belief that things will get better as long as you don't quit. (Dr Belen Dofitas, Co-founder, PILA)

CASE INSIGHTS

1. Community-based organizations play a unique role in supporting the last steps to full disease elimination. Beyond delivering key services, these organizations can facilitate the integration and coordination of all system stakeholders to leverage appropriate skills and resources from each.

2. Engaging the education sector can be an effective channel to improving family health. By raising awareness in school children, knowledge about health conditions is transferred to the household level, and health-seeking behaviour is increased.

3. Raising awareness around neglected tropical diseases, such as leprosy, in local communities and governance units helps improve the identification and treatment of these diseases. This can be achieved through advocacy work as well as training programmes for frontline health care workers.

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