

Background of the Ready4PEP project

NLR worked with ILEP organisations and the Ministry of Health in Nigeria and Mozambique to implement the Ready4PEP project from 2020 to 2024. The project aimed to reduce leprosy transmission and improve care for affected individuals. It focused on introducing single-dose rifampicin post-exposure prophylaxis (SDR-PEP) to prevent leprosy and stop its transmission. The project operated in 12 districts in Mozambique and 26 areas in Nigeria, working closely with local health authorities.

Key goals of the project included:

1. Integrating SDR-PEP into national strategies in Mozambique and Nigeria.
2. Establishing fully functional leprosy control programs with trained staff and necessary resources.
3. Integrating Combined Self-Care Groups (CSCGs) into national leprosy interventions.

Evaluation's main findings

Results in Health conducted a final evaluation of the project in the last months of 2024 which highlighted the following elements.

The Ready4PEP project demonstrably **strengthened leprosy control efforts** in Mozambique and Nigeria and provided the two countries with the main tools to include SDR-PEP in their leprosy control programmes. Through a strategy encompassing capacity-building, community engagement and innovative technological tools, the project achieved significant progress in early case detection, SDR-PEP administration and stigma reduction.

The **adoption of SDR-PEP** within national health systems and leprosy strategies is still in process in Mozambique, but SDR-PEP has been integrated into national leprosy policies, including the National Leprosy Guidelines and the Zero Leprosy Roadmap for 2021–2030h in Nigeria.

SDR-PEP administration was integrated with active case finding and community mobilization. Door-to-door screening and mini-campaigns were effective in reaching remote populations. A low refusal rate and positive reception of the intervention by contacts of persons affected indicate and high **acceptance** and feasibility.

The project also improved **health workers' knowledge and skills**, contributing to higher case detection.

CSCGs play a critical role in both countries. CSCGs emerged as a critical mechanism to reduce stigma, improve mental well-being and foster social inclusion for persons affected by leprosy and other diseases. In Mozambique, the integration of CSCGs into the health system is ongoing, with substantial growth and a broader role in social rehabilitation and advocacy. In Nigeria, CSCGs have grown significantly and are integrated into national policies, with a strong demand for community-based rehabilitation.

The introduction of SDR-PEP and the related community education initiatives have improved understanding of the disease and have significantly **reduced the stigma** surrounding leprosy. The availability of a preventive drug has helped communities recognize leprosy as treatable and preventable, reducing fear and discrimination.

The **potential concerns** for further scaling up the Ready4PEP project in Mozambique and Nigeria include logistical challenges, reliance on external funding, and issues with **medication supply chains**.

The WHO's rifampicin donation program and collaboration with the Stop TB/Global Drug Facility could improve the situation.

Best practice, lessons learned and recommendations

Best practices developed by the project:

- **Community engagement and ownership:** The active involvement of community activists, leaders and CSCGs proved crucial for successful implementation and sustainability.
- **Capacity-building and training:** Targeted training programmes for HCWs, combined with supportive supervision, significantly strengthened leprosy management capabilities.
- **Integrated health strategies:** Integrating leprosy control with other health programmes optimised resources and facilitated a more comprehensive approach.
- **Technological innovations:** The use of the SkinApp enhanced diagnostic accuracy, particularly in areas with limited access to dermatologists.

Main recommendations:

- Advocate for the full approval and integration of SDR-PEP into national health policies, and secure a clear financing mechanism for its sustainability in Mozambique
- Continue advocating for the nationwide scale-up of SDR-PEP to all states and LGAs in Nigeria
- Expand training programmes to ensure sufficient skilled personnel, and enhance community engagement efforts to promote awareness and reduce stigma.
- Ensure a consistent supply of MDT and SDR-PEP drugs, address logistical challenges and secure long-term funding mechanisms for leprosy control activities.

Evaluation Key takeaway messages

- 1) The Ready4PEP project, introducing SDR-PEP in Mozambique and Nigeria, has significantly contributed to the revitalisation of the leprosy control programs in the two countries.
- 2) SDR-PEP administration has been integrated into the national policies and guidelines for the diagnosis and treatment of leprosy patients in Nigeria and it is on its way to being approved also in Mozambique.
- 3) SDR-PEP administration was integrated with active case finding and community mobilization activities and outreach strategies, like door-to-door screening and mini-campaigns, demonstrated to be effective approaches, especially in remote rural areas.
- 4) The project results indicate that SDR-PEP has a high level of acceptability and feasibility, with very low refusal rates and a high level of coverage of contacts at risk.
- 5) Improving knowledge and skills of health care providers, especially in peripheral areas, has been key to increasing the number of diagnosed patients.
- 6) SDR-PEP has contributed to reducing the stigma around leprosy, making it not just a treatable, but also a preventable disease.
- 7) Combined Self-care groups played an important role in ensuring adequate care and inclusion of persons affected, as well as in reducing stigma at the community level. They have facilitated the introduction of leprosy prevention efforts and have been developed in close collaboration with healthcare providers and managers. However, their full inclusion in the national health systems and programs is still in development.
- 8) Community activists, volunteers and leaders play a vital role in case finding, community mobilisation, SDR-PEP acceptance and stigma reduction.
- 9) Integration with other health programs such as NTDs, TB and rehabilitation initiatives has been explored in the project and has shown potential for ensuring sustainability.
- 10) Technological innovations such as SkinApp and GIS mapping of leprosy cases contributed to the effectiveness of the activities.
- 11) Availability of rifampicin and MDTs have been the major challenges for the project implementation and will need further attention in the future. Global mechanisms can contribute to facilitating the availability of rifampicin and MDTs.