ADMINISTRATIVE ORDER
No. 2021 - __0023__

SUBJECT: <u>Guidelines on the Institutionalization of the Leprosy Alert</u>
<u>and Response Network System (LEARNS) of the National</u>
<u>Leprosy Control Program</u>

I.   RATIONALE

Seven years after the World Health Organization (WHO) declared a leprosy free vision, the Philippines successfully eliminated leprosy as a national public health problem in 1998. This means the prevalence was reduced to less than one case per 10,000 people. As reported by DOH, there are still pockets of cases in the country amounting to about 2,185 leprosy cases as of 2018. The Philippines has the highest number of new cases detected in the Western Pacific region. This is an indication that transmission is still on-going. New strategies are needed to eliminate and interrupt the transmission of the disease.

To address this challenge, the DOH, through its National Leprosy Control Program (NLCP), aims to achieve a leprosy-free Philippines by the year 2022 in partnership with other government agencies, local government units (LGUs), civil society and the private sector. Consistent with the WHO Global Leprosy Operations Manual 2016-2020 on the use of mobile health (mhealth) tools for diagnosis and referral, (Manual of Procedures, and Medium Term Plan on NLCP 2017-2022), the DOH and Private Organization signed a Memorandum of Understanding and formed a Task Force in 2012. The Task Force aims to help develop innovative approaches to leprosy control in line with the NLCP. This Public-Private Partnership resulted to the development of the Leprosy Alert and Response Network System (LEARNS), the country's first mobile health leprosy system. After its successful pilot in Iloilo province in 2014 and subsequent implementation in other provinces thereafter, LEARNS is now part of the DOH-NLCP Manual of Procedures. Since 2014, DOH has supported and facilitated the scaling of the LEARNS system to at least 37 provinces in 9 regions of the country. As of December 2017, it was estimated that over 7,000 health workers and providers had received training for the use of LEARNS.

Thus, policy on LEARNS supports the strategy of the program such as case finding and contact tracing to improve the case detection rate and practical steps on attaining program targets in a devolved set-up. LEARNS will help to refer suspected leprosy patients promoting early case finding and helping reduce delay in diagnosis and treatment.

II.   OBJECTIVES

General objective:

To institutionalize the nationwide use of LEARNS in public health facilities and encourage its use in private health facilities.
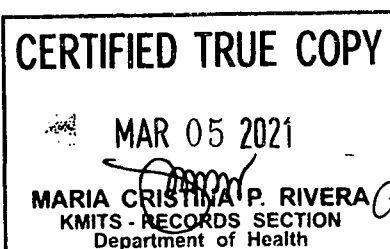
Specific objectives:

1. To provide guidance on the adoption and implementation of LEARNS in health facilities; and
2. To identify the roles and responsibilities of key actors and stakeholders in the nationwide implementation.

III.   SCOPE AND COVERAGE

This Order shall apply to DOH offices, bureaus, services and units, Center for Health Development (DOH), Local Government Units (LGUs), the Bangsamoro Autonomous Region in Mindanao (BARMM) subject to applicable provisions of RA 11054 or the "Bangsamoro Act" and subsequent rules and policies issued by the Bangsamoro government, and to both government and private national and local health facilities, health care providers and stakeholders that are involved in the treatment and prevention of leprosy.

IV.   DEFINITION OF TERMS

A. **Leprosy** also known as Hansen's disease, is a chronic mildly infectious disease caused by *Mycobacterium leprae.* The disease mainly affects the skin, the peripheral nerves, mucosal surfaces of the upper respiratory tract and the eyes. It occurs at all ages ranging from early infancy to very old age.

B. **Leprosy Alert and Response Network System (LEARNS)** – a mobile health (mHealth) tool that enables health care practitioners nationwide especially in remote areas to refer suspected leprosy patients promoting early case finding and helping reduce delay in diagnosis and treatment.

C. **Geographically Isolated and Disadvantaged Area (GIDA)** – composed of communities with vulnerable population physically and socio-economically separated from the mainstream society and characterized by: a) physical and b) socioeconomic factors.

D. **Physical factors** — refer to characteristics that limit the delivery of and/or access to basic health services to communities that are difficult to reach due to distance, weather conditions, and transportation difficulties.

E. **Socio-Economic factors** — refer to social, cultural, and economic characteristics of the community that limit access to and utilization of health services.
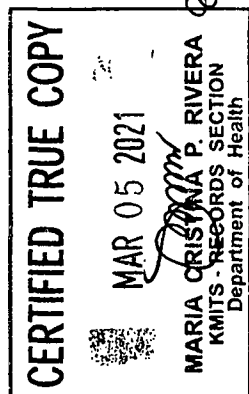
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F. **National Leprosy Control Program**- is a multi-agency effort to control Leprosy in the country with private and public partnership in achieving its goals to lessen the burden of the disease and its mission to have a leprosy-free country.

V. GENERAL GUIDELINES

A. The DOH National Leprosy Control Program shall take the lead in the nationwide implementation of the LEARNS as part of the NLCP strategy in coordination with the CHDs, LGUs, and partners from the private sector, academe, NGOs and patient groups.

B. LEARNS shall be implemented and used nationwide in a phased and calibrated manner. It shall be used in by NLCP program of the health facilities mainly in the different rural health units and health centers. Other health facilities that will use the tool may network with their closest government health facility.

VI. SPECIFIC GUIDELINES

A. LEARNS implementation shall be part of all NLCP program ongoing case finding efforts and campaigns such as "Kilatis Kutis", Leprosy Control Week, and National Skin Disease Detection and Prevention Week.

B. The phased and calibrated rollout of LEARNS shall be determined by the NLCP through the CHDs in coordination with LGU and other key stakeholders. Priority areas for rollout shall be based on, but not limited to, the following considerations: disease burden, incidence and case detection rates, presence/absence of trained personnel and commitment of LGUs. The NLCP shall endeavor to facilitate the availability of the requirements to enable effective implementation of LEARNS aligned with the NLCP and global leprosy program strategies.

C. Training on LEARNS shall be integrated in the regular training modules and activities of the NLCP.

D. LEARNS M&E shall be integrated in the NLCP M&E particularly in the attainment of targets on: a) number of referrals; b) number of cases confirmed, registered, initiated treatment and completed treatment; c) number of municipalities/provinces/ regions implementing LEARNS; and d) number of health providers trained.

E. LEARNS Teleconsultation via SMS shall be followed by the user from health facilities. (See Annex A). Consultation and reporting in remote areas without or with limited cellular signal shall use existing leprosy management and reporting.

F. The LEARNS Toolkit entitled "Implementation Guide for Local Chief Executives and Health Officials in the Philippines" shall guide the regional, provincial and municipal health officials and policy makers in the implementation of LEARNS. A copy of the toolkit may be accessed through the following download link: https://tinyurl.com/DOH-LEARNStoolkit.

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VII. ROLES AND RESPONSIBILITIES

The offices shall have the following roles and responsibilities:

A. Disease Prevention and Control Bureau

1. Manage and coordinate the NLCP including the assessment and nationwide rollout of LEARNS;
2. Facilitate annual assessment of LEARNS implementation as part of the regular NLCP Program Implementation Review;
3. Facilitate handover from the system developer to Knowledge Management Information Technology System (KMITS) for system operation and maintenance;
4. Ensure inclusion of funding for LEARNS implementation in its annual work and financial plan;
5. Explore partnership with telecommunications companies e.g. Globe and Smart to shoulder cost of reporting;
6. Consult with key stakeholders and partners in program implementation and monitoring such as WHO, Culion Foundation, Philippine Leprosy Mission, International Leprosy Association, Cebu Leprosy and TB Research Foundation, Philippine Dermatological Society, Novartis Healthcare Philippines, Coalition of Leprosy Advocates and Patients.

B. Knowledge Management and Information Technology Service – Review, manage, maintain and integrate the fully functional LEARNS system with DOH Electronic Medical Record System (EMRS) and other health information.

C. Health Promotion and Communication Service – Develop IEC materials for implementation and training including but not limited to field user guides and references.

D. Centers for Health and Development

1. Provide training and other relevant technical support to LGUs.
2. Maintain a directory of health workers trained on clinical diagnosis of leprosy in various health facilities.
3. Identify and engage other partners in the region to support LEARNS implementation at the sub-national level.
4. Coordinate with the Development Management Officers for the monitoring and evaluate implementation of LEARNS.
5. Consolidate reports and facilitate resolution of implementation issues and challenges of provinces, cities and municipalities within the region.

E. Provincial Health Office

1. In collaboration with the municipalities and cities, formulate and issue policy supporting LEARNS implementation within the context of the
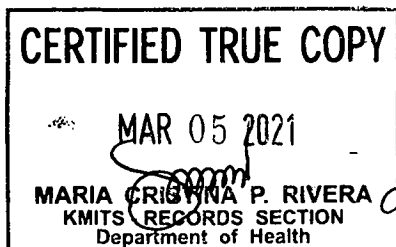
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province-wide UHC implementation especially in relation to the Health Care Provider Network (HCPN).

2. Mobilize resources through the local health investment planning and budgeting mechanism at the provincial level.
3. Coordinate with the Leprosy Control Program Coordinator at the CHD for identification and mobilization of available resources for LGUs.
4. In collaboration with the DOH CHD, provide support to municipalities and cities in adopting LEARNS for technical support and training, among others.
5. Facilitate the identification and inventory of following requirements for sustainable LEARNS implementation in local health facilities as part of the NLCP in the context of a province-wide HCPN: health human resources, skills, equipment and health commodities.
6. Identify and engage other partners to support local adoption and implementation of LEARNS.
7. Monitor and evaluate LEARNS implementation at the local level and submit report to the CHD through the Provincial and Regional Leprosy Coordinator.

F. Municipal Health Office/City Health Office

1. Adopt LEARNS as part of their strategy to eliminate leprosy within the context of the province- and city-wide UHC implementation especially in relation to the Health Care Provider Network (HCPN).
2. Mobilize resources through the local health investment planning and budgeting mechanism.
3. Coordinate with the DOH CHD through the Provincial Health Office for support for orientation and training and other forms of technical support.
4. Identify and engage other partners at the local level to support local adoption and implementation of LEARNS.
5. Monitor and evaluate implementation to inform LEARNS improvement and submit report to the Provincial Health Office through the Provincial Leprosy Program Coordinator.
6. Bring to the attention of DOH Central through their respective CHDs any problems, issues and challenges encountered in LEARNS implementation for immediate action.
7. Provide personnel, equipment, health commodities for the effective implementation of the NLCP including use of official mobile phone at the municipal health office, rural health unit, barangay health station by barangay health workers without mobile phones to send LEARNS report.

G. Local Government Units – Issue resolutions on policies to support LEARNS implementation.

H. Philippine Dermatological Society – as partners who support the National Leprosy Control Program shall provide technical expertise, clinical and training support, and be part of the referral network.
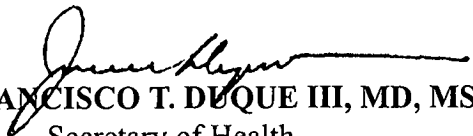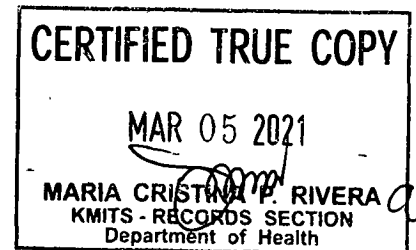
VIII.   SEPARABILITY CLAUSE

If any provision of this Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected thereby shall remain valid and effective.

IX.   EFFECTIVITY

This order shall take effect fifteen (15) days after its publication to Official Gazette or newspaper of general Circulation.

FRANCISCO T. DUQUE III, MD, MSc.
Secretary of Health

CERTIFIED TRUE COPY

MAR 05 2021

MARIA CRISTINA P. RIVERA
KMITS - RECORDS SECTION
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LEARNS Teleconsultation via SMS

The health worker should carefully follow the steps listed below to compose.

A proper and complete SMS for LEARNS teleconsultation has eight components in the exact order listed below:

1. "LN" (default initial keyword)

2. Health Facility Code

3. Initials of the patient's first and last names (maximum of two letters/characters)

4. Patient's date of birth in MM/DD/YYYY format (do not substitute "/" with "_")

5. Patient's gender (M or F)

6. Patient's mobile phone number in the format 09XXXXXXXXX (If the patient does not have a mobile phone, key in any family member's or the health worker's mobile phone number.)

7. Patient's symptoms. Possible symptoms and their abbreviations:

> AN - anesthesia or numbness
>
> X - positive for exposure to a leprosy patient
>
> LL – positive lid lag
>
> DEF - deformity

8. Duration of symptoms in the format (for example) "6M" for 6 months or "2Y" for 2 years.

For example, patient Pedro Cruz, born on January 31, 1953, visited the Jolo Rural Health Unit for consultation. He has been experiencing anesthesia for the last 6 months, and is positive for exposure. The correct SMS for LEARNS teleconsultation for this hypothetical patient is:

> LN 2360 PC 01/31/1953 M 09179999999 AN X 6M

Note: After composing the complete and correct LEARNS teleconsultation SMS, the health worker can now send it to:
> Globe subscribers, send to XXXXXX
> Smart subscribers, send to XXXXXXX
> *** automated SMS will reply as an acknowledgement to the SMS received

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