Integrating early intervention for clubfoot deformity into national plans in under-resourced nations

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Clubfoot is a congenital deformity affecting approximately 200,000 children worldwide each year. An estimated 80% of these are born in under-resourced nations with limited capacity for identification and treatment of clubfoot.

The Ponseti method is a treatment technique for clubfoot which has been found to be up to 98% effective when started in babies.

Methodology: National programmes were established in 20 under-resourced nations using the following methods:
- Forming partnerships with Ministries of Health (MOH), community based rehabilitation networks and local non-governmental organisations (NGOs).
- Appointing a medical director and a national coordinator for the programme.
- Awareness raising campaigns, training in clubfoot recognition.
- Training health workers in all aspects of the Ponseti technique, including theory and practical training and providing ongoing support and supervision.
- Establishing clinics throughout the country; clinical services provided in MOH, private and NGO centres as available.
- Supporting treatment provision by providing financial support for supplies of materials such as plaster of Paris.
- International NGO support for logistical, administrative and material needs.

Evaluation: (1) data audit from all 20 countries. (2) 40 key informant interviews including service providers and users from 12 of the 20 countries, (3) observational visits to Ethiopia and Laos.

Findings: The sample year 2009 was selected for review.

National programmes for clubfoot: Following the success of the Uganda Sustainable Clubfoot Care Programme a number of national programmes for clubfoot were established in under resourced nations. The aim: to prevent disability caused by clubfoot through national programmes providing effective treatment.

Factors for success in national programmes for clubfoot:
- Ministry of Health involvement.
- Strong country leader (medical director).
- Country coordinator.
- Geography – smaller countries with better transport links.
- Strong NGO management support.

Significance: the initiatives fulfil a number of resolutions from the 58th World Health Assembly (as shown in the table below).

Strengths of national programmes, policies and strategies:
- Increase awareness of disabling conditions.
- Participate in Prevention of Disability activities.
- Promote early identification and intervention, especially for children.
- Promote and strengthen community programs linked to primary health care.
- Integrate into national programs.
- Collect more reliable data.
- Conduct studies of incidence, prevalence as a basis for formulation of strategies for intervention.
- Strengthen collaborations with academia, the private sector and non-governmental organisations.

Barriers to success in national programmes for clubfoot:
- Parental adherence to treatment regime.
- Difficulties with getting tenotomies done.
- Irregular supply of materials and foot abduction braces.

The future: The success of national programmes for clubfoot worldwide is now leading towards a global plan. The first evidence of this is the Global Clubfoot Initiative, a web based data collection and networking site established by the NGO consortium.

A total of 6591 children across the 20 countries and regions were enrolled for treatment in 2009 with some national programs approaching and surpassing intervention for 50% of all babies projected to be born with clubfoot.