



## ACHIEVEMENTS IN LEPROSY ELIMINATION AND FUTURE LEPROSY PROGRAMME - INDIAN PERSPECTIVE

17 TH INTERNATIONAL LEPROSY  
CONGRESS, HYDERABAD



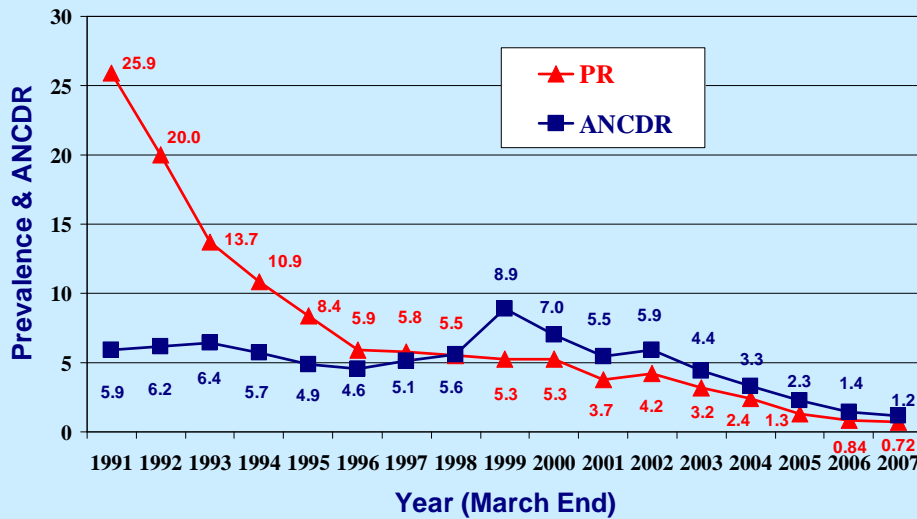
DR. P.L.JOSHI  
DEPUTY DIRECTOR GENERAL  
GOVT. OF INDIA



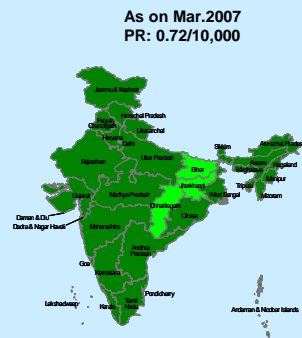
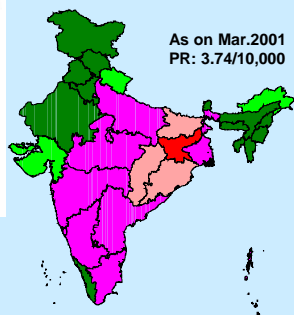
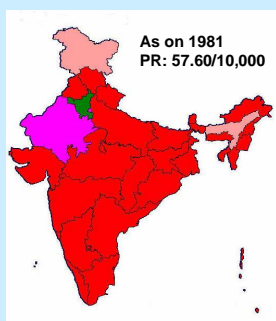
### MILESTONES IN NLEP IN INDIA

- 1955** – Launched National Leprosy Control Programme
- 1983** – Launched National Leprosy Eradication Programme and introduced MDT
- 1991** – WHO declaration to eliminate leprosy at global level by 2000.
- 1993** – World Bank supported NLEP – I
- 2001** – World Bank supported NLEP – II  
Integration of Leprosy services with General Health Care System
- 2002** – National Health Policy Statement : Elimination of Leprosy by 2005.
- 2005 onwards** – Programme continues with GOI support since January 2005.
- Dec.2005** – Elimination of leprosy as public health problem at National level.

## Trend of Leprosy Prevalence & Annual New Case Detection (ANCDR) Rates

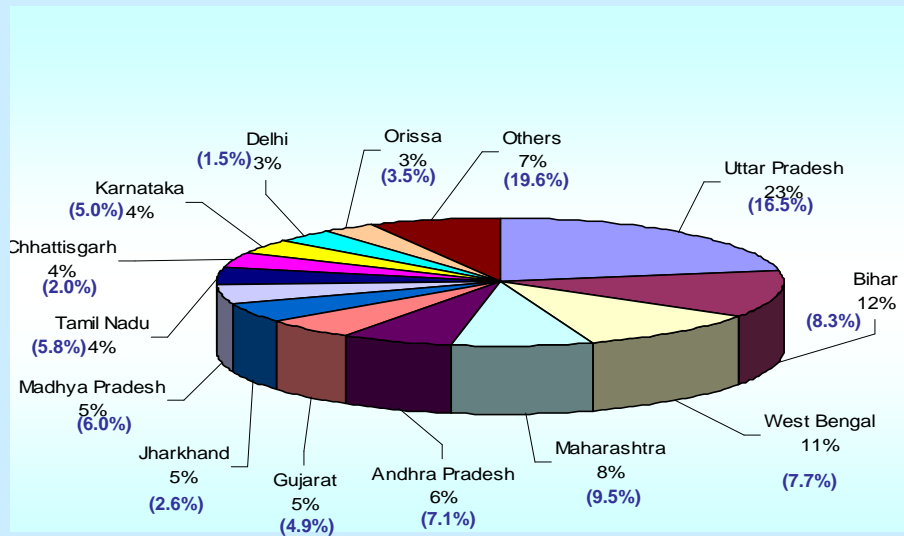


## STATEWISE PREVALENCE



**Elimination achieved in 28 out of 35 States/Union Territories**

## STATEWISE CONTRIBUTION NEW LEPROSY CASES DURING YEAR 2006



Figures in brackets indicate proportion of state population to total population

## STATUS OF NLEP IN INDIA AS ON 31<sup>ST</sup> DECEMBER 2007

- **31 out of 35 States/UT achieved leprosy elimination status, leaving only 4 states with PR > 1.**
- **PR as on March 2007 – 0.72/10,000**
- **ANCDR during the year 2007**  
**(Jan – Sept) – 11.7/1,00,000**
- **Treatment Completion rate – (2006-07) Four states reported**

<b>Orissa</b>	<b>– 92.4 %</b>
<b>Gujarat</b>	<b>– 95.8 %</b>
<b>Andhra Pradesh</b>	<b>– 95.9 %</b>
<b>Chandigarh</b>	<b>– 67.7 %</b>

## **LEPROSY ELIMINATION STRATEGY**

- ❑ **Decentralization of NLEP services**
- ❑ **Integration of NLEP with General Health Care System**
- ❑ **Capacity building of GHS functionaries**
- ❑ **Timely diagnosis & prompt MDT**
- ❑ **Intensified IEC using Local and Mass Media**
- ❑ **Prevention of Disability & Medical Rehabilitation**
- ❑ **Monitoring & Evaluation**
  - **M.I.S.**
  - **Independent Evaluation**
  - **Leprosy Elimination Monitoring (LEM)**

## **FACTORS HELPED IN REACHING ELIMINATION**

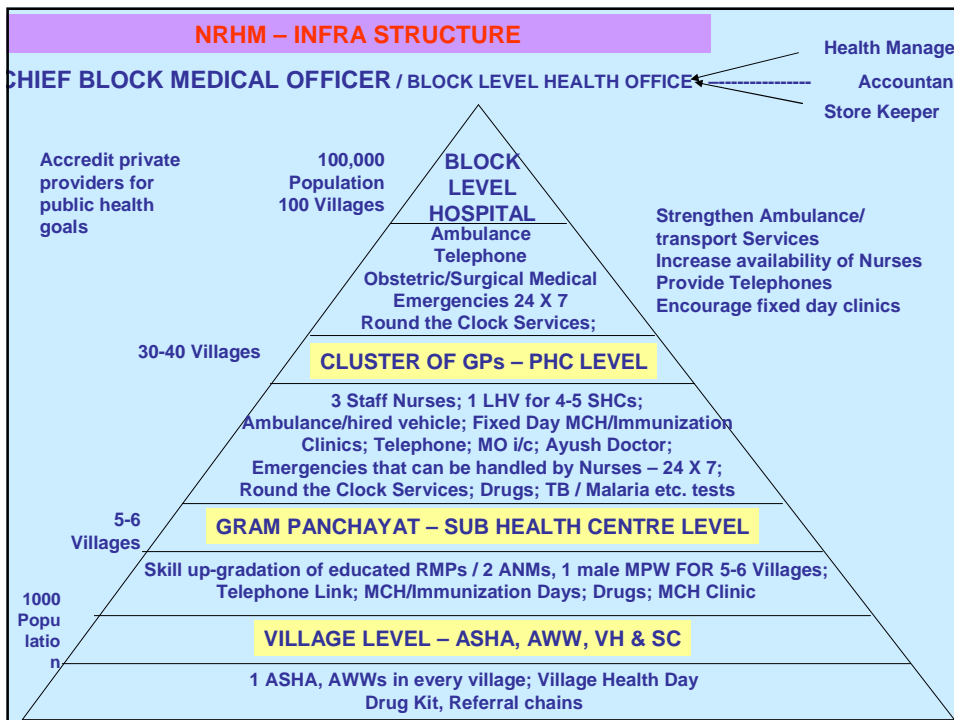
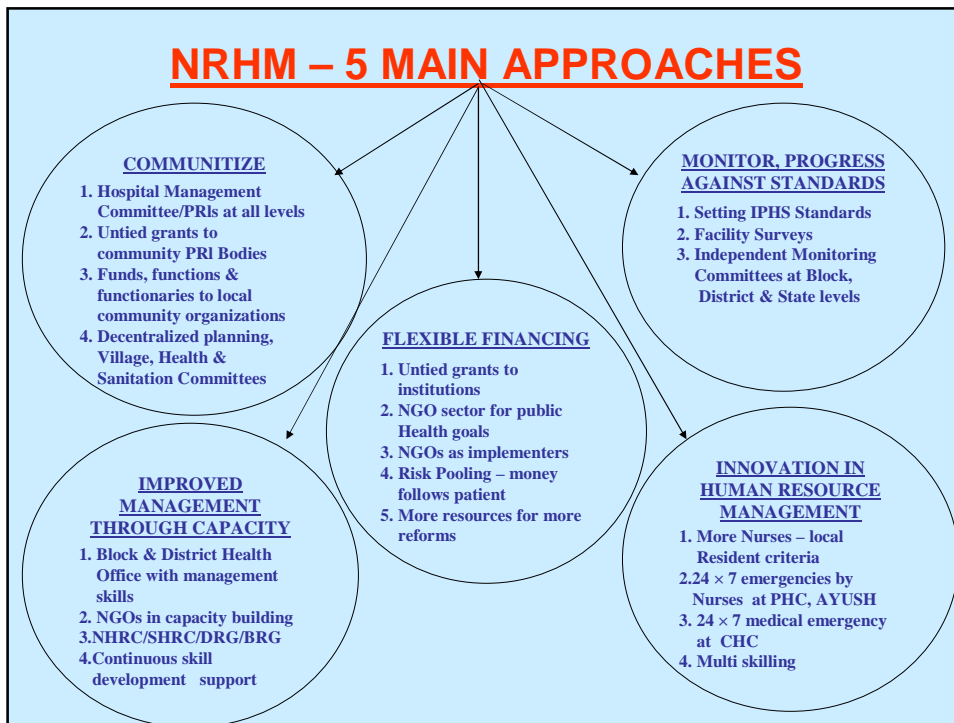
- **Strong political commitment.**
- **Availability of adequate resources.**
- **Support from partners in NLEP like WHO, World Bank, ILEP, The Nippon Foundation, Novartis, National and International NGOs.**
- **Strategic planning and timely implementation of the activities.**
- **Special campaigns in vulnerable areas :  
MLEC/SAPEL/BLAC/ULSAC**

## **Aims & Objectives of 11<sup>th</sup> Five Year Plan**

- **Further reduce leprosy burden in the country**
- **Provide quality leprosy services through GHC system**
- **Enhance DPMR services**
- **Enhance advocacy to reduce stigma and discrimination**
- **Capacity building of GHC staff**
- **Strengthening monitoring & supervision**

## **CONVERGENCE WITH NATIONAL RURAL HEALTH MISSION**

- **Hon'ble Prime Minister launched NRHM on 12<sup>th</sup> April 2005 with special emphasis on low performing states**
- **Raise public spending on health from 0.9% to 2-3% of GDP.**
- **NRHM seeks to provide accessible, affordable and quality health care to the rural population.**
- **ASHA – village level worker also support the programme in treatment completion by patient.**



## **NEW PARADIGMS**

- **WHO Operational Guidelines – 2006-2010**
- **Providing quality services**
- **Sustainable Leprosy services through the PHC System .**
- **Referral services and long term care**
- **Prevention and management of impairment & disabilities**

## **Contd .....**

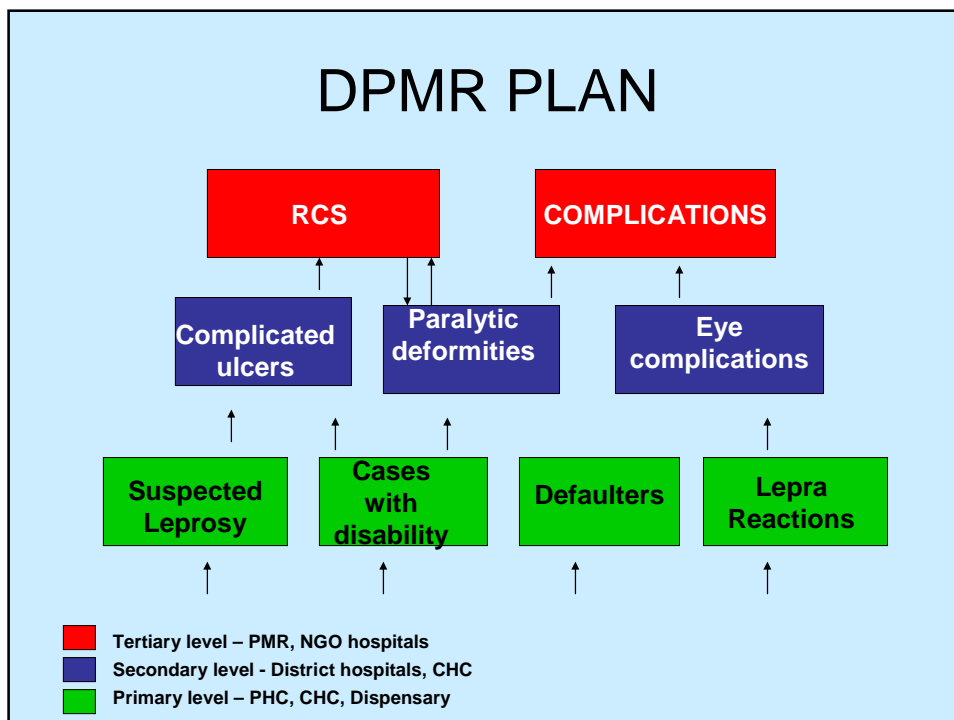
**Comprehensive approach to rehabilitation in co-ordination with MOSJ&E / HRD/ labour/**

**NGOs**

- **Reduction in stigma**
- **Self Help groups for care of LAP**
- **Community based rehabilitation**

## Contd...

- Expanding facilities for reconstructive surgery
- Increased access to DPMR services at first, second and third level Institutions.
- Payment of Rs. 5000/- to poor patients for each major RCS to compensate for wage loss.
- Reimburse funds upto Rs. 5000/- for each surgery to Govt. Hospitals to facilitate RCS operations.



## **Programme Monitoring**

- **Primary indicator**
  - **Annual New Case Detection Rate**
  - **Treatment Completion Rate (cohort analysis)**
- **Indicators for case detection**
  - **Proportion of new cases with Gr II disability**
  - **Proportion of child cases (under 15 years) among new cases**

## **Contd .....**

- **Proportion of MB cases among new case**
- **Proportion of Female cases among new case**
- **Indicators for quality of service**
  - **Proportion of new cases correctly diagnosed.**
  - **Proportion of defaulters.**
  - **Number of relapses during a year.**
  - **Proportion of cases with new disabilities.**

## TOWARDS ACHIEVING LEPROSY FREE INDIA

- Observance of Antileprosy day 30<sup>th</sup> Jan 2008
- Campaign theme – “Leprosy Free India”
- Reduction in stigma and discrimination.
- Early detection and complete treatment of leprosy cases.
- Prevention of disabilities by early reporting, protection and care.
- Correction of disabilities.

PHOTO HONORABLE HFM

PHOTO HONORABLE MOS

*"Leprosy work is not merely medical relief, it is transforming the frustration of life into joy of dedication, personal ambition into selfless service"*  
- Mahatma Gandhi

*Early detection, Early treatment cure leprosy and prevent deformity*

Take MDT and be free from Leprosy. Together we can and we will make  
*Leprosy free India*

CENTRAL LEPROSY DIVISION  
(DIRECTORATE GENERAL OF HEALTH SERVICES)  
MINISTRY OF HEALTH & FAMILY WELFARE  
GOVT. OF INDIA

Anti Leprosy Day - 30th Jan. 2008

Designed by TLM Media Centre  
dsvp 17136/13/0062/07-08

PHOTO HONORABLE HFM

PHOTO HONORABLE MOS

*Leprosy free* **India**

*Leprosy is like any other disease so why stigma?  
Fight the disease  
Dispel the stigma*

*The mission continues without*  
**intermission**

CENTRAL LEPROSY DIVISION  
(DIRECTORATE GENERAL OF HEALTH SERVICES)  
MINISTRY OF HEALTH & FAMILY WELFARE  
GOVT. OF INDIA

Anti Leprosy Day - 30th Jan. 2008

Designed by  
TLM Media Centre  
Date: 17/12/11/10/02/07/08

## CHALLENGES

- Changing Priorities of Health Programme – Advocacy
- Intra Sectoral Co-ordination
- Utilisation of resources by states
- Capacity of Health Institutions for Referral Services
- Capacity of grassroot level work – ASHA, SHG, AWW and MPWs
- Integration of Leprosy affected persons in the society

