

# ANNUAL REPORT 2002 –2003



## *The situation of leprosy activities supported by ILEP Member-Associations in 2002*



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ILEP Member-Associations in 2002***

Prepared by the ILEP Secretariat  
With advice from the ILEP Medico-Social Commission

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## ILEP MEMBER ASSOCIATIONS

- |   |             |   |                |
|---|-------------|---|----------------|
| • | <b>AFRF</b> | Association Française Raoul Follereau     | France         |
| • | <b>AIFO</b> | Amici di Raoul Follereau                  | Italy          |
| • | <b>ALES</b> | Aide aux Lépreux Emmaüs-Suisse            | Suisse         |
| • | <b>ALM</b>  | American Leprosy Missions                 | USA            |
| • | <b>DAHW</b> | Deutsches Aussätzigen-Hilfswerk           | Germany        |
| • | <b>DFB</b>  | Damien Foundation                         | Belgium        |
| • | <b>FL</b>   | Fondation Luxembourgeoise Raoul Follereau | Luxembourg     |
| • | <b>FO</b>   | Fondation Père Damien                     | Belgium        |
| • | <b>LPRA</b> | British Leprosy Relief Association        | United-Kingdom |
| • | <b>NLR</b>  | Netherlands Leprosy Relief Association    | Netherlands    |
| • | <b>OM</b>   | Fondation du CIOMAL                       | Switzerland    |
| • | <b>SF</b>   | Fontilles, Lucha contra la Lepra          | Spain          |
| • | <b>SJ</b>   | Sasakawa Memorial Health Foundation       | Japan          |
| • | <b>SLC</b>  | Le Secours aux Lépreux                    | Canada         |
| • | <b>TLMI</b> | The Leprosy Mission International         | United-Kingdom |
| • | <b>TLRA</b> | Taiwan Leprosy Relief Association         | Taiwan         |

## FOREWORD

This report is a summary of ILEP Member-Associations support to leprosy work in 2002. It occurs at project, country and federation levels and includes both financial and analytical data.

Dr Etienne Declercq kindly provided us with comments on MDT and Prevention of Disabilities data.

### Source of information

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All financial information comes from the ILEP Co-ordinate Expenditure 2002 and previous years.

Patients' data from ILEP supported projects come from the different ILEP B Questionnaires, examples of which can be found at the end of this report. When data is not available from ILEP supported projects, other sources may be used such as Government or the World Health Organisation (WHO) Figures. If such a situation occurs, reference is clearly made in the report.

Questionnaires are received from ILEP Members, either as hard copy or through e-mail. Members are responsible for checking the accuracy of data coming from the field. Every effort is made in our office to avoid data-entry error. However some errors may still occur. Please inform us should you notice any mistake.

### Accuracy of data

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One particular area of concern to us is the possibility of double counting of patients in cases of overlapping projects. A great effort has been made this year to avoid duplication of data in India by identifying as far as possible the location and coverage of each project. This may explain the slight decrease in ILEP supported projects coverage this year.

Our computer programme can deal with data overlap provided we are aware of the existence of such a situation. Please note that the tables E to H in section 5 contain data that may overlap. For this reason country totals are not included in these tables. Totals may be found in the country tables, section 4 tables A to D, which do not include the duplicated data.

It is also important to remember that the number of projects, and even of countries, for which a report is available varies from one year to another. This factor is not negligible and can affect data comparison by year.

### Availability of information

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This document, as well as the complete project profiles and all ILEP questionnaires can be downloaded from the ILEP web site: [www.ilep.org.uk](http://www.ilep.org.uk)

We will be happy to receive your comments and reactions to this annual report. Please do not hesitate to contact us by email: [ilep@ilep.org.uk](mailto:ilep@ilep.org.uk).

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# 1. FINANCIAL SUPPORT AND CO-FINANCING

## 1.1 OVERVIEW OF ILEP MEMBERS FINANCIAL SUPPORT IN 2002

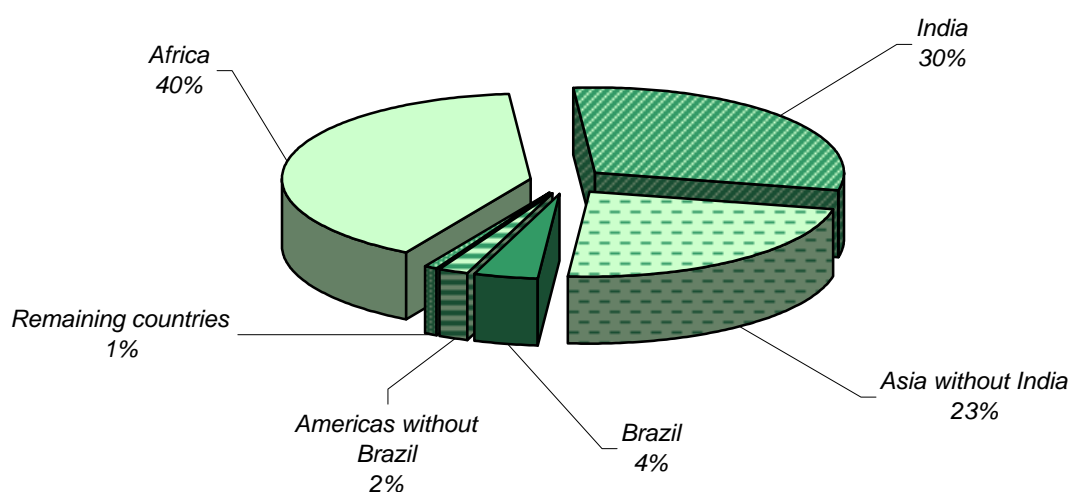
Table 1: ILEP Members' support to leprosy work (in US \$)

	Support to field projects	Support to research (1)	Indirect field support (2)	Total support
TLMI	12 001 308	156 544	0	12 157 852
DAHW	11 878 923	55 234	101 902	12 036 059
NLR	6 402 001	715 888	158 993	7 276 882
DFB	5 319 957	13 895	0	5 333 852
AFRF	3 795 970	402 317	70 259	4 268 546
ALM	2 854 438	554 203	374 529	3 783 170
LPRA	3 012 241	502 084	120 536	3 634 861
AIFO	2 551 482	47 244	96 004	2 694 730
ALES	1 858 678	23 993	40 270	1 922 941
SJ	1 123 184	338 333	383 041	1 844 558
FL	751 272	69 632	0	820 904
SLC	725 604	31 362	13 840	770 806
SF	512 586	0	0	512 586
OM	78 860	0	0	78 860
FO	60 553	0	0	60 553
<b>TOTAL</b>	<b>52 927 057</b>	<b>2 910 729</b>	<b>1 359 374</b>	<b>57 197 160</b>

(1) including other scientific activities such as congresses and journals.

(2) Support to drug supply, teaching materials, patients associations such as IDEA, etc.

Graph 1: Distribution of ILEP Members field support by region



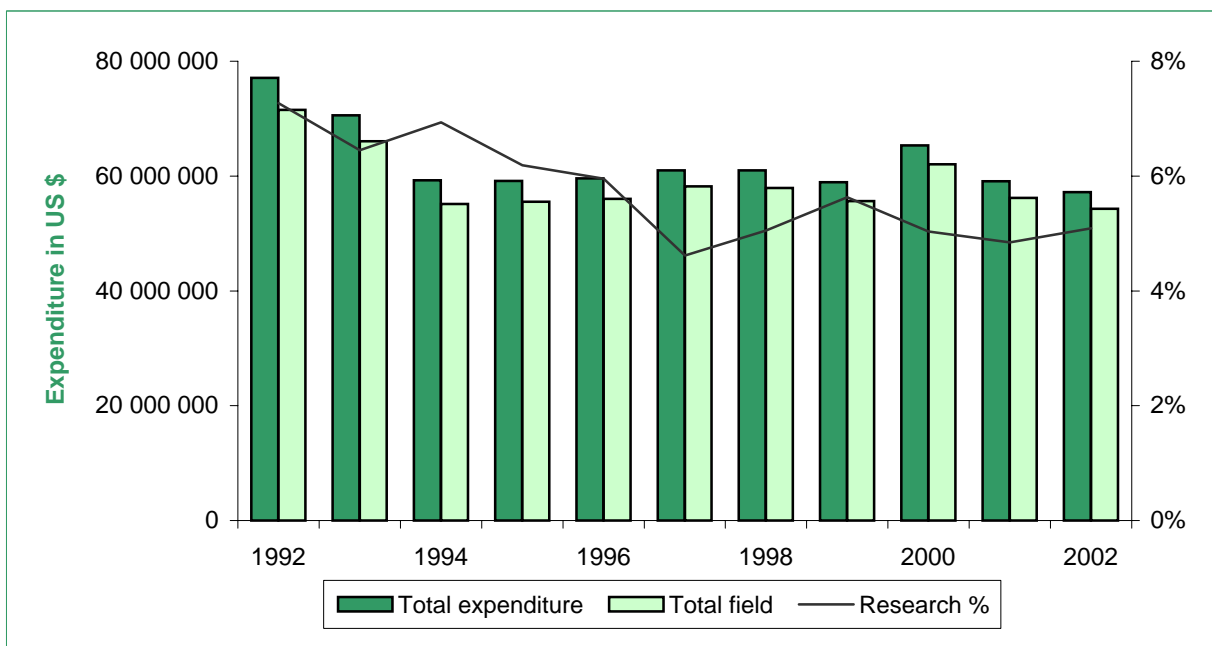
## 1.2 EVOLUTION OF ILEP MEMBERS SUPPORT 1992-2002

Table 2: Details of support of ILEP Members (in US \$)

Year	Field related expenditure	Research support	Total Expenditure	% Research
1992	71 501 656	5 605 249	77 106 905	7.3%
1993	66 037 765	4 554 373	70 592 138	6.5%
1994	55 126 596	4 109 765	59 236 361	6.9%
1995	55 514 077	3 662 499	59 176 576	6.2%
1996	56 046 899	3 547 333	59 594 232	6.0%
1997	58 182 653	2 815 039	60 997 692	4.6%
1998	57 908 015	3 081 357	60 989 372	5.1%
1999	55 617 243	3 320 139	58 937 382	5.6%
2000	62 052 753	3 287 678	65 340 431	5.0%
2001	56 212 750	2 861 247	59 073 997	4.8%
2002	54 286 431	2 910 729	57 197 160	5.1%
<b>Total</b>	<b>648 486 838</b>	<b>39 755 408</b>	<b>688 242 246</b>	<b>5.8%</b>

A slight decrease in ILEP Co-ordinate expenditure is recorded since 2000. This decrease affects ILEP support to field activities while support to research activities remains stable, representing about 5% of the total expenditure.

Graph 2: Trend of ILEP Members' support

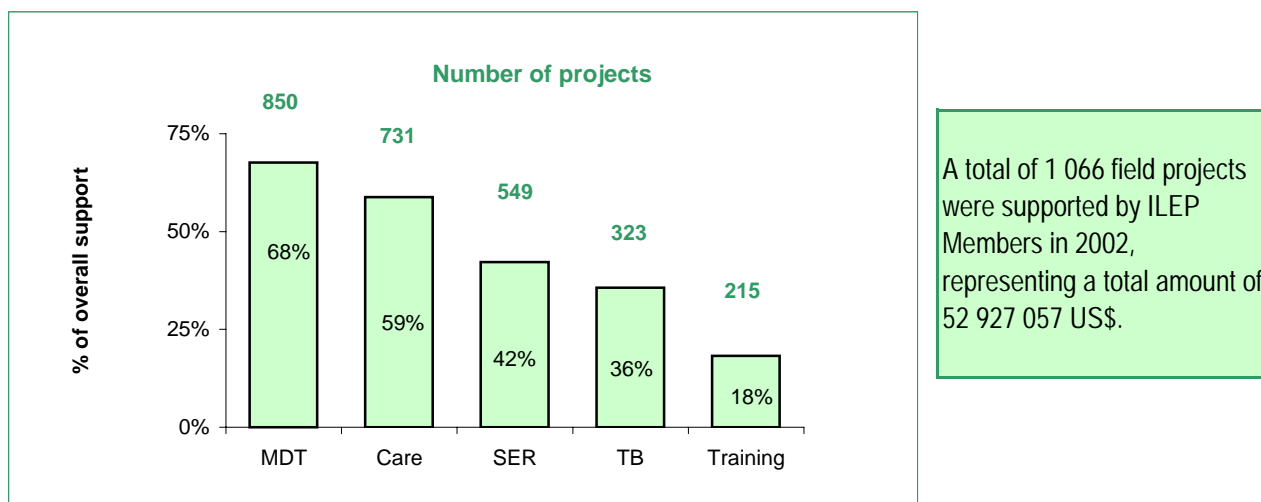


### 1.3 BREAKDOWN OF 2002 SUPPORT BY TYPE OF ACTIVITIES

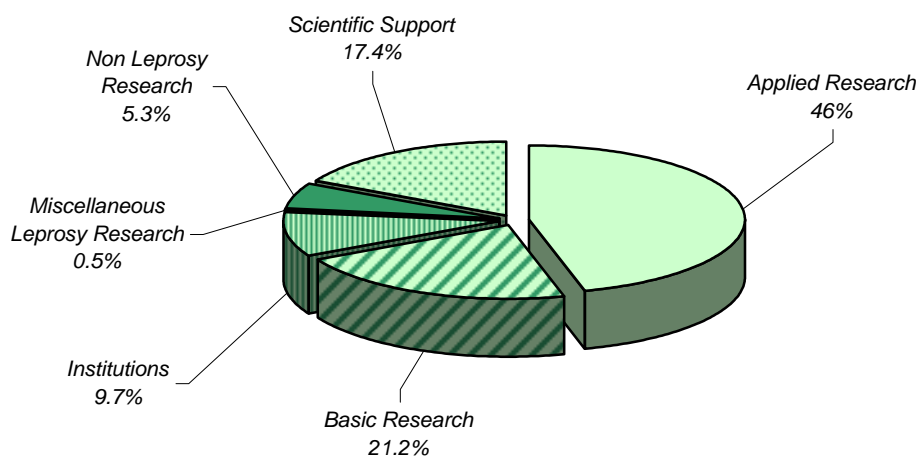
*Graph 3: ILEP Members' support to field activities*

The ILEP information system doesn't currently allow us to give an accurate breakdown of Members' support allocated to field projects by type of activities. Different types of project overlap, the same project may have several activities.

The graphic below shows, for each type of activity, the number of projects supported and the percentage of the overall field support it represents. For instance, 215 projects financed by ILEP Members in 2002 had a training component, representing 18 % of the overall field expenditure.



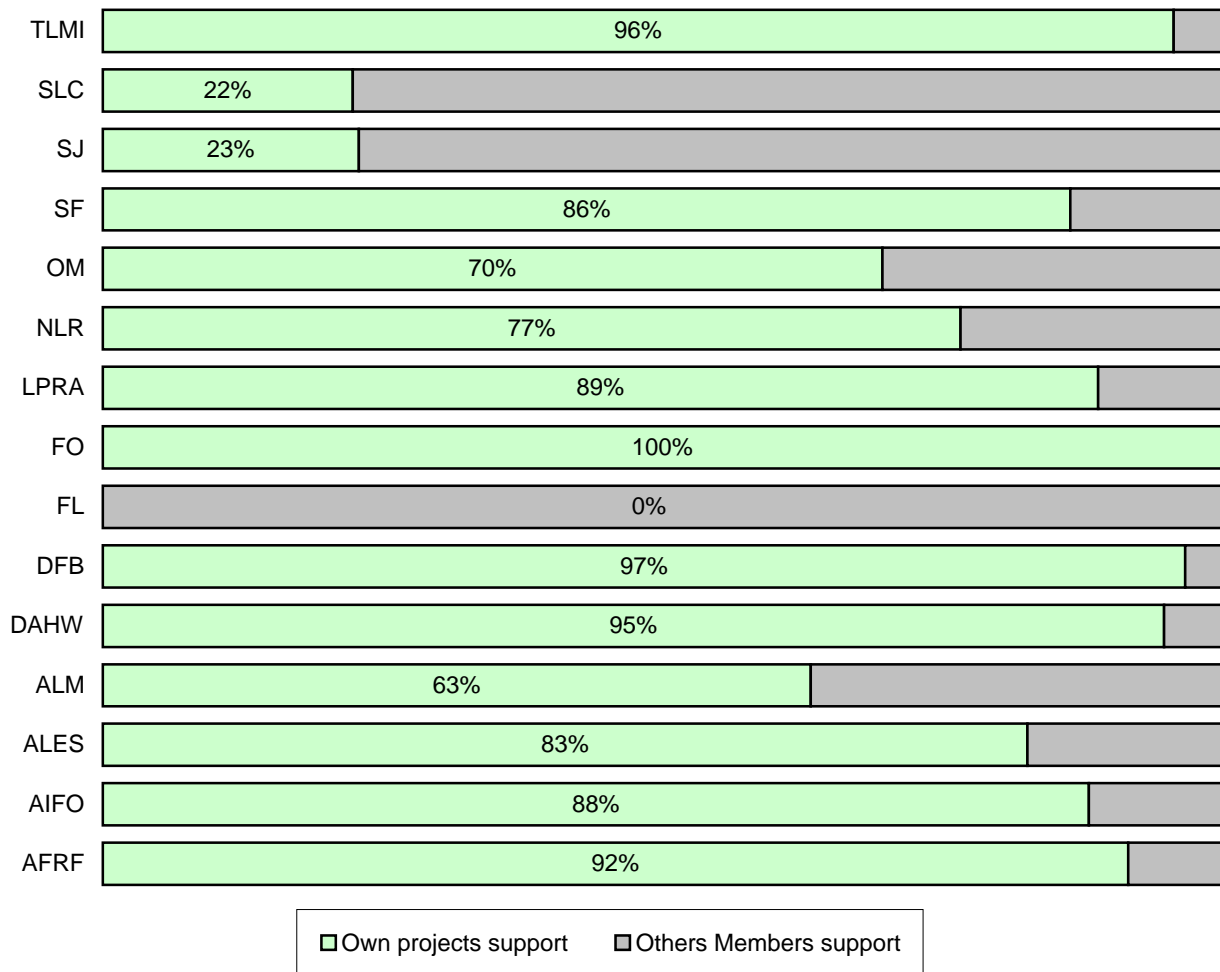
*Graph 4: ILEP Members's support to research activities*



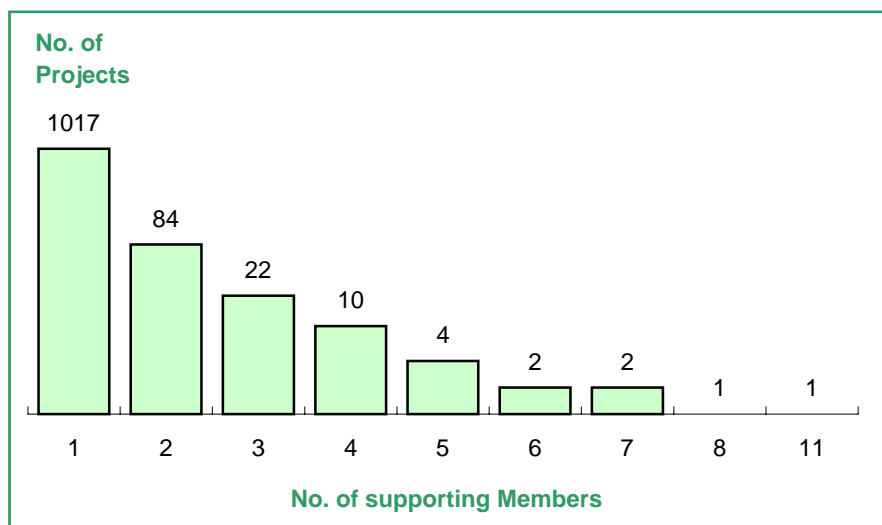
Research categories	No. of projects	Grants in US\$
Applied Research	17	1 337 424
Basic Research	11	617 257
Institutions	6	281 613
Miscellaneous Leprosy Research	1	14 401
Non Leprosy Research	3	154 903
Scientific Support	9	505 131
<b>Total</b>	<b>47</b>	<b>2 910 729</b>

## 1.4 CO-FINANCING WITHIN THE FEDERATION IN 2002

Graph 5: % of support towards own projects compared with support to other Members projects



Graph 6: Number of projects according to number of Members giving support



Out of the 1 143 projects financed by ILEP Members in 2002, 10% were supported by 2 or 3 Members whilst 89% remind financed by one Member only.

## 2. MDT AND PREVENTION OF DISABILITIES

### 2.1 ILEP SUPPORTED PROJECTS KEY DATA FOR 2002

A total of **639 reports** were used to produce the statistics of this section. **628 field projects submitted an ILEP B1 Questionnaire**. For **8 States in Brazil (3)**, data came from the Ministry of Health as no ILEP data 2002 were available. In addition, WHO National Programmes figures were used for **Guinea, Liberia and Central African Republic**.

ILEP Members' support took place in **77 countries**, representing a total coverage of **2 177 374 799 people (4)**.

*Table 3: ILEP global indicators 2002*

Detection	
• <b>Total number of newly detected cases during 2002</b>	<b>373 550</b>
% MB on all new cases	45%
• <b>Total number of children among the newly detected cases</b>	<b>50 868</b>
% children on all new cases	13.6%
• <b>New cases with disability assessment at detection</b>	<b>290 058</b>
% new cases with disability assessment on all new cases	78%
• <b>New cases with disability 2 amongst all those assessed</b>	<b>18 213</b>
% on all new cases assessed	6%
% on all new cases	5%
MDT Completion	
• <b>PB Patients having completed MDT as prescribed</b>	<b>193 732</b>
completion rate PB	82%
• <b>MB Patients having completed MDT as prescribed</b>	<b>152 006</b>
completion rate MB	72%
Prevalence	
• <b>Total number of patients registered for treatment at year end</b>	<b>371 591</b>

(3) *Goias, Minas Gerais, Parana, Pernambuco, Piau, Rio de Janeiro, Sao Paulo, and Amapa States.*

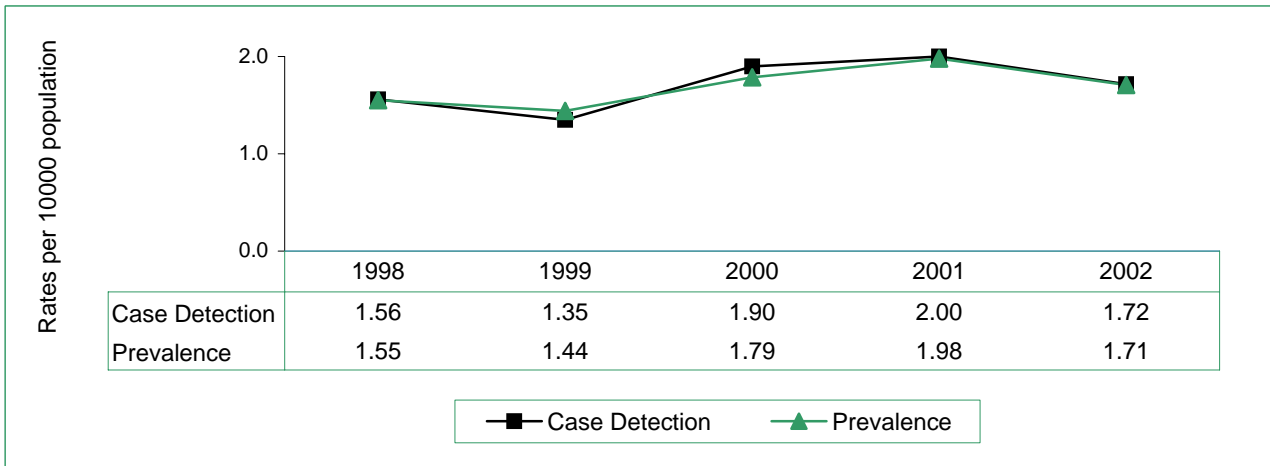
(4) *ILEP population coverage is obtained by adding together the coverage of the individual projects (including WHO and Brazil MoH data). Please refer to page v (Forward) for further information.*

#### *Graph 7: Case detection and prevalence rate (1998-2002)*

*The three following graphs show the prevalence and case detection rates in ILEP supported projects. The graphs show the rates in all the projects, in all projects excluding India and in India only. As India alone represents 62% and 49% of the newly detected cases and of the registered cases respectively, the data of that country influence dramatically global figures. It is thus important to analyse data coming from India separately.*

Case detection and prevalence of cases registered for treatment have both decreased (in rates and in absolute numbers) in 2002 compared to previous years. The decrease is however particularly marked in India. Modified Leprosy Elimination Campaigns (MLECs) were still organized in 10 Indian States in 2002, but the number of patients detected was much less than in the previous Campaigns. The last Campaign seems to have been based more on voluntary reporting, and less on active detection than the previous ones. It is also sure that the first Campaign had permitted to detect many backlog cases. This was probably not the case anymore for the last MLEC, which detected more true incident cases.

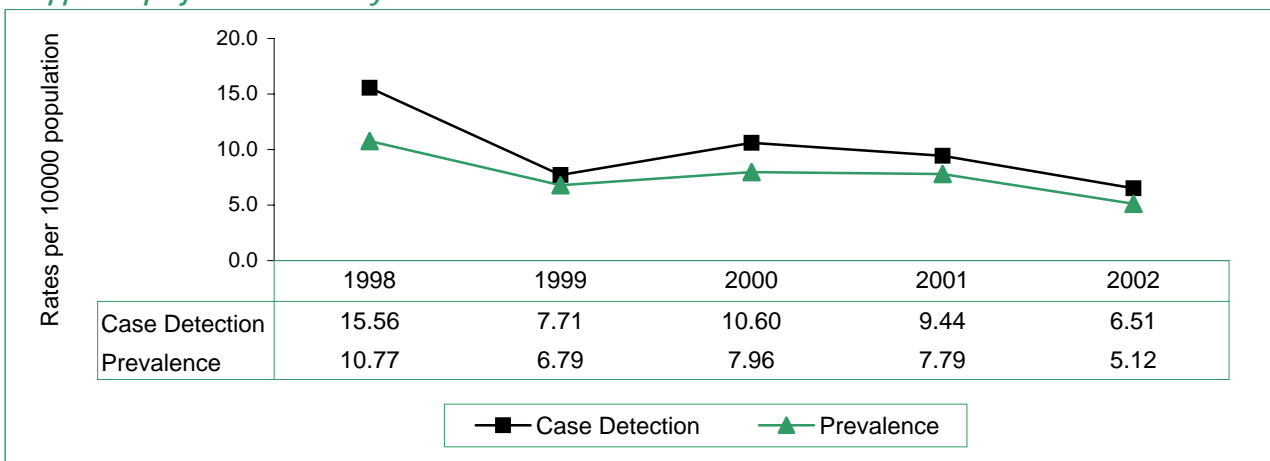
### All ILEP supported projects



### All ILEP supported projects excluding India



### Supported projects in India only



In India, the case detection rate is higher than the prevalence of registered cases, while in most other countries, prevalence is usually slightly higher than detection. This can be explained by the duration of treatment : because of a relatively lower proportion of MB cases in India, requested duration of treatment is relatively shorter than in many other countries.

## 2.2 ILEP WITHIN THE OVERALL CONTEXT OF LEPROSY

*Table 4: Comparison of World and ILEP Figures for Top 40 countries.*

The countries selected below are the Top 40 countries in terms of number of newly detected cases in ILEP supported projects. WHO figures are taken from the WHO Website [www.who.int](http://www.who.int) as on 29 September 2003. These were the most recent WHO figures available at the time of printing.

Country	ILEP supported projects 2002				Global leprosy situation			
	Case-detection		Prevalence		Case-detection		Prevalence	
	All new detected	Rate per 10 000	All registered	Rate per 10 000	Cases detected in 2002	Rate per 10 000	Point prevalence	Rate per 10 000
India	229 841	6.5	180 697	5.1	473 658	4.6	344 377	3.3
Brazil	41 210	2.5	72 243	4.4	38 365	2.2	71 139	4.1
Indonesia	15 432	0.9	17 392	1.0	12 377	0.6	16 837	0.8
Bangladesh	8 172	1.1	6 752	0.9	9 844	0.8	8 143	0.6
Myanmar	7 386	1.4	5 494	1.0	7 386	1.6	4 965	1.1
Tanzania	6 475	1.9	7 007	2.0	6 497	1.9	7 063	2.1
Nepal (5)	6 217	3.4	6 443	3.5	13 830	5.7	7 291	3.0
Mozambique	5 830	3.2	7 136	4.0	5 830	2.9	7 136	3.6
Madagascar	5 747	3.5	6 504	3.9	5 482	3.3	6 602	4.0
Nigeria	5 190	0.5	6 136	0.6	5 078	0.5	5 890	0.5
Ethiopia	4 940	0.7	5 580	0.8	N/A		N/A	
D.R. du Congo	4 669	1.1	4 534	1.0	5 037	1.0	4 859	0.9
Angola	4 272	2.9	5 249	3.5	4 272	3.2	5 219	3.9
Sudan	2 350	1.1	2 855	1.3	1 361	0.5	1 639	0.5
Philippines	2 304	0.3	3 281	0.4	2 479	0.3	3 334	0.4
Sri Lanka	2 201	1.1	1 638	0.9	2 214	1.2	1 639	0.9
Ivory Coast	1 358	0.8	1 552	0.9	N/A		N/A	
Niger	1 341	1.1	1 135	0.9	1 207	1.1	1 026	0.9
Egypt	1 318	0.2	2 471	0.4	1 318	0.2	2 405	0.3
Guinea Conakry (6)	1 234	1.6	902	1.2	1 234	1.6	902	1.2
Ghana	1 063	0.5	886	0.5	204	0.1	886	0.4
Vietnam	1 038	0.2	1 267	0.3	1 158	0.1	1 269	0.2
Thailand	1 000	0.2	1 905	0.3	1 000	0.2	1 905	0.3
Burkina Faso	943	0.8	928	0.8	N/A		N/A	
China	936	0.1	6 035	0.5	1 646	0.1	3 623	0.0
Pakistan	850	0.1	1 154	0.1	1 202	0.0	1 983	0.1
Sierra Leone	751	1.4	449	0.9	751	1.5	449	0.9
Cambodia	740	0.6	588	0.5	740	0.6	588	0.5
Uganda	668	0.3	714	0.3	N/A		N/A	
Colombia	640	0.1	2 074	0.5	N/A		N/A	
Mali	609	0.6	531	0.5	609	0.5	531	0.5
Liberia (6)	560	1.7	685	2.1	560	1.7	685	2.1
Cameroun	492	0.3	489	0.3	1 597	1	893	0.6
Malawi	492	0.4	526	0.4	N/A		N/A	
Paraguay	439	0.8	510	0.9	N/A		N/A	
Senegal	434	0.4	450	0.5	434	0.4	450	0.5
Benin	392	0.6	294	0.4	N/A		N/A	
Yemen Rep	388	0.2	422	0.2	388	0.2	422	0.2
CAR (6)	388	1	750	2	388	1	750	2
Congo	351	1.2	599	2.1	362	1.2	384	1.3
<b>Listed</b>	<b>370 661</b>		<b>366 257</b>		<b>608 508</b>		<b>515 284</b>	
Others	2 889		5 334		12 164		19 027	
<b>ILEP/WORLD</b>	<b>373 550</b>	<b>1.72</b>	<b>371 591</b>	<b>1.71</b>	<b>620 672</b>		<b>534 311</b>	

(5) Data on ILEP supported projects in Nepal don't include the Eastern Region as no report was available in 2002.

(6) WHO National Programmes figures were used for Guinea, Liberia and Central Africa Republic as no ILEP data were available.

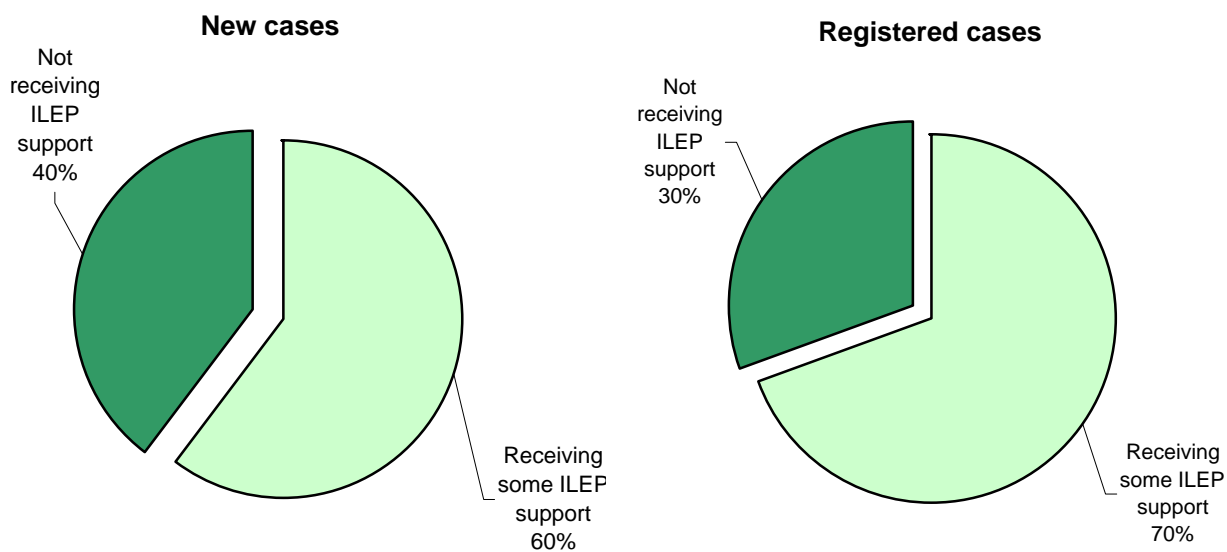
### Comments on Table 4: Comparison of World and ILEP figures for Top 40 countries

There may be some discrepancy between WHO and ILEP data in some countries. It may happen that prevalence or detection data given by ILEP are higher than those reported by WHO. This seems illogical, since WHO data are for whole countries. The explanation for these discrepancies is not always evident, nor which figure is reliable. The ILEP Secretariat tries to avoid duplicate data but these may, however, not always be excluded. In some cases, different population figures are used, leading to differences in the rates. The population used for the calculation of ILEP rates in ILEP supported projects is obtained by adding together the populations of all the projects within the countries. WHO uses the whole population of the country.

In some countries (China and Colombia), the number of registered cases is more than three times the number of newly detected cases in 2002. This is much more than one would expect with the normal duration of treatment. It could be either that many patients are very irregular and do not finish their treatment in due time, or that they are not taken off the register of treatment.

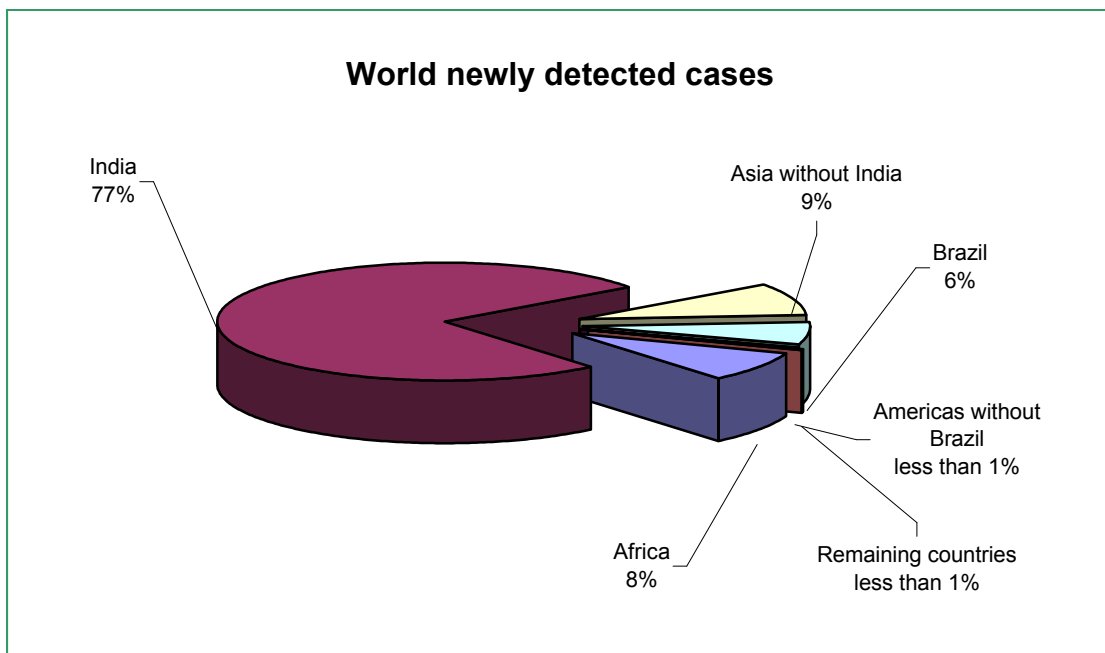
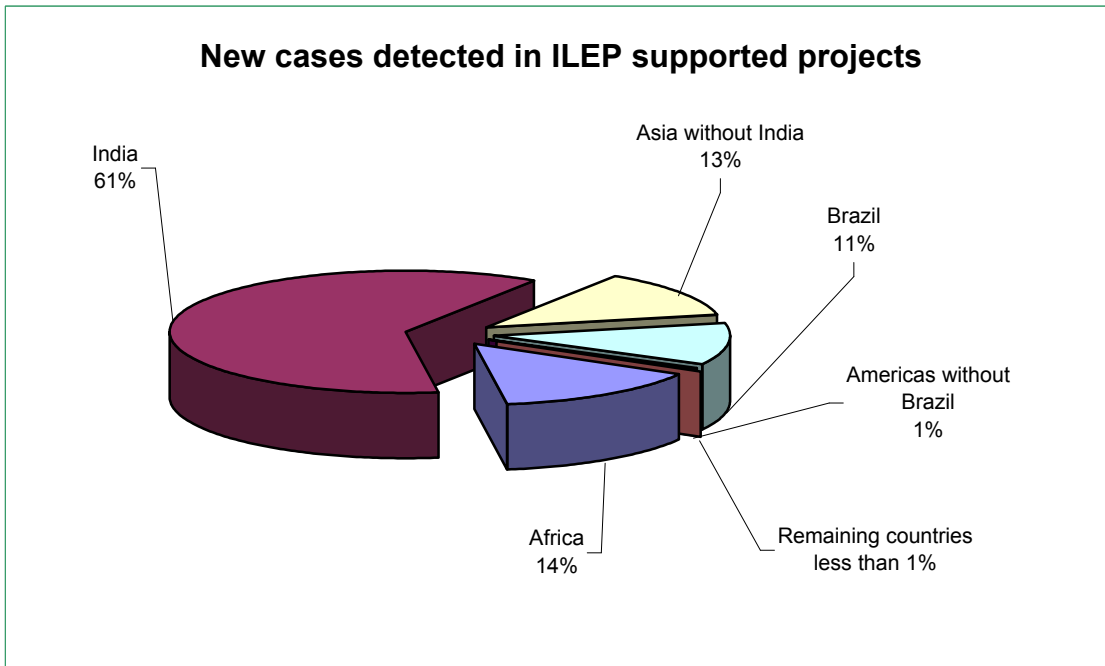
ILEP supported projects often cover specific areas where leprosy is highly endemic; thus prevalence and detection rates are higher in these projects. In ILEP supported projects, 18 countries have a case detection rate at or above 1.0 per 10 000.

Graph 8: ILEP Members' support to new/registered cases compared to global figures



About 60 % of newly detected patients are treated in ILEP supported projects globally. For the registered cases, that proportion is 70 %. In all the countries, with the exception of India, Nepal and Cameroun, more than 50 % of the newly detected patients live in areas supported by ILEP. In India, that proportion is 48.5 %, very similar to the situation of 2001.

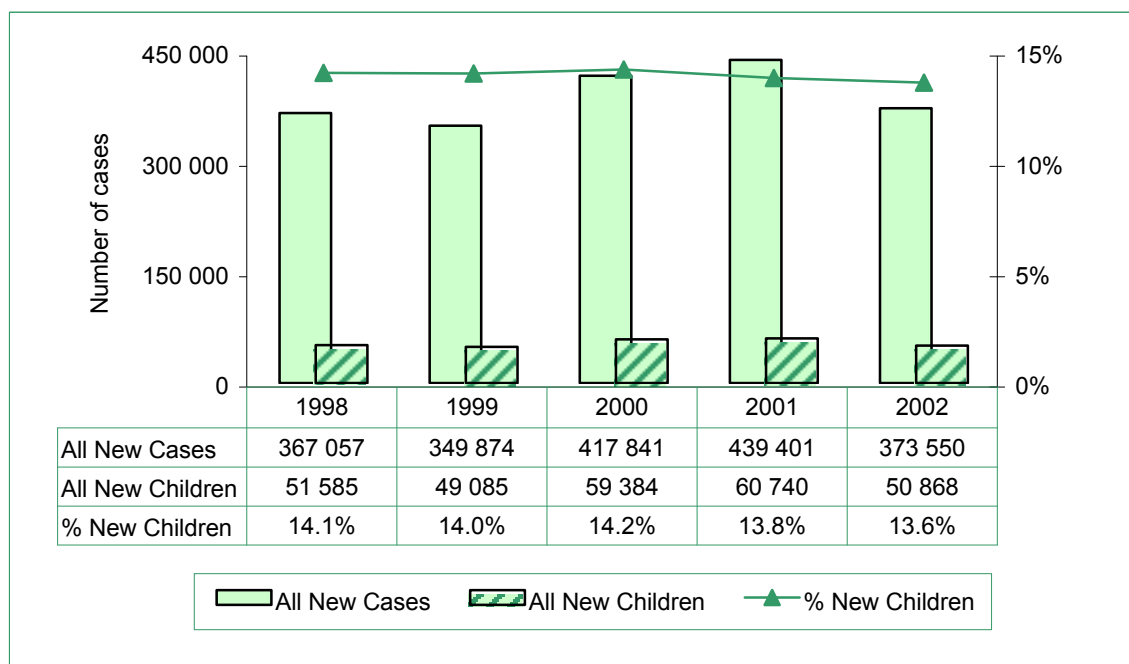
Graph 9: Distribution of newly detected cases in 2002 by region



The geographical distribution of the newly detected cases in ILEP supported projects is quite different from the global figures. Although almost two-thirds of the newly detected patients in ILEP supported projects live in India, the contribution of ILEP to case detection is relatively less significant in India than in the other parts of the world.

## 2.3 NEW CASES DETECTED IN ILEP SUPPORTED PROJECTS

Graph 10: Children among newly detected cases (1998-2002)



The proportion of children among newly detected cases has remained quite stable over the last five years. It is above 10 % in 9 of the 40 Top countries. Although this indicator is very much influenced by the type of detection activities carried out in the field, such a high proportion denotes a still active transmission of the disease.

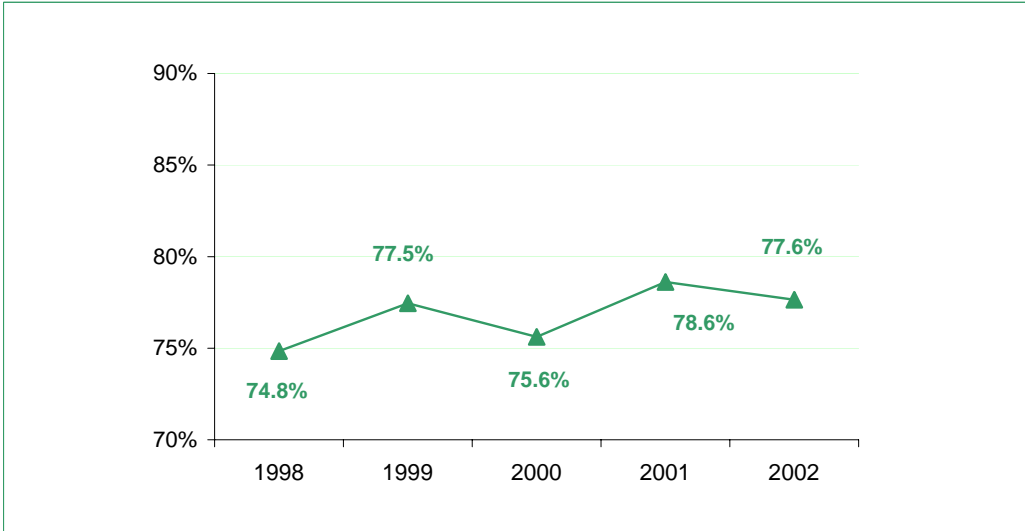
Table 5: Details of newly detected cases in key countries in 2002

Country	New cases	% of MB cases	% of children	Share of new cases (%)
India	229 841	35.6	16.6	61.5
Brazil	41 210	52.4	7.6	11.0
Indonesia	15 432	77.5	10.6	4.1
Bangladesh	8 172	30.6	13.4	2.2
Myanmar	7 386	53.2	7.4	2.0
Tanzania	6 475	57.5	10.0	1.7
Nepal	6 217	52.3	6.4	1.7
Mozambique	5 830	63.1	10.3	1.6
Madagascar	5 747	68.6	15.5	1.5
Nigeria	5 190	85.0	9.2	1.4
Ethiopia	4 940	86.1	6.4	1.3
D.R of Congo	4 669	52.2	10.5	1.2
Angola	4 272	69.6	11.4	1.1
<b>Total</b>	<b>345 381</b>	<b>41.4</b>	<b>13.2</b>	<b>92.3</b>

Thirteen countries account for more than 90 % of the newly detected cases in ILEP supported projects. Several of them show a relatively high proportion of children among new detected patients.

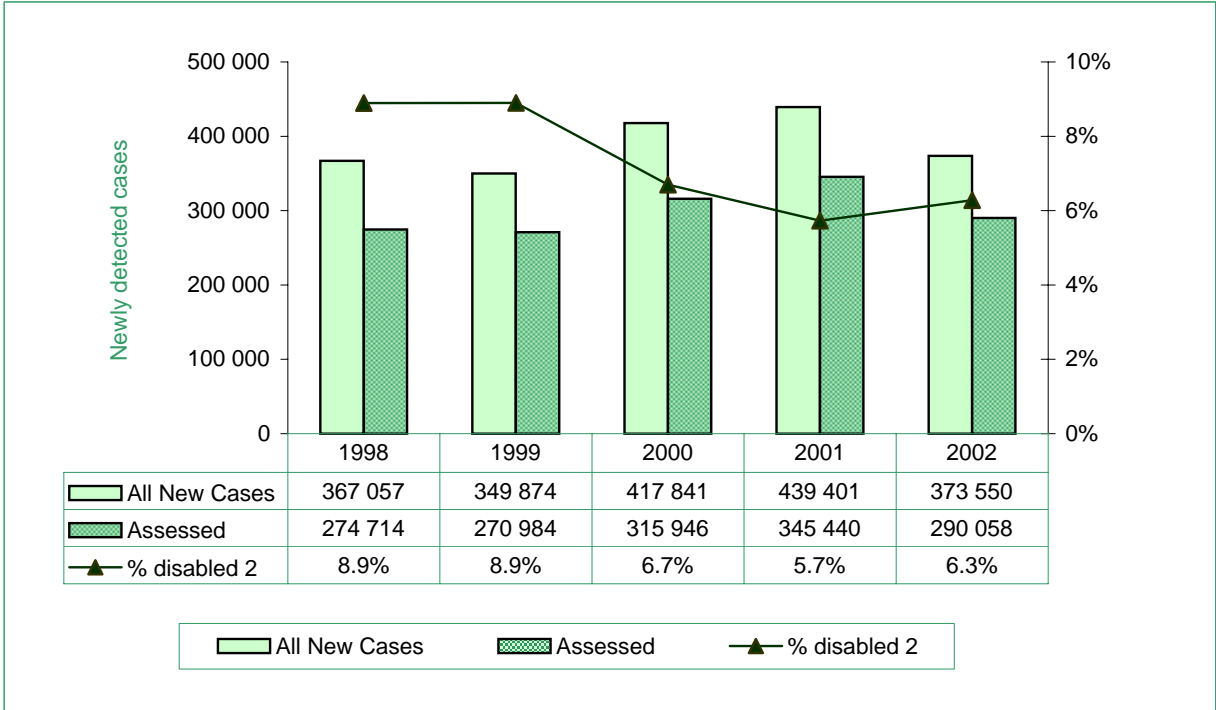
### 2.4 DISABILITY ASSESSMENT IN ILEP PROJECTS (1998-2002)

Graph 11: % of newly detected cases with disability assessment



The proportion of new patients who have undergone a disability assessment at detection is slowly increasing, but the target of 90 % assessment is not reached yet. More attention should be given to this assessment, which is an essential part of an effective programme of prevention of disabilities.

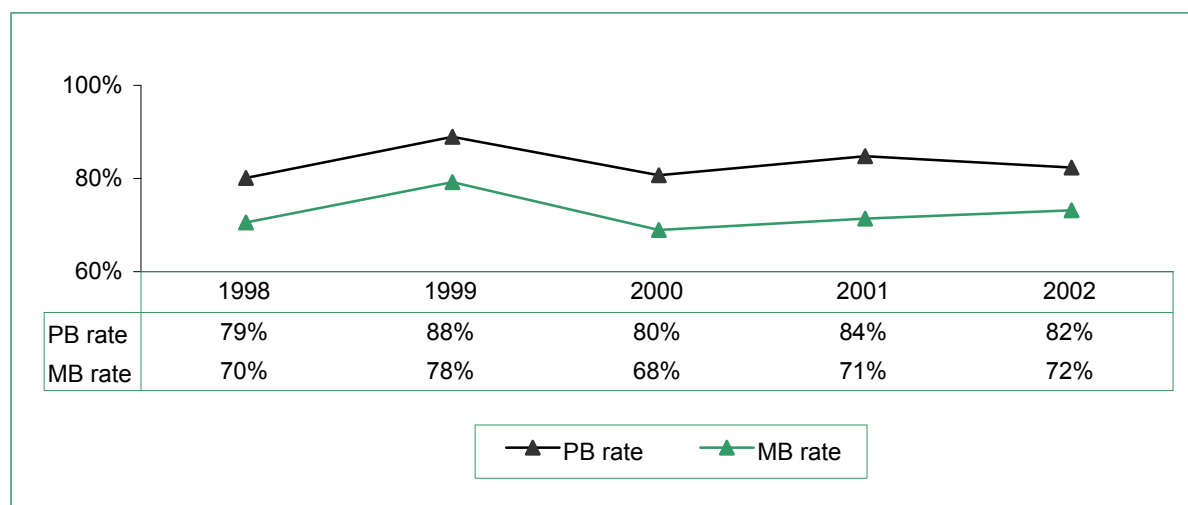
Graph 12: Newly detected cases with WHO grade 2 disability



The proportion of patients with grade 2 disabilities remains at approximately the same level since 2000.

## 2.5 MDT COMPLETION IN ILEP SUPPORTED PROJECTS

Graph 13: Trend in MDT completion rates (1998-2002)



MDT completion rates remain very much at the same level as during the previous years. Among the top endemic countries, it is below the average in Brazil and Nepal.

Table 6: MDT completion in key countries in 2002

Country	Started PB	PB completion rate (%)	Started MB	MB completion rate (%)
India	192 409	84.8	129 305	78.7
Brazil	10 473	69.8	9 953	60.9
Indonesia	2 532	83.1	11 298	78.6
Bangladesh	5 788	93.3	2 788	92.3
Myanmar	3 742	N/A	5 832	N/A
Tanzania	1 965	94.7	2 573	89.0
Nepal	2 858	64.2	2 652	58.8
Mozambique	2 280	81.7	4 049	78.8
Madagascar	1 807	N/A	3 940	N/A
Nigeria	959	94.7	5 599	88.3
Ethiopia	809	91.8	3 996	84.0
D.R of Congo	2 428	86.0	1 848	74.8
Angola	789	90.1	1 629	92.6
<b>Total</b>	<b>228 839</b>	<b>65.5</b>	<b>185 462</b>	<b>74.6</b>

## 3. OTHER FIELD ACTIVITIES & SERVICES

### 3.1 Care and hospital services

457 projects in 55 countries reported 386 246 ex-patients on their care after cure register and 125 042 of these were said to be in need of protective footwear.

In 2002, 313 423 leprosy and non-leprosy patients were admitted and 74 185 surgeries were subsequently performed.

*Table 7: Care and Hospitalisation activities*

Services	Leprosy patients		Non- leprosy patients	
	Admissions	Surgeries	Admissions	Surgeries
Eye care	4 632	2 503	66 700	28 921
Reaction	9 226	695		
Ulcer	31 137	14 427		
Surgery	6 099	4 327		
Other	14 520	1 680	181 109	21 632
<b>Total</b>	<b>65 614</b>	<b>23 632</b>	<b>247 809</b>	<b>50 553</b>

### 3.2 Socio-economic activities

In 2002, data for SER activities come from the ILEP B3 'old' Questionnaires and its new version that introduces a distinction between services for individuals and services for households.

In total, 334 ILEP projects in 41 countries reported the following SER activities:

*Table 8: SER activities*

- Projects services for individuals -

Services	Total number of clients	Leprosy patients(%)	Females (%)	Family members(%)
Economic	20 013	49.3	22.0	60.7
Education	32 806	45.5	14.9	38.3
Psychological	11 945	58.9	35.8	22.0
Welfare	45 881	79.7	16.4	17.5
<b>Total</b>	<b>110 645</b>	<b>61.8</b>	<b>19.1</b>	<b>32.0</b>

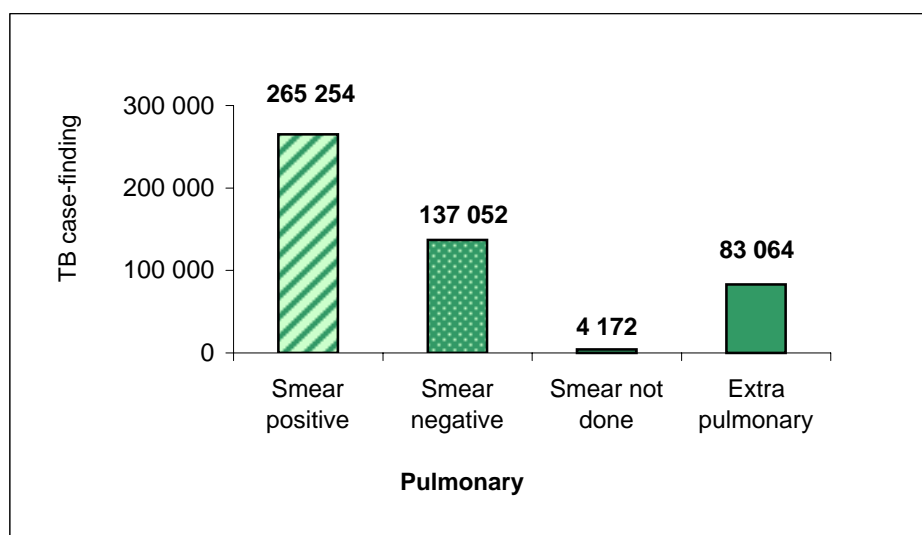
- Projects services for households -

Services	Total number of households	Households with leprosy patient(%)	Female-headed households(%)
Housing	883	70.4	27.1
Welfare	1814	44.8	34.9
<b>Total</b>	<b>2 697</b>	<b>53.2</b>	<b>32.3</b>

### 3.3 Combined Leprosy-Tuberculosis programmes

188 combined leprosy-TB projects took place in 32 countries. These ILEP projects reported on 489 542 cases of tuberculosis patients, broken down as follow:

*Graph 14: Tuberculosis case-finding in ILEP combined leprosy-TB projects in 2002*



Among the 265 254 smear positive cases, 242 801 were new cases, 14 588 relapses cases, 5 682 returned after default and 2 183 treatment failures.

*Table 9: Treatment results for smear positive cases in 2001*

Regimen	Registered cases	Negative smear at end of treatment	Completed treatment but smear not done	Unsuccessful treatment
Short course	205 869	134 942	23 009	47 918
Retreatment	19 855	11 542	2 333	5 980
<b>Total</b>	<b>225 724</b>	<b>146 484</b>	<b>25 342</b>	<b>53 898</b>