MILESTONES IN NLEP IN INDIA

1955  – Launched National Leprosy Control Programme

1983  – Launched National Leprosy Eradication Programme and introduced MDT


1993  – World Bank supported NLEP – I

2001  – World Bank supported NLEP – II

Integration of Leprosy services with General Health Care System


2005 onwards – Programme continues with GOI support since January 2005.

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

As on Mar. 1981
PR: 57.60/10,000

As on Mar. 2001
PR: 3.74/10,000

As on Mar. 2007
PR: 0.72/10,000

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 31ST 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
  Orissa – 92.4 %
  Gujarat – 95.8 %
  Andhra Pradesh – 95.9 %
  Chandigarh – 67.7 %
### 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.
- Strategic planning and timely implementation of the activities.
- Special campaigns in vulnerable areas: MLEC/SAPEL/BLAC/ULSAC
### Aims & Objectives of 11th 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 12th 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.
NRHM – 5 MAIN APPROACHES

COMMUNITIZE
1. Hospital Management Committee/PRIs at all levels
2. Untied grants to community PRI Bodies
3. Funds, functions & functionaries to local community organizations
4. Decentralized planning, Village, Health & Sanitation Committees

FLEXIBLE FINANCING
1. Untied grants to institutions
2. NGO sector for public Health goals
3. NGOs as implementers
4. Risk Pooling – money follows patient
5. More resources for more reforms

MONITOR, PROGRESS AGAINST STANDARDS
1. Setting IPHS Standards
2. Facility Surveys
3. Independent Monitoring Committees at Block, District & State levels

INNOVATION IN HUMAN RESOURCE MANAGEMENT
1. More Nurses – local Resident criteria
2. 24 × 7 emergencies by Nurses at PHC, AYUSH
3. 24 × 7 medical emergency at CHC
4. Multi skilling

IMPROVED MANAGEMENT THROUGH CAPACITY
1. Block & District Health Office with management skills
2. NGOs in capacity building
3. NHRC/SRHC/DRG/BRG
4. Continuous skill development support

NRHM – INFRASTRUCTURE

CHIEF BLOCK MEDICAL OFFICER / BLOCK LEVEL HEALTH OFFICE
- Accredit private providers for public health goals
- Strengthen Ambulance/transport Services
- Increase availability of Nurses
- Provide Telephones
- Encourage fixed day clinics

BLOCK LEVEL HOSPITAL
- Health Manager
- Accountant
- Store Keeper
- 100,000 Population
- 100 Villages
- Ambulance
- Telephone
- Obstetric/Surgical Medical Emergencies 24 X 7
- Round the Clock Services;

CLUSTER OF GPs – PHC LEVEL
- 3 Staff Nurses; 1 LHV for 4-5 SHCs;
- Ambulance/hired vehicle; Fixed Day MCH/Immunization Clinics; Telephone; MO i/c; Ayush Doctor;
- Emergencies that can be handled by Nurses – 24 X 7;
- Round the Clock Services; Drugs; TB / Malaria etc. tests

GRAM PANCHAYAT – SUB HEALTH CENTRE LEVEL
- Skill up-gradation of educated RMPs / 2 ANMs, 1 male MPW FOR 5-6 Villages;
- Telephone Link; MCH/Immunization Days; Drugs; MCH Clinic

VILLAGE LEVEL – ASHA, AWW, VH & SC
- 1 ASHA, AWWs in every village; Village Health Day
- Drug Kit, Referral chains
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 30th 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.

"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

Anti Leprosy Day - 30th Jan. 2008
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
Thanks