Universal Elimination of Leprosy
Towards zero disabilities among new child cases
Plan period: 2016-2020

06 October 2015
Executive Summary

The past three decades have witnessed some impressive advances in leprosy control. However, challenges remain- continued delay in detecting new cases, persisting discrimination against people affected by leprosy and limited impact on transmission of leprosy infection.

The Global Strategy 2016-2020 is a broad action plan towards “Universal Elimination of leprosy” which is based on the principles of initiating Action, ensuring Accountability and promoting Inclusivity.

Initiating action involves developing country- specific plans of actions.

Ensuring accountability is by strengthening Monitoring & Evaluation in all endemic countries in order to reach the targets/s.

Promoting inclusivity through establishing and strengthening partnership with all stakeholders including the community of affected people.

There are five strategic operational changes proposed.


2. Targeted case detection including campaigns in high endemic pockets improving coverage and access to marginalized population.

3. National Plan of action for screening of household contacts (Target: All household contacts screened)

4. Promote use of shorter, uniform treatment regimen for all categories of leprosy (Target: Use of uniform MDT in the programme”).

5. Establishing effective collaboration and networks to address relevant technical, operational and social issues which will benefit communities affected by leprosy. (Target: Inclusive actions that will reduce discrimination and suffering)

National programs of endemic countries are encouraged to adapt the concepts and principles as proposed in the global strategy 2016-2020 for developing country-specific plans of actions.
1. Introduction:

Global leprosy strategy aims at detection of all new cases before they develop disabilities and prompt initiation of treatment so as to ensure they are cured without any residual disability. This will have an impact on the transmission of infection in the community. Rate of new grade 2 disabilities (G2D) cases among new cases and in a population indicates the efficiency of early detection of leprosy in the community. It also indicates indirectly awareness level on early signs of leprosy, access to leprosy services and skills of health staff in diagnosing leprosy. Considering this rationale to improve early detection of leprosy for reducing transmission of leprosy and reducing new G2D cases, the global leprosy strategy 2016-2020 is planned aiming at the following outcome by 2020. By introducing one type of treatment of all categories of leprosy for a shortened duration, targeting case detection in high endemic pockets and focusing on screening of household contacts global leprosy strategy plans to achieve ‘zero disabilities’ among new child cases.

The target of zero disability in new cases in child is introduced as it combines a target based on children with that of early detection and reduction in disability. The target will emphasize the unacceptability of disability due to leprosy in children and will stimulate community support for the programme. Each new child case with G2D should provoke an investigation into the reasons for the delay in detection and diagnosis, and the development of new approaches to avoid recurrence.

International leprosy summit was organized to reaffirm political commitment towards leprosy. Honorable Ministers of Health and their representatives of high leprosy endemic countries signed into ‘Bangkok Declaration, which called for reaffirming of political commitment, enhanced financial allocations and inclusion of persons affected by leprosy. All partner organizations adopted Bangkok Declaration and committed for allocation of enhanced funds for leprosy activities. This will be used to influence implementation of global leprosy strategy.

1.1. Achievements

- The past three decades have seen impressive achievements and progress in leprosy control due to robust chemotherapy in the form of multidrug therapy (MDT), good strategy, strong collaboration with major partners and political commitment by countries endemic to leprosy.
- Elimination of leprosy as a public health problem at global level was achieved in the year 2000, based on reduction of the registered prevalence to less than one case per 10 000 population.
- The global leprosy strategy for the period 2000-2005 aimed at elimination of leprosy as a public health problem at the country level and succeeded in engaging policy makers and general public through communications and
campaigns. Most of the countries have achieved elimination of leprosy as a public health problem at national level.

- Two consecutive strategies from 2006 – 2015 retained emphasis on reducing the disease burden with a focus on sustainability through integration and aimed at reducing disease burden with an emphasis on decrease in number of new cases with grade 2 disabilities (G2D)
- Over 16 million patients have been diagnosed and completed MDT in the period.

1.2. Current leprosy situation:

The current leprosy situation is defined basing on annual leprosy statistics received from 121 countries from five WHO regions. The data compilation and analysis shows the following:

a. 213 899 New cases reported in 2014-15 (3.78/100 000 population)
b. 94% of leprosy in 13 countries reporting more than 1000 cases
c. 175 554 patients are on MDT (3.1 per 100,000 population)
d. 14 110 new cases were detected with grade 2 disabilities (G2D)
e. 18 869 new cases are children (8.8%)
f. 61% Multi bacillary (MB) cases
g. 36% cases are females
h. Treatment completion rates from 75 countries in the range of 55% - 100%
i. 1312 relapse cases were reported

At the end of the reporting year 2014, there were 175 554 cases on register (prevalence rate of 0.31 per 10 000 population) and 213 899 new leprosy cases were reported globally (Table 1). There were 18,869 new child cases, 36% were women and 61% had Multi-bacillary leprosy (MB).

Table 1: Registered prevalence of leprosy and number of new cases detected in 145 countries or territories, by WHO region, 2014

<table>
<thead>
<tr>
<th>WHO Region*</th>
<th>Number of cases registered (prevalence/100,000 population), first quarter of 2015</th>
<th>Number of new cases detected (new-case detection rate/100,000 population), 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>19968 2.6</td>
<td>18597 2.44</td>
</tr>
<tr>
<td>Americas</td>
<td>29967 3.3</td>
<td>33789 3.75</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>2212 0.4</td>
<td>2342 0.38</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>119478 6.3</td>
<td>154834 8.12</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>3929 0.2</td>
<td>4337 0.24</td>
</tr>
<tr>
<td>Total</td>
<td>175554 3.1</td>
<td>213899 3.78</td>
</tr>
</tbody>
</table>
There are three countries-India, Brazil and Indonesia- with large populations and reporting more than 10 000 new cases which account for 81% to the global new case load. There are 9 other countries which report between 1000 and 10000 new cases a year contributing 13% to the global new case load. New case detection as well as disability (G2D) among new cases have remained almost static or only a modest decline in the last 5 years. Leprosy control strategy should address unmistakably the question of how to enhance the efforts in the 13 endemic countries so that cases are detected without any delay.

1.3. Challenges

1.3.1. Detection of child cases indicate presence of undetected cases and intense and continued transmission in the community.

1.3.2. The current case detection levels in a number of countries indicate delay in detection in the community;

1.3.3. Stigma about leprosy in the community and discrimination against the persons affected continue to influence early detection and successful treatment completion.

1.3.4. The low proportion of females in new cases in a number of countries indicates challenges in access to diagnosis and treatment and problem in gender equity;

1.3.5. Meaningful engagement of stakeholders including persons affected by leprosy using innovative media and marketing approaches will be required in order to overcome public apathy and political neglect, . .

1.3.6. Identification, education and examination of contacts has been rather slow and largely unreported;

2. Vision, Goal, Mission and Targets

2.1. Vision: A LEPROSY-FREE WORLD

2.3. Goal: Further reduce the global and local leprosy burden towards universal elimination of leprosy

2.4. Targets by 2020: Zero grade disabilities (G2D) among new child cases

2.5. Other Programme performance Indicators

2.5.1. Rate of newly diagnosed leprosy patients with visible deformities
2.5.2. Number of countries with legislation allowing discrimination on basis of leprosy

2.5.3. Reduction of new G2D cases to less than 1 case per 1 million population

2.5.4. Nearly 100% Completion of MDT in all cases

Early detection of all patients before they develop disabilities, prompt treatment with uniform MDT regimen shortening the duration and inclusion of persons affected by leprosy will be the key tenets of the global leprosy strategy for the next five years (2016-2020). The three areas will encompass interventions and step-up efforts towards reducing disease burden from all angles, i.e., disabilities among new cases particularly children, magnitude of disease burden for treatment and discrimination due to prevailing stigma in the community. Global research agenda will also be developed to ensure development of new tools for interrupting transmission of infection and reduce disability burden in the community.

The following guiding principles, implementation plans support the above global leprosy strategy context under Action, Accountability and inclusivity.

3. Guiding principles

3.1. Responsibility of National Governments and strengthening partnerships

The primary responsibility for leprosy control rests with Governments. There is a need for different approaches including levels and intensity of collaboration at the national and subnational levels within the same country. A range of government departments and agencies will be responsible for leprosy activities. The Government will act through institutional partnership with international agencies including WHO, and local agencies like Non-governmental organizations (NGO), community based organizations as well as people affected by leprosy. The collaboration should result in support to sustainability of expertise, resource mobilization and institutional development.

3.2. Sustaining expertise in leprosy

In order to sustain expertise, focus on strengthening regional leprosy training centers and centers run by partners and suggests to utilize e-learning and tele-medicine where ever available

3.3. Quality leprosy services with children as the focus

Quality of services means “consistent provision of efficacious, effective and efficient services according to the latest clinical guidelines and standards which meet the patients’ needs and satisfies providers”. It refers to offering effective and safe care that contributes to achievement of universal health coverage and patient well-being or satisfaction.
3.4. Participation of persons affected by leprosy in leprosy services

Persons affected by leprosy are an important resource for leprosy programmes and have a potential role to play in leprosy control. Strategies should focus on building the capacity of affected persons in advocacy skills. It will be a challenge to organize millions of affected people living outside leprosy colonies and make the organizations to be partners to the programme at global, regional, national and sub-national levels.

3.5. Protection of human rights and reducing social suffering

The primary responsibility for promoting equity, social justice in all fundamental domains of human dealings including access to health care will be encouraged utilizing services of NGOs and private bodies. The will be given equal focus in the leprosy agenda, promoting advocacy for eliminating discrimination.

4. Strategic Pillars and components

4.1. Government ownership, coordination of partnerships for improved Accountability

- a. Identify and support centers of excellence and innovative approaches
- b. Ensure political commitment and adequate resources for leprosy control
- c. Contribute to Universal Health Care with a special focus on underserved populations, women and children
- d. Promote partnerships with non-state actors including private sector
- e. Conduct basic and operational research (e.g. on chemoprophylaxis) and maximize the evidence base to inform policies, strategies and activities
- f. Build on the achievements of the “Bangkok Declaration (2013)"
- g. Strengthen surveillance and health information systems for programme monitoring and evaluation

4.2. Intensified action to reduce leprosy and its transmission

- a. Promote early case detection with focus on contact management and mapping of high endemic areas
- b. Elimination of leprosy in all countries at national and first sub-national level
- c. Ensure near 100% Treatment completion rates
- d. Improve disability prevention and care
- e. Strengthen patient and community awareness on leprosy
  - f. Improve case management including “Uniform MDT”
- g. Strengthen laboratory capacity for early detection of antibiotic resistance
- h. Sustain leprosy knowledge among the health workforce

4.3. Promote inclusivity to reduce discrimination and social suffering

- a. Special focus on women, children, urban poor and other underserved population
- b. Promote societal inclusion through addressing all forms of discrimination
c. Empower communities through participation in leprosy control and care

d. Promote coalition building among people affected by leprosy

e. Support social rehabilitation for leprosy affected people with disabilities

f. Ensure that fundamental human rights can be enjoyed by all people affected by leprosy

g. Policy changes to improve quality of life of persons affected by leprosy

5. Implementation plans

5.1. Regional and Country implementation

The strategic issues elaborated in this document deal with the basic concepts, challenges, guiding principles and the principle strategic domains for focused action. Regional and country implementation plan that outlines practical recommendations for the core leprosy control activities will be developed, discussed and disseminated.

5.2. Monitoring of targets and indicators

It is vital to have adequate, reliable data on child disability and means of measuring it. The indicator, i.e., number and proportion of new child cases with grade 2 disability will be collected to monitor the programme and achieve ‘zero G2D cases among new child cases by 2020. Drug resistance surveillance should be continued and expanded to all endemic countries.

5.3. Strengthening implementation

Leprosy programme monitoring’ and implementation of Bangkok Declaration will be strengthened by introducing local experts from endemic countries as programme monitors.

5.4. Advocacy of global leprosy strategy

The targets and components of global leprosy strategy will be disseminated for improved acceptance (buy-in) by all national programmes, and other stakeholders. Innovative approaches of marketing the strategy will be taken up for influencing policy makers, programme managers and community members.

5.5. Technical Advisory Group on leprosy control (TAG)

WHO TAG through reviews progress of implementation of global leprosy strategy and achievement of set targets and advice GLP mid-course corrections where ever required. WHO TAG will strengthen national leprosy programme managers through leprosy programme monitoring.
6. Research to support leprosy control

Basic research designed to develop diagnostic tools, prophylactics and new therapeutics and operational research involving all partners to identify new implementation strategies should be supported strongly. It is also essential to establish linkages and synergies between national and international research bodies, funding agencies, programme and universities, public laboratories, patient groups and regulators to pave the way for funding, identification of research initiatives, operationalization, and integrating the results into the programme.

7. References


### 3S LEPROSY STRATEGY, 2016-2020 AT A GLANCE

#### VISION: A LEPROSY-FREE WORLD
- Zero disease
- Zero transmission of leprosy infection
- Zero disability due to leprosy
- Zero stigma and discrimination

#### GOAL
Further reduce the global and local leprosy burden

#### INDICATORS

<table>
<thead>
<tr>
<th></th>
<th>2015 baseline</th>
<th>2020 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children diagnosed with leprosy and visible deformities</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Rate of newly diagnosed leprosy patients with visible deformities</td>
<td>2.5 per million</td>
<td>&lt;1 per million</td>
</tr>
<tr>
<td>Number of countries with legislation allowing discrimination on basis of leprosy</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

#### PILLARS AND COMPONENTS

1. **Strengthen government ownership, coordination and partnerships**
   - A. Ensure political commitment and adequate resources for leprosy control
   - B. Contribute to Universal Health Care with a special focus on underserved populations, women and children
   - C. Promote partnerships with non-state actors including private sector
   - D. Facilitate and conduct basic and operational research (e.g. on chemoprophylaxis) and maximize the evidence base to inform policies, strategies and activities
   - E. Build on the “Bangkok Declaration 2013” to ensure actions in higher burden countries
   - F. Strengthen surveillance and health information systems for programme monitoring and evaluation
   - G. Identify and support centres of excellence and promote innovative approaches like e-medicine

2. **Stop leprosy and its transmission**
   - A. Promote early case detection with focus on contact investigations and highly endemic areas
   - B. Improve disability prevention and care
   - C. Strengthen patient and community awareness on leprosy
   - D. Improve case management including working towards “Uniform MDT”
   - E. Strengthen laboratory capacity for early detection of antibiotic resistance
   - F. Sustain leprosy knowledge among the health workforce

3. **Stop discrimination and social suffering**
   - A. Promote societal inclusion through addressing all forms of discrimination
   - B. Empower communities through participation in leprosy control and care
   - C. Promote coalition building among people affected by leprosy
   - D. Support social rehabilitation for leprosy affected people with disabilities
   - E. Promote access to social support by leprosy affected persons