



Country scene in Nagpur, India

Prescriptions for Success

With the goal of elimination set for the end of 2005, we asked four public health experts to take a moment and tell us how they view the current situation and what they feel needs to be done to make elimination a reality.

Awareness and Easy Availability of MDT Are Key Dr. A.K. Choudhary



Leprosy has been a public health problem in Bihar for many years. The Indian government launched a National Leprosy Control Program in 1955. In 1983, with success of MDT (multidrug therapy) in treatment of leprosy, the program was renamed the National Leprosy Eradication Program (NLEP). The infrastructure was further expanded to deliver leprosy services under two World Bank-supported projects from 1994 to 2000 and 2000 to 2004.

In addition, from 1998 to 2003, four Modified Leprosy Elimination Campaigns (MLEC) were successfully conducted in Bihar. As a result, the leprosy prevalence rate has been reduced significantly from 52 per 10,000 in 1996 to 4.8 per 10,000 in November 2003.

There are a number of specific factors that need to be urgently addressed. These include continuing the intensified effort toward community awareness, especially among women and underprivileged groups; providing annual orientation for general healthcare staff to sensitize them for leprosy work; improving coverage of MDT services beyond the government health setup; and strengthening sub-district supervision and monitoring of NLEP activities.

Awareness and easy availability of MDT are the key to leprosy elimination. With this in mind, we can consider the following innovative approaches: active involvement of Panchayati Raj (local self-government) institutions at panchayat and village level; involvement of private medical practitioners from all systems of

medicine in providing wider outreach for identification/diagnosis and treatment of leprosy; making panchayat members, local public representatives and opinion-makers responsible for leprosy elimination at panchayat/village level; and involvement of all medical colleges and district-level hospitals for reconstructive surgery.

Dr. A.K. Choudhary is Health Secretary for the Government of Bihar, India

Elimination Is Only an Intermediate Goal Dr. Pieter Feenstra



Now that leprosy has been placed high on the agenda of health ministries in leprosy-endemic countries, not only has the prevalence rate been reduced but as a result of improved and intensified leprosy services and the wide availability of MDT, an increasing number of cases are being found and treated.

Despite these impressive results, however, the achievement of the elimination target is only an intermediate goal and the struggle against leprosy will have to be continued for many years to come. We must also accept that in a few countries, whether at the national or sub-national level, it will not be possible to achieve the target before the end of 2005 because of the high incidence of the disease. These countries should not be discouraged, but be stimulated and supported to sustain the fight against leprosy.

The best and most effective tool we have is to diagnose leprosy in a timely manner and treat it with MDT. Therefore diagnostic and treatment services have