

Moving toward Elimination

This year is the target date to eliminate leprosy as a public health problem in every country. What are the prospects, and what happens post 2005?

Since multidrug therapy (MDT) was introduced on a global scale in 1985, more than 14 million people around the world have been cured of leprosy.

Over the last two decades, the global prevalence of the disease has fallen by almost 90% — from around 5.4 million at the beginning of 1985 to some 0.45 million at the beginning of 2004. (Table 1)

In addition, new case detection has fallen by about 33% since 2001, with approximately 500,000 new cases detected during 2003, down from about 621,000 during 2002 and 763,000 during 2001. (Table 2)

Of 122 countries where leprosy was considered a public health problem in 1985, some 113 had eliminated leprosy at the national level by the end of 2003. Leprosy now remains a public health problem in only nine countries in Africa, Asia and Latin America. (Table 3)

Encouragingly, countries that have reached the goal of elimination have been able to sustain leprosy control activities, and WHO and its partners continue to provide them with critical support in terms of MDT and technical guidelines.

The leprosy elimination strategy is now at a crucial stage, focused on the nine countries where leprosy remains a public health problem, namely Angola, Brazil, Central African Republic, Democratic Republic of Congo, India, Madagascar, Mozambique, Nepal and United Republic of Tanzania.

Together, these countries accounted for 84% of registered cases at the beginning of 2004 and 88% of the new cases detected during 2003.

In some of these countries, the reported data suggest that a significant part of the caseload is artificially inflated due to non-adherence to standard definitions and/or the re-registration of old cases as new, and wrong, diagnoses.

As a priority, regular updating of leprosy registers and strict adherence to standard definitions for case, cure, defaulter and point prevalence will be carried out in identified countries during 2005.

All efforts will be made to ensure that these nine countries reach the elimination target by year's end. For a variety of reasons, however, some may need additional time to reach the defined target of a PR of below one per 10,000 population. Nonetheless, they are showing strong commitment and have been intensifying their efforts in the field.

In most countries where leprosy was a public health problem in 1985, it is now a relatively rare disease.

THE CHALLENGE OF SUSTAINABILITY

In some countries that have already achieved the goal of elimination at the national level, there is still a significant incidence of the disease in certain provinces or districts. These countries will need sustained efforts to reduce the disease burden in pockets of high endemicity. This is especially true of countries that have reached the elimination goal recently.

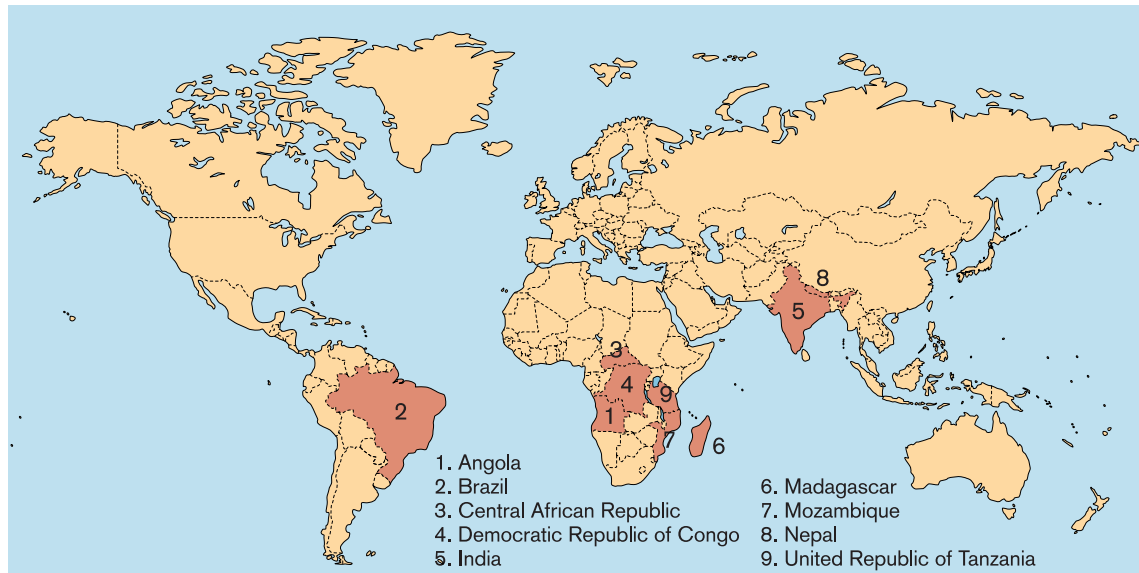
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Countries Yet to Achieve Elimination as of January 2005

(listed in alphabetical order)



Leprosy LEXICON

● **Leprosy Defaulter**
Once diagnosed with leprosy, patients are put on a 6- or 12-month course of multidrug therapy (MDT). A defaulter is a patient who has not collected MDT for at least 12 months consecutively after the start of his or her treatment. A defaulter must be removed from consideration when calculating prevalence rates.