

However, in most countries where leprosy was a public health problem in 1985, it is clear that it has become a relatively rare disease. Given such a scenario, maintaining MDT services for leprosy in the context of low prevalence conditions will be a big challenge for a majority of countries in the coming years. This will be necessary if achievements are to be sustained, the disease burden further reduced, and MDT services made easily accessible to communities in which new cases of leprosy will continue to be detected.

Key to this is integrating all essential components of leprosy control within the existing primary health care system. This also includes the development of integrated referral facilities. This will need careful planning and

probably different approaches within each country, depending on the local leprosy burden and the availability of an appropriate health infrastructure or program for integration.

Therefore, in close consultation with member states, regions and local and international partners, efforts are under way to develop a global strategy to sustain leprosy control activities in all endemic countries beyond 2005.

This strategy will assist in sustaining achievements of the elimination strategy to date and in reducing the disease burden further at national and sub-national levels.

It will be presented to the World Health Assembly in 2006 to obtain support and commitment from all the member states. The fight against leprosy continues. ■

Table 1: Leprosy situation by WHO Region*

*excluding Europe

WHO Region	Registered prevalence at beginning of 2004 (Rate/10,000)	Number of cases detected during 2003 (Rate/100,000)
Africa	51,175 (0.81)	46,968 (7.4)
Americas	83,233 (0.99)	51,082 (6.09)
East Mediterranean	5,780 (0.11)	3,944 (0.77)
South-East Asia	302,860 (1.90)	405,609 (25.46)
Western Pacific	10,449 (0.06)	6,190 (0.36)
Total	453,497	513,793

Global annual detection reached a peak of 804,000 in 1998, levelling off at around 750,000 for a number of years but then falling to around 621,000 during 2002 and about 500,000 during 2003, as Table 1 shows.

Table 2: New cases detected by WHO Region*

*excluding Europe

WHO Region	Number of new cases detected		
	2001	2002	2003
Africa	39,612	48,248	46,968
Americas	42,830	39,939	51,082
East Mediterranean	4,758	4,665	3,944
South-East Asia	668,658	520,632	405,609
Western Pacific	7,404	7,154	6,190
Total	763,262	620,638	513,793

The latest available information reveals that about 500,000 new cases of leprosy were detected during 2003, a decrease of about 17% compared with 2002 and about 33% compared to 2001, as indicated in Table 2. There is a decline in the new-case-detection trend in all the WHO Regions, except the Americas.

Table 3: Countries yet to reach elimination at the beginning of 2004

Country	Number of cases registered at the beginning of 2004 (Rate/10,000)	Number of cases detected during 2003 (Rate/100,000)
Angola	3,776 (2.8)	2,933 (22.1)
Brazil*	79,908 (4.6)	49,206 (28.6)
Central African Rep.	952 (2.6)	542 (14.7)
D.R. Congo	6,891 (1.3)	7,165 (13.5)
India	265,781 (2.4)	367,143 (34.0)
Madagascar	5,514 (3.4)	5,104 (31.1)
Mozambique	6,810 (3.4)	5,907 (29.4)
Nepal	5,899 (2.4)	6,958 (28.4)
Tanzania	5,420 (1.6)	5,279 (15.4)
Total	380,951	450,237

* Brazil uses different definitions for a registered case, cure, defaulter and for point prevalence

Table 3 shows the prevalence at the beginning of 2004 and detection during 2003 for the nine countries where leprosy is still a public health problem, according to the latest available information.