

South-East Asia Nears Elimination Goal

India's progress has had a huge impact on efforts to eliminate leprosy in the region.

The leprosy elimination program spearheaded by WHO is one of the success stories in the global health field. WHO-recommended multi-drug therapy (MDT) has brought about a dramatic decline of prevalence and new case detection worldwide, but especially in WHO's South-East Asian Region (SEAR).

SEAR traditionally bore the highest burden of leprosy, with India being the country with the highest disease burden. But now the region is steadily moving toward achieving the goal of eliminating leprosy as a public health problem, i.e. prevalence of less than 1 case per 10,000 population.

The regional leprosy prevalence rate has declined from 4.6/10,000 in 1996 to 1.05/10,000 as of June 2005. Regional new case detection has declined from a peak of 47.76/100,000 in 1998 to 17.94/100,000 as of March 2005.

The decline in prevalence and new case detection has been most dramatic in India during the last three years, where 24 out of the country's 35 states/Union Territories have now achieved the elimination goal. Prevalence declined from 4.2/10,000 in 2002 to 1.23/10,000 as of June 2005. New case detection declined from 57.5/100,000 population in 2002 to 23.40/100,000 as of March 2005. These reductions are mainly due to:

- minimization of 'operational factors' such as wrong diagnosis, re-registration of cases, delayed treatment completion, over-treatment etc;
- better treatment compliance rates;
- regular updating of registers.

As for the region as a whole, the salient contributions of SEAR to the leprosy elimination goal have been:

- more than 90% of the approximately 14.2 million cases cured globally are from SEAR;
- 8 of the 11 countries of SEAR have attained and

sustained the elimination goal at the national level; Bangladesh and Myanmar have achieved elimination at the second, sub-national level, i.e. in all 6 divisions in Bangladesh and all 17 states/divisions in Myanmar; and Thailand has achieved elimination in 75 of the 76 provinces, Sri Lanka in 21 of the 25 districts and Indonesia in 20 of the 33 provinces;

- The three remaining countries — India, Nepal and Timor-Leste — have substantially reduced the burden and are making concerted efforts to reach the goal by December 2005.
- PR has declined by 92% over a 18-year period from 1985, when MDT was first introduced.

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EFFORTS CONTINUE

The political commitment continues to be sustained in all countries and all countries are implementing critical and focused activities to further reduce the disease burden.

Given the high priority accorded to leprosy elimination, the WHO regional director for South-East Asia appointed a regional adviser for leprosy elimination and established a 10-member Regional Technical Advisory Group (RTAG) to advise WHO on all aspects of leprosy elimination. The director-general of WHO took the decision to relocate the global leprosy unit from Geneva to the South-East Asia Regional Office, effective March 1, 2005.

With improved attention to quality of diagnosis and minimization of 'operational factors', particularly in India, WHO is hopeful that SEAR, including India, can achieve the elimination goal by December 2005.* ■

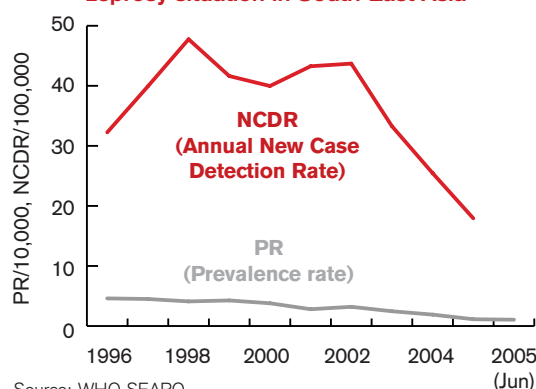
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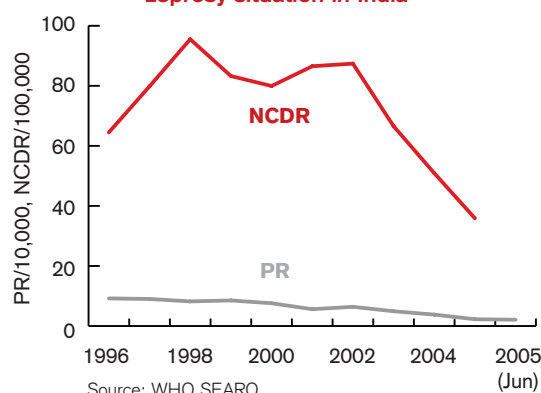


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Leprosy situation in South-East Asia



Leprosy situation in India



Reference

* WHO will continue to provide technical support to member countries to achieve national and sub-national elimination, carry on the free supply of MDT and assist countries in mobilizing the required resources and strengthening partnerships.