

Leprosy Control in India

A senior health official puts the elimination achievement in context

The first record of a leprosy-like disease in India appeared in the sixth century BC. It is said that leprosy was referred to as “Kusht” in Vedic writing, which is how the disease is known even to this day.

The government of India started a National Leprosy Control Program in 1955 based on Dapsone domiciliary treatment through vertical units implementing survey, education and treatment activities. The National Leprosy Eradication Program was launched in 1983 with the objective of arresting disease activity in all known cases of leprosy with the use of multidrug therapy.

In December 2005, at the end of some two decades of the fight against leprosy with MDT, India succeeded in achieving the goal of elimination of leprosy as a public health problem at the national level, reaching a prevalence rate of 0.95 per 10,000 population. Three months later, on March 31, 2006, PR was further reduced to 0.84.

India contributes nearly 70% of the global case load of leprosy and therefore this achievement will have a huge bearing on the global situation. The gradual reduction in newly detected leprosy cases since the year 2002-03 also speaks well of the strategy.

The significant achievements associated with leprosy elimination in India have been:

- changes in service delivery to the integrated system through the Primary Health Centers, which increased people’s accessibility to services nearer to home;
- training and retraining of a large number of

General Health Care practitioners to make them proficient in recognizing leprosy and providing health education;

- repeated mass awareness campaigns that have helped to increase public awareness of leprosy and its curability, resulting in an increase in self-reporting for diagnosis and treatment;
- the slow but sure diminishing of stigma associated with the disease in society;
- streamlining of data generation, reporting and monitoring through a Simplified Information System (SIS) introduced in 2002.

With 74% of districts having already achieved elimination and only 29 districts (5%) having a PR of more than 2, progress toward achieving subnational elimination is well under way.

AUTHOR:

Dr. G.P.S. Dhillon



Dr. G.P.S. Dhillon is India’s Deputy Director General of Health Service (Leprosy), Ministry of Health and Family Welfare.

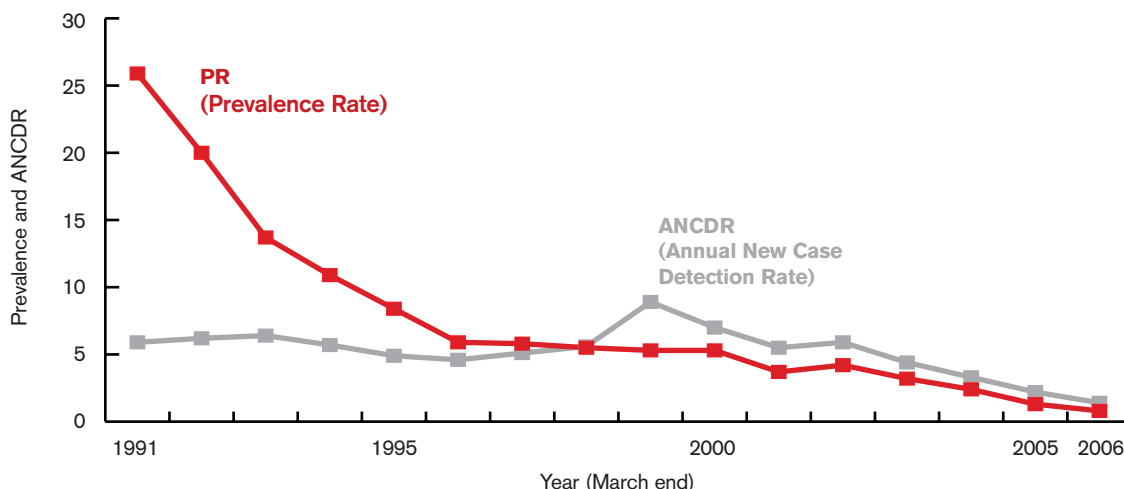
The face of leprosy in India will be hugely different from the past.

FUTURE STRATEGIES

For a few more years, India will follow the same strategy of case diagnosis and management through integrated services, continuous capacity-building of GHC staff, focused IEC activities, improved disability prevention and medical rehabilitation, and continuous monitoring and supervision.

In the current year, activities center on the

Trend of Leprosy Prevalence & Annual New Case Detection Rates/10,000 Population



Leprosy FACT

● India detected 161,457 new cases of leprosy during 2005, followed by Brazil (38,410), Indonesia (19,695) and the D.R. Congo (10,369) (WHO)