

Leprosy Prevalence in the Southeast Asian Region as of March 2003

Country	Population	Registered leprosy cases	Prevalence rate (x/10 000)	Newly detected cases in 2002	New Case Detection Rate (x/100,000)	People cured with MDT since 1982	Year of reaching elimination target
Bangladesh	129,248,000	8,143	1	9,844	8	140,440	1998
Bhutan	659,000	33	1	13	2	940	1997
India	1,067,482,000	344,377	3	473,658	44	10,383,038	(2005)
Indonesia	207,840,000	16,837	1	12,377	6	257,690	2000
Maldives	270,000	19	1	29	11	1,163	1996
Myanmar	52,827,000	4,965	1	7,386	14	226,698	2003
Nepal	24,154,000	7,291	3	13,830	57	94,448	(2005)
Sri Lanka	19,086,000	1,639	1	2,214	12	34,534	1995
Thailand	61,879,000	1,905	0	1,000	2	56,561	1994
Timor-Leste	849,000	249	3	281	33	N.A.	(2005)
SEA Region	1,564,294,000	385458	2.46	520632	33.28	11195512	Target: 2005

Source: WHO Country Reports

Through improved access to early detection, treatment and intensive education and awareness programs, there has been a perceptible positive change in the public view of leprosy in all countries. There is also a high level of political commitment to reach national and subnational elimination.

I would like to place on record our appreciation and thanks to The Nippon Foundation and Sasakawa Memorial Health Foundation for their consistent support to WHO in its assistance to member countries for leprosy elimination. □

| REPORT FROM INDIA |

Marching Towards Leprosy Elimination in India

by Dr. Ashok Kumar, Deputy Director-General (Leprosy), Ministry of Health & Family Welfare, Government of India, New Delhi

The Current Leprosy Situation in India

Current statistics indicate that India has a prevalence rate of 3.22 per 10,000 inhabitants, with eleven endemic states contributing 92% of the country’s leprosy caseload. During the year 2002–03, a total of 476,000 new leprosy cases were detected, of these, 14.9% were child cases, 1.8% were visible deformity cases and 35.2% were multi-bacillary cases. MDT coverage has been extended to all primary health centers and hospitals in all districts of India, and an estimated 10.8 million patients have been cured by MDT through March 2003.

Epidemiological Achievements

With efficient implementation of well-planned efforts since 1954–55, India has substantially succeeded in its fight against leprosy. During 1981, India had a leprosy prevalence rate of 57.6. This has come down to only 3.2 as of March 2003. The Annual New Case Detection (ANCD) rate has also declined.

Elimination has been achieved in fifteen regions, and another six regions are close to leprosy elimination with a prevalence rate of between one and two.

Strategy and Plan of Action for Leprosy Elimination

State-specific action plans for the year 2003–04 have been drawn up by all 35 regions and approved by the Government of India. The main thrust in this third and final year of the second phase of the World Bank-supported National Leprosy Elimination Project can be summarized as follows:

1. Decentralization and Integration of Leprosy Services with General Health Care Services:

This has enabled the General Health Care Services (GHS) to implement integrated leprosy services. Full involvement is ensured at the grassroots level at sub-centers (each covering areas with about 5,000 inhabitants), to deliver the second and subsequent doses of MDT to leprosy patients already diagnosed by Medical Officers at primary health centers.

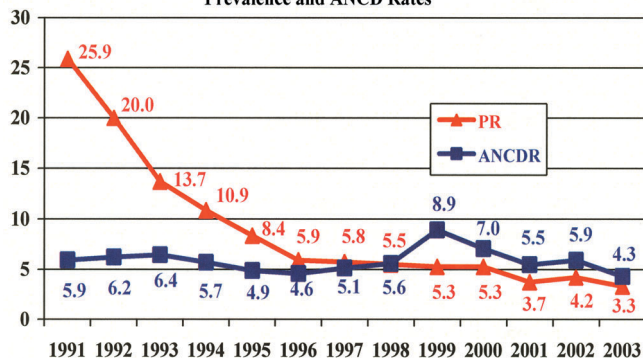
2. Leprosy Training of General Health Care Staff:

Training was given to Medical Officers, Health Supervisors, Health Workers and village-level functionaries in all districts of all regions during the last four nationwide Modified Leprosy Elimination Campaigns, held between 1998 and 2003.

Similarly, one-day training in Leprosy IEC¹ has been arranged by the states for District Mass Media Officers, Block Extension Educators, Health Educators and Selected Health Supervisors. The district chief medical and health officers of twelve priority-endemic regions have also been oriented through three-day “ILEP Management Courses.”

The National Leprosy Eradication Program has also initiated the orientation of General Health Care Staff regarding Prevention of Deformity and Disability Care

Prevalence and ANCD Rates



1 IEC — Information, Education & Communication