Beating Leprosy in Bangladesh

Strong political commitment has played a key role in success.

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Having achieved leprosy elimination at the national level two years ahead of WHO's original target of 2000, Bangladesh is today hopeful of achieving elimination at the sub-national level, too.

At the time of the original World Health Assembly Resolution in 1991, the country's estimated PR was about 13.6/10,000 population. By December 31, 1998, it had fallen to 0.87, going below 1 for the first time.

Although leprosy was eliminated as a public health problem at the national level, there remained 15 districts/areas where it was endemic. Consequently, the National Leprosy Elimination Program (NLEP) of Bangladesh set a new target of achieving sub-national (district/area) elimination by the year 2005. It also aimed to reduce the grade II deformity rate among newly-detected cases to less than 5%. This had stood at 21.40% in 1991, dropping to 8.98% at the end of 1998.

With the passage of time, registered prevalence is gradually coming down, and at the end of the second quarter of 2005 had fallen to 0.51/10,000. Leprosy remained endemic in six districts and two cities, compared to 15 districts/areas in 1998. However, the rate of grade II deformity remains more or less static among newly detected cases, showing a slight decline to 8.01%.

The NLEP has thus allocated a further two years to achieve its goals.

Leprosy awareness training for religious leaders

FACTORS FOR SUCCESS

The factors that contributed to achieving elimination as a public health problem are as follows:

- Strong political commitment with allocation of adequate resources as well as administrative support;
- Technical assistance and critical funding by the WHO, World Bank/International Development Association co-financiers;
- Efficient health infrastructure in rural settings;
- Integration of leprosy services with general health services for sustainability;
- Partnership with NGOs based on mutual trust and respect;
- Emphasis on specificity and reliability of diagnosis of leprosy cases;
- Strengthening of IEC activities;
- Alliance with some key groups such as the Bangladesh Scouts, general medical practitioners, traditional healers, religious leaders, karbari (village chiefs) and headmen in hill districts, academic (medical) institutes and dermatologists, etc;
- Successful implementation of special initiatives such as LECs, NLECs, skin camps and SAPEL

2006-07

On the basis of lessons learnt, the NLEP has formulated the following plan for 2006-07 and beyond, along with routine activities such as case-finding and case-holding.

1. Program management capacity

a. Program monitoring by holding review meetings with upazila (sub-district) health administration and NGO representatives;
b. Strengthening of training facilities at the central level;
c. On-the-job training of a core group of leprosy workers to improve quality of service;
d. Refresher training on leprosy for doctors;
e. Refresher training for program organizers and TB-leprosy control assistants;
f. Overseas training for health managers.

2. Raising community awareness

a. Orientation on leprosy for Scouts, traditional healers, religious leaders, etc.;
b. Development, preparation and dissemination of IEC materials;
c. Development and preparation of TV spots on leprosy and telecasting;
d. Organization of skin camps;
e. Installation of billboards containing basic facts of leprosy at health institutes.

3. Prevention of displacement of deformed persons affected by leprosy

a. Vocational training for self-reliance;
b. Community-based rehabilitation to reduce stigma and prevention of displacement from the mainstream population.

Bangladesh has made commendable progress, but further consolidation of government and NGO efforts, and continued technical assistance by WHO and other partners, will be needed. ■