



Global Leprosy Strategy 2016–2020



Accelerating towards a leprosy-free world

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**World Health
Organization**

WHO Library Cataloguing-in-Publication data

World Health Organization, Regional Office for South-East Asia.

Global leprosy strategy: accelerating towards a leprosy-free world.

1. Leprosy 2. Delivery of health care. 3. Statistics

ISBN 978-92-9022-509-6

(NLM classification: WC 335)

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Printed in India

Photos courtesy of The Leprosy Mission England and Wales; Institute Lauro De Souza Lima, WHO collaborating centre; Bauru-SP, Brazil; Damien Foundation Belgium; and Ed Hanley – photographer and videographer, Toronto, Canada.



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Abbreviations

CBO	community-based organization	NGO	nongovernmental organization
GLP	Global Leprosy Programme	NTD	neglected tropical disease
G2D	grade-2 disability	PB	paucibacillary
ILEP	International Federation of Anti-leprosy Associations	TAG	Technical Advisory Group
MB	multibacillary	UHC	universal health coverage
MDT	multidrug therapy	WHO	World Health Organization



Foreword



Since the introduction of multidrug therapy (MDT) about three decades ago, the leprosy burden in the world was significantly reduced. Leprosaria were closed and leprosy was regarded as a disease that could be treated in hospitals and primary health care levels. Elimination of leprosy as a public health problem was achieved globally in 2000 and in most countries by 2005. Reaching subnational elimination in jurisdictions with a sizeable population continues to be an important milestone.

Having declared leprosy control as one of seven flagship areas for the South-East Asia Region and hosting the Global Leprosy Programme in the WHO Regional Office for South-East Asia provide key opportunities for prioritizing leprosy control work where it is most needed to obtain global impact.

The current global leprosy strategy builds on previous five-year strategies. The Final push

Yet the current strategy is innovative as it gives, in addition to a solid medical component, increased visibility and weight to the human and social aspects affecting leprosy control. Reducing stigma and promoting inclusiveness will reinforce better and earlier diagnosis. Innovative approaches include focus on children, women and other vulnerable populations, strengthened referral systems, systematic tracing of household contacts, monitoring drug resistance, working towards a simplified treatment approach and assessing the role of post-exposure prophylaxis. It provides linkages with broader health and development agendas including universal health coverage and the sustainable development goals.

This strategy was developed over a period of one and a half year through an iterative consultation process involving all stakeholders: national leprosy programmes, technical agencies, nongovernmental organizations, development partners, representatives of patients and communities affected by leprosy. As such, the strategy is conceived as an umbrella under which the different partners can develop their strategies and action plans, based on their comparative advantage.

The title “Accelerating towards a leprosy-

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