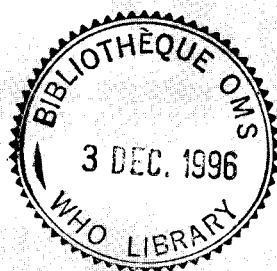


# **ACTION PROGRAMME FOR THE ELIMINATION OF LEPROSY**

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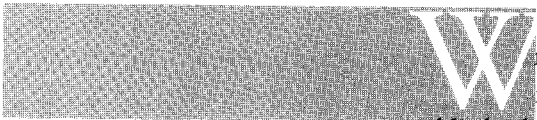
**LAYOUT AND COVER DESIGNED BY DPS/LYT and WHO/LEP**

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# Foreword



When, in May 1991, the Member States of WHO, meeting in the World Health Assembly, passed a resolution calling for the elimination of leprosy as a public health problem, it was clearly a calculated approach. After all, the simple yet practical treatment that we know as multidrug therapy (MDT) had only been put into service among sufferers from the disease in 1982. Certainly it worked. But we were very far from making the kind of inroads into the global total of cases that would be required if the prevalence of the disease was to be reduced to less than 1 in 10 000 population.

The reduction in those cases since 1991 has been dramatic, and today, with the total of registered cases already standing at less than one million, a graphic projection could readily show the total falling below that critical 1 in 10 000. But figures are, as ever, deceptive. There are wide disparities between the numbers of cases as between one endemic country and another. Moreover, the first half of the task was the easy half; it consisted of reaching patients in cities, towns and villages that were easy of access, in regions of countries where leprosy was long known to flourish.

The task remaining was and remains the much harder one, and is enshrined in the theme of the forthcoming Second International Conference on the Elimination of Leprosy, to be held in New Delhi on 11-13 October, 1996: namely, *Reaching every patient in every village*. Now the MDT drugs have to be brought by every means available - train, bus, motorcycle, bicycle, even muleback to places that scarcely figure on local maps. Communities in such remote wastnesses are probably unaware that leprosy is curable; the notion that swallowing a few pills over a set period can somehow check the course of a slow, wasting disease is an alien one; some village elders and local chiefs may even prefer to hide the "shame" of their leprosy patients - so deeply entrenched is the stigma aroused by the very name of leprosy.

So the line of least resistance, in 1996, would be for everyone to say: "Well, anyway, we will get close to the target". In my humble opinion, that will not do. We must not be prepared even to

contemplate settling for a “near miss”. WHO and all its partners working in the leprosy field all over the world are straining every sinew to identify every leprosy patient, to bring the drugs within access of every patient, to convince every patient to take the right drugs, in the right quantity, on time and for the period specified.

Now, in the name of WHO and of all its partners, I call on governments, not only those of the endemic countries but of all those wealthier countries that feel under an obligation to help those less fortunate: *Give to our cause that extra ounce of commitment, those additional resources that are critically needed so that we can reach the target, everywhere, by the beginning - or no later than the end of - the year 2000.* Then indeed the international community as a whole can hold its head up and say with pride as we enter the 21st century: the age-old scourge of leprosy has at last been eliminated as a public health problem.

**Dr S.K. Noordeen**  
Director,  
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Elimination of Leprosy  
World Health Organization

# Abbreviations and Definitions

AFRO	WHO Regional Office for Africa
AMRO	WHO Regional Office for the Americas
CBH	Capacity Buiding and Health Systems Research, component of the LEP
CBR	Community based rehabilitation
CSP	Country support, component of the LEP
EMRO	WHO Regional Office for the Eastern Mediterranean
EURO	WHO Regional Office for Europe
GIS	Geographic Information System
GPS	Geographic Positioning System
HSR	Health Systems Research
ILEP	International Federation of Anti-Leprosy Associations
IMMYC	Scientific Working Group on the Immunology of Mycobacterial Diseases
LEAG	Leprosy Elimination Advisory Group
LEC	Leprosy Elimination Campaign
LEP	Action Programme for the Elimination of Leprosy
MB	Multibacillary leprosy
MDT	Multidrug therapy
MEE	Monitoring and Evaluation of the Elimination of Leprosy, component of the LEP
NGO	Nongovernmental Organization
PAHO	Pan American Health Organization
PB	Paucibacillary leprosy
POD	Prevention of disabilities
SAPEL	Special Action Projects for the Elimination of Leprosy
SEARO	WHO Regional Office for South-East Asia
THEMYC	Scientific Working Group on the Chemotherapy of Mycobacterial Diseases
UNDP	United Nations Development Programme
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific

# Definitions

Some terms related to leprosy elimination used in this report reflect concepts or scientific definitions as generally admitted by the scientific community.

**Case-detection or Case-finding:**

A systematic method of finding leprosy patients in need of treatment.

**Case-holding:** The methods used to assist leprosy patients to take the prescribed treatment in the right doses, following the correct schedule for the necessary period of time.

**Coverage (Health coverage) :** A concept indicating the extent of the provision of a given amount of health services to a specified population.

**Disability grading:** A method of defining the kind of disability in a number of grades according to certain criteria. The sixth WHO Expert Committee on Leprosy (1988) suggested a simple, three-grade (0, 1 and 2) system of classification, primarily for collection of general data regarding disabilities and/or impairments. It will often be necessary to provide information on overall disability grading for the patient. In that case, the highest leprosy disability grade for any part of the body will be taken as the overall disability grading of the patient.

**Disability prevention:** This component of

300 000 people and an area of between 5 000 and 50 000 sq. kms. Different terms are used in various countries for such an area.

**Elimination of leprosy as a public health problem:** This concept should not be confused with the term “eradication”. Eradication envisages total and complete interruption of transmission resulting in zero disease, and also the total disappearance of the organism involved. Elimination as a public health problem is a slightly less ambitious goal, in which the disease prevalence is reduced to very low levels, namely, a level of prevalence of less than one case per 10 000 population. To some extent this cut-off point is arbitrary, although there are indications that when such very low levels are attained the potential for transmission will be extremely low and thus the possibility of the disease dying out slowly is quite high. As for the deadline of the year 2000 to achieve the goal, the end of the millennium marks a convenient and visible goal-post and, although again arbitrary, it can be considered as reasonably feasible.

**Integrated health services:** The service necessary for the health protection of a given area and organized either under a single administration

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