Global Leprosy Programme

The Global Leprosy Programme (GLP) of the World Health Organization (WHO) is housed in the WHO Regional Office for South-East Asia (SEARO). The unit is responsible for WHO’s global response to leprosy. This includes normative functions (formulation of evidence-based policies, strategies and guidelines), global coordination of regions and partners, resource mobilization, global monitoring, articulating research options and coordinating the provision of technical assistance. The GLP works in close collaboration with the regional advisers in all six regions and designated focal points in country offices.

The principal nongovernmental partners of GLP are the International Federation of Anti-Leprosy Associations (ILEP), the Sasakawa Memorial Health Foundation (SMHF), The Nippon Foundation (TNF), the International Leprosy Association (ILA), the Novartis Foundation for Sustainable Development and Novartis. The latter company has been donating drugs for multidrug treatment (MDT) for all patients worldwide since 2000.

Status of leprosy control in the world

Table 1. Leprosy prevalence and detection (rate), by WHO region, 2015

<table>
<thead>
<tr>
<th>WHO region</th>
<th>Population ('000)</th>
<th>Registered prevalence</th>
<th>Prevalence rate (per 10,000)</th>
<th>New cases</th>
<th>Detection rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>989,173</td>
<td>20,564</td>
<td>0.21</td>
<td>20,004</td>
<td>2.0</td>
</tr>
<tr>
<td>Americas</td>
<td>992,029</td>
<td>27,955</td>
<td>0.28</td>
<td>28,806</td>
<td>2.9</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>648,453</td>
<td>2,865</td>
<td>0.04</td>
<td>2,167</td>
<td>0.3</td>
</tr>
<tr>
<td>Europe</td>
<td>908,708</td>
<td>18</td>
<td></td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>1,928,174</td>
<td>117,451</td>
<td>0.59</td>
<td>156,118</td>
<td>8.1</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>1,855,967</td>
<td>5,773</td>
<td>0.03</td>
<td>3,645</td>
<td>0.2</td>
</tr>
<tr>
<td>World</td>
<td>7,322,504</td>
<td>174,608</td>
<td>0.23</td>
<td>210,758</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Figure 1. Geographic distribution of reported leprosy cases, 2015

GLP documents published in 2015

- Global Leprosy Strategy 2016–2020 “Accelerating towards a leprosy-free world” (available in Chinese, English, French, Spanish and Portuguese)
- Leprosy Programme Monitoring tool
Table 2. Proportion of females, children and grade-2 disabilities in new cases, by Region, 2014

<table>
<thead>
<tr>
<th>WHO region</th>
<th>% female</th>
<th>% children</th>
<th>% G2D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>38.5%</td>
<td>10.2%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Americas</td>
<td>43.4%</td>
<td>7.1%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>37.7%</td>
<td>6.8%</td>
<td>14.5%</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>38.2%</td>
<td>9.1%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>32.5%</td>
<td>10.8%</td>
<td>8.6%</td>
</tr>
<tr>
<td>World</td>
<td>38.8%</td>
<td>8.9%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

**Multidrug therapy – drug donation programme**

On 27 August 2015, WHO and the pharmaceutical company Novartis signed a new Memorandum of Understanding extending the provision of multidrug therapy free of charge to all leprosy patients worldwide until the end of 2020. Expanded access to high-quality multidrug therapy remains a critical element in efforts to eliminate leprosy.
Global Leprosy Strategy 2016-2020 “Accelerating towards a leprosy-free world” 
at a glance

2016-2020 GLOBAL LEPROSY STRATEGY

VISION

A LEPROSY-FREE WORLD

GOAL

Further reduce the global and local leprosy burden

TARGETS

INDICATORS

2020 target

- Number of children diagnosed with leprosy and visible deformities
- Rate of newly diagnosed leprosy patients with visible deformities
- Number of countries with legislation allowing discrimination on basis of leprosy

PILLARS AND COMPONENTS

1. Strengthen government ownership, coordination and partnership
   - Ensuring political commitment and adequate resources for leprosy programmes.
   - Contributing to universal health coverage with a special focus on children, women and underserved populations including migrants and displaced people.
   - Promoting partnerships with state and non-state actors and promote intersectoral collaboration and partnerships at the international level and within countries.
   - Facilitating and conducting basic and operational research in all aspects of leprosy and maximize the evidence base to inform policies, strategies and activities.
   - Strengthening surveillance and health information systems for programme monitoring and evaluation (including geographical information systems).

2. Stop leprosy and its complications
   - Strengthening patient and community awareness on leprosy.
   - Promoting early case detection through active case-finding (e.g. campaigns) in areas of higher endemicity and contact management.
   - Ensuring prompt start and adherence to treatment, including working towards improved treatment regimens.
   - Improving prevention and management of disabilities.
   - Strengthening surveillance for antimicrobial resistance including laboratory network.
   - Promoting innovative approaches for training, referrals and sustaining expertise in leprosy such eHealth.
   - Promoting interventions for the prevention of infection and disease.

3. Stop discrimination and promote inclusion
   - Promoting societal inclusion through addressing all forms of discrimination and stigma.
   - Empowering persons affected by leprosy and strengthen their capacity to participate actively in leprosy services.
   - Involving communities in actions for improvement of leprosy services.
   - Promoting coalition building among persons affected by leprosy and encourage the integration of these coalitions and or their members with other community-based organizations.
   - Promoting access to social and financial support services, e.g. to facilitate income generation, for persons affected by leprosy and their families.
   - Supporting community-based rehabilitation for people with leprosy-related disabilities.
   - Working towards abolishing discriminatory laws and promote policies facilitating inclusion of persons affected by leprosy.
Snapshots from important events during 2015

Development of the Global Leprosy Strategy 2016–2020

This strategy builds on earlier leprosy strategies as well as on the Roadmap to address neglected tropical diseases (2012–2020). Multiple consultations took place with national programmes, partners and representatives from affected communities. It is comprehensive and inclusive and aims to cover all important aspects of leprosy control in today’s world. It expands approaches with proven success and introduces innovative actions. Though the main focus is on high burden countries, other contexts are also considered. Special emphasis is given to women, children and population groups that are disproportionately affected by leprosy. The strategy is linked to the broader context in health and development, including universal health coverage and the sustainable development goals. The strategy was thoroughly discussed during a global meeting of national leprosy programme managers and endorsed by WHO’s Technical Advisory Group on Leprosy.

Response to leprosy in Ebola Virus Disease affected Liberia

“Village leprosy days” were organized in 16 health districts in Liberia, West Africa. Village leprosy day is a social mobilization approach to improve case finding through increased involvement and participation of persons affected by leprosy. Awareness on leprosy onset signs and availability of free treatment in peripheral health centres were promoted through various means such as briefing of health workers and community volunteers, meeting with community leaders and household heads, display of posters and broadcasting of messages on leprosy by public criers, local radios, etc.

Integrated school campaigns in Brazil

With the technical support of the Regional NTD/Leprosy Adviser based in Brazil, GLP supported the campaigns of active search for leprosy, deworming, and examination for trachoma in school-age children. The results of the 2015 campaign are shown in Table 3.

Table 3. Results of integrated school-based campaign, Brazil, 2015

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-age children who received self image form of leprosy</td>
<td>6,584,405</td>
</tr>
<tr>
<td>School-age children with confirmed diagnosis of leprosy</td>
<td>274</td>
</tr>
<tr>
<td>Leprosy in household contacts of children with leprosy</td>
<td>48</td>
</tr>
<tr>
<td>School age children dewormed with albendazole</td>
<td>6,982,838</td>
</tr>
<tr>
<td>School age children examined for trachoma</td>
<td>900,873</td>
</tr>
<tr>
<td>School age children tested positive for trachoma</td>
<td>24,042</td>
</tr>
</tbody>
</table>

National Leprosy Stakeholders Consultation, India

WHO supported the National Stakeholders Consultation which was attended by central government officials, longstanding and new stakeholders and representatives from all priority states. Mr Yohei Sasakawa, WHO Goodwill Ambassador for Leprosy Elimination, was also present. The consultation provided a major thrust in continuing the ongoing advocacy efforts to sustain political commitment. Continuing from this consultation, a national conference on leprosy was convened by the National Human Rights Commission with technical support from WHO. The conference focused on issues related to stigma and discrimination and contributed to the repeal of the Indian Lepers Act (1898) in May 2016.

First year of implementation of innovation in case detection under Bangkok Declaration Special Fund: success story from the Democratic Republic of the Congo (DRC)

The DRC National Leprosy Programme successfully implemented the first year of its three-year project, funded through the Bangkok Declaration Special Fund mechanism. The project focused on innovative approaches for case detection in 24 health zones in eight provinces. The project also provided a boost to strengthening peripheral health services, involve local communities. The activities resulted in the detection of 1488 new leprosy cases, who were subsequently treated with MDT. This project contributed about one-third of the annual national case detection.