

Annual Report

Introduction

Since the inception of National Leprosy Eradication Programme (NLEP) in the year 1983 spectacular success has been made in reducing the burden of Leprosy and the country could achieve the goal of leprosy elimination as a public health problem. i.e. to reduce the prevalence rate (PR) to less than 1 case / 10,000 population at National level by December 2005 as set by National Health Policy 2002. The PR declined to 0.72 in March 2007 with 0.83 Lakhs cases on record. Although prevalence has come down at national level, new case detection is high and these cases will have to be provided quality leprosy services through GHC system.

NLEP is being continued with Govt. of India funds from January 2005 with additional support from WHO and International Federation of Anti Leprosy Association (ILEP) organizations.

Achievements of National Leprosy Eradication Programme (NLEP) in India

Leprosy a chronic infectious disease with long incubation period affects all age groups and is classified mainly as Pauci Bacillary (PB) and Multi Bacillary (MB). Since the leprosy bacilli affect the peripheral nerves, the patients lose sensation by and large in their hands, feet and eyes if not properly cared for. Injuries to these insensitive parts may lead to disfigurement, the main consequence of this disease which generates fear and stigma. Thus early detection and prompt treatment of leprosy with prescribed Multi Drug Therapy (MDT) not only cures leprosy, but also interrupts its transmission to others.

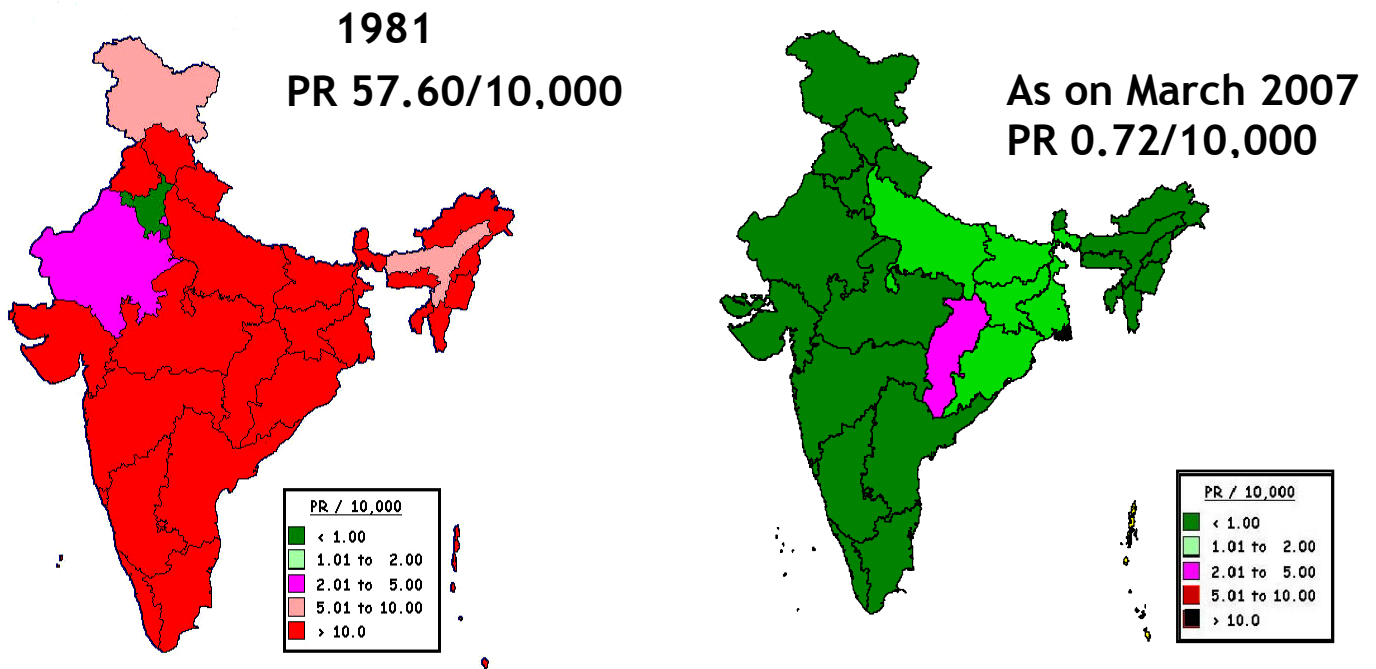
Background

National Leprosy Control Programme was launched by Govt. of India in 1955 based on Dapsone monotherapy. Multi Drug Therapy came into wide use from 1982 and National Leprosy Eradication Programme was launched in 1983 with the objective to arrest the disease in all the known cases of leprosy. In 1991 the World Health Assembly resolved to eliminate leprosy at a global level by the year 2000. To strengthen the process of elimination in the country, the first World Bank supported project was introduced in 1993. On completion of this project, the 2nd phase of with World Bank supported project was started in 2001-02 to December 2004. Since than the programme is being continued with Government of India funds with additional support from WHO and ILEP organizations.

After integration of leprosy services with GHC system in 2002-03, leprosy diagnosis and treatment services are available free of cost at all the Primary Health Centres (PHCs) in all the districts in India.

Leprosy Situation in India

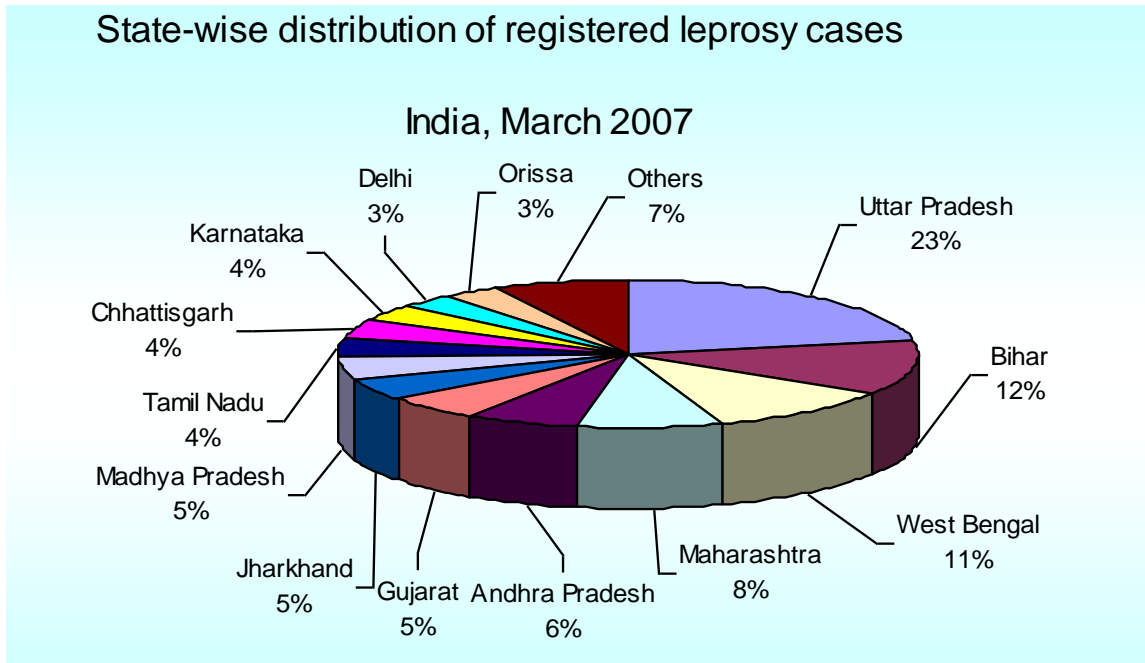
The goal of leprosy elimination at National level (i.e. PR of <1 case/10,000 population) as set by National Health Policy 2002 had been achieved in the month of December 2005. In year 1981, the country had a prevalence of 57.6 cases per 10,000 population which has come down to 0.72 per 10,000 population in March 2007 with 0.83 lakh cases on record. As on March 2007, 28 States/UTs achieved the status of leprosy elimination. Remaining 7 states/UTs are having PR > 1 and contribute to 27.80% of country's case load. These are Bihar, Jharkhand, West Bengal, Chhattisgarh, Delhi, Chandigarh and Dadra & Nagar Haveli.



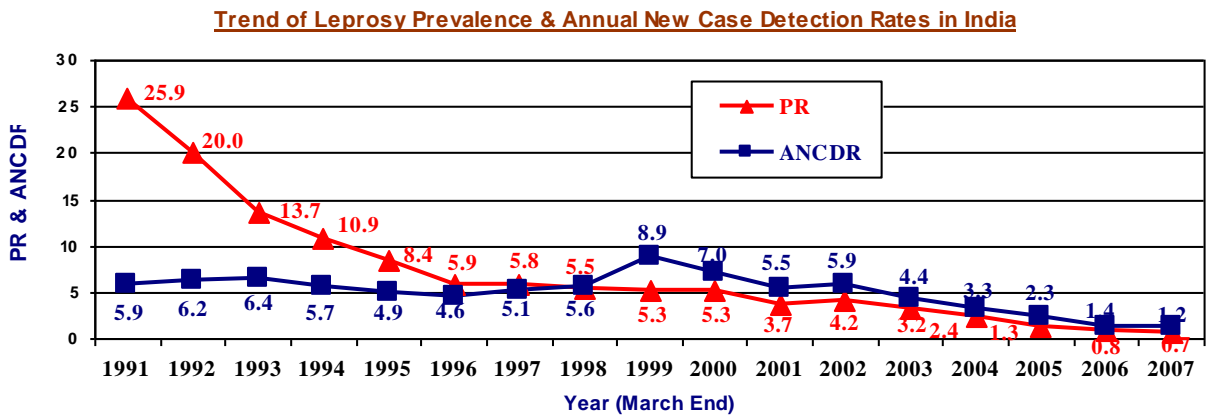
Leprosy Elimination Area Popu. – 12.92 Million
Recorded Leprosy Patients – 2.91 Million
PR / 10,000 Population – 57.6

Leprosy Elimination Area Popu. – 897.03 Million
Recorded Leprosy Patients – 0.83 lakh
PR / 10,000 Population – 0.72

State-wise distribution of registered leprosy cases



During 2006-07, a total of 1.39 lakhs new leprosy cases were detected out of which 45% were MB cases, 10% Child cases, 34.3% female cases and 2.25% were visible deformity cases. The Leprosy Prevalence and Annual New Case Detection Rate (ANCDR) /10,000 populations have shown a substantial declining trend as can be seen in diagram below.



79.7% of districts and 73.6% of blocks have also recorded PR < 1/10,000 population.

Major Initiatives taken

More emphasis is being given on disability prevention and medical Rehabilitation. Actions are already being taken to increase the no of institutions providing Re-construction surgery (RCS) by including nearly 20 medical colleges PMR centers

Since 2004-05, focus of attention under National Leprosy Eradication Programme was shifted from endemic states to high priority districts and blocks based on Prevalence Rate where $PR > 5/10,000$ in 2004-05. $PR > 3/10,000$ in 2005-06 and $PR > 2/10,000$ in 2006-07 was taken as cut-off point. Special activities in the form of Block Leprosy Awareness Campaign were carried out successfully in identified 29 district & 433 blocks in 2006-07.

Urban Leprosy Control Programme

To address the complex problem like larger population size, migration, poor health infrastructure and increasing prevalence in urban areas, there was a need for Urban Leprosy Programme.

Urban Leprosy Control Programme has been implemented since 2005 under which assistance is being provided by Govt. of India to urban areas having population size of more than 1 lakh. For the purpose of providing graded assistance, the urban areas are grouped in four categories i.e. Township I, Medium Cities I, Medium Cities II, Mega Cities.

Involvement of NGO's

Non Governmental Organizations (NGOs) have been involved for the cause of leprosy elimination for many decades and their contributions have made a positive impact in reducing the prevalence of leprosy. Presently 34 NGOs are getting grant-in-aid from Govt. of India under Survey, Education and Treatment (SET) scheme. Few NGOs have been given recognition for conducting reconstructive surgeries (RCS) where facility for these services are available.

The NGOs serve in remote, inaccessible, uncovered, urban slums, industrial / labour population and other marginalized population groups. The various activities undertaken by the

NGOs are, IEC, Prevention of Impairments and Deformities, Case Detection and MDT Delivery. From current financial year Grant-in-aid is being disbursed to NGO through State Leprosy Society. Quantum of funds provided to each voluntary organization is enclosed at Annexure - I.

ILEP Agencies -

International Federation of Anti-leprosy Association (ILEP) is actively involved as partner in NLEP. In India ILEP is constituted by 10 Agencies viz. The Leprosy Mission, Damien Foundation of India Trust, Netherland Leprosy Relief, German Leprosy Relief Association, Lepra India, ALES, AIFO, Fontilles - India, AERF - India and American Leprosy Mission. Activities carried out by ILE para- capacity building of GHC staff, provision of technical support at various level and providing re-constructive surgery services and support to various NGOs in the country carrying out leprosy related activities.

WHO Support

WHO support the programme in the form of providing financial support to the state leprosy societies, technical support through deployment of State NLEP Coordinators in major states and also Zonal NLEP Coordinators in the high endemic states. WHO also extends financial support to NLEP for conducting periodic review meetings at national and state levels implementation of simplified information system (SIS). WHO also continues to provide entire requirement of anti-leprosy (MDT) drugs to the country free of cost with assistance from NOVARTIS.

Monitoring and Evaluation of NLEP

NLEP has an **inbuilt** information system for monitoring and supervision of the programme activities at Central, State, District & Peripheral level.

- Simplified Information System (SIS) was introduced in 2002 under which simplification of information system was done, so that the newly involved GHC service personnel can easily adapt to the system of record keeping, validation of records, reporting and monitoring of the programme at PHC/ Hospital, District and

State level. This system has drastically improved recording, reporting and its transmission. The programme is monitored routinely at District, State and Central level through scrutiny of regular monthly reports. The system has been computerized for compilation of district reports at state level.

- Leprosy Elimination Monitoring (LEM) exercise were undertaken with WHO support through the NIH&FW, New Delhi, to assess the programme achievement in identified indicators during the year 2002, 2003 and 2004. Immediate actions were initiated on the deficiencies observed.

- An independent study was carried out through the Indian Institute of Health Management Research, Jaipur in April-May 2005 to assess the programme achievement status at the close of the World Bank supported Second National Leprosy Elimination Project.

Future Strategy

Although the prevalence has come down at national level. yet large number of new cases were detected during the year. New cases will continue to occur and will have to be provided quality leprosy services through existing GHC system for early diagnosis and treatment. Further there are few districts & blocks with prevalence rate of more than 2/10,000 population that need extra focus. The future strategy of the programme is to further reduce the leprosy burden, provide quality leprosy services through GHC system, enhance disability prevention and rehabilitation services, reduce stigma and discrimination, capacity building of GHC staff and strengthening monitoring and supervision.

Medical Education, Training and Research

CENTRAL AND REGIONAL LEPROSY TEACHING & RESEARCH INSTITUTES

The four leprosy institutes working under Directorate General of Health Services, Ministry of Health & Family Welfare, Govt. of India viz. CLTRI, Chengalpattu, RLTRI at Aska, Raipur & Gouripur are involved in basic and applied research in leprosy and training of different categories of staff. These institutes also play important role in management of referral patients, providing quality care to chronic ulcer and disabled patients with the help of Minor & Major Reconstructive Surgeries. They also help in supervising and providing consultancy services to the State NLEP Units for better programme planning and implementation.

CENTRAL LEPROSY TRAINING AND RESEARCH INSTITUTE, CHENGALPATTU, (TAMIL NADU) :

This institute was established from 1924, it was, however taken by Govt. of India in 1974 with an objective to provide diagnostic, treatment and referral services to leprosy patients, trained manpower development and research on various aspects of leprosy and its control. It has separate wings of Epidemiology and Statistics, Clinical, Medicine, Microbiology and Bio-chemistry laboratories with Animal House facilities, Surgery and Physiotherapy. The hospital has bed capacity of 125 patients and caters to both indoor and outdoor patients. This Institute is also recognized as one of the nodal center by Central Bureau of Health Intelligence (CBHI), DGHS, Govt. of India for conducting Health Statistics training course for Medical Officers.

In view of the declining trend of leprosy the Institute has been assigned additional functions in the area of capacity building for integrated disease surveillance programme, epidemiology training course, microscopy and DOTS, Operational research, Referral Laboratory for external quality assurance and drug resistance surveillance center under RNTCP.

REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE,GOURIPUR, BANKURA, (WEST BENGAL) :

This institute was established in 1984 and has a hospital of 30 beds capacity for admission of patients and it also provide regular OPD services. The institute has field practice area for covering 2 lakhs population. I.E.C. Programme is also carried out. The in-patients services regularly admits, treats leprosy patients and also provide special treatment for eye affected leprosy patients. It also works as nodal training and research centre particularly programme related research activities in the region for the cause of leprosy elimination.

REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE, RAIPUR (CHHATTISGARH)

This institute was established in 1979 with 75 beds hospital OPD. The institute provide both indoor & outdoor services to leprosy patients and a number of Reconstructive surgeries are carried out regularly for various type of leprosy deformities in the institute's hospital. The institute also works as a referral center for problematic, complicated and intractable cases. It also works as a nodal training and research center particularly, program related research activities in the region for the cause of leprosy elimination. This Institute also provide need based leprosy training to the various categories of Medical professionals.

The Institute has been assigned with responsibility of Regional Office of Health and Family Welfare for the State of Chhattisgarh and various additional functions has also been assigned in the area of capacity building for Integrated Disease Surveillance Program, Epidemiology Training Course, lymphatic filariasis (Disability Management and related training), Microscopy and DOT centres, Operational Research related to RNTCP, Voluntary Counseling Centres (VCC) and diagnostic centre for HIV / AIDS, Disaster management and Various National Health Program especially Malaria. Recently the institute has also been recognized as a centre for conducting reconstructive surgery of persons with poliomyelitis related disability.

REGIONAL LEPROSY TRAINING & RESEARCH INSTITUTE (RLTRI) ASKA, ORISSA

This institute was established in 1977 and has a 50 beds hospitals. The in patient services regularly admits and treats leprosy and Reconstructive Surgeries are carried out for various type of leprosy deformities in the institute hospital. It also works as nodal training & research center.

Activities in North East Region

All the States of N.E. region are low endemic for leprosy and have already achieved elimination of leprosy not only at state level but even at district level, except for 2 districts in the state of Arunachal Pradesh. As on March 2007, there were 1309 leprosy cases on record in these states giving a PR of 0.30/10,000 population. North East Region contributed to 3.82% of country's population and only 1.59% of country's case load. During the year, 1351 new leprosy cases were detected with ANCDR of 3.1/10,0000 population Leprosy services have already been integrated with General Health Care (GHC) system in all NE states and leprosy diagnosis and treatment (MDT) services are available in all the PHC's, Sub-centres, Government Dispensaries and Hospitals on all the working days. All the Medical Officers and Health staff working in General Health Care system have been adequately trained in leprosy. District nucleus teams have been trained to strengthen the monitoring and supervision system.

Gender Issues

Although leprosy affects all irrespective of age and sex, males are affected more as compared to females. This can be attributed to their greater mobility and increased opportunities for contact. Before integration of leprosy services with General Health Care system, identification of female patients in leprosy was a major problem, particularly since most of the leprosy workers were male. After integration of leprosy services with GHC system community based workers like female health workers & female health supervisors are involved to identify female leprosy patients. Under National Rural Health Mission (NRHM) the village level functionary ASHA, a female worker is being involved in leprosy work which includes detecting suspected cases and referring these cases for diagnosis. This is expected to help in improving case finding in general and identifying female patients in particular.

For creating greater awareness about the signs and symptoms of the disease among females especially from areas with low literacy rate, intensive IEC activities have been carried out through mass media campaigns, outdoor media, rural media with more emphasis on interpersonal communication (IPC) and Advocacy meetings.

Vide Simplified Information System under NLEP, gender disaggregated data is being collected on monthly basis from all states. During the year 2006-07 the proportion of females among new cases detected was 34.3%.

Facilities for Scheduled Castes and Scheduled Tribes

Under the programme, leprosy services are available in all the Primary Health Centres throughout the country on all the working days free of cost. These services are also available to entire Scheduled Castes & Scheduled Tribe population.

In addition, grant in aid is extended to NGO's under (SET) scheme. Few of these NGO's are providing services like IEC, prevention of deformity (POD) and case follow up in tribal areas. Intensified IEC activities have also been stepped up through various media including the rural media. Under rural media, population residing in remote inaccessible and tribal areas are one of the target groups where IEC activities are more focused. Special activities in the form of Block Leprosy Awareness campaigns are being carried out in high priority districts & blocks with special emphasis on vulnerable section of the population including Schedule Class & Schedule Tribe's.

Disaggregated data on SC & ST population is being collected under Simplified Information System (SIS). During the year 2006-07 the proportion of SC population was 16.33% and ST population was 8.10% and proportion of SC and ST cases among newly detected cases were 18.75% and 12.35% respectively at National level.