Leprosy in a changing context
Presentation outline

• Global leprosy situation, 2012
• Enhanced Global Strategy 2011-2015, Achievements and Challenges
• Surveillance of drug resistance
• Priorities for leprosy research
• Reduction of stigma/discrimination
• Bangkok Declaration and way forward
• Steps towards drafting Global Leprosy Strategy 2016-2020
Global leprosy situation, 2012

Number of new cases detected, by WHO Region, during 2012

- South-East Asia, 166,445 (71%)
- Western Pacific, 53,932 (2%)
- African, 20,599 (9%)
- Americas, 36,178 (16%)
- Eastern Mediterranean, 4,235 (2%)

Registered prevalence, by WHO Region, at end of 2012

- South-East Asia, 125,167 (66%)
- Western Pacific, 74,240 (4%)
- African, 17,540 (9%)
- Americas, 33,926 (18%)
- Eastern Mediterranean, 4,960 (3%)
Trends in the detection of new cases of leprosy, by WHO region, 2005–2012

Column height indicates total global burden for the year

Column height indicates total global burden for the year
Trends in the detection of new grade-2 leprosy cases, by WHO region, 2005–2012

Column height indicates total global grade-2 new cases for the year.
Trends in the detection of new leprosy cases in 18 endemic countries and the rest of the world, 2005–2012

Column height indicates total global burden for the year.
New leprosy cases detected in India, Indonesia, Brazil and the rest of the world, 2012

- India: 58%
- Brazil: 14%
- Indonesia: 8%
- Rest of the world: 20%
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Enhanced Global Strategy (2011-2015), progress towards its implementation and achievement of its goals
Global Leprosy Programme Managers Meeting:
Endorsed the new strategy
April 2009, New Delhi, India

• The Goal
  – To further reduce the disease burden due to leprosy and sustain provision of high-quality leprosy services for all affected communities, ensuring that the principles of equity and social justice are followed

• The Global Target
  – Reduction of 35% in the rate of new grade-2 disability (G2D) cases per 100 000 population, by end of 2015, compared to baseline at end of 2010
  – Further reduction in the burden of leprosy to 1 new grade-2 disability case per 1 million population by 2020
    • As endorsed by the WHO-Expert Committee on Leprosy in October 2010
Guiding principles for effective implementation of the Enhanced Global Strategy 2011-2015

• Support development of appropriate country-specific strategies
• Improve case detection and treatment completion
• Integrated approaches using general health services
• Innovative approaches to reach the unreached populations
• Prevention of disabilities
• Community-based rehabilitation
• Combat stigma and discrimination through community involvement
• Long-term capacity building and sustaining national expertise
• Effective partnership and collaboration
Achievements, so far

- Multi-drug therapy (MDT) supplied to all endemic countries, free of cost
- Improved programme coverage and access in geographically inaccessible and difficult areas
- Elimination of leprosy as a public health problem at the national level achieved by most countries
- The Enhanced Global Strategy 2011-2015 and Operational Guidelines are being implemented in leprosy endemic countries in all WHO Regions
  - Translated by WHO Regions and several Member States for wider coverage and implementation
Achievements, so far ... continued

• Global Sentinel Surveillance for Drug Resistance in Leprosy is in place:
  – in selected countries
  – in all WHO Regions
• Initiatives to reduce stigma and discrimination against persons affected by leprosy are encouraged and supported
• Improved collaboration and partnerships with national and international organizations
• Developed guidelines for strengthening participation of persons affected by leprosy in leprosy services
• Regional capacity building workshops in collaboration with partners and national programmes
  – French speaking Programme Managers - African Region
Challenges in the implementation of the Enhanced Global Strategy 2011-2015

- Accessibility to diagnostic and treatment services
- Effective referral services
- Supportive monitoring and supervision
- Effective IEC to increase community awareness
- Capacity building
- Effective and functional partnerships (at the global, regional, national and sub-national levels)
- Preventing development of drug resistance
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Participating 17 countries in sentinel surveillance

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>Countries</th>
</tr>
</thead>
</table>
| African Region              | 1. Benin  
2. Burkina Faso  
5. Mozambique  
6. Niger |
| Region of the Americas      | 7. Brazil                  | 8. Colombia |
| South-East Asia Region      | 11. India                  | 13. Nepal  
| Western Pacific Region      | 15. China                  | 17. Vietnam |
|                             | 16. Philippines            |           |
## Participating 10 reference laboratories

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<thead>
<tr>
<th>City</th>
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<tbody>
<tr>
<td>Agra</td>
<td>India</td>
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<tr>
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<td>Paris</td>
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<td>7. Paris</td>
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<td>8. Rio de Janeiro</td>
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<tr>
<td>Seoul</td>
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<td>9. Seoul</td>
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<tr>
<td>Tokyo*</td>
<td>Japan</td>
<td>10. Tokyo*</td>
</tr>
</tbody>
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*Responsible for quality control also*
Relapse cases reported globally, 2005-2012

No. of countries reported
No. of relapsed cases reported

No. of countries reported:
- 2005: 44
- 2006: 41
- 2007: 43
- 2008: 49
- 2009: 122
- 2010: 100
- 2011: 105
- 2012: 105

No. of relapsed cases reported:
- 2005: 2,783
- 2006: 2,270
- 2007: 2,466
- 2008: 2,985
- 2009: 3,120
- 2010: 2,113
- 2011: 3,004
- 2012: 3,427
<table>
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<th>S.No.</th>
<th>Country</th>
<th>Relapse cases reported, 2012</th>
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<tr>
<td>1</td>
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<td>10</td>
<td>South Sudan</td>
<td>29</td>
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</table>
Progress, so far

• National Programme Managers, experts and premium laboratories convinced by WHO to participate in the network
• Further expansion of network
• Initial focus on relapse cases - secondary resistance
  – New cases may be needed to detect primary resistance
• Profile of all the clinical cases with relapse to analyze additional risk factors
• Network serves as motivation for scientists to develop new drugs for treating drug-resistant leprosy
Way forward …

• Robust treatment regimen for treating resistance
• Although few new drugs that are as good as rifampicin are available
  – Finding suitable patient and trial sites
• Molecular tests are still being refined to reduce false negative results
• Resource mobilization for expanding this network
  – To include more endemic countries
• Plan to add a sub-group on chemotherapy to improve management of leprosy
• Level of drug resistance to rifampicin in relapsed cases is not a serious situation at present
• Drug resistance surveillance for newly detected cases has been agreed in the fifth meeting, held in Benin in 2012
• Longitudinal observation should be continued, to reveal the trend of drug resistance in leprosy
• We have to watch out, so that leprosy control may not make the same mistake as that of TB control, which has been threatened by drug resistance
• Keeping a vigil is the basis to prevent spreading drug resistance and to maintain effectiveness of MDT, in the current leprosy control strategy
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What is not known...

• Sources of infection

• Burden of disease (including, for rehabilitation, economic and social)

• Patterns of exposure

• Mode of transmission

• Early host-response
Research priorities identified by experts*

• Operational, epidemiological and implementation research to:
  – Improve sustainability
  – Improve quality of leprosy services including prevention of disability and community-based rehabilitation
  – Reduce stigma

*WHO Expert Committee on Leprosy, Eighth report, 2010
Research priorities to address Enhanced Global Strategy 2011-2015

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- Capacity building
- Creating effective partnerships
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WHO initiatives in involving people affected by leprosy in policy-making by inviting either as participants or as resource persons

GLP organized recent events

• Technical Advisory Group (TAG) meetings
• Informal Consultation meeting in September 2008
• Global Leprosy Programme Managers’ meeting in April 2009 to finalize the Enhanced Global Leprosy Strategy (2011-2015)
• Manila meeting on developing guidelines for participation of people affected by leprosy in leprosy services—June 2010
• National Programme Managers of the S E Asia Region held in Sri Lanka and Myanmar
• Global Leprosy Programme Managers’ meeting in September 2011
Involvement of persons affected by leprosy in the development of the Guidelines

Meeting in Manila, June 2010, to develop the Guidelines by involving the people affected by leprosy
Guidelines for strengthening participation of persons affected by leprosy in leprosy services, 2011

- Developed and finalized by the people affected by leprosy with technical support from the Global Leprosy Programme

- Translated in various languages for wider distribution and implementation
Involvement of persons affected by leprosy in the development of the Enhanced Global Strategy 2011-2015

Meeting of Global Leprosy Programme Managers, New Delhi, India, 2011
Involvement of persons affected by leprosy in the development of the Enhanced Global Strategy 2011-2015

Meeting of Global Leprosy Programme Managers, New Delhi, India, 2011
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• **Bangkok Declaration and way forward**
• Steps towards drafting Global Leprosy Strategy 2016-2020
International Leprosy Summit, Bangkok, July 2013
Summary – Where are we?

• Achieved reduction of prevalence
• 90% of new leprosy cases distributed in 18 countries
• Different focused strategies for leprosy related each problem
• Improve coverage of hard-to-reach areas and population groups
International Leprosy Summit, Bangkok, July 2013

Summary – Where are we? ... continued

• Integration and referral system – two sides of a coin
• Advocacy and Awareness - lead to action/decision
• Enhance involvement of people affected
• Ownership by Governments
• Time for an approach which is comprehensive and inclusive in implementing the current strategy for achieving the set target
Conclusions and recommendations:

1. The Summit noted challenges facing countries in reducing the burden of leprosy, such as:
   - Reducing grade 2 disabilities in new cases through early case detection;
   - Access to equitable and quality health care including rehabilitation and referral systems;
   - Need to strengthen human resources;
   - Raising awareness about leprosy; promoting leprosy, wherever appropriate, as an integral part of neglected tropical diseases; and
   - Reliable information systems

2. With a view to overcoming the remaining challenges, countries renewed their commitment to reducing the burden of leprosy
Conclusions and recommendations ... continued

3. Acknowledged commitment and contribution of national and international partners in overcoming the burden of leprosy and the importance of further strengthening partnerships was emphasized.

4. The Summit emphasized the importance of involvement and participation of communities and people affected by leprosy, including in efforts to reduce stigma and discrimination.

5. Emphasized the need for adequate resources for supporting programme implementation.

6. The Summit recognized the continuing need for supporting research in leprosy.
Honorable Health Ministers from leprosy high endemic countries agreed upon the above conclusions and recommendations and committed themselves for full implementation of the **Bangkok Declaration**

- towards a leprosy-free world

Witnessed by Mr. Sasakawa, WHO-Goodwill Ambassador for Leprosy Elimination, Dr Samlee, Regional Director, WHO-SEA Region, Dr Nakatani, Assistant Director General, WHO-HQ, experts, partners government high officials from various countries
International Leprosy Summit, Bangkok, July 2013
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Steps towards drafting Global Leprosy Strategy 2016-2020

Main challenges to be addressed:

• Persons affected
  – Access to health care services/leprosy services
  – Promote early case detection through their involvement
  – Empowerment of various national organizations of the persons affected/stakeholders

• Programme Management
  – Innovative activities in leprosy endemic districts
  – Training of Human Resources
  – Supervision, Monitoring and Evaluation
  – Quality of leprosy data

• Policy and planning
Process leading towards drafting Global Leprosy Strategy 2016-2020

• Preliminary internal discussion in the Global Leprosy Programme then with the Regional Advisers;
• Brain-storming sessions to generate inputs/ideas in addressing the challenges, such as, the one in Bangkok in July 2013
• Brain-storming sessions during the various WHO-Regional meetings for the National Leprosy Programme Managers
• Generate inputs from the leprosy experts
• Form a small drafting group to incorporate all inputs to be coordinated by the GLP
• GLP to convene the Leprosy Programme Managers meeting to finalize the strategy
Our concerted and harmonized efforts and approaches may be: Either straight paths; or zigzag paths; or even elevated flyovers/highways to reach the target.

Our openness and mutual understanding are the keys ......

A WORLD WITHOUT LEPROSY
Friends to the end: Partnership of WHO with the member countries and all stakeholders towards a “Leprosy free World”
Thank you very much for your kind attention