World Health Organization

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Leprosy (Hansen disease)

Report by the Secretariat

1. Leprosy is a chronic infectious disease caused by *Mycobacterium leprae*, an acid-fast, rod-shaped bacillus. The disease mainly affects the skin, the peripheral nerves, the mucosa of the upper respiratory tract, the eyes and other structures. Leprosy has afflicted humanity since time immemorial. It once affected every continent and it has left behind a terrifying image in history and human memory – of mutilation, rejection and exclusion from society.

2. Diagnosis of leprosy is most commonly based on clinical signs and symptoms. These are easy to observe and elicit by any health worker after a short period of training. Only in rare instances is there a need to use laboratory and other investigations to confirm a diagnosis of leprosy.

3. Resolution WHA44.9 on leprosy adopted in 1991 by the Health Assembly was a catalyst, and today 119 out of 122 countries considered to be endemic for leprosy have eliminated the disease as a public health problem, meeting the target of reaching prevalence below one case per 10 000 population. The commitment to eliminating leprosy was reiterated by the Health Assembly in 1998 in resolution WHA51.15.

4. The strategy to eliminate leprosy as a public health problem is twofold: (i) improving access to diagnosis through integration of leprosy-control services into existing public health services; and (ii) providing effective medicines free of charge. Early detection of cases has dramatically reduced the risk of deformities and disabilities among patients, ensuring that leprosy sufferers can lead normal lives with dignity.

5. The remarkable achievement of reducing the global burden of leprosy over the past two decades can be traced to an important event in the history of the fight against the disease. In 1981, a WHO Study Group on Chemotherapy of Leprosy recommended the use of multidrug therapy as the standard treatment of leprosy.

6. Since 1985, the prevalence of leprosy has been reduced globally by more than 90% and more than 15 million patients have been cured through multidrug therapy. This success has been made possible by the strong commitment of countries where the disease is endemic, supported by the international community, including the Nippon Foundation and the Sasakawa Memorial Health Foundation; the pharmaceutical company Novartis and the Novartis Foundation for Sustainable Development; bilateral organizations; and national and international nongovernmental organizations, notably the International Federation of Anti-Leprosy Associations.

7. Timely case-finding and multidrug therapy have prevented disabilities due to leprosy among an estimated 1 to 2 million individuals. There is now a perceptibly higher level of awareness and political

commitment in countries where leprosy is endemic, with a renewed emphasis on human rights' issues related to stigmatization and discrimination faced by people affected by leprosy, and their families.

8. Since 1995, WHO has provided treatment free of charge to all leprosy patients worldwide thanks to generous contributions from the Nippon Foundation, Novartis and the Novartis Foundation for Sustainable Development.

9. At the beginning of 2009, the prevalence of leprosy as notified by countries was just over 213 000. This figure corresponds to the number of people under multidrug treatment at the beginning of the year. The number of new cases detected globally each year declined steadily from the peak of more than 763 000 in 2001 to 249 000 in 2008.

10. During 2008, only 17 countries reported more than 1000 new cases. These countries accounted for 94% of the new cases detected globally during 2008. Currently, leprosy is largely confined to Africa, Asia and Latin America. Pockets of the disease continue to exist within the larger disease-endemic countries, even though the countries have recently reached the leprosy elimination target at the national level. These remaining problem areas cannot be ignored, and vigorous action must be taken to ensure that leprosy is eliminated as a public health problem at global, national and local levels.

11. Although significant progress has been made in controlling the disease and reducing the disease burden, much remains to be done in order to sustain the gains and further reduce the impact of the disease, especially the burden due to the physical, mental and socioeconomic consequences of leprosy on people affected and their families. This has created some challenges, as the following examples show.

- Identifying the last patients at the local level is increasingly difficult; treatment is thereby delayed until after deformities occur. Greater attention should therefore also be paid to patients who face human rights' violations and who require help for their physical and socioeconomic rehabilitation.

- Many countries where leprosy is endemic have focused on changing vertical programmes into ones that are fully integrated in the primary health care system. Other important aspects have been the training and retraining of general health staff in order to increase their capacity to diagnose and treat the disease, and counselling of leprosy patients, families and communities. However, the cornerstone of the effective fight against leprosy is the provision of medicines free of charge. This needs a strong logistical component in order to ensure uniform and continued availability of medicines and a simplified information system to streamline data management.

- Early case detection and multidrug treatment will remain the key elements of the leprosy-control strategy in the foreseeable future. There is, therefore, a continuing need to maintain the supply of medicines for multidrug therapy to countries where the disease is endemic. As the numbers of patients who require multidrug therapy steadily decline, logistical support for the effective distribution of medicines will need to be adjusted to the reality of dealing with a lower disease burden.

- In most countries where leprosy is endemic, more men than women are diagnosed with the disease. It is not clear whether the higher leprosy rates in men reflect epidemiological differences or the influence of operational factors. It is essential to collect sex-disaggregated

data in order to clarify the magnitude and nature of the gender disparities. Programmes needed to identify patterns of service use, levels of participation in decision-making, and perceptions of quality of care. Other activities include training health staff to be gender-sensitive and increasing the level of involvement of women in health action at all levels.

- A good surveillance system continues to be essential for assessing the reduction of the burden of leprosy and its transmission. National programmes should continue to collect information and report on prevalence and prevalence rate, detection and detection rate (by age groups and gender), proportion of patients with grade 2 disabilities among new cases, proportion of patients classified as multi-bacillary among newly detected cases, proportion of children under 15 years of age among newly detected cases, cure rate, and the rate of relapse or relapse risk.[1]

- Research should be intensified, notably to study disease transmission and pathogenesis, and allow the development of new diagnostic and therapeutic approaches as well as the management of leprosy reactions and nerve damage.

12. The WHO Global Leprosy Programme, based in the Regional Office for South-East Asia in New Delhi, continues to provide country-level support in leprosy-elimination activities, technical guidance to Member States, and sustained political commitment.

13. WHO will assist in focusing and intensifying anti-leprosy activities in those parts of the countries where large numbers of cases are detected and progress towards elimination is limited. WHO will continue to work towards elimination of leprosy as a public health problem at subnational and local levels.

14. Elimination of leprosy as a public health problem has proven to be feasible with the knowledge and tools available. Even resource-constrained countries have achieved that goal. The next stage is elimination at subnational and local levels.

ACTION BY THE EXECUTIVE BOARD

15. The Executive Board is invited to note the report.

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[1] Document SEA-GLP.2009.3.