

**WORLD HEALTH  
ORGANIZATION**



**REGIONAL OFFICE FOR  
SOUTH - EAST ASIA**

REGIONAL COMMITTEE

SEA/RC29/12

Twenty-ninth Session

1 September 1976

Supplementary Agenda item 2

LEPROSY CONTROL

Paper Presented by the Government of India

On the recommendation of the Regional Committee, at its twenty-eighth session, an Inter-country Consultative Meeting on Leprosy in the South-East Asia Region was held in the WHO Regional Office, New Delhi, from 18 to 20 December 1975 to review the magnitude of the leprosy problem, methods of control, treatment and rehabilitation in the programme and to develop guidelines relating to the necessary steps needed for the control of the disease. The following is an excerpt from the report and recommendations of the meeting:

#### "10.1 Objective

"The aim is to bring about sufficient reduction in the amount of infection in the community to interrupt transmission of the disease, so that it is controlled at a level where it ceases to be a serious public health problem.

#### "10.2 Targets

"(1) In addition to preventing indeterminate cases from progressing into lepromatous leprosy, at least 75% of the estimated lepromatous and border-line cases should become bacteriologically negative and should remain so. The meeting feels that this should be possible in the Region within a period of 10-15 years.

"(2) To achieve this target in the highly endemic areas at least 95% of the population should be examined in the expectation of detecting 95% of the infectious cases.

"(3) All patients detected should be brought under regular supervised treatment immediately on detection, priority being given to infectious or potentially infectious forms. This operation, in the opinion of the meeting, should be completed within a period of 3-5 years, in the highly endemic areas, after the launching of the programme.

"(4) The existing national control programmes in each country should be maintained and further strengthened so that the intensified programme can be built upon them.

#### "10.3 Strategies for implementation

"(1) In order to achieve these targets, intensified case-finding and supervised treatment activities in hyper-endemic areas should be carried out so as to cover the whole population of each operational area within one year. The case-finding will be conducted by total population surveys by house-to-house visits, coupled with increased health education efforts. Planning will be directed to covering fully every defined operational unit in the hyper-endemic area within 3-5 years.

"(2) The areas where the endemicity has not so far been defined should be subjected to sample surveys.

"(3) The areas where significant reductions in the prevalence have been claimed should be evaluated.

"(4) Collaborative field studies on treatment regimens should be undertaken in a number of suitable locations in the Region for a year during 1976/1977. They would be directed towards observing the effect on the bacterial and morphological indices in skin and nasal smears of lepromatous cases undergoing:

- (a) DDS therapy using conventional doses from the commencement of treatment and/or DADDS therapy;
- (b) initial rifampicin therapy, in combination with DDS maintenance dosage, and
- (c) possibly, cases being given thiambutosine (DPT) and clofazimine singly or in combination with DDS.

"(5) In the development and strengthening of basic health services, there should be increased involvement of the staff in the leprosy case-finding and treatment programme and unquestioned acceptance of leprosy patients with severe reactions and other complications as short-stay patients in general hospitals. This should be in anticipation of the final integration of the leprosy control services.

#### "10.4 Needs

"The meeting visualizes that, to implement these activities in areas where intensification is needed, the following inputs are necessary:

- (1) additional auxiliary staff and training facilities (mobilization of part of the staff from adjoining areas for short periods);
- (2) vehicles;
- (3) running and maintenance cost of vehicles (POL);
- (4) drugs (supplies of additional drugs for field studies and treatment of limited number of cases, e.g., rifampicin, clofazimine, DADDS and thiambutosine);
- (5) laboratory equipment, microscopes, etc., and
- (6) materials for health education.

"To meet these needs, the meeting recommends that WHO should take the lead in involving suitable international agencies in supplementing the national resource inputs."

For the implementation of the above recommendations, the Regional Committee may consider the following:

- (1) The area of participation by WHO.
- (2) What inputs will be available against the item under 'Needs'.
- (3) WHO may take the lead in involving suitable international organizations and bilateral agencies in intensified case-detection and supervised treatment for 70 hyper-endemic districts of leprosy in India.