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World Health Organization
Organisation mondiale de la Sante
FORTY-SEVENTH WORLD HEALTH ASSEMBLY
Provisional agenda item 19 A47/11
28 February 1994

Elimination of leprosy as a public health problem

Progress report by the Director-General

This report is submitted in compliance with resolution WHA44.9, whereby the Health Assembiy in May 1991 requested the Director-Generai to keep the Executive Board and the . Health Assembly informed of the progress made in attaining the global elimination of. leprosy as a public health problem (prevalence below one case per 10 000 population) by the year 2000. As a result of this resolution, significant progress has been made throughout the world. Political commitment has increased in most endemic countries, as , has support from national and international nongovernmental and other organizations. Th e resolution has been translated into national, regional and global strategies. Training programmes have been strengthened, especially in the field of management at district leve l.

New initiatives stemming from health systems research have provided support to endemic cgyntries in soIVing site-specific operational problems. Special attention has been given to monitoring and evaluating implementation of the elimination strategy. Prevention of physi cal - disabilities has become an integral component of many control programmes. The expansion of programme coverage and wider application of multidrug therapy, as recommended by WHO since the resolution, has resulted in a 55% reduction in global prevalence, with the cumulative coverage of multidrug therapy reaching 89.3%. The cumulative number of cases cured with such therapy rose from 1.2 to 5.6 million.

Despite very encouraging results, the elimination of leprosy still requires vigorous effo rts. it is estimated that 6 million to 7 million cases will need to be diagnosed and cured in the next six years to meet the elimination target. Many endemic countries are having difficulties in increasing and maintaining their programme coverage. it is recommended that urgent action be taken (a) to intensify further implementation of the elimination strategy; (b) to , optimize use of existing resources for leprosy in the world, in order to reach the highes t: possible coverage of multidrug therapy by the year 1995; and (c) to maintain this high le vel until elimination of the disease.

Following consideration of this subject by the Executive Board at its ninety-third sessio n, when it noted the Director-Generalis report of which this is the updated version, the Hea lth Assembly’s attention is drawn to various aspects requiring its support.

CONTENTS

I. INTRODUCTION

1. This report is submitted in compliance with resolution WHA44.9, whereby the Health Assembly in May 1991 requested the Director-General to keep the Executive Board and the Health Assembly informed of the progress made towards the global elimination of leprosy as a public health problem (prevalence rate below one case per 10 000 population) by the year 2000.

2. Resolution WHA44.9 on eliminating leprosy as a public health problem contributed to increasing both the political commitment of leprosy-endemic countries and support from international donors. The resolution also made it possible to formulate strategies at country, regional and global levels, with time-bound action plans for several countries.

3. The Working Group on Leprosy Control, comprising eight to ten experts, was established in 1991. It continues to oversee the strategy and action for the elimination of leprosy, with the increasing participation of nongovernmental organizations.

4. Considerable progress has been made since the adoption of the resolution, with a 55% reduction in the number of registered cases, improved programme coverage, and a steady increase in the cumulative coverage of multidrug therapy. ’

II. PROGRESS TOWARDS ELIMINATION OF LEPROSY

5. As shown in Table 1, the number of registered leprosy cases fell steadily from 1990 to 1993. This reduction is observed in all endemic regions and has resulted largely from intensified application of multidrug therapy and improved case management. The global prevalence of registered cases decreased from 7 cases per 10 000 population to 3 per 10 000 in three years, indicating that elimination of leprosy as a public health problem is well under way. Thus far there is no evidence that HIV infection has any adverse effect on the incidence of leprosy.

TABLE 1. REGISTERED LEPROSY CASES IN 1990 AND 1993 AND NEW CASES DETECTED IN 1993, BY WHO REGION

Registered cases Registered eases . RateM per Rate" per , Rate" per 10 000 .10 000 100 000		
482 669 . 158 788 7.73		
301 704 5.14		
2 693 104 . 28.38		
7 246 0.01		
99 913 1.25		
Western Pacific .152 739 0.93		
3737375 730 1397423 437033		

t Number of new cases detected during the first nine months of the year.

WHO region		
Africa		
Americas		
South-East Asia		
1 173 630		
7 874		
22 662		
Europe		
Eastern Mediterranean		

" Calculated using the mid-year population data from World population prospects. United Nations, New York, 1991.

6. Globally, coverage of multidrug therapy is currently about 54%. The main difficulty is to increase and maintain high coverage. The major operational and administrative problems that slow down application of multidrug therapy in many countries are lack of health infrastructure, access in remote areas, shortage of trained personnel, inadequate resources - particularly for drugs - and difficulties in integrating leprosy control into general health services. Although current coverage of multidrug therapy is not as high as expected, cumulative coverage, which takes into account the number of individuals who have been cured with multidrug therapy, reached about 89% in 1993 (see Tables 2 and 3).

TABLE 2. GLOBAL PROGRESS OF MULTIDRUG THERAPY (MDT)

3 737 375 3087 788 2 291 581 1 697 420
2080998 1295640 1117508 913881 .
55.7% 42.0% 48.8% 53.8%
Registered cases
Cases on MDT
MDT coverage
Cases (cumulative) cured through MDT
1 204 821 2 870 944 4 237 712 5 594 535
66.5% 70.0% 82.1% 89.3%
Cumulative MDT coverage

TABLE 3. COVERAGE OF MULTIDRUG THERAPY BY WHO REGION, 1993

wHo r ion MDT _overage
(No of endemeig countries Registered Cases on Completed
Africa (34) 158 788 100 312 252 096
Americas (21) 276 498 105 452 55 233
South-East Asia (9) 1 173 630 632 492 5 123 958
Europe (0) 7 874 2 834 1 009 . . .
Eastern Mediterranean (6) 22 662 20 780 29 907
Western Pacifuc (17) 57 968 52 011 132 332
Total (87) 1697420 913 881 mm":

7. Despite the considerable progress made towards elimination, there is an urgent need to increase 5 further both access to and coverage of multidrug therapy. In order to strengthen further the political commitment of endemic countries and to accelerate progress an international conference on elimination of leprosy as a public health problem, involving major leprosy-endemic countries, will be held in July 1994 in Viet Nam.

8. The Working Group on Leprosy Control is of considerable help in advising WHO on various matters related to elimination of the disease. A task force on health systems research for leprosy control was created in order to promote research in this area. Its first meeting was held in 1992.

9. WHO continued to support the training of managers in leprosy control through special training modules and training courses at country level. The training modules were revised in 1993, based on experience of two years use. Since 1991, 29 courses have been conducted with 630 participants.

10. In order to facilitate implementation of the elimination strategy, WHO continued to provide support at country level through consultants who collaborated in the preparation of action plans, application of multidrug therapy, training, and evaluation. WHO cooperated with a number of countries (e.g., Brazil, China, India, Myanmar, Viet Nam) in the independent evaluation of their programmes. Coordination of activities between ministries of health, international nongovernmental organizations and WHO is steadily improving in a number of countries, in some with formal tripartite agreements.

11. The monitoring and evaluation of leprosy control activities have been strengthened, making it possible to produce regular reports on progress towards elimination, and to update each year the estimated number of cases by country. The information provided contributes to setting priorities and targets in endemic countries and by partners involved in leprosy control. Regular meetings with programme managers of the major endemic countries are organized to improve information systems, and guidelines have been drawn up on programme monitoring and evaluation. In addition to official publications, WHO issues a newsletter on leprosy elimination in order to disseminate information at the peripheral level.

12. The number of individuals disabled as a result of leprosy is expected to decline slowly over a period of years. Currently, the number of people disabled by leprosy is estimated to be 2 million to 3 million. WHO therefore promotes the prevention and management of disabilities within leprosy control. To this end, a manual on prevention of disabilities in leprosy patients was published in 1993. Rehabilitation of patients as part of community-based efforts will continue to receive WHO support.

13. WHO is continuing to support research initiatives in order to improve treatment of leprosy under various conditions. Other areas of research include basic research on Mycobacterium leprae, diagnostic tools for early detection, primary prevention, and studies on reactions and nerve damage in leprosy. These are coordinated through scientific working groups on chemotherapy and on immunology under the Special Programme for Research and Training in Tropical Diseases. Research on leprosy vaccine is continuing although preliminary results from the first vaccine trial based on a combination of BCG with killed M. leprae in Venezuela are not encouraging.

Ill. GLOBAL STRATEGY FOR ELIMINATION

14. WHO has formulated a global strategy for elimination of leprosy, which has been endorsed by the Working Group on Leprosy Control. It is based on regional and country strategies, and takes into consideration epidemiological and operational factors. The aim is to proceed to the global goal by eliminating leprosy at national level and, in larger countries, at state level. Leprosy is a very unevenly distributed disease, and 95% of the problem in the world is confined to 25 countries (see Table 4), and 80% to just five (Bangladesh, Brazil, India, Myanmar and Nigeria). The steps in the elimination strategy are a stratification of the situation regarding leprosy, identification of priorities for action, and setting and monitoring of intermediate targets. The most important factors for the stratification will be the extent and intensity of the disease, and delivery of leprosy control services, particularly multidrug therapy. Political

commitment, and mobilization and coordination of resources, including those from donor no ngovernmental
organizations, will be prerequisites for elimination. Core activities will focus on appli cation of multidrug
therapy, case-detection, programme monitoring and evaluation, and epidemiological surveil lance. The
Working Group on Leprosy Control will continue to monitor globally progress towards elimi nation.

LEPROSY SITUATION AND COVERAGE OF MULTIDRUG THERAPY
IN THE TOP 25 ENDEMIC COUNTRIES - 1993
TABLE 4.
Registered Current Cumulative
prevalence MDT MDT
per 10 000 coverage coverage
population % 56
Estimated Registered
number of number of
cases cases
India
Brazil
Bangladesh
Indonesia
Myanmar
Nigeria
Philippines
Iran, Islamic Republic of
Nepal
Sudan
Zaire
Ethiopia
Mozambique
Guinea
Colombia
Cbte d’Ivoire
Viet Nam
Mali
Madagascar
Chad
Mexico
Cambodia
Niger
Thailand
Egypt
2 2250001570 020 m_w-
15. The elimination strategy aims at identifying and treating with multidrug therapy an e stimated total number of 6.5 million cases up to the year 2000. The cost of dealing with these cases has been estimated at US$ 420 million, including US$ 140 million for drugs. It is possible to mobilize these resources over the next five to seven years, provided that the need for elimination is fully recognized and that all interested parties work together in partnership.

16. The action essential for achieving elimination is the detection of patients and their treatment with multidrug therapy. Disability prevention and rehabilitation are also important, although not directly related to the elimination goal. The elimination strategy calls for the setting of intermediate t argets and their constant monitoring. Short-term targets will relate mainly to disease reduction through c ure of patients by treatment with multidrug therapy, and the consequent reduction in prevalence. Targets for the latter phases will, in addition, involve reducing the occurrence of new cases, which will be facilitate d by eliminating reservoirs of infection and consequently reducing the transmission of infection. Although prevalence reduction is directly proportional to the number of patients treated, incidence reduction will depend upon (a) treatment of all or nearly all patients, and (b) the length of time needed to maintai n a high coverage of multidrug therapy, to allow for the occurrence of cases infected before its introducti on.

IV. MA’ITERS FOR PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

17. The support of the Health Assembly is particularly important (a) further to increase the political commitment of Member States to the elimination goal; (b) further to strengthen the coordinating and monitoring role of WHO, so as to attain that goal; and (c) to mobilize additional extrabudgetary resources in order to strengthen leprosy programmes in countries where the application of multidrug therapy is inadequate.