COMMENTARY


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Accepted for publication 02 December 2009

The goal of elimination of leprosy as a public health problem as set out in 1991 by the World Health Assembly i.e., attaining a level of prevalence of less than one case per 10,000 population, was reached at the global level in the year 2000. The Strategic Plan for Leprosy Elimination 2000–2005 encouraged major commitment among leprosy-endemic countries and mobilised support to ensure that leprosy services are available and accessible to all people affected by leprosy at their nearest health facility. The highlight of this period was increased coverage through mass campaigns and a widespread reduction of the global prevalence of cases registered for treatment.

The Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities 2006–2010 was crafted with the main intention of ensuring programme sustainability by reducing reliance on vertical infrastructure and promoting integration within the general health system. This ushered in a renewed focus on issues related to quality of services, reaching underserved communities and building effective partnerships that would further reduce the disease burden due to leprosy.

The World Health Organization’s Enhanced Global Strategy for Further Reducing the Disease Burden Due to Leprosy: 2011–2015 focuses on sustaining the gains made so far and on reducing the disease burden further in all endemic communities. At the same time, particular attention is given to ensuring that the quality of services is not compromised. Every person affected by leprosy should have easy access to diagnosis and free treatment with multidrug therapy (MDT). We need to ensure that sustainable activities are carried out and quality services provided within an integrated set-up that includes an effective referral network to manage leprosy-related complications efficiently.

In addition, the Enhanced Global Strategy envisages a global target for monitoring progress. It is proposed to introduce the global target of reducing the rate of new cases with grade-2 disabilities per 100,000 population by at least 35% at the end of 2015, compared to the baseline at the end of 2010. It is expected that setting a global target based on reducing the occurrence of new cases with grade-2 disabilities will spur the implementation of activities that will reduce delays in diagnosis and starting treatment with multidrug therapy, which, in turn, is likely to have an impact on reducing the occurrence of new cases in the population.

The implementation of the Enhanced Global Strategy through the Updated Operational Guidelines will require renewed commitment from all partners, notably the International Federation of Anti-Leprosy Organisations (ILEP), working towards the common goal of a world without leprosy. Together, we can further reduce the disease burden due to leprosy and ensure that the physical and social consequences of the disease continue to decline in magnitude throughout the world.
We can expect a world with a reduced disease burden due to leprosy and its damaging impact on the physical, social and economic well-being of individuals and families affected by the disease. We hope that communities will become more aware and responsive in joining efforts to reduce stigma, discrimination and injustice, through the empowerment of people affected by leprosy leading to stronger partnerships based on shared values, shared decisions and shared authority. And finally, we expect to move closer to realising the dream of ‘A world without leprosy’.

Further reading

2 Persons affected by leprosy include those under treatment with anti-leprosy drugs, persons with disabilities due to the disease, persons cured of the disease.
3 Leprosy services include diagnosis, treatment with multidrug therapy, patient and family counselling, community education, prevention of disabilities/impairments, rehabilitation and referral for complications.