



NEWER INITIATIVES IN NLEP

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National Leprosy Eradication Programme (NLEP)



"Leprosy work is not merely medical relief; it is transforming frustration of life in to joy of dedication, personal ambition into selfless service"



SIGNATURE AND GREETINGS OF MAHATMA GANDHIJI.

DATE	NAME	ADDRESS	REMARKS
30:1:46.	NT. W. S. D. S.	my good wishes to all the lepro friends	

WORLD LEPROSY DAY 2021

**Beat Leprosy, End Stigma and
advocate for Mental Wellbeing
(WLD 2021)**



LEPROSY CONTROL IN INDIA

Year	Achievement
1952	Dr Wardekar's SET pattern (Survey, Education & Treatment).
1955	National Leprosy Control Programme (NLCP).
1983	National Leprosy Eradication Programme (NLEP)
1999-03	ROM Therapy for SSL
2005	Leprosy elimination declared at the National level
2006	Disability Prevention & Medical Rehabilitation (DPMR) introduced as a component of NLEP.

JOURNEY OF LEPROSY CONTROL

- ◉ 1948- Hind Kusht Nivaran Sangh
- ◉ 1952-Dr Wardekar's SET pattern (Survey, Education & treatment)
- ◉ 1955- National Leprosy Control Programme
- ◉ 1970- Definite cure in form of MDT was identified
- ◉ 1982- WHO - study group recommended use of MDT
- ◉ 1983- National Leprosy Eradication Programme, MDT started
- ◉ 1991- World Health Assembly resolution to eradicate leprosy by 2000 AD
- ◉ 1993- World Bank supports the MDT programme phase -NLEP1

- ◉ 1997- Midterm appraisal of NLEP
- ◉ 1999-03- ROM Therapy for SSL
- ◉ 1998-2004- Modified Leprosy Elimination Campaign
- ◉ 2001-2004- NLEP Project Phase II
- ◉ 2002- Simplified Information system Introduced
- ◉ 2005- Nationwide Evaluation of Project II
- ◉ 2005, Dec- Prevalence Rate of leprosy dropped to 0.95 /10,000 population
- ◉ 2005- After Elimination, NLEP vertically run programme services **integrated with General Health Care System under newly launched National Rural Health Mission**

- ◉ 2007- Disability Prevention & Medical Rehabilitation Guidelines introduced for preventing disabilities at primary, secondary, and tertiary level
- ◉ 2007 - 2012- XI Five Year Plan advocated inclusion of Persons Affected with leprosy in all decision making exercise
- ◉ 2012- XII Five Year Plan adopted the Special Leprosy Action Plan for 209 High endemic districts in 16 States/Uts
- ◉ 2014- Independent Evaluation of NLEP by World Health Organization
- ◉ 2014 - Upgraded Simplified Information system (USIS) implementation
- ◉ 2016- Rights of Persons with Disabilities Act, 2016

◎ 2017- 2019 New Initiatives

1. Active Case Detections Campaigns (14 days) in high endemic districts
2. Focused Leprosy Campaign (FLC) in low endemic districts
3. ASHA Based Surveillance for Leprosy Suspects (ABSULS)
4. Grade II Disability Epidemiological Investigation
5. Implementation of Post Exposure Prophylaxis (administration of Single Dose of Rifampicin)
6. Sparsh Leprosy Awareness Campaigns
7. Introduction of NIKUSTH - A real time leprosy reporting software across India

2019:

- ◉ **Independent Evaluation** of NLEP by World Health Organization
- ◉ Convergence of leprosy screening with Comprehensive Primary Health Care programme of **Ayushman Bharat**, to **screen 30+ years** population at HWCs
- ◉ Convergence of leprosy screening with **Rashtriya Bal Swasthya Karyakram (RBSK)** to **screen children (0-18 years)** at Anganwadi Centers and Govt. schools,

2020:

- ◉ Active Case Detection and Regular Surveillance (ACD&RS) guidelines rolled out.
- ◉ Convergence of NLEP with Rashtriya Kishore Swasthya Karyakaram (RKSK) for counselling the children of teen age group (13-19 yrs) about leprosy at Adolescent Friendly Clinics
- ◉ Community Based Assessment Checklist (CBAC) comprehensive screening of leprosy of 30+ years population under Ayushman Bharat.

ACHIEVEMENTS DURING 2020:

- Percentage of Grade II Disability (G2D)/visible deformity among new cases decreased from 3.05% in 2018-19 to **2.39% (2019-20)**.
- The G2D amongst new cases/ million population decreased from 2.65/million population as on 31st March, 2019 to **1.94/million population as on 31st March 2020**.
- Child cases percentage has reduced from 7.67% as on 31st March 2019 to **6.86 % as on 31st March 2020**.

INNOVATIONS

- Three pronged strategy
- LCDC
- Immunoprophylaxis
- Chemoprophylaxis(PEP)
- SLAC
- ABSULS
- SLEC
- NLC - Winter Declaration
- Implementation of Nikusth
- G2D case investigation.
- NLEP Newsletter.
- AMR Surveillance.
- ACD & RS -2020
- WHO- TFCEL
- Dist. Award scheme- 2021

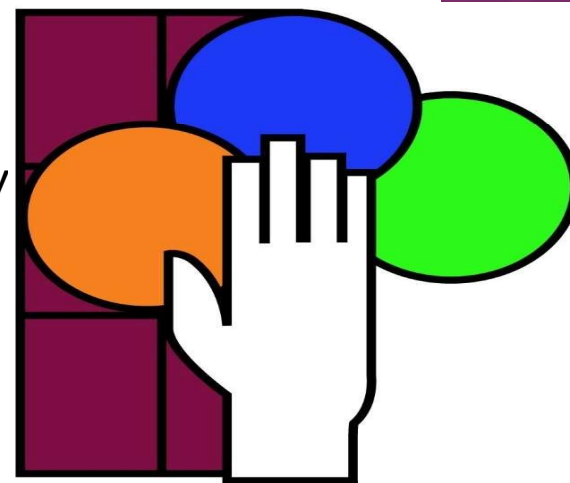
INNOVATIONS: CASE DETECTION

➤ Three pronged strategy

1. High endemic districts: **L**eprosy **C**ase **D**etection **C**ampaign
2. Low endemic districts: **F**ocused **L**eprosy **C**ampaign in hot spots
3. Hard to reach areas: **S**pecial **A**ction **P**lan for case Detection

LEPROSY CASE DETECTION CAMPAIGN (LCDC)

- H-t-H survey of entire community including Urban slums, hamlets and difficult to reach areas
- 14 days activity
- Examination of each & every family member
- Trained search team of one male and one female v
- Suspect examination plan at PHC/CHC
- Supervision
 - HW → MO / DNT → State team → Central team
- Independent monitoring:
 - During LCDC by Central monitor Level 1 & 2
 - Post LCDC monitoring Nominee by CLD



WHO RECORDED SUCCESS OF LCDC

The India National Leprosy Eradication Programme carried out an innovative Leprosy Case Detection Campaign, (LCDC), which resulted in the detection of 34 000 new cases in 2016 from high endemic pockets. These cases accounted for 25% of new cases detected by the national programme.



The screenshot shows the World Health Organization (WHO) website. At the top is the WHO logo and name. Below it is a navigation bar with links: Centre, Publications, Countries, Programmes (highlighted in orange), Governance, and About WHO. The main heading is "Neglected tropical diseases". The article title is "India's massive leprosy case detection campaign reaches 320 million people". The subheading is "Nearly 300 000 health teams screen 149 districts across 19 states". The text below the subheading reads: "18 October 2016 | Geneva | New Delhi — A record 320 million Indians have been screened in a door-to-door leprosy detection campaign, revealing thousands of 'hidden' cases. The campaign, spearheaded by the National Leprosy Elimination Programme, covered 149 districts across 19 states and mobilized almost 300 000 health workers." At the bottom of the article is a photograph of a smiling woman wearing a colorful sari and a pink headscarf, sitting in front of a white wall.

World Health Organization

Centre Publications Countries **Programmes** Governance About WHO

Neglected tropical diseases

India's massive leprosy case detection campaign reaches 320 million people

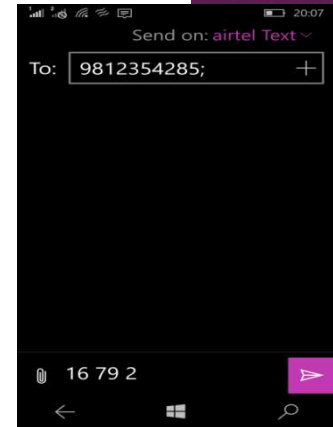
Nearly 300 000 health teams screen 149 districts across 19 states

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INNOVATIONS FOR REAL TIME MONITORING UNDER LCDC, 2016

- SMS based monitoring: Each day monitoring of the houses visited, persons examined during visit by search teams through SMS based reporting with support of WHO.
- Whats app: Various National, State, District and Local level whatsapp groups have been formed for effective communication to share data and information as well as for monitoring and supervision



GIS

- ◉ To study the spatial distribution of the disease
- ◉ Specific Programme assistance in identified

NIKUSTH

- ◉ Online reporting system
- ◉ Patient tracking system
- ◉ Early data analysis
- ◉ Prompt action

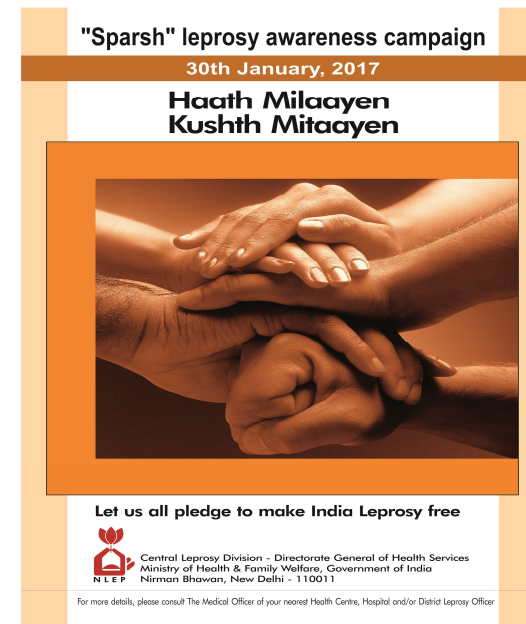


The screenshot shows the NIKUSTH login page. At the top, the logo 'nikusth' is displayed in white text on a blue background. Below the logo is a black rectangular area containing a red graphic of two hands cupped together. Underneath this graphic, the text 'Sign in' is centered. Below 'Sign in' are two input fields: 'Username' and 'Password'. Below the 'Password' field is a row containing the 'Iqxyi' logo on the left and a 'Enter Captcha' field on the right. To the right of the 'Enter Captcha' field is a small blue circular refresh icon. At the bottom of the form is a grey 'Sign in' button.

THE *SPARSH* LEPROSY AWARENESS CAMPAIGN (30TH JANUARY, 2017)

- Nationwide Gram Sabhas were held on 30th Jan- 2017 with the help of Panchayat & Village Health and Sanitation Committee.
- IEC activities in urban areas with support of health care delivery system, Local Bodies and others.

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- ◉ Nationwide Gram Sabhas in villages
- ◉ **Appropriate messages from District Magistrates and appeals from Gram Sabha Pramukh** (Heads of Village councils) **to reduce discrimination against persons affected with leprosy** are read out;
- ◉ Pledge → Gram Sabha members to reduce the burden of disease in the community, and felicitation of persons affected with leprosy is done.
- ◉ Village community is encouraged to participate in SLAC, and school children are encouraged to spread awareness of leprosy.

“Sapna” is a concept (mascot) designed and developed using a common girl living in community, who will help spread awareness in the community, through key IEC messages.

Sapna can be local school going girl who is willing to be ‘Sapna’. There can be any number of Saptas in a village.

SAPNA ‘Kyunki Sapna hai kusht mukt Bharat ka.’





SPARSH' LEPROSY AWARENESS CAMPAIGN

COMPONENTS

- ◉ **Awareness:** Focus on bacterial causation rather than prevailing superstition.
- ◉ **Transparency:** Sequale of late detection and dangers of hiding the disease.
- ◉ **People participation:** IEC by communities themselves to improve case detection.
- ◉ **Accountability and responsibility:** Gram panchayat / sabha to bridge between health facility and people.

INTENSIVE INVOLVEMENT OF ASHA


- Current involvement of ASHA in NLEP

ACTIVITY	INCENTIVE (Rs.)
Case detection (Early)	250
Case detection (Late)	200
Treatment completion (PB)	400
Treatment completion (MB)	600

- ASHA training /sensitization for suspect identification
- Reporting of suspects to MO in time & further follow up at district & state
- Monitoring of the activity by the ANM, MO and DNT
- Appropriate referral of the suspects



ASHA BASED SURVEILLANCE FOR LEPROSY SUSPECTS (ABSULS)



ASHA at monthly meeting under her signature write number of leprosy suspects identified and referred by her during previous month in predesigned (Sub-centre wise) ABSULS Form S1 (In Duplicate).

ABSULS Form S1 will be given to MO/PHC and PHC wise compilation will be done on ABSULS Form S2 (In Duplicate).

ABSULS Form S2 will be sent to DLO for Analysis and Interpretation and District-wise compilation will be done on ABSULS Form S3 (In Duplicate).

ABSULS Form S3 will be sent to SLO for Analysis and Interpretation and State-wise compilation will be done on ABSUL Form S4 (In Duplicate).

ABSULS Form S4 will be sent to CLD for Analysis and Interpretation

SPARSH LEPROSY ELIMINATION CAMPAIGN (SLEC)

- ◉ Three pronged strategy
- ◉ Sparsh Leprosy Awareness Campaign
- ◉ Post Exposure Prophylaxis (PEP) (in LCDC dist.)
- ◉ Grade II Disability case investigation
- ◉ ***Nikusht*** online reporting system with Patient tracking mechanism
- ◉ ASHA based Surveillance for Leprosy Suspects (ABSULS) for enhanced early case
- ◉ reporting in routine.

SPECIAL ACTIVITIES IN COMMEMORATION OF 150 BIRTH ANNIVERSARY OF SHRI MAHATMA GANDHIJI

- ◉ Gandhiji's Commitment to the cause of leprosy
- ◉ Sparsh Leprosy Awareness Campaigns (SLACs)
2019 and 2020
- ◉ Sparsh Leprosy Elimination Campaign (Oct, 2018
to Oct, 2019)



National Leprosy Conference

5th - 7th December 2017 | New Delhi

ACCELERATING TOWARDS LEPROSY FREE
INDIA THROUGH INNOVATIVE APPROACHES

Winter Declaration Delhi 2017

THE FIRST NATIONAL LEPROSY CONFERENCE

During this conference, stakeholders (including persons affected by leprosy), national and international experts, participated and they together took some crucial decisions, summarized in the following declaration:

We, the organizers and participants of the National Leprosy Conference 2017 declare that we will support the National Leprosy Eradication Programme of India in all its efforts to eliminate leprosy throughout the country and will not allow the recently-gained momentum to die down.

We are committed to eliminate leprosy from India, and towards this:

- ◆ We will support early case detection, timely, and complete treatment leading to stopping transmission and prevention of disability.
- ◆ We will, individually and collectively, work to end the stigma and discrimination against persons affected by leprosy and work for their mainstreaming.
- ◆ We will, through a dialogue process in our respective organizations, ensure resources are available for this effort.

We hereby declare that we will leave no stone unturned to make India leprosy-free by the year 2030.

INDEPENDENT EVALUATION OF NLEP

- ◉ WHO facilitated an independent evaluation NLEP from 1 -14 Nov. 2019.
- ◉ A central team and six field teams were constituted including national and international experts, representatives of Partner organizations, and persons affected by leprosy.

INDEPENDENT EVALUATION OF NLEP

- ◉ Leprosy well integrated into the general health care services under National Health Mission (NHM)
- ◉ Budgetary allocations have been increased by central and state governments, which reflect the strong political commitment for achieving elimination of leprosy.
- ◉ Effective and coordinated partnership at district, state and central level, ILEP, civil society organizations APAL.
- ◉ Discrimination against persons affected by leprosy was not obvious particularly in the younger generation; Sparsh leprosy campaigns spread of the right messages.

INDEPENDENT EVALUATION OF NLEP

- ◉ ASHAs were involved in leprosy case detection in various ways.
- ◉ Commendable coverage in many parts of the country though challenges are more in urban areas.
- ◉ ANCDR ↓ : 11.3 in 2008-09 to 8.7 per 100 000 population in 2018-19
- ◉ Prevalence rate ↓ from 0.7 to 0.6 per 10,000 population.
- ◉ During 2018-19, 9227 child cases were detected; for the first time the number of child cases fell below the 10,000-mark. Trends of new cases with G2D also showed a reduction over the past ten years

INDEPENDENT EVALUATION OF NLEP

- ◉ 83% districts achieved elimination; 51% districts reported a G2D rate below 1 per million.
- ◉ Laws allowing discrimination on the basis of leprosy were repealed through the Repealing and Amendment Act (2016); marriage acts amendment.
- ◉ NLEP requires a special plan to tackle leprosy control in urban and peri-urban populations.
- ◉ Large number of males were not screening due to non-availability during the campaign period. There were huge gaps in the number of suspects identified and number of suspects examined.

INDEPENDENT EVALUATION OF NLEP: RECOMMENDATIONS

- ◉ Strong political commitment observed at central level should be sustained; at sub-national level, commitment towards leprosy elimination will need to be further strengthened.
- ◉ Enhanced and timely Allocation of funds should be released to allow quality implementation and monitoring of activities, especially at district and health facility levels.
- ◉ Districts should be prioritized based on the leprosy burden. District plans should be developed in a tailored way, by taking cognizance of the particular situation of the district.

INDEPENDENT EVALUATION OF NLEP: RECOMMENDATIONS

- ◉ Urban leprosy control TO be strengthened with optimal level of integration with NUHM. Special focus on slums and migrants
- ◉ Active Case detection to ensure early case detection.
- ◉ Expertise of staff should be sustained and further enhanced.
- ◉ The application of electronic learning tools should be encouraged.
- ◉ Monitoring & supervision should be strengthened, in quantity and quality.
- ◉ The recording & reporting system should take advantage of Integrated Health Information Platform (IHIP).

INDEPENDENT EVALUATION OF NLEP: RECOMMENDATIONS

- ◉ Coverage of contact tracing should be maximized for earlier case detection and to expand prevention of leprosy through post-exposure prophylaxis with single-dose Rifampicin to eligible contacts.
- ◉ Efforts should be continued to repeal remaining legislation that allows discrimination on the basis of leprosy at central, state municipality levels

ANTI-LEPROSY VACCINE

BCG : Overall efficacy 61% among contacts¹

- ◉ ↓ Incidence in Brazil, Cuba etc.

MIP vaccine²

- ◉ Field trials
- ◉ Gujarat & Bihar
- ◉ Protective Efficacy:39-68 %
- ◉ Not yet included in NLEP



1. Zodpey S et al Role of BCG Metanalysis Lancet Infect Dis 2006;6(3):162-70.
2. Sharma P et al. Immuno..... follow up 8-10 years Lepr Rev (2005) 76, 127-43.
3. Duthie M et al. The potential...intervention Mem Inst;107(suppl1):2012:190-6.

CHEMOPROPHYLAXIS

◎ Post Exposure Prophylaxis (PEP):

- Directly Observed **Rifampicin Supervised (DORS)**
- Introduced for contacts of LCDC cases now extended to regular NLEP case detection activities.

G2D EPIDEMIOLOGICAL INVESTIGATION

- ◉ Detailed investigation of G2D case
 - Cause of delay
 - Source of information
- ◉ Investigations of ZERO case areas

AMR SURVEILLANCE IN LEPROSY

- ◉ Setting up of the drug resistance surveillance network in the country
- ◉ AMR in Leprosy preliminary meeting at Hyderabad in Nov 2017.
- ◉ CLTRI: nodal agency for monitoring the Drug resistance
- ◉ In the pipeline: The scaling up of the network of the laboratories and plan of implementation

NLEP ADVOCACY IN OTHER PROG.

- ◉ Rashtriya Bal Swasthya Karyakram (RBSK) → Child Health Screening and Early Intervention Services.
- ◉ Children (0-18) to be screened under Rashtriya Bal Swasthya Karyakaram (RBSK) at Anganwari Centers & in govt schools through Mobile Health Teams
- ◉ A brief Training Module has also been developed for Leprosy screening for children (0-18 years
- ◉ Children (13-19) → counseled about leprosy at Adolescent Friendly Clinics under Rashtriya Kishore Swasthya Karyakaram (RKSK).

Screening and Referral tool for childhood leprosy at C7 in the RBSK Booklet for children 0- 6 years:

C7	Childhood Leprosy or HANSEN'S DISEASE: LOOK, ASK & PERFORM?					
C7.1	Look for Single Localized and discrete lesions or Multiple hypo pigmented patch predominantly on the exposed body parts and not present from Birth. Patch should not be painful, not changing/ disappearing, is not itchy, is not shedding scales, not preceded by any inflammation or any local Injection and is not dark red, or completely depigmented. If yes: tick and Refer	<input type="checkbox"/>	C7.1.1	If yes, Number of lesions present?		
				1 to 5 lesions	<input type="checkbox"/>	
				>5 lesions	<input type="checkbox"/>	
			C7.1.2	If yes, lesions type?		
			Linear	Non-linear	Raised	Flat
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7.2	<u>Ask</u> for any history of close contact with leprosy affected person in the family or immediate neighbourhood, tick if yes	<input type="checkbox"/>	C7.3	<u>Perform and check for any:</u> Definite impairment of sensations at the hypo pigmented patch tick if yes		<input type="checkbox"/>
C7.4	<u>Perform and check for any loss</u> of sensation at hands and feet on both sides. Provided one has ruled out Neural tube defect and any other neurological problem like, Cerebral palsy.					<input type="checkbox"/>
C7	If anyone is positive: refer for Hansen's Disease					<input type="checkbox"/>
Please Note: Differential diagnosis: atopic dermatitis Pityriasis Alba, Pityriasis versicolor, Vitiligo, post inflammatory hypo pigmentation, Morphea, Nevus depigmentosus, Hypo pigmented mycosis fungicides. Hypomelanosis of Ito, halo nevus, Linear lesion (tuberous sclerosis & incontinentia pigment)						

Screening and Referral tool for childhood leprosy at C7 in the RBSK Booklet for children 6-18 years is as follows

C7	CHILDHOOD LEPROSY DISEASE: LOOK, ASK & PERFORM for a) skin lesion; b) Peripheral Nerve involvement; or c) contractures & Deformity? If any of these below is positive, refer for Leprosy Disease					
C7.1	Look for Hypo-pigmented or reddish skin lesion with <u>Definite Sensory Deficit</u> . Skin Lesion should not be painful, not changing periodically with seasons i.e. appearing or disappearing, non itchy, not shedding scales, not preceded by any inflammation or by any local injection, and is not dark red, or completely de-pigmented. If yes, tick and refer					<input type="checkbox"/>
C7.1.1	If C7.1 is yes, Number of lesions present?		C7.1.2		If C7.1 is yes, Type of skin lesion; tick accordingly	
	1 to 5 lesions	<input type="checkbox"/>		Patchy	Plaque	Nodular
	>5 lesions	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Diffuse infiltration	<input type="checkbox"/>	
C7.2	If Involvement of the peripheral nerve present then tick as per appropriate nerve					
	Behind the Ear (Greater Auricular Nerve)	<input type="checkbox"/>	Definite thickening with or without tenderness			<input type="checkbox"/>
	Around Elbow (Ulnar Nerve)	<input type="checkbox"/>	Loss of sensation			<input type="checkbox"/>
	Wrist (Radial Cutaneous nerve)	<input type="checkbox"/>	Weakness of the muscles of the hands			<input type="checkbox"/>
	Knee (Peroneal Nerve)	<input type="checkbox"/>	Weakness of the muscles of the feet			<input type="checkbox"/>
	Ankle Joints (Posterior tibial nerve)	<input type="checkbox"/>	Weakness of the muscles of the eyes			<input type="checkbox"/>
C7.3	Look for Contractures and deformity: only presented after infancy and with no history of Meningitis, Encephalitis or Trauma in the past, if yes, Note location, Mark as appropriate					<input type="checkbox"/>
	Right Hand	Left Hand	Right Feet	Left Feet	Eyes	Face
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If any of the above is positive i.e. Skin lesion (C7.1)/Nerve involvement (C7.2)/Contracture (C7.3) refer for Leprosy					<input type="checkbox"/>

COMMUNITY BASED ASSESSMENT CHECKLIST

Community Based Assessment Checklist (CBAC) modified interalia to ensure a comprehensive screening of leprosy of 30+ years population under Ayushman Bharat.

Five questions related to leprosy are mentioned

- ◉ Any hypopigmented patch(s) or discoloured lesion(s) with loss of sensation; thickened skin or nodules on skin
- ◉ Recurrent ulceration on palm or sole, or/and tingling/ numbness on palm(s) or sole(s)
- ◉ Clawing of fingers or/and tingling and numbness in hands and/or feet ability to close eyelid. Difficulty in holding objects with hands/ fingers or weakness in feet that causes difficulty in walking

COVID-19 SPECIAL ACTIVITIES

- Virtual Review Meetings with States /UTs during Lockdown
 - ◉ The review meetings focused on the **preparation of** States/UTs to work efficiently during COVID crisis, to ensure uninterrupted supply of MDT & complete treatment of all leprosy patients.
 - ◉ States were encouraged to immediately start **supportive supervision and monitoring upto sub-district level with the help of available resources** and by using virtual platforms and digital tools.
 - ◉ Close watch on the reaction cases (Type I and II)

Tracking of “on treatment” leprosy patients involved in migration amid COVID lockdown

- ◉ CLD developed a mechanism to track the defaulters and migrants with the help of existing work force under NLEP.
- ◉ CLD succeeded in gathering information about 500 leprosy patients who were involved in migration or reverse migration during lockdown
- ◉ CLD received the information in this regard from 19 States and 2 UTs. Detailed information about the patients defaulting on treatment was shared with the states concerned so that they could be tracked in time and their treatment could be resumed.
- ◉ WhatsApp group of NLEP officials, SLOs and DLOs, called the “Leprosy Action Group”

THREE TESTIMONIAL BASED TVCS DEVELOPED BY CENTRAL LEPROSY DIVISION

- ◉ 3-short films by the CLD → testimonials of four cured leprosy patients.

- ◉ **LAUNCH OF ASHA FLIP BOOK**

A Flip Book, for ASHAs in the community was released by Sh. Yohei Sasakawa, WHO Good will Ambassador for Leprosy

- The Flip Book -6 high endemic states for Leprosy.
- Flip book in Hindi, Gujarati, Odia and

ZERO DISCRIMINATION

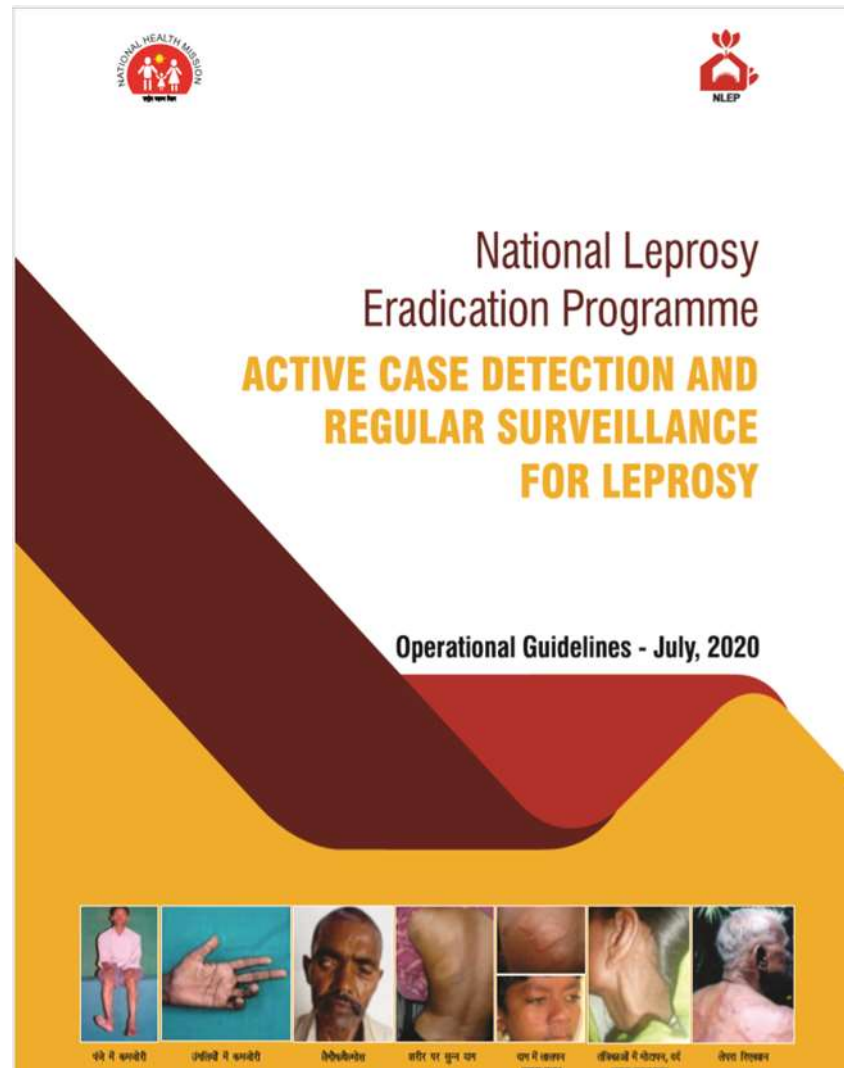
- ◉ Goal to achieve against zero discrimination against persons affected by leprosy

Dr. Harsh Vardhan, Hon'ble Union Minister



Hon'ble Chief Ministers of various states,
to expedite the process of repealing discriminatory laws
against persons affected by leprosy.

ACTIVE CASE DETECTION AND REGULAR SURVEILLANCE





National Leprosy Eradication Programme

Household Screening Register





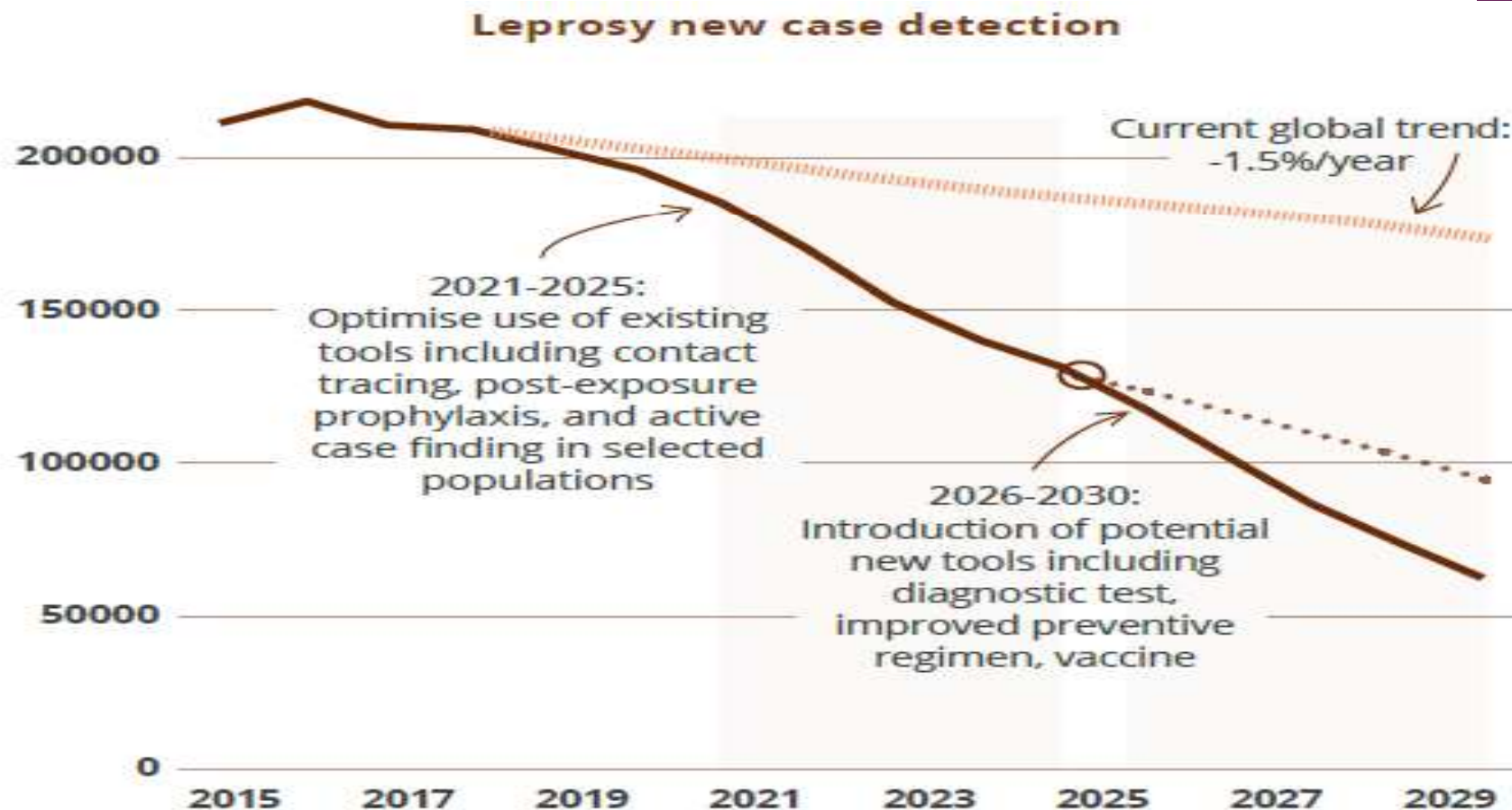
Towards zero leprosy

**Global Leprosy (Hansen's disease)
Strategy 2021–2030**



Global Leprosy Strategy 2021-2030 Strategic pillars

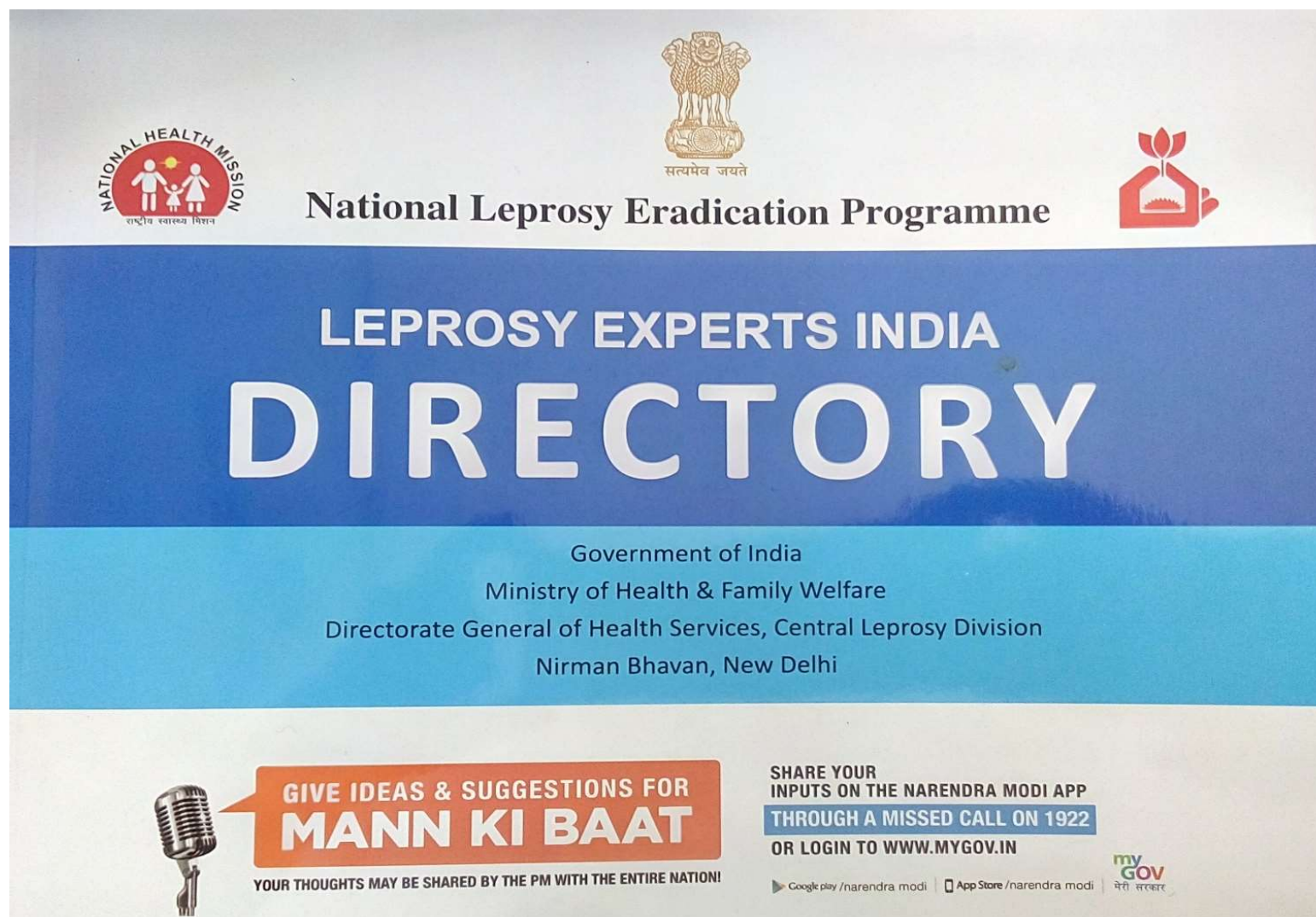
- 1 Implement zero leprosy road maps
- 2 Scale up prevention & active case detection
- 3 Manage and prevent disabilities
- 4 Combat stigma and ensure human rights



VISION, GOAL, TARGETS “TOWARDS ZERO LEPROSY” 2021-2030

- **Vision:** Zero leprosy • Zero infection and disease, zero disability, zero stigma and discrimination •
- ◉ **Goal:** • Elimination of leprosy (interruption of transmission) •
- ◉ **Global targets for 2030**
 - 120 countries reporting zero new autochthonous case
 - 70% reduction in annual number of new cases detected
 - 90% reduction in rate (per million) of new cases with grade-2 disability • 90% reduction in rate (per million children) of new child cases with leprosy

DIRECTORY OF LEPROSY EXPERTS



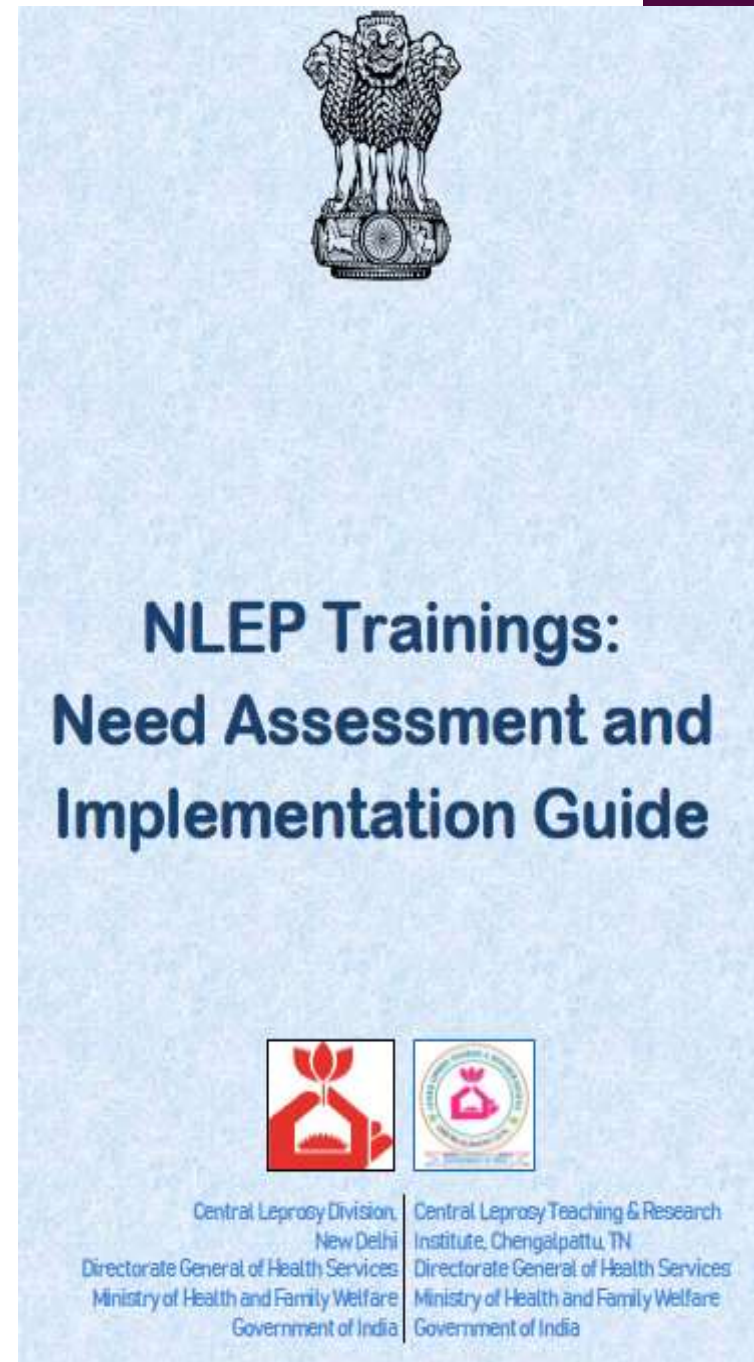
RELEASE OF NATIONAL TRAINING MANUALS



Available on <https://cltri.gov.in>

TNA IN LEPROSY

- ◉ NLEP Trainings: Need Assessment & Implementation Guide
- ◉ Available on <https://cltri.gov.in>





TFCEL

Task Force on definitions, criteria and indicators for interruption of transmission and elimination of leprosy

- ◉ Final Meeting at CLTRI, Chengalpattu
- ◉ Mar. 24-26, 2021

DIST. AWARD SCHEME

SILVER CATEGORY award for Potential Leprosy Elimination Status at District level

- . Eligibility: District with no new case* of leprosy reported for 3 years consecutive

Award: Certificate and Cash prize of Rs. 2,00,000/- per District ly.

GOLD CATEGORY award for Leprosy Elimination status at District level

Eligibility: District with no new case* of leprosy reported for 5 consecutive years. In other words, the eligible district is required to sustain the silver category status for 2 consecutive years.

Award: Cash prize of Rs. 3,00,000/- per District

PARTNERS



TAKE HOME MESSAGE

- Three pronged strategy
- LCDC
- Immunoprophylaxis
- Chemoprophylaxis(PEP)
- SLAC
- ABSULS
- SLEC
- NLC - Winter Declaration
- Implementation of Nikusth
- G2D case investigation.
- NLEP Newsletter.
- AMR Surveillance.
- RBSK & RKSK
- CBAC
- ACD & RS -2020
- WHO- TFCEL
- Dist. Award scheme- 2021



CLTRI'S CONTRIBUTION TO NLEP



- ◉ Established: 1924 (1500 inmate capacity)
- ◉ 1935-1945: Dr. Paul Brad: Origin deformity/Leprosy RCS
- ◉ Dr. Dharmendra: Dharmendra Antigen, DDS chemoprophylaxis (1942), Lepromin test
- ◉ Standardization of MFP Technique: Dr. Shepherd
- ◉ MDT Trial(Early 1980's)
- ◉ MDT in GLP(WHO): Dr. S.K. Noordeen(1983)
- ◉ ROM trial:1999
- ◉ 2-5 Skin Lesion Trial
- ◉ Dr. H. Srinivasan: RCS Technique
- ◉ Household Neighbor-hood contact Study
- ◉ Apex Training & Research Institute of MOHFW
- ◉ Imparting Training to SLO/DLO/MOs/Physiotherapist/PGs DVL, CM/UG Medical, Nursing and Biotechnology students



**LIVE WITH DIGNITY
OTHERWISE ,
THERE IS NO MEANING ...
TO LIFE**

THANK YOU

