

## Disease description and causality

Leprosy is a chronic infectious disease caused by *Mycobacterium leprae*, an acid-fast bacterium affecting mainly the skin and nerves. Historically prevalent in every continent, leprosy has almost disappeared from developed countries. Throughout the World, leprosy has left images of mutilation, rejection and exclusion from society which still persist today. People under-served or under-covered by health services and marginalised communities often the poorest of the poor are the most at risk for leprosy. Leprosy was considered incurable until the 1940s. The transmission of *Mycobacterium leprae* is mainly direct and aerial between persons.



Photo credit: WHO

WHO has recommended Multi Drug Therapy (MDT) since 1981. MDT protocol consists of two or three drugs respectively for pauci-bacillary (PB) and multi-bacillary (MB) cases of leprosy. MDT is safe, effective, and easily administered. WHO estimates that early detection and treatment with MDT has prevented about four million people from being disabled during the past 30 years.

## Disease burden, distribution and impact

During the past 5 years the regional average detection of new leprosy cases in the African Region has been about 30,000 per year. The proportion of the severe form of the disease, called multi-bacillary, represents 66% of new cases in Africa. The proportion of children among new cases is 9% while the new cases with grade 2 disability (that is patients with non-reversible physical damage) is 11%.

Prevalence of Leprosy in the WHO African Region in 2009



- Six countries are high leprosy burden countries with a risk of rapid expansion of the disease: the Democratic Republic of the Congo, Ethiopia, Madagascar, Mozambique, Nigeria and Tanzania.
- Six other countries are medium burden countries with low risk of expansion: Angola, Côte d'Ivoire, Ghana, Guinea, Malawi and Niger.
- Six countries need a close surveillance to early detect any increase in the trend of the disease: Burkina Faso, Cameroon, Chad, Liberia, Sierra Leone and Zambia.

Leprosy complications which result in irreversible disabilities affect about one million people in Africa, often, the most vulnerable populations living in poor rural areas in low-income countries. The disease constitutes a source of social stigma, discrimination and poverty. Ninety percent of beggars in cities of Africa are cured leprosy patients with irreversible disability.

Leprosy maintains a vicious cycle of poverty. Affected populations often do not have access to treatment and preventive measures. In recent years, there is growing attention to leprosy as a public health and a human rights issue.

One of the priorities of the leprosy programme is to raise understanding and knowledge among health workers, communities and person affected by leprosy themselves.

## **Progress in the last 10 years**

In Africa, the leprosy prevalence dropped from 57 516 cases in 2000 to 33 690 in 2010 which represents a decrease of 42%. About 500 000 leprosy cases were successfully treated in Africa during the last decade. In 2000, the elimination goal was achieved at regional level and in 36 countries. The remaining 10 countries achieved the goal by 2007.

In spite these achievements there is a need of maintaining high level political commitment as well as encouraging donor support for essential activities such as MDT supply and logistics.

## **Programme goal and objective**

The goal of the leprosy programme is Africa free of leprosy.

The main objective is to reduce the rate of new cases with permanent and non-reversible disability per 1 000 000 populations by at least 35% by the end of 2015 at national level compared to the baseline at the end of 2010.

## **Targets and milestones**

The target is the elimination of leprosy at all districts level in all countries by 2020.

Milestones are:

- Treatment completion/cure rate of pauci-bacillary and multi-bacillary patients to above 90% by 2015;
- Reduction of the proportion of patients on MDT presenting new disabilities to less than 2% by 2018; and
- The elimination of leprosy at district level achieved in at least 5 countries per year.

## **Major operational strategies**

The main elements of the strategy are as follows:

- Sustain leprosy control activities in all endemic countries;
- Use the trend of new cases as the main indicator to monitor progress;
- Ensure high-quality diagnosis, case management, recording and reporting in all endemic communities;
- Strengthen peripheral and referral services' capacity in leprosy case management;
- Develop tools and procedures for home and community-based integrated prevention of disabilities and impairments; and
- Promote research and best practices on leprosy control.

## **Major partners**

The Nippon Foundation (TNF), Novartis Foundation for Sustainable Development and International Federation of Anti-Leprosy Association (ILEP) members are the major leprosy programme partners.