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LEPROSY ELIMINATION: PROGRESS REPORT

Information document

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BACKGROUND

- 1. Leprosy is an infectious and disabling disease caused by the *Mycobacterium leprae*, which can lead to permanent disability. The chronic symptoms often afflict individuals in their most productive stage of life and therefore impose a significant social and economic burden on society. Leprosy patients are often shunned and become isolated within their own communities. They become dependent on others for care and financial support, leading to further isolation and insecurity. At the end of 1993, the prevalence of the disease was 113 650¹ cases in the African Region, corresponding to a rate of 2.1 per 10 000 inhabitants.
- 2. In 1994, the WHO Regional Committee for Africa adopted Resolution AFR/RC44/R5 Rev.1 on the elimination of leprosy, defined as a prevalence rate of less than one case per 10 000 inhabitants. At the end of 1999, the global leprosy prevalence dropped by 85% to reach 1.4 per 10 000 inhabitants and leprosy was eliminated from 98 countries in the world; in the WHO African Region, the prevalence was 1.2 per 10 000 inhabitants—32 countries had achieved the elimination goal. WHO together with countries and partners formed a Global Alliance for the Elimination of Leprosy to reach the elimination goal at national level in each country worldwide by 2005.
- 3. To date, 43 out of the 46 countries in the African Region have reached the elimination target. However, the African Region remains the second most affected region, with 41 239 new cases (Table 1) while the South-East Asia region reported 201 635 cases.⁴ Overall, children represent 9% of new cases of leprosy. There is need to sustain political commitment in order to reach the elimination goal in the African Region.
- 4. This paper aims to present progress towards the leprosy elimination goal and advocate for the continuation of activities as a national priority in order to further reduce the prevalence at subnational level.

ACTIONS TAKEN

- 5. The following key interventions have been implemented in all endemic countries of the African Region:
 - (a) capacity building within the health system to enable health workers to diagnose and treat leprosy;
 - (b) leprosy-specific medicines made available, with regular distribution of blister packs free-of-charge for patients and accessible in all health facilities;
 - (c) implementation of leprosy elimination campaigns and special action projects for leprosy elimination to extend and strengthen national coverage;
 - (d) public information sharing and advocacy aimed at creating awareness on leprosy and generate enthusiasm for its elimination at all levels;

¹ Compilation of reports received from ministries of health in 1994 but corresponding to statistical reports at end of 1993.

WHO, Weekly epidemiological record 77 (1): 1–8, 2002 (see tables 1 and 2).

WHO, The final push strategy to eliminate leprosy as a public health problem, pp. 9–11, Geneva, World Health Organization,

⁴ WHO, Weekly epidemiological record 81 (32): 309–316, 2006 (see Table 1, p. 311).

(e) regular monitoring and evaluation of new cases, cure rates and progress towards elimination.

PROGRESS MADE

- 6. The African Region has registered significant progress.⁵ The geographic coverage which indicates the proportion of health facilities delivering mass drug treatment services has reached 95%. In addition, special projects were designed to reach isolated or difficult to access communities. The regional prevalence rate dropped from 0.91 to 0.59 cases per 10 000 inhabitants between 2000 and 2006. Also, patients with visible disability represent 10% of detected cases. The cure rate is up to 70% of registered cases in the Region, while 69% of new cases are multibacillary patients.
- 7. Many factors have contributed to the success of the leprosy elimination programme in the African Region. Among them are the high political commitment, global support to all Member States in reducing the leprosy burden, availability of free leprosy medicines for all patients, and the good coordination of both interventions and partners at country level.

CHALLENGES

8. There remain significant challenges which need to be addressed. Three countries are still highly endemic: Democratic Republic of Congo, Mozambique and Tanzania. Efforts should be intensified in these countries in order to achieve the elimination goal. In many countries, the elimination goal has been achieved at national level, but there are disparities at district level. Some districts are still highly endemic with a prevalence rate at more than one case per 10 000 population. In the African Region, there are still more than 40 000 new cases detected each year, and the social stigma of the disease is still high. Knowledge and practices in communities do not follow technical achievements or changes. Compared to other significant health problems faced by countries in the Region, leprosy is at risk of losing political commitment and priority status, while much still remains to be done to consolidate the achievements.

CONCLUSION

9. In the short term, priority will be given to the remaining three highly-endemic countries in order to achieve the elimination goal. When the elimination of leprosy at national level is achieved, countries need to move towards elimination at subnational level. The WHO Regional Office for Africa will therefore support countries to design and implement strategies to achieve the elimination of leprosy at subnational level in the mid term.

⁵ Compilation of reports from ministries of health, updated March 2007.

Table 1: Leprosy situation in countries of the WHO African Region, March 2007.

Countries	Prevalence	valence Detection	Prevalence rate	Detection rate	New MB		New Children		New cases with disability grade 2	
Algeria	0	0	0.00	0.00	0		0		0	
Angola	1449	1877	0.93	12.06	1 426	76	168	9	183	10
Benin	306	397	0.45	5.89	238	60	43	11	86	22
Botswana	6	5	0.03	0.28	3	60	0	0	1	20
Burkina Faso	882	872	0.68	6.71	628	72	45	5	121	14
Burundi	509	293	0.75	4.29	234	80	25	9	62	21
Cameroon	537	537	0.34	3.35	412	77	63	12	27	5
Cape Verde	15	2	0.32	0.43	2	100	0	0	0	0
Central Afr Rep	320	313	0.83	8.10	221	71	61	19	37	12
Chad	786	367	0.91	4.27	275	75	14	4	52	14
Comores	72	133	0.94	17.32	30	23	52	39	4	3
Republic of Congo	215	207	0.58	5.56	149	72	19	9	35	17
Côte d'Ivoire	1316	1000	0.79	6.01	659	66	50	5	61	6
Dem. Rep. Congo	9785	10737	1.85	20.35	5963	56	1308	12	1051	10
		27	0.69			78		4	6	22
Equatorial Guinea	34 13	13	0.69	5.47	21 6	46	0	0	2	
Eritrea				0.31			_			15
Ethiopia	5277	4698	0.75	6.65	4157	88	324	7	589	13
Gabon	38	34	0.29	2.56	34	100	2	6	6	18
Gambia	57	55	0.40	3.86	38	69	10	18	16	29
Ghana	645	127	0.31	0.61	97	76		0		0
Guinea	712	980	0.84	11.56	642	66	88	9	108	11
Guinea-Bissau	80	64	0.54	4.29	45	70	5	8	12	19
Kenya	180	158	0.05	0.49	146	92	5	3	16	10
Lesotho	5	3	0.03	0.17	3	100	0	0	1	33
Liberia	29	285	0.09	8.46	164	58	45	16	28	10
Madagascar	1664	1095	0.96	6.29	854	78	131	12	109	10
Malawi	521	456	0.43	3.77	337	74	19	4		0
Mali	484	537	0.37	4.13	369	69		0	00	0
Mauritania	64	115	0.23	4.19	64	56		0	22	19
Mauritius	3 2594	1 3637	0.01 1.38	0.03 19.28	2285	100 63	406	0 11	0 346	10
Mozambique				1	2200					
Namibia	9	700	0.05	0.45	F 4.4	70	0	0	0	0
Niger	674	760	0.56	6.35	544	72	18	2	119	16
Nigeria	4544	5024	0.37	4.05	4346	87	471	9	586	12
Rwanda Sao Tome and	38	61	0.05	0.73	40	66	6	10	13	21
Principe	0	0	0.00	0.00	0		0		0	
Senegal	427	356	0.42	3.53	263	74	42	12	64	18
Seychelles	2	1	0.25	1.23	1	100	0	0	0	0
Sierra Leone	526	777	1.06	15.63	354	46	27	3	53	7
South Africa	104	42	0.02	0.09	42	100	5	12	8	19
Swaziland	0	0	0.00	0.00	0	100	0	12	0	
Tanzania	4190	4237	1.13	11.46	2863	68	322	8	407	10
Togo	166	188	0.34	3.83	141	75	16	9	32	17
	607	552	0.34	2.14	379	69	70	13	50	9
Uganda Zambia			0.24	1					50	9
Zimbabwe	554 37	192 15	0.51	1.78 0.12	153 15	80 100	37 1	19 7	15	100
TOTAL	40,476	41,239	0,59	5,97	28,644	69	3899	9	4328	100

^{*} Source: Country reports received from ministries of health