NATIONAL LEPROSY ERADICATION PROGRAMME

INTRODUCTION

- Chronic infectious disease caused by Mycobacterium leprae
- It usually affect the skin and peripheral nerves.
- Long incubation period generally 5-7 years
- Classified as paucibacilliary and multibacilliary
- Permanent disability and deformity
- Transmitted through droplet from nose and mouth.
- It is curable with MDT (multi drug therapy)
- Apart from physical deformity ,persons affected also facs stigmatisation and discrimination.

MILESTONES

- 1955- Government of India launched National Leprosy Control Programme with the main objective of controlling leprosy through domiciliary treatment with dapsone.
- 1970-definite cure was identified in the form of MDT
- 1981- Govt of india established a committee under chairmanship of Dr. M.S. Swaminathan for dealing with the problem of leprosy.
- 1982-the MDT came into use from 1982
- 1983-based on the recommendation of committee NLEP was launched in 1983 with the objective to arrest the disease in all known cases of leprosy.
- 1991- world health assembly resolved to eliminate leprosy at global level by the year 2000.
- 1993-2000-1st phase of world bank supported NLE project AND IT WAS IMPLEMENTED SUCCESSFULLY
- 1998-2004-the NLEP introduced the modified leprosy elimination campaign in the year 1997-98.
- \$\square\$ 2001-2004-the 2nd phase of world bank supported national leprosy elimination project which was started in 2001 and completed in december 2004

- 2005- India achieved elimination of leprosy as a public health programme at national level.
- 2012-special action plan for 209 high endemic districts in 16 states and ut
- 2016-Right of person with disabilities act, 2016
- 2017-2019- SPARSH leprosy awareness campaign, active case detection campaigns in high endemic districts.

NLEP

- NLEP is centrally sponsored health scheme under the ministry of health and family welfare, govt of India.
- The programme is headed by the Deputy director of health and services under the administrative control of DGHS.
- The major concern of the programme is to detect cases of leprosy at an early stage and provide complete treatment, free of cost, in order to prevent occurrence of grade 2 disability in affected persons.

COMPONENTS OF NLEP

- Decentralised leprosy services
- Capacity building of health space providers
- IEC activities(information, education and communication)
- Prevent disability and medical rehabilitation
- Intensified monitoring and surveillance

OBJECTIVES OF NLEP

- The primary objective of NLEP IS TO PROVIDE COMPREHENSIVE LEPROSY SERVICES TO THE PERSON AFFECTED BY LEPROSY.
- To reduce prevalence rate less than 1/10,000 population
- To reduce grade 2 disability %<1 among new cases at national level
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- To reduce grade 2 disability cases < 1 cases per million population at national level.
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- Zero disabilities among new child cases
- Zero stigma and discrimination against person affected by leprosy.
- Farly detection of leprosy cases and complete treatment
- Follow up of such persons so that they do not land with any complications

ACTIVITIES UNDER NLEP

- Diagnosis and treatment of leprosy: free of cost at all govt institutions.
- Training of all health workers once per year
- Urban leprosy control- in urban areas having population size of more than 1 lakh MDT services and follow up of patients
- Intensive IEC activities: awareness generation and reduction of stigma
- Strengthening of Disability prevention and medical rehabilitation services.
- Involvement of ASHA in the detection and completion of treatment of leprosy cases on time
- Carry out household contact survey for early detection of cases
- Supervision and monitoring

ACHIEVEMENTS AS ON 2021-22

- Annual new case detection rate has declined to 4.58/100000
- Percentage of grade 2 disability among new cases detected has decreases to 2.48%.
- The grade 2 disability amongst new cases per million population is decreased to 1.14 per million population in 2020-21

INITIATIVES UNDER NLEP

- Active new case finding
- Micro cellular rubber footwear is provided to patient.
- Dressing material, supportive medicine, ulcer kits are provided
- Rs 5000 incentives to affected person from BPL family
- Incentives to ASHA Rs-250 for early case finding and Rs 200 for cases with visible deformities.