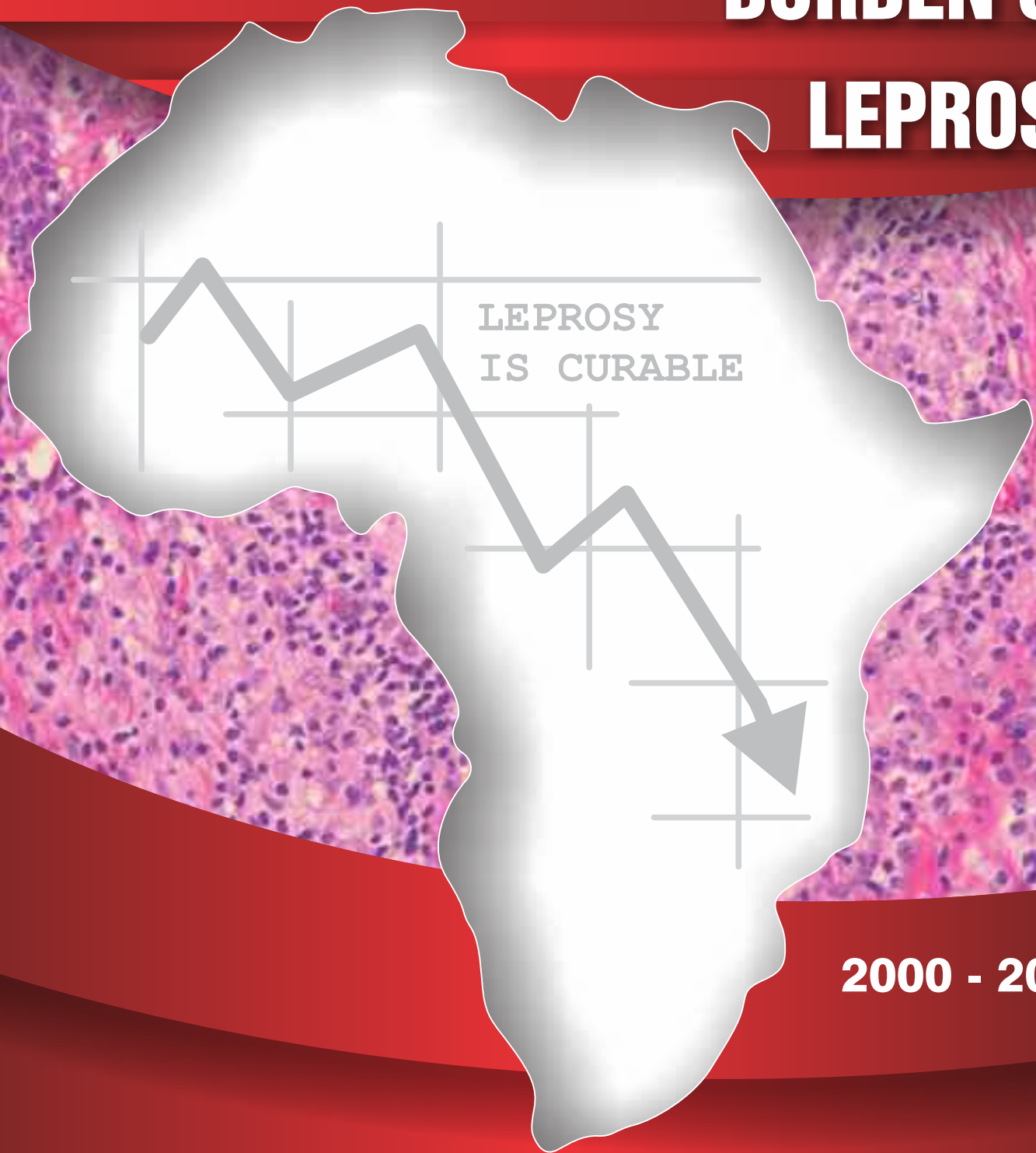


PROGRESS TOWARDS THE REDUCTION OF THE BURDEN OF LEPROSY



2000 - 2011

Disease Prevention & Control Clusters
Neglected Tropical **Disease Programme**



World Health
Organization

REGIONAL OFFICE FOR **Africa**

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FOREWORD

The goal of eliminating leprosy as a public health problem was set by World Health Assembly Resolution WHA44.9 in 1991. This resolution, which defined elimination as reducing the prevalence to less than one case per 10,000 populations, was reinforced by the WHO Regional Committee of Africa (AFRO) Resolution AFR/RC44/R5 in 1994. In order to ensure the attainment of this goal and in alignment with global efforts, AFRO developed the Regional Strategic Plans for Leprosy Elimination by 2000 and the Regional Strategic Plans to Accelerate Leprosy Elimination in the remaining Countries by 2005, named "The Final Push." The Global and Regional Strategic Plans for reducing the Leprosy Burden and Sustaining Leprosy Control Activities 2006 - 2010 were also developed. These helped to mobilize support for and encouraged commitment among leprosy endemic countries toward ensuring that interventions and services were available and accessible to affected persons.

Leprosy, a chronic infectious disease caused by *Mycobacterium leprae*, affects the skin and is a leading cause of permanent physical disabilities. This neglected tropical disease (NTD) and its associated deformities worsen the economic situation, social stigma and discrimination against leprosy patients and their families. It is noteworthy that all countries in the African Region achieved the goal of leprosy elimination as a public health problem by the end of 2005. However, there has been a re-emergence of the disease in few countries. In this regard, the WHO African Region has developed the Leprosy Strategic Plan 2013-2015 in order to further reduce the burden of the disease.

This Leprosy Elimination Progress Report 2000-2011 summarizes the achievements of national leprosy programmes and the stakeholders toward sustaining the elimination of leprosy and enhancing advocacy for the rights of people and families affected by the disease. It also highlights the major challenges and the way forward, within the context of the new momentum to eliminate NTDs in the African region. I hope and wish that all leprosy stakeholders will find it useful for their collaborative work with the vision of an African region free of leprosy.



Dr Luis Gomes SAMBO
Regional Director
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INTRODUCTION

Leprosy is a devastating disease that affects mainly the poor and isolated populations living in remote areas, sometimes beyond the reach of health services. Overcrowding in affected communities and inadequate conditions of housing contribute to the persistence of the disease. Clinically, Leprosy is chronic and infectious in nature. The skin and peripheral nerves are usually affected by the disease. The diagnosis is essentially clinical. There are two clinical forms of the disease namely: pauci-bacillary and multi-bacillary. Among communicable diseases, leprosy remains the leading cause of permanent physical disability. Early detection and adequate treatment are the most important interventions to prevent complications and disabilities. Other interventions include management of complications including disabilities and social rehabilitation, and addressing human rights of persons affected by leprosy.

The high stigma attached to the disease leads to frequent complications that end up in disability and ultimately social exclusion with serious socio-economic impact. Through intensified advocacy by many partner organisations and WHO, notably the WHO Goodwill Ambassador for the Elimination of Leprosy, Mr Yohei Sasakawa, a Global Appeal to end Stigma and Discrimination against People affected by Leprosy was launched in 2006; the UN General Assembly adopted a resolution in December 2010 and urged countries to take appropriate action.

There have been significant reductions in the burden of Leprosy, with elimination reached at national level in all countries in the WHO African Region in 2005. However, the leprosy burden and pockets of hotspots still remain in many countries. A new strategy needs to be adopted to this new leprosy epidemiological situation in order to sustain achievements and further reduce the burden of the disease.

This report reviewed the trend of leprosy in the past 12 years. The report is presented in two parts, part one presented leprosy situation, the enabling factors for leprosy elimination, the challenges and the way forward. The second part presents Country Profiles on the Leprosy in the African Region.

New definition on the burden of leprosy

In 1991, the World Health Assembly adopted the Resolution WHA44.9 in which elimination of leprosy as a public health problem is defined as reducing the prevalence rate to less than 1 case per 10,000 population and in 1994, the WHO Regional Committee for Africa adopted the Resolution AFR/RC44/R5 in which the prevalence of less than 1 case rate per 10 000 inhabitants was also adopted to meet global expectations and confirm state members commitment. Using this new prevalence rate, the goal of elimination of leprosy as a public health problem was reached at regional level in 2000 and in 2005; the goal was achieved at national level in all Members States.

With the elimination goal reached in all countries, the Global Technical Advisory Group for Leprosy unanimously agreed to use the concept of leprosy burden to classify countries into high, medium and low endemic. This concept of leprosy burden among others includes:

- the number of new cases,
- the proportion of new cases with grade 2 disability, the proportion of cases in remote and non-accessible areas,
- the work load for health workers (including leprosy case management)
- the resources available to support the leprosy programme.
- the impact of the stigma

In some areas in Africa, stigma against persons affected by leprosy and their families is still strong and leads to social exclusion and discrimination. This exclusion often results in poverty because of the inability of affected people to conduct socio-economic activities. In addition to the prevalence rate, a set of indicators has been defined to better assess the magnitude and the burden of the disease as well as the quality of the leprosy care services. These indicators are:

- Detection rate: the detection of leprosy cases is the number of newly registered leprosy cases during the course of one year. The detection rate is preferred to the incidence rate because leprosy is a chronic disease and the average delay for self-reporting to health facilities is 2-3 years. The detection rate is the number of cases newly registered per 100 000 inhabitants.



Figure 1. A health worker assessing a female patient with a skin patch Source: WHO

- Proportion of multi-bacillary cases: this indicator is the percentage of multi-bacillary cases among the cases detected during the year. It is used to appreciate the magnitude of the disease, its gravity and the risk of expansion within a community.
- Proportion of children: this indicator is the percentage of children among the cases detected during the year and is used to assess recent and on-going transmission of leprosy within a community
- Proportion of grade-2 disability: this indicator is the percentage of cases presenting with visible damages on the eyes, hands or feet at the registration among all cases detected during the year. This indicator is a proxy measure of the delay of diagnosis of leprosy patients.
- Proportion of females: this indicator is the percentage of females among cases detected during the year. The leprosy contagious risk is logically the same for the two sexes; however, the impact of the stigma and the discrimination attached to the disease often affects men and women differently. This indicator is a proxy measure of gender equity in access to health and leprosy services and in leprosy related stigma.
- Prevalence/Detection ratio: The Prevalence/Detection ratio is the relation between the two indicators. As the treatment of cases lasts 6 to 12 months, respectively for pauci and multi-bacillary forms of the disease, this ratio should be less than one in a programme having a good performance in providing MDT to patients.
- Cure rate: this is a good indicator of the quality of leprosy case management in a programme.

Overall leprosy burden

The following indicators are used in the African Region to determine the leprosy burden of each country: number of new cases detected, prevalence rate, detection rate, proportion of multi-bacillary cases, proportion of children, proportion of new cases with grade-2 disability, proportion of female cases, prevalence/detection ratio and the rate of grade-2 disability per 100 000 inhabitants. Find below a score for grading the different indicators.

Table 1. Score Scale of indicator

Score	Detection Number	Prevalence Rate	Detection Rate	%MB	% Children	%G2D	% Female	P/D Ratio	Grade 2 per 100000 Pop	Total
High	>1000 new cases = 2	>2/10000 = 2	>20/100000 = 2	<50% = 2	>20% = 2	>20% = 2	<40% = 2	>2 = 2	>102	5 & more = 2
Medium	500 to 1000 new cases = 1	1 to 2 /10000 = 1	10 to 20 /100000 = 1	50 - 75% = 1	10 to 20% = 1	10 to 20% = 1	>60% = 1	1 to 2 = 1	0.5 - 1 = 1	3 to 4 = 1
Low	<500 new cases = 0	<1 /10000 = 0	<10 /100000 = 0	76 - 100% = 0	<10% = 0	<10% = 0	30 - 60% = 0	<1 = 0	<0.5 = 0	0 to 2 = 0

In this respect, countries were classified into three categories, high-burden, medium-burden and low-burden:

Table 2. Overall leprosy burden in the WHO African Region, 2011

CATEGORY	COUNTRIES
High burden countries (12)	Comoros, Côte d'Ivoire, Eritrea, Ethiopia, Lesotho, Liberia, Madagascar, Mauritania, Nigeria, Rwanda, South Africa and United Republic of Tanzania.
Medium burden countries (16)	Angola, Cameroon, Central African Republic, Chad, Congo, the Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Guinea Bissau, Kenya, Mali, Mozambique, Senegal, Sierra Leone and Uganda.
Low burden countries (18)	Algeria, Benin, Botswana, Burkina Faso, Burundi, Cape Verde, Ghana, Guinea, Malawi, Mauritius, Namibia, Niger, Sao Tome and Principe, Seychelles, Swaziland, Togo, Zambia and Zimbabwe.

New Leprosy Cases

In the African Region, a total of 24,837 new leprosy cases were detected in 2011. In considering the number of new cases, countries were classified into three groups, the high endemic countries reporting more than 1000 new cases, the medium endemic countries reporting between 1000 and 500, and the low endemic countries reporting less than 500 new cases.

Table 3. Countries according to new Leprosy case detection

CATEGORY	COUNTRIES	COMMENTS
High new case countries (6)	Comoros, Côte d'Ivoire, Eritrea, Ethiopia, Lesotho, Liberia, Madagascar, Mauritania, Nigeria, Rwanda, South Africa and United Republic of Tanzania.	These countries account for 70% of all new cases reported. These countries are at high risk of a rapid increase in the number of new cases if control activities are not maintained.
Medium new case countries (6)	Angola, Comoros, Cameroon, Côte d'Ivoire, Ghana, Guinea.	They account for 11% of all new cases, and have a potential risk of expansion of the disease if control activities are not equally maintained.
Low new case countries (34)	Algeria, Benin, Botswana, Burkina Faso, Burundi, Cape Verde, Central African Republic, Chad, Congo, Equatorial Guinea, Eritrea, Gabon, Gambia, Guinea Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritania, Mauritius, Namibia, Niger, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, Zambia and Zimbabwe.	They account for 19% of all new cases in the Region. The trend of new cases in these countries needs a close surveillance to early respond to unexpected increase in the detection.

New cases with severe (Grade-2) disability

The proportion of new cases of leprosy with grade-2 disability denotes a delay in diagnosis. It shows the proportion of patients who are forced to live with lifelong impairment that requires care for life. Most social consequences of leprosy, such as stigma and social discrimination, poverty and other economic consequences are related to grade-2 disabilities.

In the Region, around 10% of new leprosy cases had Grade-2-Disabilities (G2D) in 2011. Those with a proportion above 20% were considered as high-disability-burden countries; whilst those with a G2D between 10 and 20% were ranked as medium-disability-burden countries.

Low disability burden countries were those that reported G2D cases below 10%.



Figure 2. Assessment of a patient with Grade 2 disability Source WHO

Table 4. Burden of Severe disability (G2D) due to Leprosy in the WHO African Region, 2011

CATEGORY	COUNTRIES
High burden of Grade two disability (8 countries)	Eritrea, Gabon, Uganda, Togo, Lesotho, Namibia, Rwanda, and Zimbabwe.
Medium burden of Grade two disability (12 countries)	Nigeria, Cote d'Ivoire, Tanzania, Dem. Rep. of Congo, Chad, Guinea, Madagascar, Mozambique, Senegal, Benin, Niger, and Burundi
Low burden of Grade two disability (26 countries)	Algeria, Angola, Benin, Botswana, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Comoros, Congo, Ethiopia, Equatorial Guinea, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Malawi, Mali, Mauritania, Mauritius, São Tomé and Príncipe, Sierra Leone, Swaziland and Seychelles

Quality of leprosy services - Prevalence/Detection (P/D) Ratio

The Prevalence/Detection ratio is one of the indicators for leprosy services. This ratio should be less than one, because the duration of the treatment is 12 months for MB cases and only six months for PB cases and the reporting period is one year. The treatment completion rate, which is similar to the cure rate in leprosy programmes, is also a good indicator of the quality of the management of leprosy cases. A good programme should have a cure rate of more than 80% for all clinical forms of leprosy.

Unfortunately, the data on cure rate are not regularly reported by national programmes. To address this, the Leprosy programmes use the Prevalence/Detection (P/D) ratio as a proxy for assessing quality of leprosy case management.

For quality leprosy case management, countries were classified as follows:

- “Good” for countries with a P/D Ratio of less than 1,
- “Fair” for countries with P/D Ratio between 1 and 2, and
- “Poor” for countries with P/D Ratio greater than 2.

Table 5. Quality of Leprosy Services in the WHO African Region, 2011

CATEGORY	COUNTRIES
Poor case management (4 countries)	Congo, Eritrea, Mauritania and South Africa
Fair case management (19 countries)	Angola, Benin, Central African Republic, Chad, Ethiopia, Gabon, Ghana, Guinea Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Nigeria, Rwanda, Senegal, Seychelles, Uganda and Zambia
Good case management (23 countries)	Algeria, Botswana, Burkina Faso, Burundi, Cameroun, Cape Verde, Comoros, Côte d'Ivoire, the Democratic Republic of the Congo, Equatorial Guinea, Gambia, Guinea, Lesotho, Mauritius, Mozambique, Namibia, Niger, Sao Tome and Principe, Sierra Leone, Swaziland, Tanzania, Togo and Zimbabwe

The evaluation of national programmes indicates an important proportion of retreatment and over treatment of patients in many areas. Estimates are around 25% of all cases under treatment. This might be contributing to a false increase in prevalence, relapse cases and proportion of grade-2 disability among new cases.

Special populations and hard-to-reach areas

The leprosy situation among some specific populations is not well known and remains a challenge in many countries of the African Region. Furthermore, the remaining high endemic pockets in most countries are unreachable due to poor access, war and armed conflicts. The special populations include:

- Pygmies of the equatorial forest in central African countries: Cameroon, Central African Republic, Congo, the Democratic Republic of the Congo and Gabon.
- Nomadic shepherds in Chad, Mali, Mauritania and Niger,
- Refugees and displaced populations in Angola, Central African Republic, Chad, Congo, the Democratic Republic of the Congo. Kenya, Somalia, United Republic of Tanzania and Uganda.



Figure 3. A health worker dispensing MDT to a pygmy community in DRC

Relapse and Stigma/Discrimination

Huge strides have been made in the reduction of leprosy yet stigma surrounding the disease remains a major concern in many countries. Reports have been made of people losing their jobs, being divorced or being evicted from their villages because they have been diagnosed with leprosy.

A number of interventions for fighting stigma and poverty developed in the African Region have contributed to some reduction of stigma and discrimination. These include advocacy, socio-economic rehabilitation, community awareness programmes and empowerment of people affected by leprosy.



Figure 4. Rehabilitation has enabled former patients to earn a living
Source: WHO

Trend of leprosy in the African Region, 2000 - 2011

The Regional leprosy prevalence dropped from 57,516 cases in 2000 to 24,837 cases in 2011, a reduction of more than 40% in the prevalence of the disease. The prevalence rate consequently decreased from 0.92 to 0.34 cases per 10,000 inhabitants in the same period. The number of new cases of leprosy detected each year has dropped from 52,751 in 2000 to 27,290 in 2011.

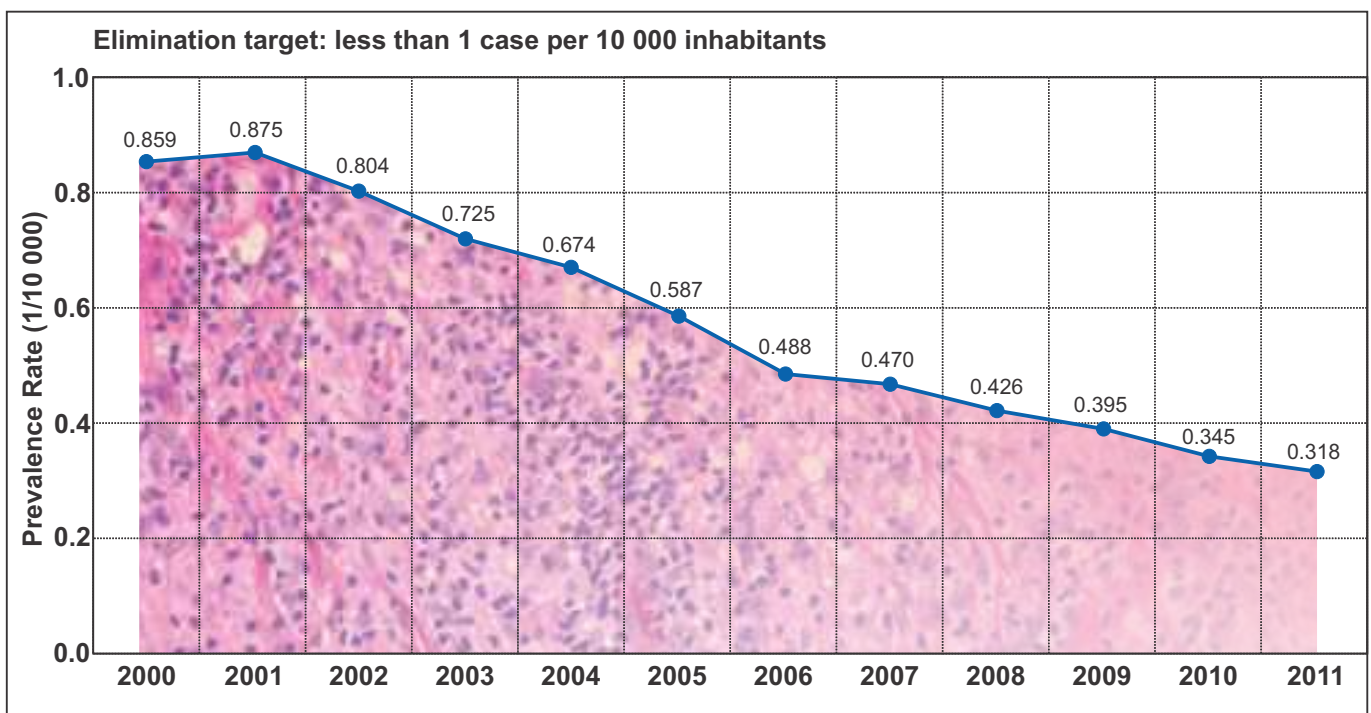


Figure 5. Trend of leprosy prevalence rate in the WHO African Region, 2000-2011

The prevalence and detection rates have dropped remarkably. Both indicators followed the same pattern between 2000 and 2011. It should however be noted that in the last five years, the regional average detection and prevalence rates were stagnant. This stagnation in detection and prevalence has been influenced by six countries namely Comoros, Eritrea, Liberia, Mauritania, Rwanda and South Africa, where significant increases have been observed since 2006.

The proportion of multi bacillary cases remains between 66 and 85% of new cases in countries during the last 12 years. The proportions of children and grade 2 disability among new cases are between 9 and 12% in the same period. The proportion of females affected is between 17 and 40%. The trend of new cases confirmed the progressive reduction of the disease.

Table 6. Status of Leprosy Elimination Indicators, 2011

CATEGORY	NUMBER	INDICATOR
Prevalence	27 290	0.318 per 10,000
New cases	24 837	2.897 per 100,000
New cases children	2 232	9.00%
New cases female	9 156	36.90%
New cases with grade 2	2 678	10.80%
New multibacillary cases	19 802	79.70%

The proportion of new cases among females was low at the regional level, ranging between 20% and 40% during the last ten years. The proportion rose from 20% in 2000 to peak at 40% in 2007 before dropping slightly to stagnate at about 35% between 2007 and 2011. The trend in the proportion of females among new cases in countries have varied in the last four years, with a drop in four countries (Comoros, Cote d'Ivoire, Eritrea and Mauritania), stagnation in three countries (Ethiopia, Madagascar and Nigeria) and a rise in one country (Liberia). In other countries, the trend in the proportion of females is fluctuating.

The proportion of grade 2 disability dropped from 15% in 2003 to 10% in 2006, and has remained stagnant at around 10% since then at the regional level.

The regional trend in the proportion of children among new cases of leprosy has remained below the threshold of 10% for the last ten years. However three countries (Comoros, Cameroun, Liberia and the Democratic Republic of the Congo) have reported trends above 10%.

ENABLING FACTORS FOR LEPROSY ELIMINATION

A number of factors have contributed to the success of elimination of leprosy as a public health problem in the WHO African region. Some of them are listed as follows:

Political commitment at country level

Following the adoption of Resolutions on the elimination of leprosy, Member States committed their governments to give high priority to leprosy interventions. Following this commitment, many initiatives took place in countries, which resulted in a tremendous decline in prevalence of the disease in the Region.

By the end of 2005, all countries in the Region had eliminated leprosy as a public health problem. This success could not have been possible without the strong commitment of the Governments of the endemic countries supported by the international community including the Nippon Foundation, Sasakawa Memorial Health Foundation, Novartis and the Novartis Foundation for Sustainable Development, bilateral organizations, national and international NGOs particularly the International Federation of Anti-Leprosy Associations (ILEP).

The decline in the prevalence of leprosy is the key outcome of this commitment. Between 2000 and 2011, after intensive implementation of leprosy programme interventions, the number of cases has been significantly reduced. During the past ten years, leprosy programmes have recorded more than 50% reduction in the prevalence of the disease.

Strong advocacy and awareness for leprosy

Advocacy, health promotion and social mobilization interventions are essential to improve early detection and treatment as well as reduce stigma and discrimination. The majority of those affected are illiterate, living in remote and inaccessible areas with low environmental health and limited access to health services. Leprosy is a silent disease and rural populations usually do not pay attention to skin patches, as long as they do not hamper the day's work.

High level advocacy visits were organized to countries with low political commitment, in collaboration with the WHO Goodwill Ambassador for the elimination of leprosy, to sensitize high level authorities, create awareness of leprosy and reduce discrimination against people affected by leprosy.



Figure 6. Mr. Sasakawa, WHO Goodwill Ambassador for the elimination of leprosy visiting former leprosy patients

Standardized treatment protocol to boost leprosy elimination

The introduction of Rifampicin in leprosy treatment was a cornerstone in the success of the leprosy programme. The fight against leprosy has been a great success due to the development and the introduction of Multi-drug therapy (MDT) in 1981. The MDT is a combination of three drugs: Rifampicin, Dapsone and Clofazimine. In the African Region, around 500, 000 registered patients have been cured of the disease through MDT during the last decade.

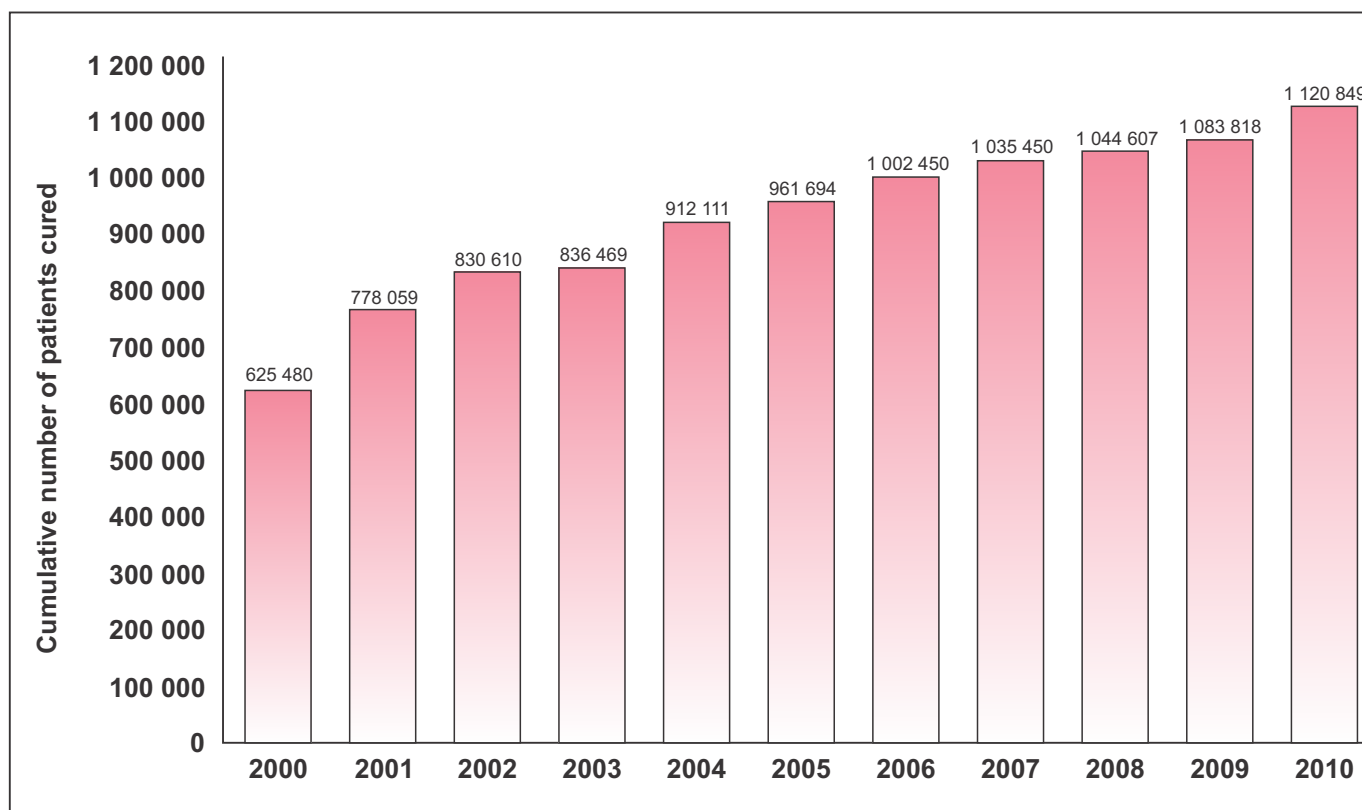


Figure 7. Cumulative Numbers of Cured Patients

Availability of free of charge medicines to patients

Since 1995, as a result of donations to WHO from The Nippon Foundation and Novartis Foundation for Sustainable Development, all leprosy patients have access to MDT free of charge. The effectiveness of MDT in curing leprosy has brought a drastic decrease in the disease burden in all leprosy endemic countries.

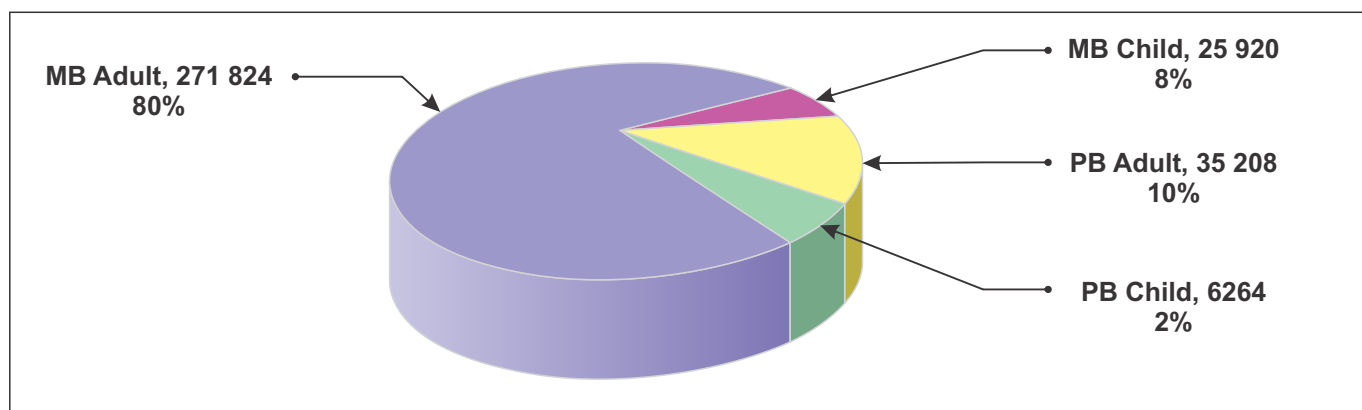


Figure 8. Novartis MDT donations in 2011

National coverage with leprosy services



Figure 9. Leprosy patients can access services at all health facilities. Source: WHO

Access to leprosy services for populations, regardless of their location, is not only a matter of equity. It is also a necessity to further reduce the burden of leprosy in countries. National control programmes have been innovative in providing quality care in leprosy management for isolated populations who lack access to health care services.

They have developed initiatives based on community participation including persons affected by leprosy, in detection, treatment and follow-up of new cases.

These initiatives ensure appropriate coverage, reaching out to unreachable populations in remote and hardly accessible areas. The two most popular initiatives are the Leprosy Elimination Campaign (LEC) and the Special Action Project for the Elimination of Leprosy (SAPEL).

Although leprosy is concentrated in some areas, national programmes have introduced leprosy services in general health services, ensuring leprosy case management in all areas presenting or suspecting leprosy cases. In addition to coverage of health services, most of national leprosy programmes have set up a surveillance system in collaboration with Integrated Disease Surveillance programmes to ensure the control of the disease in remote and non-covered areas.

Around 500, 000 leprosy patients have been cured in the WHO Africa Region during the last decade. Treatments are packed in blisters for PB and MB cases for convenience. The quality of blisters is guaranteed by WHO through regular and periodic quality control and all countries have agreed that WHO is the only Organization authorized to supply leprosy medicines to countries.

Active case finding for Leprosy

Active case finding for leprosy is a package of interventions which includes visits to local authorities, community meetings, screening, treatment of identified leprosy cases and selection of community health workers to support community treatment of identified cases. Active case finding helps to reduce the burden of leprosy by:

- Targeting populations in remote areas who have no access to health services.
- Targeting people living with leprosy who are unable to access health services due to stigma and discrimination.
- Improving access to leprosy services for special groups such as nomadic tribes, pygmies, and refugees living in or around the equatorial forest in the central part of Africa.
- Changing the image of leprosy in communities by sensitization and other activities in order to reduce stigma.

This initiative has contributed to the improved national coverage of leprosy services.

Innovative Community approaches

National Leprosy Control Programmes developed innovative community-based approaches to reach remote and hard-to-reach communities and thereby enhance ownership and sustainability of the programme. “Flexible MDT delivery¹”, was the most important initiative in this area.

Leprosy treatment lasts from 6 to 12 months. Getting patient to complete the treatment was not easy. This initiative helps programmes to improve adequate treatment performance.



Figure 10. Community based interventions have contributed to the success of the leprosy programme. Source: WHO

Regular supervision and periodic evaluation of programmes

A cascade of supervision was organized in countries. The national level staff supervises twice a year all intermediary levels of the national health system. All health districts were quarterly supervised by the intermediary level and Districts were assigned to visit health centres with leprosy patients monthly. This supervision was focussed “on-the-job-training” initiative to maintain and strengthen the quality of leprosy case management activities.

¹an arrangement where required treatment is provided to either the patient or a volunteer to deliver at a convenient time

Challenges

The leprosy situation in countries has reached a state where the number of cases has dramatically reduced. However, the disease still exists, mainly in remote and isolated communities. Leprosy continues to be a major factor contributing to impoverishment of the affected communities in Africa. The need to sustain high quality leprosy case management cannot be overemphasized. There are commitments for continued provision of MDT free of charge to support sustained elimination of leprosy as a public health problem, in order to fully benefit from this, programmes need to enhance medicines management to avoid shortages and expiry of stocks.

More effort should be made to prevent late detection of new cases particularly in remote and hard to reach communities. Community based surveillance systems need to be improved to sustain elimination as a public health problem and to further reduce the burden of leprosy. To avoid a reversal of trends, Leprosy should remain high on the political agenda. Maintaining high-level political commitment and social mobilization will contribute towards changing the image of leprosy, increasing the number of cured patients without severe disability and rehabilitating people affected by the disease.

In addition to these challenges, further reduction of the leprosy burden at all levels of the health system in countries through a coordinated inter sectoral approach, substantial funding and greater participation of NGOs and foundations will need to be addressed.

Way forward

The development of a new strategy in response to the current situation is a priority for all countries. National Leprosy Programmes should initiate a national strategic plan in line with the new global strategy to further reduce the leprosy burden and maintain quality leprosy services. The main objective of National Strategic Plans in accordance to the Global objective is to “reduce by 35% the rate per 100 000 inhabitants of new cases with grade 2 disability by the year 2015”.

All countries are encouraged to develop an integrated package of interventions together with other NTDs as part of the Innovative and Intensified Disease Management programme. This will ensure country ownership and sustainability of interventions. Countries reporting poor case management will benefit from such an approach.

With regard to existing resources, it will be more efficient to focus on highly endemic areas and develop a target of elimination to be achieved at district level. Specific communities mainly in the central part of Africa including Pygmies, nomadic shepherds, refugees and displaced populations need particular attention.

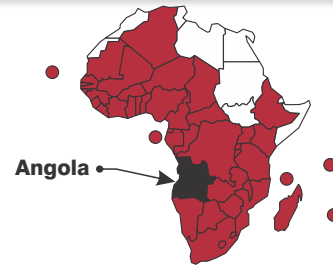
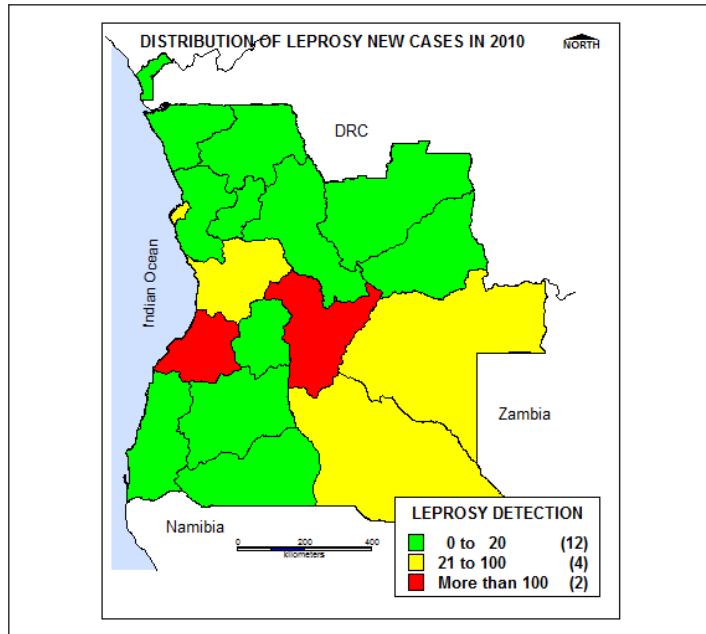
The coordination of NTD interventions in countries, including leprosy and effective mobilization of resources are key to success in reducing the burden of leprosy in the Region and the attainment of the new global and regional disease burden objectives by 2015.



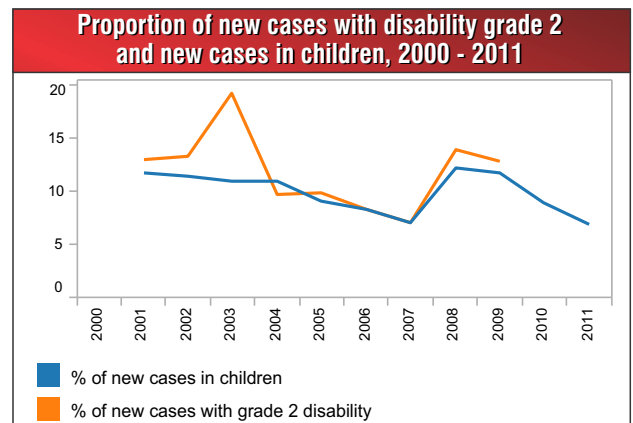
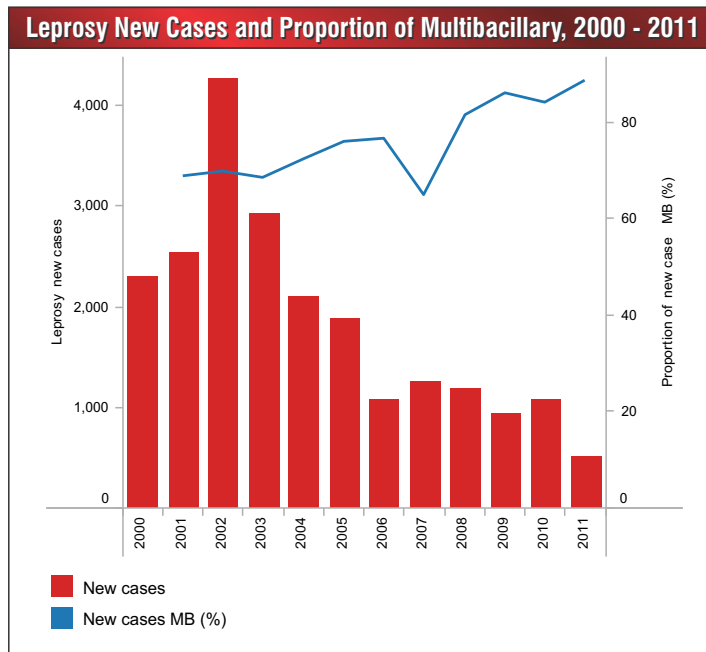
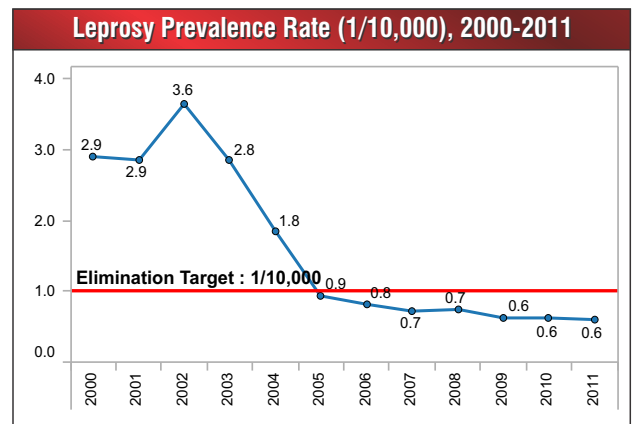
COUNTRY PROFILES



ANGOLA

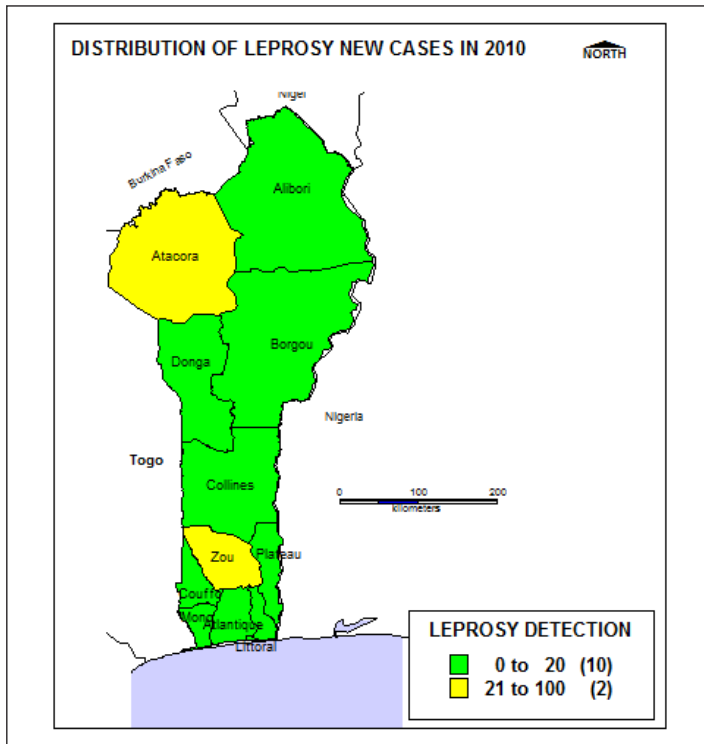
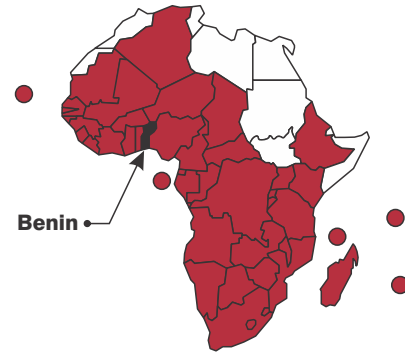


Leprosy Status as at end of 2011		
Prevalence	1099	0.579 per 10000
New cases	508	2.675 per 100000
New cases children	35	6.9%
New cases female		
New cases with grade 2 disability		
New multibacillary cases	450	88.6%



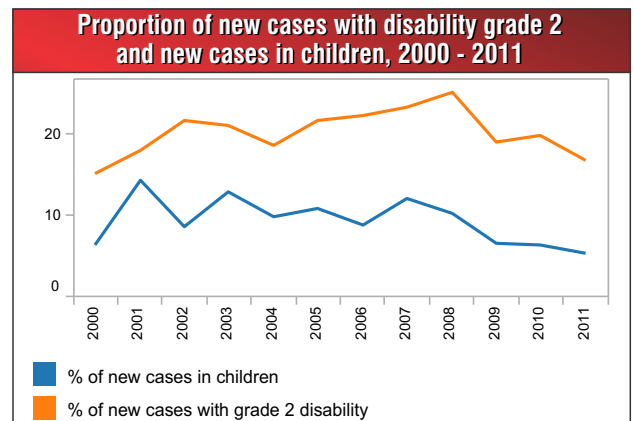
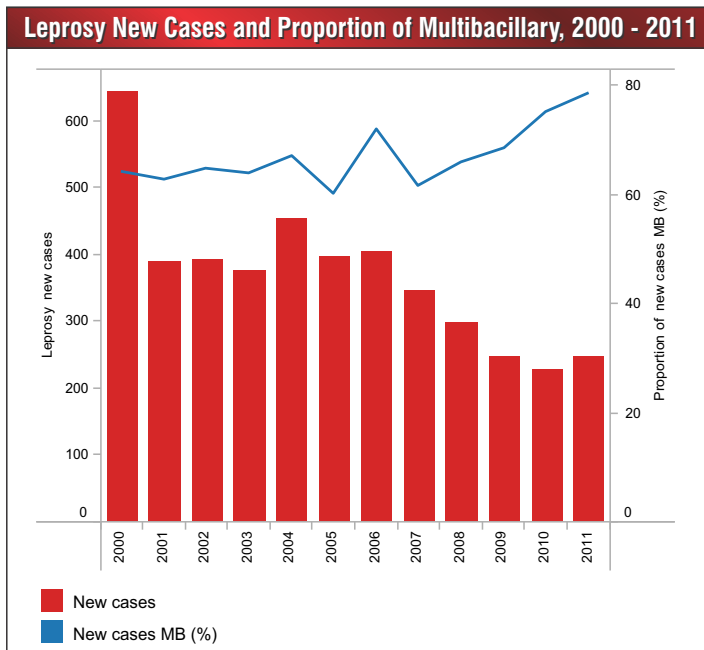
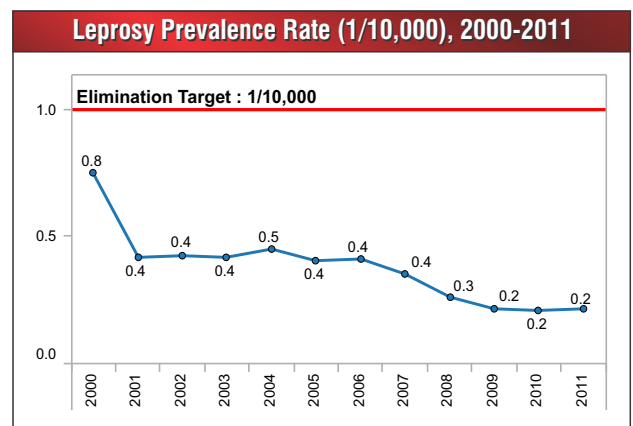
LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	2,306	2,306				
2001	4,116	2,540	295		1,751	329
2002	5,249	4,272	485		2,975	565
2003	3,776	2,933	318		2,008	565
2004	2,496	2,109	229	585	1,527	202
2005	1,449	1,877	168	865	1,426	183
2006	1,309	1,078	89	532	824	88
2007	1,218	1,269	89	532	824	88
2008	1,358	1,184	143	507	963	164
2009	1,154	937	110	310	805	119
2010	1,154	1,076	96		905	
2011	1,099	508	35		450	

BENIN



Leprosy Status as at end of 2011

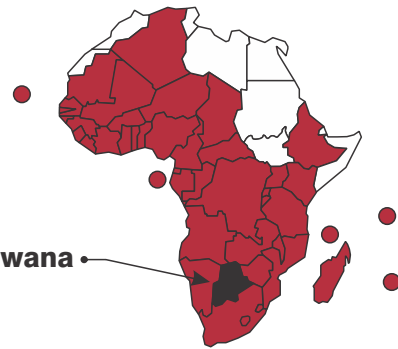
Prevalence	192	0.211 per 10000
New cases	246	2700 per 100000
New cases children	13	5.3%
New cases female	118	48.0%
New cases with grade 2 disability	41	16.7%
New multibacillary cases	193	78.5%



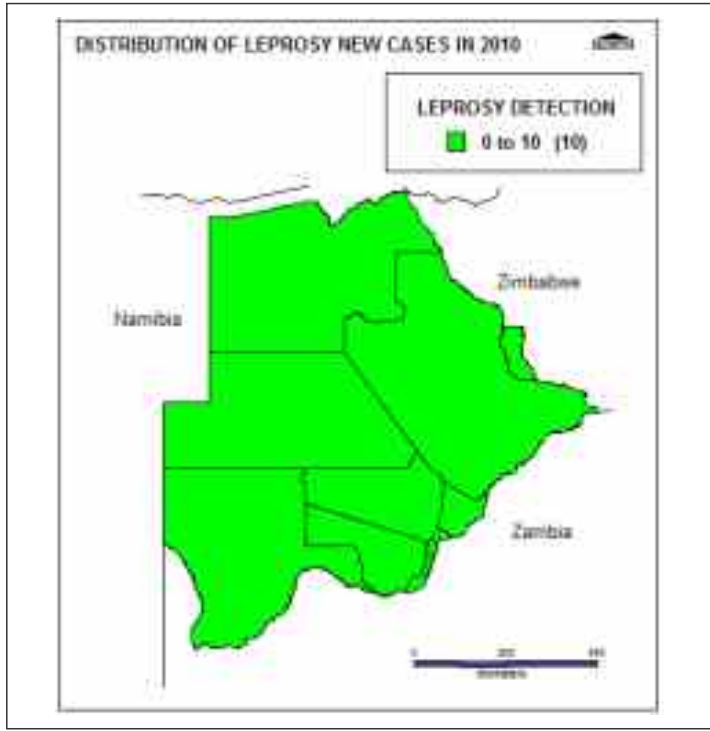
LEPROSY ESSENTIAL INDICATORS, 2000 - 2011

Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	489	645	40	287	414	97
2001	278	391	56	165	245	70
2002	294	392	33	184	253	85
2003	297	377	48	175	240	79
2004	333	453	44	518	304	84
2005	306	397	43	173	238	86
2006	322	404	35	188	290	90
2007	284	345	41	168	212	80
2008	217	298	30	122	196	75
2009	185	248	16	127	170	47
2010	180	227	14	101	170	45
2011	192	246	13	118	193	41

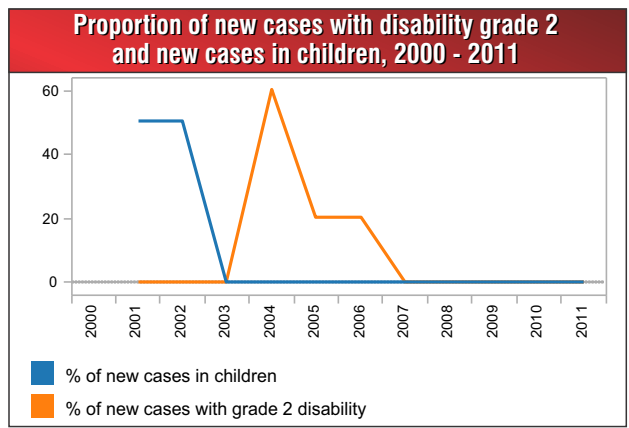
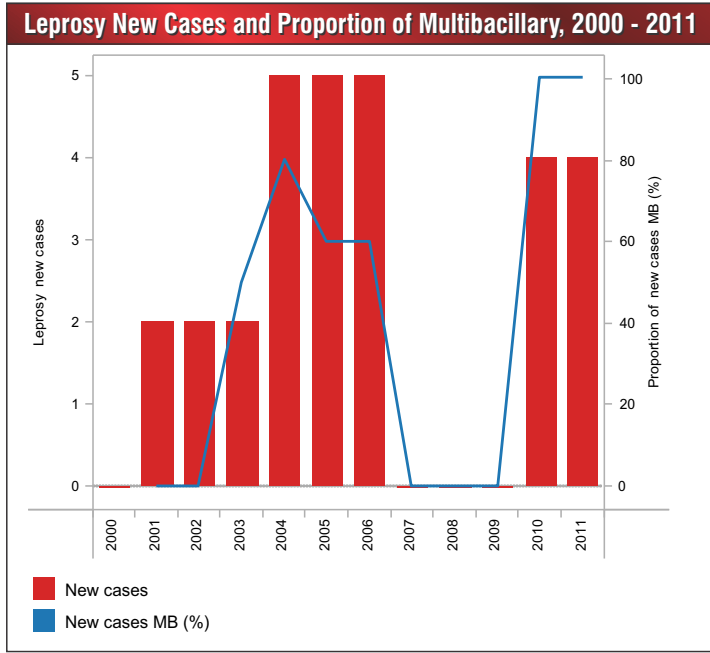
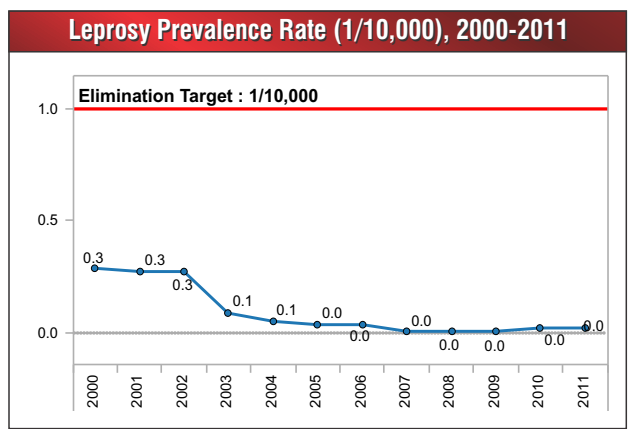
BOTSWANA



Botswana



Leprosy Status as at end of 2011		
Prevalence	4	0.020 per 10000
New cases	4	0.202 per 100000
New cases children	0	0.0%
New cases female	0	0.0%
New cases with grade 2 disability	0	0.0%
New multibacillary cases	4	100%

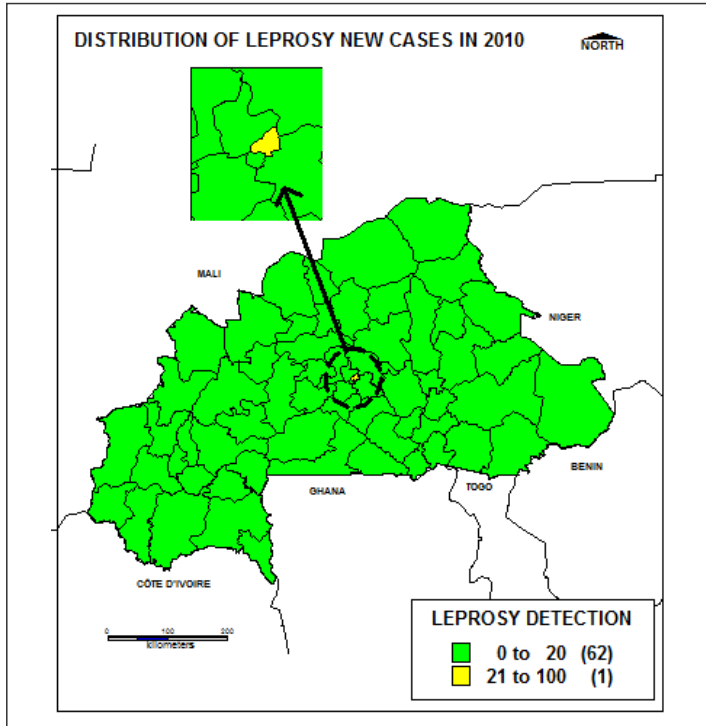


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	0	0				
2001	43	2	1	1	0	0
2002	43	2	1	1	0	0
2003	14	2	0	1	1	0
2004	9	5	0	3	4	3
2005	6	5	0	2	3	1
2006	6	5	0	2	3	1
2007	0	0	0	0	0	0
2008	0	0	0	0	0	0
2009	0	0	0	0	0	0
2010	4	4	0	0	4	0
2011	4	4	0	0	4	0

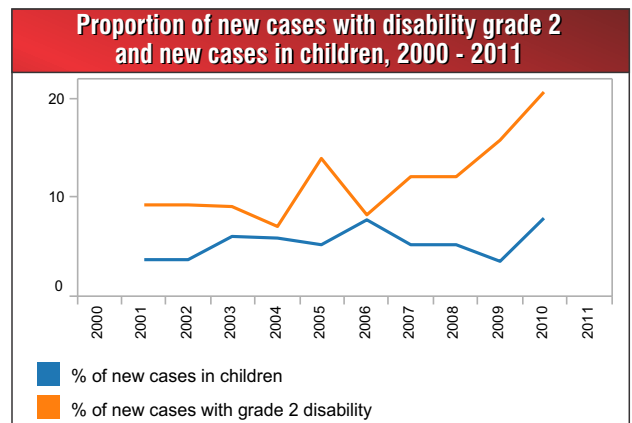
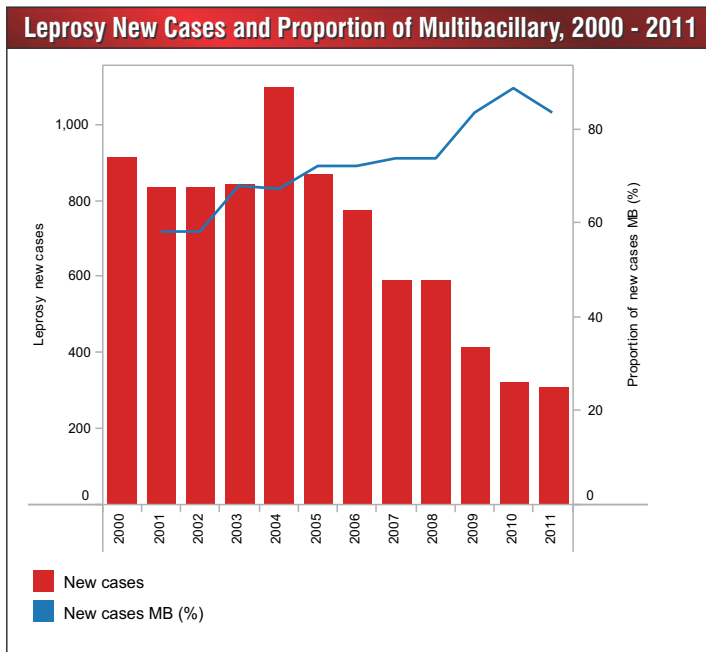
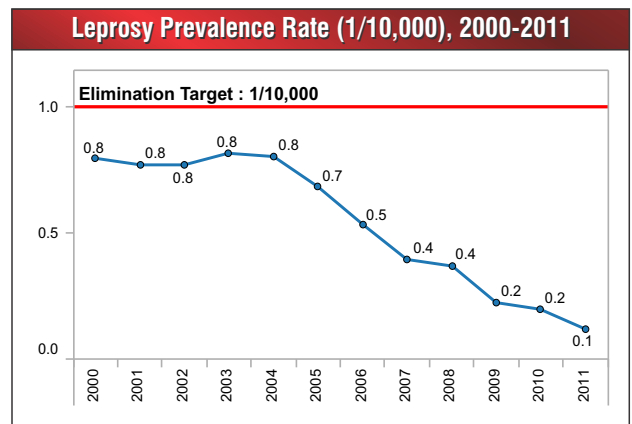
BURKINA FASO



Burkina Faso

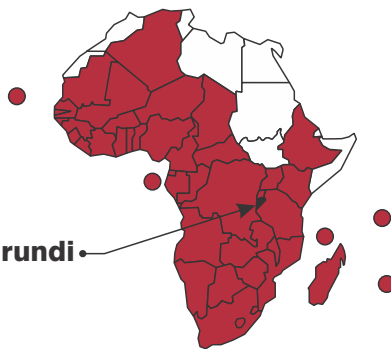


Leprosy Status as at end of 2011		
Prevalence	190	0.117 per 10000
New cases	308	1.891 per 100000
New cases children		
New cases female		
New cases with grade 2 disability		
New multibacillary cases	256	83.1%

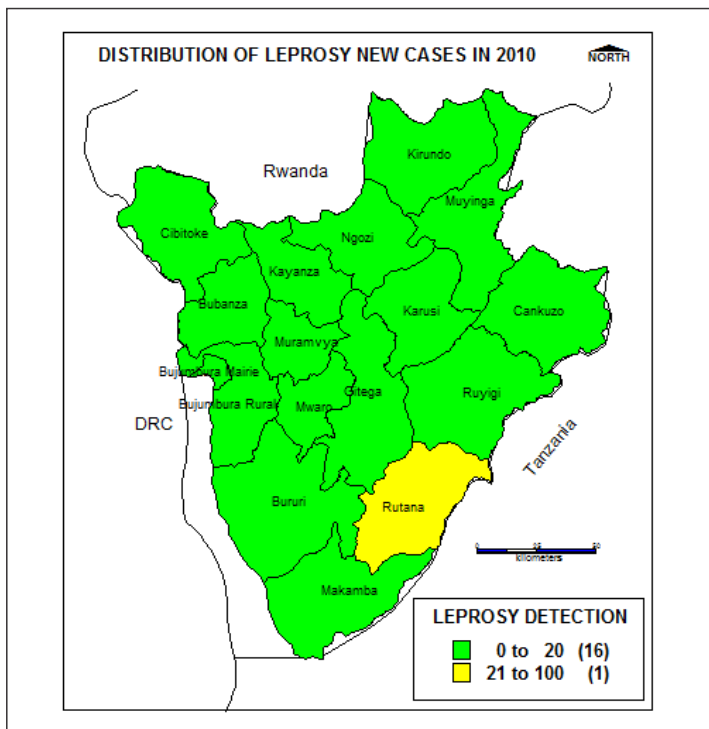


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	913	913				
2001	912	836	30		485	76
2002	912	836	30		485	76
2003	994	843	50		571	76
2004	1036	1100	64		737	76
2005	882	872	45		628	121
2006	723	776	59		557	63
2007	578	588	30		432	71
2008	578	588	30		432	71
2009	359	412	14		343	65
2010	319	320	25	155	283	65
2011	190	308			256	

BURUNDI

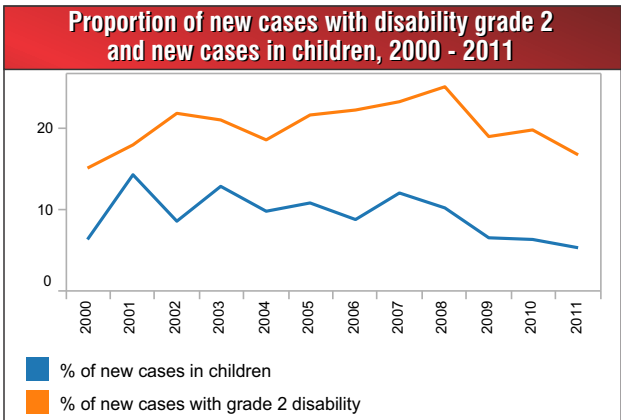
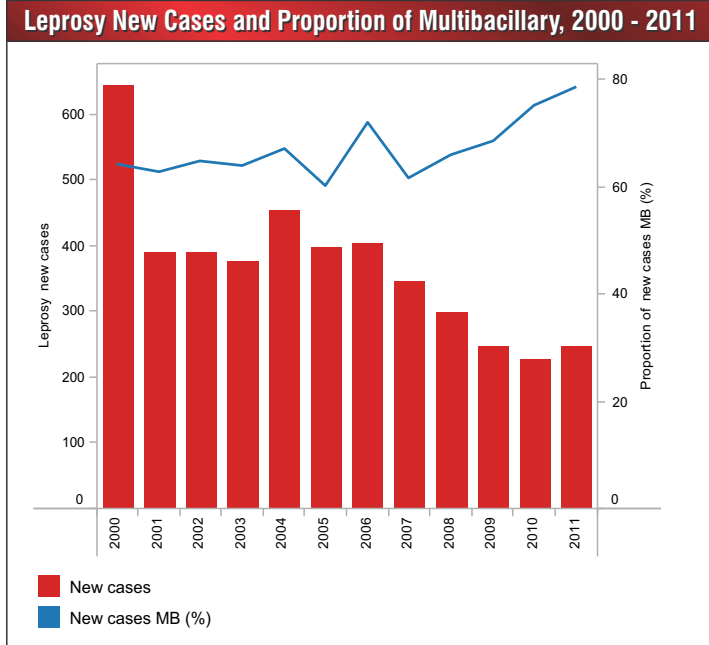
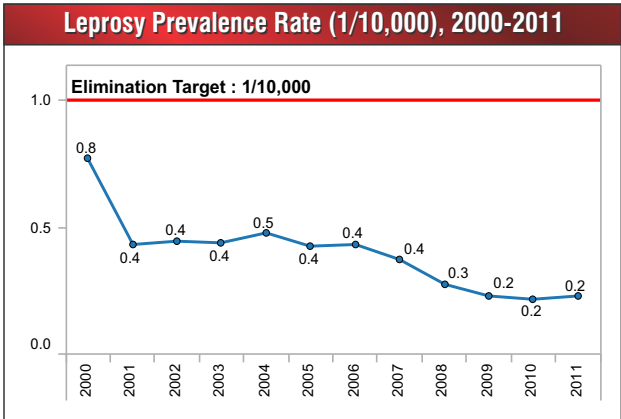


Burundi



Leprosy Status as at end of 2011

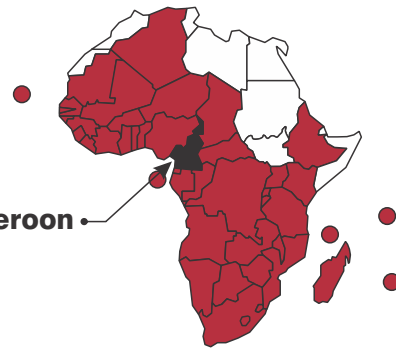
Prevalence	192	0.223 per 10000
New cases	246	2.852 per 100000
New cases children	13	5.3%
New cases female	118	48.0%
New cases with grade 2 disability	41	16.7%
New multibacillary cases	193	78.5%



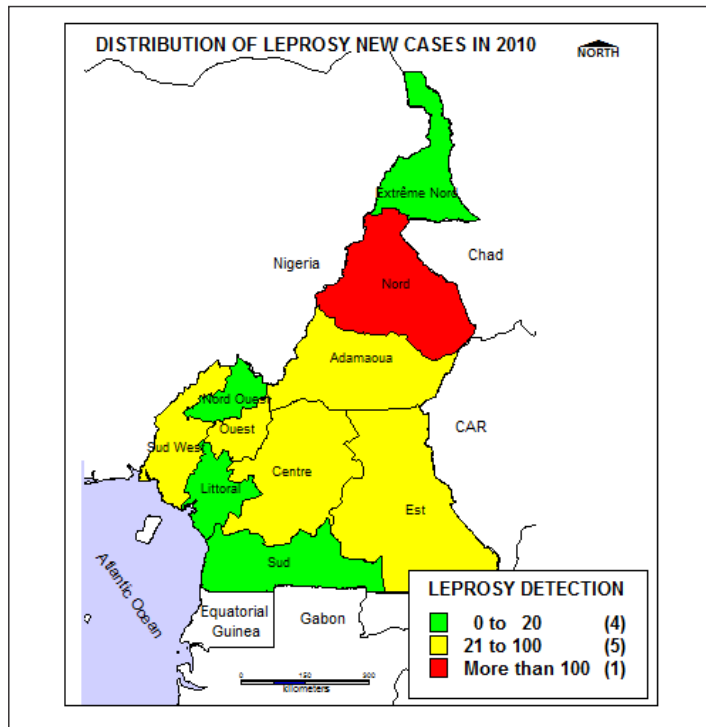
LEPROSY ESSENTIAL INDICATORS, 2000 - 2011

Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	489	645	40	287	414	97
2001	278	391	56	165	245	70
2002	294	391	33	184	253	85
2003	297	377	48	175	240	79
2004	333	453	44	218	304	84
2005	306	397	43	173	238	86
2006	322	404	35	188	290	90
2007	284	345	41	168	212	80
2008	217	298	30	122	196	75
2009	185	248	16	127	170	47
2010	180	227	14	101	170	45
2011	192	246	13	118	193	41

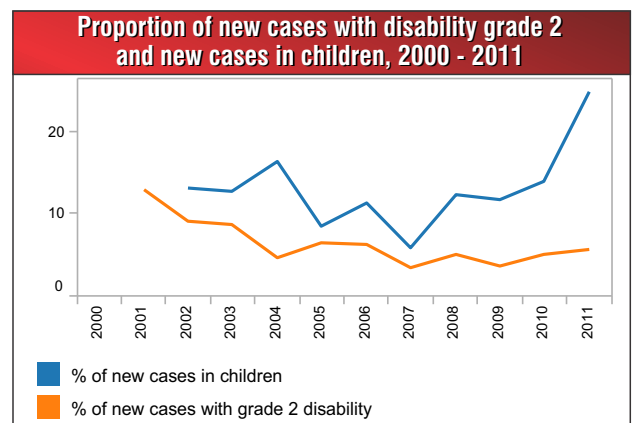
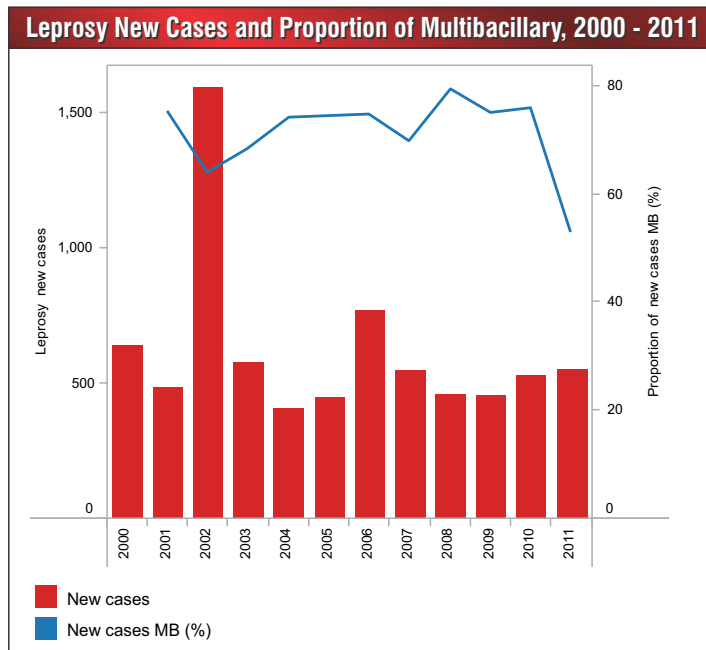
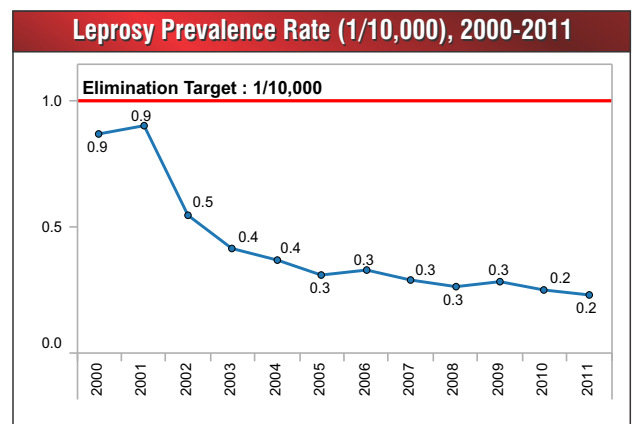
CAMEROON



Cameroon

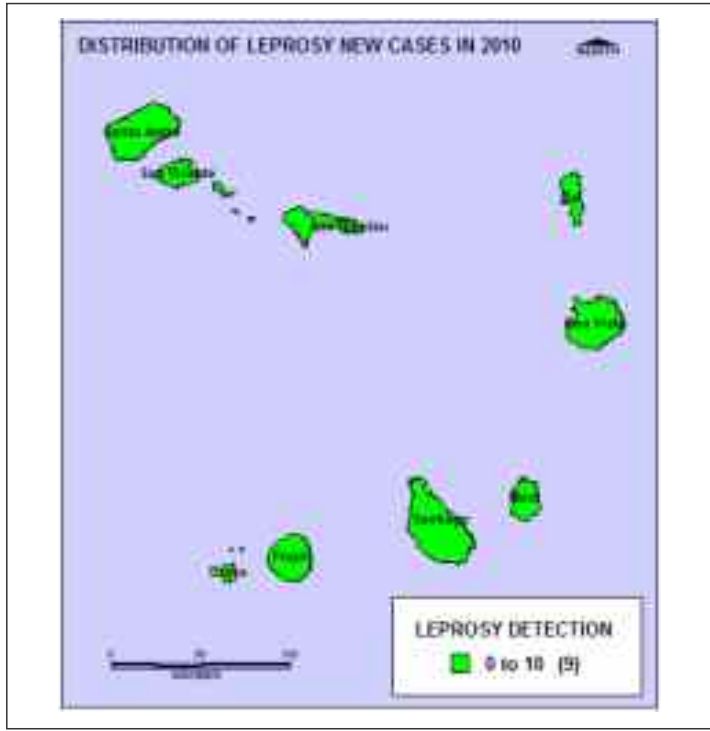
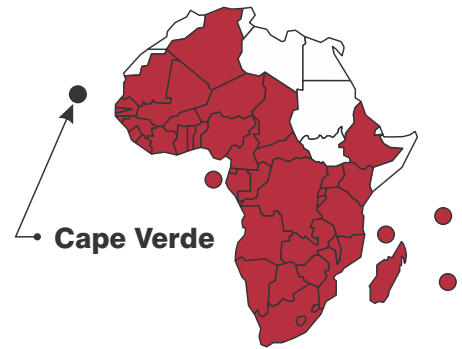


Leprosy Status as at end of 2011		
Prevalence	451	0.225 per 10000
New cases	552	2.756 per 100000
New cases children	137	24.8%
New cases female	206	37.3%
New cases with grade 2 disability	31	5.6%
New multibacillary cases	291	52.7%

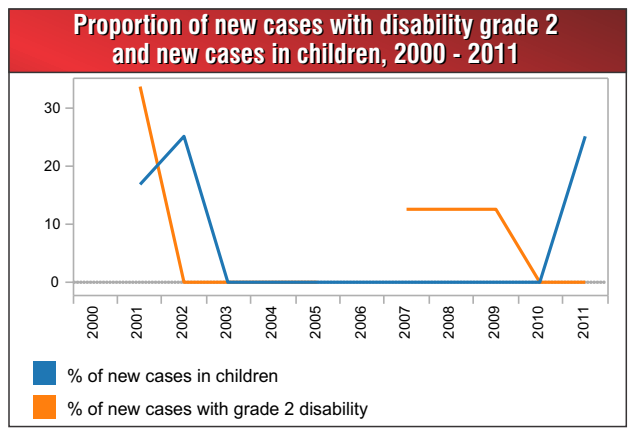
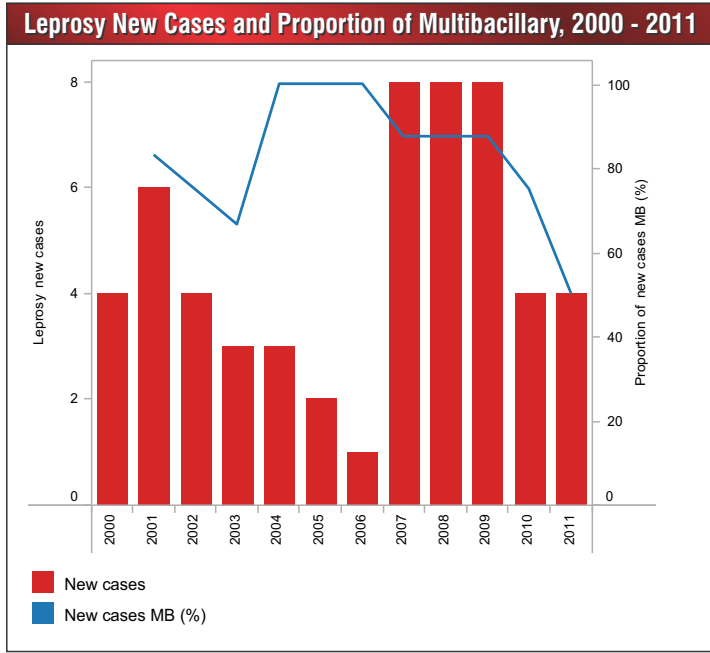
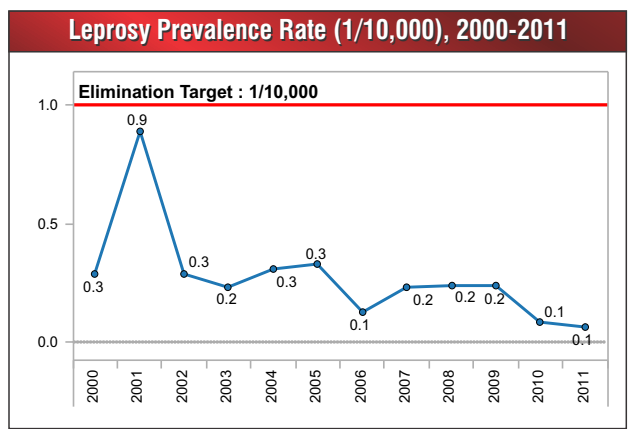


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	643	643				
2001	1349	486			366	62
2002	893	1597	209		1020	144
2003	689	574	73		391	49
2004	629	410	67		303	19
2005	537	451	38		335	29
2006	578	770	86	54	574	47
2007	520	549	32	277	383	18
2008	482	462	56	129	366	23
2009	530	453	53	108	339	16
2010	484	532	74	172	403	26
2011	451	552	137	206	291	31

CAPE VERDE



Leprosy Status as at end of 2011		
Prevalence	3	0.058 per 10000
New cases	4	0.780 per 100000
New cases children	1	25.0%
New cases female	1	25.0%
New cases with grade 2 disability	0	0.0%
New multibacillary cases	2	50.0%

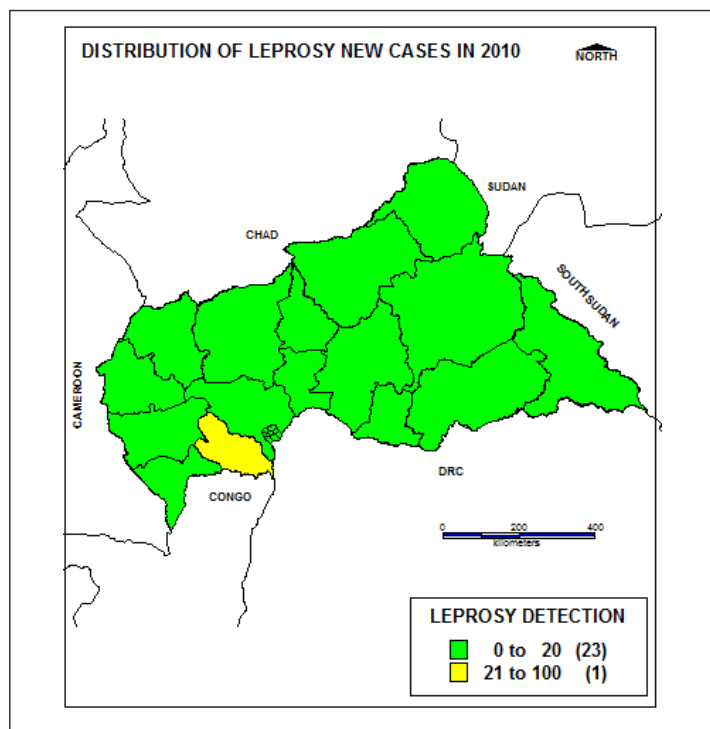


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	4	4				
2001	38	6	1	3	5	2
2002	12	4	1		3	0
2003	10	3	0		2	0
2004	14	3	0	2	3	0
2005	15	2	0	0	2	0
2006	6	1	0		1	
2007	12	8	0	3	7	1
2008	12	8	0	3	7	1
2009	12	8	0	3	7	1
2010	4	4	0	1	3	0
2011	3	4	1	1	2	0

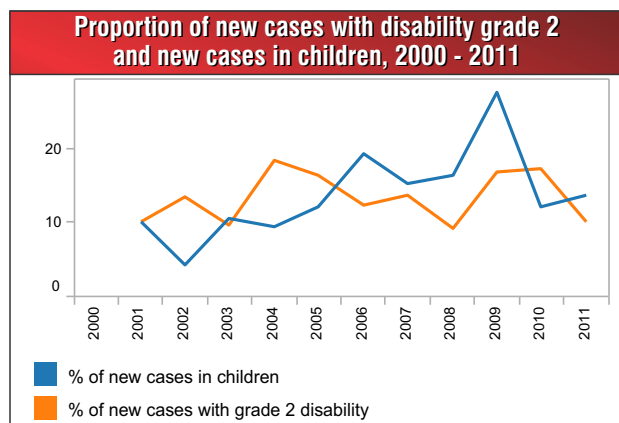
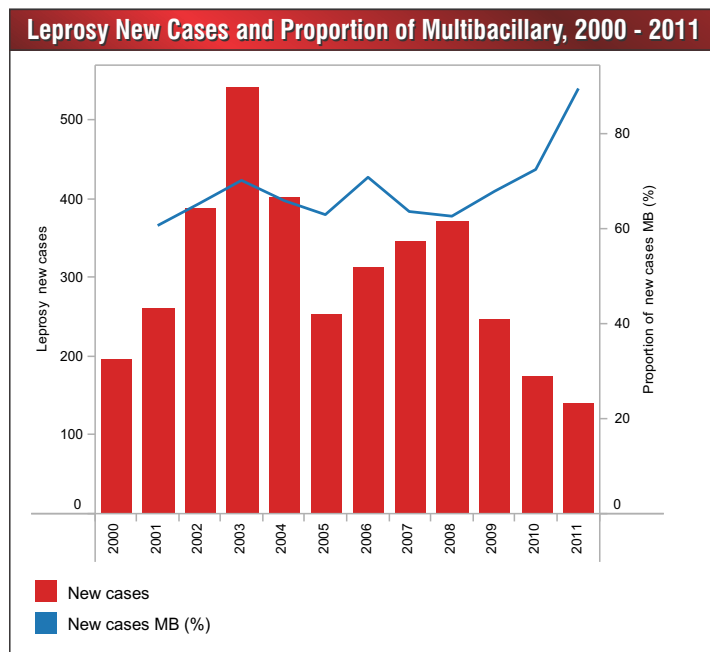
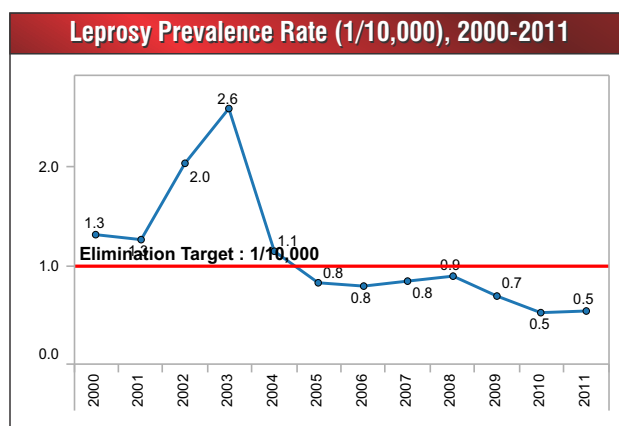
CENTRAL AFRICAN REPUBLIC



CENTRAL AFRICAN REPUBLIC

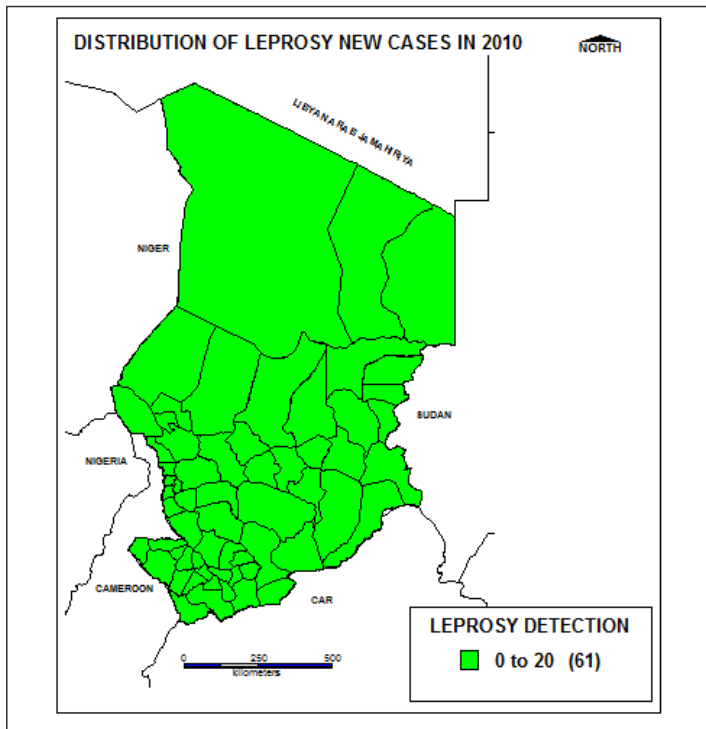


Leprosy Status as at end of 2011		
Prevalence	240	0.533 per 10000
New cases	141	3.129 per 100000
New cases children	19	13.5%
New cases female	58	41.1%
New cases with grade 2 disability	14	9.9%
New multibacillary cases	126	89.4%



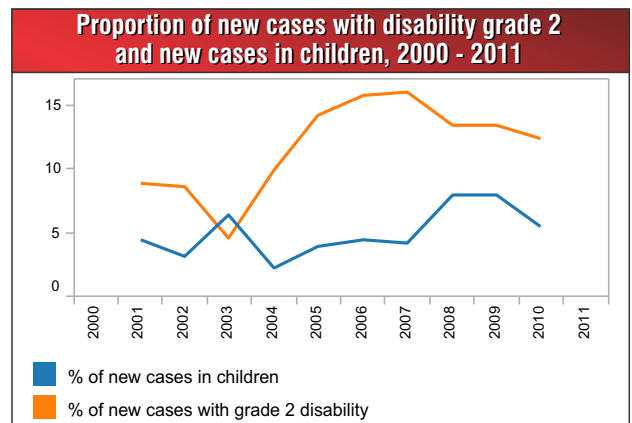
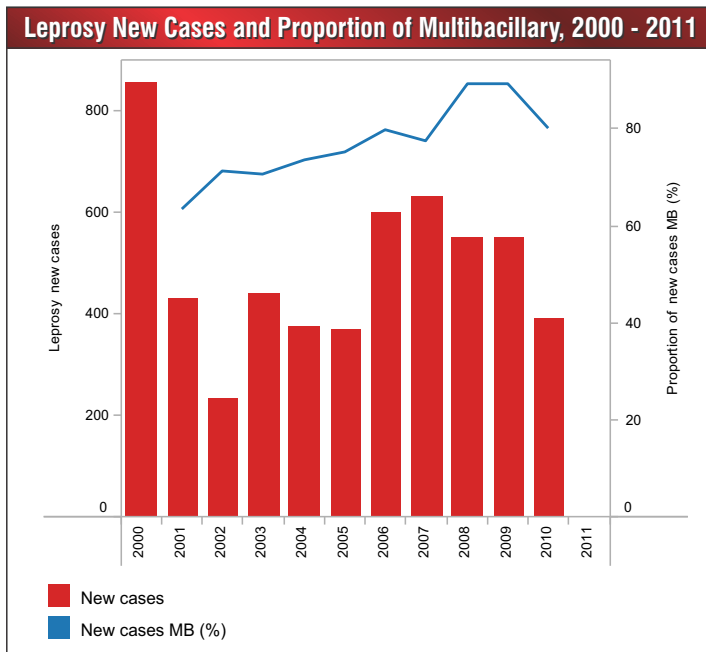
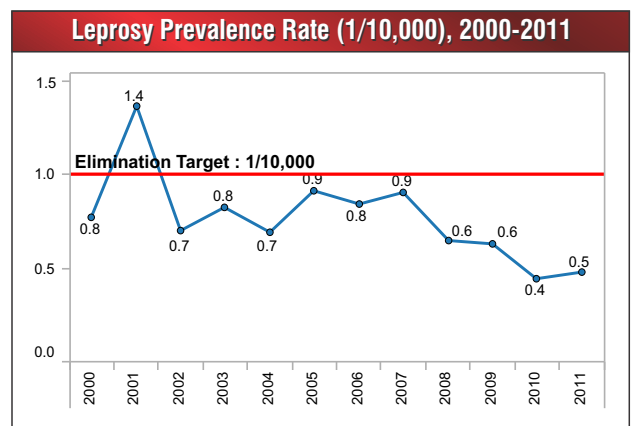
LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	196	196				
2001	455	260	26		157	26
2002	750	388	16	152	253	52
2003	952	542	56	152	379	52
2004	438	402	37	199	265	73
2005	315	252	30	151	158	41
2006	320	313	60	129	221	38
2007	366	345	52	163	219	47
2008	393	371	60	156	232	34
2009	309	247	68	146	167	41
2010	235	174	21	69	126	30
2011	240	141	19	58	126	14

CHAD



Leprosy Status as at end of 2011

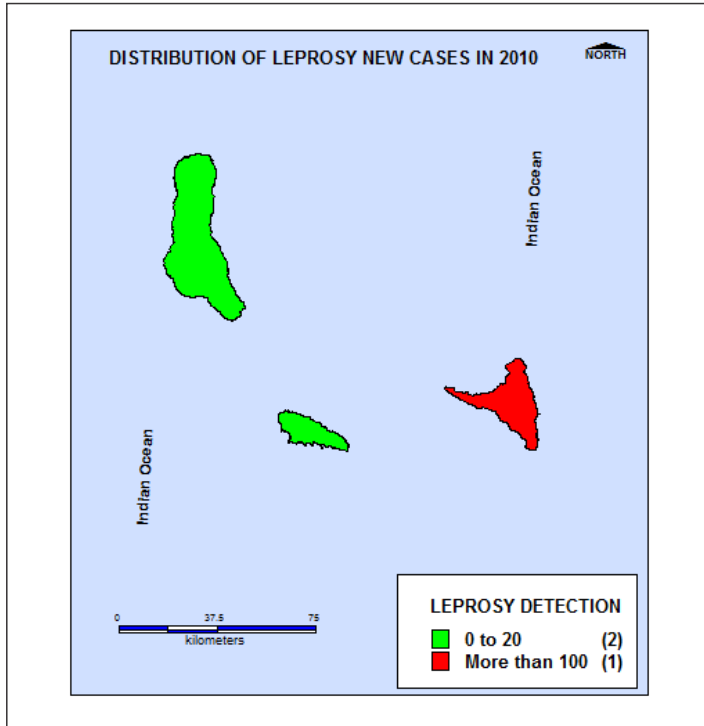
Prevalence	545	0.474 per 10000
New cases		0.000 per 100000
New cases children		
New cases female		
New cases with grade 2 disability		
New multibacillary cases		



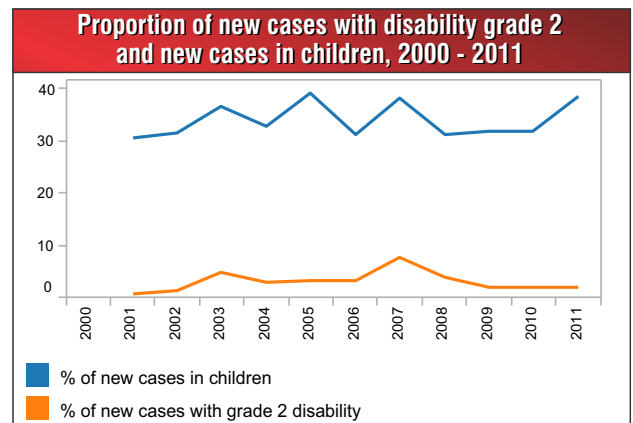
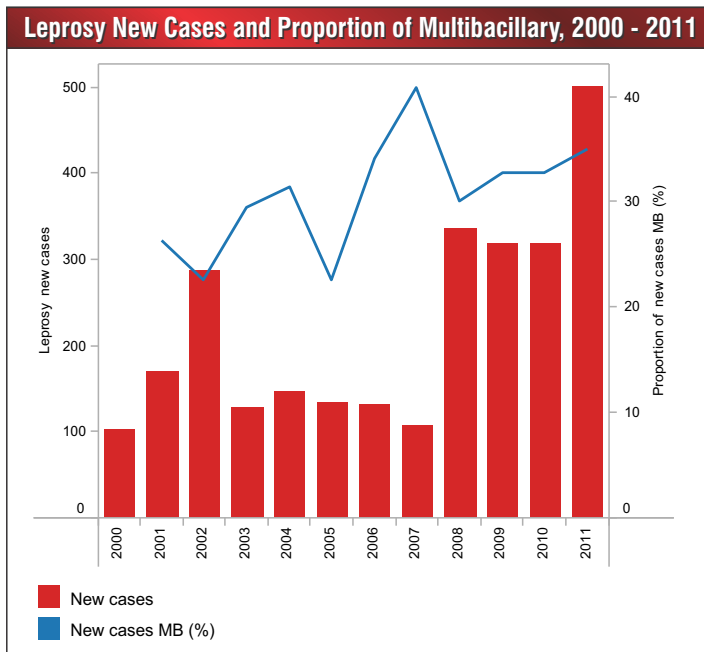
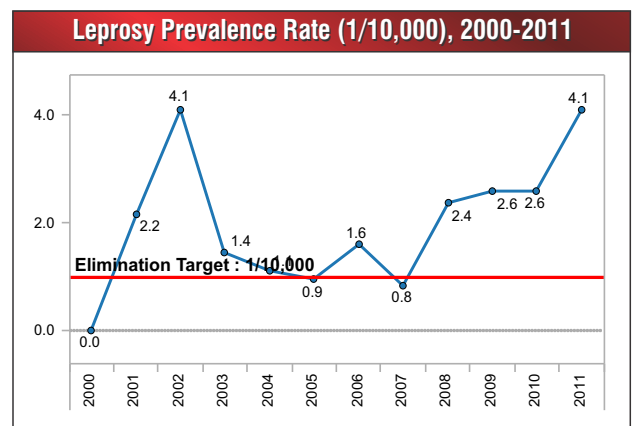
LEPROSY ESSENTIAL INDICATORS, 2000 - 2011

Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	856	856			274	
2001	1043	432	19		166	38
2002	547	233	7		309	20
2003	656	439	28		275	20
2004	591	374	8		275	37
2005	786	367	14	77	478	52
2006	822	600	26	153	489	94
2007	976	631	26	183	489	101
2008	721	549	43	196	489	73
2009	721	549	43	196	311	73
2010	509	389	21	86		48
2011	545					

COMOROS

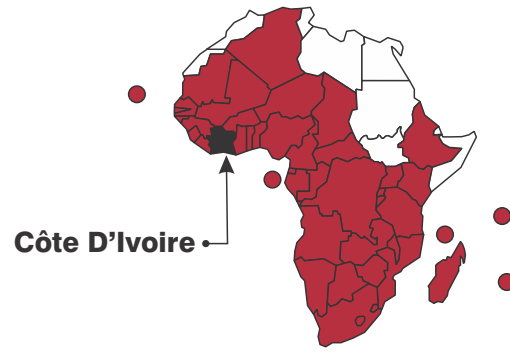
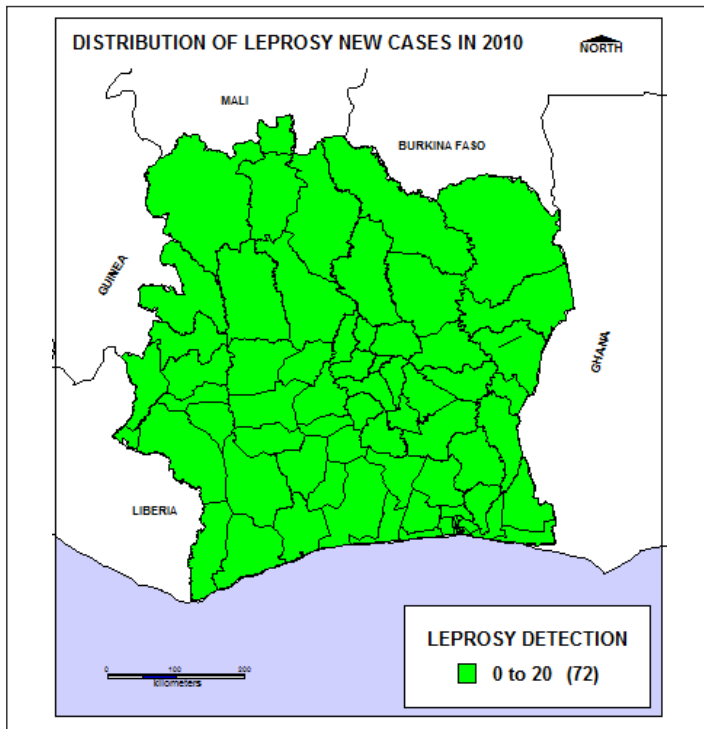


Leprosy Status as at end of 2011		
Prevalence	193	78.5 %
New cases	41	16.7 %
New cases children	118	48.0 %
New cases female	13	5.3 %
New cases with grade 2 disability	246	2.700 per 100,000
New multibacillary cases	192	0.211 per 10,000

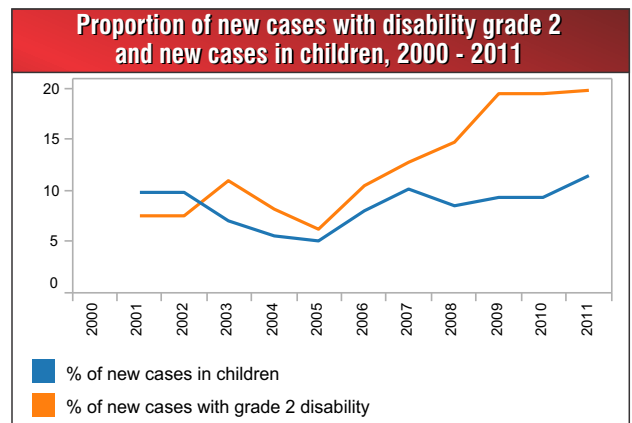
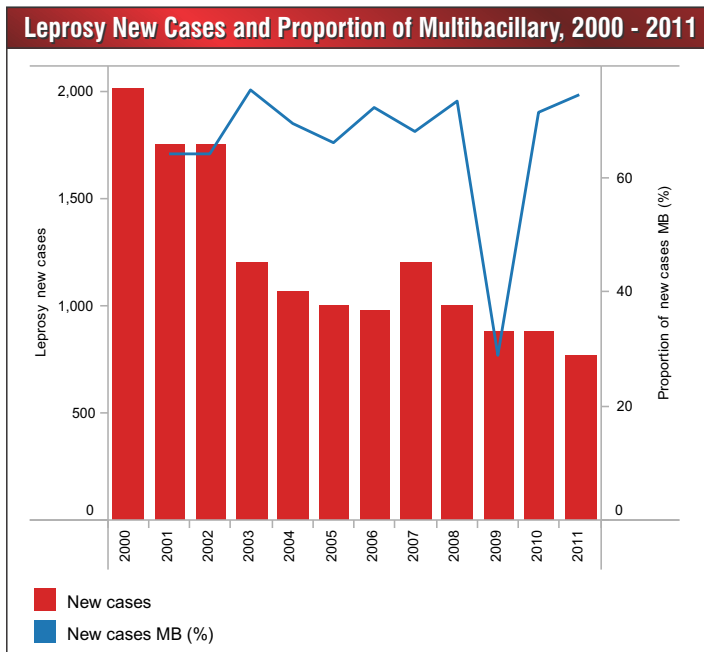
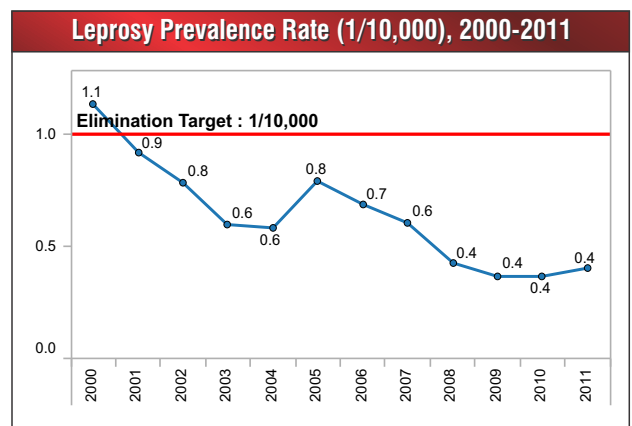


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	102	102				
2001	150	171	52	93	45	1
2002	292	288	90	153	65	3
2003	103	129	47	53	38	6
2004	84	147	48	64	46	4
2005	72	133	52	60	30	4
2006	128	132	41	63	45	4
2007	70	108	41	48	44	8
2008	159	336	104	136	101	12
2009	179	318	101	119	104	6
2010	179	318	101	119	104	6
2011	283	502	192	246	175	9

CÔTE D'IVOIRE

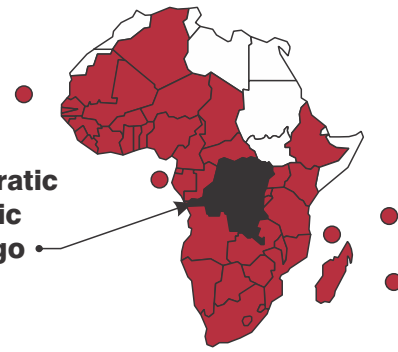


Leprosy Status as at end of 2011		
Prevalence	859	0.398 per 10000
New cases	770	3.6 per 100000
New cases children	88	11.4%
New cases female	352	45.7%
New cases with grade 2 disability	151	19.6%
New multibacillary cases	573	74.4%

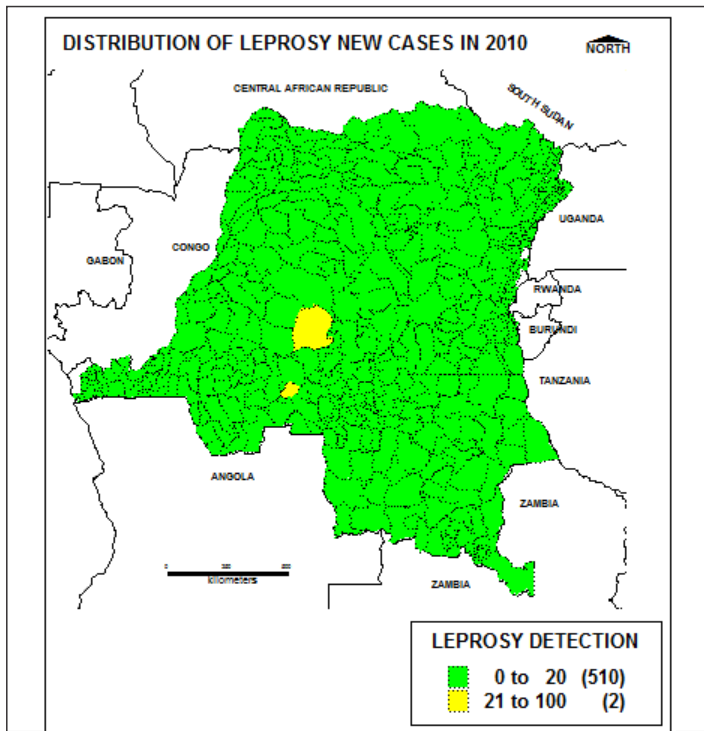


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	2019	2019				
2001	1566	1753	169		1122	131
2002	1335	1753	169		1122	131
2003	1021	1205	84		907	131
2004	971	1066	59	402	740	86
2005	1316	1000	50	381	659	61
2006	1242	976	77	450	704	102
2007	1165	1204	121	407	817	152
2008	887	998	84	409	730	146
2009	790	884	81	208	254	171
2010	790	884	81	208	630	171
2011	859	770	88	352	573	151

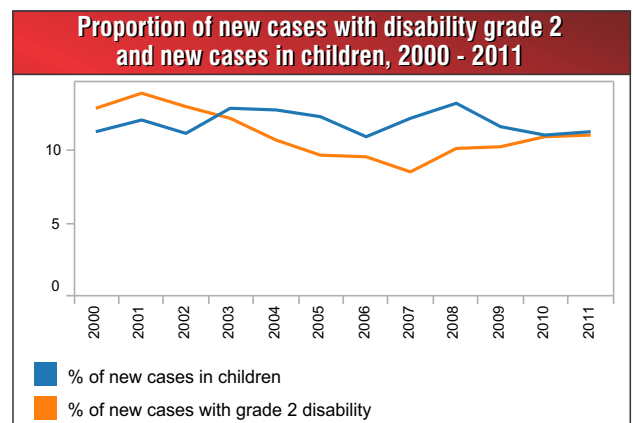
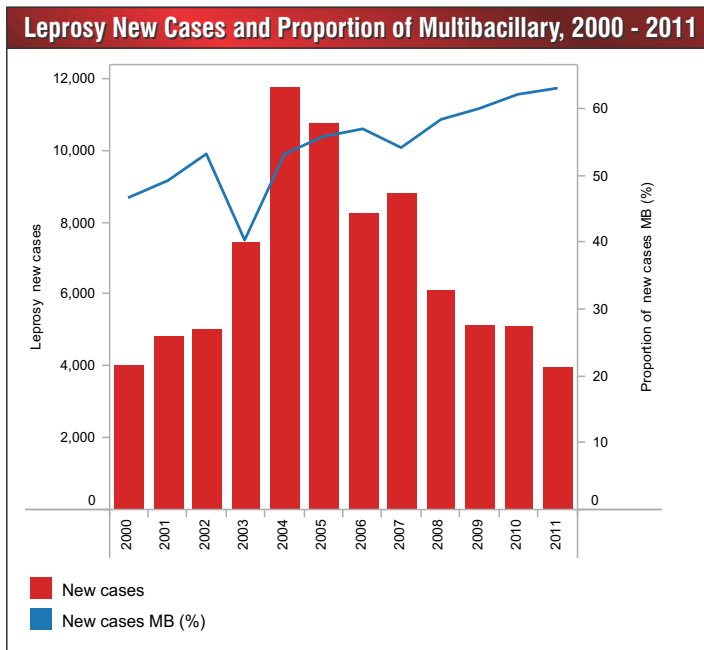
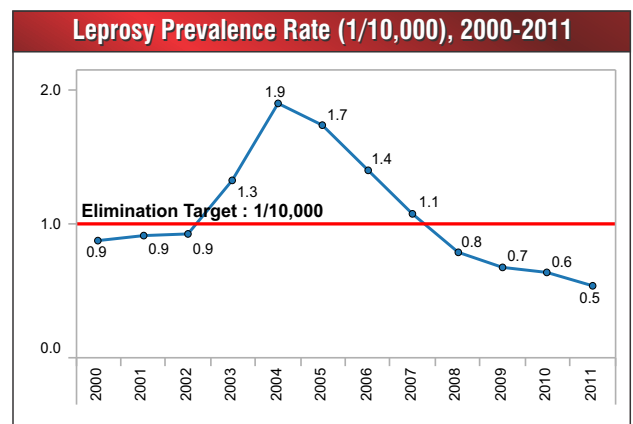
DEMOCRATIC REPUBLIC OF CONGO



Democratic Republic of Congo



Leprosy Status as at end of 2011		
Prevalence	3625	0.535 per 10000
New cases	3949	5.8 per 100000
New cases children	442	11.2%
New cases female	1833	46.4%
New cases with grade 2 disability	436	11.0%
New multibacillary cases	2484	62.9%

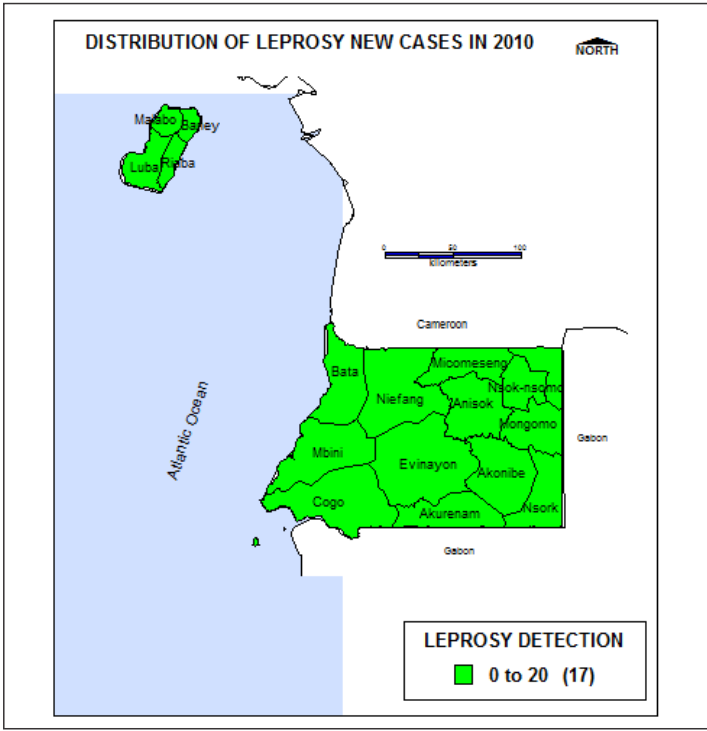


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	4334	4028	451		1868	517
2001	4624	4857	585		2380	672
2002	4802	5027	562		2665	654
2003	7173	7472	963		2996	912
2004	10567	11797	1499		6270	1252
2005	9932	10776	1329		5989	1042
2006	8275	8257	902	701	4682	784
2007	6502	8820	1074	3093	4770	743
2008	4851	6115	804	2781	3561	614
2009	4290	5131	596	2441	3067	524
2010	4129	5097	562	2370	3154	557
2011	3625	3949	442	1833	2484	436

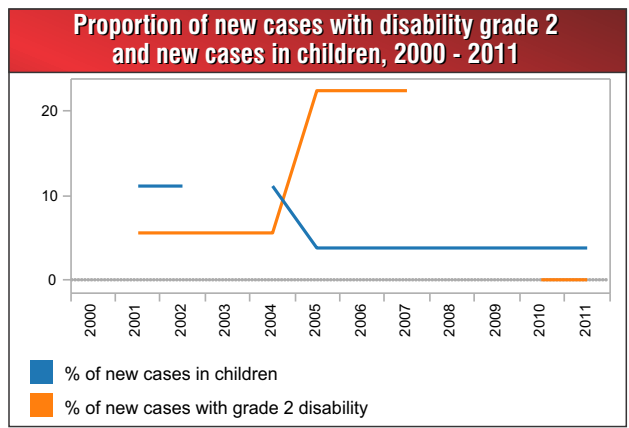
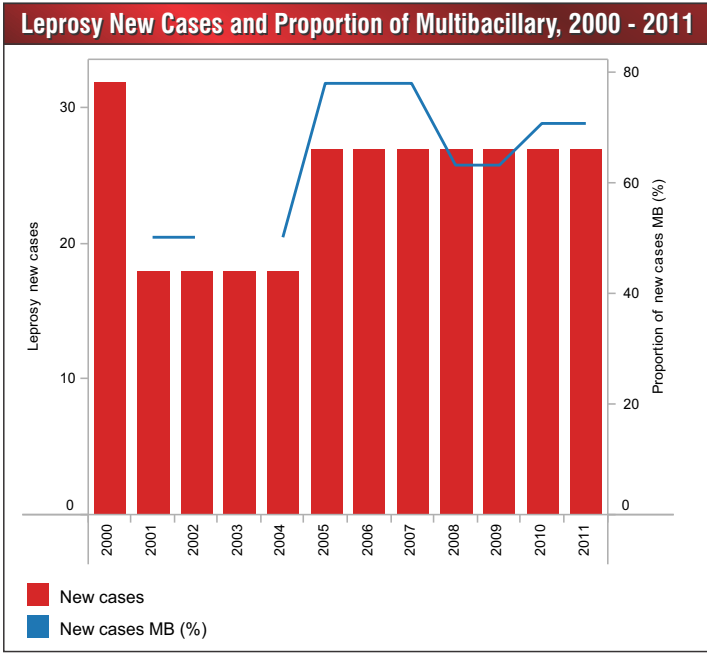
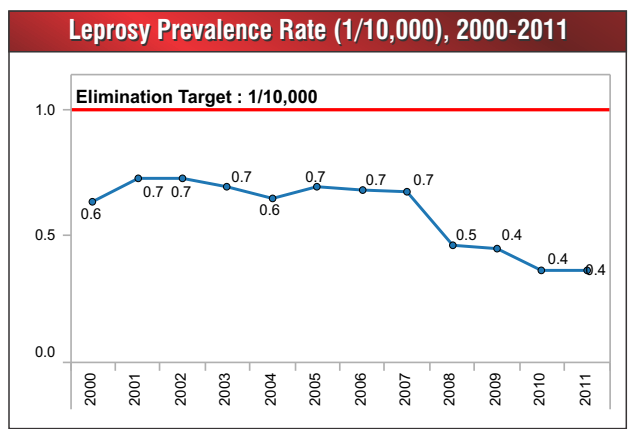
EQUATORIAL GUINEEA



Equatorial Guinea

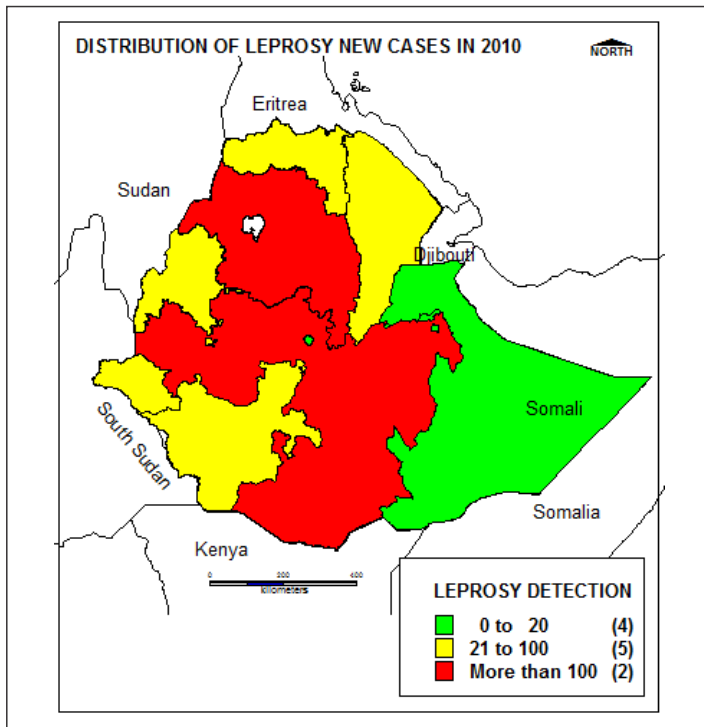


Leprosy Status as at end of 2011		
Prevalence	25	0.361 per 10000
New cases	27	3.9 per 100000
New cases children	1	3.7%
New cases female	8	29.6%
New cases with grade 2 disability	0	0.0%
New multibacillary cases	19	70.4%



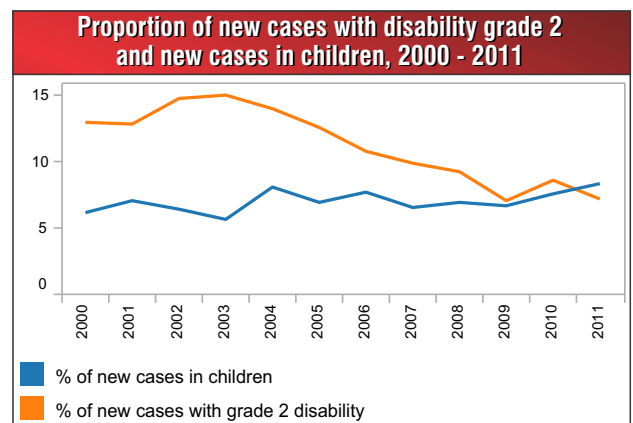
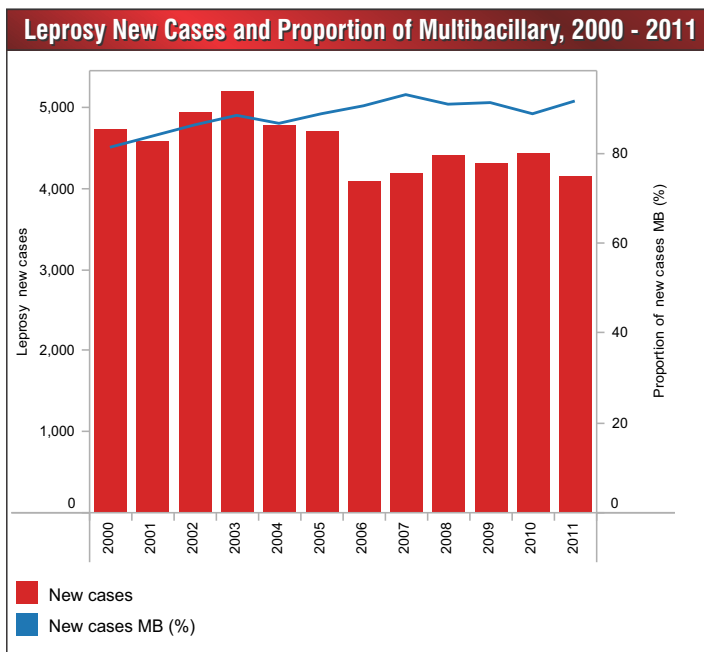
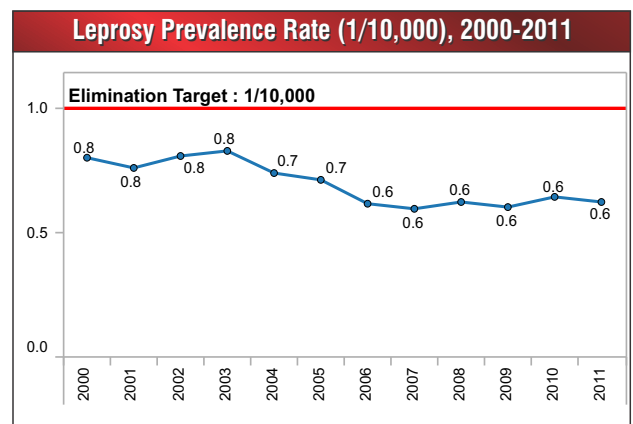
LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	32	32				
2001	32	18	2	18	9	1
2002	32	18	2	18	9	1
2003	32	18		18		1
2004	32	18	2	18	9	1
2005	34	27	1	11	21	6
2006	34	27	1	11	21	6
2007	34	27	1	11	21	6
2008	31	27	1		17	
2009	31	27	1		17	
2010	25	27	1	8	19	0
2011	25	27	1	8	19	0

ETHIOPIA



Leprosy Status as at end of 2011

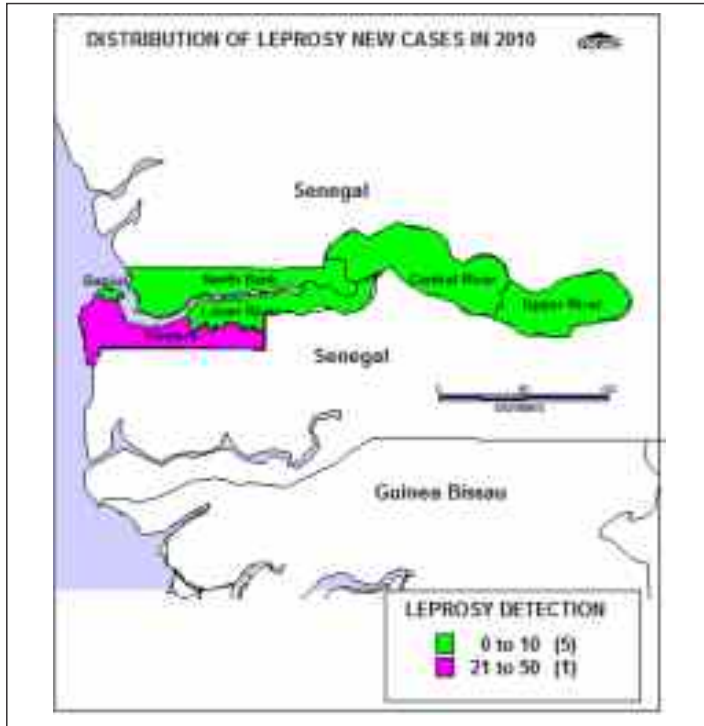
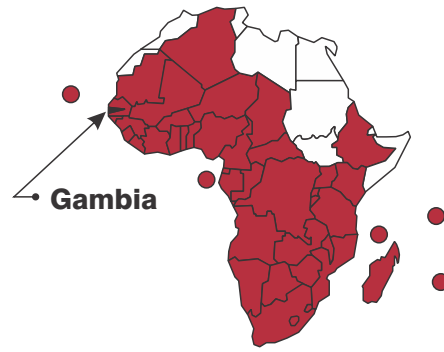
Prevalence	5280	0.623 per 10000
New cases	4153	4.9 per 100000
New cases children	347	8.4%
New cases female	1226	29.5%
New cases with grade 2 disability	294	7.1%
New multibacillary cases	3792	91.3%



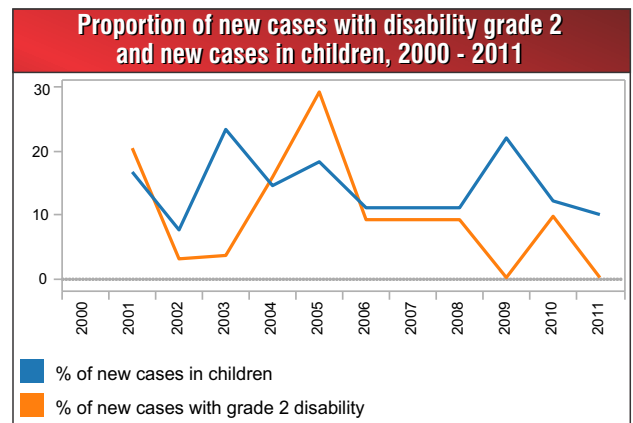
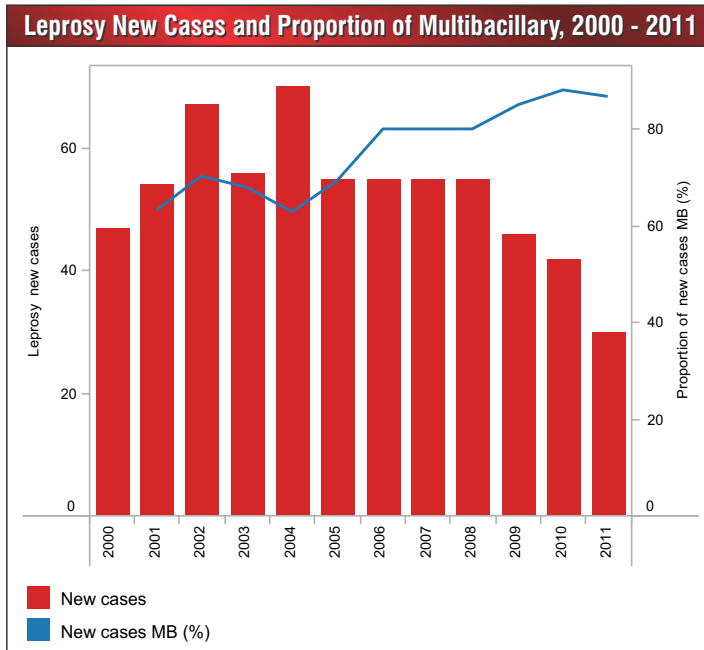
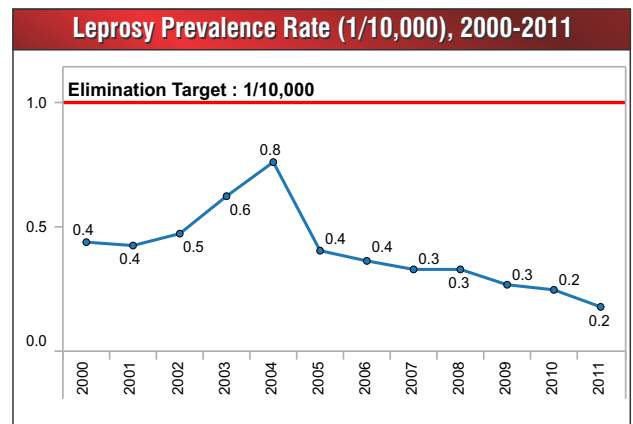
LEPROSY ESSENTIAL INDICATORS, 2000 - 2011

Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	5233	4732	287		3829	613
2001	5081	4584	322		3830	585
2002	5580	4940	315		4246	729
2003	5852	5193	289		4572	776
2004	5364	4787	382		4144	670
2005	5277	4698	324	1473	4157	589
2006	4646	4092	312	1202	3696	437
2007	4611	4187	273	1343	3891	411
2008	4944	4416	306	1343	4011	408
2009	4850	4302	287	1225	3909	302
2010	5303	4430	331	1308	3922	378
2011	5280	4153	347	1226	3792	294

GAMBIA

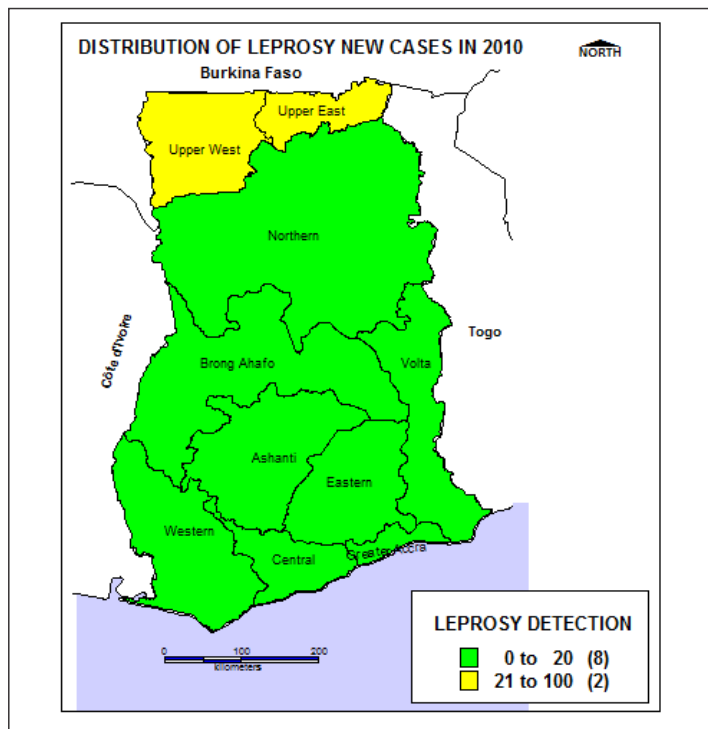


Leprosy Status as at end of 2011		
Prevalence	30	0.171 per 10 000
New cases	30	1.713 per 100 000
New cases children	3	10.0%
New cases female	2	6.7%
New cases with grade 2 disability	0	0.0%
New multibacillary cases	26	86.7%



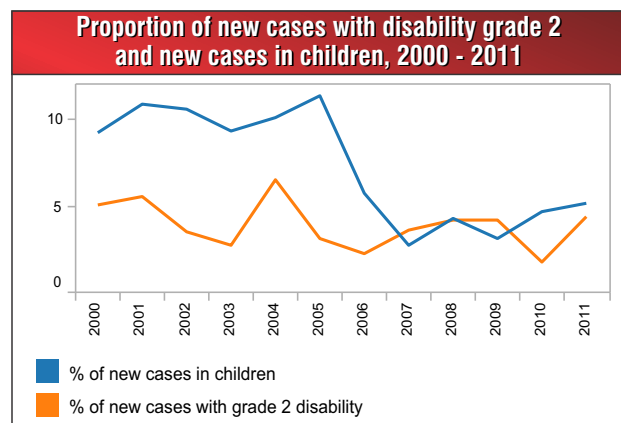
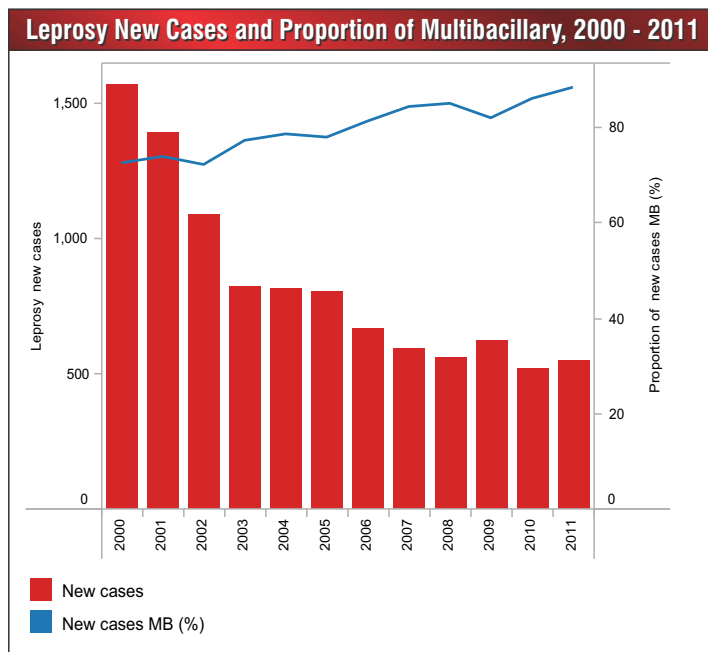
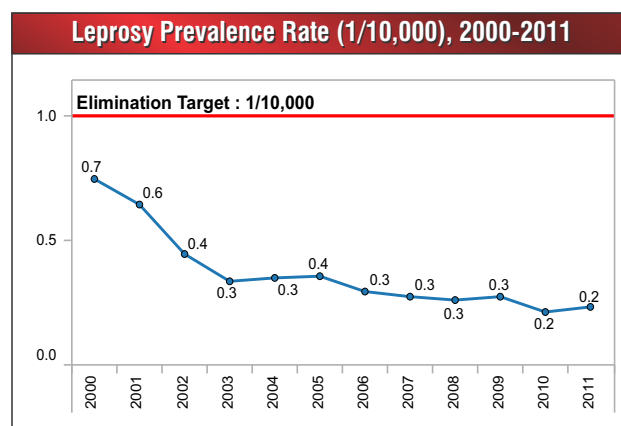
LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	47	47				
2001	55	54	9	17	34	11
2002	61	67	5	32	47	2
2003	83	56	13	32	38	2
2004	108	70	10		44	11
2005	57	55	10	29	38	16
2006	55	55	6	21	44	5
2007	55	55	6	21	44	5
2008	55	55	6	21	44	5
2009	46	46	10	8	39	0
2010	42	42	5	15	37	4
2011	30	30	3	2	26	0

GHANA



LEPROSY STATUS as at end of 2011

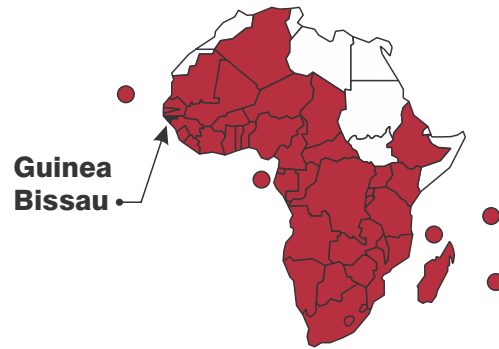
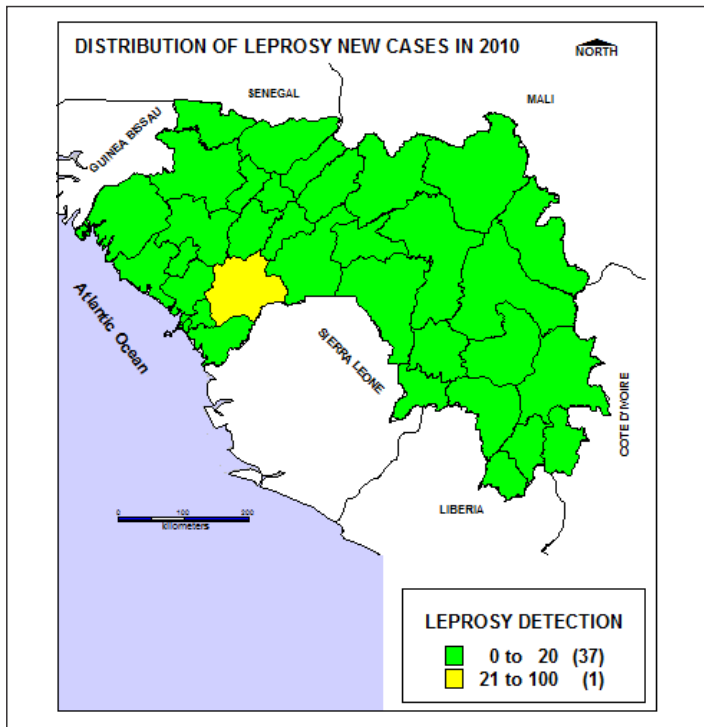
Prevalence	568	0.227 per 10 000
New cases	547	2.190 per 100 000
New cases children	28	5.1%
New cases female	240	43.9%
New cases with grade 2 disability	24	4.4%
New multibacillary cases	484	88.5%



LEPROSY ESSENTIAL INDICATORS, 2000 - 2011

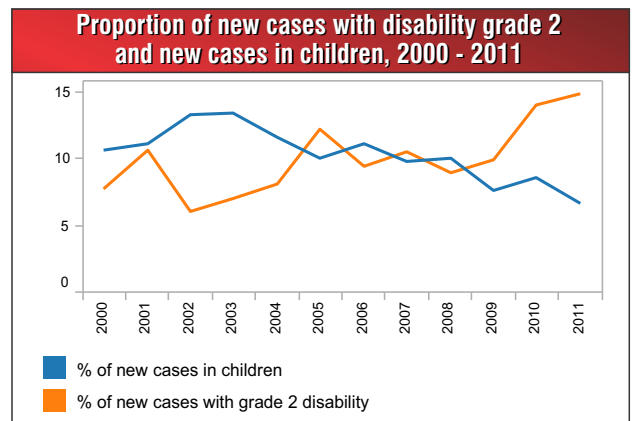
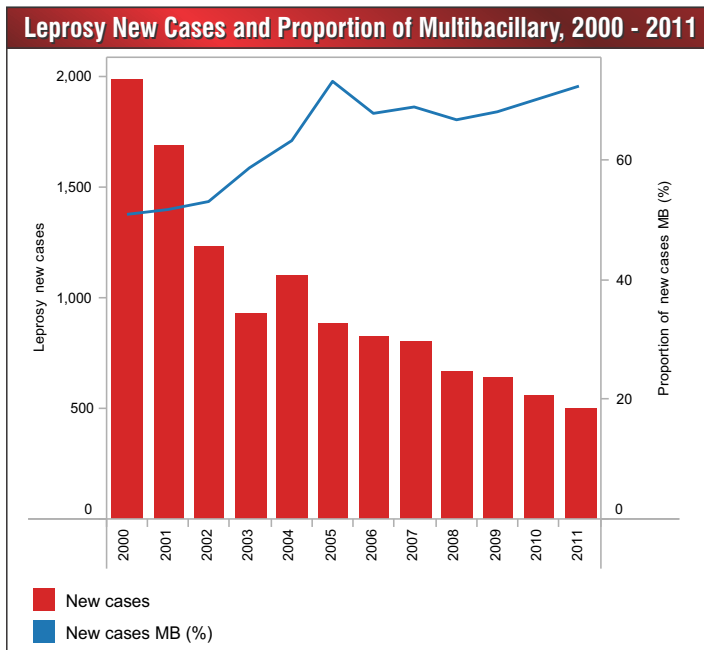
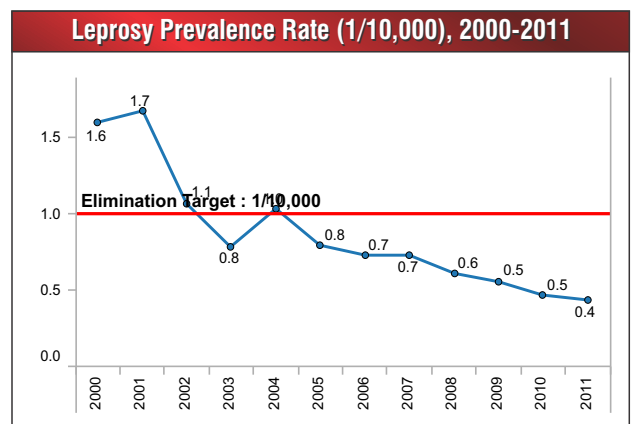
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	1 427	1 569	145	786	1 139	79
2001	1 263	1 389	151	644	1 024	77
2002	886	1 090	115	557	785	38
2003	692	820	76	377	633	22
2004	737	815	82	384	639	53
2005	762	803	91	395	624	25
2006	645	669	38	318	543	15
2007	620	594	16	290	500	21
2008	591	560	24	265	475	23
2009	646	623	19	309	510	26
2010	516	520	24	230	447	9
2011	568	547	28	240	484	24

GUINEA BISSAU



Leprosy Status as at end of 2011

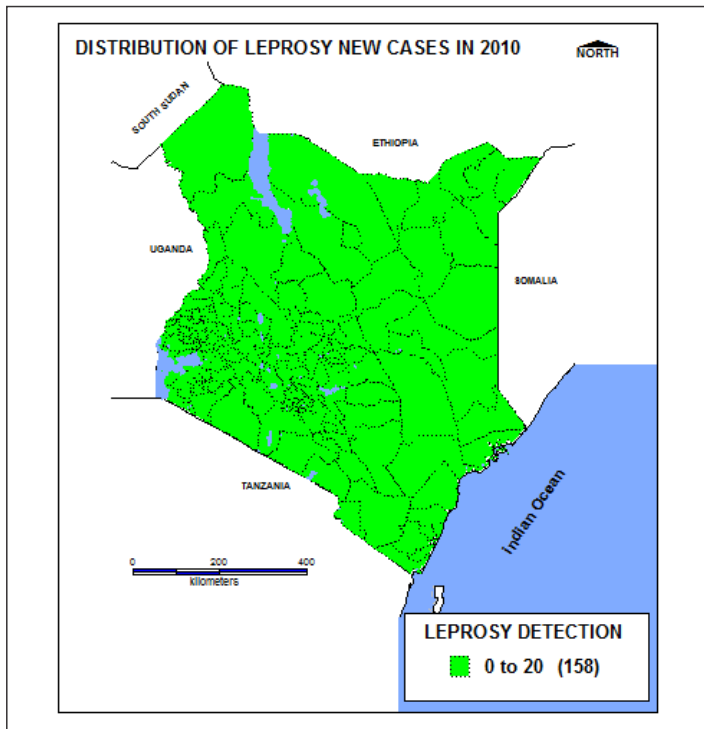
Prevalence	441	0.433 per 10 000
New cases	498	4.892 per 100 000
New cases children	33	6.6%
New cases female	223	44.8%
New cases with grade 2 disability	74	14.9%
New multibacillary cases	360	72.3%



LEPROSY ESSENTIAL INDICATORS, 2000 - 2011

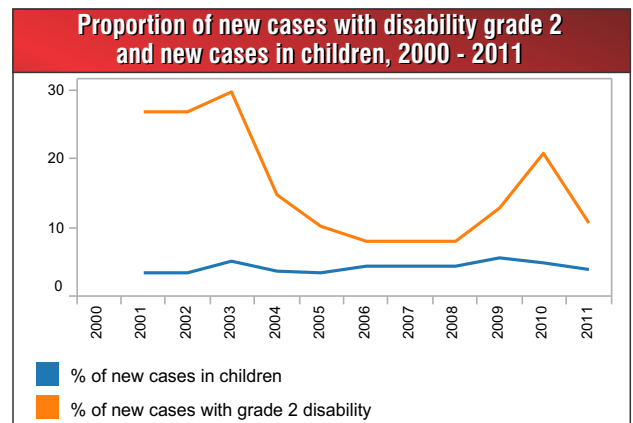
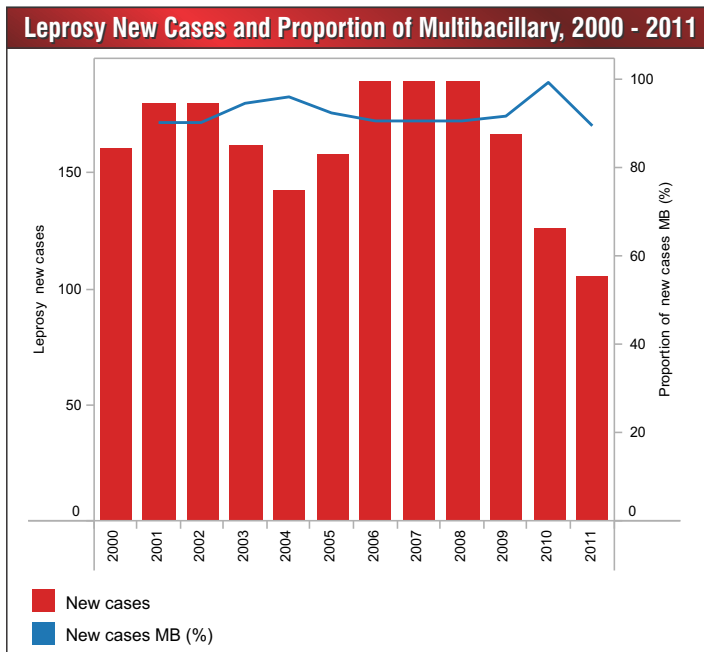
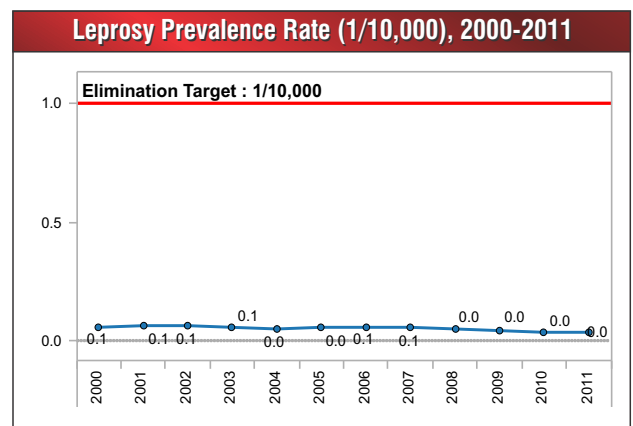
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	1 329	1 986	211	894	1 007	153
2001	1 416	1 689	186	760	870	179
2002	915	1 234	164	553	654	74
2003	685	929	124	418	544	65
2004	914	1 097	127	494	691	88
2005	712	880	88	396	642	107
2006	663	829	92	373	560	78
2007	684	803	78	361	551	84
2008	575	664	66	297	442	59
2009	535	636	48	288	432	63
2010	459	560	48	252	392	78
2011	441	498	33	223	360	74

KENYA



Leprosy Status as at end of 2011

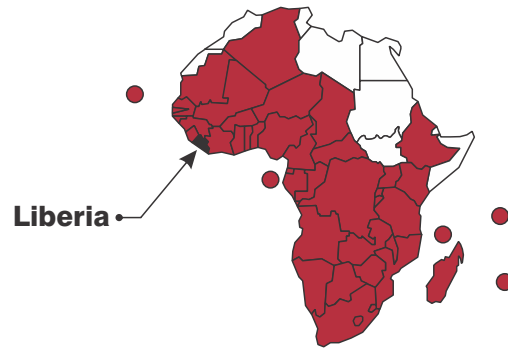
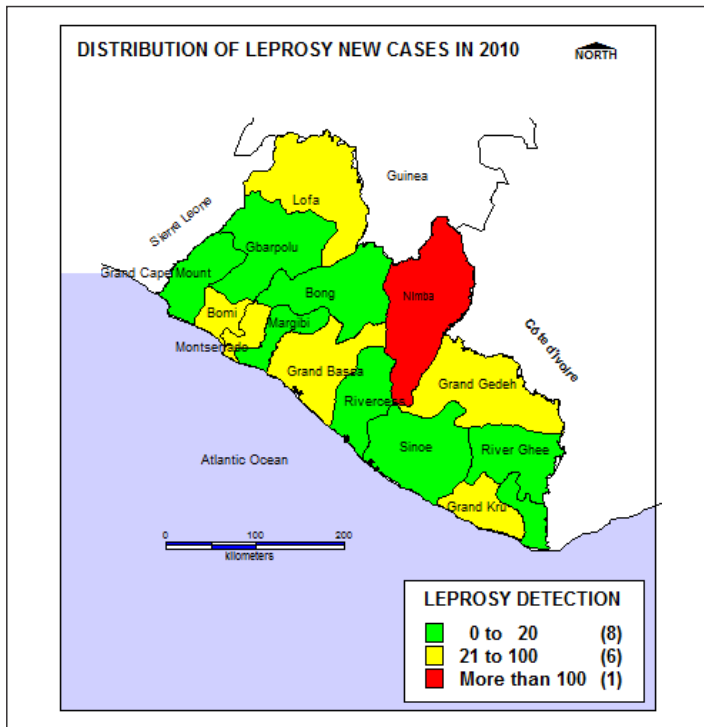
Prevalence	122	0.030 per 10 000
New cases	105	0.257 per 100 000
New cases children	4	3.8%
New cases female	36	34.3%
New cases with grade 2 disability	11	10.5%
New multibacillary cases	94	89.5%



LEPROSY ESSENTIAL INDICATORS, 2000 - 2011

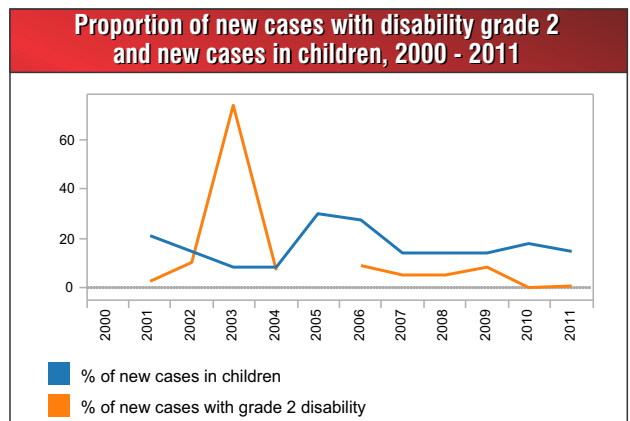
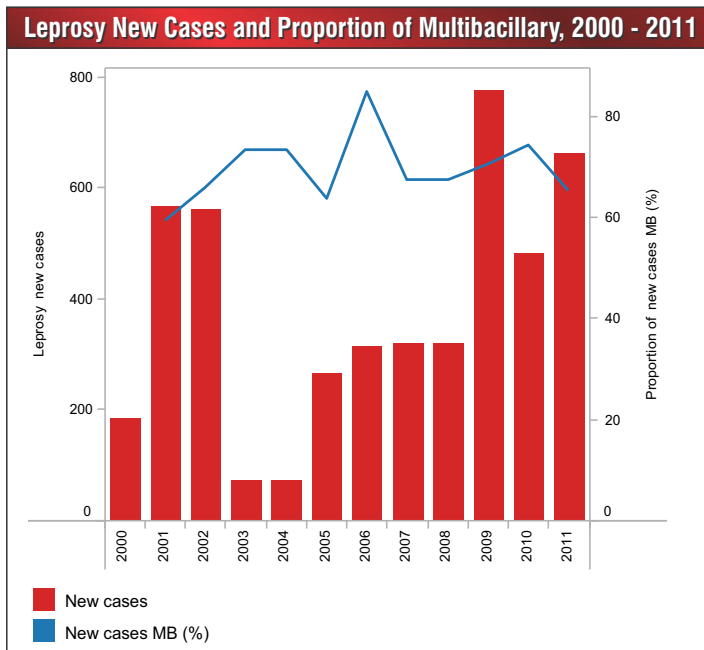
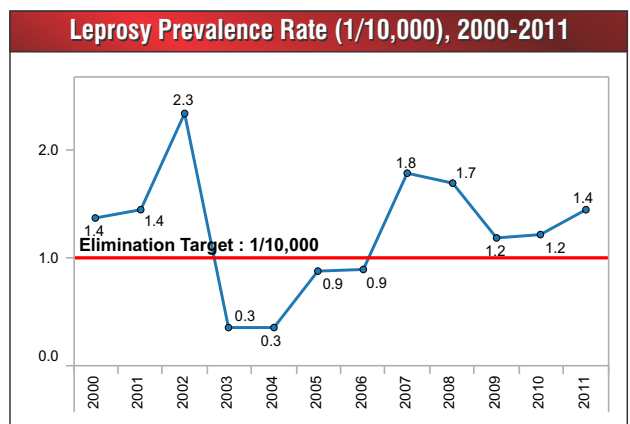
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	161	161				
2001	197	180	6	89	162	48
2002	195	180	6	89	162	48
2003	194	162	8	89	153	48
2004	182	143	5	57	137	21
2005	180	158	5	74	146	16
2006	207	190	8	86	172	15
2007	207	190	8	86	172	15
2008	207	190	8	86	172	15
2009	188	167	9	76	153	21
2010	130	126	6	57	125	26
2011	122	105	4	36	94	11

LIBERIA



Leprosy Status as at end of 2011

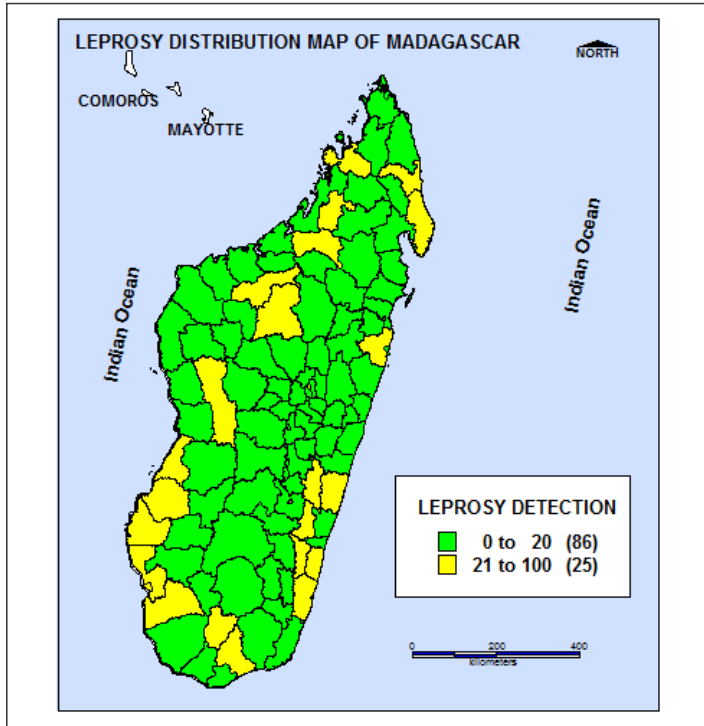
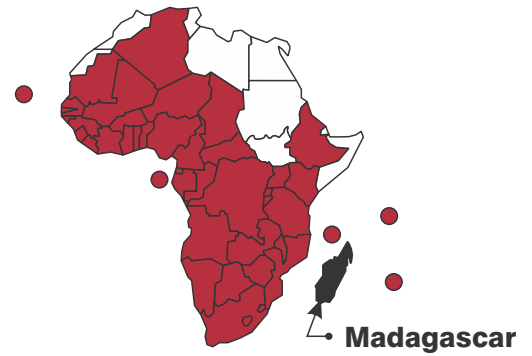
Prevalence	593	1 446 per 10 000
New cases	662	16.1 per 100 000
New cases children	95	14.4%
New cases female	381	57.6%
New cases with grade 2 disability	2	0.3%
New multibacillary cases	431	65.1%



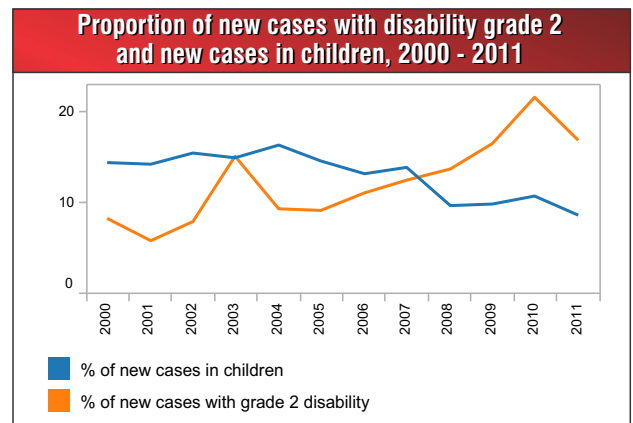
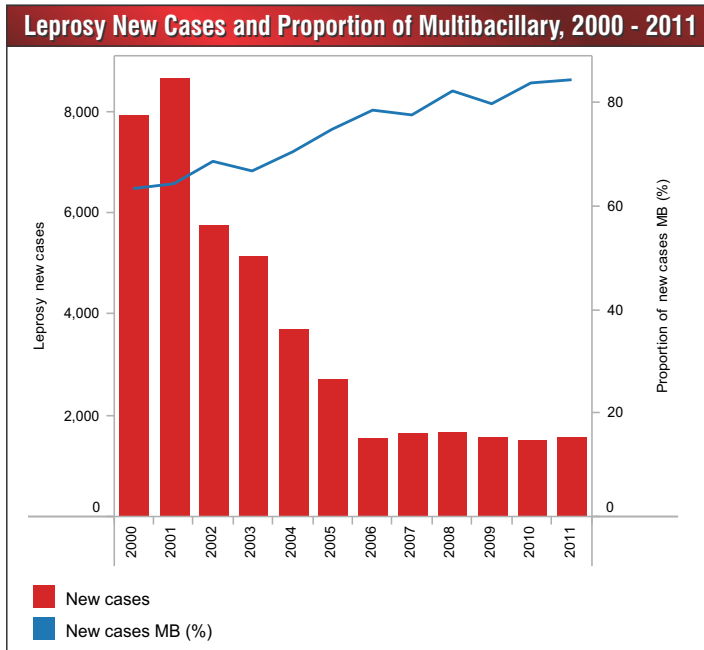
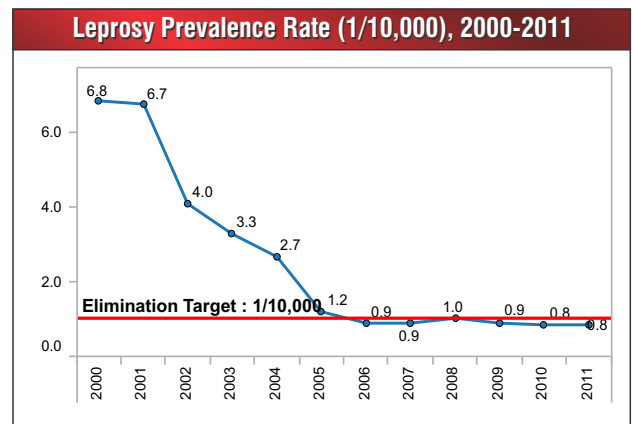
LEPROSY ESSENTIAL INDICATORS, 2000 - 2011

Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	185	185				
2001	423	566	119	125	336	15
2002	685	560	80		369	55
2003	115	75	6		55	55
2004	115	75	6		55	5
2005	292	267	79		170	
2006	290	314	85	74	266	28
2007	667	319	44	147	215	15
2008	667	319	44	147	215	15
2009	484	777	106	333	547	64
2010	495	482	84	178	357	0
2011	593	662	95	381	431	2

MADAGASCAR

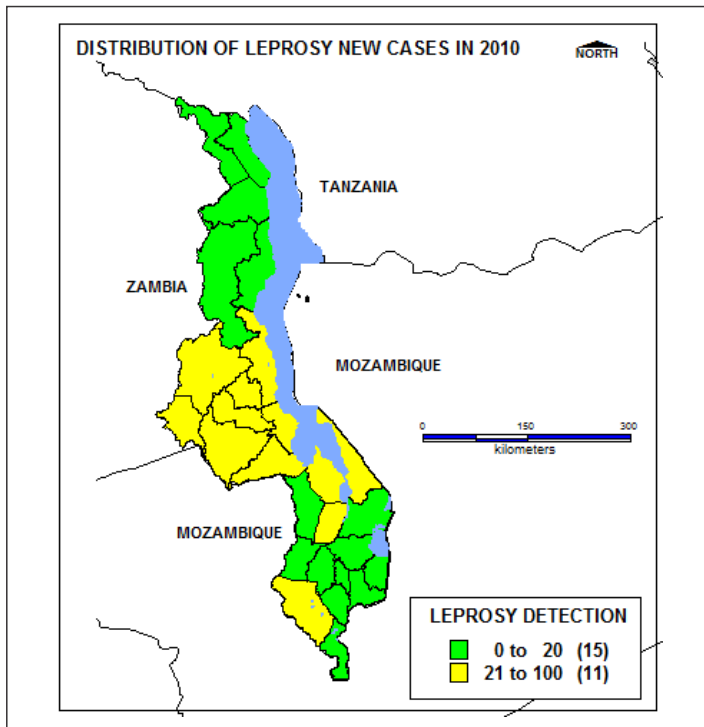


Leprosy Status as at end of 2011		
Prevalence	1 758	0.825 per 10 000
New cases	1 578	7.4 per 100 000
New cases children	135	8.6%
New cases female	329	20.8%
New cases with grade 2 disability	265	16.8%
New multibacillary cases	1 330	84.3%

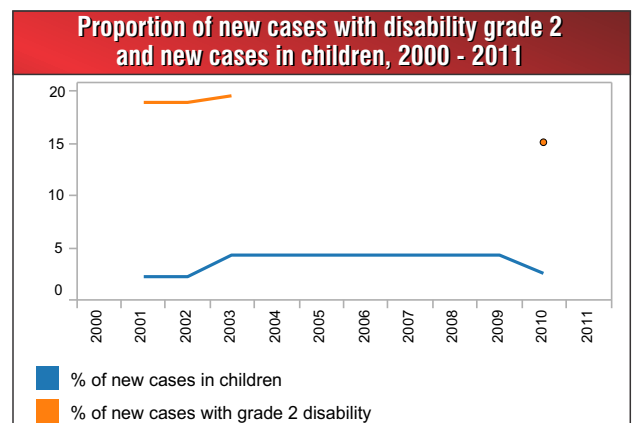
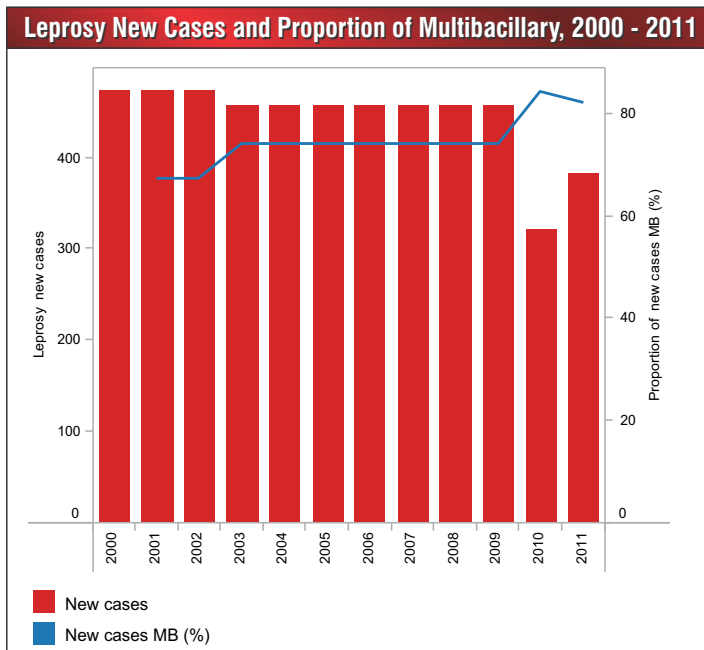
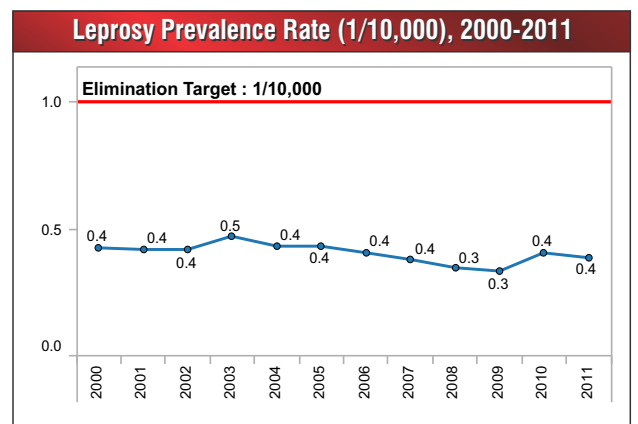


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	10 457	7 917	1 130		5 015	653
2001	10 629	8 666	1 222		5 562	497
2002	6 602	5 758	891		3 946	447
2003	5 526	5 139	766	1 651	3 425	773
2004	4 610	3 710	606	1 001	2 616	341
2005	2 109	2 709	394	658	2 022	246
2006	1 600	1 561	205	395	1 225	172
2007	1 625	1 644	226	419	1 272	204
2008	1 954	1 670	160	385	1 374	228
2009	1 758	1 580	154	417	1 259	259
2010	1 697	1 521	161	393	1 272	329
2011	1 758	1 578	135	329	1 330	265

MALAWI

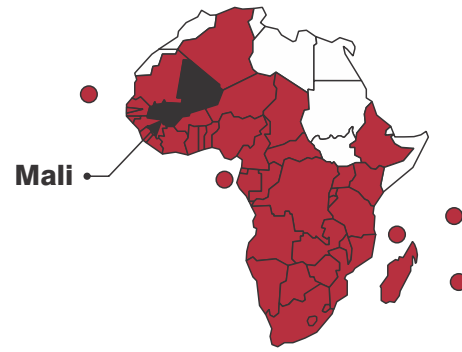
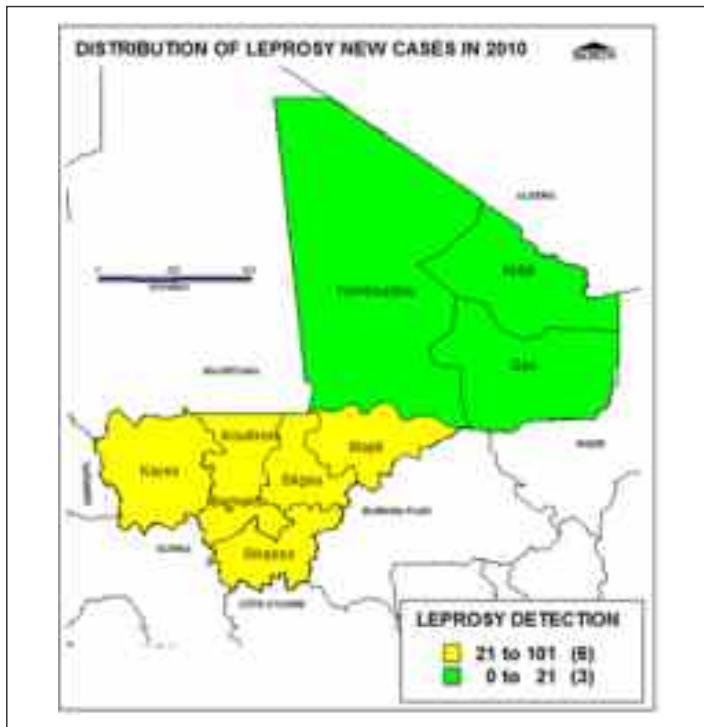


Leprosy Status as at end of 2011		
Prevalence	605	0.386 per 10 000
New cases	382	2.434 per 100 000
New cases children		0.0%
New cases female		0.0%
New cases with grade 2 disability		0.0%
New multibacillary cases	313	81.9%

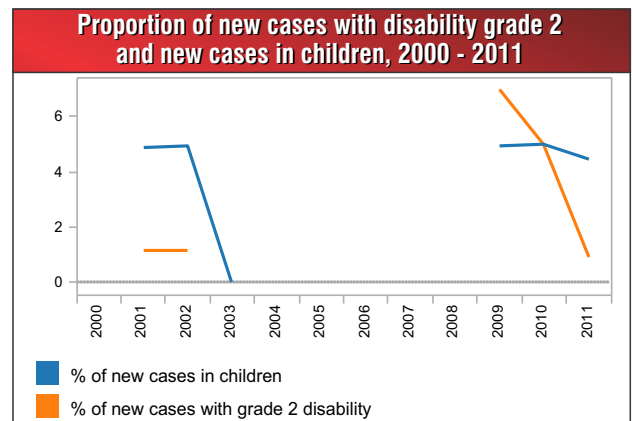
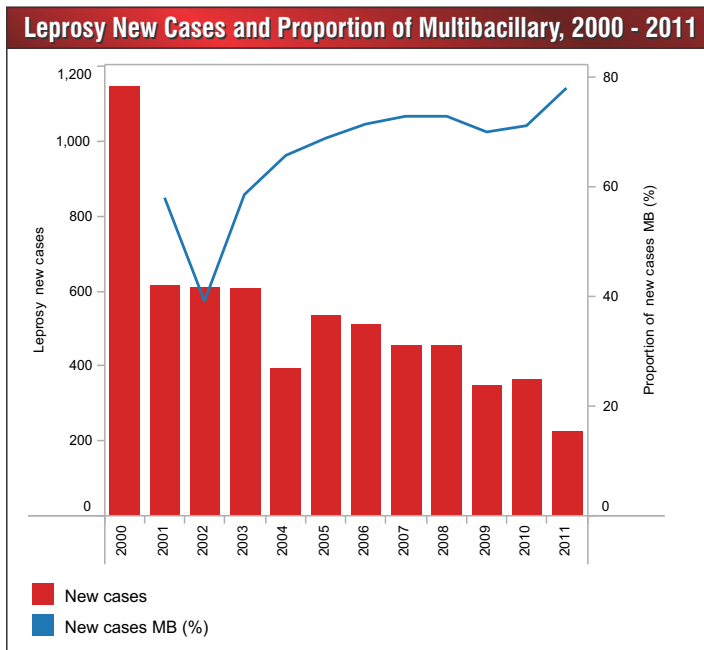
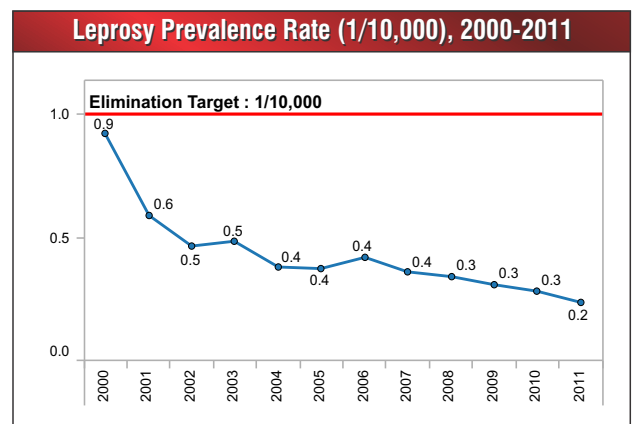


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	474	474				
2001	456	473	10	218	317	89
2002	456	473	10	218	317	89
2003	521	456	19	218	337	89
2004	521	456	19	218	337	
2005	521	456	19	218	337	
2006	521	456	19	218	337	
2007	521	456	19	218	337	
2008	521	456	19	218	337	
2009	521	456	19	218	337	
2010	632	321	8	140	270	48
2011	605	382			313	

MALI

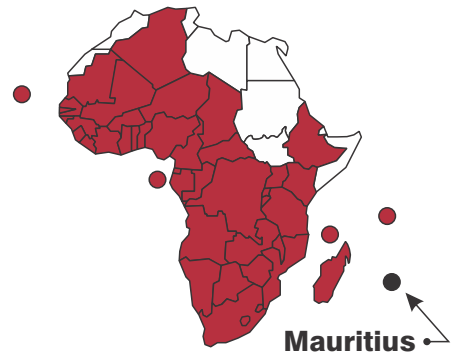


Leprosy Status as at end of 2011		
Prevalence	308	0.231 per 10 000
New cases	226	1 696 per 100 000
New cases children	10	4.4%
New cases female		0.0%
New cases with grade 2 disability	2	0.9%
New multibacillary cases	176	77.9%

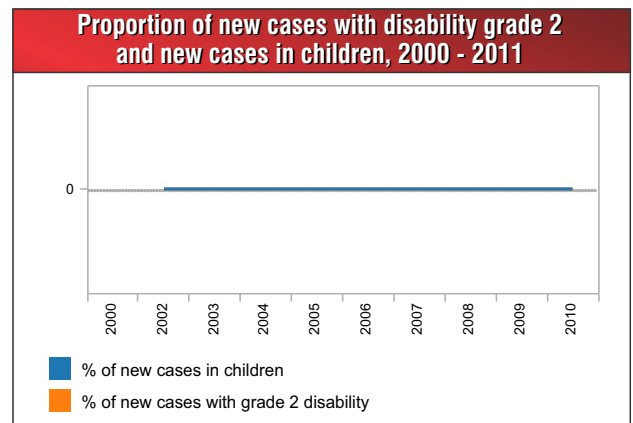
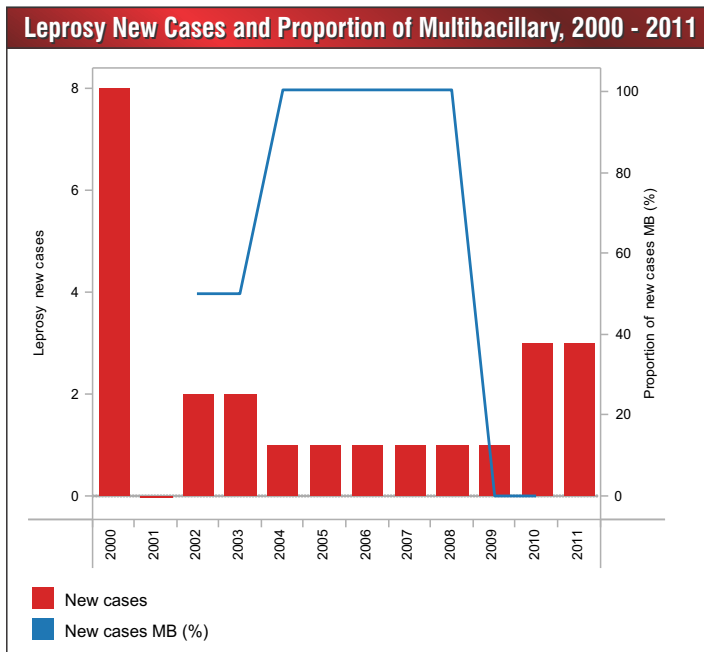
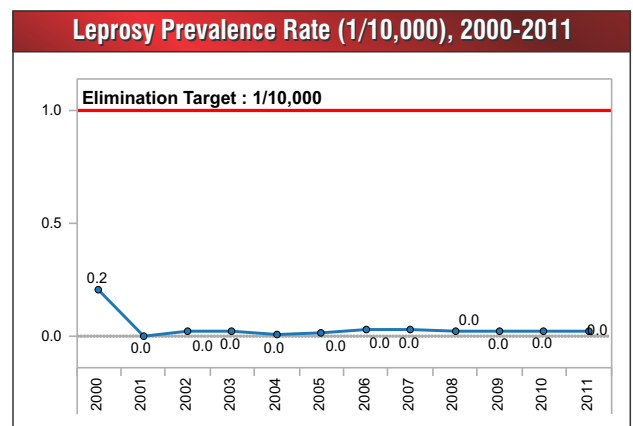


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	1 147	1 147				
2001	659	616	30		356	7
2002	531	609	30		238	7
2003	552	605	0		353	
2004	486	394			258	
2005	484	537			369	
2006	562	509			363	
2007	439	455			331	
2008	439	455			331	
2009	405	346	17	90	242	24
2010	373	363	18	73	258	18
2011	308	226	10		176	2

MAURITIUS

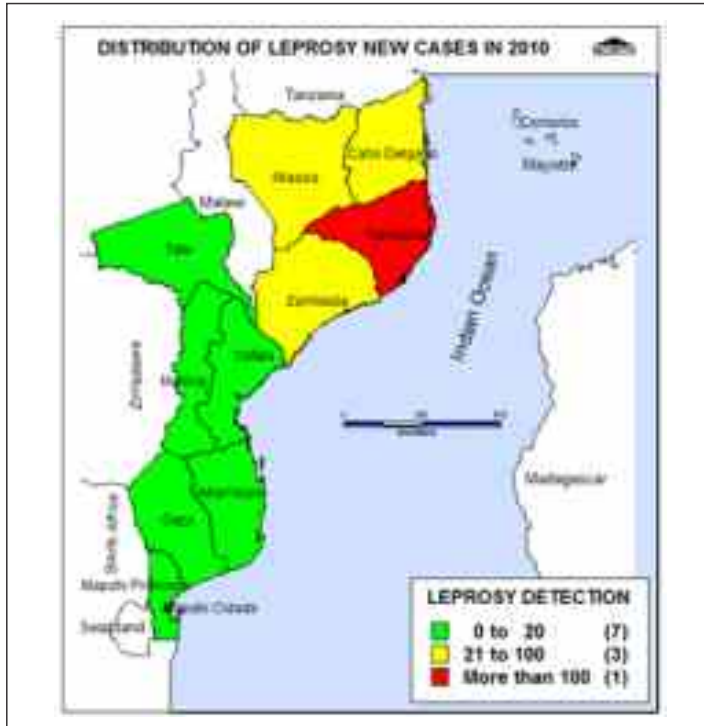
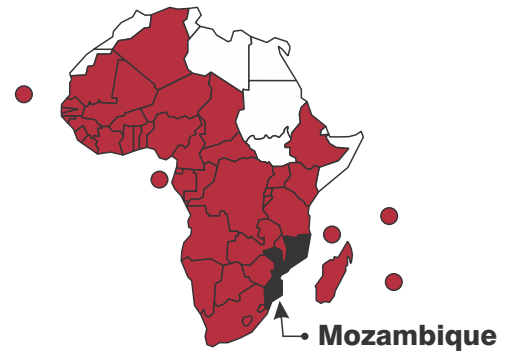


Leprosy Status as at end of 2011		
Prevalence	3	0.023 per 10 000
New cases	3	0.231 per 100 000
New cases children	0	
New cases female	0	
New cases with grade 2 disability	0	
New multibacillary cases		

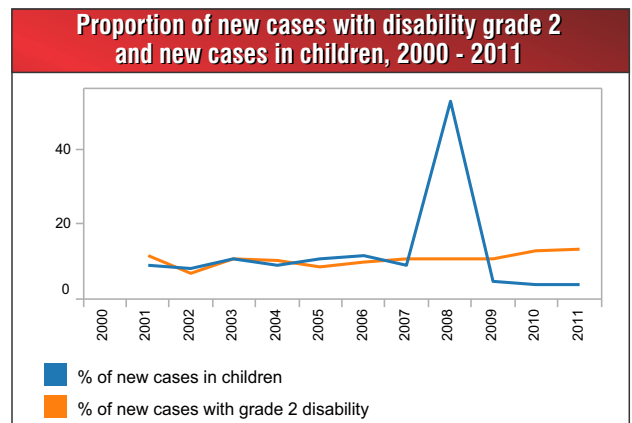
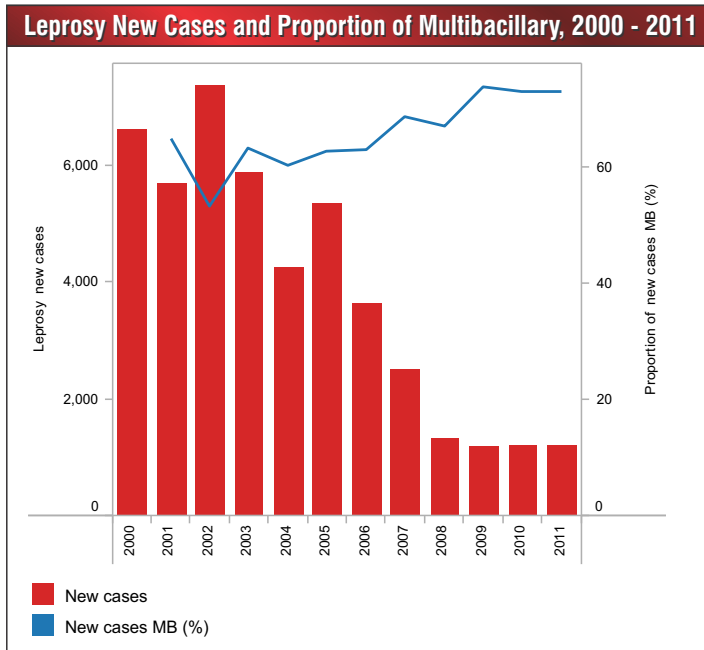
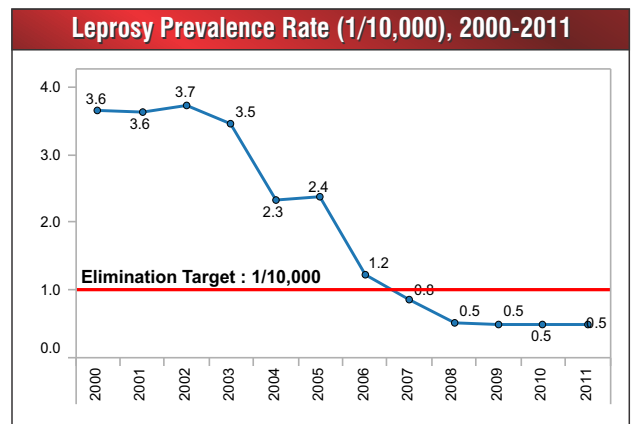


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	8	8				
2001	0	0	0	0	0	0
2002	2	2	0	0	1	0
2003	2	2	0	0	1	0
2004	1	1	0	1	1	0
2005	3	1	0	1	1	0
2006	3	1	0	1	1	0
2007	3	1	0	1	1	0
2008	3	1	0	1	1	0
2009	3	1			0	
2010	3	3	0	0	0	0
2011	3	3	0	0	0	0

MOZAMBIQUE

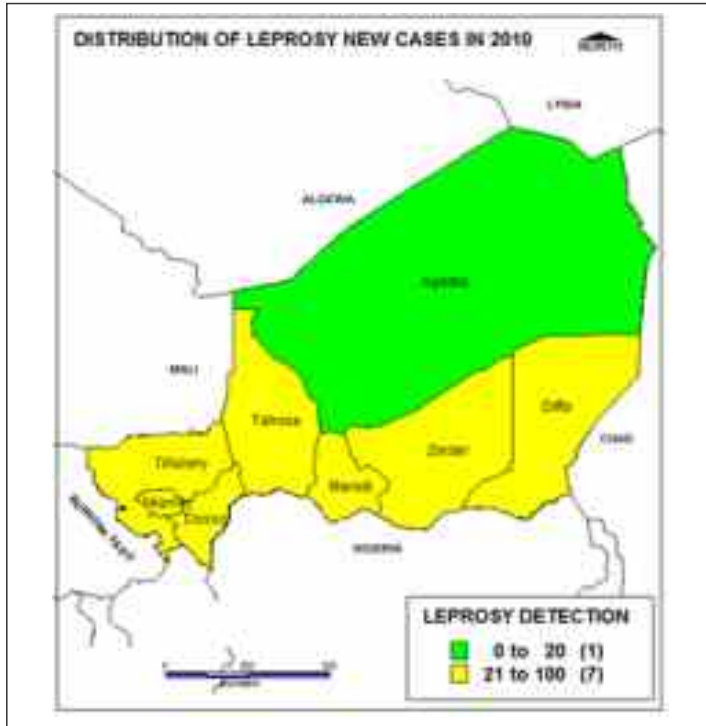
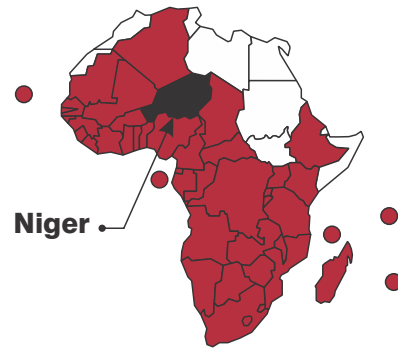


Leprosy Status as at end of 2011		
Prevalence	1 151	0.481 per 10 000
New cases	1 207	5.040 per 100 000
New cases children	46	3.8%
New cases female	349	28.9%
New cases with grade 2 disability	159	13.2%
New multibacillary cases	879	72.8%

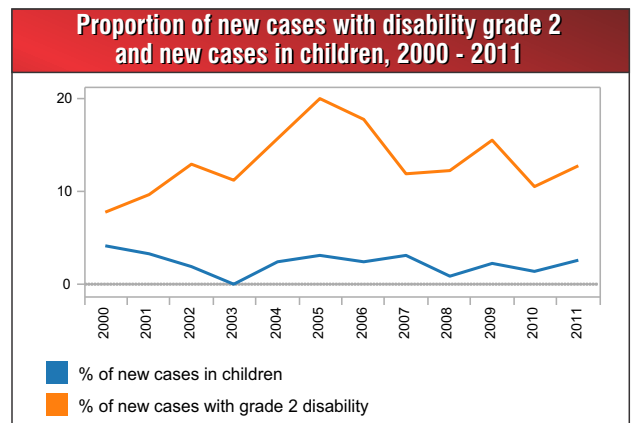
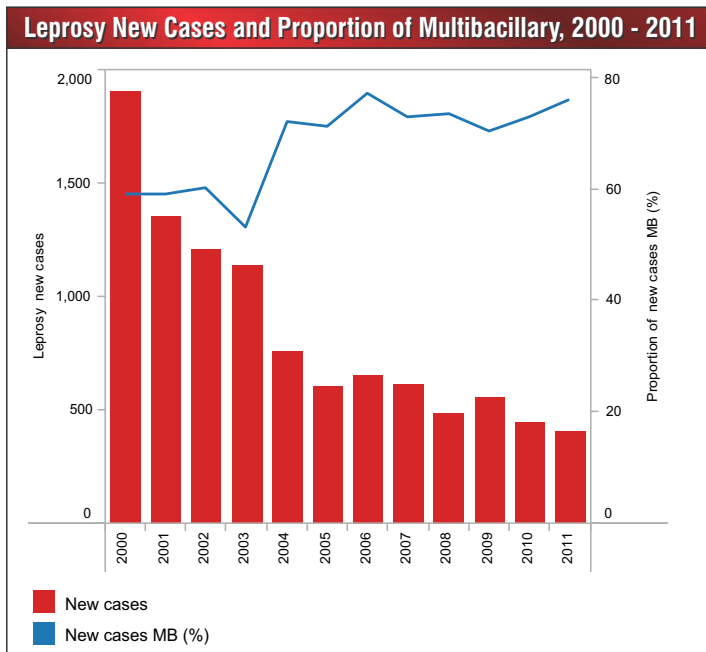
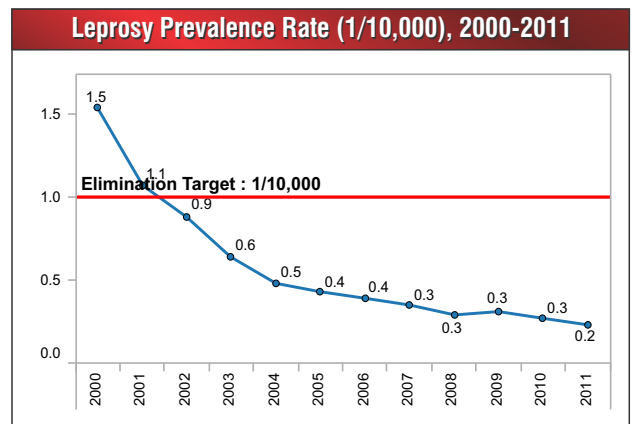


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	6 617	6 617				
2001	6 775	5 713	496		3 703	654
2002	7 131	7 386	599		3 932	479
2003	6 810	5 907	615		3 733	615
2004	4 692	4 266	383		2 570	422
2005	4 889	5 371	563		3 364	445
2006	2 594	3 637	406		2 285	346
2007	1 830	2 510	221		1 723	263
2008	1 125	1 313	691		877	139
2009	1 102	1 191	52		877	126
2010	1 132	1 207	43	511	879	154
2011	1 151	1 207	46	349	879	159

NIGER



Leprosy Status as at end of 2011		
Prevalence	364	0.227 per 10 000
New cases	405	2.522 per 100 000
New cases children	10	2.5%
New cases female	180	44.4%
New cases with grade 2 disability	51	12.6%
New multibacillary cases	307	75.8%

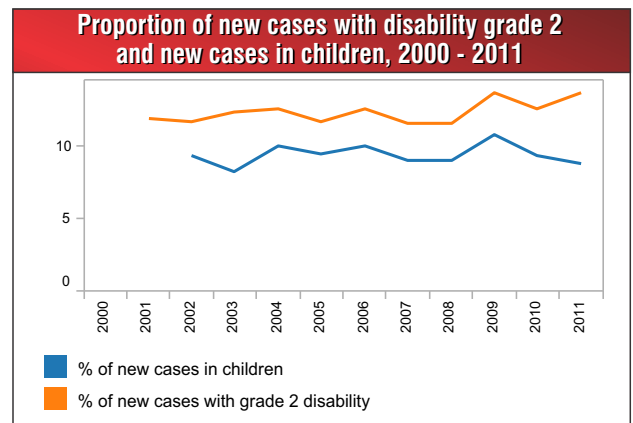
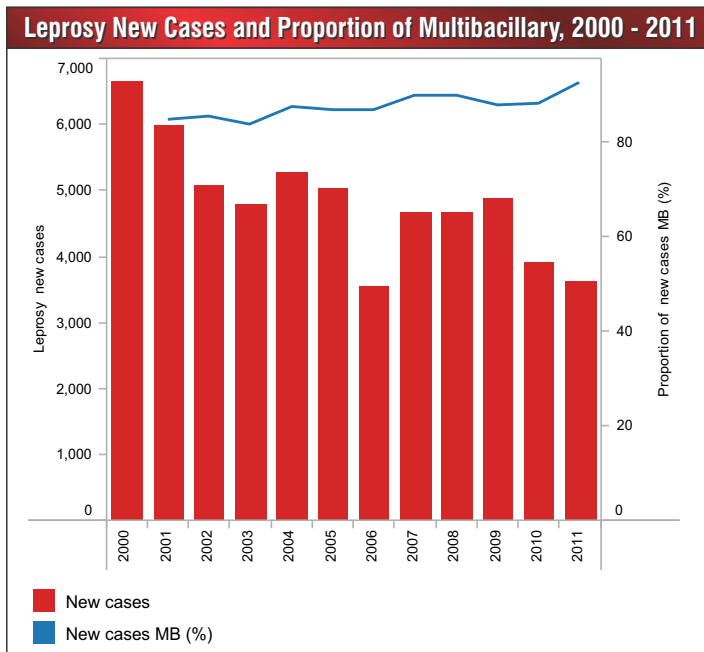
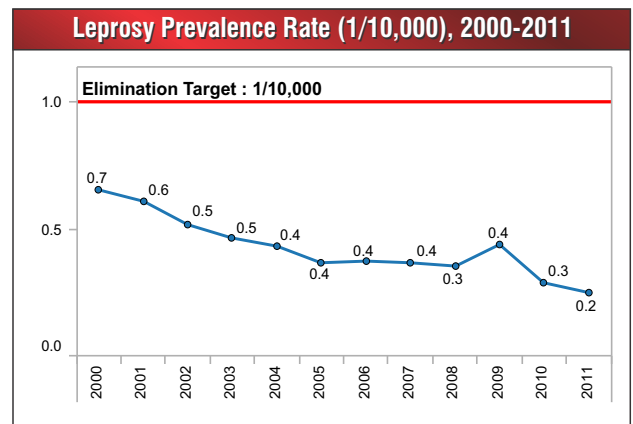


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	1 670	1 905	79	923	1 121	146
2001	1 202	1 355	43	658	797	129
2002	1 026	1 207	23	587	723	155
2003	771	1 136	0	0	601	126
2004	593	760	18	354	547	119
2005	548	605	18	260	430	120
2006	523	655	16	307	504	116
2007	475	610	19	291	443	72
2008	405	486	4	205	356	59
2009	457	555	12	227	389	86
2010	406	447	6	193	325	47
2011	364	405	10	180	307	51

NIGERIA

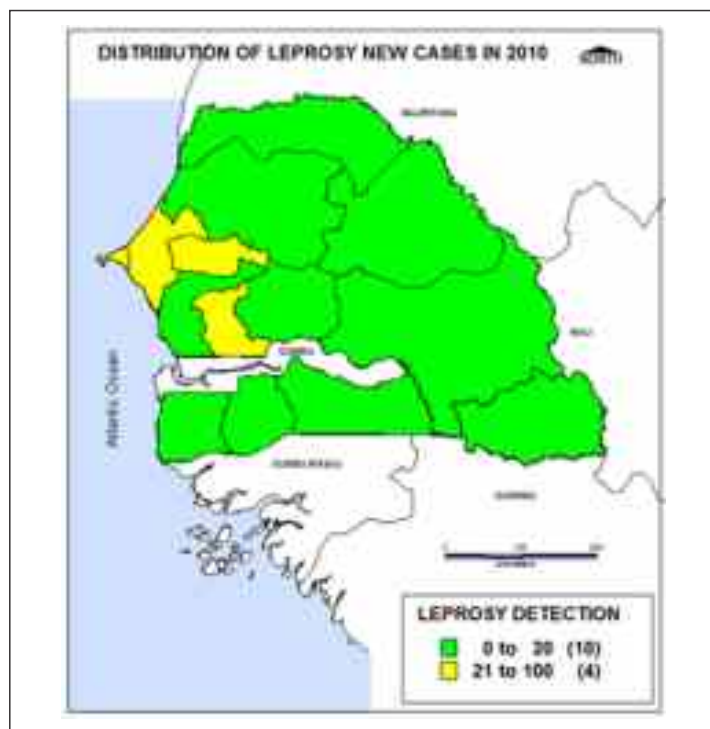
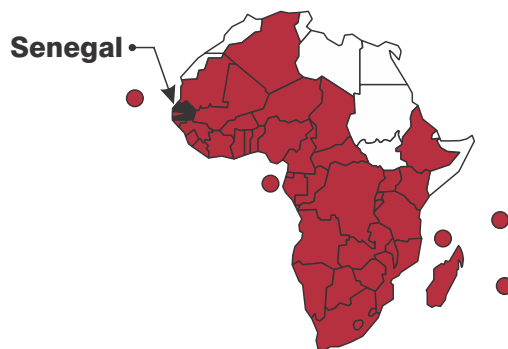


Leprosy Status as at end of 2011		
Prevalence	3 875	0.245 per 10 000
New cases	3 623	2.289 per 100 000
New cases children	318	8.8%
New cases female	1 590	43.9%
New cases with grade 2 disability	495	13.7%
New multibacillary cases	3 347	92.4%

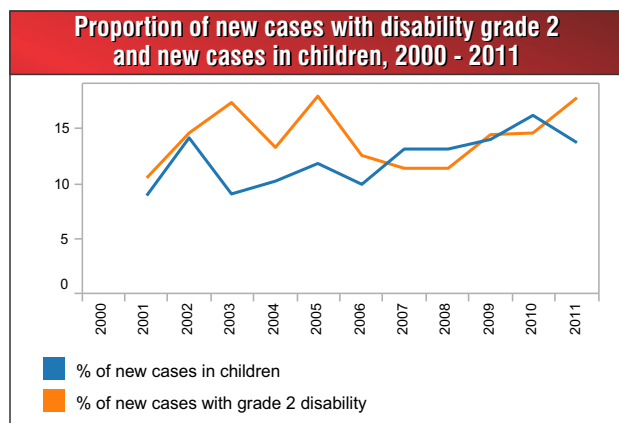
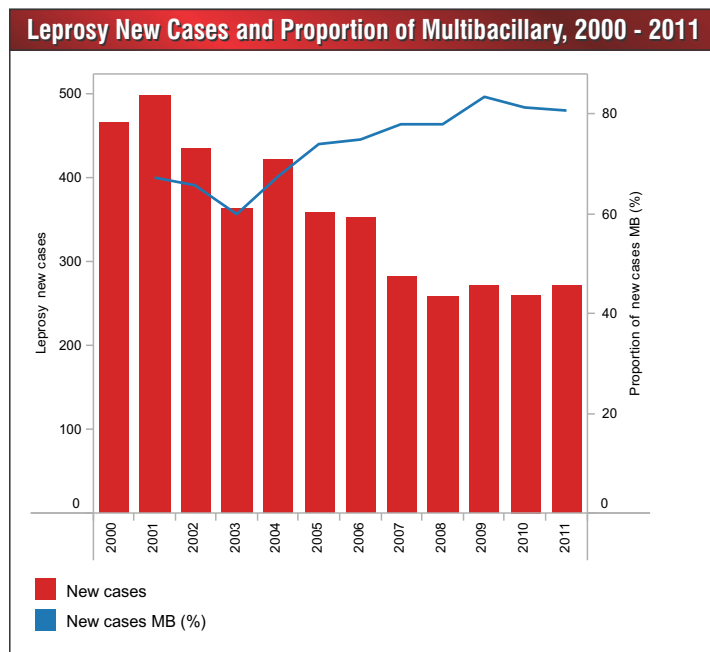
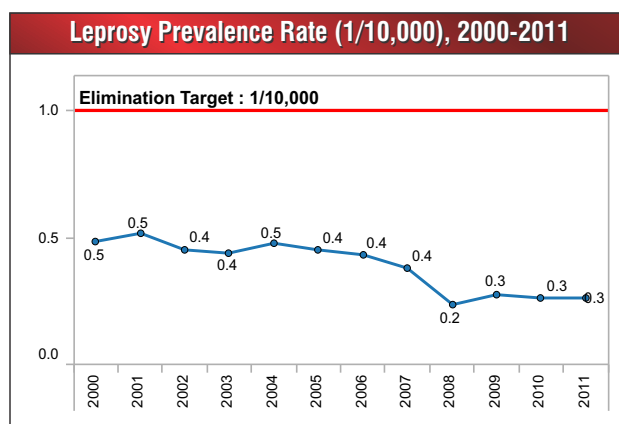


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	6 672	6 672				
2001	6 609	5 981			5 061	712
2002	5 890	5 078	474	2 285	4 331	593
2003	5 243	4 799	394	2 285	4 013	593
2004	5 348	5 276	528	2 370	4 608	659
2005	4 544	5 024	472	2 799	4 346	586
2006	4 830	3 544	352	1 069	3 073	444
2007	5 381	4 665	417	2 002	4 188	540
2008	5 381	4 665	417	2 002	4 188	540
2009	6 906	4 899	526	2 149	4 303	671
2010	4 531	3 913	366	1 530	3 443	490
2011	3 875	3 623	318	1 590	3 347	495

SENEGAL

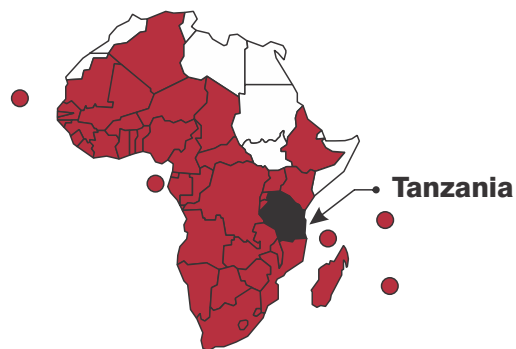


Leprosy Status as at end of 2011		
Prevalence	332	0.258 per 10 000
New cases	271	2.107 per 100 000
New cases children	37	13.7%
New cases female	118	43.5%
New cases with grade 2 disability	48	17.7%
New multibacillary cases	218	80.4%

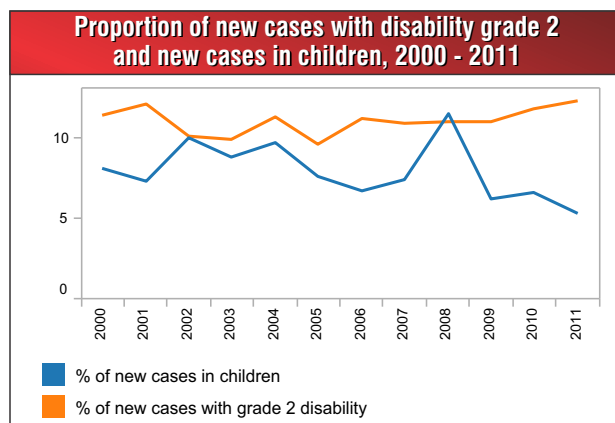
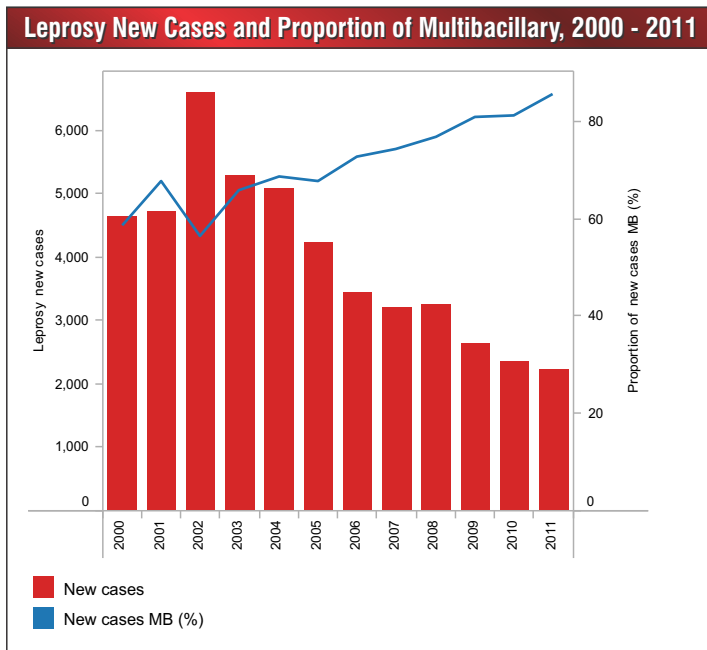
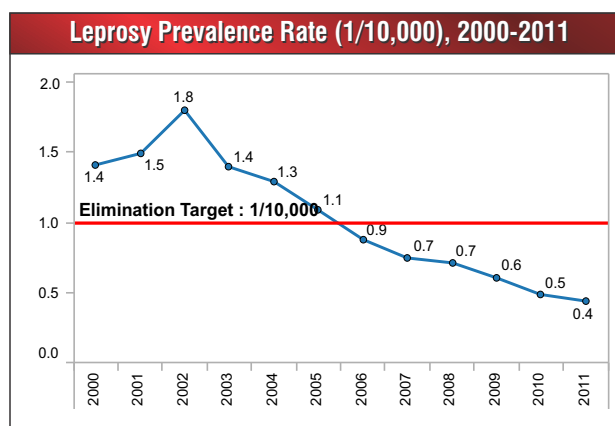


LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	457	464				
2001	500	498	44		335	52
2002	450	434	61		285	63
2003	451	364	33		218	63
2004	499	421	43		284	56
2005	488	358	42	139	263	64
2006	481	353	35	158	264	44
2007	433	282	37	117	219	32
2008	272	257	37	117	219	32
2009	332	271	36	100	214	37
2010	332	260	42	129	211	38
2011	332	271	37	118	218	48

TANZANIA

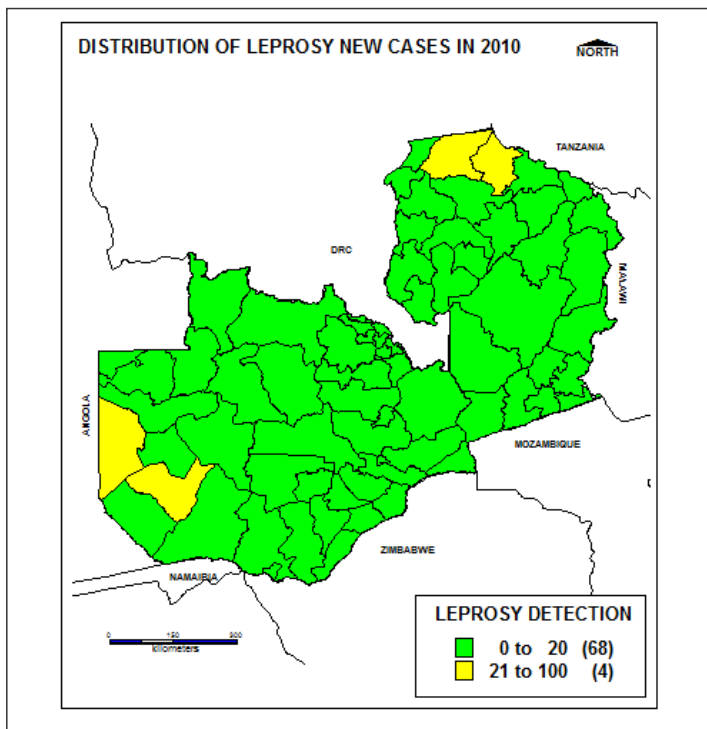
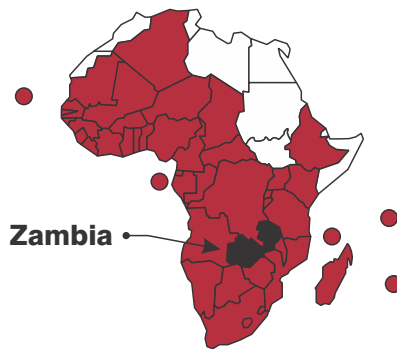


Leprosy Status as at end of 2011		
Prevalence	1 970	0.427 per 10 000
New cases	2 228	4.830 per 100 000
New cases children	118	5.3%
New cases female	919	41.2%
New cases with grade 2 disability	275	12.3%
New multibacillary cases	1 902	85.4%



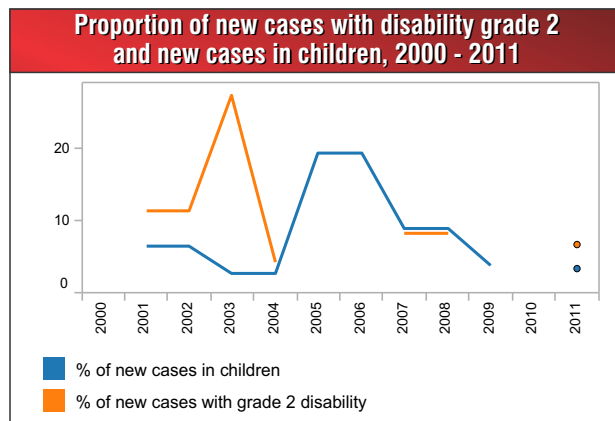
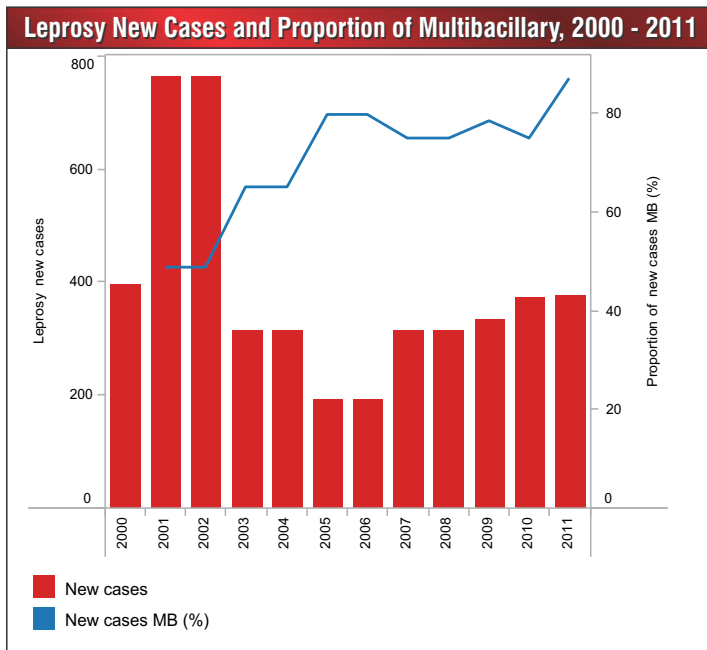
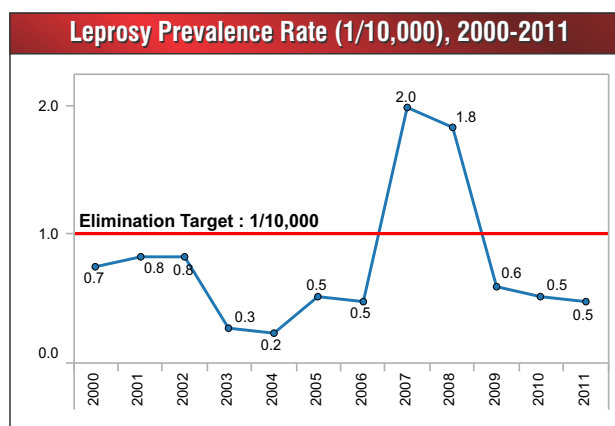
LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	4 785	4 656	378		2 716	533
2001	5 200	4 720	343	2 136	3 194	569
2002	6 433	6 601	663	3 097	3 723	665
2003	5 104	5 287	464	2 400	3 467	525
2004	4 838	5 066	489	2 195	3 474	571
2005	4 188	4 237	322	1 815	2 863	407
2006	3 465	3 450	229	1 481	2 500	387
2007	3 040	3 193	236	1 312	2 367	348
2008	2 988	3 248	372	1 341	2 490	356
2009	2 615	2 654	164	1 068	2 138	292
2010	2 167	2 365	155	893	1 914	280
2011	1 970	2 228	118	919	1 902	275

ZAMBIA



Leprosy Status as at end of 2011

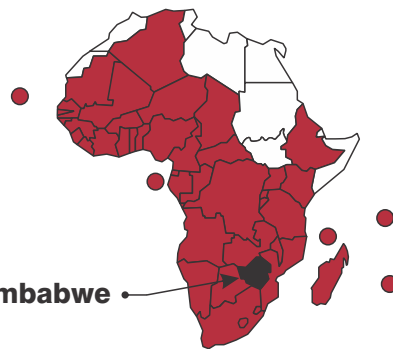
Prevalence	620	0.468 per 10 000
New cases	376	2.836 per 100 000
New cases children	12	3.2%
New cases female	83	22.1%
New cases with grade 2 disability	25	6.6%
New multibacillary cases	327	87.0%



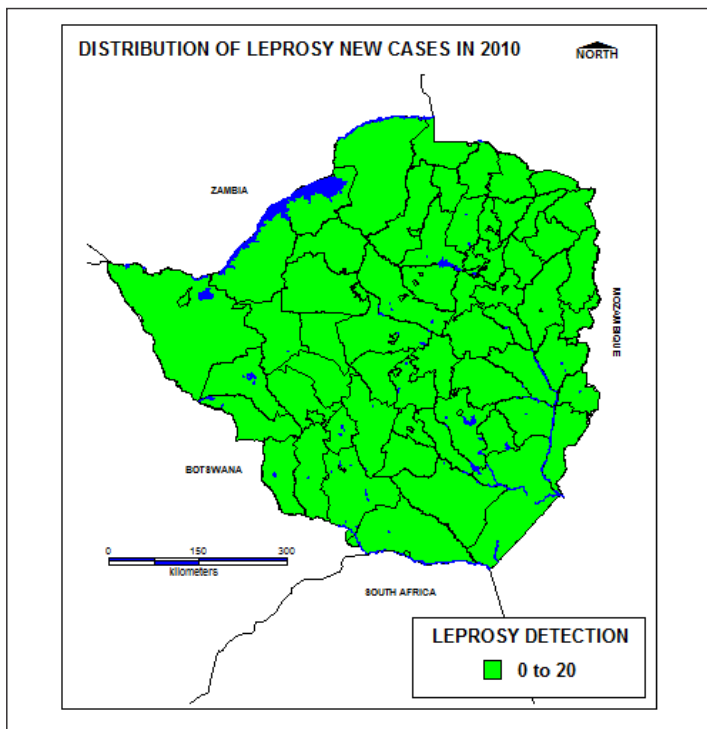
LEPROSY ESSENTIAL INDICATORS, 2000 - 2011

Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	396	396				
2001	753	764	48		373	86
2002	753	764	48		373	86
2003	247	314	8		204	86
2004	247	314	8		204	13
2005	554	192	37		153	
2006	554	192	37		153	
2007	2 359	316	28	141	237	26
2008	2 359	316	28	141	237	26
2009	786	334	12	0	262	
2010	676	374			280	
2011	620	376	12	83	327	25

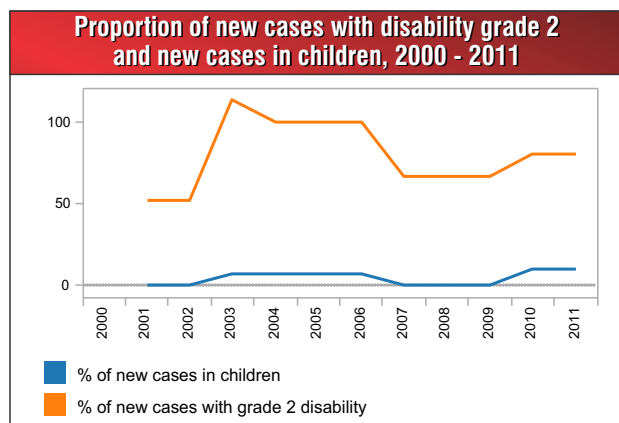
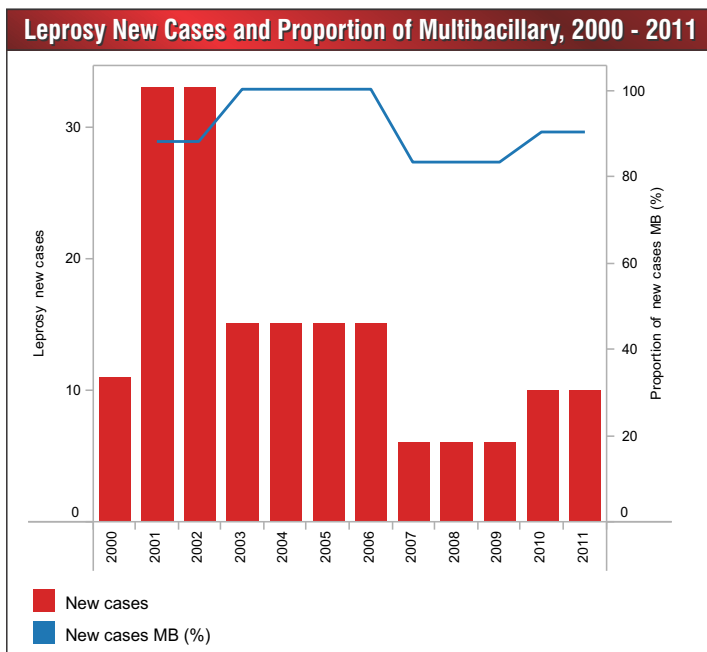
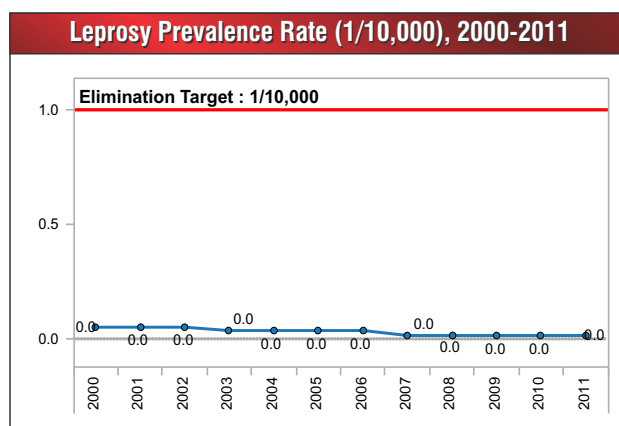
ZIMBABWE



Zimbabwe



Leprosy Status as at end of 2011		
Prevalence	10	0.008 per 10 000
New cases	10	0.079 per 100 000
New cases children	1	10.0%
New cases female	4	40.0%
New cases with grade 2 disability	8	80.0%
New multibacillary cases	9	90.0%



LEPROSY ESSENTIAL INDICATORS, 2000 - 2011						
Year	Prevalence	New Cases	New cases in children	New cases in female	New multibacillary cases	New cases with grade 2 disability
2000	11	11				
2001	51	33	0		29	17
2002	51	33	0		29	17
2003	37	15	1		15	17
2004	37	15	1		15	15
2005	37	15	1		15	15
2006	37	15	1		15	15
2007	11	6	0	2	5	4
2008	11	6	0	2	5	4
2009	11	6	0	2	5	4
2010	10	10	1	4	9	8
2011	10	10	1	4	9	8