

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA  
UNSTARRED QUESTION NO. 2029  
TO BE ANSWERED ON 10.03.2026**

**BURDEN OF LEPROSY CASES IN THE COUNTRY**

**2029. PROF. MANOJ KUMAR JHA:**

Will the **Minister of HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether Government has taken note that the number of leprosy cases has remained above 100,000 over the last twenty years, accounting for more than 50 per cent of the global burden;
- (b) if so, the reasons for the stagnation in reported cases over the years;
- (c) the steps taken by Government to improve the situation;
- (d) the official Government website wherefrom State-wise and district-wise leprosy data can be accessed to enable preparation of endemicity-based action plans;
- (e) whether Government plans to increase budget allocation for the leprosy programme; and
- (f) the details of funds allocated, released and utilised during the last three years, State/UT-wise?

**ANSWER**

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY  
WELFARE  
(SMT. ANUPRIYA PATEL)**

(a) to (f) : The National Leprosy Eradication Programme (NLEP) is a centrally sponsored scheme under the overarching umbrella of National Health Mission (NHM). Funds are allocated to the programme activities under NHM on the basis of State/UT specific Programme Implementation Plans and States/UTs are required to utilize funds as per their need, priority and on the basis of their absorption capacity.

Leprosy is a chronic disease which leads to delayed manifestation of symptoms. The persistence of reported leprosy cases is attributed to the long incubation period of the disease, which can range from 5 to 20 years. India has continued to report more than 1,00,000 new leprosy cases annually over the years and accounts for a significant proportion of the global leprosy burden. In addition, ongoing transmission in certain high-endemic pockets, improved surveillance and active case detection activities under the National Leprosy Eradication Programme (NLEP), and increased awareness resulting in higher reporting contribute to sustained detection of cases.

The following steps have been taken by Government to improve the Situation:

- Leprosy Case Detection Campaign (LCDC): House-to-House surveys in villages and urban areas in identified high burden districts
- Focused Leprosy Campaign (FLC): Active case search where a new case with Grade 2 Disability (G2D) is detected, this search targets 300 surrounding households in urban areas or the entire village in rural areas Special plan for active case search in hard-to-reach areas: Provision of leprosy services through community participation.
- ASHA-based surveillance for leprosy suspects (ABSULS) in districts not covered under LCDC to be integrated in the routine activities and continued.
- Sparsh Leprosy Awareness Campaign (SLAC) is an activity under NLEP organized across the country for general awareness upto village level and reducing stigma and discrimination. Special Annual Mass Awareness campaigns named Sparsh Leprosy Awareness Campaigns (SLAC) were launched on 30th January, 2017 i.e., Anti Leprosy Day, to reduce stigma and discrimination against persons suffering from leprosy.
- Leprosy services are integrated with the general health care system through Ayushman Arogya Mandirs at Sub-Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs), District Hospitals and tertiary care institutions.
- Regular training and capacity-building programmes are conducted for Medical Officers, ASHAs, ANMs and other frontline health workers for early identification, referral and treatment of leprosy.
- Intensified active case detection through Leprosy Case Detection Campaigns (LCDC) and Focused Leprosy Campaigns (FLC) are undertaken in high-risk and vulnerable areas to ensure early diagnosis and prompt initiation of treatment.
- Contact tracing is carried out and Post Exposure Prophylaxis (PEP) is administered to eligible contacts of index cases to interrupt transmission.
- Disability Prevention and Medical Rehabilitation (DPMR) services are provided as per programme guidelines, including reaction management, self-care training, provision of assistive devices, Micro-Cellular Rubber (MCR) footwear and reconstructive surgery.

Details of state-wise and district-wise leprosy data can be accessed through the official DGHS website (<https://dghs.mohfw.gov.in/nlep.php>) under the National Leprosy Eradication Programme (NLEP).

The statement of State/UT-wise State Programme Implementation Plan (SPIP) Approvals and Expenditure on National Leprosy Eradication Programme (NLEP) from the F.Y. 2022-23 to 2024-25 is attached at Annexure.

\*\*\*\*\*

Annexure referred to in reply to parts (a) to (f) of Rajya Sabha Unstarred Question No. 2029 for answer on 10.03.2026

**Statement of State/UT-wise State Programme Implementation Plan (SPIP) Approvals and Expenditure on National Leprosy Eradication Programme (NLEP) from the F.Y. 2022-23 to 2024-25**

(Rs. in Lakhs)							
Sl. No.	States	2022-23		2023-24		2024-25	
		SPIP	Expenditure	SPIP	Expenditure	SPIP	Expenditure
1	Andaman and Nicobar Islands	15.63	1.85	23.83	7.05	24.65	5.08
2	Andhra Pradesh	1316.89	837.45	1331.49	1121.10	2338.11	1517.42
3	Arunachal Pradesh	113.68	56.15	95.54	31.74	93.95	89.91
4	Assam	267.63	106.33	179.19	708.67	1050.53	845.69
5	Bihar	2132.00	634.97	2503.27	1249.67	2755.03	1624.33
6	Chandigarh	20.85	14.19	20.85	14.64	21.91	14.32
7	Chhattisgarh	1614.65	1302.85	1761.57	490.08	1783.88	515.73
8	Dadra & Nagar Haveli and Daman & Diu	69.39	25.96	76.32	16.38	67.21	19.26
9	Delhi	239.73	136.89	263.50	231.53	213.39	145.25
10	Goa	6.22	4.24	6.22	11.93	20.87	16.18
11	Gujarat	254.31	170.50	264.69	699.26	671.65	556.92
12	Haryana	203.16	166.10	215.52	182.10	354.95	286.15
13	Himachal Pradesh	68.14	14.01	61.03	12.90	56.83	24.60
14	Jammu and Kashmir	74.89	24.98	80.65	22.35	113.59	68.09

15	Jharkhand	855.88	626.02	784.67	661.39	1435.46	977.82
16	Karnataka	968.69	695.35	852.99	1110.38	1179.23	956.29
17	Kerala	1397.46	853.31	1397.54	121.55	1105.57	126.93
18	Lakshadweep	10.79	7.40	11.33	0.01	13.19	6.57
19	Madhya Pradesh	644.29	630.71	727.35	704.88	911.31	1.06
20	Maharashtra	2359.05	2303.22	2330.63	1839.43	3173.77	509.69
21	Manipur	57.40	1.45	57.40	0.00	41.40	596.50
22	Meghalaya	39.68	5.43	39.70	20.91	43.81	17.91
23	Mizoram	26.23	2.35	27.78	7.70	17.14	13.87
24	Nagaland	79.17	55.87	59.51	40.28	92.50	9.41
25	Odisha	954.91	616.12	870.50	687.41	761.22	43.25
26	Puducherry	11.74	2.11	11.94	1.97	14.89	692.22
27	Punjab	86.83	17.12	88.30	88.30	121.27	5.50
28	Rajasthan	250.19	156.27	511.59	306.62	410.21	47.47
29	Sikkim	53.55	42.37	56.03	38.82	53.07	292.93
30	Tamil Nadu	768.15	660.22	768.55	505.40	571.22	50.91
31	Tripura	35.61	22.34	24.84	16.17	31.53	551.06
32	Uttar Pradesh	2527.65	2233.02	3896.13	4502.50	9168.53	848.85
33	Uttarakhand	146.49	80.56	114.11	81.11	99.45	22.37
34	West Bengal	1320.47	1191.25	1295.94	886.12	1393.34	5243.98

35	Telangana	1033.97	601.66	1049.07	348.43	874.71	63.61
36	Ladakh	2.80	2.52	2.80	4.55	16.00	1092.33

Note: 1. SPIP Approvals are as per the available Financial Management Reports submitted by State/UTs and are provisional.

2. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.

\*\*\*\*\*