

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

**LOK SABHA  
UNSTARRED QUESTION NO. 226  
TO BE ANSWERED ON 2<sup>ND</sup> FEBRUARY, 2018**

**LEPROSY PATIENTS**

**226. SHRI ANANDRAO ADSUL:  
DR. PRITAM GOPINATH MUNDE:  
SHRI DHARMENDRA YADAV:  
SHRI VINAYAK BHAURAO RAUT:  
SHRI ADHALRAO PATIL SHIVAJIRAO:  
DR. SHRIKANT EKNATH SHINDE:  
SHRI SHIRIRANG APPA BARNE:  
SHRI KUNWAR PUSHPENDRA SINGH CHANDEL:**

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

- (a) whether as per World Health Organisation (WHO), 60 per cent of leprosy patients all over the world live in India and if so, the details thereof;
- (b) whether the Government is aware that the programmes being implemented for leprosy eradication are not effective and there is acute shortage of doctors for the purpose, if so, the steps taken by the Government in this regard;
- (c) whether the Government is also aware that there are no proper arrangements for test and treatment of leprosy in district level hospitals in the country and if so, the details thereof along with the details of inquiries conducted in this regard;
- (d) the details of success achieved in eradication of leprosy as a result of special campaign conducted by the Government; and
- (e) the details of comprehensive strategy prepared by the Government for total eradication of leprosy in the country and the extent to which the said policy is likely to be effective?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): Yes. As per the World Health Organization's Record India contributed to approximately 60% of the total global new cases of leprosy. Cases reported in India were 1,35,485 from 1st April, 2016 to 31<sup>st</sup> March, 2017 and total global cases of leprosy were 2,14,783 from 1st January, 2016 to 31<sup>st</sup> December, 2016.

(b): Under National Leprosy Eradication Programme (NLEP), several innovations are introduced during last two years e.g. Leprosy Case Detection Campaign (LCDC), Focused Leprosy Campaign, Case detection in hard to reach areas, Sparsh Leprosy Awareness Campaign, Asha Based Surveillance for Leprosy Suspects (ABSULS) and Grade II Disability investigation. As a result of the above innovations, Grade II Disability amongst the new cases has come down significantly.

(c): As per the guidelines of the National Leprosy Eradication Programme (NLEP), there is a provision of one lab technician and other arrangements for the test at district level and there is provision of diagnosis and treatment in all the Government Health Facilities. The diagnosis of most of the leprosy cases can be done by Medical Officer just by examination of the skin and other simple tests. In very special cases slit skin smear is required for which provision is made at district level. Programme is being implemented by States/UTs under guidelines issued by NLEP.

(d): The eradication of leprosy is the ultimate vision of NLEP. However, a lot of success has been achieved in the special campaign of leprosy in the form of Leprosy Case Detection Campaign (LCDC) campaign has been targeted in 23 States/UTs during 2017-18 and so far, the campaign has been conducted in 19 States/UTs covering 196 Districts wherein more than 22,000 new cases have been confirmed till date.

On 30<sup>th</sup> January, 2017, Sparsh Leprosy Awareness Campaign (SLAC) was observed where in village level meetings were held by Gram Sabhas for leprosy awareness, facilitated by respective multi-purpose worker (MPWs), patwari, gramsevak, school teacher, ASHA etc., at village level under supervision of Medical Officer of Primary Health Centre (PHC). Prototypes activities for leprosy awareness were conducted in approximately 3.5 lakh villages during the fortnight as per the reports submitted by States/UTs. Similar activity on large scale is being organized during this year.

(e): The comprehensive strategies under NLEP include the following innovations:-

- I. **Early case detection:** Three pronged strategy i.e. , i) Leprosy Case Detection Campaign (specific for high endemic districts), ii) Focused Leprosy Campaign (for hot spots i.e., rural and urban areas where G2D is detected), iii) Special plan for case detection in hard to reach areas.
- II. **Enhanced Passive case detection:** i) Sparsh Leprosy Awareness Campaign ii) ASHA based Surveillance for Leprosy Suspects (ABSULS)
- III. **Prevention of leprosy / Interrupt transmission:** Post Exposure Prophylaxis administration to close contacts of new cases detected in LCDC districts.
- IV. **Overall strengthening of the programme:** i) Nikushth an online reporting system with Patient tracking mechanism, ii) G2D case investigation.

The Grade II Disability (G2D) rate trend which was rising till 2015-16, has decreased from 4.60% (2015-16) to 3.87% (2016-17) and approximately 2500 G2D cases were prevented during 2016-17. Strengthened implementation of various initiatives was introduced during financial year 2016-17 to detect cases early enough before onset of disability.

The above undertaken measures have shown very positive effect under the programme in terms of decrease in case load and reduction of the transmission of the disease.