

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

**LOK SABHA
STARRED QUESTION NO.96
TO BE ANSWERED ON THE 8TH FEBRUARY, 2019
LEPROSY ERADICATION**

***96. SHRI KUNWAR PUSHPENDRA SINGH CHANDEL:
SHRI ANANDRAO ADSUL:**

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

- (a) whether the Government has prepared any new policy to completely eradicate leprosy from the country and if so, the details thereof;
- (b) whether the Government is aware that there is also a shortage of doctors for the leprosy eradication programme and if so, the details thereof;
- (c) whether there has been slow progress in the leprosy eradication programme undertaken in the country and if so, the details thereof and the reasons therefor;
- (d) whether the Government has conducted any study in this regard and if so, the findings thereof along with the response of the Government thereto; and
- (e) the efforts being made by the Government to completely eradicate leprosy from the country, check discrimination against the people suffering from this disease, create awareness among the people and develop infrastructure for investigation, treatment and eradication of leprosy in the country?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

(a) to (e) : A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO.96* FOR 8TH FEBRUARY, 2019**

(a) In order to effectively eradicate leprosy, several measures are being implemented under National Leprosy Eradication Programme (NLEP) since 2016 in a phase wise manner. These include (1) three pronged strategy for early case detection including a) Leprosy Case Detection Campaign (LCDC) in high endemic districts, b) Focussed Leprosy Campaign (FLC) in endemic villages/ urban areas of low endemic districts and c) Special plan for active case finding in remote and difficult areas, (2) Sparsh Leprosy Awareness Campaign (SLAC), (3) Grade II disability case investigation and (4) Accredited Social Health Activists (ASHA) based Surveillance for Leprosy Suspects (ABSULS).

(b) As per Rural Health Statistics 2018, there is a shortfall of 3673 doctors at Primary Healthcare Centre (PHC) level. (Extract placed at **Annexure I**)

(c) & (d) No . During the last three years after introduction of the above noted measures, NLEP India is moving ahead to achieve the target set by World Health Organisation (WHO) to be achieved by 2020.

The measures have given the needed impetus to programme and as a result of the same surveillance data shows that the Grade II disability has significantly declined. The Grade II disability per million which was 4.48/ million population as on 31st March, 2015 has decreased to 2.47/ million population (annualized) as on 30th November, 2019 against the target of G2D <1 case/ million population provided by WHO's Global Leprosy Strategy (GLS), 2016 – 2020 to be attained by year 2020.

(e) To eradicate leprosy from the country, the Government has been implementing the NLEP. Key interventions under the programme include –

- Three pronged strategy for early case detection given in response to part (a) of the question.
- Free drugs
- Incentives to ASHA for case detection and treatment completion
- Activities for stigma reduction

Further, in order to control discrimination against Persons Affected by Leprosy (PAL), Government has launched the Sparsh Leprosy Awareness Campaign (SLAC) wherein Nation-wide special Gram/ Ward Sabhas are being organized as an annual activity since 2017, on 30th January, to spread awareness regarding leprosy and reduce stigma pertaining to the same. In addition, various intensive Information Education and Communication (IEC) activities are being conducted at various administrative levels as a routine, to sensitize the community and reduce stigma pertaining to leprosy.

The Lepers Act, 1898: The enactment of the Lepers Act, 1898 was based on the then prevailing knowledge about leprosy, the means available for its treatment and control and the age-old stigma attached to the disease. It was considered that the disease was incurable, that all persons affected are infectious and it is essential to restrain their movement and prohibit leprosy patients from following certain trades and doing certain acts. The Act made provisions to prevent spread of the disease to others. In the light of recent scientific advancements, the concept about leprosy as regards its causation, spread, infectivity and treatment has undergone a radical change. Now, Leprosy is completely curable when treated with Multi-Drug Therapy (MDT). **In view of the same, Lepers Act was repealed as a whole in 2016.**

Recently, a bill seeking to remove leprosy as a ground for divorce was passed by Lok Sabha in January, 2019. The bill seeks to remove leprosy as a ground for divorce in five personal laws i.e., 1) Hindu Marriage Act, 2) Dissolution of Muslim Marriages Act, 3) Divorce Act (for Christians), 4) Special Marriage Act and 5) the Hindu Adoptions and Maintenance Act. The Bill was introduced in Lok Sabha in August, 2018 with Law Commission report wherein it was recommended to repeal laws and provisions which were discriminatory against leprosy affected people.

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Extract of Rural Health Statistics, 2018

DOCTORS. AT PRIMARY HEALTH CENTRES						
S. No.	State/UTs	(As on 31st March, 2018)				
		Required ¹	Sanctioned	In Position	Vacant	Shortfall
		[R]	[S]	[P]	[S-P]	[R-P]
1	Andhra Pradesh	1147	2267	2045	222	*
2	Arunachal Pradesh	143	NA	125	NA	18
3	Assam	946	NA	1376	NA	*
4	Bihar #	1899	2078	1786	292	113
5	Chhattisgarh	793	793	359	434	434
6	Goa	25	48	56	*	*
7	Gujarat	1474	1865	1321	544	153
8	Haryana	368	551	491	60	*
9	Himachal Pradesh	576	636	622	14	*
10	Jammu & Kashmir	637	1347	694	653	*
11	Jharkhand	298	556	340	216	*
12	Karnataka	2359	2359	2136	223	223
13	Kerala	849	1120	1169	*	*
14	Madhya Pradesh	1171	1771	1112	659	59
15	Maharashtra	1823	3009	2929	80	*
16	Manipur	91	238	194	44	*
17	Meghalaya ##	108	128	130	*	*
18	Mizoram ###	57	152	59	93	*
19	Nagaland	126	108	118	*	8
20	Odisha	1288	1326	917	409	371
21	Punjab	432	593	480	113	*
22	Rajasthan	2078	2751	2396	355	*
23	Sikkim	24	NA	24	NA	0
24	Tamil Nadu	1421	3136	2780	356	*
25	Telangana	643	1254	1066	188	*
26	Tripura	108	0	119	*	*
27	Uttarakhand	257	425	241	184	16
28	Uttar Pradesh	3621	4509	1344	3165	2277
29	West Bengal	913	1268	1016	252	*
30	A& N Islands	22	42	34	8	*
31	Chandigarh	0	0	0	0	0
32	D & N Haveli	9	15	8	7	1
33	Daman & Diu	4	5	4	1	0
34	Delhi	5	21	22	*	*
35	Lakshadweep	4	8	8	0	*
36	Puducherry	24	38	46	*	*
	All India/ Total	25743	34417	27567	8572	3673

Notes: # Sanctioned data for year 2011 used

Sanctioned data for year 2015 used

Sanctioned data for year 2013-14 used

NA: Not Available.

+: Allopathic Doctors

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs

*: Surplus.

1 One per Primary Health Centre as per IPHS norms

2 For calculating the overall percentages of vacancy, the States/UTs for which manpower position is not available, are excluded