

INTRODUCTION

India is a signatory to the global alliance on leprosy elimination. It is envisaged that through the implementation of the WHO recommended elimination strategy, leprosy will cease to be a public health problem in India by the end of 2005. Elimination is defined as less than one case of leprosy per ten thousand population.

LEPROSY ELIMINATION IN INDIA

In 1955, the Government of India launched a nationwide leprosy control programme as a centrally sponsored programme; this programme was substantially revised in 1982 with the advent of multi-drug therapy (MDT). Health departments of the different states targeted leprosy by setting up a separate, vertical structure of specially trained personnel — from State Leprosy Officer to field level workers — who have carried through various programmes and campaigns. These have significantly brought down the PR in most areas. With reduced prevalence, leprosy staff are being integrated into the general health system and personnel in the general system are being trained so that they can play their part in leprosy elimination as they do in other health programmes. So far, integration has been fully implemented in Tamil Nadu and partially in several other states.

The key elements of all leprosy elimination programmes have been:

- Spreading awareness of the facts about leprosy among the target population, through IEC.
- Early detection and treatment.
- Counselling of patients and their families to ensure that medication is taken fully, and to rid them of misconceptions and fears which contribute to social stigma and ostracism.
- Encouraging voluntary disclosure of patches and other symptoms.

THE SAPEL CONCEPT

Though the PR has been reduced in many areas, there are

several isolated, inaccessible pockets and disadvantaged populations not reached by health services. The SAPEL concept was developed by WHO in the mid-1990s. It was specifically designed to fill the gaps in existing leprosy elimination programmes in developing countries by ensuring coverage of difficult and inaccessible areas and neglected population groups, to promote equity in health care.

A SAPEL project is an intense, time-bound effort to detect, treat and cure cases of leprosy. The emphasis is on reaching the otherwise un-reached areas to achieve high rates of detection and cure, raising community awareness and participation, removing misconceptions and fears about leprosy. A higher level of expenditure than for most other health-related projects covering a comparable area is therefore incurred.

Innovation, flexibility and a locale-specific approach are the essential features of SAPEL. Those who plan and execute each project are expected to structure it to suit the ground realities and needs of their area. However, there are some features which have been found essential everywhere and which provide a common overall framework. These include initial IEC activity, selection and training of search team members including volunteers, a house-to-house detection survey to list suspected cases followed by examination of these cases for confirmation, treatment and follow-up of confirmed cases.

DANIDA, the Danish International Development Assistance, which has been supporting various development and health projects/programmes of Central and State Governments in India, also assists leprosy elimination through DANLEP. DANLEP supports (since 1986) the high endemic states of Madhya Pradesh, Chhattisgarh, Orissa and Tamil Nadu, directly in leprosy elimination programmes including SAPELs. This support is financial as well as consultative and participatory with regard to planning, implementation, monitoring and evaluation.