

# World Leprosy Day

Making Bangladesh free of leprosy

Published: Sunday, 25 January, 2015, Time: 12:00

AM View Count : 74

PARVEZ BABUL

Research shows that leprosy is one of the oldest diseases known to humankind. It is also known as Hansen's disease, named after Norwegian physician Gerhard Henrik Armauer Hansen. He debunked the prevailing notion of the time that leprosy was a hereditary disease. He showed that the disease had a bacterial cause instead. For thousands of years, people with leprosy have been stigmatized and considered to be at the extreme margins of the society. Sunday, January 25, 2015 (last Sunday of each year) World Leprosy Day is being observed globally. The date for World Leprosy Day was chosen to closely coincide with the anniversary of Mahatma Gandhi's assassination on January 30, 1948. During his lifetime, Gandhi worked tirelessly towards the betterment of people afflicted with leprosy. The aim of World Leprosy Day is to change negative attitude and increase public awareness of the fact that leprosy can now be easily prevented and cured.

Leprosy Mission International-Bangladesh (TLMI-B) has noted that access to information, diagnosis and treatment with multidrug therapy (MDT) remain key elements in the strategy to eliminate the disease as a public health problem. It defined as reaching a prevalence of less than one leprosy case per 10,000



**"The biggest disease today is not leprosy or tuberculosis, but rather the feeling of being unwanted"**

**- Mother Teresa**

people. Only a couple of endemic countries have still to achieve this goal. Bangladesh already achieved this goal nationally in 1998 but still now striving to achieve this goal sub-nationally that include endemic pockets. Experts observe that information campaigns about leprosy in high risk areas are crucial so that patients and their families, who were

historically ostracized from their communities, are encouraging to come forward and receive treatment. The most effective way of preventing disabilities in leprosy, as well as preventing further transmission of the disease, lies in early diagnosis and treatment with multidrug therapy (MDT).

We should keep in mind that leprosy mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract and also the eyes; leprosy is curable; although not highly infectious, it is transmitted via droplets, from sneezing and coughing, during close and frequent contacts with untreated cases; early diagnosis and treatment with MDT remain key in eliminating the disease as a public health concern; untreated, leprosy can cause progressive and permanent damage to the skin, nerves, limbs and eyes.

The leprosy elimination strategy should emphasize the need to sustain expertise and increase the number of skilled leprosy staff, improve the participation of affected persons in leprosy services and reduce visible deformities. National leprosy programmes for 2011 - 2015 need to focus more on underserved populations and inaccessible areas to improve access and coverage. Since control strategies are limited, national programmes must actively improve case holding, contact tracing, monitoring, referrals and record

management.

Statistics show that 2, 20,810 (95 per cent) of new leprosy cases were reported from 16 countries and only 5 per cent of new cases are from the rest of the world. Pockets of high endemicity still remain in some areas of many countries but a few are mentioned as reference: Angola, Bangladesh, Brazil, China, Democratic Republic of Congo, Ethiopia, India, Indonesia, Madagascar, Mozambique, Myanmar, Nepal, Nigeria, Philippines, South Sudan, Sri Lanka, Sudan and the United Republic of Tanzania.

Leprosy was recognized in the ancient civilizations of China, Egypt and India. The first known written mention of leprosy dates from 600 BC. Throughout history, people afflicted have often been ostracized by their communities and families.

Elimination of leprosy is defined as a prevalence rate of less than one case per 10,000 persons. In order to reach all patients, leprosy treatment needs to be fully integrated into general health services. Moreover, political commitment needs to be sustained in Bangladesh and other countries where leprosy remains a public health problem.

Partners in leprosy elimination also need to continue to ensure that human and financial resources are available. The age-old stigma associated with the disease remains an obstacle to self-reporting and early treatment.

The Strategy of World Health Organization (WHO) for leprosy elimination contains the following: ensuring accessible and uninterrupted MDT services available to all patients through flexible and patient-friendly drug delivery systems; ensuring the sustainability of MDT services by integrating leprosy services into the general health services and building the ability of general health workers to treat leprosy; encouraging self-reporting and early treatment by promoting community awareness and changing the image of leprosy; monitoring the performance of MDT services, the quality of patients' care and the progress being made towards elimination through national disease surveillance systems.

Increased empowerment of people affected by the disease, together with their greater involvement in services and community, will bring us closer to Bangladesh free from leprosy and a world without leprosy. In spite of integrated service delivery, infrastructure support at all levels and provision of free MDT--the National Leprosy Eradication Programme (NLEP) is gradually facing loss of focus on leprosy as a public health agenda. As a result, delivery of services deteriorated day by day losing skilled persons and the NLEP is facing inadequacy of fund in both Government of Bangladesh (GoB) and NGO sectors.

Experts observed that more evidences are needed for better understanding the causes of stigma and assess the effect of intervention to decrease it. NLEP has formulated 'Post Elimination Leprosy Control Strategy, Bangladesh 2011 - 2015', but finds difficulties in implementing those strategies because of limited amount of fund allocation from the Government of Bangladesh.

The involvement/ collaboration of print, electronic and social media, community radio, NGOs, development partners, civil society organizations and governments--is urgently essential. Another issue is how to fight discrimination against leprosy patients and return them to societies. Integration into the primary health care system, integrating health education, diagnosis and treatment of leprosy into the primary health care system is a key success for elimination. A good surveillance and follow-up programme should also be integrated for sustainable control of the disease. Keeping ahead of the World Leprosy Day, let us recall a Quote of Mahatama Gandhi; he very rightly said, "Leprosy work is not merely medical relief; it is transforming frustration of life in to joy of dedication, personal ambition, into selfless service."

Parvez Babul is journalist, columnist, author and member of Health Information for All (HIFA) London.  
Email: parveznbabul@gmail.com

- See more at: <http://www.observerbd.com/2015/01/25/68479.php#sthash.rLbv4fok.dpuf>