

Improving the Access to Leprosy Services by Empowering and Partnering with Unconventional Groups

Elimination of leprosy as a public health problem has been a major success for India which had around 6 million cases about four decades ago when multi-drug treatment (MDT) was rolled as an important tool to effectively treat leprosy cases. Many other countries also succeeded in reducing the leprosy burden in their countries. While MDT helped in achieving the goals of treatment in a shorter and time bound manner, access was helped by the existence of a vertical program manned by experienced doctors, trained paramedical workers and non-medical supervisors as well as other core staff. After the integration of program with general health services the difficulties faced by people are well known. Decline has been much slower than predicted. Late reporting of cases with disabilities and highly bacillated cases is a known phenomenon. Campaigns to detect and treat leprosy patients as well as providing prophylaxis do make some impact, but it is far from ideal. It is not certain if the impact is sustained.

Our National Strategic Plan and roadmap 2023-27 of National Eradication Program (NLEP) has set targets of zero transmission and zero disability. However, one year is still left and we will know what we have achieved and what is left. Even if we achieve major successes, it will be wise to predict and anticipate that many source cases will remain detected, many others incubating the disease thus, we will need systems in place to diagnose the disease early so that disabilities do not return to haunt and compromise the quality of life for their life-times. Question is what exactly

we need to maintain and strengthen the system. There is no doubt that quality services are being rendered by the health systems in our PHC-CHCs which are the core peripheral agencies, backed by efficient referral services in government and non-government health facilities. However, we can confidently assume that a significant number of affected people will not reach the system – ASHAs, doctors of PHC-CHC system, dermatologists, other health care professionals in a timely manner and as a result transmission will continue for a longer period and preventable disabilities will continue to occur. Attitudinal reluctance to utilise effective vaccines like MIP will also keep large number of people not protected against the infection.

In the above scenario we have to think of alternatives to improve the timely access. It is known that a large number of our people do not go to doctor in the initial stages for any disease. Pharmacist is the first option in both rural as well as urban settings even if you believe in modern medicine. Second preference could be Ayurveda, Homeopathy, Unani, Siddha and other systems of medicine which a section of our society trusts. Besides, faith-healers and Registered Medical Practitioners, are popular choices for initial visits to solve health related problems in rural areas. In a disease like leprosy stigma also dissuades people to approach the Government system. Considering these cultural preferences, roping in and empowering these health care providers is important and has been thought earlier as well. Training of traditional

faith healers has been shown to be effective in empowering them to play useful role and refer doubtful cases to the health systems for early diagnosis and treatment. During the last 4-5 decades, there are publications on this aspect from India, Indonesia and Madagascar. While there will be success stories here and there, it is not certain whether government system has reached out to them in a regular and sustained manner. Empowering and encouraging them as well as incentivising them to participate in early detection and proper adequate treatment will definitely add to the resources of detecting and treating leprosy early. For migratory population we need to target their working and residential localities as per their convenience. Social &

religious leaders will play a significant role in this mission if we ensure empowerment and partnership in acceptable manner. Periodic surveys in schools and industries as a part of general health check-up will be beneficial but should be regularly done. Improving the living environment and hygienic practices will not only help to interrupt the transmission of leprosy but several other infectious diseases as well. It is important that public health experts/ scientists lead such research cum intervention initiatives to target these categories to strengthen the timely access to preventive and curative leprosy services.

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