

## Symposium Proceedings- Opinion Article

# LEPSYM 2026 - National Symposium on Strengthening Dermatologists' Engagement in India's National Leprosy Programme, held on 10–11 January 2026 at the Tata Institute of Social Sciences, Mumbai

A Antony Samy<sup>1</sup>, S Dogra<sup>2</sup>, P Narasimha Rao<sup>3</sup>, S Suneetha<sup>4</sup>, N Gawde<sup>5</sup>,  
H Thakur<sup>6</sup>, S Kingsley<sup>7</sup>, VV Pai<sup>8</sup>, PK Naik<sup>9</sup>

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In the post-elimination phase of leprosy control in India, sustaining quality diagnosis, clinical management, and continuity of care remains a growing challenge. Although dermatologists contribute significantly to leprosy care, their engagement within the National Leprosy Eradication Programme (NLEP) of India continues to remain largely informal and inadequately structured. The absence of standard operational guidance, referral linkages, and clearly defined programme roles has limited the systematic integration of dermatologists into quality leprosy service delivery. This symposium held in Mumbai discussed the role of dermatologists in the leprosy program and highlighted the progressive reduction of leprosy-trained medical and paramedical personnel within the integrated health system, raising concerns about the loss of specialised expertise and mentoring capacity. It examined how the NLEP can institutionalise dermatologists' engagement to improve the quality of leprosy services in the post-elimination era. Discussions focused on the role of dermatologists in strengthening early and accurate diagnosis, management of reactions and relapses, referral validation, quality assurance, and continuity of patient care under NLEP. Key concerns highlighted included diagnostic complacency in a "disappearing disease", weak referral and feedback mechanisms, absence of structured quality-assurance roles for dermatologists, and limited operational collaboration between NLEP and professional bodies such as Indian Association of Dermatologists, Venerologists and Leprologists (IADVL) and Indian Association of Leprologists (IAL). Through facilitated discussions and consensus-building, the Symposium developed practical recommendations to promote structured partnerships between NLEP and dermatologists.

**Keywords:** Leprosy, Quality Services, Role of Dermatologists, NLEP, Partnership, Policy Guidance

## Symposium Report

### Context & Objective of Symposium

India's declaration of leprosy elimination as a

public health problem in 2005, as defined by the World Health Organization (WHO 1991), remains an important milestone. Yet, the years

<sup>1</sup> A Antony Samy, Chief Executive, ALERT-India, Mumbai-400 022, Maharashtra, India & Founder Trustee, GoodBye Leprosy, Bengaluru-560 029, Karnataka, India.

<sup>2</sup> Sunil Dogra, Professor, Department of Dermatology, Venerology & Leprosy, PGIMER, Chandigarh-160012, India.

<sup>3</sup> P Narasimha Rao, President, International Leprosy Association (ILA) and Professor, Bhaskar Medical College, Yenkepally (V), Ranga Reddy District-500075, Telangana, India.

<sup>4</sup> Sujai Suneetha, Director, Institute for Specialized Services in Leprosy (INSSIL) & NIREEKSHANA ACET, Hyderabad-500029, Telangana, India.

<sup>5</sup> Nilesh Gawde, Chairperson & Assistant Professor, Centre for Public Health, School of Health Systems Studies, Tata Institute of Social Sciences, Mumbai-400088, Maharashtra, India

<sup>6</sup> Harshad Thakur, Professor, Centre for Public Health, School of Health Systems Studies, and Dean, School of Media and Cultural Studies, Tata Institute of Social Sciences, Mumbai-400088, Maharashtra, India

<sup>7</sup> Stanley Kingsley, Research Executive, Bombay Leprosy Project, Mumbai-400022, Maharashtra, India

<sup>8</sup> Vivek V Pai, Director, Bombay Leprosy Project, Mumbai-400022, Maharashtra, India

<sup>9</sup> Prasant K Naik, CEO, LEPRO Society, Hyderabad-501301, Telangana, India

\*Corresponding Author: A. Antony Samy, Email: [alertantony@gmail.com](mailto:alertantony@gmail.com)

since have revealed a quieter, more complex reality. Transmission persists, and diagnosis is often delayed. Cases with disability continues to surface at levels that are difficult to ignore. An important underlying reason is the steady erosion of specialized leprosy expertise and trained workforce within the integrated health system.

While leprosy services have been integrated into general healthcare, many patients increasingly seek care outside the public system, most often from dermatologists. This shift, though understandable, has introduced gaps in reporting and surveillance. A proportion of cases managed in dermatology practice remain outside formal programme records, contributing to under-recognition of the disease burden and, in some instances, to delayed or incomplete public health responses (Rao et al 2020a).

Recent Government of India's policy emphasis on notification of leprosy is therefore timely and relevant (NLEP 2025). The National Strategic Plan (NSP) for 2023 to 2027 of the NLEP emphasizes partnerships, accountability, quality of care and recognises the role of dermatologists and associations like IADVL (NSP 2023-2027). Dermatologists represent a trained yet unaccredited and underutilized potential partner, underscoring a clear gap in recognition and structured integration.

In this context, the role of dermatologists warrants closer attention. Their contribution has largely remained implicit, relied upon, but rarely structured. They bring diagnostic precision, clinical judgement, and continuity of care, crucial in the post-elimination phase, which are at risk of being lost. The opportunity, therefore, is to underscore that dermatologists have a role that can be more deliberately and constructively integrated within the national leprosy programme.

This question served as the backdrop for LEPSYM 2026, a National Symposium held on 10–11 January 2026 at the Tata Institute of Social Sciences, Mumbai. The meeting brought together more than 60 stakeholders-dermatologists, leprologists, public health practitioners, programme managers, representatives from NLEP, the ICMR, the WHO, professional bodies such as the IADVL and the IAL, along with national NGOs and organisations of persons affected by leprosy. The objectives of the symposium were - i) *'to generate a balanced, two-way policy dialogue between dermatologists and the national leprosy programme, aligned with the NSP priorities'* and ii) *'to make recommendations on the structured and enhanced engagement of dermatologists to sustain institutional memory for a comprehensive leprosy care under NLEP'*.

#### i. Policy deliberations

A group of experts and faculties moderated each of the symposium's three technical sessions, each of which had two lead presentations, a panel discussion, and interactive Q&A led by panellists (Table 1 – List of experts and faculties). To improve the quality of leprosy services in National Leprosy Eradication Programme (NLEP) during the post-elimination era, the panel discussions focused on several ways that the NLEP might interact with dermatologists more specifically and methodically. The discussions pinned on a few practical considerations. This perspective informed the deliberations of the LEPSYM 2026, as a platform to advance a structured policy dialogue between dermatologists, programme managers, academic institutions, and civil society stakeholders, with the aim of strengthening programme outcomes under NLEP.

Dermatologists, through their clinical expertise, are often the first point of contact for patients with early or atypical presentations. Their involvement can improve diagnostic accuracy,

**Table 1: List of experts and faculties.**

| <b>Name</b>             | <b>Affiliation</b>                                                                                                                 |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Dr Sunil Vilasrao Gitte | DDG (Leprosy), Central Leprosy Division, Govt. of India, New Delhi                                                                 |
| Dr V Santaram           | Sr. Chief Medical Officer (SAG), RLTRI, Aska, Odisha                                                                               |
| Dr V Dharmalingam       | Addl. Director of Medical Services (Leprosy), Govt. of Tamil Nadu, Chennai.                                                        |
| Dr Daksha Shah          | Executive Health Officer, Public Health Department, Municipal Corporation of Greater Mumbai, Mumbai.                               |
| Dr Raj Kamal            | Head, Clinical Division, ICMR - National JALMA Institute for Leprosy & other Mycobacterial Diseases, Agra.                         |
| Dr Samadhan P Debaje    | State Coordinator (Maharashtra, Goa, Gujarat and Telangana), WHO, New Delhi.                                                       |
| Dr P Narasimha Rao      | President, International Leprosy Association (ILA) and Prof. of Dermatology, Bhaskar Medical College & Hospital, Hyderabad and     |
| Dr Sunil Dogra          | Prof. of Dermatology, Venerology & Leprosy, PGIMER, Chandigarh, President IAL, and Former Chairperson – IADVL Academy.             |
| Dr K Manobalan          | Prof. of Dermatology, JIPMER Pondicherry and Convener, SIG (Leprosy & Skin NTD IADVL).                                             |
| Dr Deepak Kulkarni      | Consultant Dermatologist, Alok Clinic, Panvel, Raigad, Maharashtra and Hon. Treasurer, IADVL (Maharashtra Branch).                 |
| Dr Sujai K Suneetha     | Director, INSSIL Nireekshana, Hyderabad and Past President IAL.                                                                    |
| Dr Santoshdev Rathod    | Prof. of Dermatology, Smt. NHL Municipal Medical College & General Hospital, Ahmedabad and Vice President IAL.                     |
| Dr K Rajyalakshmi       | Prof. of Dermatology, Neelima Institute for Medical Sciences, Hyderabad and Former Treasurer IAL.                                  |
| Dr Sharmila Patil       | Professor & Head, Department of Dermatology, D Y Patil Hospital & Research Centre, Navi Mumbai.                                    |
| Dr Shylaja Someshwar    | Professor & Head, Department of Dermatology, MGM Medical College, Kamothe, Navi Mumbai.                                            |
| Dr Swagatha Tambe       | Professor & Head, Department of Dermatology, Seth VC Gandhi & MA Vora Municipal General Hospital, Mumbai.                          |
| Dr Shital Poojary       | Professor & Head, Department of Dermatology, KJ Somaiya Medical College, Mumbai and Hon Secretary General IADVL.                   |
| Dr Ruchitra Sarkar      | Assistant Professor, Department of Dermatology Tisgaonkar's Raigad Hospital & Medical College, Thane.                              |
| Dr Harshad Thakur       | Professor, Centre for Public Health, School of Health Systems Studies and Dean, School of Media and Cultural Studies, TISS, Mumbai |
| Dr Nilesh Gawde         | Chairperson & Assistant Professor, Centre for Public Health, School of Health Systems Studies, TISS, Mumbai.                       |

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|----------------------|------------------------------------------------------------------------------------------------------------------|
| Prof. Rukaiya Joshi  | Chairperson, Centre for Education in Social Sector, SP Jain Institute of Management & Research (SPJIMR), Mumbai. |
| Mr. Antony Samy      | Chief Executive, ALERT-INDIA, Mumbai & Founding Trustee, Good Bye Leprosy, Bengaluru.                            |
| Dr Vivek V Pai       | Director, Bombay Leprosy Project, Mumbai.                                                                        |
| Mr. Prasant K Naik   | CEO, LEPRASOCIETY, Hyderabad and Trustee, Good Bye Leprosy.                                                      |
| Mr. Arun Kumar K     | Head of Programmes & Resource Mobilisation, LEPRASOCIETY, Hyderabad.                                             |
| Ms. Yogita Parkale   | Executive Director, AIFO India, Bangalore.                                                                       |
| Mr. Atul Kumar       | CEO, GoodBye Leprosy, Bangalore.                                                                                 |
| Mr. A B Prabhavalkar | Head of Leprosy Programmes, ALERT-INDIA, Mumbai.                                                                 |
| Ms. Prabha Mahesh    | Director TB Projects, ALERT-INDIA, Mumbai.                                                                       |
| Dr Bhagyashree Bhame | Medical Officer, Bombay Leprosy Project, Mumbai.                                                                 |
| Mr. Stanley Kingsley | Research Executive, Bombay Leprosy Project, Mumbai.                                                              |
| Ms. Anju Wakade      | Research Assistant, Bombay Leprosy Project, Mumbai.                                                              |

particularly in low-prevalence settings where clinical suspicion may be low. They are also well placed to support the management of reactions and complications—areas that continue to challenge general health services. However, the absence of structured linkages limits these important contributions. Referral pathways are not always clearly defined. Opportunities for feedback, learning, and programme integration are often missed. Channels for reporting remains unclear and inconsistent. Integration, in this framework, cannot simply mean absorption into the general healthcare system.

It must also imply the deliberate inclusion of specialised expertise where it adds value. Dermatologists, in this sense, are not external to the programme—they are an essential, though under-recognised, part of it. As a result, parallel systems continue to operate—each functional in its own way, but collectively less effective than they could be. In addition, their role in mentoring and capacity-building of frontline providers can help sustain clinical competence within the

public health system. What emerged from these deliberations was not a set of prescriptions, but a shared recognition. There exists a gap between where dermatologists are positioned within the system and the role they could meaningfully play. There is also a willingness among stakeholders to bridge this gap.

## ii. **Programme Perspectives**

From a programme perspective, the benefits of more structured engagement are evident. Prompt diagnosis, improved completeness of reporting, and better management of complications can directly influence disability outcomes and strengthen surveillance. In a post-elimination setting, where the epidemiology is less visible and often fragmented, such gains assume particular importance. Dermatology departments are operational in more than 600 medical institutions in India, several of which offer postgraduate training in Dermatology, Venereology, and Leprosy (DVL). Dermatologists function as a crucial initial point of contact for new cases of leprosy, working in both government

institutions and in private sector with over 5,000 practitioners (Rao et al 2020b).

Based on recent estimates, there are approximately 300 private and 600 government medical colleges and institutions in the country (Mondal et al 2023). Accordingly, 50–60% of dermatologists practice in the private sector, whereas an estimated 30–40% work in the public sector. There is significant potential for early detection, management of leprosy reactions / neuritis, and prevention of disability when these sectors are integrated into NLEP through a coordinated effort. Achieving this will require awareness programs targeted to dermatologists, standardized training, defined engagement mechanisms, structured referral pathways, and appropriate incentives, particularly for private-sector participation.

There are also broader systemic implications. Formalised engagement can help restore elements of clinical mentorship and institutional capacity that have gradually diminished. It can strengthen referral systems, improve continuity of care, and create opportunities for practice-based research—particularly in areas such as leprosy reactions, disability, and long-term outcomes, where programme evidence remains limited.

In that sense, the way forward is not about creating new structures, but about strengthening existing ones—by recognising where expertise resides and ensuring that it is effectively connected to programme goals. Encouragingly, many of these directions do not require major structural change. They are feasible within existing National Health Mission frameworks. What is needed is clarity of policy guidance, modest investment in training and incentives, and structured collaboration with professional bodies like the Indian Association of Dermatologists, Venerologists and Leprologists (IADVL) and the

Indian Association of Leprologists (IAL). Such an approach needs to remain pragmatic—aligned to field realities rather than overly prescriptive.

### iii. Policy recommendations

The deliberations at LEPSYM 2026 suggest that a phased approach may be most appropriate. Pilot initiatives in selected settings, state or regional level, could help operationalise dermatologists' role, along with reporting linkages and quality indicators. The development of a standard operating protocol could also serve as a training guide for dermatologists, enabling them to standardise care, strengthen leprosy management, and mentor district-level teams. The value of such initiatives would lie in generating actionable evidence to inform stakeholders and accelerate progress towards national programme goals.

At a broader level, dermatologists' engagement across public and private healthcare settings reflects a larger principle. As India moves closer to the goal of 'interrupting transmission' by 2030 aligned with WHO Global strategy and the vision of 'zero' leprosy (WHO 2021, 2022), the success of the programme will depend more on the quality of clinical judgement, responsiveness of the system, and its ability to retain and utilise expertise. These are central to sustaining progress towards a leprosy free India.

The gains of elimination were hard-won. Sustaining them will require equal attention to what is less visible—clinical acumen, continuity of care, mentoring systems, and specialised programme expertise. The engagement of dermatologists offers one such opportunity. Whether it is realised will depend on how effectively intent is translated into practice.

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