

View Point

Involvement of Medical Colleges in Implementation of National Strategic Plan 2023-27 for Leprosy Elimination: A Roadmap

Jugal Kishore¹, Bobby Paul², Rupali Roy³

¹Director Professor & Head, Community Medicine, VMMC & Safdarjung Hospital, New Delhi, India.

²Professor & Head, PSM, All India Institute of Hygiene and Public Health, Kolkata, West Bengal, India.

³Assistant Director General, Directorate General Health Services, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi, India.

DOI: <https://doi.org/10.24321/2455.7048.202307>

I N F O

Corresponding Author:

Jugal Kishore, Community Medicine, VMMC & Safdarjung Hospital, New Delhi, India

E-mail Id:

drjugalkishore@gmail.com

Orcid Id:

<https://orcid.org/0000-0001-6246-5880>

How to cite this article:

Kishore J, Paul B, Roy R. Involvement of Medical Colleges in Implementation of National Strategic Plan 2023-27 for Leprosy Elimination: A Roadmap. *Epidem Int.* 2023;8(2):4-6.

Date of Submission: 2023-04-12

Date of Acceptance: 2023-05-31

A B S T R A C T

Leprosy is an ancient disease that is uncommon in many developed countries now but a century ago it was a common disease. In India, leprosy is mentioned in old Pali and Sanskrit literature. However, due to the development of scientific methods and technologies, leprosy remains a problem in a few countries including India. The government is committed to its eradication and therefore, has developed the National Strategic Plan (NSP) and Roadmap for zero transmission of leprosy. The country has a huge machinery of human resource development which is recognised by the Central Leprosy Division to be involved in various activities of the plan. This article presents the roles that public health and community medicine institutions can play in NSP to achieve zero leprosy transmission.

Keywords: Hansen Disease, Leprosy, Community Medicine, Medical College, Medical Education

Introduction

In 1895, Hansen and Looft, who discovered the causative organism of leprosy, stated, "... there is hardly anything on the earth or between it and heaven, which has not been regarded as the cause of leprosy; and this is but natural since the less one knows, the more actively does his imagination work".¹ India's struggle with leprosy has traversed a long journey through the rough roads of endemicity followed by control and elimination, and has currently entered the commitment to its eradication by adopting the National Strategic Plan (NSP) and Roadmap for Leprosy 2023-2027.² This strategy is aligned with the Global Leprosy Strategy 2021-2030 and the WHO Roadmap

for Neglected Tropical Diseases 2021-2030 aiming to achieve interruption of transmission of leprosy by 2030. NSP aims to achieve interruption of transmission at the district level evidenced by zero occurrences of new child cases for at least five consecutive years. After achieving interruption of transmission, districts shall move on to achieve the elimination of leprosy as a disease with zero new cases reported for at least three consecutive years.

As a step ahead for accelerating the movement of leprosy elimination in India, a multi-stakeholder panel discussion on strategy for integrating medical colleges with National Leprosy Eradication Programme (NLEP) was carried out during the National Workshop for capacity building on

Leprosy Post-exposure Prophylaxis (LPEP) implementation of National Strategic Plan and Nikusth 2.0 by Central Leprosy Division on 31st March 2023.

Prospect of Integrating NLEP with Medical Colleges and Medical Institutions of National Importance

There are 662 medical colleges and 101,388 MBBS seats along with more than 50,000 postgraduate seats in the country. Similarly, around 713 colleges of AYUSH with more than 50,000 undergraduate and postgraduate students exist in India. A similar number of nursing schools and colleges and medical laboratory technicians are also getting training in the country. Within a few years, they will be practising in various healthcare settings. This is a huge human resource that can be oriented and sensitised to leprosy and other communicable diseases and their preventive measures. Central Leprosy Division can negotiate with various councils to include management skills in the leprosy elimination programme in their curricula. Selective departments are directly associated with the management of leprosy such as Medicine, Community Medicine, Dermatology, Microbiology, Physical Medicine and Rehabilitation, and should be associated with the National Strategic Plan for Zero Leprosy Transmission.

Role of Community Medicine, Department of Medical Colleges and Apex Institutions to Support NLEP Programme

Keeping in view the pillars of National Strategic Plan 2023-27 for leprosy elimination, strategies for the involvement of the Community Medicine Department are as follows:

Strategic Pillar 1: Strengthen Leadership, Commitment, and Partnerships²

- The expert pool of faculties available in the Community Medicine Department can be involved in periodic monitoring missions and evaluation of the ongoing programme.
- Faculties may be involved to conduct operations research and offer the best possible solutions for the betterment of programmatic indicators. This is very crucial at this juncture when a state-specific plan for the implementation of NSP needs to be formulated within the next few months.
- Faculties can contribute to the existing pool of master trainers and also hand-hold in rolling out blended training for various levels of health providers involved in the implementation of NLEP.
- Research grants for the best MD or MPH theses work on leprosy may be awarded by the Central and State leprosy divisions.
- Involvement of the national professional bodies such as Indian Association of Preventive and Social Medicine, Indian Public Health Association, and Indian Association

of Epidemiologists in various activities of NLEP can also prove to be helpful.

Strategic Pillar 2: Accelerate Case Detection²

- Existing IEC materials focussing on knowledge enhancement may be reviewed and further planning and implementing newer innovative Behaviour Change Communication (BCC) strategies may be effective in accelerating case detection by generating community-level awareness and at the same time ameliorating stigma associated with the diagnosis. The BCC strategies may be based on health promotional theoretical models like the Capability, Opportunity, Motivation Behavioural framework (COM-B) or Theory of Planned Behaviour which will provide robust scientific support for the framing of the intervention strategies.^{3,4}
- Planning and designing targeted IEC/ BCC for the receptive target population like school-going children may be ensured.
- Capsule training/ or online self-paced training may be framed and rolled out utilising the Diksha Portal for enhancing the skills of primary care physicians for the acceleration of case detection.
- High-intensity awareness campaigns may be conducted for encouraging self-examination and voluntary reporting in high and low-endemic settings.
- World Leprosy Day (WLD) is celebrated on the last Sunday of every January by organising various IEC activities. Every department of Community Medicine through their field practice areas can organise a series of IEC and BCC programmes to generate awareness in the community. The last week of January may be declared as National Leprosy Week for organising workshops, quizzes, nukkad natak, walkathons, etc.

Strategic Pillar 3: Provide Quality Services²

- Interns can be trained on programmatic updates and posted in rural/ urban field practice areas of medical colleges for providing comprehensive primary care services to persons affected by leprosy.
- Short training courses can be formulated for postgraduate trainees regarding the implementation of national programmatic approaches related to Priority Tropical Diseases, before their District Residency Program (DRP) posting so that they can provide specialised services for persons affected with leprosy e.g. self-care, mental health issues, co-morbidity management, counselling services, access to disability rights etc.

Strategic Pillar 4: Prevention of Disease, Disabilities, Stigma, Discrimination, and Violation of Human Rights²

Key components Interventions:

- NSP envisages the adoption of principles of elimination

of discriminatory practices of the United Nations vide Resolution 29/5.⁵ Medical institutions can contribute by indulging in research and documentation of discriminatory practices within public health and social assistive services, with special emphasis on vulnerable populations like pregnant women and children and people living in remote areas. This will help in initiating two strategies:

- a) It will prove to be helpful in framing policies that will address the structural barriers of social determinants of discrimination so as to ensure equitable access to health, social protection, and interrelated rights. The National Human Rights Commission of India has already issued an advisory to end 97 laws against leprosy which promote stigma and discrimination directly and indirectly.⁶
- b) It may also aid in the opening of a national observatory on human rights violations due to leprosy which will provide a platform for recording any act of human rights violation done on leprosy patients.

Last but not least, the agenda of prevention of leprosy can be included in Swachh Bharat Mission so that all Central/ State Government institutions mandated to do year-round Swachh Bharat Mission activities that include relevant sensitisation programmes involving community leaders, NGOs, private practitioners, residential welfare organisations, etc are involved in this programme. In the long run, these initiatives will provide a sustainable platform to realise the ultimate goal of zero transmission of leprosy by 2030.

Conflict of Interest: None

References

1. Hansen GA, Looft C. Leprosy in its clinical and pathological aspects. London: John Wright; 1895.
2. Central Leprosy Division. Directorate General of Health Services. Ministry of Health and Family Welfare. Government of India [Internet]. National Strategic Plan and Roadmap for Leprosy 2023-2027; 2023 Jan [cited 2023 Apr 7]. Available from: <https://dghs.gov.in/WriteReadData/userfiles/file/Leprosy%20New/NSP%20%20Roadmap%20for%20Leprosy%202023-2027.pdf>
3. Choudhury SM, Kudrna L, Celiktemur B, Lilford RJ. Application of behavioural psychology principles to self-care programmes for people living with leprosy. *Lepr Rev.* 2021;92(4):344-55. [Google Scholar]
4. Ajzen I. Perceived behavioral control, self-efficacy, locus of control, and the theory of planned behavior. *J Appl Soc Psychol.* 2002;32(4):665-83. [Google Scholar]
5. United Nations General Assembly [Internet]. Resolution adopted by Human Rights Council on 2 July 2015. 29/5. Elimination of discrimination against persons affected by leprosy and their family members, A/HRC/RES/29/5; 2015 Jul 21 [cited 2023 Apr 7]. Available from: <https://documents-ddsny.un.org/doc/UNDOC/GEN/G15/161/61/PDF/G1516161.pdf?OpenElement>
6. National Human Rights Commission, India [Internet]. Advisory on identification, treatment, rehabilitation and elimination of discrimination of persons affected by leprosy dated 14.01.2022; [cited 2023 Apr 7]. Available from: <https://nhrc.nic.in/document/advisory-identification-treatment-rehabilitation-and-elimination-discrimination-persons>