Main conclusions and recommendations of the 5th meeting of the WHO Technical Advisory Group on Elimination of Leprosy, 9 and 10 February 2003, Yangon, Myanmar

1. TAG acknowledges that the majority of countries where leprosy was considered to be a public health problem have now attained the goal of elimination at the national level. However, an analysis of the current global leprosy situation indicates that a few major endemic countries (notably India and Brazil) are likely to miss the goal of elimination at the national level by the end of 2005. TAG recommends that WHO should play a key role in reviewing their plans of action for the coming years and where necessary assisting in developing more focused plans in order to reach elimination as early as possible.

2. TAG members expressed their satisfaction that many countries have reached the elimination goal, in spite of many constraints, by using flexible approaches that are both innovative and cost-effective. The experiences from such countries will motivate other disease control programmes within the countries themselves and also national programmes in other countries that are currently lagging behind. TAG urges WHO to encourage and guide countries in documenting their experiences and the lessons-learnt for wider distribution.

3. TAG notes that most of the countries that have already attained the elimination goal at the national level, have developed plans and strategies for sustaining leprosy control and reaching the elimination goal at sub-national levels. WHO should, where needed, assist countries in implementing such strategies.

4. Concerned with the stable and high new case detection trends observed in some major endemic countries, TAG recommends that WHO should develop protocols to

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1 Elimination of leprosy as a public health problem is defined as reduction of the leprosy prevalence at a given point in time to a level below one case per 10 000 population at the national level.
undertake studies for analysing and validating case detection, as reported by routine information systems. Such studies should be undertaken as soon as possible.

5. In keeping with the urgent need in the field and the progress made following complete decoding of the genome map of *Mycobacterium leprae*, TAG recommends that WHO pursue the development of test/tests for leprosy diagnosis within the next two years. It also recommended that all efforts should be made to ensure that such test/tests are available for use in the field programmes within the next 5 years.

6. TAG re-states its recommendation that leprosy elimination campaigns (LECs) are a useful approach to accelerate elimination activities in specific endemic areas. However, LECs should now only be focused on high endemic pockets, under-served communities and previously uncovered areas.

7. TAG recommends that all programmes should ensure that treatment registers are periodically updated and good registration practices and guidelines are followed uniformly.

8. TAG re-affirms that the use of Accompanied-MDT would give better access to MDT for all patients in general and specifically to those who are unable to visit the health centre regularly for various reasons. Patients choosing A-MDT as their treatment option and the person accompanying them should be fully informed about the disease and treatment, including the importance of reporting promptly to the health centre in case of complications, and at the end of treatment. TAG strongly recommends that WHO prepares and distributes technical guidelines for the use of A-MDT and that countries document their experiences of its use under field conditions.

9. TAG strongly recommends that WHO should continue to supply high quality MDT drugs, free of charge to all countries in need, in order to achieve and sustain elimination.
10. TAG reiterates that the use of an integrated health information system for collating data on leprosy is important for the long-term, sustainable surveillance of leprosy. The minimum data required for monitoring leprosy at any level is the absolute number of new cases detected during a defined period in time.

11. TAG considers that validation or certification of leprosy elimination at a point of time is a very difficult and time-consuming exercise that may not be relevant or cost-effective. The development of tools and approaches are technically relevant only for a disease eradication strategy. However, the need and approaches for assessing progress with elimination of leprosy at any level is important for the programmes before, during and after the elimination goal has been achieved. In this regard, leprosy elimination monitoring (LEM) continues to be an effective method of independently assessing leprosy elimination activities. TAG encourages further efforts to develop suitable methods for this purpose.

12. Poverty alleviation measures are likely to have an impact on leprosy transmission. TAG recommends that WHO collect information on poverty alleviation measures taken in countries having a high burden of leprosy and disseminate this information to TAG members for discussion during the next TAG meeting.