

# **National Leprosy Control Programme (NLCP)**

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- The National Leprosy Control Programme (NLCP) was launched by the GOI in 1955 with the primary aim of controlling leprosy through early detection and treatment, initially using Dapsone monotherapy. In the early 1980s, the World Health Organization (WHO) recommended Multi-Drug Therapy (MDT) as a game-changer in leprosy treatment. Responding to this, India restructured NLCP into the National Leprosy Eradication Programme (NLEP) in 1983, shifting the focus from control to elimination.

# Objectives

- Early detection and **complete treatment** of all leprosy cases.
- **Reducing transmission** of *Mycobacterium leprae*.
- **Preventing disabilities** and deformities through prompt treatment.
- Raising **public awareness** and reducing stigma associated with leprosy.
- Training health personnel in leprosy management.

# Strategies

## a) Case Detection

- **Active case finding** through surveys, community screening.
- **Passive case detection** at health centers when patients come with symptoms.
- Special attention to **high-risk groups** and endemic areas.

## b) Treatment

- **Multidrug therapy (MDT)** for all cases:
  - **Paucibacillary (PB):** 6 months of treatment.
  - **Multibacillary (MB):** 12 months of treatment.
- Free MDT provided by the government.

### **c) Disability Prevention & Rehabilitation**

- Early **diagnosis and treatment** to prevent nerve damage.
- Provision of **reconstructive surgery, physiotherapy, and prosthetics**.
- Counseling for social reintegration.

### **d) Information, Education, Communication (IEC)**

- Educating the public to **reduce stigma**.
- Training health workers for **early recognition of symptoms**

## **3. Monitoring and Evaluation**

- **Surveillance** to track new cases and treatment outcomes.
- Periodic **reporting of prevalence** and cure rates.
- Mapping **high-endemic regions** for targeted intervention.

# NATIONAL LEPROSY ERADICATION PROGRAM (NLEP)

- NLEP was launched by government of India in 1954-55. Multidrug Therapy (MDT) came into wide use from 1982 and National Leprosy Eradication Program was introduced in 1983. The main strategy was based on controlling the disease through reduction in the quantum of infection in the population and reduction in infective source, thus breaking the chain of disease transmission. It was extended to all states in year 1993–94 with the help of World bank.
- **Vision of Program:** “Leprosy-free India”.

## **Mission**

- It is to provide free of cost leprosy services with easy accessibility, through the integrated healthcare system.

## **Objectives**

- To reduce prevalence rate less than 1/10,000 population.
- To reduce grade II disability % <1 among new cases Nationally.
- Zero disabilities among new Child cases.
- Zero stigma and discrimination against persons affected by Leprosy.

# Strategy

- Integrated anti-leprosy services through general health care system.
- House hold contact survey for early detection of cases.
- Early detection and complete treatment.
- Involvement of ASHA in detection and treatment process.
- Strengthening of disability prevention and medical rehabilitation services (DPMR).
- IEC activities to improve self-reporting and reduction of Stigma.
- Intensive monitoring and supervision at health and wellness centers and CHC.



- **New Initiatives**

- Enhanced active and early case detection strategy has been introduced through ACD and RS (Active Case Detection and Regular Surveillance strategy throughout the year).
- Convergence of Leprosy Screening for targeting different age groups.
- Timely referral and follow-up for treatment through MDI availability free of cost.

THANK YOU