

## Responses by The International Federation of Anti-Leprosy Associations (ILEP) at the launch of the WHO Skin NTDs Framework, June 2022

### *Question*

ILEP's vision is for a world with zero leprosy. Unfortunately, we still see hundreds of thousands of new leprosy cases for over a decade now. How can integration with other skin NTDs help countries to achieve zero leprosy?

### *Response*

An integrated approach is effective where there are commonalities between diseases and where there are recognisable advantages for each disease. So countries planning integrated approaches need to do so in a thoughtful way that doesn't just lump diseases together, but analyses what the gains will be and how the downsides can be reduced or avoided. Four of the ways integration can help towards zero leprosy seem especially promising.

- First, joint programs for active case detection and for contact tracing
- Second, detailed integrated mapping using some of the advanced mapping tools available: I mention particularly the work of ILEP member American Leprosy Missions
- Third, that whole group of essential services around the management of disease complications, disability prevention and social inclusion. For example, we've known for centuries about stigma in leprosy, but it's been a revelation in recent years to see how big an issue this is in some other Skin NTDs too.
- And finally, training and capacity, which I address in the next question

### *Question*

Sometimes, we hear concerns about loss of expertise in leprosy as one of the challenges of integration. But like most diseases, expertise is also lost through retirement. How can this be addressed to achieve zero leprosy?

### *Response*

I've been privileged to know leprologists and other specialists who have devoted a lifetime to leprosy. Like all of us, they grow old, and there are fewer early-career people embracing leprosy like they did. But this is a problem not just at specialist level but at all levels in the health workforce. Every leprosy patient and every Skin NTD patient has the right to a correct diagnosis and prompt treatment. So health workers at all levels need the skill and experience to do this, and a whole lot of separate single-disease training initiatives is not going to produce that result.

ILEP had a major online conference in 2020 looking at how to reverse the erosion of leprosy expertise. It's obvious that some aspects of leprosy know-how – like nerve function assessment and management of leprosy reactions – need specific training and we need to have mechanisms for that. But from the zero leprosy perspective we kept coming back to the position that leprosy capacity building ought normally to be integrated into skin disease training. It's usually not financially viable to provide specifically leprosy training across the whole health service, so you look for opportunities to include leprosy in multi-disease training. And integrated skin NTD training programs will include leprosy training for health workers who would not attend a specifically leprosy course even if there was one available. Sometimes, attending courses on Skin NTDs will be the first time the trainee hears about leprosy. And that's great for zero leprosy.