

SPECIAL ARTICLE

Global estimates of the number of people needing medical treatment and care as a result of leprosy*

Introduction

The new global estimates of the world leprosy problem recently published by WHO are the first formal revision of such figures since 1983. These estimates are important as a measure of the task before us. The figures, however, must be interpreted carefully.

Comments

1 It is extremely difficult to arrive at an accurate estimate of the size of the leprosy problem in the world. For the countries with the largest numbers of patients, the new estimates result from both evaluation of available statistics and the views of programme managers.

WHO while admitting that the methods used are crude, feels that the estimates are reasonably adequate for planning purposes.

2 Any errors in the estimates for individual countries other than India have little importance for the overall global figures. They should be treated, however, with considerable caution for national planning purposes.

Because of possible inaccuracies in the figures for individual countries, it is the intention of WHO to regularly revise these estimates. The knowledge of ILEP Co-ordinators will be helpful in corroborating national figures.

3 It is relevant that detailed figures have been derived only for the top 25 countries as these represent almost 95% of all registered cases.

4 We strongly welcome the distinction made between estimates of people with leprosy who require chemotherapy and estimates of those who have disabilities as a result of leprosy. Previous global estimates have blurred this difference. It is more appropriate to cite global estimates of the leprosy problem in terms of *people who require medical treatment and care as a result of leprosy* with the two components of chemotherapy and disability clearly expressed.

5 It means, however, that care must be taken over comparisons with the previous global estimates of 10–15 million. Although there is some overlap between the two figures of 5.5 million people requiring chemotherapy and 2–3 million people with disabilities, it is reasonable to take the two together in order to compare with the earlier figure.

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6 We consider that the figure of 2–3 million people with Grade 2 disability is most likely to be an underestimate and could be almost double this figure.

There is a need for more accurate figures in order to arrive at a more sophisticated picture of the needs for continuing care caused by leprosy.

7 The reduction to 5.5 million people requiring chemotherapy is partly due to the introduction of MDT. It is also due to reviews of existing patient registers and stricter adherence to the definition of a case of leprosy—i.e. those people in whom the bacillus is active and who therefore require chemotherapy.

Compared with the figure given for registered patients (1), it suggests that approximately 40% of those who suffer from leprosy are so far not being reached.

8 The number of new cases arising each year, at present estimated by WHO as about 600,000 to 800,000, will become an increasingly important statistic as the total number of cases reduces. Until this figure shows steady decline, **it is too early to say that leprosy has been brought under control.**

Implications for ILEP Member-Associations

The new global estimates of leprosy in the world put two important challenges in context:

- (A) The ILEP target of achieving MDT for all leprosy patients by the year 2000. While about half the registered cases are currently receiving MDT, these new data show that this only represents a quarter of all estimated cases.
- (B) The needs of people with disabilities as a result of leprosy. Once implementation of MDT for all is assured, further goals for meeting these needs will have to be set.

Reference

¹ Noordeen SK, Lopez-Bravo L, Sundaresan. Estimated number of leprosy cases in the world. *Bulletin of the World Health Organisation* 1992; **70** (1). 7–10 and *Lepr Rev* (1992) **63**, 282–87.

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