



Global Consultation for updating operational plans for island countries and countries close to elimination of leprosy: towards implementation of the Global Leprosy Strategy 2021–2030

11–14 July 2023, Manila, Philippines

Global Consultation for updating operational plans for island countries and countries close to elimination of leprosy: towards implementation of the Global Leprosy Strategy 2021–2030

11–14 July 2023

Manila, Philippines

Global Consultation for updating operational plans for island countries and countries close to elimination of leprosy: towards implementation of the Global Leprosy Strategy 2021–2030
ISBN: 978-92-9021-119-8

© World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Global Consultation for updating operational plans for island countries and countries close to elimination of leprosy: towards implementation of the Global Leprosy Strategy 2021–2030, New Delhi: World Health Organization, Regional Office for South-East Asia; 2024. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Cover photograph: The WHO Regional Director for South-East Asia, Dr Poonam Khetrpal Singh (left), and Acting Regional Director for the Western Pacific, Dr Zsuzsanna Jakab, at the meeting. Photo credit: WHO

Contents

	<i>Pages</i>
Abbreviations and acronyms	iv
Executive summary	v
1. Opening session	1
1.1 Technical session I	2
1.2 Technical session II	4
1.3 Technical session III	5
1.4 Technical session IV	8
1.5 Technical session V	9
1.6 Concluding session	13

Annexes

1. Agenda	15
2. List of participants	20
3. Terms of reference – group discussions	23

Abbreviations and acronyms

ATDs	assistive technology devices
G2D	Grade 2 disabilities
GLP	Global Leprosy Programme
HCW	health-care worker
IDEA	International Association for Integration, Dignity and Economic Advancement
LEMT	Leprosy Elimination Monitoring Tool
LPTA	Leprosy Programme and Transmission Assessment Tool
MB	multibacillary
MDT	multidrug therapy
NTD	neglected tropical disease
SDR PEP	single-dose rifampicin post-exposure prophylaxis
TAG	Technical Advisory Group
TB	tuberculosis
WHO	World Health Organization
WHO TFCEL	WHO Task Force on Criteria for Elimination of Leprosy

Executive summary

Leprosy is one of the neglected tropical diseases (NTDs) targeted for elimination (interruption of transmission), along with onchocerciasis and human African trypanosomiasis. This is aligned with “Ending the neglect to attain the Sustainable Development Goals: a roadmap for neglected tropical diseases 2021–2030 (NTD Roadmap 2030)”, developed pursuant to decision EB146(9) of the WHO Executive Board at its 146th Session in February 2020.

“Technical guidance on interruption of transmission and elimination of leprosy disease” and its associated tools, the Leprosy Programme and Transmission Assessment Tool (LPTA) and the Leprosy Elimination Monitoring Tool (LEMT), were prepared following recommendations of the WHO Taskforce for defining cut-offs and criteria for verification of interruption of transmission and elimination of leprosy disease (TFCEL), and a series of consultations with experts and national programme managers. The technical guidance defines the three stages a leprosy programme passes through to reach the goal of interruption of transmission and elimination of leprosy, thereby facilitating Member States towards reaching the goal of interruption of transmission and elimination of disease.

This major paradigm shift from elimination of leprosy as a public health problem to interruption of transmission follows up on request from countries with extremely low burden to be recognized by WHO for having achieved or achieving the “zero leprosy” status.

The WHO Global Leprosy Programme (GLP), the WHO Regional Office for South-East Asia (WHO-SEARO) and the WHO Regional Office for the Western Pacific (WHO-WPRO) co-organized a “Global Consultation for updating operational plans for island countries and countries close to elimination of leprosy – towards implementation of the Global Leprosy Strategy 2021–2030” in Manila, Philippines, from 11 to 14 July 2023. It was attended by national programme managers, members of the WHO Technical Advisory Group (TAG)-Leprosy, other experts, partners, persons affected by leprosy and WHO staff members.

The Global Consultation was organized with the general objective of updating country operational plans for those island countries and countries close to the goal of interruption of transmission and elimination of leprosy to accelerate the implementation of the “Global Leprosy Strategy 2021–2030: towards zero leprosy”. The specific objectives were to review the current situation, make progress on elimination of leprosy in respective countries and define the way forward towards leprosy elimination in light of the Leprosy Elimination Framework; share successful experiences of implementing activities related to leprosy programmes; identify critical areas needing support to accelerate efforts to improve the implementation of the Global Leprosy Strategy 2021–2030; and update the “Country operational plans to accelerate implementation of the Global Leprosy Strategy 2021–2030”, considering the epidemiological and programmatic situation.

The expected outcomes of this Consultation meeting included receiving updated country operational plans for island countries and other countries close to elimination for implementing the Global Leprosy Strategy 2021–2030 to reach the set targets of the Strategy; developed linkages between national programme managers and donors/partners for implementing the “updated country operational plans” aligning with the Global Leprosy Strategy 2021–2030 and the NTD Roadmap 2030; and documentation of successful programme implementation experience for replication in other similar contexts.

1. Opening session

Dr Zsuzsanna Jakab, Acting WHO Regional Director for the Western Pacific, welcomed all participants of the Global Consultation in Manila. The Western Pacific Region is home to many island countries and areas still grappling with the challenges to interrupting leprosy transmission. Island countries and territories share characteristics and challenges that hamper progress towards zero leprosy. As the number of new cases detected falls, there is a decline in resources as well. Low prioritization, weak integration into the health system and a reduced number of implementation partners present additional obstacles. The COVID-19 pandemic caused severe disruption in service delivery, including that for leprosy, and those who live with the disease continue to require support to prevent and manage disability. Eliminating stigma and discrimination continues to be a challenge in some countries.

Dr Jakab emphasized that as a global network WHO still has a lot of work to do. She was pleased to know that over the next three days, there would be an opportunity to share experiences, success stories and innovative ideas. These discussions pave the way for sustainable and inclusive leprosy elimination strategies, both within and beyond the health system. She heartily welcomed and thanked Dr Poonam Khetrpal Singh, WHO Regional Director for South-East Asia, GLP team members and WHO-WPRO colleagues for working together for this Global Consultation meeting.

Dr Poonam Khetrpal Singh, WHO Regional Director for South-East Asia, thanked Dr Jakab for hosting the Global Consultation meeting in Manila during her inaugural address. She welcomed the participants of the Global Consultation to what marked an important juncture in the quest to achieve zero leprosy disease, zero leprosy disability, and zero leprosy discrimination and stigma – the targets of the Global Leprosy Strategy 2021–2030.

She emphasized that to achieve zero leprosy disease, a specific geographical area or country must first interrupt leprosy transmission, which requires no new child cases for five consecutive years, and then eliminate leprosy disease, which means no new adult cases for an additional three consecutive years. This marks a decisive move forward from elimination of leprosy as a public health problem, which was achieved globally in the year 2000. In the decades since – and again in 2021 – around 95% of leprosy cases were reported from just 23 Global Priority countries.

Dr Poonam Singh said she was pleased to launch the new WHO “Technical guidance on interruption of leprosy transmission and elimination of leprosy disease”. She also emphasized the need to carefully consider the last-mile challenges that island countries and other countries close to elimination continue to face, such as inadequate funds, weak health workforce capacity, competing public health priorities, and continued stigma and discrimination, reflected in at least 115 laws that are deemed discriminatory against persons affected by leprosy.

She urged the participants to identify best practices and future directions, and then integrate them into updated national operational plans, accelerating each towards the zero leprosy targets. She congratulated Maldives from the South-East (SE) Asia Region and the Hashemite Kingdom of Jordan from the Eastern Mediterranean Region

on embarking on subnational and national verification respectively. She wished the participants an engaging, informative and productive meeting, and assured WHO's ongoing support for a world with zero leprosy disease, zero leprosy disability, and zero leprosy stigma and discrimination.

Dr Poonam Singh and Dr Zsuzsanna Jakab released the WHO “Technical guidance on interruption of transmission and elimination of leprosy disease”, along with the associated tools, namely the Leprosy Programme and Transmission Assessment Tool (LPTA) and the Leprosy Elimination Monitoring Tool (LEMT).

Dr Socé Fall, Director for NTDs at WHO HQ, delivered a video message. In his message, he pointed out that interruption of leprosy transmission is one of the targets of the NTD Roadmap 2030 and the launch of the Zero Leprosy Strategy calls for action to accelerate progress. However, translation of the Strategy into implementation needs hard work, reflection and consensus-building through meetings, such as this workshop. He wished all participants a fruitful deliberation.

Mr Amar Timalisina, a person affected by leprosy, representing the International Association for Integration, Dignity and Economic Advancement (IDEA), expressed his gratitude to WHO for the efforts, guidance and encouragement for setting up the NTD Roadmap and especially for the efforts towards zero stigma and discrimination. He pointed out that the community with lived experience of leprosy had hope and trust in achieving the goal of interruption of transmission and elimination of leprosy disease with quality, sustained leprosy care for affected persons.

Dr Vivek Lal, Team Leader (TL), WHO GLP, presented the agenda, objectives and expected outcomes of this Global Consultation meeting, and the highlights of the Global Leprosy (Hansen Disease) Strategy 2021–2030. He introduced the participants to both Regional Directors during the inaugural session.

1.1 Technical session I

Dr Vivek Lal, TL-GLP, presented the Global Leprosy Strategy 2021–2030, highlighting the four strategic pillars, aligning with the NTD Roadmap 2030 and the Skin NTD Framework. He informed the participants that the Global Leprosy Strategy 2021–2030 provides the basic direction, goals and strategic pillars at a global level. He stressed that now is the time for countries with both high and low burdens to adopt the Strategy and then adapt its targets and strategic pillars to their specific national and subnational contexts.

Country presentations – island countries close to interruption of transmission/elimination of leprosy disease

Maldives – During the country presentation, Dr Nazla Rafeeg, public health consultant, said that Maldives eliminated leprosy as a public health problem in 1997; it is now reporting less than 10 cases annually and no child leprosy case has been reported in the country since 2018. Maldives has a robust screening policy for migrants; it detects and treats non-autochthonous cases. Contact tracing is being carried out for all new cases and single-dose rifampicin post-exposure prophylaxis (SDR PEP) will be rolled out in 2024 after procuring rifampicin. They have established the Zero Leprosy Operational Committee and the Zero Leprosy Steering Committee, involving

various stakeholders. Maldives has also developed a “Framework for zero leprosy in Maldives – 100 leprosy-free islands by 2023”. The challenges faced include securing the health of migrants, preventing antimicrobial resistance and ensuring human resources capacity.

Republic of Fiji – During this country presentation, Dr Alma Ulufonua, National Leprosy Manager, said the Republic of Fiji with a population of approximately 929 800 had four cases of leprosy detected in 2022 while the rate of Grade 2 disabilities (G2D) is 1.07. The new case detection rate among children is 3.75 per million child population. The island country is implementing the three-drug regimen for multibacillary (MB) TB and paucibacillary (PB) TB as per the WHO guidelines of 2018. Contact tracing has been initiated and it is waiting for availability of rifampicin for the planned roll-out of SDR PEP in 2024. As of now, there is no national steering committee. The Republic of Fiji has a National Strategic Health Plan in place and the challenges are related to funding and availability of skilled manpower.

Saint Lucia – Dr Keturah Edwin-Tobias, National Leprosy Manager, informed the participants that the island is located in the Caribbean with a population of 181 000. The country has been reporting around 10 new cases of leprosy every year since 2007. In 2022, 11 new cases were reported, of which five were G2D cases. Contact screening is being carried out; however, SDR PEP has not yet been implemented. There are no national strategic plan and national-level committees. The challenges comprise low human resource capacity, poor disease awareness level and limited surveillance.

Republic of Vanuatu – Ms Renata Amos, National Leprosy Manager, delivered a presentation on the leprosy situation in the country. She informed the participants that the island nation has a population of 266 555 and has been reporting less than 10 leprosy cases annually since 2010. In 2022, only one case of leprosy was diagnosed and managed. Contact tracing is not being carried out and there has been no SDR PEP roll-out. There is a National Strategic Health Plan focusing on elimination of leprosy.

Republic of Cabo Verde – During the country presentation, Ms Martha Freire, National Leprosy Manager, said that during the past 10 years, the Republic of Cabo Verde has reported around 10 new leprosy cases every year. Four new cases were reported in 2022. There is no National Strategic Plan in place for leprosy. No steering committee has been established for elimination of leprosy in the country.

Guam Island – Dr Chima D. Mbakwem, National Leprosy Manager, presented on the leprosy situation in Guam, which is a low-burden leprosy country in the Western Pacific Region. From 2011 to 2022, a total of 149 leprosy cases were reported: 3% of these cases were autochthonous cases; 97% of these cases were non-autochthonous cases; 26% of the new cases were found among women; and 74% of the new cases were detected among men and 8% among children younger than 15 years of age. Guam is making giant strides towards ending leprosy. The Guam Department of Public Health and Social Service (DPHSS), the Global Partnership for Zero Leprosy (GPZL) and the Todu Guam Foundation (TGF) met in 2021 and agreed to develop a self-guided version of GPZL to conduct programme reviews, road mapping and action planning. Guam is in the process of developing an Action Plan document for leprosy

elimination that will be in line with the Global NTD Roadmap 2021–2030 and the Global Leprosy Strategy 2021–2030.

Republic of Palau – Connie B. Olikong, National Leprosy Manager, delivered a presentation on the Republic of Palau's Leprosy Programme. The country is implementing the three-drug regimen for PB and MB; about 85% of its leprosy cases are diagnosed with MB. Case investigation and contact tracing are in place, with less than 10 cases reported annually during the past 10 years. No secondary case was detected from contact tracing in 2022. The post-exposure prophylaxis programme has not yet been implemented in the country, which has also not developed its National Strategic Plan for leprosy yet.

Republic of Nauru – The island country reported 11 new cases in 2020, 11 cases in 2021 and five cases in 2022. No new cases were reported with G2D. The nation is implementing the three-drug regimen for PB and MB patients. Leprosy is included in the Nauru Health Strategy (NHS) 2021–2025. There is no steering committee for leprosy elimination.

1.2 Technical session II

Dr Daniel Dagne, Coordinator, NTDs, WHO headquarters (WHO HQ), presented the WHO NTD Roadmap 2030 – overview, enablers and challenges to reaching the goals by 2030. He informed the participants that the progress on control of NTDs had been hampered by disruptions caused by the COVID-19 pandemic; change in the funding landscape; slow progress in some countries; uneven progress across the 20 diseases and disease groups; underlying risk factors (poverty, climate change, migration, population displacement, etc.); and programme disruptions and limited access to areas affected by conflict, insecurity and political instability. He provided suggestions on the way forward, such as filling normative gaps, expanding the arsenal of drugs, diagnostics and tools, strengthening data collection and reporting mechanisms; increasing cohesiveness and efficiency by investing in strategies that foster integration and cross-sectoral collaboration; continuing to facilitate country ownership and sustainability of NTD programmes through innovative policies and financing approaches; and finally, taking rapid action that is essential to achieve Sustainable Development Goal 3.3 and end “the NTD epidemic” by 2030.

Country presentations – other countries close to interruption of transmission/elimination of leprosy disease

Republic of Armenia – Dr Ani Manukyan, National Leprosy Manager, delivered a presentation on the history of leprosy case detection in Armenia since 1889. There has been no reported case of leprosy since 1982 in the country. Currently, leprosy is a notifiable disease. The last attempt at active case-finding was conducted in 2008. In 2022, a national guideline on leprosy was developed; it focuses on surveillance, case management, treatment, contact tracing, PEP and management of leprosy-related disabilities. The current challenges include poor capacity of health staff with low awareness of leprosy disease and inadequate diagnostic capacity.

Republic of Botswana – During the country presentation, Dr Tuduetso Molefi, National Leprosy Manager, said the country has detected less than 10 new leprosy cases annually over the past 10 years and no case among children has been reported

in the country since 2010. Furthermore, no G2D has been reported since 2013. The country is not implementing contact tracing and SDR PEP yet. There is no National Strategic Plan for leprosy and no steering committee has been set up for leprosy elimination. The leprosy programme is implemented in the country along with the tuberculosis (TB) programme.

United Arab Emirates – Dr Nabil Mostafa Almarhomy, National Leprosy Manager, delivered an online presentation during this meeting. In the UAE, all communicable diseases are obligatorily notified, initiating surveillance and response activities. People of more than 200 different nationalities come to work in the United Arab Emirates. Thus, the expatriate labour screening programme is an essential one; through it, diseases of public health importance are screened. The country has been reporting less than 100 cases every year since the past 10 years. All leprosy cases reported are non-autochthonous ones among expatriates, diagnosed within the expatriate labour screening programme. No cases among locals and residents have been diagnosed, and there is no local transmission of leprosy at present.

Bhutan – Dr Phurpa Tenzin, National Leprosy Manager, informed the participants that services for leprosy control activities have been available in Bhutan since the 1960s. Under the ownership of the Royal Government of Bhutan, the National Leprosy Control Programme was established and multidrug therapy (MDT) was implemented nationwide in 1982. Less than 25 cases of leprosy have been reported every year during the past 10 years. Active case-finding, contact tracing and preventive chemotherapy (SDR PEP) were being implemented in 2023. The National Committee for Disease Elimination (NCDE) and the National TB and Leprosy Technical Advisory Group (TAG) are in place and functional.

Eastern Republic of Uruguay – Dr Bernardina Rasnik, National Leprosy Manager, said that the country had been reporting less than 10 new cases every year for the past 10 years. No case among children has been reported in the country over the past five years. Contact tracing and post-exposure prophylaxis have been implemented since 2022. The National Strategic Plan for leprosy and the National Steering Committee are in place. The main challenge is to retain the leprosy expertise in the country.

1.3 Technical session III

Dr Wim van Brakel, Chairman of TFCEL, presented the Leprosy Elimination Framework. He informed the participants that the “Technical guidance on interruption of transmission and elimination of leprosy disease” and its associated tools, the LPTA and the LEMT, were prepared following recommendations of the WHO “Taskforce for defining cut-offs and criteria for verification of interruption of transmission and elimination of leprosy disease” and a series of consultations with experts and national programme managers. The guidance recommends critical actions to be taken by Member countries and that the LPTA and the LEMT support programme managers garner and document evidence in order to prepare a dossier for claiming verification of interruption of transmission and elimination of leprosy disease.

Dr Isabela de Caux Bueno, Senior Researcher, conducted the workshop on the Leprosy Elimination Monitoring Tool, seeking to introduce the participants to the application and benefits of using the LEMT to document the epidemiological status of

leprosy at the subnational level. The workshop consisted of two parts: presentation and practice. In the presentation section, Dr de Caux Bueno highlighted the fact that the LEMT was developed based on the Leprosy Elimination Framework, designed to monitor progress towards interrupting transmission and eliminating leprosy disease in a standardized manner. The classification used a traffic light colouring scheme, with four phases indicating progress:

- Phase 1 – until interruption of transmission: no new autochthonous cases among children for at least five consecutive years;
- Phase 2 – until elimination of leprosy disease: no new autochthonous cases for at least three consecutive years;
- Phase 3 – post-elimination surveillance: no or only sporadic autochthonous cases for 10 years or more; and
- Phase 4 – non-endemic status: leprosy is not normally present in the area or country.
- Furthermore, sporadic cases may occur in addition to the classified phases.

The LEMT's automatic classification capabilities were emphasized as a solution to challenges to manual classification, such as time consumption, potential errors and data management difficulties. Automation will allow participants to concentrate on interpreting results, making the process more efficient.

The step-by-step process for automatic data classification was explained, involving data preparation and transfer to the LEMT format through the “Control Panel” tab. The “Data Transfer” and “Automatic Phase Classification” buttons facilitated the conversion and automatic classification, according to the Leprosy Elimination Framework, producing the “Area and Phases” worksheet for serial map production.

Dr de Caux Bueno stressed that interpreting the results required careful consideration, as different countries would have unique interpretations to plan appropriate actions based on the findings. Factors, such as areas not progressing through phases within the LEMT timespan, immediate progression to Phase 3 after Phase 1 milestones and areas potentially in Phase 3 or non-endemic status before 2000 with no cases reported initially, were all part of the interpretation process.

The practice session allowed the participants to apply the LEMT using their own data.

Country presentations – island countries with high burden

Republic of the Philippines – Dr Raffy Deray, National Leprosy Manager, presented the Philippines core leprosy indicators for the period of 2012–2021. During the past 10 years, Philippines had reported less than 2000 new cases every year. In 2021, a total of 936 new cases were reported, with 5.55% cases among children. Contact tracing and post-exposure prophylaxis were undertaken in 2022. A total of 180 index cases were covered by the contact tracing activity and 752 contacts were listed, out of which 59% (446) received SDR PEP. No steering committee has been established. There is a National Strategic Health Plan, focusing on leprosy, which must be elaborated on further for interruption of transmission. Currently, the leprosy programme has been

implemented as part of integration with general health services. The country needs more resources and partnerships to work towards elimination of leprosy.

Republic of Trinidad and Tobago – Dr Mushtaq Ali, National Leprosy Manager, said that for the past two decades, the Hansen Disease Control Unit (HDCU) has been conducting routine home visits for all new index cases and examining all household contacts, and the secondary cases that are detected are put on treatment. In 2022, 18 new cases were detected and two of them were found among children. Two had G2D among the new cases. SDR PEP was provided to the contacts of the index cases detected in 2022. A National Strategic Health Plan and a National Steering Committee are in place to focus on elimination of Hansen disease. The leprosy programme requires adequate funding support to enable capacity-building for health staff and procurement of rifampicin.

Islamic Federal Republic of the Comoros – Dr Aboubcar Mzembaba, National Leprosy Manager, told the participants that the country had detected less than 1000 new cases annually during the past 10 years. In 2022, 239 new cases were detected with nine G2D cases and 86 new cases among children. Currently, the country does not have a National Strategic Health Plan and a steering committee. The challenges faced include lack of funds and inadequate capacity of health staff, needing support from the donors and partners.

Kiribati – Ms Erei Rimon, National Leprosy Manager, presented Kiribati's core leprosy epidemiological data from 2013 to 2022. Over the past 10 years, less than 200 new cases have been detected every year. In 2022, Kiribati reported 154 new cases with four G2D ones; 40 new cases among children with one G2D case. Kiribati implemented the three-drug regimen for PB and MB in 2019. Post-exposure prophylaxis was carried out with contact tracing for 138 index cases – 959 cases were listed, of which 725 received SDR PEP. A total of 18 new cases were detected among the contacts screened. Currently, there is a functional Joint TB and Leprosy Task Force, along with the PEARL Steering Committee, to oversee the national collaboration for enhanced TB and leprosy control work in the country. The Kiribati National Health Strategic Plan 2020–2023 focuses on elimination of leprosy.

Federated States of Micronesia – Dr Mayleen Jack Ekiek, National Leprosy Manager, said the Federated States of Micronesia has reported less than 200 new leprosy cases annually over the past 10 years. In 2022, 92 new cases were detected with 35 cases among children. In 2022, 49 MB cases were diagnosed and their contacts traced. Among them, 10 cases had been identified and treatment was started. The nation did not implement SDR PEP due to lack of funds. The mass screening for TB/leprosy was undertaken in Chuuk state, where 5042 people were screened; latent TB infection treatment was started for 924 and 44 suspect leprosy cases (five new cases were detected and treated) were screened and provided with PEP with rifapentine. The leprosy programme is integrated with the TB programme for implementation. The leprosy programme requires adequate funding support to enable capacity-building for health staff.

Republic of the Marshall Islands – Dr Ken Jetton, National Leprosy Manager, presented the core leprosy epidemiological data of the Republic of the Marshall Islands from 2013 to 2022. He informed the participants that over the past five years, less than 1000 new cases of leprosy had been detected in the country annually. In 2022, 437

new leprosy cases were detected, of which 127 were cases among children; no G2D cases were reported. In 2022, contact tracing for index cases was conducted and two cases were detected and treated; no SDR PEP was, however, initiated due to lack of funds. The National Strategic Health Plan focuses on elimination of leprosy and envisions a leprosy-free nation. The National Steering Committee is functional.

Solomon Islands – Mr Oliver Merpirila, National Leprosy Manager, informed the participants that the Leprosy Control Programme has been functioning under the TB Programme in Solomon Islands. The country has been reporting less than 50 new leprosy cases annually for the past 10 years. In 2022, 32 new leprosy cases were detected, along with four cases among children. No contact tracing activity is being carried out at present. There is a National Strategic Health Plan, but it does not cover leprosy. The challenges faced include inadequate funds, procurement of rifampicin, capacity-building for staff and strengthening of laboratory capacities.

1.4 Technical session IV

Dr Subbanna Jonnalagada, Medical Officer, WHO GLP, presented the updates on the WHO guidelines for diagnosis, treatment and prevention of leprosy (2018) with key recommendations pertaining to diagnosis; classification; treatment; management of reactions for Type 1 and Type 2 reactions; and prevention through single-dose rifampicin.

Dr Kazim Sanikullah, Team Lead, NTD, WHO-WPRO, delivered a presentation on “Strong and resilient health systems for sustainability towards zero leprosy”. He informed the participants that leprosy and other NTDs are neglected and have limited financial resources, and it is difficult to have standalone interventions. Therefore, he suggested an integrated approach in primary health care settings to improve case detection and management of leprosy and other NTDs effectively and sustainably as it is the same health workforce that is available to cater to community health needs and serve surveillance purposes.

Dr Rie Yotsu, Member, TAG Leprosy, delivered a presentation on the Skin NTD Framework as an opportunity to enhance coverage of case detection and strengthen surveillance. She informed the participants that a WHO Strategic Framework for integrated control and management of skin-related neglected tropical diseases was launched in June 2022. She further said that the Skin NTD Framework is a companion document to the WHO NTD Roadmap 2021–2030. The goal is to reduce morbidity, disability, and psychosocial impact of skin NTDs and other skin conditions through a people-centred integrated approach; guide endemic countries on effective implementation of skin NTD integrations; outline the health care required for skin NTD integration; and provide practical tips on implementing skin NTD integration.

Dr Pemmaraju VRR, Programme Adviser (Medical), Sasakawa Health Foundation, presented on the topic of “Leprosy case-based tracking system based on DHIS2”. He explained that the Global Leprosy Information System is based on DHIS2 to capture aggregated information on registered cases at the county level. The GLP is now introducing the “Tracker” in the DHIS2 app for individual-level (or case-based) transactional data. It supports data collection, case monitoring and follow-up, analysis, and reporting – all within the DHIS2 system. He stressed that individual, case-based data management is useful for countries with a small number of new cases and it helps

in registering contacts, monitoring patient treatment and response, and management of reactions and neuritis.

Dr David J. Blok, TAG Member, presented evidence of single-dose rifampicin for post-exposure prophylaxis in leprosy from research studies. It was summarized that SDR PEP in combination with contact tracing and screening can accelerate reduction in leprosy incidence; the impact of SDR depends on case-finding efforts and the number of contacts per index patient screened; and geographical differences in impact and blanket approach have the potential to reduce the number of new cases in the short run.

Dr Afework Tekle, WHO HQ, presented on the topic of “Leprosy medicine donation”. He highlighted the key milestones of the WHO Leprosy Medicine Donation Programme and informed the participants about the MDT donation conditions of the MoU for 2021–2025; he also elaborated on the challenges to supply chain.

Mr Amar Timalsina, Executive Director, International Association for Integration, Dignity and Economic Advancement (IDEA), Nepal, presented the findings of “Assessment of the requirement of assistive technology devices (ATDs) for improving the appearance, functions and mobility of persons with disabilities due to leprosy in an endemic country, Nepal”. He provided the details of the objectives of the study, rationale, study design, study areas, data collection and analysis, along with its results and recommendations. He concluded that there was an urgent need to improve the public–private partnership to reduce the prevalence of multiple disabilities and to fulfil the unmet needs for ATDs for persons with leprosy-related disability.

Dr Yves Thierry Barogui, Regional Adviser, WHO Regional Office for Africa, presented the updates on the “Informal consultation on the use of assistive technology devices for people with disabilities due to leprosy”, held during 21–23 June 2023 at Abidjan, Côte d'Ivoire.

1.5 Technical session V

Group discussions

Breakout Group 1 (Facilitators: Dr Subbanna Jonnalagada, Dr Wim Brakel, Dr Subhash Yadav): island countries close to interruption of transmission/elimination of leprosy disease – Maldives, Fiji, Saint Lucia, Vanuatu, Cabo Verde, Guam, Palau, Nauru, Tuvalu.

Breakout Group 2 (Facilitators: Dr Pemmaraju VRR, Dr Supriya Warusavithana): other countries close to interruption of transmission/elimination of leprosy disease – Jordan, Armenia, Botswana, United Arab Emirates, Bhutan, Uruguay, Algeria.

Breakout Group 3 (Facilitators: Dr Vivek Lal, Dr Kazim Sanikullah): island countries with high leprosy burden – Philippines, Trinidad and Tobago, Comoros, Kiribati, Micronesia (the Federated States of), Republic of Marshall Islands, Solomon Islands.

The topics for group discussion were:

- Topic 1 – review of the existing situation;
- Topic 2 – preparation for verification of interruption of transmission; and

- Topic 3 – applying the leprosy programme and transmission assessment tool.

The terms of reference (ToR) for the groups are provided in Annexure 3.

After deliberations, the three working groups presented the following:

Working Group 1 – Maldives, Saint Lucia, Fiji, Cabo Verde, Guam, Palau and Tuvalu (island countries close to elimination) concluded their discussion with:

Common challenges

- Not all countries have leprosy guidelines or strategic plans (leprosy roadmaps) in place.
- Handover between countries when patients migrate is not systematic.
- Data management systems are often lacking.
- Contact tracing and implementation of SDR PEP are yet to start.
- Inadequate trained health staff and frequent staff turnover are barriers.
- Often no programmes are in place to address stigma and discrimination as there is limited stakeholder engagement.
- Participation of persons affected by leprosy in programme planning and execution is inadequate.
- There are often no designated leprosy focal persons/supervisors.
- Travelling between islands can take a long time and is expensive.

Recommendations for the way forward

- Leprosy standard operating procedures (SOPs) or strategic plans (roadmaps) are important wherein contact screening and SDR PEP should be included. Already available tools and materials (e.g. WHO Leprosy Guidelines, WHO Guidance for Contact Tracing and PEP) can be incorporated.
- A registration system should be in place with data of patients (both retrospective and prospective), and mapping is advised for strategic activity planning and advocacy.
- Collaboration with TB programmes and placing joint orders for rifampicin can increase availability.
- Greater stakeholder engagement and collaboration is important.
- Leprosy screening can be integrated with other ongoing health screening programmes.
- Context-specific contact screening and implementation of SDR PEP are important. A decision tool on choosing SDR PEP approaches is available.
- Using telemedicine and messenger groups is helpful in case of shortages of specialized health staff. The NLR SkinApp/WHO Skin NTD apps are also useful tools.

- More training sessions for health workers are needed, in addition to funding for training organizations, which can be combined with ongoing health training sessions for other diseases.
- Efforts to reduce stigma should be included in the plan:
 - Accreditation (on continued medical education) needs to be possible.
 - WHO training modules are important resources, which are already available on www.openWHO.org.
- Incentives can be considered to encourage health workers to find new leprosy cases.
- Participatory approaches and including persons affected by leprosy in planning/executing leprosy control activities can reduce stigma; also refer to www.stigmaguides.org.

The group recommended the “Leprosy control network for island countries” to support each other, share the lessons learnt and resources, and hand over patients in case of migration.

Working Group 2 – Armenia, Botswana, the United Arab Emirates, Bhutan, and Uruguay (for countries close to interruption of transmission and elimination of leprosy disease) concluded their discussion with:

Common challenges

- low political commitment and leadership for the leprosy programme:
 - since the disease is eliminated as a public health problem, governments attaching less importance to it;
- inadequate funding for the leprosy interventions:
 - low priority for allocation of resources due to competing health priorities;
- inadequate capacity of health staff/workers:
 - low awareness among health-care workers (HCWs), weak linkage to care and dwindling expertise;
- inadequate surveillance for leprosy;
- community awareness – stigma and discrimination:
 - low community awareness of the disease leading to delayed care-seeking behaviour; and
 - self-stigma, stigma from HCWs and other people.

Recommendations for the way forward

- WHO needs to take lead to sensitize and advocate governments through Regional Coordination meetings and the World Health Assembly to encourage Member States to embark on the verification process.
- Member States need to develop Zero Leprosy Roadmap with WHO guidance.
- Countries and national programmes need to be encouraged to opt for the subnational verification process.

- Conduct active contact tracing in historic leprosy foci.
- Integrate leprosy with TB/skin diseases and ensure linkages with dermatology units.
- Establish collaboration between the public and private sectors for strengthened surveillance.
- WHO at the regional level needs to organize a meeting for leprosy programme managers to build the capacity for verification process.
- Strengthen partnerships with technical partners and donors for mobilizing resources for the leprosy interventions and verification process.
- Continue the integration of leprosy with other programmes after building capacity for sustainability and surveillance.

Working Group 3 – Philippines, Trinidad and Tobago, Comoros, Kiribati, Micronesia (the Federated States of), the Marshall Islands and Solomon Islands (island countries with high leprosy burden) concluded their discussion with:

Common challenges

- Existing strategic plans are either integrated programmes (e.g. in Philippines) or standalone ones (e.g. in Trinidad and Tobago).
 - Coordination and sharing of resources are needed.
 - Different approaches at the subnational level are needed in light of the new Leprosy Elimination Framework.
- Issues pertaining to human resources include limited expertise, high staff turnover and challenges to motivating young people to join leprosy services.
 - Partner support is critical – some good practices are identified:
 - The Pacific Leprosy Foundation has sponsored the national focal point for leprosy in Kiribati.
 - Leprosy is a compulsory part of the medical curriculum in Japan.
 - Translation and wider dissemination of training materials in the “OpenWHO” platform is needed.
- As far as surveillance is concerned, chemoprophylaxis must not create stigma and accuracy of diagnosis should be ensured (this is important as we transition from interruption of transmission to post-elimination surveillance).
- With regard to drugs, high supply chain costs need to move drugs from the National Programme Office to different provinces.

Recommendations for the way forward

- Establish a referral centre at the subnational level with referral systems in place and have a validation mechanism and training component with the provision of leprosy care package.
- Change packaging as countries move into uniform MDT.
- Procurement of single-dose rifampicin needs to be facilitated.

1.6 Concluding session

The partners, namely IDEA International, International Federation of Anti-Leprosy Associations (ILEP), Novartis, International Leprosy Association (ILA) and the Sasakawa Health Foundation (SHF), welcomed the release of the “Technical guidance on interruption of transmission and elimination of leprosy disease” and its associated tools, the LPTA and the LEMT. They reiterated their commitment to supporting the Member countries to achieve zero leprosy in close coordination with WHO.

The three Working Group representatives put forth the summary of their discussions, the challenges faced and the recommendations for the way forward.

Dr Vivek Lal presented the learnings from the Global Consultation, which are:

The countries close to elimination and island countries in particular need a different operational strategy. In that regard, the following are to be noted:

- Continued advocacy for data-driven policy-making is needed.
- Funding support needs to be ensured.
- Partnerships need to be strengthened.
- Strengthened surveillance needs to be integrated with the primary health care system and improved referral systems.
- For non-autochthonous cases, migrant health needs to be addressed.
- Procurement of single-dose rifampicin for SDR PEP needs to be ensured.
- Addressing gender issues in leprosy care is imperative.
- Continued reporting to WHO, including zero reporting, needs to be ensured.
- Cost-effective approaches need to be innovated on.
- Sustainability through integrated approaches, including for leprosy prevention, needs to be ensured.

Recommendations for WHO:

- Put in place a mechanism for verification.
- Single-dose rifampicin – analyse different models of procurement to support countries.
- Continue engagement with donors.
- Recognize country efforts and support zero leprosy efforts.
- Strengthen regional and global alliance.

In her concluding speech, the Acting WHO Regional Director for the Western Pacific thanked all participants for their enthusiasm, efforts and keen interest in updating their operational plans to achieve zero leprosy, and wished them success in their future endeavours to achieve zero leprosy in their respective countries.

In her concluding remarks, the WHO Regional Director for South-East Asia emphasized the need for careful consideration of the last-mile challenges. The following steps will take countries closer to zero leprosy, zero disability and zero discrimination.

- Garner and ensure political commitment to elimination of leprosy disease.

- Strengthen health systems to improve primary health care so that no one is left behind.
- Widen dissemination of the technical guidance on reaching interruption of transmission and elimination of leprosy.
- Ensure availability of both domestic and international funds for implementation.
- Stigma and discrimination should be addressed through continued engagement with persons affected and other community groups.

The meeting ended with vote of thanks proposed by Dr Vivek Lal..

Annex 1

Agenda

Background

The NTD Roadmap set the target of interruption of transmission for leprosy, onchocerciasis and human African trypanosomiasis by 2030. The Global Leprosy (Hansen Disease) Strategy 2021–2030: towards zero leprosy (WHO, 2021), a constituent of the NTD Roadmap 2021–2030, calls for accelerating action to reach the goal of zero leprosy, in line with the Sustainable Development Goals. The Strategy lays down as its goal the elimination of leprosy (defined as interruption of transmission). This major paradigm shift from elimination of leprosy as a public health problem to interruption of transmission follows up on request from countries with very low burden to be recognized by WHO for having achieved or achieving “zero leprosy” status.

WHO is organizing a “Consultation workshop for updating operational plans for island countries and countries close to elimination towards implementation of the Global Leprosy Strategy 2021–2030” at Manila, Philippines, from 11 to 14 July 2023 with the following objectives:

General objective

Update country operational plans for island countries and those countries that are close to the goal of elimination of leprosy to accelerate the implementation of the Global Leprosy Strategy 2021–2030: towards zero leprosy.

Specific objectives

- Review the current situation, progress in elimination of leprosy in respective countries and define the way forward towards leprosy elimination in light of the Leprosy Elimination Framework.
- Share successful experiences of implementing activities related to leprosy programmes.
- Identify critical areas needing support to accelerate efforts to improve implementation of the Global Leprosy Strategy 2021–2030: towards zero leprosy.
- Update the “Country operational plans to accelerate implementation of the Global Leprosy Strategy 2021–2030”, considering the epidemiological and programmatic situation.

Expected outcomes

- updated country operational plans for island countries and other countries close to elimination for implementing the Global Leprosy Strategy 2021–2030 to reach the set targets of the Strategy;
- linkages between national programme managers and donors/partners for implementing “updated country operational plans” aligning with the Global Leprosy Strategy 2021–2030 and the NTD Roadmap 2030; and
- documentation of successful programme implementation experience for replication in other similar contexts.

Provisional programme – Day 1

Tuesday, 11 July 2023 – Plenary session	
09:00–10:00 hrs	OPENING SESSION <ul style="list-style-type: none"> • Opening address: Dr Zsuzsanna Jakab, Acting WHO Regional Director for the Western Pacific • Inaugural address: Dr Poonam Khetrpal Singh, WHO Regional Director for South-East Asia • Release of “Technical guidance on interruption of transmission and elimination of leprosy disease” • Video message: Dr Ibrahima Socé Fall, Director, Neglected Tropical Diseases, WHO HQ • Remarks from persons affected by leprosy: Amar Timalina, International Association for Integration, Dignity and Economic Advancement (IDEA) • Objectives and expected outcomes of the workshop; Global leprosy update: Dr Vivek Lal, Team Leader, Global Leprosy Programme, WHO • Introduction of participants – Dr Vivek Lal
Technical session I	Chair: Dr Raffy A Deray; co-Chair: Dr Patricia Daps
10:30–10:45 hrs	Global Leprosy Strategy 2021–2030: towards zero leprosy – adapting national strategies – Dr Vivek Lal
10:45–12:15 hrs	Country presentations – island countries close to interruption of transmission/elimination of leprosy disease (10 minutes each) – Maldives, Fiji, Saint Lucia, Vanuatu, Cabo Verde, Guam, Palau, Nauru and Tuvalu
12:15–12:45 hrs	Discussion and wrap-up by Chair and co-Chair
Technical session II	Chair: Dr Fathimath Rafeeg; co-Chair: Dr Benedict Quao
14:30–14:45 hrs	NTD Roadmap 2030 – overview, enablers and challenges for reaching the goals by 2030 – Dr Daniel Dagne
14:45–16:00 hrs	Country presentations – other countries close to interruption of transmission/elimination of leprosy disease (10 minutes each) – Jordan, Armenia, Botswana, the United Arab Emirates, Bhutan, Uruguay, Algeria
16:00–17:00 hrs	I. Discussion and wrap-up by Chair and co-Chair II. Information about Day 2

Provisional programme – Day 2

Wednesday 12 July 2023 – Plenary session	
Technical session III	Chair: Dr Alma Ulufonua; co-Chair: Dr Mauricio Nobre
9:00–9:30 hrs	Technical guidance on verification of interruption of transmission and elimination of leprosy disease – Dr Wim Brakel
9:30–11:00 hrs	Leprosy Elimination Monitoring Tool – application to document epidemiological status at the subnational level – Ms Isabela de Caux Bueno
11:15–12:30 hrs	Country presentations – island countries with high burden (10 minutes each) – Philippines, Trinidad and Tobago, Comoros, Kiribati, Micronesia (the Federated States of), Republic of Marshall Islands, Solomon Islands
12:30–13:00 hrs	Discussion and conclusions by Chair and co-Chair
Technical session IV	Chair: Dr Bernardina Rasnik; co-Chair: Dr Mourad Mokni
14:30–14:45 hrs	Guidelines for the diagnosis, treatment and prevention of leprosy (WHO 2018) – discussion on introduction of recommendations in leprosy programmes – Dr Subbanna Jonnalagada
14:45–15:00 hrs	Strong and resilient health systems for sustainability towards zero leprosy – Dr Kazim Sanikullah
15:00–15:15 hrs	Skin NTD Framework – an opportunity to enhance coverage of case detection and strengthening surveillance – Dr Rie Yotsu
15:15–15:30 hrs	Leprosy data management – DHIS2-based annual leprosy statistics and individual case-based data management – Dr Pemmaraju VRR
16:00–16:15 hrs	Single-dose rifampicin for post-exposure prophylaxis in leprosy – evidence from research studies – Dr David Blok
16:15–16:30 hrs	MDT supply and management – MDT requests and steps to prevent stockouts – Dr Afework Tekle
16:30–16:45 hrs	Assessment of requirement of assistive technology devices for persons with disabilities due to leprosy – study by IDEA Nepal – Mr Amar Timalisina Updates on meeting on assistive technology devices held in Abidjan – Dr Yves Barogui
16:45–17:00 hrs	Discussion and conclusions by Chair and co-Chair Information on group formation and group work on Day 3

Provisional programme – Day 3 (Group work)

(9:00 hrs to 17:00 hrs)

Breakout Group 1 (Facilitators: Dr Subbanna Jonnalagada, Dr Wim Brakel, Dr Subhash Yadav):

Island countries close to interruption of transmission/elimination of leprosy disease – Maldives, Fiji, Saint Lucia, Vanuatu, Cabo Verde, Guam, Palau, Nauru, Tuvalu

Breakout Group 2 (Facilitators: Dr Pemmaraju VRR, Dr Supriya Warusavithana):

Other countries close to interruption of transmission/elimination of leprosy disease – Armenia, Botswana, the United Arab Emirates, Bhutan, Uruguay,

Breakout Group 3 (Facilitators: Dr Vivek Lal, Dr Kazim Sanikullah):

Island countries with high leprosy burden – Philippines, Trinidad and Tobago, Comoros, Kiribati, Micronesia (the Federated States of), the Republic of the Marshall Islands, Solomon Islands

Points for discussion:

- terms of reference for the group work;
- review of the current situation – epidemiological, health systems, stakeholder mapping;
- review of zero leprosy roadmaps – vision, targets for 2030; operational plan for leprosy elimination framework;
- components to be included in the National Strategic Plan; and
- costing on the plan at the national level.

Provisional programme – Day 4

Friday 14 July 2023 – Plenary session	
Technical session V	Chair: Dr Mzembaba Aboubacar; co-Chair: Dr Rie Yotsu
9:0–10:30 hrs	<p>Presentation on the structure of the updated NSP and the next steps:</p> <ul style="list-style-type: none"> • An island country close to elimination of leprosy disease • One other country close to elimination of leprosy disease • An island country with high burden
11:00–11:30 hrs	Partnerships – working together towards interruption of transmission
11:30–12:00 hrs	<p>Concluding session</p> <ul style="list-style-type: none"> • Summary of the meeting • Address: Dr Zsuzsanna Jakab, Acting WHO Regional Director for the Western Pacific • Closing remarks: Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia • Vote of thanks

Annex 2

List of participants

National Leprosy Programmes/WHO country focal points

AFRO

1. Dr Tuduetso Molefi
TB Programme Manager
Ministry of Health
Botswana
2. Ms Boingotlo Ramontshonyana
National Professional Officer
WHO
Botswana
3. Dr Carolina Cardoso Da Silva Leite
National Professional Officer
World Health Organization Country Office
Cabo Verde
4. Dr Marta Isabel dos Santos Freire Monteiro
Programme Manager
National Programme for Tuberculosis
Leprosy and Sexually Transmitted Infection
Ministry of Health
Cabo Verde
5. Dr Aquino Andrade Fernandes
Dermatologist
Health Department of Sao Vicente
Ministry of Health
Cabo Verde
6. Dr Zahara Salim
Dermatologist
Head of Leprosy Unit Regional of Anjouan
Ministry of Health
Comoros
7. Dr Mzembaba Aboubacar
Programme Manager
National Programme for Leprosy and
Tuberculosis
Ministry of Health
Comoros
8. Dr Nassuri Ahamada
National Professional Officer
NTD Focal Point
World Health Organization
Country Office
Comoros

PAHO/AMRO

9. Dr Keturah Mahalia Wendy Edwin-Tobias
Community Dermatologist
Country Manager for Leprosy
Ministry of Health
Saint Lucia

10. Dr Mustaq Ali Saiyed
Director
Hansen Disease Control Unit
182, Western Main Road
St. James Port of Spain
Trinidad and Tobago
11. Dr Bernardina Rasnik
Medico Referente del Programa Post
eliminacion de la enfermedad de Hansen
Calle: Baltasar Brum No. 1825
Young, Rio Negro
Uruguay

EMRO

12. Dr Nabil M. Almarhomy
UAE
13. Kefah Saleh
Practicing medical technician
UAE

EURO

14. Dr Gayane Ghukasyan
Country Programme Officer for Communicable
Diseases and AMR
Focal Point for NTDs
WHO Country Office
Armenia
15. Dr Ani Manukyan
Epidemiologist,
Department of Zoonotic and Parasitic
Epidemiology
National Center for Diseases Control and
Prevention, Ministry of Health,
Armenia

SEARO

16. Mr Phurba Tenzin
Programme Officer
Leprosy Program
CCD, DoPH
Ministry of Health
Royal Government of Bhutan
17. Dr. Fathimath Nazla Rafeeg
Senior Medical Officer –
Health Protection Agency
Maldives

WPRO

18. Dr Temea Bauro
Dermatologist
Ministry of Health & Medical Services
Tarawa
Kiribati

19. Mrs Erei Rimon
MHMS
P.O. Box 268
Nawerewere, Tarawa
Kiribati
20. Dr Mayleen Ekiek
National Medical Director – Communicable Diseases
FSM Department of Health & Social Affairs
National Government
Federated States of Micronesia
21. Ms Joanne Saimon
Communicable Diseases Coordinator
WHO Country Office
Federated States of Micronesia
22. Dr Cho Cho Thein
P.O. Box 5659, Ebeye Chc,
Ebeye
Marshall Islands 96970
23. Dr Jetton Ken
P.O. Box 3701,
Marshall Islands 96960
24. Dr Alma Ulufonua
Medical Officer
Tamavua Womey Hospital
Ministry of Health and Medical Services
Republic of the Fiji Islands
25. Dr Subhash Yadav
Medical Officer
WHO Country Office
Suva, Fiji
26. Mr Chima Mbakwem
Hansen Disease Control Programme Manager
Bureau of communicable Disease Control (BCDC)
Department Public Health and Social Services (DPHSS)
Hagatna, Guam
27. Ms Connie B. Olikong
Programme Manager
Communicable Disease Unit
Ministry of Health & Human Services
Koror, Palau PW 96940
Republic of Palau
28. Dr Raffy A. Deray
Medical Officer-IV
Disease Prevention and Control Bureau
Ministry of Health
Philippines
29. Dr Bayo S. Fatunmbi
Technical Officer
WHO Country Office
Philippines
30. Ms Felise Manoa Afasene
Senior Staff Nurse
Ministry of Health
Tuvalu
31. Dr Fasiah Taleo
Technical Officer
WHO Country Office
Vanuatu

32. Dr Renata Amos
Acting coordinator for TB & Leprosy Unit
Ministry of Health
Republic of Vanuatu
33. Ms Lia Tanabose
Public Health Officer – Communicable Diseases
WHO Country Office
Solomon Islands

Experts

34. Mr David Blok
Amsterdam, Netherlands
35. Dr Arturo Cunanan
Philippines
36. Dr Cauchoix Bertrand
Fondation Raoul Follereau
Madagascar
37. Dr Wim van Brakel
1097 DN Amsterdam,
Netherlands
38. Ms Isabela de Caux Bueno
Research Intern
Programmes, Research & Partnerships
NLR International
Amsterdam, Netherlands
39. Dr Johnson Roch Christian
Professor Titulaire des Universites (CAMES)
Benin
40. Dr Geoff Warne
ILEP
New Zealand
41. Mr Amar Bahadur Timalisina
Association for IDEA Nepal

WHO TAG members

42. Dr Mauricio Lisboa Nobre
Brazil
43. Dr Yotsu Rie
Japan
44. Dr Patricia Deps
Brazil
45. Dr Mourad Mokni
Tunis, Tunisia
46. Dr Benedict Okoe Quao
Ghana

Observers

47. Ms Aya Tobiki
Chief Program Officer
Hansen's Disease Program
Sasakawa Health Foundation
Tokyo, 107-0052, Japan
48. Dr Pemmaraju VRR
Hansen's Disease Program
Sasakawa Health Foundation
Tokyo, 107-0052, Japan

49. Dr Sunil Modali
Global Medical Affairs Director - Global Health
(Asia Pacific)
Novartis Global Health & Sustainability
Novartis Healthcare Pvt. Ltd.,
Hyderabad, India
50. Dr Francesca Cando Gajete
International Leprosy Association
Philippines
51. Dr Anne Schoenmakers
International Project Manager & Medical
Scientific Consultant
No Leprosy Remains
Amsterdam, The Netherlands
52. Dr Nayani Suriyarachchi FAIRMED
Colombo
Sri Lanka
53. Dr Younoussa Assoumani
Damien Foundation
Comores
- WHO Secretariat**
54. Dr Afework Hailemariam Tekle
Unit Head – UCN/NTD/STO
WHO/HQ
Geneva
55. Dr Daniel Argaw Dagne
Coordinator – UCN/NTD/PTC
WHO/HQ
Geneva
56. Dr Vivek Lal
Team Leader
Global Leprosy Programme
WHO Regional Office for South-East Asia
57. Dr Mahoutondji Barogui
RA – AFRO
58. Dr Supriya Warusavithana
Regional Advisor - NTD WHO/EMRO
59. Dr Kazim Hizbullah Sanikullah
RA – WPRO
60. Mr Alexander Taruc
Consultant – NTD/WPRO
61. Dr Subbanna Jonnalagada
GLP
WHO New Delhi
62. Mr Subhash Chand
GLP
WHO New Delhi

Annex 3

Terms of reference – group discussions

Breakout Group 1 – island countries close to interruption of transmission and elimination of leprosy disease.

Facilitators: Dr Jonnalagada Subbanna, Dr Wim van Brakel, Dr Subhash Yadav

Island countries: Maldives, Fiji, Saint Lucia, Vanuatu, Cabo Verde, Guam, Palau, Nauru, Tuvalu

Objective

Review the existing leprosy situation and describe the preparatory steps to be taken by the countries to reach the goal of interruption of transmission or elimination of leprosy disease.

Group discussions are carried out under the following three topics for facilitating detailed discussions and timekeeping.

Topic 1 Review of the existing situation

(time suggested 9:00 am – 11:00 am)

Review of the existing situation in terms of the following:

- i. Identify gaps and challenges – for reaching the milestone of interruption of transmission.
- ii. List opportunities to strengthen activities under the integrated health plan to reach the milestone.
- iii. Ensure review of the health system to identify opportunities for integrating leprosy services.
- iv. Ensure review of existing health plan to discuss opportunities to strengthen:
 - a. surveillance for leprosy in an integrated approach;
 - b. referral system for implementing leprosy care package; and
 - c. data management systems to introduce web-based data management.

Topic 2 Preparation for verification of interruption of transmission

(time suggested 11:00 am – 12:30 pm)

- i. Identify subnational areas eligible for verification (basing on epidemiological data).
- ii. Review the leprosy care package to:
 - a. ensure stakeholder mapping to identify stakeholders with areas;
 - b. identify areas for strengthening in providing care; and
 - c. take actions to address stigma and discrimination.
- iii. Integrated surveillance – skin NTD presentation
- iv. Preventive initiatives – current uptake of guidelines and plan introduction
- v. Leprosy care package
- vi. Stigma reduction and rehabilitation.

Topic 3 Applying the Leprosy Programme Assessment Tool

- i. Application of subnational data in the Leprosy Elimination Monitoring Tool:
 - a. entering one subnational-level data as an example.
- ii. Review the LPTA table and identify.
 - a. Assess the existing status for each of the criteria to be verified.
 - b. List actions to be taken for preparing for verification of interruption of transmission with timelines.
 - c. Ensure the support from partners and WHO, needed to reach the milestone.
- vii. Plan for verification of interruption of transmission with timelines and responsible persons or departments.

Each country is encouraged to discuss their respective situation and one presentation is scheduled for the plenary session on the final day of presentation.

Reference materials for the group work:

- WHO Global Leprosy Strategy 2021–2030: towards zero leprosy (WHO, 2021);
- WHO guidance on interruption of transmission and elimination of leprosy disease (WHO, 2023);
- Leprosy care package – WHO guidance on interruption of transmission;
- Leprosy Elimination Monitoring Tool; and
- Leprosy Programme and Transmission Assessment Tool.

A suggested slide set for presentation during the plenary session is enclosed for discussion and use by national leprosy programmes.

Slide 1

Epidemiological situation –

Mapping of high-endemic pockets in one first-level subnational area for focusing implementation of national strategic plans with criteria used for mapping exercise.

Or

Criteria for prioritizing areas for implementing leprosy strategic plans.

Slide 2

Stake holder mapping – list of stakeholders and programmatic areas supporting the national programme.

Slide 3

Key gaps and challenges to implementing national programmes

Slide 4

Opportunities for integrating case-finding, treatment and preventive initiatives.

Advantages for skin – NTD approaches and health system strengthening approach

Slide 5

Status on preventive initiatives, e.g. contact tracing and screening for leprosy and single-dose rifampicin post-exposure prophylaxis

Slide 6

Successful innovations considered for introducing updated national plans

Slide 7

Next steps for updating national plans, costing activities and different components, and getting approval of the updated national strategic plan

Slide 8

Support required from WHO and partners

Venue: Breakout room

Participants (16): National programmes (10) WHO staff, experts and partners (6)

National leprosy programmes	WHO staff, experts and participants
Maldives	Dr Carolina Cardoso Da Silva Freire
Fiji	Monteiro
Saint Lucia	Dr Rie Yotsu
Vanuatu	Dr Sunil Modali
Cabo Verde (2)	Dr Benedict Okoe Quao
Guam	Dr Afework Hailemariam Tekle
Palau	Dr Mauricio Lisboa Nobre
Nauru	
Tuvalu	

Reference material for group work

- WHO (2021). Global Leprosy (Hansen Disease) Strategy 2021–2030: towards zero leprosy. <https://www.who.int/publications/i/item/9789290228509>.
- WHO (2023). Guidance on interruption of transmission and elimination of leprosy disease.
- Leprosy care package – WHO guidance on interruption of transmission.
- WHO (2023). WHO guidance on Leprosy Elimination Framework.
- WHO (2023). Leprosy Programme and Transmission Assessment Tool.

Breakout Group 2 – other countries close to interruption of transmission and elimination of leprosy disease

Facilitators: Dr Pemmaraju VRR, Dr Supriya Warusavithana

Island countries: Jordan, Armenia, Botswana, the United Arab Emirates, Bhutan, Uruguay, Algeria

Objective:

Review the existing leprosy situation and describe the preparatory steps to be taken by the countries to reach the goal of interruption of transmission or elimination of leprosy disease.

Group discussions are carried out under the following three topics for facilitating detailed discussions and timekeeping.

Topic 1 Review of the existing situation

(time suggested 9:00 am – 11:00 am)

Review of existing situation in terms of the following:

- i. Identify gaps and challenges – for reaching the milestone of interruption of transmission.
- ii. List opportunities to strengthen activities under the integrated health plan to reach the milestone.
- iii. Review the health system to identify opportunities for integrating leprosy services.
- iv. Review the existing health plan to discuss opportunities to strengthen:
 - a. surveillance for leprosy in an integrated approach;
 - b. referral system for implementing leprosy care package; and
 - c. data management systems to introduce web-based data management.

Topic 2 Preparation for verification of interruption of transmission

(time suggested 11:00 am – 12:30 pm)

- iii. Identify subnational areas eligible for verification (basing on epidemiological data).
- iv. Review the leprosy care package to:
 - a. ensure Stakeholder mapping to identify stakeholders with areas;
 - b. identify areas for strengthening in providing care; and
 - c. take actions to address stigma and discrimination.
- v. Integrated surveillance – skin NTD presentation
- vi. Preventive initiatives – current uptake of guidelines and plan introduction
- vii. Leprosy care package
- viii. Stigma reduction and rehabilitation.

Topic 3 Applying leprosy programme assessment tool

- i. Application of subnational data in the Leprosy Elimination Monitoring Tool:
 - a. entering one subnational-level data as an example;
- ii. Review of the LPTA table and identification:
 - a. Assess the existing status for each of the programmatic criteria to be verified.
 - b. List actions to be taken for preparing for verification of interruption of transmission with timelines.
 - c. Ensure support from partners and WHO, needed to reach the milestone.
- iii. Plan for verification of interruption of transmission with timelines and responsible persons or Departments.

Each country is encouraged to discuss their respective situation and one presentation will be made during the plenary session on the final day of presentation.

Reference material for the group work

- WHO (2021). Global Leprosy (Hansen Disease) Strategy 2021–2030: towards zero leprosy.
- WHO (2023). Guidance on interruption of transmission and elimination of leprosy disease.
- Leprosy care package – WHO guidance on interruption of transmission.
- Leprosy Elimination Monitoring Tool.
- Leprosy Programme and Transmission Assessment Tool.

A suggested slide set for presentation during the plenary session is enclosed for discussion and use by national leprosy programmes.

Slide 1

Epidemiological situation – with details of country, existing epidemiological situation.

New case detection for the past 10 years (national level)

Slide 2

Map or list of second-level subnational areas, **already reached** the epidemiological cut-off of interruption of transmission

Map or list of second-level subnational areas **close to reach** the epidemiological cut-off of interruption of transmission

Slide 3

Programmatic criteria for verification of interruption of transmission – status (presentation on one programmatic criteria to be made)

Slide 4

Programmatic criteria for verification of interruption of transmission – status (presentation on one programmatic criteria to be verified, e.g. political commitment/programme implementation/surveillance)

Slide 5

Key gaps and challenges to reaching the goal of interruption of transmission

Three key challenges to be identified with opportunities to address them

Slide 6

Draft Zero Leprosy Roadmap – for implementation

Slide 7

Steps to be taken by the national programme to reach the goal of interruption of transmission

Slide 8

Support needed from partners and WHO for the preparatory steps for verification of interruption of transmission

Venue: Breakout room

Participants: *National programme managers (7), WHO staff, experts and partners (8)*

National Programme Managers	WHO staff, experts and partners
Armenia	Ms Boingotlo Ramontshonyana
Bhutan	Dr Nayani Suryarachi
Botswana	Dr Patricia Deps
United Arab Emirates	Dr Gayane Ghukasyan
Uruguay,	Dr David Blok
	Mr Amar Bahadur Timalisina
	Ms Aya Tobiki

Reference material for group work

- WHO (2021). Global Leprosy (Hansen Disease) Strategy 2021–2030: towards zero leprosy. <https://www.who.int/publications/i/item/9789290228509>.
- WHO (2023). Guidance on interruption of transmission and elimination of leprosy disease.
- Leprosy care package – WHO guidance on interruption of transmission.
- WHO (2023). WHO guidance on Leprosy Elimination Framework.
- WHO (2023). Leprosy Programme and Transmission Assessment Tool.

Breakout Group 3 – group work on reviewing the existing situation and updating national strategic plans for island countries with high leprosy burden

Facilitators: Dr Vivek Lal, Dr Kazim Sanikullah

Island countries with high leprosy burden: Philippines, Trinidad and Tobago, Comoros, Kiribati, Micronesia (the Federated States of), the Republic of the Marshall Islands, Solomon Islands

Objective:

Review the existing situation and describe the steps to update the national strategic plans aligning with the Global Leprosy Strategy (2021–2030) and the NTD Roadmap 2030.

Group discussions to be carried out under three topics for facilitating detailed discussions and timekeeping.

Topic 1: Review of the existing situation

(time suggested 9:00 am – 10:30 am)

Review of the existing situation in terms of the following:

- a. current epidemiological situation;
- b. identifying gaps and challenges – drawing reference; and
- c. review of health system to identify opportunities for integrating leprosy services.

Topic 2: Updating the national plan

(suggested time 10:30 am – 12:30 pm)

Updating national strategic plans:

- a. strengthening partnerships – stakeholder map – way of doing it;
- b. integrated surveillance – skin NTD presentation;
- c. preventive initiatives – current uptake of guidelines and plan introduction;
- d. leprosy care package; and
- e. elimination of stigma.

Topic 3: Steps for updating national strategic plans

(suggested time 1:30 pm – 3:00pm)

Steps for updating national strategic plans:

- a. setting target adapting the Global Leprosy Strategy;
- b. steps for updating and efforts for costing;
- c. successful innovations to be included in the plans; and
- d. support from WHO and partners.

Each country is encouraged to discuss their respective situation and one presentation will be made during the plenary session on the fourth day of the consultation.

Template for presentation

A suggested slide set for presentation during the plenary session is enclosed for discussion and use by national leprosy programmes.

Slide 1

Epidemiological situation – mapping of high-endemic pockets in one first-level subnational area for focusing implementation of national strategic plans with criteria used for mapping exercise.

Or

Criteria for prioritizing areas for implementing leprosy strategic plans.

Slide 2

Stakeholder mapping – list of stakeholders and programmatic areas supporting the national programme

Slide 3

Key gaps and challenges to implementing national programmes

Slide 4

Opportunities for integrating case-finding, treatment and preventive initiatives

Advantages for skin NTD approaches and health system strengthening approach

Slide 5

Status on preventive initiatives, e.g. contact tracing and screening for leprosy and single-dose rifampicin post-exposure prophylaxis

Slide 6

Successful innovations considered for introducing updated national plans

Slide 7

Next steps for updating national plans, costing activities and different components, and getting approval of updated national strategic plan

Slide 8

Support required from WHO and partners

Venue: Breakout room

Participants (16):

National programme managers 10 and WHO staff, experts and participants (6)

National programme managers	WHO staff, experts and partners
Philippines Dr Raffy A Deray Dr Bayo S Fathunbi Comoros Dr Zahara Salim Dr Mzemba Aboubacar Kiribati Dr Erei Rimon Dr Temea Bauro Micronesia (The Federated States of) Dr Myeleen Ekiek Republic of the Marshall Islands Dr Ken Jetton Dr Cho Cho Thein Trinidad and Tobago Dr Mustaq Ali Syed	Dr Francesca Gajete Dr Nassuri Ahmada Dr Younosussa Asman Dr Cauchoix Bertrand Dr Arturo Cunanan Dr Mauricio Nobre, WHO TAG

Reference material for group work

- WHO (2021). Global Leprosy (Hansen Disease) Strategy 2021–2030: towards zero leprosy. <https://www.who.int/publications/i/item/9789290228509>.
- WHO (2021). Ending the neglect to attain the Sustainable Development Goals: a roadmap for neglected tropical diseases 2021–2030. <https://www.who.int/publications/i/item/9789240010352>.
- WHO (2023). Guidance on interruption of transmission and elimination of leprosy disease.
- Leprosy care package – WHO guidance on interruption of transmission.
- Presentation on template for national strategic plans – WHO TAG Meeting, 2021.

