Leprosy Programme and Transmission Assessment



Tool accompanying the Technical guidance on interruption of transmission and elimination of leprosy

World Health Organization

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Content

Abbreviations

5-QSI-CS	5-question stigma indicator for community stigma
CBR	community-based rehabilitation
CHW	community health worker
GIS	geographic information system
GPS	global positioning system
IEC	information, education, communication
G1D	grade 1 disability
G2D	grade 2 disability
LEMT	Leprosy Elimination Monitoring Tool
LPTA	Leprosy Programme and Transmission Assessment
MB	multibacillary
MDT	multidrug therapy
M. leprae	Mycobacterium leprae
MoU	Memorandum of Understanding
NCDR	new case detection rate

NGO	nongovernmental organization
NLP	national leprosy programme
NTD	neglected tropical disease
OPD	outpatient department
PB	paucibacillary
PEP	post-exposure prophylaxis
SDR	single-dose rifampicin
SOP	standard operating procedure
WHO	World Health Organization

Leprosy Programme and Transmission Assessment

1 Introduction

The Leprosy Programme and Transmission Assessment (LPTA) is an activity that is carried out by internal teams towards the end of Phase 1 (see Leprosy Elimination Framework in the Annex) when a subnational jurisdiction (typically second-tier) reaches the milestone for interruption of transmission, i.e., zero autochthonous child cases for a consecutive period of five years. It also needs to be done at the end of Phase 2, when the second milestone of elimination of leprosy disease has been reached. An LPTA will be carried out to document that all relevant programme criteria have been met and examine trends of epidemiological indicators in such jurisdiction to confirm that the milestone has been achieved. The LPTA includes assessment of health facilities that provide leprosy services. LPTA comprises of review of epidemiological data, health facility assessment and data validation and verification of the programme criteria through observation during a field visit. The evidence collected in this way in subnational health administrative units[1] is compiled in a Leprosy Elimination Dossier to be submitted to WHO when the country reaches the milestone for elimination of disease in the country as whole. Countries that have not detected any new leprosy cases in the past three years or more can use the LPTA at national level prior to or as part of the verification process. Countries likely to be among the first to apply for verification may have had no new cases detected for more than 10 years.

[1] In countries where leprosy has been concentrated in one or more specific jurisdictions only in the last 10 years, the requirement to conduct LPTA would only apply to these areas.

2 Two types of LPTA

Since the endemicity level is likely to be quite different at the end of Phase 1 from that at the end of Phase 2, two versions of the LPTA have been developed. The first is to be used at the end of Phase 1 and during Phase 2, mainly at the subnational level. The second version is to be used at the end of Phase 2 at the national level when a country requests WHO to carry out external verification of elimination. The subnational LPTA may of course be used at any time during Phase 1, should a country wish to do so, but its main goal is to ascertain adequate programme services when the criterion for interruption of transmission has been achieved. The national-level LPTA may also be used during the Post-elimination phase (Phase 3). The LPTA templates included below may be used separately and printed like a form to be filled in.

2.1 LPTA for use at the end of Phase 1 and during Phase 2 at subnational level

2.1.1 Assessment of the programme criteria

Several criteria in Table 1 relate to the wider leprosy programme rather than individual health facilities and are also applicable to the subnational level, for example, political commitment, allocation of trained health staff, awareness of leprosy in the population, and availability of a surveillance and data management system. These criteria also need to be assessed during an LPTA.

2.1.2 Review of epidemiological data

Epidemiological analysis through review of data at second subnational level is to be done over a period of 10-20 years. The data should be presented as trends for the indicators listed in Chapter 6 in the Technical guidance on interruption of transmission and elimination of leprosy. The data should also be presented in the format of the Leprosy Elimination Monitoring Tool (LEMT) used for analysis of leprosy elimination phases – i.e., new child cases and total cases separately for subnational tiers. Please see the examples presented for Maldives and Morocco in the Annexes of the Technical guidance. These data can easily be linked to serial country maps, showing the evolution from pre-interruption to interruption of transmission to elimination of leprosy disease.

Information and data, if any, on (potential) zoonotic or environmental sources of transmission should also be reviewed.

2.1.3 Data validation through a field visit

A field visit is included in the LPTA to validate a sample of the epidemiological data provided, as there is currently no objective test available to confirm the level of infection in the community. The number of health facilities to be visited in a given subnational unit should be determined in consultation with an epidemiologist and the local health authorities.

2.1.4 Health facility assessment

Health facility assessment will be carried out in the health facilities visited to verify that the facility-linked criteria have been met (see Table 1), such as availability of diagnostic services, knowledge and skills of staff, treatment with MDT and the data management system, at health facilities providing treatment for the patients. Services for disability prevention and management and measures to reduce stigma and improve mental health will also be assessed, as also the availability of a mechanism for referral to more specialised facilities for patients whose complications or disabilities cannot be managed at the peripheral level.

2.1.5 Data on zoonotic and environmental sources of leprosy

Where relevant, like in countries where 9-banded armadillos are endemic, data on zoonotic transmission and environmental sources of M. leprae should be reviewed and taken into account.

2.2 LPTA for use at the end of Phase 2 at national level

2.2.1 Assessment of the programme criteria

Similar to the LPTA for use at subnational level, the extent to which the programme-wide criteria have been met should be assessed (see Table 2 for details on indicators and targets). However, given that no new cases are detected regularly at this stage, the level of leprosy control activities is expected to be much lower at this stage. This national-level LPTA is therefore shorter than the subnational level LPTA. The other components of the LPTA are the same as described under Section 2.1.

2.2.2 Review of epidemiological data

National level epidemiological data are reviewed over a period of 10–20 years. The data should be presented as trends for the indicators listed in Section 2.2. The data should also be presented in the format of the Leprosy Elimination Monitoring Tool used for analysis of leprosy elimination phases – i.e., new child cases and total cases separately for subnational tiers. Please see the examples presented for Maldives and Morocco in the Annexes of the Technical guidance document. These data can easily be linked to serial country maps, showing the evolution from pre-interruption to interruption of transmission to elimination of leprosy disease.

Template for a Leprosy Programme and Transmission Assessment

1. LPTA for use at the end of Phase 1 and during Phase 2 at subnational level

An LPTA comprises a leprosy programme review during a multistakeholder workshop that represent relevant leprosy services and facilities and other relevant sectors, representatives of persons affected, NGOs involved in leprosy work, representatives from the private sector and other relevant partners. During the review, the LPTA tool in Table 1 is completed. In addition, epidemiological data are reviewed and discussed. A field visit is done of selected health facilities offering leprosy services in the administrative unit that is reviewed (district/municipality or province/state) to verify the information gathered during the workshop. The number of health facilities to be visited, depends on the number available in the jurisdiction. The aim is to assess at least 2-3 facilities. If the LPTA is done at district or municipality level, these will be PHC-level health facilities. If the assessment is done at provincial or state level, first a number of districts or municipalities will be selected for a visit. Both rural and urban areas should be considered.

The field visit includes a health facility assessment during which the facility-linked criteria in Table 1 are assessed (marked in red).

Table 1: Programme criteria to be assessed during a Leprosy Programme and Transmission Assessment at subnational level at the end of Phase 1 or during Phase 2

Leprosy Programme and Transmission Assessment tool - for use at the end of Phase 1 and during Phase 2 at the subnational level			
Interventions/services	**Indicators/milestones (and targets where relevant)**	**Sources of information**	**Level of achievement**
District/municipality or province/state assessed:			
Political commitment			
Country-owned national strategic plan adapting global leprosy strategy 2021-2030/ NTD* roadmap 2030 and plans for subnational implementation	National strategic plan/national health plan to achieve interruption of transmission and elimination of leprosy disease available with resource allocation for the strategic plan	Perusal of national strategic plan Multistakeholder consulation	Yes/No

Interventions/services	Indicators/milestones (and target where relevant	Sources of information	Level of achievement
	A health plan providing for an integrated leprosy case detection and treatment services is available		Yes/No
	Algorithms/standard operating procedures (SOPs) for diagnosis, management, prevention, rehabilitation including care of disabilities are available		Yes/No
	National health plan has a focus on training to sustain expertise in leprosy and programme management		Yes/No
	A well-defined referral system from community to a sentinel centre/centre of excellence/referral unit is in place[2]		Yes/No
	Drug procurement and supply chain management are in place (relevant to leprosy)		Yes/No
	Advocacy materials (e.g. investment case for elimination of leprosy; information booklets, infographics and videos) are available for sensitizing policy makers at subnational level are available		Yes/No
Enabling environment for persons affected by leprosy	Existing laws/policies/traditional practices/regulations that allow discrimination against persons affected by leprosy	Report on existing laws that allow discrimination against persons affected by leprosy	Yes/No/Work in progress
	Number of instances of discrimination reported		Numer reported
	Social support e.g. entitlements, pension/ welfare schemes for persons with disability include persons affected by leprosy	Discussion at national level	Yes/No
Participation of stakeholder	CSOs*, organisations of persons affected by leprosy or disability, NGOs*, private practitioners, academia participate in programme planning and management	Meeting minutes/ MoU*	Yes/No
	Associations of persons affected by leprosy exist and participation is ensured		Yes/No

[2] An institution where facilities such as for training, surveillance, provision of specialized care for leprosy are available at suitable level (at least one per country)

Interventions/services	Indicators/milestones (and target where relevant	Sources of information	Level of achievement
Programme implementation			
Integration of leprosy into general health services (suspect, diagnose and treat leprosy at subnational units and/or refferal centres)[3]	Leprosy care package and prevention activities are implemented in integrated manner	Reports, HIS*, health facility assessment	Yes/No/Available
	Referral unit with facilities to suspect, diagnose and treat leprosy are available	SOPs	Yes/No
Training of health staff (leprosy-specific or integrated with NTDs* or other programs)	Training status of health workers at designated level (health centres and referral units)	Certificate/evidence of training from self-learning/ national/WHO accredited courses	Yes/No
Awareness about leprosy	Awareness campaigns- media	Information circulars/communication materials	Yes/No
	Level of awareness in the general community and among traditional healers and opinion leaders	Interview/discussion with general community	Yes/No
Leprosy care package for treatment and management of complications	Diagnosis, treatment of patients, management of reactions and prevention and care of disabilities are in line with SOP*[4]	SOP* Observation and discussions during health facility assessment	Yes/No
	Drugs required to manage leprosy and reactions are available		Yes/No
Referral mechanism[5] for diagnosis and treatment of leprosy and rehabilitation for persons with leprosy-related disabilities and for mental health care	Referral mechanism with designated levels from community to apex/sentinel/referral unit in place	Observation and discussions during health facility assessment	Yes/No
	People with leprosy-related disabilites who received assistive technology devices or other rehabilitation services	Reports	Number/Year
Contact tracing	Proportion of cases for whom contact tracing was undertaken (for patients registered in the past five years) (Target: >80%)	Patient cards, registers, HIS*	Percentage
	Proportion of contacts examined (Target: >80%)		

[3] Health-facility linked criteria are shown in red. These are best assessed during a health facility assessment.
[4] Implementation of leprosy package of care – verifying adoption of standard operating procedures and observation during health facility assessment
[5] Referral mechanism should be part of leprosy care package and contain details of diagnosis, treatment, management of complications, disability care and rehabilitation. This will be verified through health facility assessment and reported under referral mechanism. The SOPs should have reference to this for verification.

Interventions/services	Indicators/milestones (and target where relevant	Sources of information	Level of achievement
Administration of single dose rifampicin (SDR) to eligible contacts as post-exposure prophylaxis (PEP)	Adoption of SDR-PEP* in guidelines Proportion of eligible contacts who received SDR (Target: >95%)	Health plan Records, registers, HIS	Yes/No Percentage
Reduction of leprosy-related stigma in communities and among health worker	Leprosy-related stigma in communities and among health workers is monitored (using tools such as 5-QSI-CS*)	Reports Observation	Yes/No
Surveillance			
Data management system	A digital data management system is in place Reporting is done at subnational level (including zero case reports)	Observation Reports	Yes/No
Mapping of new autochthonous leprosy patients	New autochthonous leprosy patients have been geographically mapped (Target: >90%)	Reports, HIS*	Yes/No
Screening of contacts (household, neighbour and social contacts	Number of contacts listed per index patient (as per the national plan)	Reports, HIS* SOP	Number
Screening of persons with suggestive signs of leprosy in skin OPD*/health centres and skin camps	Persons not found to have leprosy among persons screened with signs suggestive of leprosy Leprosy is included as one of the diseases in migrant or displaced persons health screening and care programmes	Records and reports SOP	Number Yes/No
Sentinel surveillance and/or passive surveillance	Sentinel centre/apex centre/centre of excellence/referral unit[6] with staff trained to diagnose and manage leprosy is available at an appropriate level (district/municipality or state/province)	Observations Records and reports Discussion	Leprosy cases (child/adult; autochthonous/ non-autochthonous)
Management of sporadic child cases in Phase 2 and adult cases in Phase 3	Critical instance investigation of sporadic (child cases in Phase 2) cases	Records and reports SOPs	Yes/No

[6] An institution where facilities such as for training, surveillance, provision of specialized care for leprosy are available at suitable level (at least one per country)

Interventions/services	Indicators/milestones (and target where relevant	Sources of information	Level of achievement
Monitoring, supportive supervision and Evaluation	A monitoring, supportive supervision system is in place	Observation Information Records	Yes/No
	Progress in leprosy elimination is monitored at the subnational level using the LEMT*	SOPs	Yes/No
	Programme services are monitored using the LPTA*		Yes/No
Involvement of private practitioners	Private practitioners are involved in treating of complications of leprosy and disabilities of eyes, hands and feet	Reports from private practitioners, discussion	Yes/No
Surveillance through involvement of pharmacists and chemists	Availability of over-the-counter leprosy drugs used in treatment of leprosy	Discussions observations	Yes/No
Monitoring of anti-microbial resistance (AMR)	System in place to test for possible drug resistance	Reports, observation	Yes/No
	Number of relapse cases tested	HIS*	Number
Pharmacovigilance system to monitor adverse drug reactions	Pharmacovigilance system in place	Reports Observation	Yes/No

* See Abbreviations

1.1 Review of epidemiological data

Epidemiological analysis through review of data at second subnational level is to be done over a period of 10–20 years. The data should be presented as trends for the indicators listed in Chapter 6 in the Technical guidance on interruption of transmission and elimination of leprosy.

1.1.1 Interruption of transmission

- New case rate among children
- Number of new autochthonous child cases (<15 years of age) detected
- (Trend in) MB percentage among new cases

1.1.2 Elimination of leprosy disease

- Number of new autochthonous cases detected
- New case detection rate (autochthonous cases only)
- Proportion of foreign-born among total new cases detected
- Rate of new cases with Grade- 2 disability
- Prevalence rate

1.2 Leprosy elimination data by subnational area in the Leprosy Elimination Monitoring Tool

The data should also be presented in the format of the Leprosy Elimination Monitoring Tool (LEMT) used for analysis of leprosy elimination phases – i.e., new child cases and total cases separately for subnational tiers. These data can easily be linked to serial country maps, showing the evolution from pre-interruption to interruption of transmission to disease elimination and eventually completion of ten years post-elimination surveillance. See Annex 2 in the Technical guidance for examples of how this was done with examples presented for Maldives and Morocco.

1.3 Data validation through field surveys

A field visit is included in the LPTA to validate a sample of the epidemiological data provided, as there is currently no objective test available to confirm the level of infection in the community. The number of health facilities to be visited in a given subnational unit should be determined in consultation with an epidemiologist and the local health authorities.

1.4 Health facility assessment

Health facility assessment will be carried out in the health facilities visited to verify that facility-linked criteria have been met (see Table 1), such as availability of diagnostic services, knowledge and skills of staff, treatment with MDT and the data management system, at health facilities providing treatment for the patients. Services for disability prevention and management and measures to reduce stigma and improve mental health will also be assessed, as is the availability of a mechanism for referral to more specialised facilities in case complications and disabilities cannot be managed at the peripheral level.

1.5 Data on zoonotic and environmental sources of leprosy

Where relevant, like in countries where 9-banded armadillos are endemic, data on zoonotic transmission and environmental sources of *M. leprae* should be reviewed and taken into account.

2. LPTA for use at national level at the end of Phase 2

2.1 Assessment of the programme criteria

An LPTA comprises a leprosy programme review during a Multistakeholder workshop that represent relevant leprosy services and facilities and other relevant sectors, representatives of persons affected, NGOs involved in leprosy work, representatives from the private sector and other relevant partners. During the review, the LPTA for use at the end of Phase 2 is completed. In addition, epidemiological data are reviewed and discussed. A field visit is conducted in selected provinces/states to verify the information gathered during the workshop.

The number of health facilities to be visited, depends on the number available in the area of country. The aim is to assess at least 2–3 facilities. If the LPTA is done at district or municipality level, these will be PHC-level health facilities. If the assessment is done at provincial or state level, first a number of districts or municipalities will be selected for a visit.

The field visit includes a health facility assessment during which the facility-linked criteria in Table 4 are assessed (marked in red).

Table 2: Programme criteria to be assessed during a Leprosy Programme and Transmission Assessment the end of Phase 2

Leprosy Programme and Transmission Assessment tool - national level (end of Phase 2)			
Interventions/services	**Indicators/milestones and target (where relevant)**	**Sources of information**	**Level of achievement**
Country-owned national strategic plan adapting global leprosy strategy 2021-2030/ NTD* roadmap 2030	National strategic plan/national health plan to achieve interruption of transmission and elimination of leprosy disease available with resource allocation	Perusal of national strategic plan Multistakeholder consultation	Yes/No
	A health plan providing for an integrated leprosy case detection and treatment services is available		Yes/No
	Availability of algorithms/standard operating procedures (SOPs) for diagnosis, management, prevention, rehabilitation including care of disabilities		Yes/No

Leprosy Programme and Transmission Assessment tool - national level (end of Phase 2)			
Interventions/services	**Indicators/milestones and target (where relevant)**	**Sources of information**	**Level of achievement**
	National health plan with focus on training to sustain expertise in leprosy and programme management		Yes/No
	A well-defined referral system from community to a sentinel centre/centre of excellence/ referral unit is in place[7]		Yes/No
	Drug procurement and supply chain management are in place (relevant to leprosy)		Yes/No
	Advocacy materials (e.g. investment case for elimination of leprosy; information booklets, infographics and videos) are available for sensitizing policy makers at national and subnational level	Review of advocacy materials available	Yes/No
Enabling environment for persons affected by leprosy	Existing laws/policies/traditional practices/ regulations that allow discrimination against persons affected by leprosy	Report on existing laws that allow discrimination against persons affected by leprosy	Yes/No/work in progress
	Number of instances of discrimination reported		Number reported
	Social support e.g. entitlements, pension/ welfare schemes for persons with disability include persons affected by leprosy		Yes/No
	UN Principles and Guidelines[8] are available in the national language (for signatory countries)		Yes/No
	Positive norms or regulations exist to facilitate social inclusion of persons affected by leprosy		Yes/No

[7] An institution where facilities such as for training, surveillance, provision of specialized care for leprosy are available at suitable level (at least one per country)

[8] United Nations. Principles and Guidelines for the elimination of discrimination against persons affected by leprosy and their family members. UN Digital Library (https://digitallibrary.un.org/record/684458?ln=en, accessed 16 June 2023)

Leprosy Programme and Transmission Assessment tool - national level (end of Phase 2)			
Interventions/services	**Indicators/milestones and target (where relevant)**	**Sources of information**	**Level of achievement**
Programme implementation			
Integration of leprosy into general health services	Integrated case finding, leprosy care package and prevention activities implemented	Programme reports,	Yes/No
Training of health staff (leprosy-specific or integrated with NTDs or other programmes)	Training status of health workers (Target: at least one leprosy-trained health worker in each designated facility)	HIS*, facility-based assessment	Yes/No
Leprosy care package for treatment and management of complications is implemented	Diagnosis, WHO recommended standard of care for treatment of patients, management of reactions and prevention and care of disabilities practices in line with SOPs[9]*	Availability of care package and SOPs*	Yes/No
	Drugs required to manage leprosy are available	Observation, discussions, health facility assessment	Yes/No
Referral mechanism	Referral mechanism with designated levels from community to apex/sentinel/referral unit to be verified	Observation, discussions, health facility assessment	Yes/No
Contact tracing	Proportion of cases for whom contact examination (for patients registered for the past five years) was undertaken (Target >80%)	Patient cards, registers, HIS*	Percentage
	Proportion of contacts of patients examined (Target: >80%)		
Administration of single dose rifampicin (SDR) to eligible contacts as post-exposure prophylaxis (PEP)	Adoption of SDR-PEP* in guidelines	Health plan	Yes/No
	Proportion of eligible contacts who received SDR-PEP* (Target: 95%)	Records, registers, health information system	Percentage
Awareness about leprosy	Awareness campaigns- media	Information circulars and/or communication materials	Yes/No
	Level of awareness in the general community and among traditional healers and opinion leaders	Discussion with general community	Good/moderate/poor

[9] Implementation of leprosy package of care – verifying adoption of standard operating procedures and observation during health facility assessment

Leprosy Programme and Transmission Assessment tool - national level (end of Phase 2)			
Required interventions/services	**Indicators/milestones and target**	**Sources of information**	**Level of achievement**
Surveillance			
Sentinel surveillance and passive surveillance	Sentinel centre/apex centre/centre of excellence/referral unit[10] with staff trained to diagnose and manage leprosy is available at an appropriate level (district/municipality or state/province)	Observation, records and reports, discussion	Leprosy cases (child/adult; autochthonous/ non-autochthonous)
Screening of persons with suggestive signs of leprosy in skin OPD*/health centres and skin camps	Persons not found to have leprosy among persons screened with suggestive signs of leprosy Leprosy screening is included as one of the diseases in migrant or displaced persons health screening and care programmes	Records and reports, health information system	Number
Management of sporadic cases	Mapping of sporadic cases Critical instance investigation of sporadic cases is done	Records and reports	Yes/No
Involvement of private providers	Private practitioners are involved in treating leprosy complications and disabilities of eyes, hands, and feet	Reports from private practitioners, discussion	Yes/No
Surveillance through involvement of pharmacists and chemists	Availability of over-the-counter leprosy drugs used in treatment of leprosy	Reports, discussions, observations	Yes/No
Data management system	Reporting is done at subnational level (including zero case reports)	Reports	Yes/No

[10] An institution where facilities such as for training, surveillance, provision of specialized care for leprosy are available at suitable level (at least one per country)

* See Abbreviations

2.2 Review of epidemiological data

Epidemiological analysis through review of data at second subnational level over a period of 10-20 years. The data should be presented as trends for the indicators listed in Chapter 6 in the Technical guidance on interruption of transmission and elimination of leprosy.

2.2.1 Interruption of transmission

- New case rate among children
- Number of new autochthonous child cases (<15 years of age) detected
- (Trend in) MB percentage among new cases

2.2.2 Elimination of leprosy disease

- Number of new autochthonous cases detected
- New case detection rate (autochthonous cases only)
- Proportion of foreign-born among total new cases detected
- Rate of new cases with Grade- 2 disability
- Prevalence rate

2.3 Leprosy elimination data by subnational area in the Leprosy Elimination Monitoring Tool

The data should also be presented in the format of the Leprosy Elimination Monitoring Tool (LEMT) used for analysis of leprosy elimination phases – i.e., new child cases and total cases separately for subnational tiers. These data can easily be linked to serial country maps, showing the evolution from pre-interruption over interruption of transmission to disease elimination and eventually completion of ten years post-elimination surveillance. See Annex 2 in the Technical guidance for examples of how this was done with examples presented for Maldives and Morocco.

2.4 Data validation through field surveys

A field visit is included in the LPTA to validate a sample of the epidemiological data provided, as there is currently no objective test available to confirm the level of infection in the community. The number of health facilities to be visited in a given subnational unit should be determined in consultation with an epidemiologist and the local health authorities.

2.5 Health facility assessment

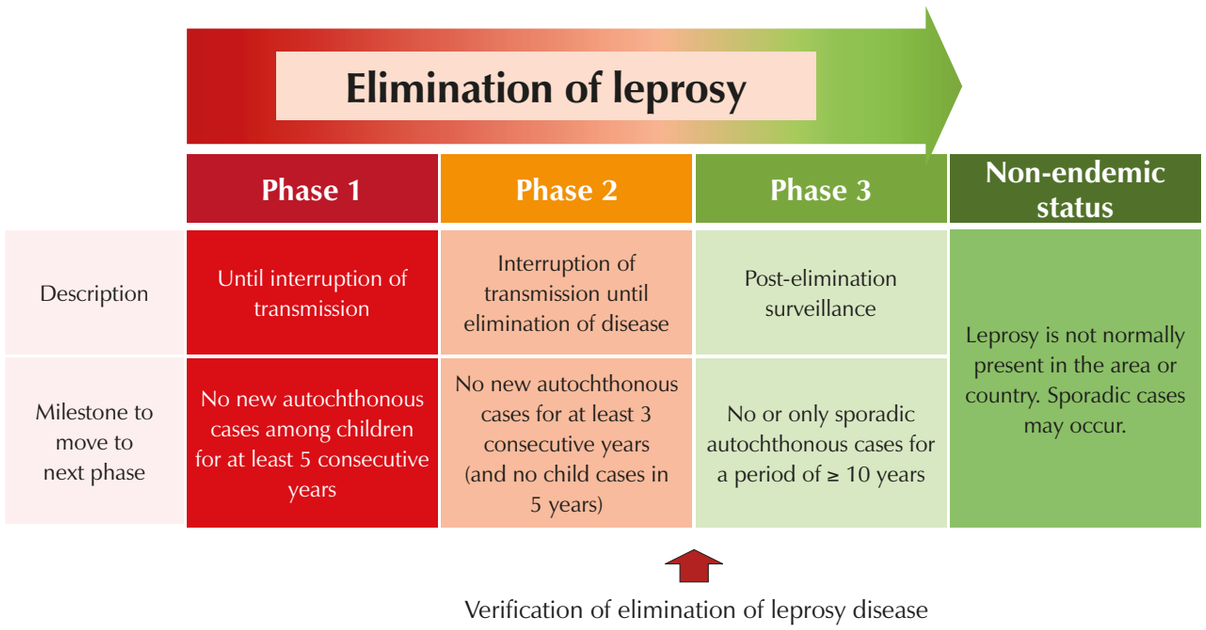
Health facility assessment will be carried out in the health facilities visited to verify that the facility-linked criteria have been met (see Table 1), such as availability of diagnostic services, knowledge and skills of staff, treatment with MDT and the data management system, at health facilities providing treatment for the patients. Services for disability prevention and management and measures to reduce stigma and improve mental health will also be assessed, as is the availability of a mechanism for referral to more specialised facilities in case complications and disabilities cannot be managed at the peripheral level.

2.6 Data on zoonotic and environmental sources of leprosy

Where relevant, like in countries where 9-banded armadillos are endemic, data on zoonotic transmission and environmental sources of *M. leprae* should be reviewed and taken into account.

Annex

Leprosy Elimination Framework

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