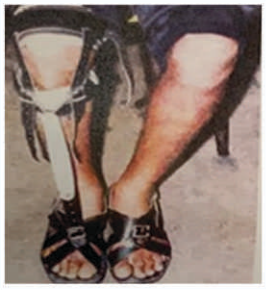
ANNUAL REPORT 2020

Anti Leprosy Campaign Sri Lanka



Ministry of Health Nutrition and Indigenous Medicine – Sri Lanka

ANNUAL REPORT 2020

Anti-Leprosy Campaign

Ministry of Health Sri Lanka

Contents

PREFACE

Sri Lanka had successfully achieved the elimination of Leprosy in 1995 as a result of the successful implementation of a social marketing campaign along with Multi Drug Therapy (MDT). However, annually around 2000 new cases of Leprosy are detected in Sri Lanka and it continues to be a burden to health sector. The National Leprosy Strategy 2021-2025 was created to address the requirements of Leprosy eradication with the consideration of WHO global strategies and National Health Policies.

Successes and failures of the National Leprosy Strategy 2021- 2025 could be evaluated at the end of 2025, formulating a vision for the future. Through the achievements of the previous national strategy, it was possible to conclude that eradication of Leprosy should be the next viable goal for the country. The main goals of the National Leprosy Strategy 2021 – 2025 are improvements in patient contact tracing, upgrading systematic mapping with the establishment of a practical online system, and the improvements of disability management by providing sufficient prosthetic devices and rehabilitative therapy. Also, reduction of stigma and discrimination associated with Leprosy were achieved by implementing island wide Leprosy awareness programmes, reintegration of former Leprosy patients and innovative approaches focusing on children, women and other vulnerable populations. The new strategy to be implemented was developed over several months through an interactive consultation process involving all stakeholders including national and foreign public health consultants, communication specialists, curative sector specialists, field sector staff, rehabilitative managers, NGOs, patient representatives and community leaders. Despite the difficulties in the midst of the COVID-19 pandemic, several consultation sessions were arranged to formulate the National Strategic Plan. The integration of resources from other specialized campaigns of Neglected Tropical Diseases, arranging Leprosy associated research in the areas of drug resistance and adverse reactions and improvements of the online system of patient data logging are some of the key points mentioned in the strategy in view of accelerating towards a Leprosy free Sri Lanka.

Dr. (Mrs.) Champa Aluthweera
Director
Anti-Leprosy Campaign

Abbreviations

ALC	-	Anti-Leprosy Campaign
BH	-	Base Hospital
CBO	-	Community Based Organization
CLC	-	Central Leprosy Clinic
CMC	-	Colombo Municipal Council
CCP	-	Consultant Community Physician
D/ALC	-	Director, Anti Leprosy Campaign
DDG	-	Deputy Director General
GH	-	General Hospital
GLP	-	Global Leprosy Programme
HDI	-	Human Development Index
IEC	-	Information, Education and Communication
IPF	-	Individual Patient Form
IT	-	Information Technology
MB	-	Multibacillary
MDT	-	Multi Drug Therapy
MLT	-	Medical Laboratory Technologist
MO	-	Medical Officer
MoH	-	Ministry of Health
MOOH	-	Medical Officers of Health
MoU	-	Memorandum of understanding
MSD	-	Medical Supplies Division
NGO	-	Non Governmental Organization
NHSL	-	National Hospital of Sri Lanka
NTD	-	Neglected Tropical Disease
PALs	-	Persons Affected with Leprosy
PB	-	Paucibacillary
PHI	-	Public Health Inspector
PHI/LC	-	Public Health Inspector Leprosy Control
PHLT	-	Public Health Laboratory Technologist
PoD	-	Prevention of Disability
RDHS	-	Regional Director of Health Services
RE	-	Regional Epidemiologist
SMI	-	School Medical Inspection
SLCD	-	Sri Lanka College of Dermatologists
SSS	-	Slit Skin Smear
WHO	-	World Health Organization

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1. INTRODUCTION

The year 2020 was filled with efficient leprosy control activities carried out by Anti Leprosy Campaign (ALC) Sri Lanka, although the novel Coronavirus pandemic (COVID-19) emerged in December 2019 and became a global catastrophe throughout the following year. During this time period while the entire world was becoming more aware of the significance of epidemiology and preventive healthcare, leprosy control activities were carried out successfully in 2020.

In 1954, ALC was formed under Department of Health along with several other campaigns. ALC functions as a vertical programme, being responsible for all leprosy related activities in Sri Lanka. ALC directorate functions under guidance of Deputy Director General - Public Health Services I (DDG- PHS1) for the last several decades.

Main functions of ALC include formulating policies, programme planning, programme implementation, collection and dissemination of information related to leprosy and research to improve the evidence base for disease control.

This report presents data collected primarily from the Individual Patient Forms (IPF) which were uploaded by specially trained Public Health Inspectors/ Leprosy Control (PHI/LC) in districts to the ALC database and from annual returns of leprosy statistics recorded from all health institutions and client level programme managers in the country. It provides information on epidemiology of leprosy and documented programmatic efforts to control the disease in Sri Lanka.

All leprosy patients are treated and followed up by the government dermatology clinics in the country and such clinics are usually run at hospitals with services of a Consultant Dermatologist (i.e. base hospital level and above). Central Leprosy Clinic (CLC) is the treatment providing arm of the ALC and is situated at National Hospital Sri Lanka (Room number 12), Colombo that provides services to all leprosy patients in the country as a walk-in clinic. IPFs are filled by the MO / Consultant Dermatologists at the time of diagnosis and each patient is notified to the ALC. Notification is routinely handled by district PHI/LC who collect IPF from CLC or from clinics in districts and upload data to the ALC data base. PHI/ LC attached to ALC verifies and processes data at central level under the guidance of technical experts at ALC. In addition, district PHI/LC and range PHI conduct and facilitate awareness programs, contact screening, house to house surveys, community screening clinics and reports to ALC.

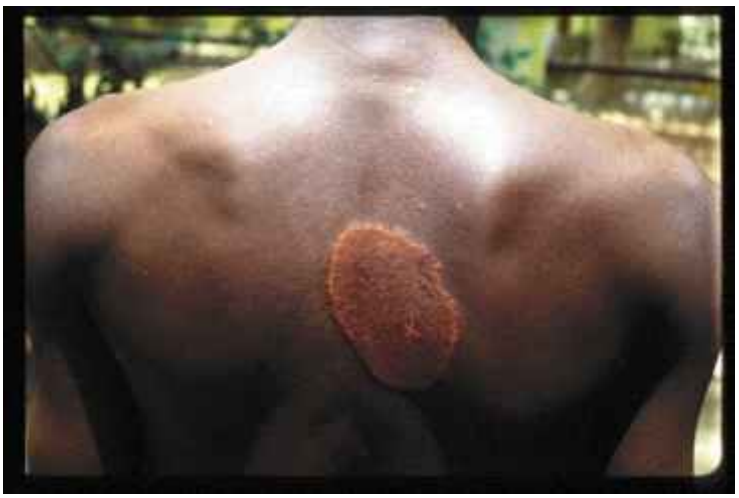
Multi-Drug Therapy (MDT) is available only in government dermatology clinics in the country providing free access to treatment for both rich and the poor. MDT stocks in the country are managed by the Chief Pharmacist at ALC and are provided through Medical Supplies Division (MSD).

Disabilities due to leprosy are detected at the time of diagnosis and during the course of treatment. The patients who are affected by disabilities are referred by the Consultant Dermatologists to Rheumatologists, Neurologists and Physiotherapists for specialized management.

1.1 What is Leprosy?

Leprosy is a chronic infectious disease caused by a bacteria named *Mycobacterium leprae*. The disease mainly affects the skin and the peripheral nerves causing significant deformity if not treated early. The disease is also known as Hansen's disease, named after the person who discovered the bacillus in 1873. The incubation period of the disease can be very long (5-20 years) and it is as one of the few diseases with such extensive incubation periods. The disease is widely assumed to be spread via the respiratory system through nasal droplets. Leprosy occurs more commonly among those living in poverty. Contrary to popular belief, leprosy is not very contagious. The two main forms of the disease, Paucibacillary (PB) type and Multibacillary (MB) type are characterized by the number of bacilli present in the body following the infection.

Leprosy is completely curable with MDT. PB patients are given Dapsone and Rifampicin for 6 months, while MB patients are given Dapsone, Rifampicin and Clofazimine for 12 months. This treatment is provided free of charge by the government dermatology clinics of the Ministry of Health where Consultant Dermatologists are present.



1.2 History of Leprosy

During the Dutch reign in Sri Lanka, leprosy was identified as an infectious disease. Since there was no available treatment, patients were segregated from the community as the only possible preventive method. In 1708, the first leprosy hospital was established in Hendala which is situated just outside the northern border of Colombo city. Second leprosy hospital was established later by the British in Manthivu, which is an island in Batticaloa district. Hendala hospital is still functioning and had 35 in-ward patients affected with leprosy at the end of the year 2020.

During the British rule, compulsory segregation of leprosy patients was carried out as enacted in Lepers Ordinance No. 4 of 1901. In early 1940s, use of Dapsone was started which was found to be effective against *Mycobacterium leprae*, the causative acid-fast bacilli.

In 1954, Anti-Leprosy Campaign was formed under the Department of Health along with several other campaigns. Anti-Leprosy Campaign functions as a vertical programme being responsible for all leprosy related activities in Sri Lanka including diagnosis, management, rehabilitation and control strategies.

By 1983, scientific evidence suggested that Dapsone alone was not effective against leprosy as the bacteria was developing resistance to the drug. Hence MDT was started in Sri Lanka.

Another important landmark of leprosy control in Sri Lanka was the successful social marketing campaign which was launched in 1989. As a result, significant improvements were observed in awareness with a decline in stigma and discrimination in society towards leprosy affected persons. This led to a lot of patients presenting themselves to healthcare facilities for diagnosis and treatment. Social marketing campaign contributed to achieving the elimination target which was set up by the WHO at the national level in 1995 (less than 1 case per 10,000 population).

In 2001, leprosy control activities were integrated to the General Health Services and the Regional Epidemiologists (RE) were trained at the district level for surveillance and control. Leprosy was made a notifiable disease in 2013 to ensure prompt identification of leprosy cases among contacts, improve the follow-up mechanism at the field level and to trace the defaulters more efficiently. Leprosy Post-Exposure Prophylaxis pilot study was initiated in November 2015 in Puttalam and Kalutara Districts with many other participating countries. Contact tracing at the MOH level was started island wide in 2015 with the launching of an online database for disease surveillance activities in 2016. Anti-Leprosy Campaign Website was launched in 2016 to keep leprosy on top of the health agenda. The National Inter-Faith Conference was held in 2017 to increase the awareness of all religious leaders about leprosy.

2. ANTI - LEPROSY CAMPAIGN

The directorate of Anti-Leprosy Campaign consists of,

- Director's Office at Welisara
- Central Leprosy Clinic at NHSL OPD (Room No 12)
- Leprosy Hospital at Hendala

2.1 Director's Office at Welisara

Administration branch of the ALC is the main office where all the administrative duties are conducted. This office handles the finance and staff management as in an ordinary government office. Technical aspects of disease control is carried out by the Director and Consultant Community Physician, with the support of Medical Officers, PHI and other staff.

2.2 Central Leprosy Clinic

Central Leprosy Clinic functions under the ALC as a walk-in clinic and provides comprehensive care including diagnosis, treatment, skin smear testing, physiotherapy, counselling services and wound care. Persons Affected with Leprosy (PALs) are provided with needed splints and gutters, specially made shoes and ulcer care kits. This clinic functions under a Consultant Dermatologist who supervises the treatment services.

2.3 Leprosy Hospital Hendala

Leprosy Hospital Hendala, established in 1708, is one of the earliest civil hospitals in Sri Lanka. It currently functions under the administration of the Anti-Leprosy Campaign. In the past, this hospital was the main referral center for patients with complications and for those who needed rehabilitation. It also functioned as the main operational center for field activities prior to establishment of the new units.

From 1982, routine admission to the Leprosy Hospital was completely ceased since the introduction of MDT. However, some patients who had been admitted previously still remain in the hospital. The hospital now provides in ward services to patients with permanent deformities and to those who were admitted when treatment was not available.

3. GLOBAL AND COUNTRY STRATEGIES IN CONTROLLING LEPROSY AND 'NATIONAL LEPROSY STRATEGY 2016 - 2020'

3.1 Enhanced Global Strategy for Further Reducing the Disease Burden Due To Leprosy 2011- 2015

The 'Enhanced Global Strategy for Further Reducing the Disease Burden due to leprosy: 2011-2015' was formulated as an extension of WHO's strategy of 2006 - 2010. It offered multiple opportunities to reform joint actions and enhance global actions to address the remaining challenges to reduce the disease burden due to leprosy and its impact on persons affected by leprosy and their family members.

3.2 Global Leprosy Strategy 2016 - 2020: "Accelerating Towards a Leprosy - free World"

The Global Leprosy Strategy 2016–2020 aims at accelerating action towards a leprosy-free world. It is based on the principles of initiating action, ensuring accountability and promoting inclusion. Initiating action involves the developing of country-specific plans of action. Ensuring accountability will be achieved by strengthening monitoring and evaluation in all endemic countries in order to objectively progress towards achieving targets.

Promoting inclusion can be supported through establishing and strengthening partnerships with all stakeholders, including persons or communities affected by the disease. The global strategy fits within the WHO aim to provide Universal Health Coverage with its focus on children, women and vulnerable populations. It will also contribute towards reaching Sustainable Development Goal 3, achieving health and well being for all by 2030.

3.3 ILEP Strategy 2015 - 2018: Achieving a World Free From Leprosy

This strategy was developed in 2015 with the following purposes in mind. Combining forces to achieve a world free from leprosy, expand partnerships, track progress and promote learning and accelerate efforts with urgency to reduce the number of people suffering from leprosy. The strategic goals include stopping transmission, preventing disabilities and promoting inclusion.

3.4 Leprosy among other Neglected Tropical Diseases

Leprosy has been included in the list of neglected tropical diseases. Many other diseases including leishmaniasis and typhus, which are also prevalent in Sri Lanka are diagnosed and treated in dermatology units. Management of disabilities caused by filariasis, leprosy and diabetes shares a common approach at the district level.

Using a synergistic approach for all neglected tropical diseases prevailing in the country will be the most effective approach rather than the singular, disjointed efforts and separate disease programmes aimed at controlling or eliminating these diseases. Therefore, it is important that collective efforts be made in managing and controlling the NTDs. This will provide a unique opportunity for collaborative advocacy activities or integration of disease treatment and prevention activities in endemic districts.

3.5 Investing to Overcome the Global Impact of the NTDs – Third WHO Report on Neglected Tropical Diseases

Investing to overcome the global impact of neglected tropical diseases charts new ground in tackling the 17 neglected tropical diseases (NTDs) that affect more than a billion people in 149 countries worldwide. It makes the case for domestic investment to reach the targets of WHO Roadmap on NTDs by 2020 and sustain enhanced, equitable access to high-quality coverage against these diseases up to 2030. This third WHO report anticipates the investments needed as countries graduate from low-income to middle-income status and as the world's focus expands from the Millennium Development Goals to the Sustainable Development Goals.

3.6 National Health Policy Sri Lanka: 2016 - 2025

The new national health policy plan has been designed in a systemic process over 3 years (2014-2016) addressing newly emerged and emerging health issues. It was developed by conducting a situational analysis in each sub-sector with an extensive collaboration with all stakeholders. The identified policy issues were documented under the title 'National Health Strategic Framework for Health Development 2016-2025'. Policies were analyzed and the master plan was created as a set of documents indicating specific objectives of each sub-sector. The major activities identified for each sub-sector and the expected outputs with verifiable indicators to monitor and evaluate the progress and were documented as “National health strategic master plan 2016-2025 Preventive Services, Ministry of Health Sri Lanka”. Leprosy comes under preventive health services and is highlighted as “Leprosy, tuberculosis, HIV/AIDS and dengue need utmost attention with new strategies in the health care delivery system to reduce the present threat imposed by said diseases on population”. The main areas of the strategic plan of Anti-Leprosy Campaign are incorporated into Preventive Services Volume 1, page 95. The government of Sri Lanka has decided to adopt these strategies as the guide for leprosy control programme for Sri Lanka till 2020.

3.7 National Leprosy Strategy 2016 – 2020: 'Accelerating Towards a Leprosy – Free Sri Lanka'

After the introduction of MDT and social marketing campaign, the leprosy burden in Sri Lanka was significantly reduced. Elimination of leprosy as a public health problem was achieved nationally in 1995. Nevertheless, the disease is still a major public health concern in the country. To address this, a new national leprosy strategy was developed based on WHO Global strategy and National Health Policy.

The newly developed strategy is innovative and gives the much needed, increased visibility and weight to the human and social aspects affecting leprosy control. This strategy also focuses on reducing stigma with discrimination and promoting inclusiveness which will reinforce better and earlier diagnosis of the disease. Innovative approaches include many new methods of focusing on children, women and other vulnerable populations, strengthened referral systems, systematic tracing of household contacts, monitoring drug resistance and assessing the role of post-exposure prophylaxis.

This strategy was developed over a period of one and a half years through an interactive consultation process involving all stakeholders including Anti-Leprosy Campaign, technical agencies, NGOs, representatives of patients and communities affected by leprosy, development partners from Ministry of Health and other campaigns. The title “Accelerating towards a leprosy-free Sri Lanka” embodies the need to build on the momentum created in leprosy control at the national and local level so that future generations can reach the ultimate goal of a country without leprosy.

The national leprosy strategy 2016-2020 aims at accelerating towards a leprosy-free Sri Lanka. It is based on the WHO Global Leprosy Strategy 2016-2020 'Accelerating towards a leprosy-free world'. The goal of this strategy is to further reduce the leprosy burden in the country. The strategy is structured around three main pillars namely,

(1) Stop leprosy and its complications

(2) Stop discrimination and promote inclusion

(3) Strengthen government ownership, coordination, and partnership

Under each pillar, broad core areas of interventions were developed which include,

(1) Promoting early case detection through active case-finding and strengthening passive case finding activities

(2) Strengthening patient and community awareness on leprosy

(3) Establishing National Centre of Excellence for disability care at Hendala and disability management centers at least one in each district

(4) Strengthening the mechanism for defaulter tracing

(5) Promoting innovative approaches to training, referrals and sustaining expertise in leprosy

(6) Strengthening surveillance for antimicrobial resistance including laboratory network

(7) Promoting societal inclusion through addressing all forms of discrimination and stigma

(8) Working towards abolishing discriminatory laws and promote policies facilitating inclusion of persons affected by leprosy

(9) Supporting community based rehabilitation for people with leprosy related disabilities

(10) Empowering persons affected by leprosy and strengthen their capacity to participate actively in leprosy services

(11) Ensuring political commitment and adequate resources for leprosy programmes

(12) Contributing to Universal Health Coverage with a special focus on children, women and underserved populations

(13) Promoting partnerships with state and non-state sectors and promote inter-sectorial collaboration and partnerships at the national level and within districts

(14) Facilitating and conducting basic and operational research in all aspects of leprosy and maximize the evidence base to inform policies, strategies and activities

(15) Strengthening surveillance and health information systems for programme monitoring and evaluation (including geographical information systems)

National and district level leprosy control programmes are encouraged to adopt the concepts and principles as proposed in the national strategy 2016-2020 to plan specific actions. It aims to promote further integration of leprosy services within the country at primary and referral level, focusing on tackling the disease and its complications.

4. VISION, MISSION, GOALS AND OBJECTIVES

4.1 Vision

Leprosy free Sri Lanka

4.2 Mission

To stop transmission of the disease and to plan and implement cost effective quality leprosy services to all persons affected with leprosy, and to sustain such services to ensure a reasonable quality of life to those affected

4.3 Goal

Reduce the burden of leprosy in the country

4.4 Objectives

1. To reduce the rate of new cases per 100 000 population per year at district level below 10 in all districts by 2025

2. To reduce rate of newly diagnosed leprosy patients with visible deformities < 1 per million in all districts by 2025

3. To reduce the number of children diagnosed with leprosy and visible deformity to zero by 2025

4. To improve the percentage of early reporting (< 6 months of the onset of symptoms) up to 90% by 2025

5. To improve treatment completion rate in all districts to more than 80% by 2025

6. To reduce the proportion of treatment defaulters to less than 5% in all districts by 2025

7. To reduce percentage of child cases in newly reported cases to less than 8% by 2025

8. To amend the existing leprosy legislation by repealing discriminatory provisions on basis of leprosy by 2025

9. To investigate all the relapse cases in the country for drug resistance by 2025

10. To improve the leprosy hospital at Hendala to a center of excellence in training, research and prevention of leprosy with the aim of incoming generation in the future.

11. To achieve zero stigma and discrimination, and ensure rights for patients affected by leprosy in the country by 2020

12. To improve the current surveillance and health information system and the web-based system with geographical mapping of all leprosy cases by 2025.

13. To establish at least 2 satellite clinics in each district with an underserved population, with a special emphasis on children and women by 2025

14. To establish a rehabilitation center in high endemic districts for people with leprosy-related disabilities by 2025

15. To improve monitoring and evaluation of preventive, curative services in leprosy at district level by 2025.

16. To reduce MDT related adverse events by 3% from the baseline by the end of 2025.

5. EPIDEMIOLOGY

5.1 Leprosy Epidemiology in 2020

In the year 2020, a total of 1212 new patients attended 90 dermatology clinics in the country to receive treatment for leprosy. The total number of cases during the year comprises of new cases, relapsed cases, defaulters restarting the treatment, diagnosed patients of leprosy who had changed the treatment regimen form PB to MB and patients started on ROM(Rifampicin, Ofloxacin and Minocycline). In 2020, there were 34 patients who were considered as relapses, 41 defaulters and two patients had changed the treatment regimen PB to MB. The total number of cases in the year 2020 was 1290. Among the new patients, 480 (29.6%) were female and 130 (10.7%) were children (<15 years).

5.2 National Programme performance indicators in 2020

The key National Programme performance indicators used by ALC are New Case Detection Rate, Child Case Percentage, Grade 2 Deformity Percentage, Multibacillary Percentage, Female Percentage and Late Presentation Percentage.

a. New Case Detection Rate (NCDR)

NCDR is the number of new cases diagnosed during a given year and who had never been treated for leprosy, per 100,000 population for a given area. NCDR increases with the active case finding, increased case detection and increased transmission of the disease. New cases appeared in a given year represent the people who developed leprosy several years earlier. NCDR was 5.53 per 100,000 in year 2020 (Figure 2).

b. Proportion of children among new cases

This is calculated as the number of newly diagnosed patients below age 15 divided by number of newly detected patients. As children would by definition have been infected only relatively recently, a high child proportion may be a sign of active and recent transmission of the disease. The number of operational factors like greater thoroughness in case detection and active case finding like more frequent (SMI) school medical inspections will also increase child cases.
Increased immunity and case detection in untouched pockets will decrease proportion of child cases. In 2020, the proportion of child cases was 10.7%. (Figure 5)

c. Proportion of patients with Grade 2 Disabilities

This is the percentage of people with leprosy who were assessed for the presence of disabilities according to WHO grading scale (0, 1, 2) at the time of diagnosis among new leprosy cases detected during the reporting year. Occurrence of disability increases when there is a delay in initiating MDT. It is also affected by operational factors like case detection in untouched pockets and diminishing awareness and skills among health workers when leprosy becomes less frequent. Proportion of patients with Grade 2 Disabilities in 2020 was 82 (6.8%) (Figure 4).

d. MB proportion

MB proportion is the percentage of MB cases among the total number of new leprosy cases detected during the reporting year. MB proportion is affected by the case definition of a "MB case" and the maturity of the control programme. It is decreased with active case finding. MB percentage in 2020 was 757 (62.5%) (Table 1).

e. Late Presentation Percentage

Late presentation is the percentage of new patients who presented for treatment after 6 months of appearance of symptoms. It denotes the lack of community awareness and poor health seeking behavior. In 2020, the late presentation was 342 (28.2%).

f. The proportion of females among newly detected cases

Though the importance of this indicator is fairly limited, a low proportion should alarm the health care workers for close analysis to determine the accessibility of services and gender-based discrimination. In 2020, proportion of females among newly detected cases was 480 (29.6%). (Table 3)

Table 2 shows number of relapses and defaulters who restarted the treatment reported to ALC. In 2020, 34 relapse cases were reported. Many of these were investigated with the special relapse investigation form, which was introduced in the latter part of 2015.

5.3 Leprosy trends in the country

Leprosy was "eliminated as a public health problem" in 2001 at global level. Sri Lanka reached this target in 1995. Elimination target was defined as less than one patient per 10,000 population by the 44th World Health Assembly. Leprosy control activities were integrated to general health services in 2001. This caused segmentation of patient care, where the treatment was provided from dermatology clinics and preventive aspects were dealt by district control teams. Trends of leprosy control indicators were analyzed from the year 2000 to 2020 and Trend of New Case Detection Rates of leprosy is given in figure 2.

During the last 20 years, NCDR had been fluctuating at a rate of 7-12 new cases per hundred thousand population (figure 2). Percentage of patients with grade 2 deformity at the time of diagnosis was also fluctuating around 6-8 until 2015. Then there was a drastic increase to 10 and a gradual decline in next three years (figure 4). This may be due to intensified early case finding activities of the districts. MB percentage was increasing gradually over the past 20 years (figure 3). This may reflect change in diagnostic practices and/or continued disease transmission in the community. Child percentage has been fluctuating around 10% during last 20 years and has increased from 8.6 in 2016 to 10.7 in 2020 (figure 5).
This indicates the need of strengthening the case finding activities in districts and putting more emphasis in to finding cases in untouched leprosy pockets.

5.4 Provincial performance indicators – 2020

Highest percentage of leprosy cases in 2020 was reported in Western Province (34%), while Eastern and Southern Provinces accounted for 15% and 12.6%, respectively (figure 6). There was a slight decrease in cases from Western Province from 46% in 2018 to 34% in 2020. This may be due to intensified active case detection activities in recent years through the establishment of new satellite clinics and regular mobile clinics conducted with collaboration of CMC.

Table 3 shows the breakdown of the provincial statistics of the country for 2020. NCDR was highest in the Eastern and North Central Provinces (10.71 and 8.87 per 100,000 population, respectively).

Highest number of child cases were reported in the Western (45), Eastern (32) and Southern (14) Provinces. North Central Province reported 11 child cases and Sabaragamuwa 7 child cases.

Grade 2 disability at the time of diagnosis indicates late presentation with active transmission of the disease in the community. Grade 2 disability may be detected due to active case finding. Western Province reported 2 child cases with grade 1 disability, and 1 child case with Grade 2 disability. Eastern Province reported 1 child cases with Grade 1 disability, while Southern Province and North Western Province reported 1 child case each, with Grade 1 disability. (Table 3)

The highest percentage of grade 2 deformity among adults was reported in North Central Province (10.57%) followed by Sabaragamuwa Province (8.05%).
Overall MB percentage in the country was 62.57%, while North Western Province reported the highest percentage of MB type of leprosy (75.00 %) for 2020. (Table 3)

5.5. District performance indicators – 2020

The table 4 shows the district performance indicators for 2020

5.6. Comparative districts performance indicators

a. Number of new cases detected

Table 4 shows the number of new leprosy cases detected according to the district in 2020. Highest number of cases was reported from Colombo District (150) and lowest number was detected from Nuwara Eliya District (2).

b. New Case Detection Rate

Table 4 shows the new case detection rate according to the district in 2020. Even though large numbers of patients were reported from Colombo, the new case detection rate for 2020 was highest in Batticaloa District (15.54) followed by Kalmunai District (10.19).

c. Percentage of child cases among new cases

Table 4, shows percentage of child cases among new cases according to districts in 2020. Batticaloa District had the highest number of child cases of 20 and Colombo District had 18 child cases in 2020. (Table 4)

d. Percentage Grade 2 Deformity cases

Table 4, shows the percentage of Grade 2 Deformity cases district wise, in 2020. There were 6 cases (4%) of Grade 2 Deformity in Colombo District, while Gampaha District had 10 cases (7.75%) of Grade 2 Deformity.

e. Percentage of MB cases

The percentage of MB cases according to the district in 2020 shows that the highest number of MB cases was detected from Colombo District 85 (56.67%) and the lowest number was reported in Kilinochchi district 1 (16.67%) (Table 4).

f. Late presentation

Distribution of late presentation by districts in 2020 indicates that the majority of patients, who presented late were seen in the districts of Colombo 42 (28%), Gampaha 42 (32.56%) and Anuradhapura 34(43.59%) (Table 4).

g. Source of referrals

Distribution of source of referrals as mentioned in IPFs indicates that the majority of cases were self-referrals (834, 68.75%), while 159 cases (13.1%) were referred from private sector. Cases referred following contact screening, household survey and screening clinic represent the active case finding effort while self-referral represents the public awareness of the disease (Table 5).

5.7 Performance of contact tracing at district level

Contact screening is the most efficient method of active case finding and it was initiated in 2015 after leprosy became a notifiable disease in 2013. Range PHI in the relevant MOH area where the patient resides, identifies the contacts, while MOH/dermatologist/MO examine contacts. In 2020, 4424 contacts were identified and 3817 cases were screened. There were 77 positive leprosy patients who were identified by contact screening. (Table 6)

5.8 Contact history details

From 2015, in the new IPF, all new patients are asked about a 'history of contact' with leprosy patients. Among new cases, 201(16.5%) had a history of contact with a leprosy patient in 2020. With the further analysis among the contacts, it was found the contact with the family or household type would amount to 66.67% (Table 7 & Figure 14).

6. PERFORMANCE OF SATELLITE CLINICS

ALC provides technical and operational guidance in establishing satellite clinics in districts while facilitating infrastructure development with the intention of increasing accessibility of health services to patients with skin diseases. There were 10 functioning satellite clinics in 2020.There are no satellite clinics in Matale, Mannar, Mullaitivu, Kilinochchi and Nuwara Eliya Districts. In all satellite clinics, 10822 patients were screened and 4 new leprosy cases were detected. Among new cases 1 patient presented with grade 2 deformities (Table 8).

7. ACTIVITIES OF THE ANTI-LEPROSY CAMPAIGN IN 2020

7.1 National Strategic Plan

With the collaboration of WHO, foreign and local experts in public health developed the National Strategic Plan with Communication Strategic Plan for year 2021 to year 2025

7.2 Services

a) Prepared and distributed MCR shoes, splints, gutters and ulcer care kits for leprosy patients with grade 2 disabilities.

b) Distributed MDT treatment to their doorstep for all leprosy patients in the country by Anti – Leprosy Campaign during the lock down period due to COVID – 19 pandemic.

c) Dry ration vouchers were distributed to needy Leprosy patients in all provinces of the country during the COVID – 19 pandemic to support their economy.

7.3 Surveys

a) Conducted house to house surveys in high endemic districts

b) Patient mapping system was expanded and established island wide

7.4 Monitoring and Evaluation

a) Monitoring and evaluation sessions were conducted at most of the Dermatology clinics in the country such as Bibile, Badulla, Mahiyangana, Jaffna, Dickoya, Monaragala, Hambanthota,Diyathalawa, Nuwara-Eliya, Mannar, Vavuniya and Trincomalee.

b) Nineteen (19) monitoring and evaluation visits were done in 11 districts namely Anuradhapura,Nuwara-Eliya, Badulla, Monaragala, Matara, Hambanthota, Galle, Kandy, Gampaha, Matale, Kegalle.

c) Conducted the Annual Review meeting of the previous year in two sessions at Anuradhapura and Colombo in order to limit the number of participants while adhering to COVID - 19 guidelines.

d) Conducted seven district review meetings at Nuwara- Eliya, Badulla, Monaragala, Kandy, Matale, Gampaha and Galle districts.

7.5 Awareness Programmes

a) Several awareness programmes were broadcast through mass media (Derana, Rupavahini, ITN, and Sirasa) and several articles on Leprosy were published in Newspapers.

b). Special awareness programs and mobile clinics were conducted in Poya days for the people who observed sil, at Matara and Galle temples.

c) Twenty four (24) illuminated boxes (in 2 sets) on Leprosy were prepared and 2 hoardings were established in Colombo.

d) Special awareness programs were conducted for the religious leaders at Kotagala and for school children at Diyathalawa.

e) A stall on Leprosy and its prevention was conducted in Medicare exhibition at BMICH.

7.6 Capacity Building Programmes

a) Six Capacity Building Programs were conducted for preventive and curative health staff for early diagnosis and referral of Leprosy.

b) Two Capacity Building Programs on mental well-being were conducted for Anti-Leprosy Campaign staff at Elkaduwa and Waikkal.

7.7 Research

a) Detailed Case Analysis of Leprosy in Sri Lanka was initiated.

7.8 Training of trainers

a) A two-day PHI training program on Leprosy activities was conducted with the participation of 08 new Public health Inspectors.

b) Four workshops were conducted with local experts for Physiotherapists/ Occupational therapists in disability management and rehabilitation.

7.9 List of major achievements

1. Patient mapping system was expanded island wide.
2. The National Strategic Plan with Communication Strategy from 2021 to 2025 was prepared.
3. Training of 480 health staff in early diagnosis and referral of leprosy cases was conducted.
4. Training of eight new public health inspectors in leprosy control activities was conducted.
5. Training of 184 physiotherapists and occupational therapists in disability management and rehabilitation was conducted.
6. Training of 240 prison staff regarding leprosy was conducted.
7. Distribution of dry ration vouchers to needy leprosy patients in all provinces of the country during COVID- 19 pandemic was conducted.
8. Initiated detailed case analysis of leprosy regarding drug resistance.

7.10 Measures taken to improve health manpower and human resources

Increasing the cadre of Medical Officers up to four and recruitment of post graduate trainees.

7.11 Activities at district level

District level activities are conducted by the district leprosy control team. The district team includes the RE and PHI/ LC. Under the guidance of ALC, the district team is conducting house to house surveys, mobile skin clinics, media conferences / public awareness programmes and other health staff trainings. They also participate in SMIs to screen skin diseases using pictograms (Table 9).

8. SERVICES PROVIDED BY THE CENTRAL LEPROSY CLINIC

Services provided by the Central Leprosy Clinic in 2020 are given in table below (Table 10).

9. SERVICES OF THE LEPROSY HOSPITAL, HENDALA - 2020

Leprosy Hospital, Hendala looked after 35 in-patients at the end of 2020. The details of the care are described in Table 11 and in Table 18.

10. HUMAN RESOURCES IN 2020

Table 12 shows the number of cadre positions and the number of cadres in place by end of 2020.

11. BUDGET

Table 13 and Table 14 show recurrent and capital expenditure in 2020.

12. FUNDING AGENTS

The Anti-Leprosy Campaign is funded by Government of Sri Lanka, World Health Organisation, Sasakawa Health Fund, The Nippon Foundation, Bangkok Declaration Special Fund (through WHO) and FAIRMED Foundation. The details are given below.

12.1 World Health Organization

WHO is a long term partner of the Ministry of Health. WHO provides financial and technical assistance to eliminate leprosy in the country. The table 15 shows the WHO biennium activities conducted in 2020.

12.2 FAIRMED Foundation

FAIRMED Foundation, previously known as Leprosy Relief Emmaus Switzerland provides financial and technical support to reach disease prevention targets. The Ministry of Health, Sri Lanka and the FAIRMED Foundation have a memorandum of understating to support five high endemic districts for five years to build district leprosy control teams and conduct control activities in each selected district (Table18). In 2020, activities were continued in Colombo CMC, Ratnapura and Polonnaruwa Districts. Another highly appreciated activity carried out annually by the FAIRMED Foundation is the printing of the Annual Report for Anti – Leprosy Campaign.

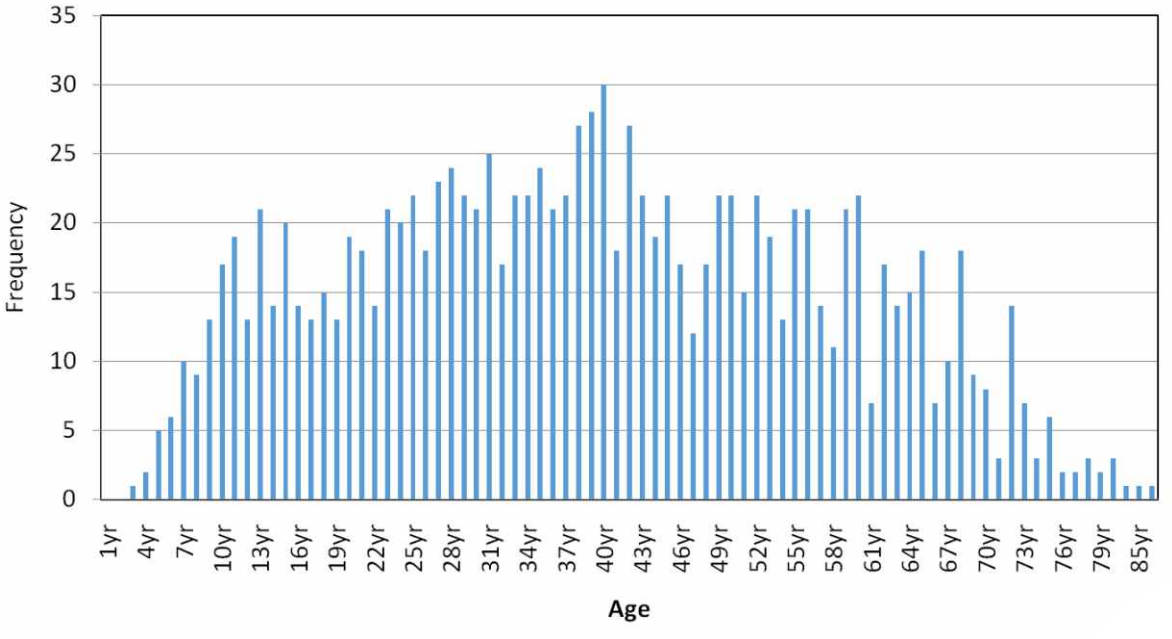


Figure 1- Age distribution of new cases in 2020

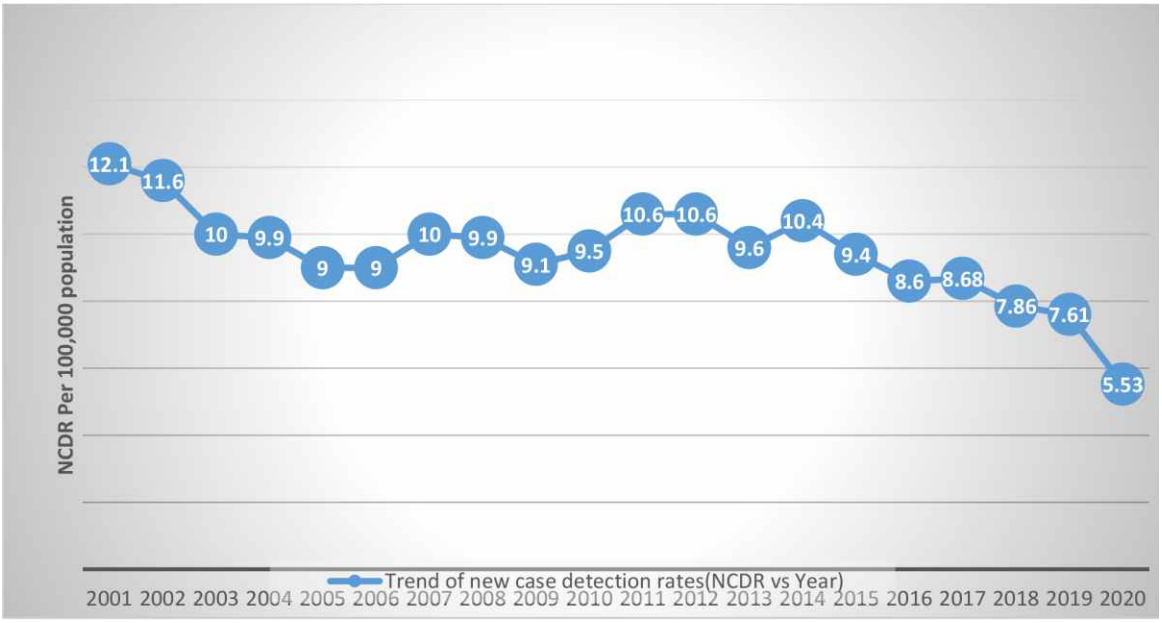


Figure 2- Trend of New Case Detection Rates of leprosy from 2001 to 2020

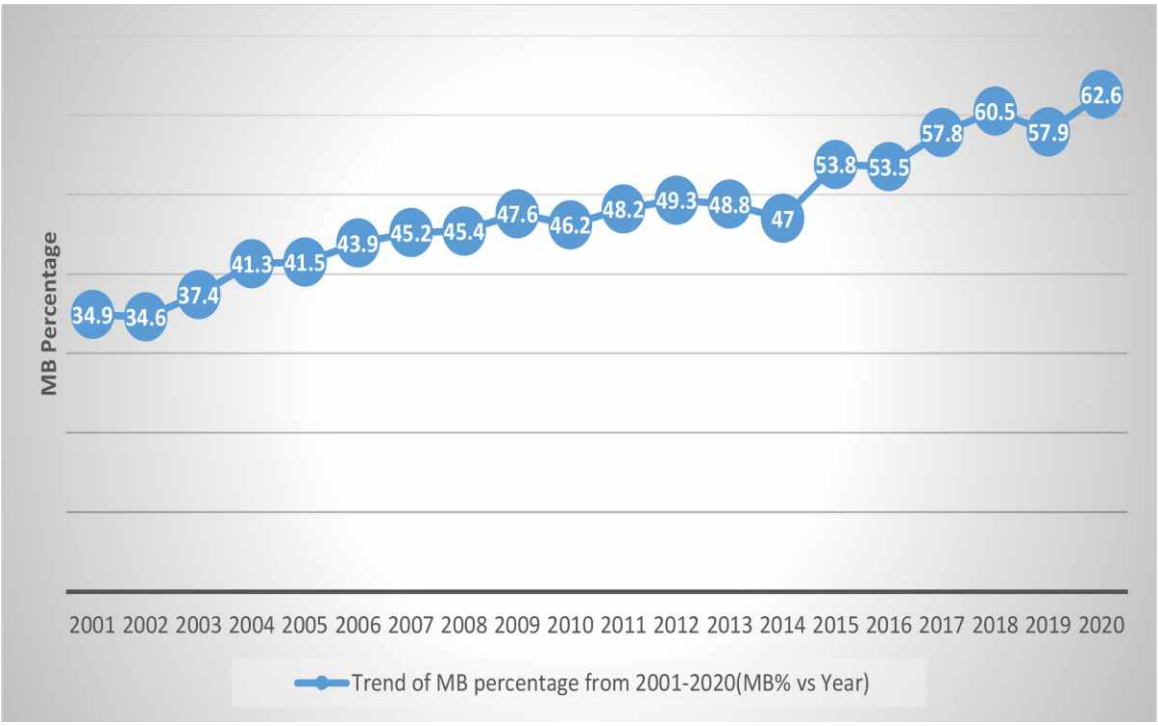


Figure 3- Trend of MB percentage at the time of diagnosis of leprosy cases from 2001 to 2020

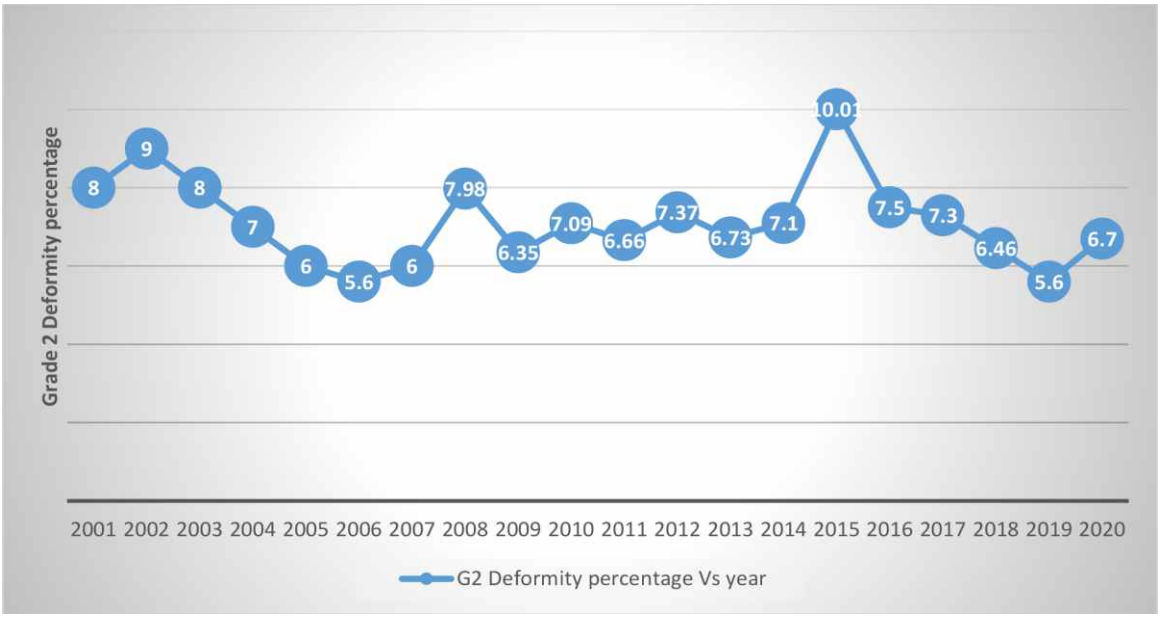


Figure 4 - Trend of Grade 2 Deformity Percentage at the time of diagnosis from 2001 to 2020

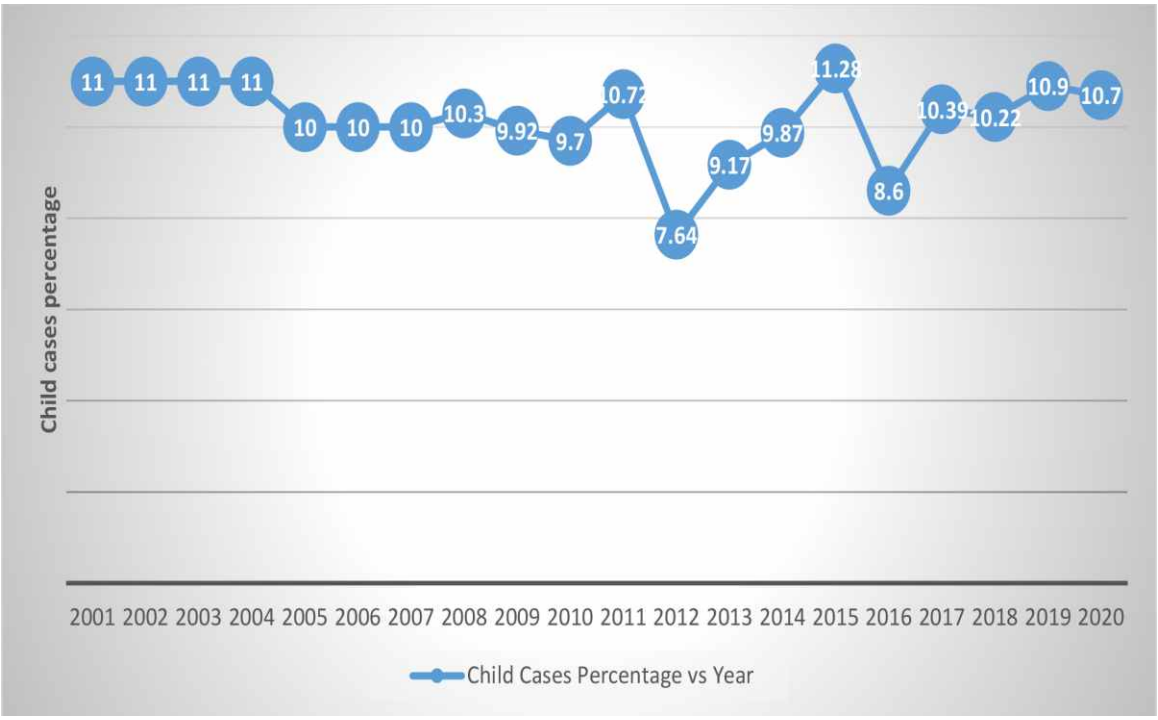


Figure 5 - Child Cases Percentage of new leprosy cases from 2001 to 2020

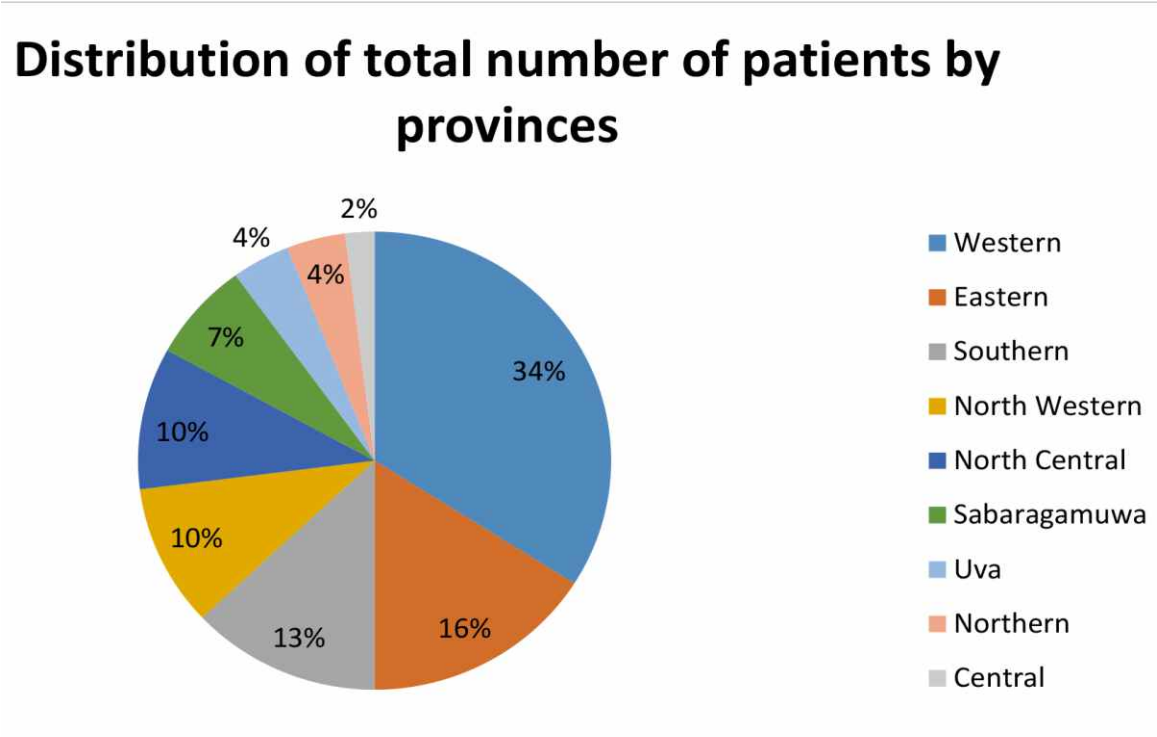


Figure 6 - Distribution of total number of patients by provinces in 2020

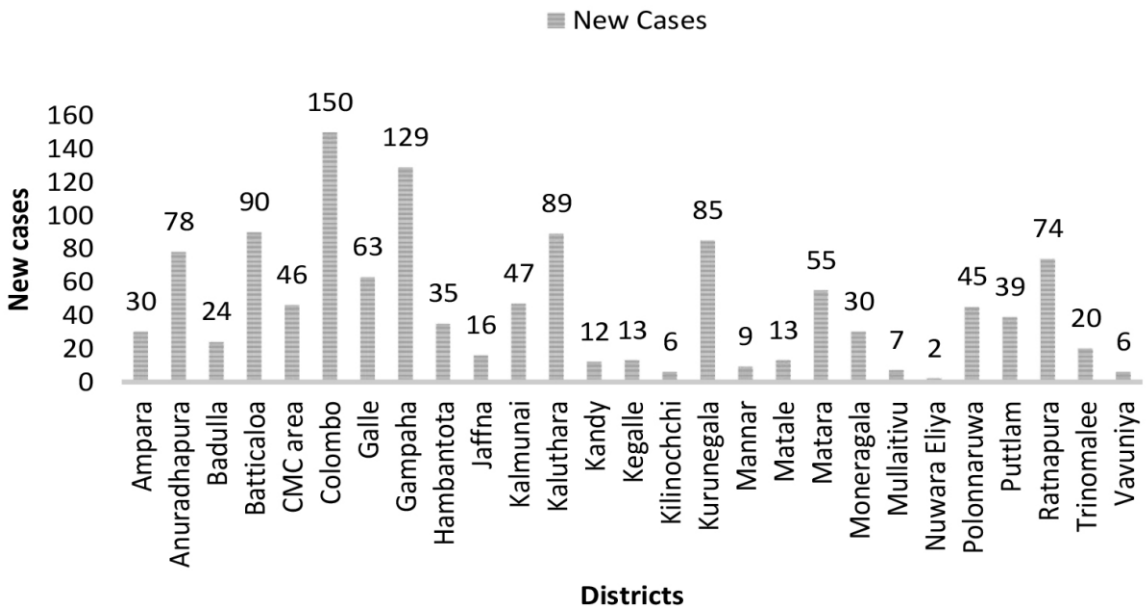


Figure 7 - Distribution of new cases by districts in 2020

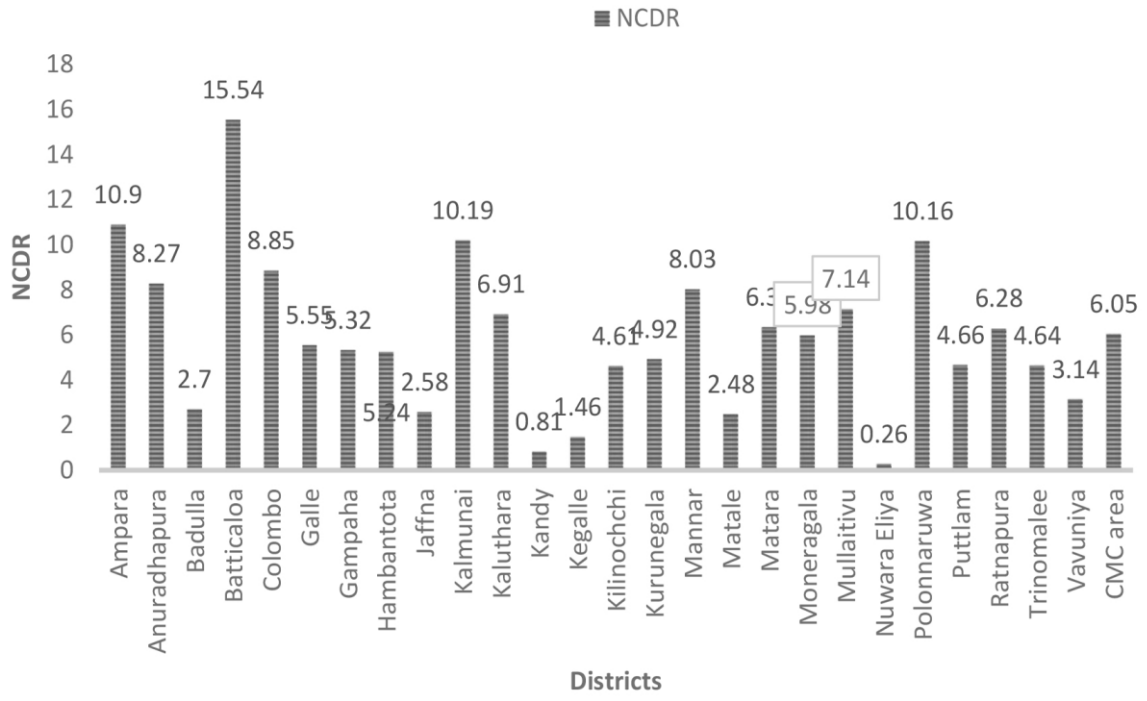


Figure 8 - Distribution of New Case Detection Rates by districts in 2020

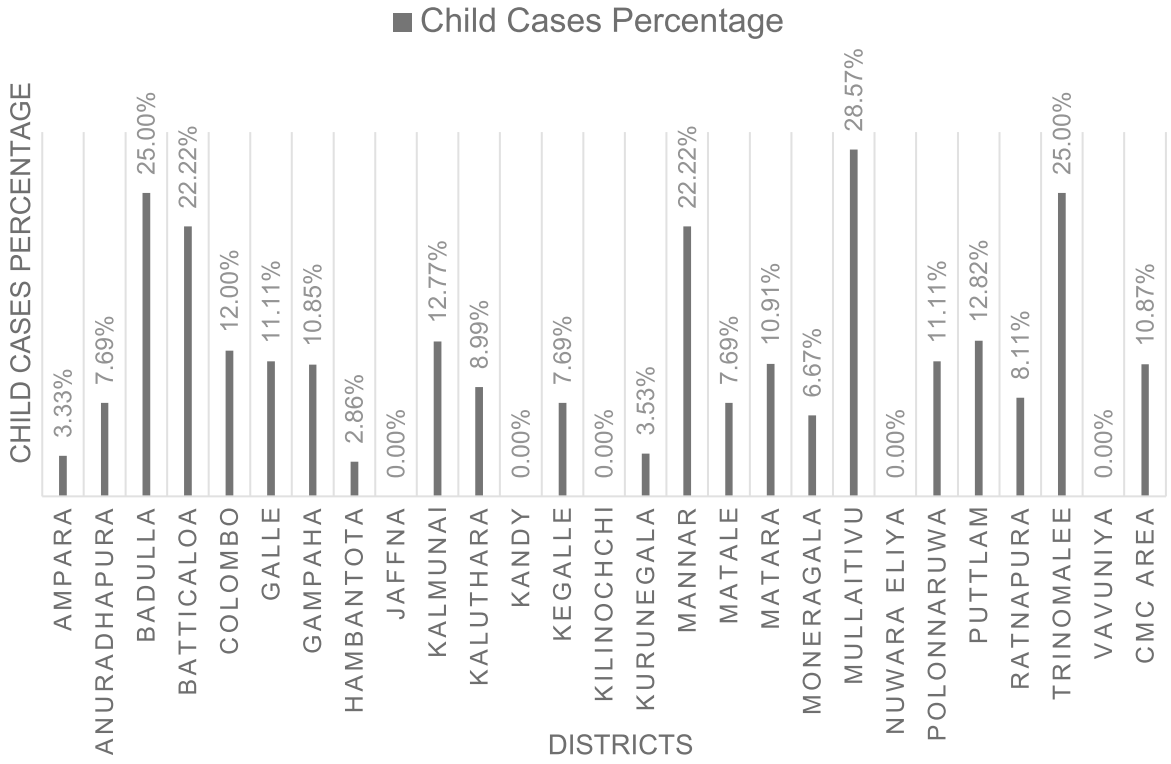


Figure 9 - Distribution of child cases among new cases by districts in 2020

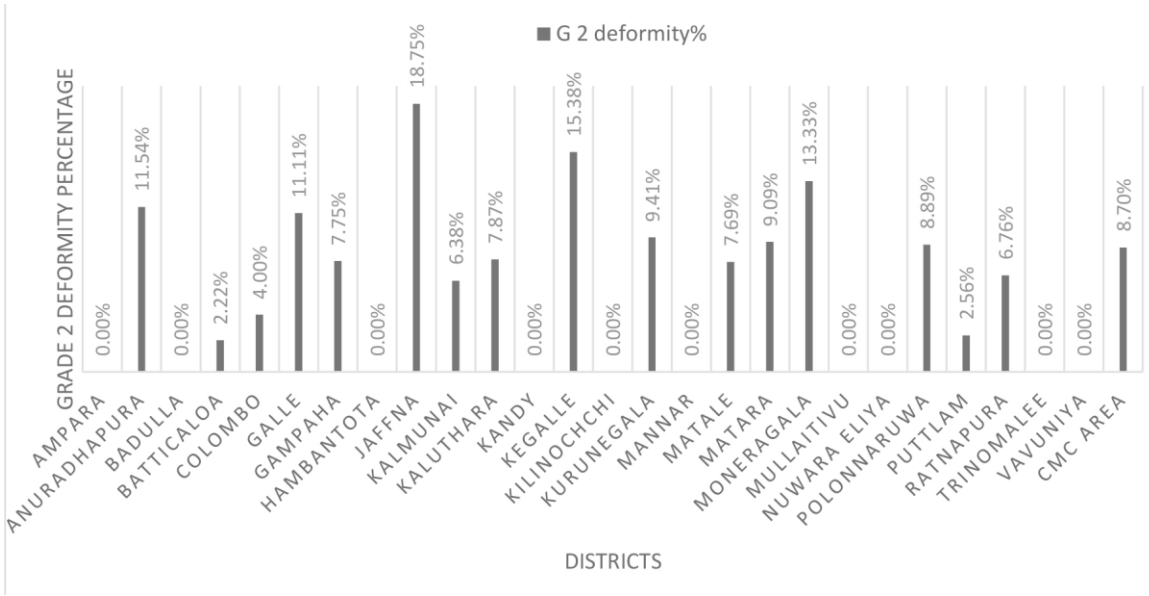


Figure 10 - Distribution of Grade 2 deformity case percentage by districts in 2020

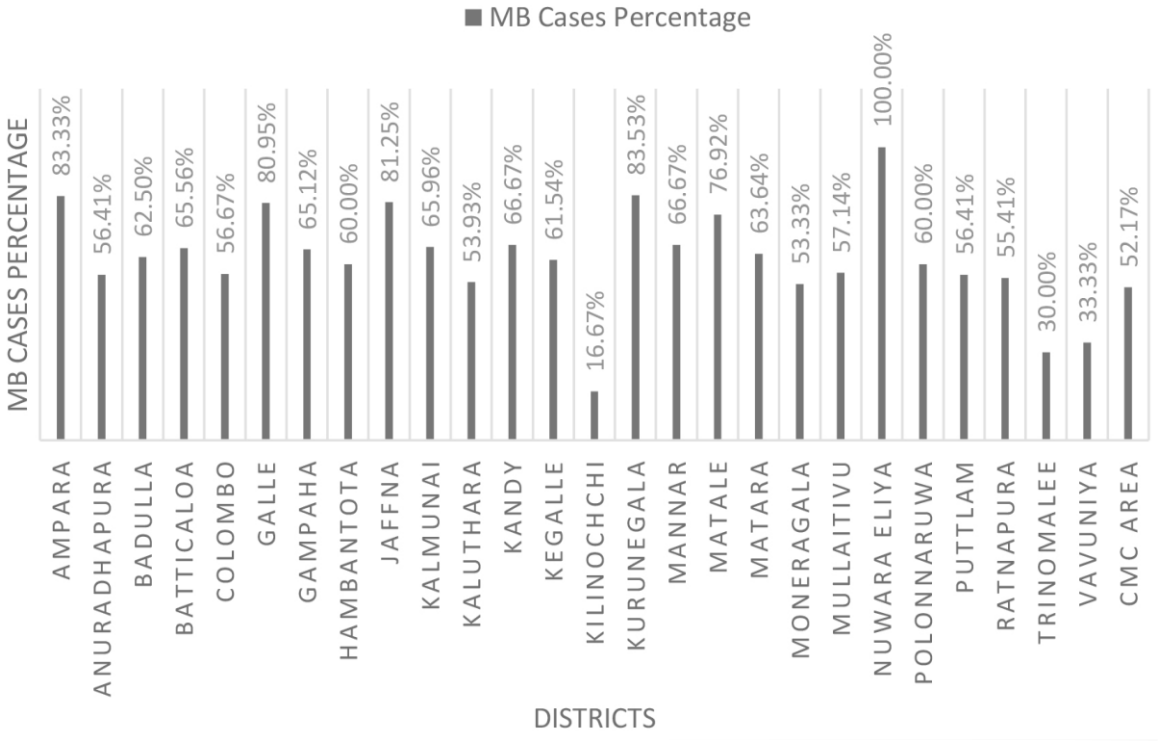


Figure 11 - Distribution of MB cases Percentage according to districts in 2020

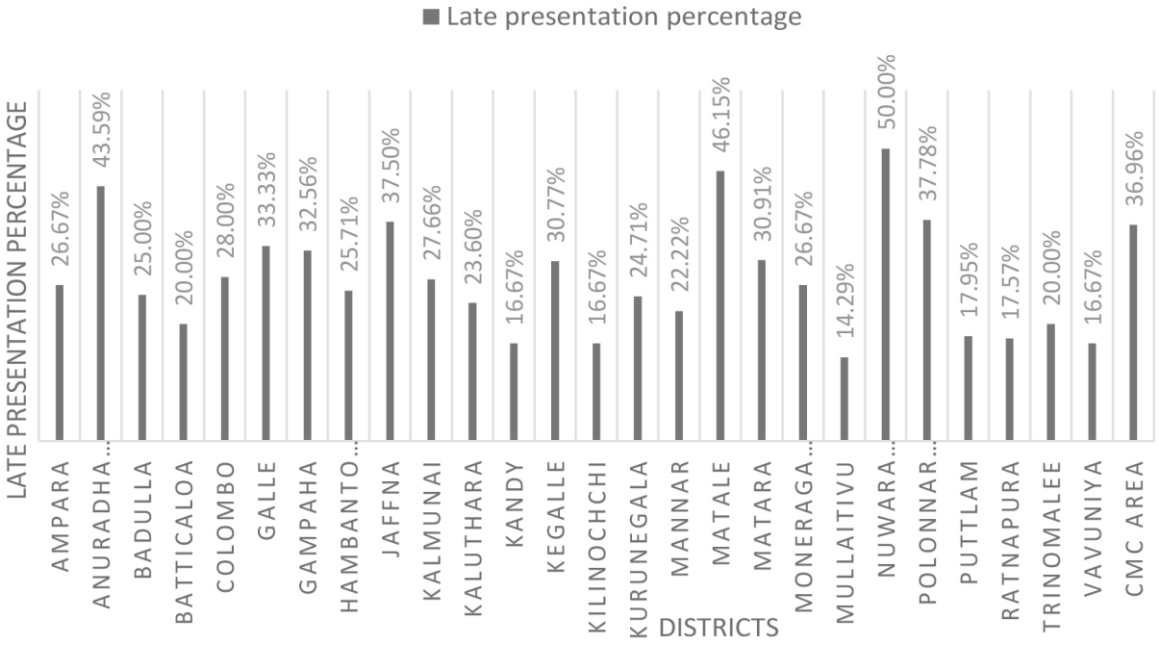


Figure 12 - Distribution of late presentation of cases by districts in 2020

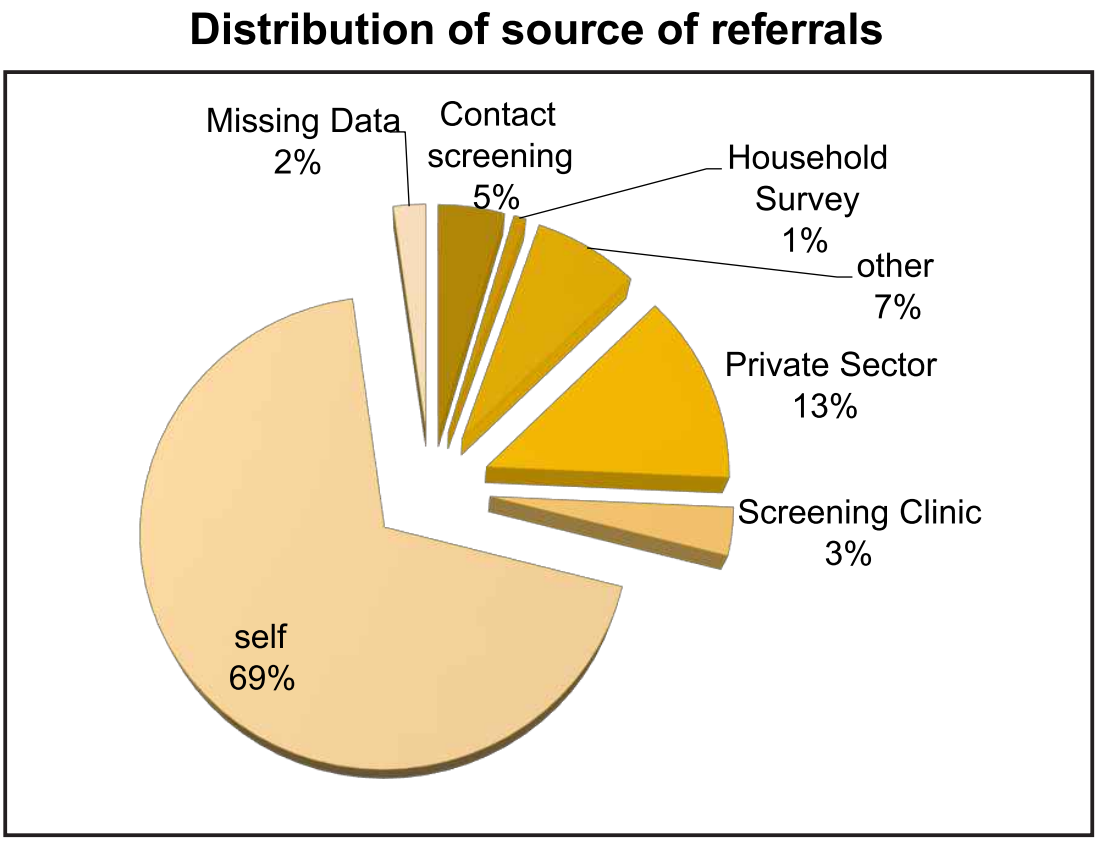


Figure 13 - Distribution of Source of referrals among new cases as mentioned in IPFs in 2020

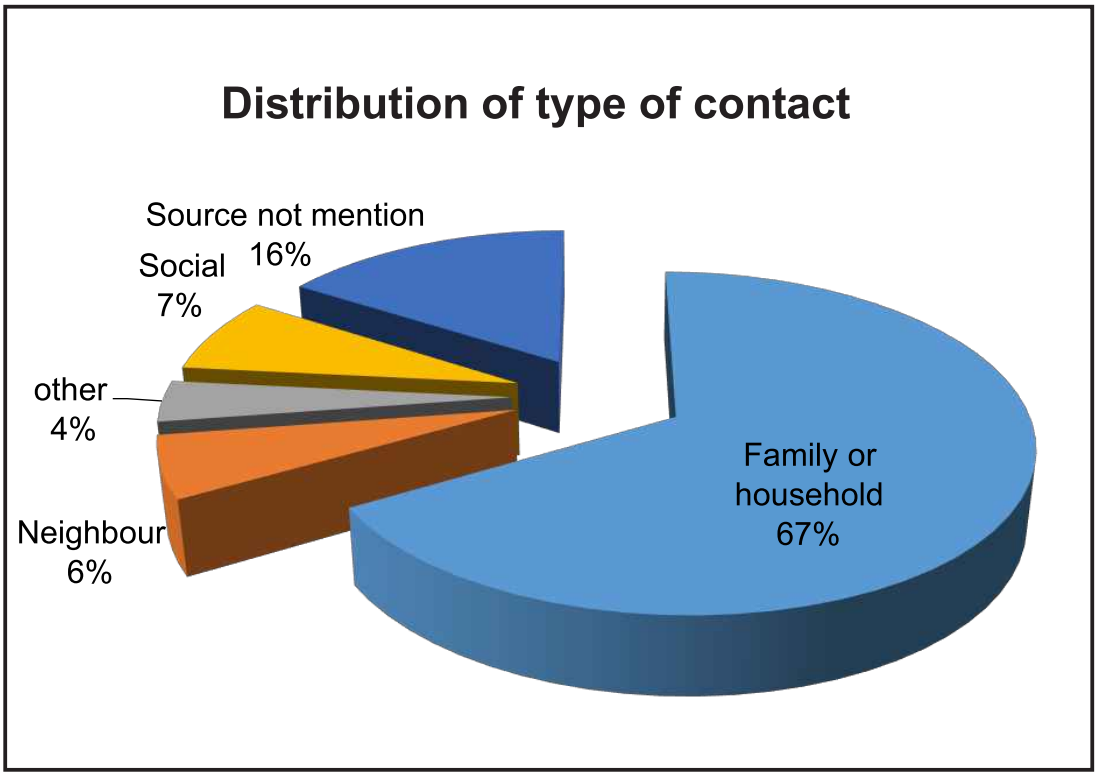


Figure 14 - Distribution of type of contact mentioned in the IPF in 2020

Table 1 - National performance indicators in 2020

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total cases	2229	2211	2131	2281	2098	1973	1993	1825	1749	1290
New cases	2229	2229	1990	2157	1977	1832	1877	1703	1660	1213
NCDR	10.6	10.6	9.6	10.4	9.43	8.6	8.68	7.86	7.61	5.53
Child cases	238	163	182	213	223	158	195	174	181	130
Child %	10.72	7.64	9.17	9.87	11.28	8.6	10.39	10.22	10.9	10.7
Deformity cases	147	148	133	147	198	138	137	110	93	81
Deformity %	6.66	7.37	6.73	7.1	10.01	7.5	7.3	6.46	5.6	6.7
MB cases	1069	1089	947	1014	1064	980	1085	1030	961	759
MB %	48.18	49.34	48.82	47.01	53.81	53.5	57.81	60.48	57.89	62.6
Late presentation(> 6 m)	55%	55%	46%	55%	45%	55%	30%	28%	27%	28.1%

Table 2 - Number of reported relapses & defaulters in 2020

	2014	2015	2016	2017	2018	2019	2020
Number of Relapses	37	40	83	62	59	43	34
Number of defaulters restarting treatment	53	81	58	54	54	44	41

Table 3 - Provincial breakdown of leprosy statistics in 2020

Province	New Patients		MB		G 2 D		Females		Child				Late Presentation	
											G2	G1		
	N	NCDR	N	%	N	%	N	%	N	%	N	N	N	%
Central	27	0.97	20	74.07	1	3.70	7	25.93	1	3.70	0	0	9	33.33
Eastern	187	10.71	121	64.71	5	2.67	87	46.52	32	17.11	0	1	43	22.99
North Central	123	8.87	71	57.72	13	10.57	50	40.65	11	8.94	0	0	51	41.46
North Western	124	4.83	93	75.00	9	7.26	42	33.87	8	6.45	0	1	28	22.58
Northern	44	3.82	26	59.09	3	6.82	25	56.82	4	9.09	0	0	11	25.00
Sabaragamuwa	87	4.2	49	56.32	7	8.05	27	31.03	7	8.05	0	0	17	19.54
Southern	153	5.73	107	69.93	12	7.84	55	35.95	14	9.15	0	1	47	30.72
Uva	54	3.89	31	57.41	4	7.41	20	37.04	8	14.81	0	1	14	25.93
Western	414	6.69	241	58.21	27	6.52	168	40.58	45	10.87	1	2	122	29.47
Sri Lanka	1213	5.53	759	62.57	81	6.68	481	39.65	130	10.72	1	6	342	28.19

Table 4 - District performance indicators for 2020

District	New Patients		MB		G 2 D		Females		Child patients				Late Presentation	
	N	NCDR	N	%	N	%	N	%	N	%	G 1	G 2	N	%
Ampara	30	10.09	25	83.33%	0	0.00%	12	40.00%	1	3.33%	0	0	8	26.67%
Anuradhapura	78	8.27	44	56.41%	9	11.54%	32	41.03%	6	7.69%	0	0	34	43.59%
Badulla	24	2.7	15	62.50%	0	0.00%	7	29.17%	6	25.00%	1	0	6	25.00%
Batticaloa	90	15.54	59	65.56%	2	2.22%	48	53.33%	20	22.22%	1	0	18	20.00%
Colombo	150	8.85	85	56.67%	6	4.00%	68	45.33%	18	12.00%	1	0	42	28.00%
Galle	63	5.55	51	80.95%	7	11.11%	30	47.62%	7	11.11%	1	0	21	33.33%
Gampaha	129	5.32	84	65.12%	10	7.75%	48	37.21%	14	10.85%	0	1	42	32.56%
Hambantota	35	5.24	21	60.00%	0	0.00%	13	37.14%	1	2.86%	0	0	9	25.71%
Jaffna	16	2.58	13	81.25%	3	18.75%	7	43.75%	0	0.00%	0	0	6	37.50%
Kalmunai	47	10.19	31	65.96%	3	6.38%	16	34.04%	6	12.77%	0	0	13	27.66%
Kalutara	89	6.91	48	53.93%	7	7.87%	33	37.08%	8	8.99%	0	0	21	23.60%
Kandy	12	0.81	8	66.67%	0	0.00%	2	16.67%	0	0.00%	0	0	2	16.67%
Kegalle	13	1.46	8	61.54%	2	15.38%	3	23.08%	1	7.69%	0	0	4	30.77%
Kilinochchi	6	4.61	1	16.67%	0	0.00%	6	100.00%	0	0.00%	0	0	1	16.67%
Kurunegala	85	4.92	71	83.53%	8	9.41%	29	34.12%	3	3.53%	0	0	21	24.71%
Mannar	9	8.03	6	66.67%	0	0.00%	6	66.67%	2	22.22%	0	0	2	22.22%
Matale	13	2.48	10	76.92%	1	7.69%	5	38.46%	1	7.69 %	0	0	6	46.15%
Matara	55	6.35	35	63.64%	5	9.09%	12	21.82%	6	10.91%	0	0	17	30.91%
Moneragala	30	5.98	16	53.33%	4	13.33%	13	43.33%	2	6.67%	0	0	8	26.67%
Mullaitivu	7	7.14	4	57.14%	0	0.00%	3	42.86%	2	28.57%	0	0	1	14.29%
Nuwara Eliya	2	0.26	2	100.00%	0	0.00%	0	0.00%	0	0.00%	0	0	1	50.00%
Polonnaruwa	45	10.16	27	60.00%	4	8.89%	18	40.00%	5	11.11%	0	0	17	37.78%
Puttalam	39	4.66	22	56.41%	1	2.56%	13	33.33%	5	12.82%	1	0	7	17.95%
Ratnapura	74	6.28	41	55.41%	5	6.76%	24	32.43%	6	8.11%	0	0	13	17.57%
Trincomalee	20	4.64	6	30.00%	0	0.00%	11	55.00%	5	25.00%	0	0	4	20.00%
Vavuniya	6	3.14	2	33.33%	0	0.00%	3	50.00%	0	0.00%	0	0	1	16.67%
CMC area	46	6.05	24	52.17%	4	8.70%	19	41.30%	5	10.87%	1	0	17	36.96%
Sri Lanka	**1213**	**5.53**	**759**	**62.57%**	**81**	**6.68%**	**481**	**39.65%**	**130**	**10.72 %**	**6**	**1**	**342**	**28.19%**

Table 5 - Distribution of source of referral by district in 2020

	Contact Screening	House hold Survey	Other	Private Sector	Screening Clinic	Self	Missing Data	Total
Ampara	1	1	0	0	1	27	0	30
Anuradhapura	6	1	4	5	2	60	0	78
Badulla	1	0	0	5	0	15	3	24
Batticaloa	12	2	8	8	8	47	5	90
Colombo	1	0	14	18	6	108	3	150
Galle	1	0	12	12	1	36	1	63
Gampaha	7	0	8	15	7	87	5	129
Hambantota	0	0	2	8	1	24	0	35
Jaffna	3	0	0	3	0	10	0	16
Kalmunai	2	1	1	6	0	37	0	47
Kalutara	3	0	8	19	1	57	1	89
Kandy	0	0	0	4	0	8	0	12
Kegalle	0	0	1	0	0	12	0	13
Kilinochchi	1	0	0	0	0	5	0	6
Kurunegala	1	1	5	8	3	64	3	85
Mannar	0	0	1	0	0	8	0	9
Matale	0	0	1	0	0	12	0	13
Matara	1	0	2	7	0	43	2	55
Monaragala	2	0	1	6	0	21	0	30
Mullaitivu	0	0	0	1	0	6	0	7
Nuwara Eliya	0	0	2	0	0	0	0	2
Polonnaruwa	7	2	12	6	4	14	0	45
Puttalam	0	0	0	2	0	35	2	39
Ratnapura	2	2	3	16	1	50	0	74
Trincomalee	1	0	1	5	1	12	0	20
Vavuniya	2	0	0	0	0	4	0	6
CMC Area	1	0	2	5	4	32	2	46
Total	**55**	**10**	**88**	**159**	**40**	**834**	**27**	**1213**

Table 6 - Contact screening at district level in 2020

District	Number of index cases	Number of Contacts	Number Examined	Number Confirmed as Leprosy
Ampara	30	136	124	2
Anuradhapura	78	236	236	14
Badulla	24	78	12	3
Batticaloa	90	556	518	4
CMC area	46	118	118	3
Colombo	150	460	286	3
Galle	63	223	205	3
Gampaha	129	491	320	13
Hambantota	35	167	165	4
Jaffna	16	51	51	2
Kalmunai	47	183	180	3
Kalutara	89	303	247	4
Kandy	12	41	32	0
Kegalle	13	46	40	3
Kilinochchi	6	12	12	2
Kurunegala	85	385	374	6
Mannar	9	32	32	0
Matale	13	46	46	0
Matara	55	218	182	3
Moneragala	30	105	100	0
Mullaitivu	7	23	23	1
Nuwara Eliya	2	6	6	0
Polonnaruwa	45	170	170	2
Puttalam	39	117	117	0
Ratnapura	74	146	146	2
Trincomalee	20	62	62	0
Vavuniya	6	13	13	0
Total	**1213**	**4424**	**3817**	**77**

Table 7 - Contact history mentioned in IPF in 2020

District	New cases	Contact history positive	Family or household	%	Neighbor	%	Other	%	Social	%	Source not mentioned
Ampara	30	3	3	100.00%	0	0.00%	0	0.00%	0	0.00%	0
Anuradhapura	78	20	13	65.00%	3	15.00%	0	0.00%	0	0.00%	4
Badulla	24	1	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1
Batticaloa	90	12	8	66.67%	0	0.00%	0	0.00%	2	16.67%	2
CMC area	46	9	6	66.67%	0	0.00%	1	11.11%	0	0.00%	2
Colombo	150	23	13	56.52%	3	13.04%	1	4.35%	1	4.35%	5
Galle	63	6	4	66.67%	0	0.00%	0	0.00%	0	0.00%	2
Gampaha	129	25	15	60.00%	1	4.00%	1	4.00%	2	8.00%	6
Hambanthota	35	3	0	0.00%	0	0.00%	1	33.33%	2	66.67%	0
Jaffna	16	6	4	66.67%	0	0.00%	1	16.67%	0	0.00%	1
Kalmunai	47	8	3	37.50%	0	0.00%	2	25.00%	2	25.00%	1
Kalutara	89	12	8	66.67%	2	16.67%	0	0.00%	1	8.33%	1
Kandy	12	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
Kegalle	13	1	1	100.00%	0	0.00%	0	0.00%	0	0.00%	0
Kilinochchi	6	2	1	50.00%	0	0.00%	0	0.00%	0	0.00%	1
Kurunegala	85	11	8	72.73%	1	9.09%	0	0.00%	1	9.09%	1
Mannar	9	1	1	100.00%	0	0.00%	0	0.00%	0	0.00%	0
Matale	13	1	1	100.00%	0	0.00%	0	0.00%	0	0.00%	0
Matara	55	7	3	42.86%	0	0.00%	1	14.29%	1	14.29%	2
Moneragala	30	7	6	85.71%	0	0.00%	0	0.00%	1	14.29%	0
Mullaitivu	7	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
Nuwara Eliya	2	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0
Polonnaruwa	45	14	10	71.43%	1	7.14%	0	0.00%	1	7.14%	2
Puttalam	39	5	5	100.00%	0	0.00%	0	0.00%	0	0.00%	0
Ratnapura	74	18	16	88.89%	1	5.56%	0	0.00%	1	5.56%	0
Trincomalee	20	3	2	66.67%	0	0.00%	0	0.00%	0	0.00%	1
Vavuniya	6	3	3	100.00%	0	0.00%	0	0.00%	0	0.00%	0
Total	**1213**	**201**	**134**	66.67%	**12**	5.97%	**8**	3.98%	**15**	7.46%	**32**

Table 8 -Satellite clinic information in 2020

District	Satellite clinic	Number of Patients Screened	Number of Cases detected	Number of Cases With deformities
Ampara	No Satellite Clinic			
Anuradhapura	BH Padaviya	555	0	0
Badulla	BH-Bandarawela	2477	0	0
	DH-Welimada	5022	1	0
	DH-Giradurukotte	Not Functioned in 2020		
Batticaloa	BH-Valachchena	228	0	0
CMC	Prison Hospital Welikada	Not Functioning		
Colombo	DH Lunawa	Not Functioning		
	DH Sedawatta	Not Functioning		
Galle	BH-Udugama	1158	3	1
Gampaha	DH-Minuwangoda	Not Functioned in 2020		
	BH-Kiribathgoda	Not Functioned in 2020		
Hambantota	BH-Tissamaharama	Not Functioning		
Jaffna	DH-Chankanani	Not Functioned in 2020		
	BH-Chavakacheri	Not Functioned in 2020		
	DH-Point Pedro	Not Functioning		
Kalmunai	BH-Sammanthurai	838	0	0
Kalutara	DH-Mathugama	Not Functioning		
	DH-Beruwala	Not Functioning		
Kandy	TH-Peradeniya	402	0	0
Kegalle	DH-Deraniyagala	70	0	0
Kilinochchi	No Satellite Clinic			
Kurunegala	BH-Galgamuwa	230	0	0
Mannar	No Satellite Clinic			
Matale	No Satellite Clinic			
Matara	DH-Akuressa	Not Functioning		
	DH-Urubokka	Not Functioning		
Moneragala	BH-Wellawaya	Not Functioned in 2020		
Mullaitivu	No Satellite Clinic			
Nuwara Eliya	No Satellite Clinic			
Polonnaruwa	DH-Aralaganvila	Not Functioning		
Puttalam	DH-Dankotuwa	Not Functioning		
Ratnapura	BH-Kalawana	Not Functioning		
Trincomalee	DH-Kilivetti	Not Functioning		
Vavuniya	DH-Cheddikulam	72	0	0
Total		**11052**	**4**	**1**

Table 9 - Leprosy Control activities in District Level in 2020

District	Surveys (Community/HH/Ring Surveys)	Output (cases found)	Skin Clinics	Output (cases found)	Health staff training	Output	SMI	Output (cases found)	Public Awareness programs	Output
Ampara	0	0	0	0	3	84	0	0	0	0
Anuradhapura	1	621	1	213	12	420	1	112	22	1024
Badulla	0	0	0	0	3	72	0	0	0	0
Batticaloa	1	255(6)	1	110(4)	34	1045	5	854(9)	7	578
Colombo	0	0	0	0	2	60	1	172	0	0
Galle	1	600(1)	0	0	6	240	0	0	20	2845
Gampaha	1	800(2)	3	360(4)	19	1080	0	0	5	1200
Hambantota	1	520(1)	1	167(1)	6	180	0	0	2	140
Jaffna	1	100	1	100	14	550	2	40	1	45
Kalmunai	0	0	4	124	16	1438	16	288	21	1305
Kaluthara	1	225	1	112	21	470	1	75	1	125
Kandy	0	0	0	0	11	285	0	0	3	75
Kegalle	1	156	0	0	9	225	1	140	2	80
Kilinochchi	1	40(2)	2	100	4	80	4	30	6	300
Kurunegala	0	0	0	0	2	112	0	0	0	0
Mannar	0	0	0	0	5	220	0	0	1	45
Matale	0	0	0	0	13	328	0	0	0	0
Matara	0	0	0	0	6	175	12	1020	10	785
Moneragala	0	0	0	0	11	425	0	0	3	250
Mullaitivu	2	75(1)	3	85(1)	2	45	0	0	1	32
Nuwara Eliya	0	0	0	0	5	210	0	0	1	80
Polonnaruwa	82	3768(9)	22	2023(1)	25	612	8	452	15	652
Puttlam	0	0	0	0	4	90	1	35	1	40
Ratnapura	27	2378(2)	1	103	7	247	1	146	2	104
Trinomalee	1	1100	1	90	1	20	0	0	1	297
Vavuniya	6	320(1)	2	48	12	330	0	0	7	730
CMC Area	64	4751(7)	3	169	1	17	2	187	1	177
Total	**191**	**15709**	**46**	**3804**	**167**	**9060**	**55**	**1840**	**133**	**10909**

Table 10 - Services provided by the Central Leprosy Clinic in 2020

Total number of patient visits		**2027**
Total number of new cases		42
Number of Leprosy patients	Male	33
	Female	9
	Total	42
Number of Defaulters	MB Patients	7
	PB Patients	-
	Total	7
Number of reactions	Type 1	4
	Type 11	1
	Total	5
Change of treatment PB to MB		Nil
Number of patients not on WHO regime	Without Dapsone	4
	Dapsone every other day	-
	Other	-
	Total	4
Number of deformities while on treatment		-
Number of smears done	Positive	424
	Negative	210
	Total	634
Number of deformities	Grade 1	2
	Grade 2	2
	Total	4
Number of patients on	Steroid	11
	Clofazimine	-
	Thalidomide	-
Number of treatments, completed in 2019	MB Patients	54
	PB Patients	18
	Total	72
Number of patients given physiotherapy	New patients	42
	Follow up patients	150
	Total	192
Number of patients with wounds managed at CLC	New patients	06
	Follow up patients	59
	Total	65
Number of specimens sent to lab	Blood & Urine	1214
	Skin Biopsy	09
	G6PD	55
	Total	1278
District of residence	Colombo	24
	Out of Colombo	18
	Total	42

Table 11 - Number of patients in Hendala Hospital that received care through clinic visits / to other hospitals in 2020

Hospital	No. of visits
National Hospital of Sri Lanka	85
Colombo North Teaching Hospital	224
Eye Hospital Colombo	14
National Hospital For Respiratory Diseases	28
Dental Institute	22
Central Leprosy Clinic	13
Rehabilitation Hospital Ragama	07
Maharagama Apeksha Hospital	05

Table 12 - Cadre at ALC by the end of 2020

03/2017 Salary Cade	Category	Service	service/ Designation	Approved Cardre	Service (In position)			
						ALC Office Welisara	Leprosy Clinic at NHSL	Leprosy Hospital Hendala
SL-1-2016	A	MAS	Director	01	01	01		
SL-1-2016	A	MAS	D. Director	01	0			
SL-1-2016	A	SLAcS	Accountant	01	0			
SL-3-2016	A	MS	CCP	01	01	01		
SL-3-2016	A	MS	C. Dermato	01	01			
SL-2-2016	A	MS	MO	12	11	05	04	02
MP-2-2016	B	RMO	RMO	01	01	01		
MN-7-2016	B	MAS	MaAss.Su	01	0			
MT-8-2016	B	NS	PHNS	01	01	-	01	
MT-7-2016	B	NS	Nursing	08	07	-	-	07
MT-5-2016	B	PMS	P.H.I	02	02	01	01	
MT-6-2016	B	PSM	M.L.T.	02	01		01	
MT-6-2016	B	PSM	Pharmaci	01	02			02
MT-6-2016	B	PSM	Phi: Ther	01	01	-	01	
MT-4-2016	B	PMS	PHLT	01	01		01	
MT-1-2017	B	SLITS	IT Assis	01	0			
MN-4-2016	C	DOS	DO	05	02	02		
MN-3-2016	C	SLTS	Dispenser	02	02		01	01
MN-2-2016	C	PMAS	PMA	15	09	07		02
MN-1-2016	C	Dpt	Diet.Cler	01	01			01
MN-1-2016	C	Dpt	Diet Stu:	02	02			02
PL-3-2016	D	Dpt	Drivers	05	04	03		01
PL-2-2015	D	Dpt	Tel Oper	01	01	01		
PL-2-2016	D	Dpt	HosOvers	01	0			
PL-2-2016	D	Dpt	Attenda	11	06		01	06
PL-2-2016	D	Dpt	Cook	04	03			03
PL-2-2016	D	Dpt	Baber	01	0			
PL-2-2016	D	Dpt	Lab Assi	01	0			
PL-1-2016	D	Dpt	K.K.S	03	03	02		01
PL-1-2017	D	Dpt	Book Bin	01	01	01		
PL-1-2016	D	Dpt	S.K.S Or	20	11	02	02	07
PL-1-2016	D	Dpt	S.K.S Jun	06	05	01		04
TOTAL				**114**	**80**	**28**	**13**	**39**

Table 13 - Annual expenses in 2020 – Recurrent

Budget line	Budget line Description	Year 2019 (LKR)		Year 2020 (LKR)	
		Allocation	Total expenses	Allocation	Total expenses
111-1-5-1001	Salaries	38,675,540.00	36,726,836.57	39,120,764.00	39,717,399.46
111-1-5-1002	Overtime	24,075,315.00	23,539,556.68	23,477,692.00	24,599,225.16
111-1-5-1003	Others	18,629,220.00	17,457,936.58	16,951,488.38	17,428,618.12
111-1-5-1101	Travel Expenses	1,401,000.00	1,255,155.06	1,294,073.72	11,590,70.02
111-1-5-1201	Office Equipment	450,000.00	253,822.00	379,628.00	3772992.24
111-1-5-1202	Fuel	800,000.00	709,471.84	753,046.90	752948.70
111-1-5-1203	Raw Food	5,300,000.00	3,483,636.83	5,853,146.00	5,837,572.77
111-1-5-1205	Others	600,000.00	473,473.18	660,926.50	448151.46
111-1-5-1301	Vehicle Maintenance	850,000.00	581,619.68	700,000.00	677220.95
111-1-5-1302	Machinery and Equipment Maintenance	350,000.00	250,142.40	565,707.00	305241.92
111-1-5-1303	Building Maintenance	250,000.00	249,009.04	522,115.00	202925.00
111-1-5-1401	Transport Expenses	25,000.00	12,645.00	785.00	785.00
111-1-5-1402	Postal and Communication	1,290,000.00	1,287,870.17	1,191,549.00	1033567.17
111-1-5-1403	Water and Electricity	3,800,000.00	2,735,158.74	2,642,690.00	2642235.30
111-1-5-1404	Leases	25,000.00	0.00	-	-
111-1-5-1409	Others	12,193,830.00	11,555,216.43	12,306,665.00	12,185,855.00
111-1-5-1506	Land Mortgages	500,000.00	382,896.92	304,776.00	283,860.90
111-1-5-1508	Others	88,000.00	57,395.00	-	-
	TOTAL	**96521075.00**	**89054160.59**	**1067250525.50**	**111047669.10**

Table 14 - Annual expenses in 2020 – Capital

Budget line	Budget line Description	Year 2019 (LKR)		Year 2020 (LKR)	
		Allocation	Total expenses	Allocation	Total expenses
	WHO	1,690,595.08	1,690,670.51	5,702,533.00	4,331,990.07
	Vehicle repair	594,242.00	363,109.96	202,376.00	202,375.00
	Buildings	3,000,000.00	762,733.25	5,470,153.06	410,065.60
	Office Equipment	182,500.00	182,500.00	147,045.00	147,045.00
	GOSL	8,000,000.00	5,161,565.21	3,018,209.32	3,017,033.74
	TOTAL	**17562307.08**	**11073338.33**	**14540316.38**	**8108509.41**

Table 15 - WHO/ Sasakawa/ Nippon/ BDSF funded activities in 2020
(Progress of WHO activities as at 31.12.2020)

	Activity	Obligation	Progress	Utilization
1	Workshops with local experts for physiotherapists / Occupational therapists in Disability management and rehabilitation (4 Programs)	10,00256.00	100%	9,92877.00
2	Monitoring and evaluation of Leprosy related activities in Regional level(13 Programs)	739,490.29	100%	739,490.29
3	Anti-Leprosy Campaign capacity building program for staff and Public Health Inspectors (3 Programs)	385,280	100%	384,780.00
4	Capacity building for preventive and curative health staff for early diagnosis and referral of Leprosy (6 Programs)	21,48238.86	100%	21,48238.86
5	Training of health and other prison staff for early diagnosis and referral leprosy	475,961.43	100%	475,961.43
6	Detailed Case Analysis of Leprosy in Sri Lanka (2 programs)	161,1686.57	100%	160,8058.00
7	Preparation of the coasted National Strategic Plan 2021-2025 (6programs)	805,165.71	30%	96472.80

Table 16- Activities done in districts in 2020 (other than ALC funds)

District	Activity	Number	Funded organization
1. Polonnaruwa	House to house Survey	12	FAIRMED
	Special Screening Programms	14	
	Health staff Training	9	
	SMI	8	
	Public Awareness Programs	15	
	Ring Surveys	30	
	Special Contact Screening	40	
	Screening skin clinics at schools	8	
	Wall Art		
2. Ratnapura	House to house Survey	27	FAIRMED
	Skin clinics	1	
	SMI	1	
	Public Awareness Programs	2	
	Health Staff Training	4	
3. CMC Area	House to house Survey	64	FAIRMED
	Skin clinics	3	
	Health staff Training	1	
	SMI	2	
	Public Awareness Programs	1	
4. Batticaloa	Health Staff Training	4	
	SMI	5	
	Public Awareness Programs	7	
5. Kegalle	House to house Survey	1	
	Public Awareness Programs	3	
6. Colombo	Public Awareness Programs	1	
	Skin clinics	1	
7. Vavuniya	House to house Survey	5	
	Public Awareness Programs	6	
8. Puttalam	Public Awareness Programs	1	
9. Jaffna	Public Awareness Programs	1	
	Health Staff Training	2	
	SMI	2	
10. Kurunegala	Public Awareness Programs	1	
11. Galle	House to house Survey	1	
	Public Awareness Programs	20	
12. Trincomalee	Public Awareness Programs	1	
13. Monaragala	Public Awareness Programs	3	
14. Kalutara	SMI	1	
	Health Staff Training	10	
	Public Awareness Programs	1	
15. Kilinochchi	Skin clinics	1	
	SMI	1	
	Public Awareness Programs	6	
16. Anuradhapura	Public Awareness Programs	2	
	Skin clinics	1	
17. Kalmunai	Skin clinics	3	
	SMI	16	
	Public Awareness Programs	21	
18. Gampaha	Public Awareness Programs	2	
	Skin clinics	1	
	Health Staff Training	4	
19. Hambanthota	Public Awareness Programs	20	
20. Nuwara Eliya	Public Awareness Programs	1	
21. Matara	Public Awareness Programs	10	
	SMI	12	
22. Mannar	Public Awareness Programs	1	
23. Kandy	Public Awareness Programs	1	
	Health Staff Training	1	
24. Matale	House to house Survey	1	
	Public Awareness Programs	4	

Table 17 - Basic information of Leprosy Hospital, Hendala in 2020

Total no of wards/units	**04**
Total no of beds	**46**
Total admissions in 2020	**10**
Average length of stay	**Life long**
Number of patient's end of 2020	**35**
Number of Deaths in 2020	**01**

Table 18 - FAIRMED Foundation funded district level activities in 2020

Activity	CMC	RATNAPURA	POLONNARUWA
Awareness Programmes	11,200.00	-	122,200.00
Screening Programmes	212,170.00	373,320.00	704,782.50
Health Staff Training	-	13,250.00	119,525.00
Community Surveys	-	-	878,371.00
Leprosy Day Activities	-	-	236,125.00
Total	**223,370.00**	**386,570.00**	**2,061,003.50**

Summary of services provided by the Anti-Leprosy Campaign

Anti-Leprosy Campaign is the focal point of leprosy control activities at Ministry of Health in Sri Lanka, which consists of Central Leprosy Campaign, district teams, CLC and Hendala Leprosy Hospital.

Services provided by CLC

- Detection of new leprosy patients.
- Tracking of defaulters.
- Detection of drug reactions.
- Detection and management of deformities.
- Performing split skin smears.
- Providing MDT treatment.
- Physiotherapy and rehabilitation services.
- Wound care.
- Perform laboratory investigations.

Services provided by Hendala Leprosy Hospital

- Inward care of leprosy patients.
- Referral of inward patients to other hospitals (eye hospital, dental institute, rehabilitation hospital Ragama).

Services provided by Central Leprosy Campaign
(Administrative services)

- Development of the National Strategic Plan with Communication Strategic plan for year 2021 to year 2025.
- Disease surveillance through web based system and patient mapping system.
- House to house survey in high endemic districts.
- Monitoring and evaluation sessions were conducted at Dermatology clinics.
- Monitoring and evaluation visits were done in 11 districts.
- Annual Review meetings of the previous year were conducted in two sessions at Anuradhapura and Colombo.
- Seven district review meetings were conducted.
- Detailed case analysis of Leprosy in Sri Lanka was initiated.

Services for the staff

- Capacity building programs were conducted for preventive and curative health staff for early diagnosis and referral of Leprosy.
- Capacity building programs on mental well-being were conducted for Anti-Leprosy campaign staff.
- PHI training on Leprosy activities was conducted.
- Workshops were conducted with local experts for physiotherapists/ Occupational therapists in disability management and rehabilitation.

Services for Patients

- Distributed MCR shoes, splints, gutters and ulcer care kits for leprosy patients with grade 2 disabilities.
- Distributed MDT treatment for all leprosy patients in the country to their doorstep by Anti – Leprosy Campaign during the lock down period due to COVID – 19 pandemic.
- Dry ration vouchers were distributed to needy Leprosy patients in all the provinces in the country COVID – 19 pandemic to support their economy.

Services for the General Public

- Several awareness programmes were broadcast through mass media (Derana, Rupavahini, ITN, and Sirasa) and several articles on Leprosy were published in Newspapers.
- Special awareness programs and mobile clinics were conducted in Poya days for the people who observed sil, at Matara and Galle.
- Twenty four (24) illuminated boxes (in 2 sets) on Leprosy were prepared and 2 hoardings were established in Colombo.
- Special awareness programs were conducted for the religious leaders at Kotagala and for school children at Diyathalawa.
- A stall on Leprosy and its prevention was conducted in Medicare exhibition at BMICH.
- Conduction of mobile skin clinics.
- Conduction of community screening activities.
- Conduction of contact screening.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