Draft Hyderabad Abstract - 300 word limit

----------------------------------------------------------------------------------------------------------------

**Title:** Earmarked funding to stimulate population based active case-finding for leprosy – initial results of an NGO initiative in six areas across four countries

**Authors:** Macintosh C, Morgan Y on behalf of St Francis Leprosy Guild

----------------------------------------------------------------------------------------------------------------

**Introduction:** To increase its contribution to WHO’s objective of ‘accelerating towards a leprosy-free world’, a UK Leprosy NGO began funding partner organisations in less-developed countries to conduct population based active case-finding for leprosy.

**Objective:** To examine/screen all or most of the residents or members of target populations in which leprosy endemicity is relatively high, such as an area in which recently diagnosed leprosy cases are resident or hard-to-reach populations in which suspect leprosy cases are likely to be found.

**Material and methods:** Six grants of around $30,000 ($10,000 annually) each were awarded for three programmes in India and one each in Pakistan, Bangladesh, and Nepal to find new cases of leprosy through actively examining all in specified target populations. Each programme is expected to ensure suspect cases undergo expert examination and/or skin-slit microscopy to enable confirmation of a leprosy diagnosis prior to treatment and contact-management. Another requirement is six-monthly progress reporting to each national programme and to the UK NGO.

**Results:** The reported first year aim for the six programmes was to screen 409,000 individuals (range 3,000 to 150,000). After 6 months, 244,287 (60%) were examined, and 503 suspect cases found, including 147 confirmed leprosy cases (0.6 confirmed cases per 1,000 screened and the male: female ratio was 75:72). Multi-bacillary leprosy was reported for 57 cases and G2D in 12 cases. Across the programmes there was a large variation in the rate of suspect cases detected from 0.08 to 21 per 1,000 screened.

**Limitations:** The information requested by the funding UK NGO is inadequate to explain the variation between local programmes in the rate of suspect cases reported. Each programme, however, succeeded in detecting new cases of leprosy.

**Conclusion:** Earmarked funding for active case-finding stimulated outreach activities to detect new leprosy cases at an average rate of 0.6 cases per 1,000 individuals screened.