Progress towards elimination of leprosy in the Eastern Mediterranean Region

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Abstract

Background: Although leprosy ceased to be a global public health problem in 2000, some countries are still reporting new cases.

Aim: To evaluate progress towards the interruption of leprosy transmission, and its elimination, in the Eastern Mediterranean Region.

Methods: We extracted and analysed leprosy data for 2012–2023 for the Eastern Mediterranean Region countries from the WHO Global Health Observatory. We calculated the new case detection rates, the Grade 2 disabilities case rates and the new child cases per million population.

Results: New case detection rate increased from 3.7 per million population in 2012 to 6.0 in 2018 and then decreased to 3.6 in 2023. Among children aged < 15 years, new case detection rate increased from 0.6 cases per million in 2012 to 1.3 in 2017 and then decreased to 0.5 in 2023. The proportion of females among new cases increased from 34.4% in 2012 to 42.0% in 2023. Grade 2 disability rate decreased from 0.5 cases per million population in 2012 to 0.3 in 2023. By 2023, Egypt, Pakistan, Somalia, Sudan, and Yemen accounted for 94% of cases. Thirteen countries reported 0–10 new autochthonous cases annually. The proportion of non-autochthonous cases increased from 3.4% in 2016 to 4.2% in 2023.

Conclusion: Some Eastern Mediterranean Region countries are progressing towards the elimination of leprosy. The decrease in leprosy cases among children in the region indicates a reduction in active transmission. Continuous investment by all the countries will enhance early diagnosis and detection, ensure effective disease management and promote social inclusion as outlined by the WHO global leprosy strategy.

Keywords: leprosy, leprosy transmission, leprosy elimination, case detection, early diagnosis, disease management, Eastern Mediterranean

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Introduction

Leprosy is an ancient disease that continues to be burdened by stigma, discrimination and prejudice. Despite being curable through early detection and treatment, these barriers continue to hinder control and elimination efforts. Late diagnosis resulting in visible deformities perpetuates more suffering, causing patients to be rejected by their own communities and from healthcare settings, further compromising health-seeking behaviour (*1*).

Leprosy is caused by *Mycobacterium leprae* and primarily affects skin, peripheral nerves, upper respiratory tract mucosa and eyes (*2*). WHO categorizes leprosy as one of the 21 neglected tropical diseases and its risk is linked to poor socioeconomic status, including poverty, low level of education, and food insecurity. Immunity and genetic predisposition also play a role in disease progression and pattern (*3*). Leprosy is a slowly progressing disease; the average incubation period is 5 years and might extend beyond 10 years. Patients who are diagnosed late or who lack access to treatment are at higher risk for prolonged nerve damage and the resultant impairments referred to as Grade 2 disability (G2D) such as claw hand, foot drop and lagophthalmos. In addition to causing chronic pain and subjecting patients to social stigma, these disabilities can limit mobility and performance of normal physical activities, thereby severely diminishing quality of life (*4*).

From 1982 to 1991, the globally registered prevalence of leprosy decreased by 90% due to the use of multidrug therapy (*5*). Encouraged by this success, the 44th World Health Assembly passed a resolution urging countries to improve early case detection and set a target of elimination of leprosy as a public health problem, defined as registered prevalence of < 1 case per 10 000 population (*6*). Elimination at the global level was achieved in 2000 but new cases continue to be detected at country levels. In 2021, WHO published *The global leprosy strategy 2021–2030 towards zero leprosy* to accelerate progress and redefine the key long-term vision: zero infection and disease, zero disability, and zero stigma and discrimination (*7*).

Early case detection and treatment are crucial in halting the progression of leprosy and preventing disabilities. Globally, the new case detection has shown a gradual reduction over the past 20 years from 600 000

to < 175 000. Nearly 45 countries reported no new cases in 2022 (*8*). To refocus on interruption of transmission and disease elimination, WHO developed The Leprosy Elimination Framework as a standardized method that can be applied at subnational level upwards to the national level, to gradually reach nonendemic status (*9*). Supported by modelling analysis, the framework proposes 3 elimination phases: interruption of transmission, elimination of leprosy disease and post-elimination surveillance (*10*). Once a subnational area, a country or region achieves the defined milestone of a particular phase, it progresses to the next phase. The epidemiologic cut-off for interruption of transmission phase is achieved when no new autochthonous cases have been detected among children for ≥ 5 consecutive years (*11*). The disease elimination phase is reached when no autochthonous cases (of any age) have been detected for the subsequent 3 years, in addition to having no paediatric cases for the previous 5 years. In the post-elimination surveillance phase, countries have to report 0 or sporadic autochthonous cases for ≥ 10 years. After these 3 phases, countries reach nonendemic status, in which sporadic cases may still occur among the autochthonous population due to the long incubation period of leprosy.

The WHO Eastern Mediterranean Region (EMR) consists of 22 Member States with a total population of 745 million. The Region is diverse, with a sharp contrast in social and economic indicators between and sometimes within Member States. The EMR is facing health challenges due to population growth, disparity in terms of health system functioning, and risk of epidemics. Political insecurity, resulting in unrest, conflict and population movement place further strain on health systems. These conditions need to be considered when moving towards disease elimination.

In this review, we analysed country leprosy programme implementation during 2012–2023 to evaluate progress made by EMR Member States towards interruption of transmission and elimination of leprosy.

Methods

WHO collects statistics and information related to leprosy programme implementation from national programmes on an annual basis using standardized indicators, definitions and templates through an online DHIS2-based platform. Data are reviewed for consistency and completeness before analysis and final publication on the WHO Global Health Observatory (GHO). We extracted quantitative data for countries within the EMR from 2012 to 2023.

The new case detection rates were calculated using mid-year medium variant estimates of total population from United Nations Department of Economic and Social Affairs (UNDESA) data base as denominators (*12*). New G2D case rates were also calculated with the same denominator.

Ethics statement

This manuscript did not require ethics approval. The analysis was conducted exclusively on aggregated data and already publicly available. No individual-level or identifiable information was collected or reported.

Results

Case detection trends

The new case detection rate in the EMR increased from 3.7 per million population in 2012 to 6.0 in 2018 before decreasing to 3.6 in 2023 (Figure 1, Table 2). Similar trends in case detection rates were reported by Somalia: case detection rate increased from 44.3 per million population in 2016 to 129.6 in 2022 and decreased to 82.7 in 2023. The case detection rate among children aged < 15 years increased from 0.6 cases per million in 2012 to 1.3 in 2017 before decreasing to 0.5 in 2023 (Table 1).

Demographic characteristics

The proportion of females among new cases increased from 34.4% in 2012 to 42.0% in 2023 (Figures 2&3). In 2023, 15 Member States reported 1187 females among new cases. More than 97.8% of these cases were reported from Egypt, Pakistan, Somalia, Sudan and Yemen. The proportion of children among new cases decreased from 5.4% in 2012 to 4.5% in 2023 (Table 1). In 2023, 6 Member States reported 127 cases among children. Egypt and Somalia had detection rate among children higher than one per million child population (1.3 and 5.5 cases per million child population).

Disability

The G2D rate decreased from 0.5 cases per million population in 2012 to 0.3 in 2023 (Figure 1). The proportion of new cases with G2D also decreased from 14.0% in 2012 to 7.9% in 2023 (Table 3). In 2023, 223 cases with G2D at the time of diagnosis were reported. Qatar and Somalia reported G2D rate > 1 case per million (3.0 and 2.3). All the cases reported from Qatar were non-autochthonous cases. The highest proportion of G2D among new cases was reported from Iraq (2/3, 66.6%). Seven countries, Afghanistan, Egypt, Islamic Republic of Iran, Morocco, Pakistan, Qatar and Sudan reported G2D proportion > 10% among new cases in 2023. From 2012 to 2023, 29 cases among children with G2D at the time of diagnosis were reported. The highest number of children with G2D was reported in 2023 (5 cases): 3 in Egypt and 1 each in Somalia and Sudan.

Geographical distribution

All EMR countries demonstrated a declining case detection rate. From 2012 to 2023, 3 countries (Afghanistan, Morocco and Islamic Republic of Iran) reported between 11 and 100 new cases annually (Table 2). Egypt, Pakistan, Sudan and Yemen reported between 300 and 900 new cases per year. Somalia reported a sharp increase in the number of cases from 139 in 2012 to 2307 in 2022. By 2023, Egypt, Pakistan, Somalia, Sudan and

Figure 1 Rate of newly detected leprosy and grade 2 disability cases per million population in the Eastern Mediterranean Region, 2012–2023

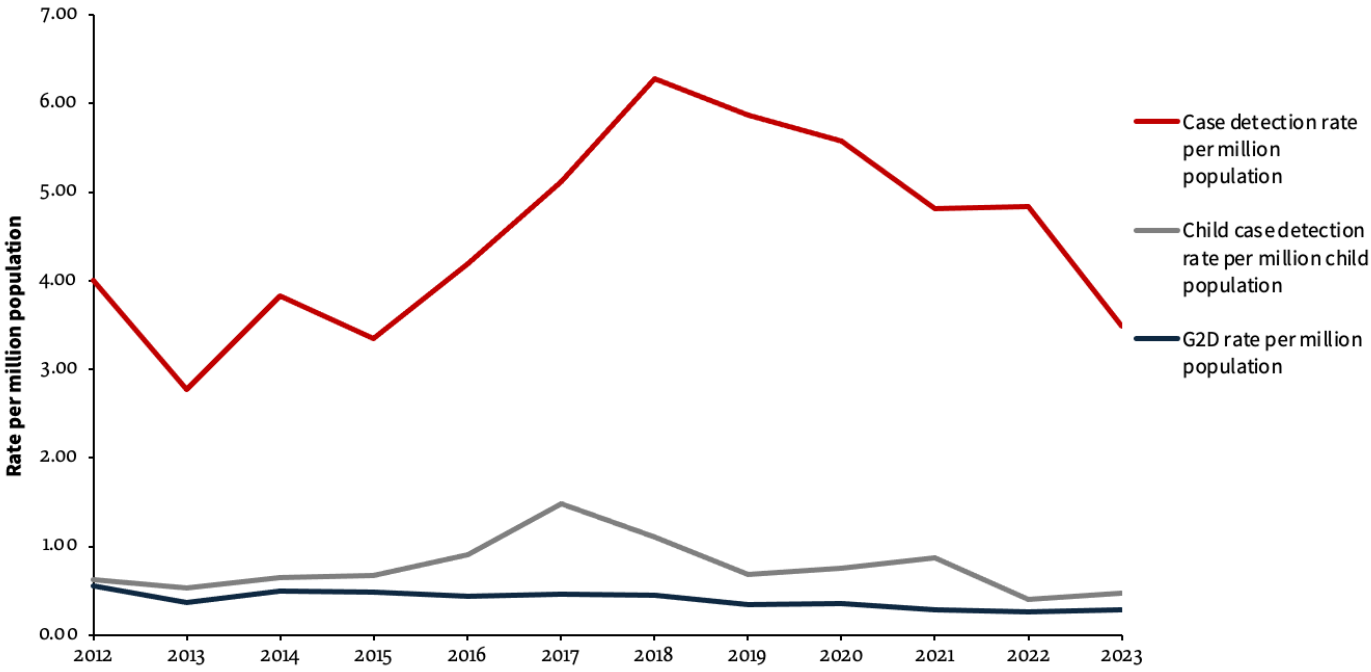


Table 1 New leprosy cases among children aged <15 years in the EMR Member States, 2012–2023

Country	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012
Afghanistan	1	ND	1	2	0	3	6	2	4	3	3	3
Bahrain	0	0	0	0	0	0	0	ND	0	ND	ND	ND
Djibouti	0	0	ND	0	ND	ND	ND	ND	0	ND	ND	0
Egypt	48	21	24	19	26	19	32	43	45	22	ND	29
Iran (Islamic Republic of)	0	0	0	0	0	1	0	0	0	1	0	1
Iraq	0	0	0	0	0	ND	ND	ND	0	0	0	0
Jordan	0	0	0	0	0	0	0	0	0	0	0	0
Kuwait	0	0	0	0	ND	0	0	0	ND	0	0	0
Lebanon	0	0	0	0	0	0	0	0	0	0	ND	0
Libya	0	ND	0	0	0	ND	ND	0	0	0	ND	0
Morocco	0	1	0	0	0	2	0	0	0	2	1	1
Oman	0	0	0	0	0	ND	0	0	0	0	0	0
Occupied Palestinian Territories	0	0	0	0	0	ND	ND	ND	0	ND	0	0
Pakistan	16	19	25	14	23	26	32	38	31	35	49	26
Qatar	0	0	0	0	0	0	0	0	0	0	0	0
Saudi Arabia	0	0	5	0	0	ND	0	0	0	0	0	0
Somalia	47	33	106	108	35	138	187	44	9	2	ND	21
Sudan	3	8	11	10	13	15	20	19	21	22	14	15
Syrian Arab Republic	0	0	0	0	1	1	0	0	0	ND	ND	ND
Tunisia	0	0	0	0	0	ND	0	0	0	0	ND	0
United Arab Emirates	0	0	0	0	0	0	ND	ND	ND	ND	0	ND
Yemen	12	21	38	27	51	53	61	58	38	55	47	36

ND – data not reported. Data are aggregated at the country-level.
Source: World Health Organization, 2024

Table 2 Number of new leprosy cases among EMR Member States, 2012–2023

Country	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012
Afghanistan	12	7	19	22	31	43	45	48	42	38	39	37
Bahrain	0	1	3	2	ND	1	2	3	6	ND	ND	ND
Djibouti	0	0	ND	0	ND	ND	ND	ND	12	ND	ND	2
Egypt	583	395	361	316	537	407	543	651	583	564	ND	644
Iran (Islamic Republic of)	7	6	10	5	18	29	19	10	17	22	21	21
Iraq	3	3	0	2	2	ND	ND	ND	0	3	3	1
Jordan	0	0	0	0	0	0	0	0	0	0	0	0
Kuwait	6	8	8	10	ND	9	6	6	ND	10	18	16
Lebanon	0	0	0	0	0	0	0	1	3	0	ND	1
Libya	1	ND	1	2	2	5	1	8	8	7	ND	4
Morocco	8	14	14	7	15	22	13	25	27	25	38	38
Oman	1	0	1	2	0	1	1	0	4	6	5	7
Occupied Palestinian Territories	0	0	0	0	0	ND	ND	ND	0	ND	0	0
Pakistan	236	259	285	225	347	342	403	397	446	501	431	377
Qatar	33	17	23	28	22	0	21	36	26	48	26	24
Saudi Arabia	26	19	25	16	17	18	9	13	3	7	8	4
Somalia	1519	2307	2030	2638	2425	2610	1576	635	107	14	ND	139
Sudan	188	472	499	526	478	509	551	624	624	684	677	727
Syrian Arab Republic	0	0	0	0	1	2	2	0	3	ND	ND	ND
Tunisia	2	0	0	2	0	ND	2	1	1	0	0	0
United Arab Emirates	57	38	41	78	ND	0	0	40	ND	ND	31	ND
Yemen	147	224	268	196	316	358	357	367	255	413	383	392

Data represent the total number of newly reported leprosy cases (all ages, male and female) aggregated at the country level.
Source: World Health Organization, 2024

Figure 2 Proportion of newly detected leprosy cases by gender, Eastern Mediterranean Region, 2012–2023

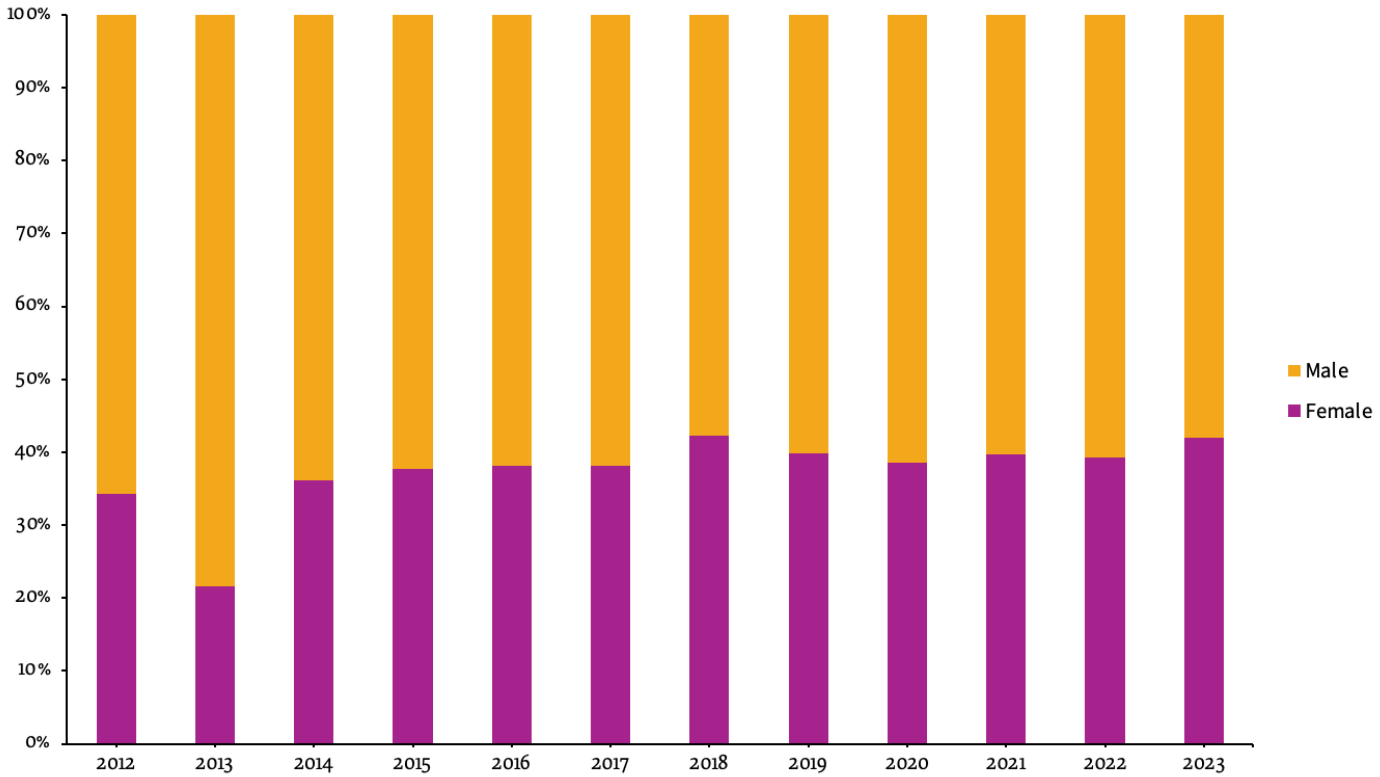


Table 3 Number of new leprosy cases with grade 2 disability among the EMR Member States, 2012–2023

Country	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012
Afghanistan	2	1	2	0	1	1	2	2	2	1	2	1
Bahrain	0	0	ND	0	0	0	ND	0	0	ND	ND	ND
Djibouti	0	ND	ND	0	ND	ND	ND	ND	ND	ND	ND	ND
Egypt	90	40	38	29	47	40	45	51	45	47	ND	68
Iran (Islamic Republic of)	2	2	5	1	6	5	9	3	6	8	9	6
Iraq	2	1	0	0	ND	ND	ND	ND	0	0	0	0
Jordan	0	0	0	0	0	0	0	0	0	0	0	0
Kuwait	0	0	0	0	ND	0	0	0	ND	0	2	3
Lebanon	0	0	0	0	0	0	0	0	0	0	ND	1
Libya	0	ND	0	ND	0	ND	0	0	0	0	ND	0
Morocco	1	2	0	1	1	4	0	0	0	2	0	8
Oman	0	0	0	ND	0	ND	0	0	0	0	0	1
Occupied Palestinian Territories	0	0	0	0	ND	ND	ND	ND	0	ND	0	0
Pakistan	50	45	48	31	54	50	72	61	85	90	66	89
Qatar	9	8	0	0	0	ND	0	0	0	0	0	0
Saudi Arabia	0	0	0	0	ND	ND	0	3	0	0	2	1
Somalia	43	21	48	68	60	129	93	74	45	5	ND	15
Sudan	24	74	53	115	64	66	79	82	120	118	110	121
Syrian Arab Republic	0	0	0	0	1	0	0	0	3	ND	ND	ND
Tunisia	0	0	0	0	0	ND	0	0	0	0	ND	0
United Arab Emirates	0	0	0	0	ND	0	ND	0	ND	ND	0	ND
Yemen	0	6	15	7	20	21	16	23	9	29	28	26

Data represent the total number of new leprosy cases with grade 2 disability at the time of diagnosis aggregated at the country level. As per WHO Classification, Grade 2 disability is defined as visible deformity or damage present in hands, feet, or eyes.
Source: World Health Organization, 2024.

Yemen accounted for 94% of cases in the region. Bahrain, Djibouti, Iraq, Kuwait, Jordan, Lebanon, Libya, Oman, Occupied Palestine Territory, Qatar, Saudi Arabia, Syrian Arab Republic and Tunisia reported between 0 and 10 new autochthonous cases annually. Jordan reported no autochthonous cases for 2012–2023.

Origin of infection

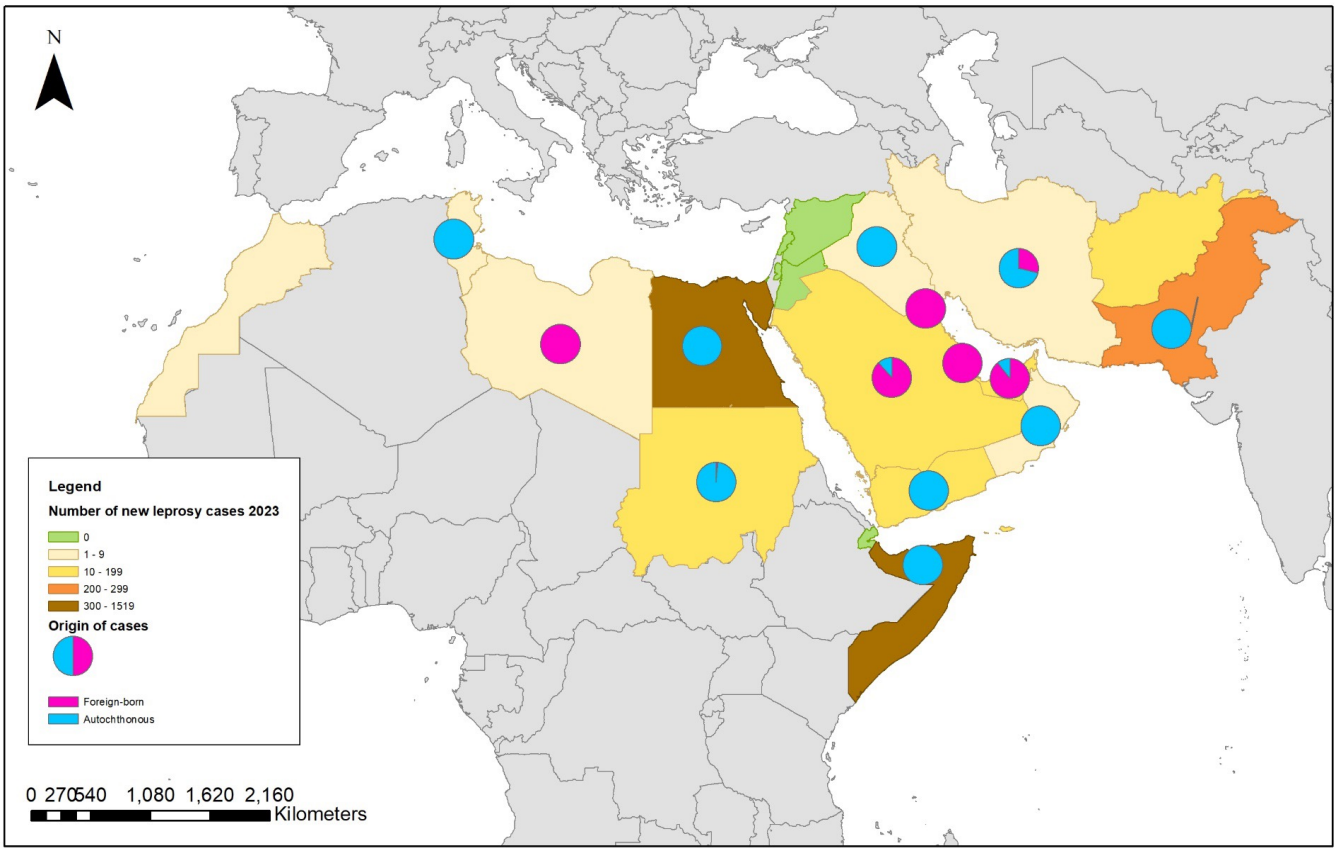
The proportion of non-autochthonous cases increased from 3.4% in 2016 to 4.2 % in 2023 (Table 4). From 2019 to 2023, Bahrain, Kuwait and Qatar reported all new leprosy cases to be non-autochthonous. Between 2019 and 2023, Bahrain, Islamic Republic of Iran, Iraq, Lebanon, Oman, Occupied Palestinian Territory, Qatar, United Arab Emirates and Tunisia reported no autochthonous leprosy cases among children less than 15 years.

Discussion

Although only representing 2% of new global leprosy cases reported in 2022, the EMR reported an increase in leprosy case detection from 2012 to 2023, indicating improvement in case detection and reporting. However, our review highlights the stark contrast in leprosy burden among Member States in the EMR, from 8 reporting mostly 0 autochthonous cases annually and a single country reporting a burden of > 2000 cases. Countries that continue to report high burdens generally have fragile health systems, widespread poverty and persistent stigma, which delay diagnosis and sustain transmission. In contrast, countries with a low burden often face the opposite challenge of under-detection due to limited clinical capacity and reduced programme prioritization. The sharp increase in regional figures reported between 2015 and 2023 was mainly due to enhanced active case finding in Somalia and improved efforts in several countries for early case detection with the support of partners (*13,14*). In contrast, the armed conflict in Sudan led to destruction of healthcare institutions and resulted in shortage of healthcare services affecting management of several diseases (*15,16*). Specifically for leprosy, there was a 60.2% reduction in number of leprosy cases reported from Sudan in 2023 compared to the previous year. These examples characterize the dichotomy of leprosy programme implementation in the region, with some national programmes continuing to expand, and others failing due to prevailing emergency situations.

The region is facing multiple emergencies – disease outbreaks, conflicts and natural disasters – all exerting a heavy toll on the population, with an estimated 140 million requiring humanitarian assistance in 2023, and more than a third of Member States classified by the

Figure 3 Number of leprosy cases reported (autochthonous and foreign-born) by countries in the Eastern Mediterranean Region, 2023



World Bank as fragile, conflict-affected and vulnerable in 2024 (*17,18*). Emergencies have a direct negative impact on health system performance and result in wider socioeconomic issues, such as food insecurity and poor access to water and sanitation (*19*). Within the EMR, only 59% of healthcare facilities provided basic hand hygiene services and 29% had basic sanitation services (*20*). The proportion of people living below the international poverty line (less than US$ 1.90 per day) in reporting countries in the EMR is > 25%, with the highest proportion in Yemen, where almost half the population live below the poverty line (*2*). These risk factors can facilitate leprosy transmission, which has been reported to increase up to 2 times in correlation with lower income, educational levels and unfavorable living conditions (*3*).

The overall decrease in number and proportion of new paediatric cases from 2012 to 2023 indicates a decrease in active leprosy transmission in the region. This is further supported by the reduction of new cases with G2D and increased detection among females during the same period, suggesting earlier diagnosis, enrolment on treatment and expanded programme scope. However, some countries continuously report cases among children with G2D at the time of diagnosis, suggesting persistent pockets of active new transmission and gaps in programme reach, delaying timely diagnosis. Low public investment in health has been reported in the region, resulting in high out-of-pocket expenditure at ≈40% for the general population in the EMR between 2005 and 2014 (*22*). Lack of knowledge and awareness among healthcare practitioners about leprosy has also been reported, which may have led to underdiagnosis, especially among lower burden countries (*23,24*). Coupled with leprosy-specific stigma including fear of diagnosis and of being ostracized from their communities, these factors could have reduced health-seeking behaviour and impeded effective service delivery to leprosy patients (*1, 25,26*).

Another distinguishing feature of leprosy programme management in the EMR is the detection and management of non-autochthonous leprosy cases. From 2016, countries started to differentiate between new local/autochthonous and non-autochthonous cases, which was highlighted by the elimination framework. Migration has resulted in an increase in leprosy prevalence and countries such as Kuwait and Saudi Arabia examine migrants upon arrival and periodically during check-ups, which facilitates early diagnosis and treatment (*27*). As the region hosts 64% of the world's refugees, and unless managed successfully, this could pose a challenge for elimination of leprosy (*28,29*). Additional efforts are necessary to reduce prejudice, stigma and discrimination. There are currently 108 laws globally that allow discrimination on the basis of leprosy. Countries should abandon policies that permit discrimination, as was done in Japan, which outlawed their life-long quarantine policy, and ensure that leprosy patients have equal rights with regard to citizenship, education, work and marriage (*30-32*).

Table 4 Proportion of new non-autochthonous leprosy cases among EMR Member States, 2016–2023

Country	2023	2022	2021	2020	2019	2018	2017	2016
Bahrain	*	100	100	100	100	100	100	NA
Iran (Islamic Republic of)	29	33	20	20	39	7	26	10
Kuwait	100	100	100	100	NA	100	100	100
Lebanon	*	0	0	0	0	0	0	100
Libya	100	ND	0	0	0	ND	0	ND
Morocco	ND	0	14	0	NA	0	15	0
Oman	0	0	100	100	100	75	67	100
Pakistan	0	NA	2.8	0.9	0.6	2	0.7	0.3
Qatar	100	100	100	0	100	NA	0	100
Saudi Arabia	89	84	60	94	78	89	100	85
Sudan	2	3	8	3	4	4	2	NA
United Arab Emirates	90	100	0	100	100	100	NA	100
Yemen	0	0	0	0	1.3	0	NA	0

Data represent the number of newly reported leprosy cases classified as non-autochthonous, defined as a case not presumed to have acquired infection following local transmission within the reporting area. Data are aggregated at the country level.
Source: World Health Organization, 2024.

Our review draws on more than a decade of surveillance data and applies WHO-standardized indicators, enabling comparability across time and between countries. The analysis highlights contextual factors particular to the region such as conflict, migration and stigma that influence leprosy control. However, the review also had limitations. National reporting may have underestimated true disease burden due to underdiagnosis, stigma, weak surveillance or even disrupted health services in fragile settings. Aggregated data do not capture subnational heterogeneity and the persistence of pockets with high transmission despite overall national-level progress. Further analysis can disaggregate data to investigate these pockets and target interventions accordingly.

Conclusion

Some of the countries in the EMR are progressing towards reduction of disease burden and elimination of leprosy. All countries need to continue investing in measures to enhance early diagnosis, ensure effective disease management, and promote social inclusion, as outlined by The WHO Global Leprosy Strategy. More specifically to the region, countries need to address barriers in accessing leprosy-related care and maintain sufficient capacities. In May 2024, WHO convened a mission to Jordan with an independent team of global experts and verified elimination of leprosy. Jordan was the first country in the world to have achieved that status. This brings a powerful message on leprosy and impulse to other countries in the region and worldwide to revitalize efforts towards interruption of transmission and elimination of leprosy.

In applying the elimination framework to the rest of the region, Bahrain, Islamic Republic of Iran, Iraq, Kuwait, Lebanon, Oman, Qatar, Tunisia and United Arab Emirates have reached the first phase of leprosy elimination. The health ministries in these countries have to evaluate their systems and ensure that a lack of case detection among children is not an artifact or an absence of awareness of leprosy, lack of training of health workers or a lack of access to diagnostic services. Once this has been confirmed in a given administrative area, the health ministry can formally acknowledge that interruption of transmission has been achieved. Bahrain, Kuwait, Lebanon and Qatar have reached the second phase of leprosy elimination and have not reported autochthonous cases. After addressing any data gaps, these countries can use the Transmission Assessment Tool and compile sufficient evidence to submit their country dossiers for validation.

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Competing interests: None declared.

Progrès réalisés en vue d'éliminer la lèpre dans la Région de la Méditerranée orientale

Résumé

Contexte : Bien que la lèpre ne constitue plus un problème de santé publique mondial depuis 2000, certains pays continuent de notifier de nouveaux cas.

Objectif : Évaluer les progrès accomplis en vue de l'interruption de la transmission de la lèpre et de son élimination dans la Région de la Méditerranée orientale.

Méthodes : Nous avons extrait et analysé les données relatives à la lèpre de l'Observatoire mondial de la santé de l'OMS pour la période 2012-2023, concernant les pays de la Région de la Méditerranée orientale. Nous avons calculé les taux de dépistage des nouveaux cas, les taux de cas d'incapacité de degré 2 et les nouveaux cas pédiatriques par million d'habitants.

Résultats : Le taux de dépistage des nouveaux cas a augmenté, passant de 3,7 cas par million d'habitants en 2012 à 6,0 cas en 2018, puis est redescendu à 3,6 cas en 2023. Chez les enfants de moins de 15 ans, le taux de dépistage des nouveaux cas est passé de 0,6 cas par million en 2012 à 1,3 cas en 2017 ; il est ensuite retombé à 0,5 cas en 2023. La proportion de femmes parmi les nouveaux cas a augmenté, passant de 34,4 % en 2012 à 42,0 % en 2023. Le taux d'incapacité de degré 2 a diminué, d'un niveau de 0,5 cas par million d'habitants en 2012 à 0,3 cas en 2023. En 2023, l'Égypte, le Pakistan, la Somalie, le Soudan et le Yémen concentraient 94 % des cas. Treize pays ont notifié 0 à 10 nouveaux cas autochtones chaque année. La proportion de cas non autochtones est passée de 3,4 % en 2016 à 4,2 % en 2023.

Conclusion : Certains pays de la Région de la Méditerranée orientale progressent sur la voie de l'élimination de la lèpre. La diminution des cas de lèpre parmi les enfants de la Région indique un recul de la transmission active. Un investissement continu de la part de tous les pays permettra d'améliorer le diagnostic et le dépistage précoces, de garantir une prise en charge efficace de la maladie et de promouvoir l'inclusion sociale, tel que le prévoit la Stratégie mondiale OMS de lutte contre la lèpre.

التقدم المحرز نحو القضاء على الجذام في إقليم شرق المتوسط

صوبرية واروسافيتانا، منى عثمان، بسمة صالح، نيفين ويلسون، فيفيك لال، فينكاتا بيمارا جو

الخلاصة

الخلفية: رغم أن الجذام توقف عن كونه مشكلة صحية عامة عالمية في عام 2000، مع ذلك فإن بعض البلدان لا تزال تبلغ عن حالات جديدة للإصابة به.

الأهداف: هدفت هذه الدراسة الى تقييم التقدم المحرز نحو وقف سريان الجذام والقضاء عليه في إقليم شرق المتوسط.

طرق البحث: استخلصنا بيانات الجذام وحللناها في الفترة من عام 2012 حتى عام 2023 لبلدان إقليم شرق المتوسط، من المرصد الصحي العالمي التابع لمنظمة الصحة العالمية. وحسبنا معدلات اكتشاف الحالات الجديدة، ومعدلات حالات الإعاقة من الدرجة الثانية، والحالات الجديدة بين الأطفال لكل مليون نسمة.

النتائج: ارتفع معدل اكتشاف الحالات الجديدة من 3.7 لكل مليون نسمة في عام 2012 إلى 6.0 في عام 2018، ثم انخفض إلى 3.6 في عام 2023. وارتفع معدل اكتشاف الحالات الجديدة بين الأطفال الذين تقل أعمارهم عن 15 عامًا من 0.6 حالة لكل مليون في عام 2012 إلى 1.3 حالة في عام 2017، ثم انخفض إلى 0.5 حالة في عام 2023. وارتفعت نسبة الإناث في الحالات الجديدة من 34.4% في عام 2012 إلى 42.0% في عام 2023. وانخفض معدل الإعاقة من الدرجة الثانية من 0.5 حالة لكل مليون نسمة في عام 2012 إلى 0.3 حالة في عام 2023. وبحلول عام 2023، أبلغت 94% من الحالات من باكستان والصومال والسودان ومصر واليمن. كما أبلغ ثلاثة عشر بلدًا عن 0–10 حالات جديدة محلية الأصل سنويًا. وارتفعت نسبة الحالات غير المحلية الأصل من 3.4% في عام 2016 إلى 4.2% في عام 2023.

الاستنتاجات: تحرز بعض بلدان إقليم شرق المتوسط تقدمًا نحو القضاء على الجذام. ويشير الانخفاض في حالات الجذام بين الأطفال في الإقليم إلى تحقيق انخفاض في معدل السريان النشط للمرض. وسيؤدي استمرار الاستثمار من جانب جميع البلدان إلى تحسين عمليات التشخيص والكشف في وقت مبكر، وضمان العلاج الفعال للأمراض، وتعزيز الإدماج الاجتماعي على النحو المبين في الاستراتيجية العالمية للمنظمة بشأن الجذام.

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