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Leprosy, or Hansen's disease, is a curable infectious disease caused by the bacillus M. leprae. In 1991, the World Health Assembly WHA44.9 set the goal for "elimination of leprosy as a public health problem" as less than one case on treatment per 10 000 population by 2000 (1). Since then, global leprosy strategies have focused on reducing the prevalence of the disease at country level and reducing transmission. Early detection and prompt treatment with multidrug therapy, the keystone for leprosy control, led to the achievement of this goal at global level by 2000, and in almost all countries, at least at the national level, by 2015 (2).

In 2020, globally, 127 396 new leprosy cases were reported, with a case detection rate of 16.4 per million population, a 37.1% reduction in new cases when compared with 2019. Brazil, India and Indonesia reported 74.0% detection of new cases detected in 2020 (3). In the same year, the WHO Eastern Mediterranean Region (EMR) reported 4077 new leprosy cases, 4.8% less than in 2019 (3). Ninety six percent of the new cases were reported from Egypt, Pakistan, Somalia, Sudan, and Yemen. As in previous years, Somalia reported almost two-thirds of cases because of active case detection activities conducted with the support of partners (4).

The World Leprosy Day is observed as an international day on the last Sunday of January each year, providing opportunity to advocate for people who have experienced leprosy, raise awareness of the disease, and campaign for an end to leprosy-related stigma and discrimination.

The theme for 2022 World Leprosy Day campaign was “United for Dignity” and it called for unity in honoring the dignity of people who have experienced leprosy (5). In many countries, the pandemic has disrupted measures to prevent and control leprosy, including case detection and treatment. However, because delays in detection and treatment of cases can lead to irreversible physical impairment, it is imperative that these services continue without interruption. WHO launched the “Don’t forget leprosy” campaign to make sure leprosy does not slip away from view amid the COVID-19 pandemic (6).

In 2021, a new global leprosy strategy aimed to achieve zero leprosy by 2030 in more than 100 countries and a 70% reduction in the number of new cases detected worldwide. Compared with the previous approaches, the goal is to interrupt transmission in both high- and low-burden settings (2).

Four strategic shifts should help evolve from campaign approaches to integration of services. First, all endemic countries must own and implement integrated, zero-leprosy roadmaps. Second, leprosy prevention should be scaled-up alongside integrated active case detection. Third, management of leprosy patients must include management of complications and prevention of new disabilities. Fourth, combatting stigma will ensure that human rights are respected. These 2030 targets are ambitious but achievable if national governments commit to eliminating leprosy and ending its related discrimination for patients and their families (2).

The COVID-19 pandemic, despite its dramatic impact, could be an opportunity to embed greater fairness, social justice, and equity in health in the EMR (7). Although the pandemic has

disrupted leprosy health services, it provides a window for strengthening digital health initiatives for diagnosis, referral, monitoring, and training of staff in several countries. Optimization of existing tools, such as for contact tracing, active case finding and post-exposure prophylaxis with single-dose rifampicin, and introduction of new diagnostic tests and preventive regimens can help us regain momentum in the reduction in new cases (3).

Our progress must be decisive and sustained to rid the world of leprosy.

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