



Celebrates 26th FOUNDATION DAY

Meeting Report *"End Leprosy, End Suffering"*



Date: 23rd April 2025

Venue: Viswa Yuvak Kendra (VYK), New Delhi



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Highlights of the meeting

- The 26th Foundation Day of NLR India Foundation (NLRIF) was commemorated on 23rd April 2025 at Viswa Yuwak Kendra, New Delhi. The meeting was attended by 96 delegates¹ who represented government officials of National Human Rights Commission (NHRC), Department for Empowerment of Persons with Disabilities (PwDs), Central Leprosy Division (CLD), National Center for Disease Control (NCDC), National Center for Vector Borne Diseases Control (NCVBDC), Indian Railways, State Leprosy Office of West Bengal; Embassy of the Netherlands; World Health Organization (WHO), ILEP agencies, other development partners working on leprosy and allied fields; Persons Affected by Leprosy, media, eminent researchers and scholars, experts from the field of Information & Technology (IT) and NLR India Foundation staff.
- The Chairman of National Human Rights Commission (NHRC), Mr Justice V Ramasubramanian, was the dignitary of the event. In his address, he highlighted that the NHRC has issued an advisory—comprising 97 discriminatory laws—to all state governments. He emphasized that if needed, the Commission would consider approaching the Supreme Court to ensure enforcement. Justice Ramasubramanian stressed the need for collaboration between NHRC and NLRIF to achieve two critical goals:

1. Policy Level: Repeal of statutory laws that discriminate against persons affected by leprosy.
2. Field Level: Strengthened efforts for early detection and treatment.

He expressed hope that this collaboration would contribute significantly towards achieving the targets outlined in India's National Strategic Plan for Leprosy by 2027.

- The meeting's tagline was "End leprosy, End suffering." The agenda² included sharing of NLRIF work, dissemination of PEP app study; and two panel discussions on interruption of transmission and mitigation of suffering and voices of persons affected by leprosy.
- After floral welcome and lamp lighting, Ms. Nirmala Gupta, Chair, Board, NLR India welcomed the delegates. She extended warm wishes on



¹ The list of participants is attached in the Annex 1

² Agenda is attached as Annex 2

Foundation Day of NLR and shared her experience of working closely with the government on issues of leprosy and emphasized the need to work on areas for leprosy prevention, care and disability. She also took this as an opportunity to invite support from media houses, students and government to make a difference.

- Next, Dr. Ashok Agarwal, the Chief Executive Officer (CEO) of NLRIF shared the highlights on its work for year 2024. He said that NLRIF has expanded their work to Assam and Madhya Pradesh in 2024. During the year, besides the regular work, NLRIF made significant progress in its research portfolio. The randomized controlled trial on development of mobile app for

strengthening delivery of leprosy post exposure prophylaxis (LPEP) services has been completed, and the results will be shared during the day. The drug administration under PEP++ (a global study) to develop a stronger drug regimen for leprosy and blanket approach of drug administration have been completed, the follow-up for identification of breakthrough cases (individuals developing leprosy in spite of the preventive medicine administration) has started, the results should be available in 2026.



Dr Ashok Agarwal also shared the progress made in another unique study which aims to make the health care providers more compassionate towards the leprosy affected. He mentioned that the Organization has also been registered as Scientific and Industrial Research organizations (SIRO) by the Government of India. In 2024, NLRIF also established two advisory committees: IT and Research to guide their IT and Research work. During the event, a report on the NLRIF 2024 was disseminated. You may download from <https://nlrindia.org/others/>.

- The CEO's remarks were followed by Ms. Jaya Reddy's experience sharing as a leprosy affected person. Through her speech, she highlighted the discrimination and denial of education, employment and equality. Her experiences included being rejected by her own family and 'punished by society.' She demanded not charity and sympathy but equal opportunities, respect and equality.
- The Special guest, Ms. Rupa Jha, Chief Executive Officer & Co-Founder, Collective Newsroom and former head of BBC Hindi in her address expressed her gratitude towards Ms Jaya Reddy for her experience sharing. She realized that the media has made leprosy invisible and shared her goal to make every voice count through representation of leprosy and the organizations working around it for larger visibility. She hopes to work rigorously and envisions, "not just treat but transform, not just cure but care.'
- The Guest of Honor, Mr. Subhashish Nath, Head, Account Services, Indian Railways shared his personal experience as his mother was detected with leprosy a long time back when he was not aware of it himself. He recalled people calling his family by names and treating them as 'destitutes.' Even the doctors were not able to identify leprosy in his mother and shared that he could relate with the experience of Ms. Jaya Reddy.



- The Guest of Honor, Dr. Anil Kumar, Principal Advisor, National Centre for Disease Control (NCDC), Ministry of Health & Family Welfare (MoHFW), Government of India (GoI), acknowledged the technical support gained from NLRIF towards elimination of leprosy. He concluded with a firm belief that zero transmission of leprosy is achievable.
- The Guest of Honor, Dr. Viswa Mohan Katoch, President, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) Puducherry; Editor, Indian Journal of Leprosy; Chair, Research Advisory Committee, NLR India Foundation; highlighted the sustainability of organizations working on leprosy in his address and identified that self-stigma is the major problem.
- The Chief Guest, Shri Rajesh Aggarwal, Secretary of the Department of Empowerment of Persons with Disabilities (Divyangjans), GoI, in his address discussed that disability from leprosy has been a neglected subject. Vietnam and Philippines are doing better than India and on the ground surveys are essential for better detection of leprosy cases. He expressed; skill-based courses can be scaled up using the ministry's resources.
- Dr. Pawan Aggarwal, Professor & Head of Department (HoD), Plastic Surgery, Netaji Subhas Chandra Bose Medical College and Hospital, Jabalpur, Madhya Pradesh was felicitated as "Champion of NLR India" for his commendable work in reconstructive surgery done for restoration of sensation in the leprosy affected persons. He has been able to provide free service to more than 400 people.
- After this, the "Call to Action (CTA)" document by NLR India Foundation was released. It talked about the targets set in the National Strategic Plan (NSP) of GoI, aiming to reduce leprosy cases to 50,000 and child cases to 1000 by 2027. The Call-to-Action document gave a shout out to Policymakers, Donors, Philanthropists, Media and General Public to act, speak & support the cause of leprosy. You may download the CTA from <https://nlrindia.org/wp-content/uploads/2025/05/Call-to-action-2.pdf>.
- In the first session, Dissemination of PEP app study, Dr. Arup Chakrabartty, National Research Coordinator and State Programme Lead (SPL), West Bengal presented on "Testing an App-Supported Delivery System for Leprosy Post-Exposure Prophylaxis (PEP) Services." He introduced the study investigators, collaborating institutions, and funding agency. Mr. Sayantan Halder, PEP App Project Coordinator, described the study design, objectives, and methodology. Dr. Suresh Munuswamy, Dean and Professor at the School of Digital Health, MRV-Hyderabad, and Founder & Director of Hi Rapid Lab, described



the App and its key features. He highlighted three core innovations developed by Hi Rapid Lab: Icons, Images & Artificial Intelligence. After that, Dr. Arup Chakrabartty, presented the key quantitative and qualitative findings from the trial. Prof. Zakir Hussain, Professor in the Department of Economics at Presidency University, Kolkata, presented the key economic findings of the study. His session focused on the methodology to assess the cost-effectiveness of the PEP App and the findings. Ms. Doyal



Prachanda, Research Associate for the PEP App project at NLRIF, shared her experiences regarding the App's use by frontline health workers. Ms. Banashri Pramanik, Public Health Nurse from Howrah, West Bengal shared her on-ground experiences with the App. Dr. Shantanu Kar, District Leprosy Consultant from Paschim Bardhaman, shared that the App facilitated the digitalization of records and boosted the confidence of health staff in implementing the LPEP program. He specifically mentioned the effective use of the Rifampicin by using this app. In conclusion, Dr. Ashok Agarwal emphasized that the study followed a robust methodology, beginning with an exploratory study that gathered inputs from diverse stakeholders on the potential benefits and essential features of introducing the App. The PEP App was developed to align fully with the LPEP guidelines, covering from consent, inclusion and exclusion criteria, and supervised administration of SDR, to referral of contacts suspected of leprosy, tuberculosis, and other health conditions. The results have shown the important contribution the App can make in improving the quality of the Leprosy Post-Exposure Prophylaxis (PEP) Services following a cost-effective approach.

- The second session was panel discussion on “mitigation of suffering due to leprosy.” Panelist Dr. Pawan Agarwal described the surgical intervention for regaining sensation among persons affected by leprosy & diabetes. Another panelist, Dr. Pradeepta Kumar Nayak, National Community Based Rehabilitation Coordinator (NCBRC), NLRIF said that to end suffering, clearly defining stigma is the first necessary step. Another panelist, Dr. Alka Narang, former Assistant Country Director, United Nations Development Programme (UNDP) mentioned that the female with disability are more vulnerable than their male counterpart. Dr. Sanjay Wadhwa, Professor and Head, Department of Physical Medicine and Rehabilitation (PMR), All India Institute of Medical Sciences (AIIMS), New Delhi explained how disability can be prevented from occurring and increasing. He expressed that disability prevention from leprosy is possible with early diagnosis, identification and proper rehabilitation. Dr. K.K. Upadhyay, Member of Board, NLR India Foundation said that CSR funding trend in current scenario is more focused on branding than actual impact on ground. The moderator, Dr. Vivek Pai, Director, Bombay Leprosy Project, added that to address the challenge, leprosy must be clubbed with other thematic areas to draw more audience. For instance, the addition of diabetes with leprosy will bring more focus from prospective stakeholders to the disease, opening new avenues for cooperation and funding. A



question answer session followed in which the audience raised pertinent questions aptly answered by the panelists.

- The third session was Panel discussion on “Interruption of transmission.” Discussion was started by Dr. Sudarsan Mandal, Senior Chief Medical Officer, National Center for Vector Borne Diseases Control and Prevention (NCVBDCP), GoI. He briefly reflected on the history of India’s national leprosy program, noting major milestones. He said that with coordinated efforts, there has been a dramatic decline in the number of cases, from 1.2 million in 1970s to just 107,000 by 2022–23. Dr. Rashmi Shukla, National Professional Officer, WHO-India shared key updates on the progress in leprosy control, drawing on recent data from the Central Leprosy Division. Dr. Srilekha Penna, National Coordinator for ILEP, emphasized ILEP’s role in supporting national programmes and strengthening technical capacity. Dr. Ritu Ghosh, Executive Director, Global Programme for Zero Leprosy (GPZL) discussed strategies and innovations in the fight against leprosy. She also discussed key challenges such as early case detection and the need for reintroducing laboratory tests. Dr. Ashok Agarwal highlighted field-level experiences and the importance of community engagement in interrupting transmission. A round of questions from the audience added depth to the conversation, encouraging dialogue on practical implementation challenges and emerging solutions.
- In the session “Voices of the persons affected,” five persons affected by leprosy living in different leprosy colonies were invited to share their experiences. They were- Mr. Shiv Shankar Tiwari, Mr. Santanam Anthon, Ms Grace Anthony, Ms Haleema and Mr. Akash. The session concluded with a heartfelt acknowledgment of the courage displayed by the speakers.
- The session ended with certificate distribution for 13 students of Delhi School of Social Sciences (DSSW) students who took training from NLRIF as master trainers on leprosy.



Proceedings of the meeting

Inaugural Session

- Chief Guest Shri Rajesh Aggarwal, Secretary of the Department of Empowerment of Persons with Disabilities (Divyangjans), Government of India (GoI)
- The Guests of Honor
 1. Dr Anil Kumar, Principal Advisor, National Centre for Disease Control (NCDC), Government of India
 2. Mr. Subhashish Nath, Head, Account Services, Indian Railways
 3. Dr. Viswa Mohan Katoch, President, JIPMER, Puducherry; Editor, Indian Journal of Leprosy; Chair, Research Advisory Committee, NLR India Foundation
- Special Guest: Ms. Rupa Jha, Chief Executive Officer & Co-Founder, Collective Newsroom and former Head of BBC Hindi
- Other dignitaries on the dais- Ms. Nirmala Gupta, Chair, Board, NLR India Foundation & Dr Ashok Agarwal, the Chief Executive Officer (CEO), NLR India Foundation
- The programme began with the inaugural session. All dignitaries on the dais were welcomed with a bouquet. After that, they lit the lamp. This was followed by a welcome address by Ms. Nirmala Gupta, Chairperson of Board, NLR India Foundation. She extended warm wishes on Foundation Day of NLRIF and shared her experience of working closely with the government on issues of leprosy and emphasized the need to work on areas for leprosy prevention, care and disability. She also invited support from media houses, students and government to make a difference.
- Next, Dr. Ashok Agarwal, CEO of NLRIF shared the highlights on Foundation's work throughout 2024. He shared with the audience that the feasibility of preventive therapy was tested by NLRIF based on which it was included as national intervention under the National Leprosy Eradication Programme (NLEP). Unique leprosy helpline has also been developed by NLRIF. They expanded their work to Madhya Pradesh and Assam in 2024. During the year, besides the



regular work, NLRIF made significant progress in its research portfolio. The randomized controlled trial on development of mobile app for strengthening delivery of leprosy post exposure prophylaxis (LPEP) services has been completed, and the results will be shared during the day. The drug administration under PEP++ (a global study) to develop a stronger drug regimen for leprosy and blanket approach of drug administration have been completed, the follow-up for identification of breakthrough cases (individuals developing leprosy in spite of the preventive medicine administration) has started, the results should be available in 2026. Dr Agarwal also shared the progress made in another unique study which aims to make the health care providers more compassionate towards the leprosy affected. He said NLRIF has formed local Forums for persons with disability (PWDs) who periodically meet, discuss and find solution at local level. In addition, NLRIF has published four papers in national and international journals. He highlighted NLRIF's engagement with students of Indira Gandhi National Open University (IGNOU), Delhi School of Social Sciences (DSSW), signing of Memorandum of Understanding (MoU) with Sangath and Brijdd. He mentioned that the Foundation has also been registered as Scientific and Industrial Research organizations (SIRO) which would help mobilize resources from the government. In 2024, they established 2 advisory committees: IT and Research.



- The CEO's remarks were followed by Ms. Jaya Reddy's experience sharing as a leprosy affected person. Through her speech, she highlighted the discrimination and denial of education, employment and equality faced by persons affected by leprosy in the society. Her experiences included being rejected by her own family and 'punished by society.' She demanded not only charity and sympathy but equal opportunities, respect and equality.
- Next, Ms. Rupa Jha was called on the podium for her address to the gathering. She expressed her gratitude towards Ms Jaya Reddy for her experience sharing. She realized that the media has made leprosy invisible and shared her goal to make every voice count through representation of leprosy and the organizations working around it for larger visibility. She said that she hopes to work rigorously and envisions, "not just treat but transform, not just cure but care.'



- Mr. Subhashish Nath shared his personal experience as his mother was detected with leprosy a long time back when he was not aware of it himself. Even the doctors were not able to identify leprosy in his mother and shared that he could relate with the experience of Ms. Jaya Reddy. He also shared that it is a myth that leprosy happens only in low-income families. And we could feel the stigma associated with leprosy after this incidence.
- Dr. Anil Kumar acknowledged the technical support gained from NLRIF towards elimination of leprosy. He highlighted the importance of detecting leprosy cases at earlier stages to stop its transmission. He concluded with a firm belief that zero transmission of leprosy is achievable.
- Dr. V.M. Katoch highlighted the sustainability of organizations working on leprosy in his address and said that self-stigma is the major problem in leprosy.
- Shri Rajesh Aggarwal, the chief guest, in his address discussed that disability from leprosy has been a neglected subject. On the ground surveys are essential for better detection of leprosy cases. He expressed skill-based courses can be scaled up using the ministry's resources. He also felicitated Dr. Pawan Aggarwal who was recognized as "Champion of NLR." Dr Aggarwal's work are primarily on reconstructive surgery for restoration of sensation among leprosy affected persons. He has been able to provide free service to more than 400 people.
- After the address, of the Chief Guest, the "Call to Action" document was released. It talked about the Comprehensive National Strategic Plan, aiming to reduce leprosy cases to 50,000 and child cases to 1000 by 2027. The Call-to-Action document appealed to Policymakers, Donors, Philanthropists, Media and General Public to act, speak & support the cause of leprosy. The need for greater funding in diagnosis was highlighted.



- Dr Lalit Kant, the Vice Chairperson of Board, NLR India foundation delivered the vote of thanks for the inaugural session.



Session 1: Dissemination of PEP app study

Chair:

Dr. V. M. Katoch, President, JIPMER, Puducherry;
Editor, Indian Journal of Leprosy

Co-Chairs:

1. Dr. Anil Kumar, Principal Advisor, National Centre for Disease Control, Ministry of Health & Family Welfare (MoHFW), Government of India (GoI)
2. Rajsekhar K, Chief Technology Officer, Nizam's Institute Of Medical Sciences (NIMS), Hyderabad

The session began with a welcome address by **Dr. V. M. Katoch**, President of JIPMER, who invited Dr. Arup Chakrabartty, National Research Coordinator and State Program Lead, West Bengal, to deliver the first presentation.

Dr. Arup presented on “Testing an App-Supported Delivery System for Leprosy Post-Exposure Prophylaxis (PEP) Services.” He introduced the study investigators, collaborating institutions, and funding agency, and outlined the structure of his presentation, which covered the following seven sections - study overview, objectives and methodology, LPEP App description, key quantitative and qualitative findings, key economic findings, experience sharing by project staff and experience sharing by App users.

Following this, **Mr. Sayantan Haldar**, PEP App Project Coordinator, presented the study Objectives and Methodology. He explained the phased implementation of the study, the randomization process of clusters/blocks, and the approach used for quantitative and qualitative data collection. He also presented major findings from the exploratory study, offering valuable insights into the app-supported delivery model.



Dr. Suresh Munuswamy, Dean and Professor at the School of Digital Health, MRV-Hyderabad, and Founder & Director of Hi Rapid Lab, was invited to the stage to present the App and its key features.

He highlighted three core innovations developed by Hi Rapid Lab:

1. **Icons** – Addressing the challenge of translation across 22 Indian languages and usability by low literate population, Dr. Suresh emphasized how different data points have been transformed into icons e.g., to represent different signs and symptoms.
2. **Images** – The app integrates image capture with GPS coordinates, enabling geotagged documentation.
3. **Artificial Intelligence** – AI integration is in the pipeline to enhance the app's capabilities.

Dr. Suresh demonstrated the PEP App highlighting features like consent, photo capture, geolocation tagging, images of households and high-density information embedded in single images.

In closing, he also touched upon future directions, including a skill development programme and potential integration of psychometric tools.

Dr. Arup Chakrabartty presented the key quantitative and qualitative findings of the study. He shared insights on the number of index cases and their contacts registered during the trial, and the block-wise distribution of Single Dose Rifampicin (SDR) administered per index case. He discussed adherence to the steps of LPEP service delivery and compared paper-based and app-based data recording methods. Dr. Chakrabartty also highlighted feedback received from App users and the App's contribution to improving the quality of LPEP services. Additionally, he shared quotes from the field that reflected on-the-ground experiences and presented the use and effectiveness of the Rifampicin Stock Management Tracker in ensuring timely availability and distribution of medication.

Prof. Zakir Hussain, Professor in the Department of Economics at Presidency University, Kolkata,

presented the key economic findings of the study. His session focused on the importance of assessing cost-effectiveness in public health interventions. He discussed the need for normalization to ensure comparability, identified relevant outcome indicators, and explained the methodology for computing costs associated with the intervention. Prof. Hussain presented the Cost Effectiveness Ratio (CER), specifically highlighting CER calculations for index cases and for contacts traced/administered SDR. He concluded the session by outlining key limitations of the economic analysis.

Ms. Doyel Prachanda, Research Associate for the PEP App project at NLRIF, shared her experiences regarding the App's use by frontline health workers. She stated that the App significantly boosted the confidence of its users, as it simplified their workflow and eliminated the need for time-



consuming manual report preparation. She expressed her gratitude to the ANMs and ASHAs, acknowledging that the successful implementation of the project would not have been possible without their dedicated efforts and support.

Users of the PEP App shared their on-ground experiences with the digital tool. **Ms. Banashri Pramanik**, Public Health Nurse from Howrah, West Bengal, acknowledged that although there were initial challenges in using the App, these were gradually overcome through community meetings and awareness camps. These efforts led to increased coverage, improved public awareness, and easier data collection. She emphasized how both staff and community members gained access to a practical digital health tool, resulting in better supervision, error-free reporting, and SDR administration backed by evidence. She remarked that the initiative empowered the community and expressed her gratitude to NLRIF for introducing this innovation.



Dr. Shantanu Kar, District Leprosy Consultant from Paschim Bardhaman, shared that the App facilitated the digitalization of records and boosted the confidence of health staff in implementing the LPEP programme. He specifically mentioned the effective use of the Rifampicin Stock Management Tracker at the district office level. He concluded by expressing his appreciation for the opportunity given to his district to participate in the project and to share their experience on the PEP App.



In conclusion, **Dr. Ashok Agarwal, CEO, NLRIF** emphasized that the study followed a robust methodology, beginning with an exploratory study that gathered inputs from diverse stakeholders on the potential benefits and essential features of introducing a digital tool. The PEP App is fully aligned with the LPEP guidelines, covering from consent, inclusion and exclusion criteria, and supervised administration of SDR, to referral of contacts suspected of leprosy, tuberculosis, and other health conditions. To support frontline workers, the App included pictorial representations of data fields, enhancing usability and comprehension. It also recorded geo-coordinates of index cases and contacts, enabling the generation of heat maps and planning for follow-up interventions.



Dr. Agarwal shared that feedback from staff, health workers, and App users highlighted several benefits. The tool improved data accuracy, operational efficiency, and the quality of screening. The geo-tagged data and structured follow-up mechanism can be used for follow-up of the index cases and their contacts for occurrence of new cases (the NSP mandates follow-up for five years) and providing support to the affected.

Dr. Agarwal also acknowledged a valuable suggestion made by Dr. Harpreet regarding the integration of the App with ABHA (Ayushman Bharat Health Account). This integration could enable

auto-population of individual profiles, support migration from paper-based systems to digital platforms, and leverage existing infrastructure such as that used in COVID-19 Apps.

Dr. Agarwal concluded by stating, “NLRIF undertook this study and developed the PEP App; we would be happy to see this innovation adopted and scaled up by the Central Leprosy Division and the Government.”

Remarks by Chair & Co-Chairs

Dr. Sudarshan Mandal, Senior Chief Medical Officer, National Center for Vector Borne Diseases Control & Prevention (NCVDCP), GoI and the Co-Principal Investigator (Co-PI) extended special thanks to everyone involved in the study—from field-level workers to investigators—for their valuable contributions.

Reflecting on the broader vision of Digital India, he emphasized the collective responsibility to transition toward paperless systems. He acknowledged the increasing adoption of digital tools in the health sector and commended health staff for their adaptability despite initial challenges.

Dr. Mandal highlighted the importance of collaboration with the Central Leprosy Division (CLD) to explore the integration of the PEP App into Nikusht 2.0, the government’s digital leprosy management platform.

He concluded his remarks with a call to action: **“Let us fight leprosy together.”**

Q & A Session Highlights

The open discussion brought out several insightful questions and comments from participants and panelists:

- **Dr. Rajeev Tandon** emphasized that Comprehensive Primary Health Care should be the guiding framework for future efforts. He recommended the App presentation to the Ayushman Bharat Digital Mission.
- **Dr. Ritu Ghosh** inquired about the data hosting location and the scope for App customization.
- **Dr. Rashmi Shukla** commented besides improvement of the LPEP service delivery; the App would also be very helpful in follow-up of contacts every six months for early detection of new cases.



- **Dr. Shantanu Kar** asked if the App can be used for retrospective contact tracing. **Dr. Suresh** responded that the app can be easily customized.
- **Dr. Harpreet Singh** highlighted that many digital tools and apps are working in silos, stressing the need for integration with IHIP (Integrated Health Information Platform). He also noted a significant challenge in ensuring compliance with the Digital Personal Data Protection (DPDP) Act and emphasized the importance of framing clear data governance rules to support the research community.
- **Dr. Rajshekhar** suggested that alerts (including voice alerts) should be integrated into the app. He reiterated that interoperability and integration are crucial for potential international adoption.
- **Dr. Anil Kumar** pointed out a potential bias in the study, noting that the intervention group besides learning to use the App also became more aware of the LPEP steps and criteria. He also remarked that while ASHA workers have widely adopted the App, the supervisory reporting function was not evident. He commended NLRIF for the significant effort in developing and testing the App.
- **Dr. V. M. Katoch** pointed out that the decision on the next steps may be obtained from the Health Secretary, Ministry of Health & Family Welfare.

The session concluded with the distribution of mementos to the Chair, Co-Chairs and speakers by **Ms. Nirmala Gupta**, Chair, Board, NLR India Foundation. Additionally, the West Bengal team was honored with mementos in recognition of their contributions to the study and project



efforts.



Address by Dignitary of the Day

Justice Shri V Ramasubramanian, Chairperson, National Human Rights Commission (NHRC), GoI

Justice Shri V. Ramasubramanian was warmly welcomed with a shawl and bouquet.



Dr. Pravin Kumar, Head of Programme, NLRIF, while welcoming him, expressed gratitude to the National Human Rights Commission's continued commitment to the rights and rehabilitation of persons affected by leprosy. Dr. Pravin acknowledged the Commission's recent advisory focused on eliminating discrimination and ensuring timely rehabilitation for those affected by leprosy.



In his address, Justice Ramasubramanian shared that he had recently come to know about the work of NLR India Foundation. He highlighted that the NHRC has issued an advisory —comprising 97 discriminatory laws—to all state governments. He emphasized that if needed, the Commission would consider approaching the Supreme Court to ensure revoking of the laws. Justice Ramasubramanian cited two key statistics to underline the urgency of the issue:



- 23 countries are classified as priority countries for leprosy.
- 71% of global leprosy cases are found in the WHO South-East Asia Region.

He stressed the need for strong collaboration between NHRC and NLRIF to achieve two critical goals:

1. **Policy Level:** Repeal of statutory laws that discriminate against persons affected by leprosy.
2. **Field Level:** Strengthened efforts for early detection and treatment.

In conclusion, he expressed hope that this collaboration would contribute significantly towards achieving the targets outlined in India's National Strategic Plan for Leprosy by 2027.

Session 2: Panel discussion on mitigation of suffering due to leprosy

Moderators:

1. Prof K.K. Upadhyay, Member, Board, NLR India Foundation
2. Dr. Vivek Pai, Director, Bombay Leprosy Project

Panelists:

1. Dr. Pawan Agarwal, Professor & HoD, Plastic Surgery, Netaji Subhas Chandra Bose Medical College and Hospital, Jabalpur, Madhya Pradesh
2. Dr. Sanjay Wadhawa, Professor and Head, Department of Physical Medicine and Rehabilitation (PMR), AIIMS, New Delhi
3. Dr. Alka Narang, former Assistant Country Director, UNDP
4. Pradeepta K Nayak, National Community Based Rehabilitation Coordinator, NLR India Foundation



Dr. K. K. Upadhyay presented an introductory note and began the panel discussion.

Dr. Vivek Pai addressed the audience and the panel member.



Dr. Pawan Agarwal described types of disabilities. He mentioned that his surgical procedure involved transplanting active nerves to non-sensitive areas

of the skin to bring back sensation to the patient. Restoration of sensation helps in prevention of injuries/damages. Beneficiaries of such operations include leprosy affected and diabetic patients. Dr. Agarwal has been conducting such operations since the past 6 years. The target areas for such operation is mostly

hands and foot sole.

Dr. Pradeepta K Nayak described stigma. He said that to end suffering, clearly defining stigma is the first necessary step. There are two types of stigmas. Social Stigma and Self Stigma. He narrated a story from his personal experience on how lack of knowledge leads to stigma in the society, affecting livelihood and day-to-day life of people affected with leprosy.

Dr. Alka Narang in her address explained that the role of gender equality is important for receiving services equally for the all the genders. On a multi-stakeholder approach, Dr. Pradeepta Nayak mentioned that the result is a collective effort of the commons. He explained that in government, if all the departments are not aware of all the rules or policies for interoperability, the result will be incomplete. He further expressed that each and every stakeholder should collectively work on inclusivity.

Dr. Sanjay Wadhwa explained how disability can be prevented from occurring and increasing. He expressed that disability prevention from leprosy is possible with early diagnosis, identification and proper rehabilitation. However, this awareness should be imparted to caregivers. Most of the intervention in the disease is pharmacotherapy related. He questioned why exercises are not being introduced for home-based care. He mentioned that the infrastructure in government is inadequate for providing footcare and other similar ailments from leprosy. Accordingly, Dr. Wadhwa expressed that children are the most important change agents in the society. Awareness of young people on leprosy with help reduce stigma and improve awareness on its treatment. He further said that medical rehabilitation plays a crucial role in treatment and care for the disease. The current medical curriculum lacks certain aspects from the point of view of leprosy. The curriculum should be updated to make them more inclusive. He also mentioned the need for providing trainings on reconstructive surgeries to new doctors.

Dr. K.K. Upadhyay shared his insights on corporate social responsibility (CSR). He said that CSR funding trend in current scenario is more focused on branding than actual impact on ground. Dr. Pradeepta expressed that it is difficult to get CSR funding for leprosy alone. The moderator, Dr. Pai further added that to address the challenge, leprosy must be clubbed with other thematic areas to attract a bigger audience. For instance, the addition of diabetes with leprosy will bring more focus from prospective stakeholders to the disease, opening new avenues for cooperation and funding.

Comments from the Audience:

1. Dr. Sood expressed that NLR India Foundation should approach companies which already focused on themes related to leprosy for funding.



2. Dr. Ranganathan Rao said the success of surgery lies on the post operation therapy. Focus on physiotherapy is one area which is highly neglected and should be brought into focus. Dr. Wadhwa agreed to the proposition and further added that physiotherapy for people affected by leprosy is a completely different specialized subject and should be emphasized on.



The panel discussion closed with a note of thanks from the moderators. The session concluded with the distribution of mementos to the Chair, Co-Chairs and speakers by Dr KK Upadhyay.



Session 3: Panel discussion on interruption of transmission

Moderators:

1. **Dr. Sudarsan Mandal**, Senior Chief Medical Officer, National Center for Control of Vector Borne
2. Diseases (NCCVBD), GoI
3. **Dr. Ranganathan Rao Pemmaraju**, Programme Advisor (Medical Issues), Sasakawa Health Foundation

Panelists

1. Dr. Rashmi Shukla, National Professional Officer, WHO
2. Dr. Ashok Agarwal, CEO, NLR India Foundation
3. Dr Srilekha Penna, ILEP Coordinator
4. Dr Ritu Ghosh, Executive Director, Global Partnership for Zero Leprosy (GPZL)

Dr. Sudarsan Mandal briefly reflected on the history of India's national leprosy program, noting major milestones. In 1955, the Government of India launched the National Leprosy Control Programme, marking the beginning of organized efforts to combat the disease. The introduction of Multi-Drug Therapy (MDT) in 1982 was a significant breakthrough, followed by a strategic shift in 1983 from a focus on control to eradication. These coordinated efforts—led by the government and supported by NGOs, partners, and international organizations—have led to a dramatic decline in the number of cases, from 1.2 million in 1970s to just 107,000 by 2022–23.



He acknowledged the declining prevalence rate but also highlighted the challenges of losing technical expertise as leprosy staff got engaged in other health programmes. He emphasized the need to dismiss the tag “India bearing 60% of the global leprosy burden”.

Dr. Pemmaraju highlighted interruption of transmission of leprosy infection happens following a sequence of actions by all players in the game including the persons affected by leprosy. The actions, for example, early detection, administration of appropriate treatment and prevention of infection among the population at risk require a critical level of skill among health staff and community members to reach the goal of interruption of transmission. He then invited the panelists to share insights on recent developments in leprosy transmission and strategies for its interruption.



Dr. Rashmi Shukla (WHO) shared key updates on the progress in leprosy control, drawing on recent data from the Central Leprosy Division. She highlighted WHO’s ongoing initiatives, particularly the development of Standard Operating Procedures (SOPs) to support self-assessment of leprosy symptoms at the community level. She also emphasized the urgent need to build capacity by training a new generation of health personnel, given the gradual loss of specialized expertise in leprosy care. Dr. Rashmi Shukla also expressed there is a need for reintroduction of lab tests for diagnosis, and we should have a goal-oriented approach towards interrupting the transmission of leprosy and its elimination. We should channelize the energy and make the newer generation aware about leprosy through continuous capacity building. She also mentioned the National Strategic Plan (NSP) document and how we can work keeping its five pillars in mind. She stressed upon the issue of Antimicrobial Resistance (AMR) and efforts should also be directed towards its detection and alternate treatment.



Dr. Srilekha Penna (ILEP) described the roles being played by nine different ILEP agencies on interruption of transmission and mitigation of suffering. She emphasized that ILEP works closely with government at the central level and in different states. The staff placed by ILEP is actively involved in capacity building of the government health care providers (HCP) in different districts. They are supporting the states in developing the state specific strategic plan and supporting implementation of the same. She mentioned early detection of new cases, and scaling-up of Leprosy Post Exposure Prophylaxis (LPEP) are mandatory for interruption of transmission. There is a need to intensify the efforts in the high priority states and districts.



Dr. Ritu Ghosh (GPZL) described the role being played by GPZL in interruption of leprosy transmission. Global Partnership for Zero Leprosy (GPZL) is a technical and strategic partner to national programmes and the member partners possess expertise in different strategic areas that are essential to accelerate the efforts towards reaching the goal of interruption of transmission. GPZL members at the Global and National level advocate different stakeholders to participate in ending leprosy. She emphasized the need to engage private HCPs for early detection of leprosy. She felt mandatory notification of leprosy may significantly help in reporting of cases by the private HCPs. The inclusion of missing data will help the state and district plans for appropriate actions.



Dr. Ashok Agarwal elaborated on the key challenges in implementation of the LPEP in India: 1] the foremost is early detection of new case, for this the frontline worker should be skilled enough to detect a suspect case, the suspect confirmation rate in Leprosy Case Detection Campaigns (LCDC) varies between 1-3% on the other hand under the NLRIF PEP++ study, the confirmation rate is around 50%; 2] in the absence of mandatory notification the cases detected by the private HCPs are often not reported to the system missing on contact tracing, screening and LPEP administration; 3] the availability of rifampicin (the preventive medicine) has improved over the years through procurements by states and districts but the frontline workers are often not aware of the LPEP guidelines impacting quality of the intervention; and 4] in the absence of liquid preparation of rifampicin supply, proper dosing to children as per age becomes difficult, the frontline workers often avoid LPEP administration among children. He also mentioned details of the PEP++ study which may provide a stronger leprosy preventive drug regimen by 2026.

A round of questions from the audience added depth to the conversation, encouraging dialogue on practical implementation challenges and emerging solutions.

Dr. Lalit Kant felicitated the panel members with mementoes.



Voices of the persons affected

Moderator:

Dr Pradeepta Kumar Nayak, National Community Based Rehabilitation Coordinator, NLR India Foundation.

The session titled "*Voices of the persons affected*" provided a powerful platform for individuals affected by leprosy and residing in Delhi leprosy colonies to share their personal journeys, challenges, and triumphs. Moderated by **Dr.**

Pradeepta Kumar Nayak, the session underscored the importance of community-based rehabilitation and the need for society to listen to and learn from those with lived experiences.

Five individuals from Delhi leprosy colonies were invited to the stage to share their life stories:

Mr. Shiv Shankar Tiwari, a 66-year-old resident of Satya Jeevan Kusth Ashram in Srinivaspuri, New Delhi, shared his message of hope and gratitude. A person affected by leprosy once served his community as a dresser, caring for others with the same condition. Today, his son continues this legacy as a dresser and Change Agent with NLRIF. Mr. Tiwari reflected on the stigma they once faced and acknowledged the positive changes brought by NLRIF through awareness programmes, medical camps, and education support. He emphasized that leprosy is not a curse but a disease that can be overcome with understanding and collective effort. He thanked NLRIF for their continuous support to the community.

Mr. Santanam Anthony: a resident of Indira Kusth Ashram in Shalimar Bagh, Delhi, shared his inspiring journey of resilience and service. Born to parents affected by leprosy, his family migrated from Chennai to Delhi in the early 1990s in search of a more supportive environment. Despite facing discrimination in school and society, Anthony completed his basic education with the encouragement of his teachers—an achievement that helped him become self-reliant. Today, he serves as the colony president and works as a dresser, supporting others affected by leprosy with wound care and first aid. Emphasizing the power of education, he called for collective efforts by the government, institutions, and society to ensure that children from leprosy-affected families receive the support they need to lead dignified, independent lives and break the cycle of stigma.

Ms Grace Anthony a resident of Indira Kusth Ashram in Shalimar Bagh, Delhi, shared her perspective on living with leprosy and the positive changes brought about by NLRIF. Living with her four children, she emphasized that leprosy is a curable disease and should not be feared. She highlighted the ongoing social stigma due to misinformation and stressed the importance of awareness and dignity for persons affected. Ms. Grace expressed gratitude to NLRIF for their continuous support—through treatment, information, and empowerment initiatives. She especially acknowledged the efforts of CEO Dr. Ashok Agarwal, who provided computer to her daughter, opening doors to learning and future opportunities. Concluding her message, she urged society to



replace fear with understanding and work together to build an inclusive and respectful environment for all.

Ms Haleema a person affected by leprosy, shared her reflections on the challenges and progress experienced in her journey. Living with the disease brought both physical and emotional hardships, including the burden of stigma and social exclusion. However, through resilience and community support, she continues to live with dignity and strength. Ms. Haleema acknowledged the positive impact of NLRIF India's work in her community.

Mr Mukkappa's experiences were shared by his son

Akash: Mr. Mukkappa, a long-term resident of Delhi and a person affected by leprosy, shared his journey of moving from Karnataka to Delhi years ago in search of better treatment and living conditions. He praised the continuous support of NLRIF India, particularly for organizing self-care camps, health check-ups, and awareness sessions that have empowered residents—especially women, children, and persons affected by leprosy—with knowledge and confidence. He expressed deep gratitude to NLRIF and all organizations working with dedication for the well-being of the community and hoped such support would continue to build a healthier, more self-sufficient, and respectful society.



The session concluded with a heartfelt acknowledgment of the courage and honesty displayed by the speakers. Dr. Pradeepta reiterated the commitment of NLRIF towards empowering persons affected by leprosy and making community-based rehabilitation more inclusive and participatory.

Dr Ashok Agarwal felicitated all the speakers.

The session ended with certificate distribution students for Delhi School of Social Sciences (DSSW) who took training from NLRIF on leprosy as master trainers.

Vote of thanks

The closing session of the event was marked by a warm and thoughtful *Vote of Thanks* delivered by **Dr. Pravin Kumar**, Head of Programme at NLRIF. Dr. Pravin extended his sincere appreciation to all individuals and groups who contributed to the success of the event.

He began by expressing deep gratitude to the dignitaries and esteemed guests, acknowledging their presence as a strong endorsement of the cause and the collective vision of a world free from leprosy.

Dr. Pravin specially thanked the panelists and speakers, appreciating the depth of knowledge and lived experiences shared during the sessions. He highlighted how their insights had not only informed the discussions but also inspired action toward more inclusive and empathetic responses to leprosy.

He also acknowledged the support of government officials and institutional partners, recognizing their critical role in enabling policy-level change and ensuring service delivery at the grassroots level. Their collaboration, he noted, is vital to the success and sustainability of community-based interventions.

To the participants, Dr. Pravin extended heartfelt thanks for their active engagement, thoughtful questions, and meaningful contributions throughout the event.

Dr. Pravin reserved a special mention for the entire NLRIF team, commending their tireless efforts, coordination, and behind-the-scenes work that ensured the smooth planning and execution of the event.

The session concluded on a note of unity and shared purpose, with attendees expressing appreciation for the collaborative spirit that defined the event.



Annexure 1: List of Attendees

S.No	Name	Designation	Organization
1	Mr Ajit Negi	Representative	Microware
2	Ms. Alka Narang	Former Assistant Country Director	UNDP
3	Dr. Anil Kumar	Principal Advisor	Govt of India
5	Dr. Archan Mukherjee	State Leprosy Consultant	SLO, West Bengal
6	Dr. Archana Singal	Board member	NLR India Foundation
8	Dr Bitra George	Former Country Director	FHI360
9	Dr Itu Singh	Scientist	TLMTI
10	Ms. Jaya Reddy	Secretary	Delhi Leprosy colony
11	Dr. K.K. Upadhyay	Board member	NLR India Foundation
12	Ms KM Ritu	District Programme Manager, West Delhi	National Health Mission
13	Dr. Lalit Kant	Board member	NLR India Foundation
15	Dr Lily Gangmei	Chief Medical Officer (CMO)	Central Leprosy Division, Govt of India
17	Ms. Nirmala Gupta	Chair, Board	NLR India Foundation
18	Dr Pawan Agarwal	Professor	Jabalpur Medical college
20	Dr. Pemmaraju VR	Programme Advisor (Medical Issues)	Sasakawa Leprosy Project
22	Dr. Rajeev Tandon	Former Head	RTI
24	Dr. Rajshekhar K	Chief Technology Officer	Nizam Institute of Medical Sciences (NIMS), Hyderabad
25	Dr. Rashmi Shukla	National professional Officer (NPO)	WHO
26	Dr Ritu Ghosh	Executive Director	Global Partnership for Zero Leprosy (GPZL)
28	Ms Rupa Jha	CEO & Co-Founder	Collective Newsroom
29	Dr. Sanjay Wadhwa	Professor	AIIMS
30	Dr. Santanu Kar	District Leprosy Consultant	Govt of West Bengal
31	Dr Shashank Udupi	Country Medical Head	Novartis
32	Mr. Shekhar Limboo	Former NLR Staff	-
34	Dr. S.P. Sood	Former NLR staff	
36	Dr. Srilekha Penna	ILEP Coordinator	ILEP
37	Dr. Sudarsan Mandal	Chief Medical Officer	NCVBDC
38	Mr Sujit Ranjan	CEO	United Way
40	Dr Suresh Munnuswamy	Dean and Professor	School of Digital Health, MRV- Hyderabad
43	Mr Uday Shanker Singh	CEO	Viswa Yuwak Kendra (VYK)
44	Dr Viswa Mohan Katoch	President	JIPMER, Puducherry
45	Dr Vivek Pai	Director	Bombay Leprosy Project
46	Prof Zakir Husain	Professor	Presidency University, Kolkata

S.No	Name	Designation	Organization
47	Lakhinder	Counsellor	LEPRA
48	Shivam	change agent	Patel Nagar, Leprosy colony
49	Akash	change agent	Patel Nagar, Leprosy colony
50	Mukkappa	Pradhan	RK Puram, Colony
51	Sheranna	colony resident	RK Puram, Colony
52	Banushri	Public Health Nurse	Govt of West Bengal
53	Peter Knoope	Representative	Netherland Embassy
54	Vrinda Khurana	Student	Delhi University
55	Ritu Lekhi	Student	Delhi University
56	Abhishek Thakur	Board member	NLR India Foundation
57	Astitva Tripathi	Student	Delhi University
58	Vaibhav Tiwari	Student	Delhi University
59	Harpreet Singh	Scientist	ICMR
60	Shweta Rana	Consultant	ICMR / CLD
61	Deep	Representative	Leprosy Mission
62	Dr Ravi	Research Scientist	TLMTI
63	Deepa Gohar	WDRC	LEPRA
64	Dr G. Panowom	Representative	DEPWD
65	Dr Jyoti	Representative	DEPWD
66	Dr Shilpi Das	Representative	ADRA India
67	Shiv Shankar Tiwari	Dresser	Srinivaspuri, Leprosy colony
68	Haleema	Resident	Srinivaspuri, Leprosy colony
69	Dr Akshat Purohit	Medical Consultant	CLD
70	Manisha	change agent	Tilak Nagar, Leprosy colony
71	Savitri	change agent	Tilak Nagar, Leprosy colony
72	Harsh Dubey	Student	Delhi University
73	Nijla Najeeb	Student	Delhi University
74	Aditi Das	Student	Delhi University
75	Nida Nasir	Student	Delhi University
76	Nitesh Singhal	Student	Delhi University
77	Anthony	Pradhan/ Dresser	Shalimar Bagh, Leprosy colony
78	Grace Anthony	Resident	Shalimar Bagh, Leprosy colony
79	Poonam Saroj	Resident	Shalimar Bagh, Leprosy colony
80	Prabha D'Mello	Consultant	Freelancer
81	Mr. Amit Jain	MEL Manager	NLR India Foundation
82	Mr. Arpit Sharma	IT Officer (Consultant)	NLR India Foundation
83	Dr. Arup Chakrabartty	State Program Lead, West Bengal	NLR India Foundation

S.No	Name	Designation	Organization
84	Ms Doyal Prachanda	Research Associate	NLR India Foundation
85	Dr. Ashok Agarwal	Chief Executive Officer	NLR India Foundation
86	Ms. Jyotika Ranta	Admin Officer	NLR India Foundation
87	Mr. Mervyn Basil	Fundraising & Communication Officer	NLR India Foundation
88	Dr. Neha Singh	State Program Lead, Delhi	NLR India Foundation
89	Mr Sayantan Halder	Research Coordinator	NLR India Foundation
90	Dr. Pradeepta Nayak	National CBRC	NLR India Foundation
91	Dr. Pravin Kumar	Head of Programme	NLR India Foundation
92	Ms Sanjeeta Gawri	Lead, Policy Engagement	NLR India Foundation
93	Ms. Urmila Kumari	Colony Coordinator	NLR India Foundation
94	Chanchal	Finance Consultant	KGRS
95	Radha	Finance Consultant	KGRS
96	Saptarishi	Finance Consultant	KGRS

Annexure 2: Agenda



End Leprosy, End Suffering

26th Foundation Day

Date: 23rd April 2025

Venue: Vishwa Yuvak Kendra, New Delhi

(Pt Uma Shanker Dixit Marg, Teen Murti Road, Opposite National Police Memorial, Chanakya Puri, New Delhi 110021)

Anchor: Dr Neha Singh, State Programme Lead, Delhi, NLR India Foundation

TIME	DURATION	SESSION & SUB-SESSION	
09:30 AM - 10:00 AM	30 minutes	Registration	
10:00 AM - 11:00 AM	60 minutes	Inaugural Session	
		Time	Activity
		10:00 - 10:06 AM	Floral Welcome to Dignitaries on dais
		10:06 - 10:12 AM	Lighting the lamp
		10:12 - 10:16 AM	Welcome Address: Ms. Nirmala Gupta, Chair, Board, NLR India Foundation
		10:16 - 10:21 AM	Highlights of NLR India (2024-25): Dr Ashok Agarwal, Chief Executive Officer, NLR India Foundation
		10:21 - 10:24 AM	Life of a leprosy affected: Ms Jaya Reddy
		10:24 - 10:27 AM	Special Address: Ms Rupa Jha, Chief Executive Officer & Co-Founder, Collective Newsroom
		10:27- 10:30 AM	Address by Guest of Honor: Mr. Subhashish Nath, Head, Account Services, Indian Railways
		10:30- 10.34 AM	Address by Guest of Honor: Dr Anil Kumar, Principal Advisor, National Centre for Disease Control, Ministry of Health & Family Welfare, Government of India (GoI)
		10:34-10:38 AM	Address by Guest of Honor: Dr. V. M. Katoch, President, JIPMER, Puducherry; Editor, Indian Journal of Leprosy; Chair, Research Advisory Committee, NLR India Foundation
		10:38 - 10:43 AM	Felicitation of NLR India's Champion: Dr. Pawan Agarwal, Professor & HoD, Plastic Surgery, Netaji Subhas Chandra Bose Medical College and Hospital, Jabalpur, Madhya Pradesh
		10.43 -10.48 AM	Release of Call To Action “End Leprosy, End Suffering”
		10.48- 10.58 AM	Address by Chief Guest: Shri Rajesh Aggarwal, Secretary of the Department of Empowerment of Persons with Disabilities (Divyangjan), GoI
10:58 -11:00 AM	Vote of Thanks: Dr Lalit Kant, Vice Chair, Board, NLR India Foundation		
11:00 AM - 11:30 AM	30 minutes	High Tea	
11.30 AM - 01.30 PM	120 minutes	Session 1: Dissemination of PEP app study	
		Chair: Dr. V. M. Katoch, President, JIPMER, Puducherry; Editor, Indian Journal of Leprosy; Chair, Research Advisory Committee, NLR India Foundation Co-chairs: Dr. Anil Kumar , Principal Advisor, National Centre for Disease Control, Ministry of Health & Family Welfare (MoHFW), Government of India (GoI) Dr. Jugal Kishor , Director Professor, Department-Community Medicine, VMMC & Safdarjung Hospital Rajsekhar K , Chief Technology Officer, NIMS, Hyderabad; Chair, IT Advisory Committee, NLR India Foundation Dr Harpreet Singh , Scientist, Division of Development Research, Indian Council of Medical Research; Professor Faculty of Medical Sciences, Academy of Scientific and Innovative Research (ACSIR), New Delhi, India; Vice-Chair, IT Advisory Committee, NLR India Foundation	
	11.30 AM- 11.40 AM	The Study, Objectives, Methodology: Mr Sayantan Haldar, Pep App Project Coordinator	
	11.40 AM- 11.50 AM	App description: Dr Suresh Munuswamy, Dean and Professor, School of Digital Health, MRV- Hyderabad, Founder and Director, Hi Rapid Lab; Vice-Chair, IT Advisory Committee, NLR India Foundation	
	11.50 AM- 12.05 PM	The key findings: Quantitative & Qualitative: Dr. Arup Chakrabartty, State Programme Lead (SPL), West Bengal	
	12.05 PM- 12.15 PM	The key findings- Economic: Prof Zakir Hussain, Professor, Economics Department, Presidency University, Kolkata	
	12.15 PM- 12.20 PM	Experience sharing by project staff for App use: Ms Doyal Prachanda, Research Associate, PEP App project	
	12.20 PM- 12.35 PM	Experience sharing by users: 3 persons	
	12.35 PM- 12.45 PM	Conclusion and next steps: Dr. Ashok Agarwal, CEO, NLR India Foundation	

	12.45 PM-12.50 PM	Special remarks: Dr Sudarsan Mandal, Senior Chief Medical Officer, National Center for Control of Vector Borne Diseases (NCCVBD), Government of India
	12.50 PM-01.10 PM	Q & A
	01.10 PM-01.30 PM	Remarks by Chair & Co-Chairs
1:30 PM-2:30 PM	60 minutes	Lunch
2.30 PM – 2.45 PM	15 minutes	Address by Dignitary of the Day- Justice Shri V Ramasubramanian, Chairperson, National Human Rights Commission, India
		Session 2: Panel discussion on Interruption of Transmission
		Objective: The audience understands the key facts/ developments on leprosy transmission and is motivated to enhance action
		Moderators: Dr. Sudarsan Mandal , Senior Chief Medical Officer, National Center for Control of Vector Borne Diseases (NCCVBD), Gol Dr. Ranganadha Rao Pemmaraju , Programme Advisor (Medical Issues), Sasakawa Health Foundation
2:45 PM-3:45 PM	60 minutes	panelists 1. Dr. Rashmi Shukla, National Professional Officer, WHO 2. Dr. Ashok Agarwal, CEO, NLR India 3. Dr Srilekha Penna, ILEP Coordinator 4. Dr Ritu Ghosh, Executive Director, Global Partnership for Zero Leprosy (GPZL)
3.45 PM-4.00 PM	15 minutes	Tea
4.00 PM - 4.15 PM	15 minutes	Voices of the persons affected
		Moderator: Dr Pradeepta Kumar Nayak , National Community Based Rehabilitation Coordinator (NCBRC), NLR India
		1. Mr Hulgappa (Delhi) 2. Santhanam Anthony (Delhi) 3. Grace Anthony (Delhi) 4. Shivshankar Tiwari (Delhi) 5. Yogendra Singh (Rajasthan)- Video message 6. Ramakant Bhagat (Bihar)- Video message
		Session 3: Panel discussion on mitigation of suffering due to leprosy
		Objective: Audience understands the key facts/ developments on mitigation of suffering due to leprosy and is motivated to enhance action
		Moderators: Prof K. K. Upadhyay , Professor and Chairperson, Centre for Sustainability & CSR at Birla Institute of Management Technology (BIMTECH) Dr Vivek Pai , Director, Bombay Leprosy Project
4.15 PM-5.00 PM	45 minutes	Panelists 1. Dr. Pawan Agarwal, Professor & HoD, Plastic Surgery, Netaji Subhas Chandra Bose Medical College and Hospital, Jabalpur, Madhya Pradesh 2. Dr Sanjay Wadhwa, Professor and Head, Department of Physical Medicine and Rehabilitation (PMR), AllIMS, New Delhi 3. Ms Alka Narang, former Assistant Country Director, UNDP 4. Abhishekh Thakur, Senior Assistant Professor, Department of Social Work, University of Delhi 5. Pradeepta K Nayak, National CBR Coordinator (NCBRC), NLR India
5.00 PM - 5:15 PM	15 minutes	Certificate distribution to students of Department of Social Work, Delhi University, New Delhi
5.15 PM - 5:30 PM	15 minutes	Vote of thanks : Dr Archana Singal , Director, Professor & HOD, Dermatology & STD, University College of Medical Sciences, Delhi
5.30 PM		Meeting Concludes