Global Partnership for Zero Leprosy

TOWARDS ZERO TRANSMISSION

GAP ANALYSIS OF IEC/BCC MATERIALS FOR LEPROSY ELIMINATION

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1.0. Introduction

This report presents the findings of a gap analysis of Information, Education, and Communication (IEC) and Behaviour Change Communication (BCC) materials related to zero transmission of leprosy. The purpose of the review was to determine whether existing resources adequately reflect and promote the global goal of zero transmission of leprosy, as outlined in the WHO Global Leprosy Strategy 2021–2030 and the Global Partnership for Zero Leprosy. While numerous materials have been developed by international agencies, NGOs, and national programs to raise awareness, reduce stigma, and encourage treatment, most remain generic in focus and insufficiently highlight the critical steps needed to interrupt transmission. By compiling and assessing available print, audio, and visual resources, this report identifies key gaps in messaging, content, formats, and distribution, and proposes an action plan to strengthen communication tools that can accelerate progress toward a leprosy-free world.

1.1. Background and Rationale for the Activity

Leprosy remains a global health concern, with more than 200,000 new cases reported annually despite decades of intervention. While Multi-Drug Therapy (MDT) has significantly reduced prevalence, continued transmission signals the need for intensified and targeted strategies. The Global Leprosy Strategy 2021–2030 and the Global Partnership for Zero Leprosy emphasize zero transmission as a critical priority, alongside zero disability and zero stigma.

Information, Education, and Communication (IEC) and Behaviour Change Communication (BCC) materials are central to these efforts, as they shape public awareness, influence behaviours, and strengthen community participation in prevention. However, most existing materials remain general in nature, often focusing on treatment or stigma reduction, with insufficient emphasis on the interruption of transmission. To accelerate progress, it is therefore essential to assess current IEC/BCC resources and determine whether they adequately address this gap.

1.1.Objectives of the Assessment

The review aimed to:

- Compile IEC/BCC materials developed by different organizations that relate to leprosy.
- Assess the extent to which these materials incorporate messaging on zero transmission, including prevention, early detection, contact tracing, and post-exposure prophylaxis.

- Identify strengths, weaknesses, and gaps in content, format, accessibility, and alignment with zero-transmission goals.
- Provide evidence-based recommendations and propose an action plan to guide the development of targeted communication materials in the following year.

1.3. Scope of the Exercise

The review covered a wide range of IEC/BCC resources-print, audio, and visual materials, produced by global, regional, and national actors working in leprosy elimination. These included documents from WHO, ILEP Federation, NLR, The Leprosy Mission, Lepra, DAHW, Novartis Foundation, national health ministries, and others. The analysis examined strategic frameworks, technical reports, brochures, posters, blogs, videos, and community outreach tools.

The geographical coverage of materials was broad, spanning global strategies as well as country-specific resources from high-burden settings such as India, Nepal, and Nigeria. The time frame of reviewed documents primarily focused on materials produced in the past five years, in alignment with the launch of the WHO Global Leprosy Strategy 2021–2030, though earlier foundational resources were also considered where relevant.

2. Methodology

The gap analysis was conducted through a systematic process designed to assess the adequacy of existing IEC/BCC materials in addressing the goal of zero transmission of leprosy. The methodology included the following steps:

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a. Literature Review and Compilation of Materials

Relevant IEC/BCC materials were collected from a wide range of sources, including WHO, NLR, The Leprosy Mission, Novartis Foundation, ILEP Federation, DAHW, Lepra, GPZL, national health ministries, and other organizations actively engaged in leprosy elimination. Sources included websites, technical reports, strategic frameworks, advocacy articles, blogs, toolkits, and community-level IEC resources.

b. Development of the Gap Analysis Framework

The framework provided clear assessment criteria, allowing materials to be systematically reviewed for relevance, accessibility, and alignment with zero transmission.

It emphasized both technical accuracy and community usability, ensuring that resources were not only informative but also practical for diverse audiences.

c. Content and Relevance Assessment

Each document was reviewed to evaluate the extent to which it addressed leprosy transmission, with specific attention to:

- Inclusion of zero transmission messaging
- Coverage of prevention strategies (e.g., contact tracing, PEP, early detection)
- Attention to stigma reduction and inclusivity
- Accessibility in terms of language, simplification, and target audience adaptability

d. Gap Identification

Gaps were identified in terms of missing content, limited accessibility, lack of translation, or insufficient alignment with the zero-transmission agenda. For each material, observations were recorded on strengths, weaknesses, and opportunities for adaptation.

e. Synthesis into Action Plan

The findings were synthesized into this gap analysis report. This includes recommendations and a proposed action plan and activities to inform the next Annual Business Plan for GPZL

3. Analysis of Existing Materials

3.1. Relevance to Leprosy Elimination and Public Awareness

The reviewed IEC/BCC materials demonstrate strong contributions to raising general awareness about leprosy, its symptoms, and the availability of treatment. Resources from WHO, NLR, and The Leprosy Mission provide valuable information on prevention, disability care, and stigma reduction. National programs in India and Nepal have integrated IEC/BCC resources into community campaigns and school-based education, ensuring wide outreach. However, while these materials are relevant to elimination broadly, their focus on zero transmission is often secondary or implicit rather than explicit.

3.2. Strengths and Effective Practices Observed

Multilingual resources

NLR India's brochures and posters are available in multiple languages (English, Hindi, Bengali), increasing accessibility.

Integration of visual tools

WHO's Leprosy Elimination Monitoring Tool (LEMT) uses traffic-light visuals, making complex data easier to interpret.

Community-focused initiatives

The Leprosy Mission and DAHW emphasize outreach through mobile clinics, skin camps, and awareness drives in high-burden areas.

Advocacy and technical clarity

Novartis Foundation's advocacy articles and Lepra UK's strategy critiques highlight gaps in global strategies and push for evidence-based interventions.

Holistic approach

Some materials, particularly from Lepra, integrate prevention, treatment, disability care, and stigma reduction in a single narrative, strengthening their practical application.

3.3. Assessment of Zero Transmission Messaging

Despite the global shift towards prioritizing zero transmission, only a handful of reviewed materials explicitly highlight this goal:

- WHO's Global Leprosy Strategy 2021–2030 and recent epidemiological updates emphasize zero transmission, zero disability, and zero stigma as interlinked targets.
- Novartis Foundation resources consistently stress contact tracing, post-exposure prophylaxis (SDR-PEP), and redefinition of elimination as zero transmission.
- Some advocacy articles (e.g., ILEP Federation's Zero Leprosy pages) align messaging with interruption of transmission but remain technical and less adapted for community use.
- Most other IEC/BCC materials focus heavily on treatment, stigma reduction, or disability care, with transmission prevention addressed only indirectly through general case detection messages.

3.4. Gaps in Addressing Zero Transmission

Focus Misalignment

Messaging often emphasizes treatment and stigma reduction but does not adequately highlight the urgent need for prevention strategies to achieve zero transmission.

Content Gaps

Few materials provide simple, community-friendly explanations of how transmission occurs and how it can be stopped (e.g., contact tracing, chemoprophylaxis).

Accessibility and Language

While some organizations translate into local languages, most global resources are still predominantly in English, restricting accessibility.

Audience Adaptation

Many resources are highly technical and not simplified for use by affected persons, families, or community health workers.

Format Limitations

Audio materials (radio, jingles, podcasts) are scarce, despite their potential reach in rural areas with limited literacy.

4. Summary of Adequacy and Shortcomings

The assessment revealed that existing IEC/BCC materials are generally adequate for raising awareness about leprosy symptoms, treatment availability, and stigma reduction. They have played an important role in normalizing conversations around leprosy and promoting early treatment uptake. However, their adequacy diminishes when assessed against the zero-transmission agenda. Most materials lack direct, practical messaging on how transmission can be interrupted. Strategies such as contact tracing, post-exposure prophylaxis (PEP), and community-driven surveillance are rarely emphasized in community-friendly formats.

4.1. Comparative Analysis Across Organizations and Formats

- WHO resources are strong on technical detail, structured frameworks, and global monitoring, but are often too complex for non-specialist users without simplified versions.
- NLR and The Leprosy Mission provide community-facing materials with some multilingual adaptation, but messaging is more focused on awareness, treatment, and stigma than transmission interruption.
- Novartis Foundation stands out for explicitly prioritizing zero transmission through advocacy on PEP and redefinition of elimination targets, though its materials remain largely policy- and expert-oriented.
- ILEP Federation integrates the "Three Zeroes" (zero transmission, zero disability, zero stigma) across its strategy, but the technical tone limits wider community use.
- National programs (e.g., India, Nepal, Nigeria) use mixed-format approaches, including print, audio, and visual campaigns, which reach large populations but often focus on early detection and treatment without dedicated zero-transmission framing.
- Audio formats (radio jingles, podcasts) are notably underutilized, despite their potential reach in rural and low-literacy settings.

4.2. Key Trends Observed

- Treatment and stigma reduction dominate IEC/BCC content, while prevention and transmission interruption are underrepresented.
- Multilingual and locally adapted resources exist but are limited; most materials remain in English, restricting their accessibility in high-burden countries.
- Technical and advocacy documents provide strong frameworks but are rarely translated into simplified community-friendly formats.
- Innovative visual tools (e.g., WHO's LEMT visuals, NLR's digital posters) demonstrate the potential of infographics and animations to make complex issues more understandable.
- Alignment to global strategies is evident across organizations, but the lack of harmonized messaging on zero transmission creates fragmentation and weakens impact.

5. Identified Gaps

5.1. Messaging Gaps

Most existing IEC/BCC materials lack a clear and consistent emphasis on zero transmission as a central goal. Messaging typically highlights treatment availability, stigma reduction, or disability care, but does not explain in simple terms how transmission occurs or how it can be interrupted. Critical strategies such as contact tracing, post-exposure prophylaxis (PEP), and early case detection are often absent from community-facing content. This leaves a gap in public understanding of what actions are necessary to break the chain of infection.

5.2. Content Gaps

Several gaps were observed in terms of audience relevance and appropriateness:

Target audiences

Many materials are designed for policymakers or technical users, with limited adaptation for affected persons, families, or community health workers.

Language accessibility

While some organizations (e.g., NLR India) have translated materials into Hindi and Bengali, most resources remain in English, excluding non-English-speaking populations in endemic regions.

Cultural appropriateness

Stigma reduction messaging exists, but many materials do not sufficiently reflect local cultural contexts, beliefs, or community dynamics that shape perceptions of leprosy.

5.3. Format Gaps

The formats used are heavily skewed toward print materials (pamphlets, posters, strategies). Modern and interactive communication formats are underutilized. Key gaps include:

- Limited use of audio channels such as radio jingles, podcasts, or storytelling formats that are highly effective in rural or low-literacy communities.
- Scarce digital outreach tools such as mobile-based messaging, interactive graphics, or short social media-friendly videos, which could reach younger and urban audiences more effectively.

Few examples of participatory or community-generated content, which is often more trusted and relatable than externally developed materials.

5.4. Distribution Gaps

Even where effective IEC/BCC materials exist, their reach and accessibility are often limited:

- Many resources are housed on organizational websites or global repositories, making them less visible to frontline health workers or community groups.
- **Dissemination channels are inconsistent, with little evidence of harmonized campaigns across partners to amplify messaging.**
- Community-level distribution is uneven; urban populations are more likely to access materials, while rural and marginalized groups often remain excluded.
- Monitoring of how materials are actually used in the field is weak, reducing the ability to track effectiveness and adapt strategies.

6. Action Plan to Address Gaps in IEC/BCC Materials: Recommendations

The recommendations outlined in this report are not intended for implementation by GPZL alone but require the collective effort of all partners engaged in leprosy elimination. By working together, international agencies, national programs, NGOs, and, critically, organizations of persons affected by leprosy can co-develop and roll out stronger IEC/BCC resources. Shared implementation of these actions will not only empower affected communities but also accelerate progress toward the overarching objective of zero transmission of leprosy.

6.1. Address Messaging Gaps

- **Action:** Develop a harmonized messaging framework that explicitly emphasizes zero transmission alongside treatment, disability prevention, and stigma reduction.
- **Activity:** Convene partners (WHO, ILEP, GPZL, NGOs) to agree on standard prevention-focused messages for use across all IEC/BCC formats.
- **Output:** Core zero-transmission message pack (slogans, key facts, visuals) adaptable for print, audio, and digital channels.

6.2. Address Content Gaps

Action: Ensure materials are adapted for diverse audiences including affected persons, families, and community health workers.

Activities:

- Translate priority materials into local languages in high-burden countries.
- Simplify technical resources (e.g., strategies, epidemiological updates) into community-friendly guides.
- Co-create content with organizations of persons affected by leprosy to ensure cultural relevance.

Output: Inclusive, multilingual IEC/BCC kits tailored to different target groups.

6.3. Address Format Gaps

Action: Diversify communication formats to reach both literate and non-literate audiences, rural and urban populations.

Activities:

- Develop new materials such as radio jingles, community storytelling sessions, short, animated videos, and social media graphics.
- Pilot participatory approaches where communities generate their own awareness materials (songs, plays, testimonies).

Output: Portfolio of modern, interactive IEC/BCC materials highlighting prevention and zero transmission.

6.4. Address Distribution Gaps

Action: Strengthen dissemination channels to ensure equitable access to IEC/BCC materials.

Activities:

- Distribute refined and new materials through schools, clinics, local radio, community gatherings, and digital platforms.
- Establish partnerships with local leaders, religious groups, and civil society for grassroots reach.
- Set up monitoring mechanisms to assess usage and reach of materials.

Output: Wider community coverage, with evidence of materials reaching rural and marginalized groups

Conclusion

The review of existing IEC/BCC materials demonstrates that while significant efforts have been made to promote leprosy awareness, treatment, and stigma reduction, there remains a critical gap in aligning these resources with the goal of zero transmission.

Messaging is often broad and treatment-focused, leaving communities without clear guidance on the specific actions, such as contact tracing, early detection, and post-exposure prophylaxis, that are essential to interrupt the spread of leprosy. Without stronger prevention-oriented communication, the ambition of ending transmission risks being undermined by persistent gaps in public understanding and behaviour change.

Aligning IEC/BCC materials with the zero-transmission agenda is not only a technical necessity but also a moral imperative. Clear, accessible, and culturally relevant messages can empower communities, equip health workers, and mobilize affected persons as advocates for prevention. By harmonizing communication and ensuring inclusivity, partners can accelerate progress toward a leprosy-free world where stigma, disability, and ongoing transmission are truly eliminated.

Proposed Activities for the 2026 Annual Business Plan

Project Information	Details
Develop a harmonized zero transmission messaging framework in collaboration with partners (WHO, ILEP, NGOs, persons-affected organizations).	Core message pack (key facts, slogans, visuals) endorsed by partners and adaptable across formats.
Translate and adapt priority IEC/BCC resources into local languages and simplified community-friendly formats.	Multilingual IEC/BCC kits (pamphlets, posters, FAQs) available in at least 5 high-burden country languages.
Pilot new innovative formats (radio jingles, podcasts, animated videos, social media graphics) emphasizing prevention and early detection.	Portfolio of at least 10 new materials tested in 3 endemic countries and evaluated for reach/impact.
Establish and roll out a distribution and dissemination plan to extend reach to rural and marginalized groups.	Distribution strategy implemented through schools, clinics, and local/community networks in at least 5 endemic countries.
Introduce a monitoring and evaluation mechanism to track usage and effectiveness of IEC/BCC materials.	Annual report on reach, usage, and behavioural impact of IEC/BCC resources, with recommendations for continuous improvement.