In the name of God, the Compassionate, the Merciful

Message from

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to the
INTERCOUNTRY BORDER MEETING ON LEPROMSY
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Ladies and Gentlemen, Dear Colleagues,

It gives me great pleasure to welcome you to this Intercountry Border Meeting on Leprosy. I wish to express sincere thanks to the Government of Pakistan for hosting this meeting and for the excellent arrangements made and the facilities provided.

The objectives of this meeting are to discuss and update the national plans of action for surveillance and control of leprosy, to coordinate activities in border areas, particularly among migrating populations and refugees, and to strengthen exchange of information between neighbouring countries.
I wish to refer to the resolution on leprosy elimination adopted by the Forty-second Session of the Regional Committee for the Eastern Mediterranean in 1995. The resolution urges Members States, particularly those where leprosy is a major problem, to redouble efforts towards the elimination of leprosy as a public health problem by the year 2000 and to give priority to leprosy control measures in national health plans with emphasis on early case detection, treatment by multidrug therapy and disability prevention.

Leprosy continues to be an important public health problem in some countries of the Eastern Mediterranean Region, although the prevalence of leprosy has been considerably reduced in all endemic countries. In the Islamic Republic of Iran and Pakistan, which have been until recently among the leprosy endemic countries, the prevalence of leprosy is now below 1 per 10,000; in other words they have reached the target of elimination of leprosy as a public health problem. This was achieved through improvements in surveillance and multidrug treatment of patients with leprosy. However, the situation is still serious among some specific groups of population, and further efforts should be made in order to reach and treat every leprosy sufferer in these countries.

The leprosy situation in Afghanistan is not completely clear due to the weakness of surveillance and reporting systems in that country. The available data indicate that the majority of leprosy patients in
Afghanistan still continue to receive medical assistance through nongovernmental organizations.

The military action inside Afghanistan has resulted in widespread migration of the population of that country to neighbouring Pakistan and the Islamic Republic of Iran. It is reported that some leprosy patients are still settled in border areas; special efforts are needed to identify and treat them. Also, action should be taken to assure their full compliance to multidrug therapy, even if they return to their homes.

The common feature of your countries is the presence of nomads, especially in border areas. We should organize our activities in such a way that these groups of population should not be deprived of health care, particularly with respect to leprosy surveillance and control.

I take this opportunity to express my sincere appreciation to all nongovernmental organizations working in the field of leprosy control for their valuable assistance. I hope that this meeting will further strengthen cooperation between national, international and nongovernmental organizations involved in leprosy control in this subregion.

It is a well known fact that even in areas where leprosy treatment services are currently available, many sufferers remain
undetected and therefore untreated. This is often because of lack of awareness among the population and medical personnel about the disease and its treatment.

There is a further need to strengthen capacity building measures for local health workers to improve multidrug therapy services and to increase community participation in elimination activities.

I am sure that you are well aware that the Seventh Expert Committee on Leprosy, which met in Geneva in May 1997, affirmed that the duration of the current multidrug therapy regimen for multibacillary leprosy should be shortened further to 12 months, and a single dose of drug combination consisting of rifampicin, ofloxacin and minocycline can be applied for the treatment of single-lesion paucibacillary leprosy. The conclusions and recommendations of the Expert Committee on simplification of chemotherapy of leprosy will bring considerable benefit to the health services by reducing costs, and to the patients. It is important, however, that the national programmes should be confident about monitoring the new regimen in terms of its operational and technical performance.

The intense social stigma attached to leprosy and the social discrimination against persons affected by leprosy is still present in many areas. It is highly important to reduce the stigma through all means of health education and community involvement in
rehabilitation of leprosy patients. The cooperation and coordination of activities in this field with nongovernmental organizations and social and religious groups should be particularly encouraged.

I am confident that all these aspects will be fully discussed during your meeting and that your decisions and recommendations will further improve cooperation and coordination and activities in the field of leprosy control between your countries.

I wish you fruitful discussions and a very successful outcome of the meeting.