Opening Remarks

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I am very pleased to welcome you all to this meeting. Meetings of national programme managers, like this one, are very important, as far as leprosy is concerned.

It is time for us to take stock of the progress made during the recent past; and to plan for the future. It is time to review the reality on the ground, with the people who work in the field. And, it is time to see how our efforts at regional and global levels can help countries more effectively in their efforts to control leprosy.
Leprosy is an ancient disease. It is a disease of poverty and misery. It was recognized that the disease burden of leprosy was enormous, in both medical and social terms.

In endemic countries, leprosy had always been a significant public health problem. The average global prevalence rate of leprosy was above 10 per 10,000 population in 1985. This was an important rationale for the global efforts to eliminate leprosy.

In 1991, the World Health Assembly passed a resolution, urging the endemic countries to reduce the leprosy prevalence rate to less than 1 case per 10,000 population, by 2000. This rate for leprosy is considered not to be a problem of public health importance. This is the prevalence rate of leprosy targeted for elimination. The target for leprosy elimination was subsequently postponed to 2005.

We expected all endemic countries to have reached this elimination goal at the end of 2005.

Not all those countries had achieved the goal; but, through the elimination efforts a lot was done and achieved. The reduction in the leprosy prevalence rate in all endemic countries has been commendable indeed.
Now, 116 out of those 122 endemic countries have achieved the goal of leprosy elimination. In many of the successful countries, however, the achievements within the countries are not uniform. There are still areas of high leprosy prevalence rates within those countries. The countries that have reached the goal; and those that have not yet succeeded, will have to exert extra efforts to sustain the achievements of the past endeavours. They will have to further reduce the disease burden as much as possible. This is the most important remaining challenge of the leprosy control programme. It has to be kept in mind in this context that, even though, the elimination goal is achieved, leprosy still remains prevalent. The disease is still with us. Leprosy elimination is important, but it is only a step towards a leprosy-free world.

Advocacy for political commitment to leprosy control will have to continue, and with intensified efforts. This is to overcome complacency in countries; the complacency that is due to the understanding that leprosy has completely disappeared. Sustaining and maintaining care and services for persons affected by leprosy are essential indeed.

Even more important, the quality of these services has to be further improved, in the light of available know–how and technology.

From now on, the services for these affected persons need to be provided in an integrated manner, within the general health care systems. Leprosy has to be considered as one of those diseases to be taken care of under general health care and services. This integration is very important, especially at the primary care level. Deformity due to leprosy
must be prevented and properly corrected and the affected persons rehabilitated socially and occupationally.

It has also to be kept in mind that psychosocial and cultural determinants significantly contribute to the perpetuation and persistence of leprosy. This aspect has to be taken into account seriously when care and services are planned for leprosy-affected persons. Through a multidisciplinary approach, the social stigma associated with these persons has to be reduced or eliminated. The respect for their human rights has to be vigorously promoted and ensured. Social integration of these persons has to be assured through adequate education of the community and the public at large. Since the disease is still prevalent, surveillance has to continue with improved information.

For the surveillance of leprosy to be effective, it has to be made a part of the integrated disease surveillance system in countries. More research is needed to better understand leprosy, especially its epidemiology and pathogenesis. This understanding will lead to the possibility of primary prevention, which will be important for the leprosy control programme in future. Primary prevention that aims towards tackling disease determinants and risk factors should be made as the targets for programme interventions.

As I said, leprosy is a disease of poverty, with inherent psychosocial and cultural domains. The disease has been entrenched in the population for a long time; it will not disappear from the world easily.
We, therefore, still need to keep the leprosy control programme viable and functional. The programme will have to be developed on the basis of better understanding and new evidence. Basic, clinical, epidemiological and operational research is still required to produce new knowledge and new evidence for programme development and management.

Research institutions should continue to collaborate with each other in pursuing this challenge. The leprosy control programme must be formulated to suit country and locality-specific situations. The situations that vary according to the socio-economic and cultural contexts in the individual countries.

The countries will have to determine and decide on various aspects of the programmes that are relevant to their own specific needs and requirements. WHO global and regional strategies can serve as a generic framework to provide a broad technical and managerial guidance. WHO is ready to provide technical inputs to the national efforts in the development and management of leprosy programmes. And WHO can provide technical and technological knowhow for specific areas of programme interventions.

WHO will continue to work closely with all partners, nationally and internationally, in rendering the required back-up to countries’ efforts.

Since care and services for leprosy-affected persons are to be integrated into the general health services, the role of the leprosy control programme in future may not be exactly the same as before. The programme should emphasis e among others, evaluation of
the effectiveness of care and services; ensuring the improvement of such effectiveness; pursuing research for new knowledge and new evidence; and advising on the new approaches to ensure a leprosy-free society. A leprosy-free society is our ultimate goal for the leprosy programme.

On behalf of WHO, I would like to place on record our appreciation and thanks to the agencies, institutions and foundations for their most valuable support to WHO in its mission to help countries control leprosy.

My special thanks are extended, in particular, to The Nippon Foundation / Sasakawa Memorial Health Foundation for the indispensable assistance to the Global Leprosy Programme. Leprosy will continue to be on the agenda of WHO in the foreseeable future, and therefore, our combined wisdom and efforts will have to continue.

Our actions on leprosy must be holistic, multisectoral, and multidisciplinary; taking into account particularly the socio-cultural dimensions of the disease. And, like other diseases of the poor, poverty alleviation can play an important role in solving the leprosy problem in the community.

Let me also take this opportunity of informing the distinguished participants that, after several years of discussion, the Global Leprosy Programme has been relocated from WHO Headquarters in Geneva to the Regional Office in New Delhi. This is to ensure the efficiency and effectiveness of WHO services, by moving its global programme to where the need is the
greatest. The leprosy burden in the South–East Asia Region is the highest that is the reason why the Global Leprosy Programme has been relocated to this Region. We are now doing our best to prove that this is the right decision of WHO as far as leprosy is concerned.

We have a heavy agenda before us. Our deliberations on various issues will take us a long way towards the ultimate goal of a leprosy-free world. Finally, let me wish you all success in your interactions during the course of the meeting. And, I wish all of you an enjoyable stay in Bangkok.

Thank you.