WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
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منظمة الصحة العالمية
المكتب الإقليمي لشرق المتوسط

In the Name of God, the Compassionate, the Merciful

Message from

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to the

NINTH MEETING OF THE WHO TECHNICAL ADVISORY GROUP ON LEPROSY ELIMINATION

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Distinguished Guests, Dear Colleagues and Friends, Ladies and Gentlemen,

It gives me great pleasure to welcome you to Cairo for the ninth meeting of the WHO Technical Advisory Group on Leprosy Elimination. I would like to express my sincere gratitude to our colleagues from the global leprosy programme for the excellent coordination with our staff in facilitating the organization of this meeting, and also for their continuous collaboration and support to our Region.

Dear Colleagues,

As in other regions, tremendous progress has been made in reducing the disease burden in the endemic countries of the Eastern Mediterranean Region; also in improving the access of communities to leprosy diagnosis and treatment, particularly in the underserved areas and marginalized population groups. In addition, significant progress has been made towards changing the negative image of leprosy. But much more needs to be done to make sure that no individual suffers from discrimination due to present or past leprosy.

New case detection has shown constant and continued decline in the Region and most countries have achieved elimination of leprosy as a public health problem at subnational level. These achievements are the result of a very fruitful collaboration between national

programmes, national and international partners and WHO, and high population coverage with leprosy control activities. Only Afghanistan, Somalia and southern Sudan still have areas where leprosy control is still weak, and this is due to past and present emergency situations.

Leprosy programmes in most countries of the Region today are focused on sustaining the gains made so far and on reducing the disease burden further in the endemic communities. We are ready to implement a new global strategy to sustain leprosy control activities, but a different set of operational issues is emerging which needs to be discussed and debated. These include ensuring timely and correct diagnosis and treatment completion, improving access and coverage, setting up an effective referral network and improving the quality of services provided to persons affected by leprosy. And all these need to be tackled in the context of integration of leprosy control activities within the primary health care system, which provides essential services at the most peripheral level. We therefore need to be increasingly effective in the way we deliver our services, and also cost-effective with our resources in order to sustain control activities in the future.

It is well known that leprosy also leads to greater poverty. It is a leading cause of permanent disability in the world. The chronic symptoms often afflict individuals at the most productive stage of their lives, and impose a significant economic and social burden on their families and on society at large. We need to do something to bring about more equity and to reduce discrimination.

In addition, as already noted, some countries have been caught up in civil conflict and economic turmoil, and have experienced severe damage to their health infrastructure, affecting all development projects. Leprosy control, by joining hands with the primary health care system to re-establish services in these areas, can provide benefit to thousands of people. The challenges are both technical and operational and will, I am sure, be discussed in detail during the meeting.

Let me touch on some of the key components of WHO’s global strategy to further reduce the leprosy burden and sustain leprosy control activities. The main principles of leprosy control, based on timely detection of new cases and their treatment with effective multidrug therapy, is unlikely to change in the near future. The emphasis of the global

strategy is clearly on providing quality patient care that is equitably distributed, affordable and easily accessible. In summary the following main elements of the global strategy need to be implemented in the field:

- sustain leprosy control activities in all endemic countries;
- build capacity of general health care workers to carry out leprosy control activities;
- ensure high-quality diagnosis, case management, recording and reporting in all endemic communities;
- strengthen referral services;
- develop tools and procedures that are home/community-based, integrated and locally appropriate for the prevention of disabilities/impairments and for the provision of rehabilitation services;
- promote operational research in order to improve implementation of a sustainable strategy; and
- encourage supportive working arrangements with partners at all levels.

Even though we are pursuing a public health policy to control leprosy, I strongly believe that there should be no compromise in ensuring that all persons affected by leprosy receive the best possible treatment and care. Quality care must be an integral part of the public health approach. The implementation of the global strategy, through the operational guidelines, will require contribution and commitment from all partners working towards the common goal of controlling leprosy and ensuring that the physical and social burden of the disease continues to decline throughout the world.

Dear Colleagues, Ladies and Gentlemen,

Let me conclude by assuring you that these issues are taken seriously in the Eastern Mediterranean Region. They were discussed during the 54th Session of the Regional Committee for the Eastern Mediterranean, last September, and were endorsed through a resolution (EM/RC54/R.3) calling upon Member States to take action against neglected tropical diseases.

I wish you all a very productive and successful meeting and a pleasant stay in Cairo.

Thank you