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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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WHO EASTERN MEDITERRANEAN REGION

to the

REGIONAL MEETING OF NATIONAL COORDINATORS ON LEPROSY CONTROL

Sana'a, Republic of Yemen, 4–6 September 2005

Ladies and Gentlemen,

It gives me great pleasure to welcome you all to this regional meeting of national coordinators on leprosy elimination. During this meeting you will review the leprosy situation in the endemic countries in the Region, discuss the Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities and develop plans of action for 2006-2007 based on the global strategy. I wish to express sincere thanks to the Government of the Republic of Yemen for hosting this regional meeting and for the excellent arrangements made and the facilities provided for the participants.

Tremendous progress in reducing the burden of leprosy through the widespread implementation of multidrug therapy (MDT) was achieved in recent years. The target to eliminate leprosy as a public health problem by 2000 was approved at the Forty-fourth World Health Assembly in 1991. This target was extremely useful in generating the necessary all-round support from various partner agencies, in particular international donor nongovernmental organizations, to leprosy-endemic countries in order to reduce physical, psychological and social suffering of leprosy and to improve efficiency of control. By the end of 2000, only 10 out of 122 endemic counties had not yet succeeded in reaching the target of leprosy elimination which was defined as a prevalence rate of less than one case per 10 000 population.

The WHO Strategic Plan for Leprosy Elimination 2000-2005 encouraged commitment among endemic countries in accelerating elimination activities at national and sub-national levels through promoting community awareness, capacity-building of health workers in provision of multidrug therapy services (MDT), improving case finding and prevention of disabilities. The large-scale implementation of the Strategic Plan for Leprosy Elimination 2000-2005 increased coverage for leprosy control activities in hard-to-reach areas and improved detection and treatment of leprosy cases. The drugs required for MDT have been available free of charge in all endemic countries, through WHO. The leprosy burden has been reduced substantially. Between 1985 and the beginning of 2005, more than 14 million leprosy cases were diagnosed and had completed treatment with multidrug therapy.

Progress achieved in the reduction of the public health significance of leprosy in the majority of endemic countries made it increasingly difficult to maintain leprosy control as a priority programme, especially as there are competing needs from other, more serious health issues. The idea of integrating leprosy control activities into general health services, with the aim of sustaining provision of high-quality leprosy services for patients in the foreseeable future, received increased support from the national programmes. It was considered appropriate to build such services based on the gains made by the leprosy elimination strategy in creating community awareness and self-reporting of cases, capacity-building in health services and establishment of strong partnership between governmental, international and nongovernmental organizations.

Recently, a new Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities for 2006-2010 was adopted by the WHO Technical Advisory Group on Elimination of Leprosy. The goal of the new strategy is to reduce further the burden of leprosy and to provide access to quality leprosy control services for all affected communities at a cost that is affordable to the programme and the community. In order to sustain the health benefits and achievements of leprosy elimination, the general health services will take full responsibility for leprosy control in their areas, as part of their routine day-to-day activities. However, the nature of care and the category of staff involved will vary from country to country, depending on the structure and resources of the general health services. The extent of integration of leprosy control activities within primary health care system will depend on the level of knowledge of various categories of health staff on diagnosis and treatment of the disease, availability of referral services, level of support provided by the nongovernmental organizations in control of leprosy and the availability of appropriate resources to address issues related to prevention of disabilities and rehabilitation.

Dear Colleagues,

The prospects for further reduction of leprosy burden in our region are realistic and attainable. Implementation of the new global strategy will need joint working arrangements and input from all partners to reach the common goal of sustaining high-quality leprosy control services for the affected communities. I hope that joint working plans for 2006-2007 will be prepared during your meeting with the participation of all partners. This will improve performance, avoid duplication and wastage of resources to achieve the common goal of delivery of services for persons affected with leprosy. I look forward to your sound and practical recommendations and effective plans of action.

In conclusion, I wish you successful deliberations and a pleasant stay in Sana’a.