

5. Partnership for elimination

Eliminating leprosy calls for coordinated efforts by all interested parties in support of the efforts by governments of endemic countries, since WHO has insufficient resources to tackle such a task alone. Fortunately, there are many dedicated partners, some of whom have been working diligently in the leprosy field for many decades. Without the skills, and the resources — both human and financial — of those partners, the task of bringing MDT drugs to all who need them would have been wellnigh impossible.

The International Federation of Antileprosy Associations (ILEP) groups together 20 member bodies, and there are many examples of joint ILEP/WHO efforts to reach undetected cases, particularly through support to national programmes. During the first of a proposed regular series of Joint ILEP/WHO Workshops, held in Geneva on 18-19 July 1997, the Federation reported that more than 40 special initiatives aimed at reaching such cases were being backed by ILEP Members and their partners in 15 countries, and activities were under way in seven of the top 16 endemic countries. The Workshop concluded by recommending, inter alia, strengthening the primary health care system to better equip it for case-finding, using such special campaigns as LEC and SAPEL to gain access to difficult areas, and encouraging wider use of Leprosy Elimination Monitoring (LEM) and of Geographic Information Systems (GIS).

The second such meeting was held in Geneva on 26 June 1998 which recommended that:

- i. The special initiatives should ensure that all the patients detected are treated and cured. In addition, national programmes should ensure that leprosy activities are sustained.
- ii. The special initiatives should be based on good collaboration between national programmes and their various partners.
- iii. The special initiatives should see the involvement, especially in the initial phases, of all partners so as to increase "ownership" and appropriate support.
- iv. The special initiatives should be subjected to adequate evaluation so as to benefit future efforts in this direction.
- v. There is considerable scope to mount coordinated national and international media campaigns to promote detection of undetected cases. All partners should promote and support such activities.
- vi. Information on special initiatives should be widely circulated, especially to NGOs, so as to strengthen support.
- vii. Special initiatives should involve, as much as possible, local authorities, community leaders and other relevant bodies.

The Nippon Foundation of Japan has been involved for many years in various activities

including health and human resource development. The annual budget is US\$ 600 million and it covers 65 countries in Asia and Africa. In the health field, it is particularly active in leprosy and is contributing US\$ 10 million a year for the supply of MDT drugs, free of charge to all patients, to help the process of eliminating the disease. The Foundation is deeply committed to supporting WHO's activities towards eliminating leprosy as a public health problem.

The International Association for Integration, Dignity and Economic Advancement (IDEA) seeks to educate persons with leprosy about appropriate care and services, and to educate the general public in an effort to dispel myths associated with the disease.

The International Leprosy Association (ILA) is a network of people working in the field of leprosy. It was established in 1931 and now publishes the International Journal of Leprosy and Mycobacterial Diseases; it also organizes the International Leprosy Congress once every five years.

The strategy of the International Leprosy Union (ILU) focuses on strengthening the capacity building of local NGOs, getting women

involved in antileprosy work in addition to religious and community leaders, and using the mass media to educate the public about the disease, especially in remote areas. It pays particular attention to the problems of children affected by the disease in six endemic countries of South-East Asia.

The World Organization of the Scout Movement (WOSM) has long been engaged in antileprosy activities, especially case-finding, in different parts of the developing world. With a view to expanding this activity by working more closely with WHO itself and with another leading NGO concerned in the elimination drive, a Memorandum of Understanding was signed in Geneva in July 1997 by representatives of WOSM, of WHO's Action Programme for the Elimination of Leprosy and of the Germany-based Leprosy Relief Organization, AHM.

Among the partners working in the field of leprosy elimination, the World Bank is strongly committed to supporting Bangladesh and India in her efforts for the elimination of leprosy. Collaborating closely with NGOs at the technical level, the Bank currently concentrates activities on detecting MB patients in high leprosy-endemic areas. ■



Working with new partners, WOSM

6. After the year 2000

The shape of the post-elimination era will depend upon what has actually been achieved during the elimination phase. Firstly, there is no doubt that leprosy elimination is bound to happen. Leprosy work will continue to be important in the early post-elimination era in order to ensure that the remaining tasks are accomplished and the remaining areas are reached, particularly areas which could not eliminate leprosy earlier. During this time, the primary ownership of leprosy work will be with general health workers, while specialized leprosy workers, as well as dermatologists, will provide referral support.

The transmission of leprosy is relatively low, there is no extra-human reservoir of epidemiological significance and, unlike other infectious diseases, its incidence is not yet affected by the HIV pandemic. Today, almost all known cases are being treated with MDT, and almost all endemic countries have implemented elimination plans, including epidemiological surveillance of the disease. It can confidently be asserted that, if this MDT pressure is maintained for some five to ten years, all transmission of the disease can be terminally interrupted. Fortunately, the efficacy of this technology and of the strategy based on MDT has already generated the political and financial commitment required to eliminate the disease.

As a relatively rare disease and with an extremely limited number of leprosy experts available, the very few cases that occur will possibly be diagnosed late. On the other hand, they are

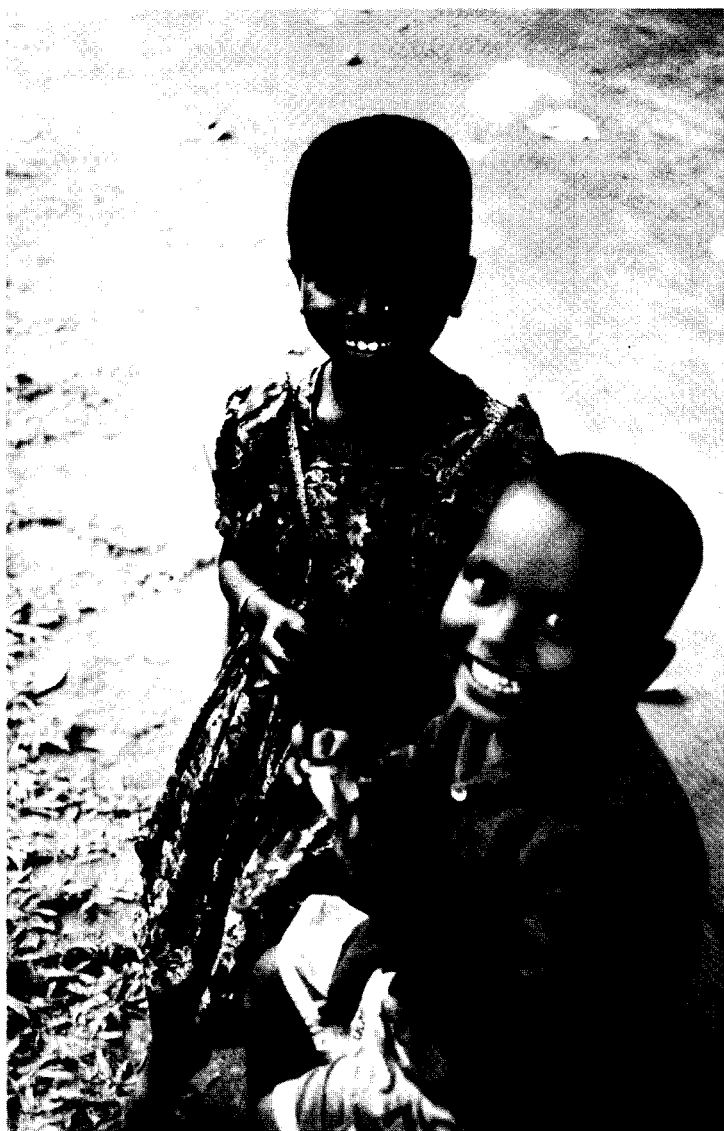
unlikely to pose any serious threat of transmission. This sort of situation is already being seen in Central Asia, the Middle East, Japan, Korea and parts of South America. All these areas had a sizeable number of leprosy patients only 30 to 40 years ago. Consequently such a situation can be envisaged even in India 10 to 15 years from now. All that it needs is for those concerned to mount intensive efforts in the next few years — and to ensure that the gains made thereafter are sustained.

Specialized leprosy workers are undoubtedly wondering about their long-term future, or indeed whether there will be a role for them some time in the early 21st century. The challenge is not to fend off this development but to accept the reality and work towards reasonable solutions that will be beneficial to all concerned. History will remember this generation of leprosy workers for their phenomenal contribution to the elimination of leprosy. The essential message now is for all concerned to push hard towards that goal and not miss the present opportunity. The best reward will be the very success of this historic venture. Achieving the leprosy elimination goal and seeing a leprosy-free world is of paramount importance and all other issues are only subservient to that goal.

Elimination of leprosy as a public health problem, as defined by WHO, is not the end of the road nor is the year 2000. Targets and deadlines are part of the managerial approach and were essential for getting greater involvement

of the community, stronger political commitment and increased collaboration between all agencies and individuals concerned. All this will not stop suddenly, and the large

numbers of individuals today who are familiar with this disease will continue to spread the crucial message: leprosy is a disease like any other, and it is curable. ■



Dream of a leprosy-free future

Annex 1:

List of WHO/LEP Publications and Documents

Chemotherapy of Leprosy. Report of a WHO Study Group, TRS 847 (1994)

Elimination of Leprosy - Questions and Answers. WHO/LEP/96.4

Leprosy Resolution WHA 44.9, Forty-fourth World Health Assembly, 13 May 1991.

MDT - Questions and Answers. WHO/LEP/97.8

LEC and SAPEL - Questions and Answers, WHO/LEP/97.3

Prevention of Disabilities in Patients with Leprosy. A practical guide. WHO, Geneva, 1993

WHO Expert Committee on Leprosy. Seventh Report, TRS 874 (1998)

WHO Weekly Epidemiological Record, 1998 May, Nos 21, 23 and 24.

Managing Leprosy Control Programmes Training Modules, 1993.

Guide to eliminating leprosy as a Public Health Problem, 2nd Edition, Pocket Version WHO/LEP/97.7

Health Systems Research Modules for eliminating leprosy, 1996

