

Statement by Professor M. F. Lechat, Representative of the
International Leprosy Association at the Thirty-second
World Health Assembly, May 1979 in
Geneva, Switzerland

Mr. President,

As Chairman of the International Leprosy Association, a non-governmental organization that has been in relationship with WHO for more than 20 years, I am very grateful for the opportunity given me to address the distinguished delegates at the Thirty-second World Health Assembly.

The number of leprosy patients in the world is estimated at more than 10 million, of whom perhaps 3 or 4 million are disabled. Leprosy is therefore on a par with other diseases as a priority health problem and a major social problem.

Until recently the strategy for the control of this disease was relatively simple. That is no longer the case today. Research carried out in the course of national leprosy campaigns, particularly in South-East Asia, Africa, and the Americas, has shown that the causative agent of leprosy is becoming resistant to the customary forms of therapy.

At the Eleventh International Congress on Leprosy organized by our Association in Mexico in 1978 at the invitation of the Mexican Government, and attended by a large number of countries, the need for fundamental rethinking of the leprosy problem was recognized.

Leprosy control is therefore at a crucial turning-point, and that is why I wished to address this Assembly.

In this new context, research assumes exceptional importance: basic research to develop new weapons against leprosy, a vaccine, and more appropriate treatment schedules; operational research to adapt the logistics of leprosy control to these new conditions.

Within this critical and genuinely urgent situation the role which the World Health Organization could play in research to identify the problems, define the priorities, amalgamate and coordinate resources has now become fully apparent.

The International Leprosy Association, which represents the international scientific community concerned by this problem, believes that the research activities coordinated by WHO, namely the IMMLEP program to develop a vaccine and the THELEP program to develop improved therapeutic methods, both carried out within the Special Programme for Research and Training in Tropical Diseases sponsored by UNDP, the World Bank, and WHO, provide an example to follow and offer the most reliable guarantee of a solution.

This program is a pilot enterprise in collaboration between governments, WHO, and the scientific community and is characterized by its scope and relevance, by the intellectual resources it is bringing to bear, and by the enthusiasm it is arousing.

The Special Programme can rest assured that the International Leprosy Association will continue to collaborate to the fullest extent.

However, I have the feeling that the Association I represent could do more.

During this Assembly, technical cooperation among developing countries has been discussed. The field of cooperation among countries where leprosy is endemic is extremely large, covering the study of drug resistance, clinical trials, the evaluation of new control strategies, the integration of leprosy control into the primary health service (for the success of leprosy control is undoubtedly an excellent indicator for the efficacy of primary health care), and above all staff training at all levels. In the International Leprosy Association there are over 600 specialists in 82 countries. These resources could undoubtedly be exploited in the three areas of research, services, and training to promote technical cooperation among developing countries. My Association would be willing, for example, to study with governments and with WHO the possibility of collaboration to develop programs aimed at field application of the new

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treatment and prevention methods produced by research.

I thank you, Mr. President, and distin-

guished delegates, for giving me this opportunity to express the viewpoint of the International Leprosy Association.