

## OPENING CEREMONIES

Welcome by Dr. S. K. Noordeen  
Chief Medical Officer, Leprosy  
Division of Communicable Diseases  
World Health Organization

Mr. President, Ladies and Gentlemen,

On behalf of the Director-General of the World Health Organization (WHO), Dr. Hiroshi Nakajima, I have great pleasure in greeting all of you who have come from different parts of the world to this 14th International Leprosy Congress organized by the International Leprosy Association (ILA). This nongovernmental organization has been in official relations with WHO since 1948, that is, since the establishment of WHO. These four and half decades of collaboration have been very productive and mutually beneficial, and WHO takes pride in cosponsoring this Congress.

This Congress is very timely since this is an extremely important moment in the history of leprosy and leprosy work. For the first time in centuries, we are able to envisage the end of leprosy as a public health problem in the world. The period of failure and frustration in leprosy work, so well-known to many of us, is well behind us. Multidrug therapy (MDT), the most important technological advancement in the history of leprosy, has cured millions of patients and has saved hundreds of thousands of individuals from being crippled. While the current optimistic situation is due mainly to the phenomenal scientific progress made over the last 30 years, we should not underestimate the enormous dedication of a large number of field workers in leprosy in many parts of the world who continue to persevere with their efforts no matter what the odds. We should pay great tribute to the exemplary efforts of these unsung heroes in the field.

As most of you know, it was because of the substantial progress in leprosy control through MDT that the World Health Assembly was prompted in 1991 to give its historic call to eliminate leprosy as a public

health problem by the year 2000, defining elimination as attaining a level of prevalence below 1 case per 10,000 population. This rallying call has received enormous support from the national governments of leprosy-endemic countries, the international donor community and leprosy workers alike, and has helped to further invigorate the leprosy programs in several countries. While the global leprosy burden has been reduced by about 60% over the last 8 years, it is clear that the remaining problem is far more difficult to deal with, warranting further intensification of our efforts. Again, we are mainly talking about the public health aspect of leprosy in terms of how to reduce the disease burden and how to stop its spread. This leaves behind the residual problem of those individuals disabled as a result of leprosy and their rehabilitation. It is more and more important now that leprosy programs, while having MDT as their anchor, should increase their focus in preventing and managing disabilities. Rehabilitation of the leprosy disabled should, increasingly, be integrated into the overall community-based rehabilitation programs.

Leprosy work is unique among health activities in that it has a large amount of support from national and international nongovernmental organizations (NGOs). While the national NGOs have been able to play a critical role in areas of advocacy, community mobilization, disease control and rehabilitation, the international NGOs, particularly the Member Associations of the International Federation of Antileprosy Associations (ILEP), have played an extremely important role in supporting leprosy work in several countries. However, what needs to be strengthened further is cooperation and collaboration among all agencies working toward the goal of leprosy elimination. WHO would like to advocate a genuine

partnership approach at all levels so that the available resources are optimally utilized.

Finally, it is clear that the amount of work still to be done is immense if the target of eliminating leprosy as a public health problem is to be achieved by the year 2000. This is feasible provided that further substantial and intensified efforts are made both in terms

of action and mobilization of adequate resources. The opportunities available are clear, and history will judge us not just by our interest in or our dedication to leprosy work, but by how we seized the opportunity to see the end of leprosy as a public health problem.