

# AFRICAN LEPROSY CONGRESS

## Scientific Program<sup>1</sup>

Eskom Convention Center,  
Johannesburg (Midrand), South Africa  
31 January to 3 February 2005

Day	0900-1000	1000-1115	1130-1230	1330-1630	1600-1800
31 Jan 05 Monday	REGISTRATION	INAUGURAL SESSION & KEY NOTE ADDRESS  (Mr. Y. Sasakawa)	SPECIAL SESSION ON HUMAN RIGHTS IN LEPROSY  Ch: Dr. Gopal Co-Ch: Mr. Sehu	FREE PRESENTATIONS I  -Clinical and Laboratory Aspects  Ch: Dr. Ogbeiwu Co-Ch: Dr. Mane	SYMPOSIUM I  Training Strategies  Moderator: S.A.R. Krishnan
01 Feb 05 Tuesday	STATE OF THE ART LECTURE I :  Chemotherapy of Leprosy  (Dr. Ji Baohong)	1030 - 1230		FREE PRESENTATIONS II  - Epidemiology & Control  Ch: Dr. Mputu Co-Ch: Dr. Kruger	SYMPOSIUM III  Ocular Leprosy  Moderators: P. Courtright & S.K. Samanta
		SYMPOSIUM II  Community Based Rehabilitation  Moderator: Dr. Van Brakel			
02 Feb 05 Wednesday	STATE OF THE ART LECTURE II :  Leprosy Elimination in Africa  (Dr. L. Bide )	SYMPOSIUM IV  Reaching the Unreached  Moderator: Dr. J. Kawuma		FREE PRESENTATIONS III  - Leprosy Elimination  Ch: Dr. Pannikar Co-Ch: Dr. Samba Sow	FREE PRESENTATIONS IV  - Prevention of deformities & Rehabilitation Ch: Ms. Birke Nigatu Co-Ch: Dr. Guedenon
03 Feb 05 Thursday	STATE OF THE ART LECTURE III :  Prevention of Deformities  (Dr. H. Srinivasan)	SYMPOSIUM V  Issues of case detection and treatment  Moderators: Dr J. P. Brechet & Dr. A. Tendrebergo		CLOSING SESSION	-

### Opening Ceremony.

Dignitaries participating in the Opening Ceremonies included:

Dr. Manto Tshabalala-Msimang, Minister of Health, Republic of South Africa

Dr. Asomou Baah, Assistant Secretary General, W.H.O

Mr. Yohei Sasakawa, W.H.O. Goodwill Ambassador for the Elimination of Leprosy  
Dr Antoine Kaboré, Director of Communicable Diseases, W.H.O, AFRO  
Dr. Bide Landry, Regional Advisor, Africa, W.H.O Leprosy Elimination Program  
Dr. Gopal, President, IDEA  
Dr. Deepack, President of ILEP  
Dr. Noordeen, President of ILA

<sup>1</sup>The list of Congress attendees will be posted on the ILA web-site, and keynote presentations will be published in subsequent issues of the JOURNAL.

**Remarks on the opening of the Congress.  
Dr. Manto Tshabalala-Msimang.**  
Minister of Health, Republic of South Africa

It is a great pleasure for me to welcome you to South Africa for this second conference of the International Leprosy Association to be held on the African continent.

This Congress coincides with the celebration of the World Leprosy Day. The World Leprosy Day was founded by Count Raoul Follereau, who was deeply involved in the fight against leprosy, particularly in Africa. Count Follereau campaigned to reverse the negative images associated with leprosy, as did Mahatma Gandhi. The ideals of Gandhi and his willingness to personally care for people affected by leprosy did much to change public perceptions of this disease. One cannot think of leprosy without being reminded of banishment and exile. Of course in the South African context, the prison of Robben Island comes to mind. Robben Island was for about 80 years a home to leprosy patients before it was made a prison that is now synonymous with the triumph of human rights and freedom. I am delighted that many of you will be visiting Robben Island after this congress and that you will have the opportunity to see this place that is of historical significant to the ideals of freedom and democracy in this country and across the world.

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*“ . . . much needs to be done to ensure that leprosy patients benefit fully from the advances in treatment seen in recent years ”*

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Great strides have been made against leprosy in Africa and the rest of the world since the first meeting of the International Leprosy Association was held on the African soil in Cairo in 1938.

Leprosy treatment has developed significantly during the past decades. We are especially proud that African researchers have played a leading role in developing new interventions against this disease. We in Africa can also boast of our own leprosy research facility, namely ALERT based in Addis Ababa. We can mention Davey's trials with oral Dapsone in 1948 in Nigeria, Browne's introduction of clofazimine in 1960 in Nigeria and the vaccine trials of Karonga in Malawi in the 1980s as just



FIG. 1. Opening Ceremonies: front, from left: Dr. Sunil Deepak, President, ILEP; Mr. Yohei Sasakawa, W.H.O. Goodwill Ambassador for the Elimination of Leprosy; Dr. Manto Tshabalala-Msimang, Minister of Health, Republic of South Africa; Dr. S. K. Noordeen, President, International Leprosy Association. Rear, Ms. Hoshino, translator.

three of the many significant investigations into leprosy that have taken place in Africa. These studies have made a global contribution to the armory against leprosy.

We have seen many successes in the fight against leprosy in Africa. These have been due to developments such as the introduction of multi-drug therapy and the very high success rates associated with it. The simplification of various procedures has enabled workers with limited skills to undertake leprosy work successfully and civil society participation in the efforts against leprosy has improved significantly.

African countries have demonstrated determination to work towards the elimination of leprosy as defined in the resolution of the World Health Assembly of 1991 and significant progress is being made towards the realization of this goal.

In South Africa we are proud of the contribution made by our specialists who have published their findings in the *International Journal of Leprosy and Other Mycobacterial Diseases* and *Leprosy Review*. Their work should contribute in enhancing the knowledge of the international health community charged with the treatment of leprosy. I am pleased that at this Congress you will be hearing a presentation by one of our dermatologists on South Africa's experience in providing leprosy treatment at a general hospital following the closure of the last of our specialized leprosy facilities.

Until 1977, hospitalization for leprosy treatment was compulsory in South Africa.



FIG. 2. Opening Ceremonies: Presentation of Banners of Honor by IDEA delegates.



FIG. 3. Delegates in plenary Session.

Specialized leprosy institutions began to close during the 1980s and in 1997, the remaining institution, Westfort Hospital, was closed.

We are pleased that leprosy has been reduced to very low levels in South Africa. About 50 new patients are detected each year. However, 40% of our newly diagnosed patients suffer from Grade 2 (W.H.O.) disabilities. This indicates that a large percentage of our patients are only being diagnosed after having suffered from the disease for some time. There are about 160 patients that are registered for treatment. At least 3000 people have disabilities related to leprosy amongst the economically active age groups in the country.

Despite the fact that new patient detection levels have reached very low numbers as both a percentage of the population and in absolute numbers, we are intensifying the implementation of our leprosy control policy.

The goal of the leprosy program is to decrease the current prevalence of leprosy in order to work toward the eradication of leprosy. The objectives of the program are to:

- “Develop standard guidelines for the early diagnosis and management of patients
- “Prevent disability and rehabilitate disabled patients
- “Establish a central register and measure treatment outcomes
- “Ensure that there is at least one medical doctor with leprosy expertise in each teaching hospital to which leprosy patients can be referred
- “Ensure that early diagnosis of leprosy is included in the PHC training material of health professionals.”

Our aims are to:

- “Increase awareness of the continuing existence of leprosy
- “Promote the early treatment of patients with multi-drug therapy
- “Promote community involvement in case detection
- “Ensure that that multi-drug blister packs are made available at the treatment points used by leprosy patients
- “Improve the knowledge of health staff supervising leprosy treatment to enable them to help patients and avoid disabilities.”

In South Africa, leprosy treatment has come a long way, from the darkness and isolation of Robben Island to the bustle of PHC clinics in our modern facilities. However, we acknowledge that much needs to be done to ensure that leprosy patients benefit fully from the advances in treatment seen in recent years.

This conference provides us with a opportunity to celebrate the progress that has already been made on our continent towards providing treatment for all patients. It also reminds us of many patients who have not yet received treatment and the many people who have had leprosy and who suffer from disabilities. All these people need our help. We have an excellent opportunity here of learning from each other. I am particularly pleased to see that the conference program has sessions dealing with “reaching the Unreached” and “Community Based Rehabilitation” which should facilitate the sharing of best practices.



FIG. 4. Mr. Yohei Sasakawa (L) and Dr. Gopal, President, IDEA.

Most of you have had first hand experience of the harsh attitudes towards this illness. We all have an important role to play in changing perceptions of leprosy and promoting the rights of leprosy patients. I am glad that this congress will also discuss the factors that impact on our interventions against this disease.

Many of you work in difficult conditions, providing care for your patients in innovative ways and for that I salute you. I wish you well during this congress and trust that you will be able to return to your work-areas refreshed with a deeper understanding of leprosy and better equipped to serve those whose health depend on you.

It is my pleasure to declare the African Leprosy Congress of 2005 open.

#### **Docteur Antoine B. Kaboré,**

Directeur Régional de l'OMS pour l'Afrique

Le Docteur Luís Gomes Sambo, le nouveau Directeur régional de l'OMS pour l'Afrique, aurait souhaité être en personne parmi vous à ce congrès qu'il qualifie lui-même d'historique parce que:

- (i) c'est le premier congrès de l'Association Internationale de la lèpre (ILA) dans un pays de la Région africaine de l'OMS,
- (ii) le congrès a lieu en 2005, terme fixé pour l'élimination de la lèpre en tant que problème de santé publique au niveau national dans tous les pays,

Malheureusement, ce congrès coïncide avec sa prise de fonction. Il a dû se résigner à nous désigner pour le représenter et vous transmettre son message.

En son nom, je voudrais tout d'abord remercier le Gouvernement de l'Afrique du Sud et en particulier le Président de la République et La Ministre de la Santé pour toutes les facilités qu'ils ont offertes pour que ce congrès soit une réussite. Nous connaissons l'hospitalité légendaire de l'Afrique du Sud et nous sommes émerveillés par la qualité de l'organisation et la disponibilité de nos frères sud-africains chaque fois que nous avons l'occasion de participer à une réunion dans ce beau et grand pays.

Je voudrais remercier tous les responsables de l'Association Internationale de la Lèpre pour les efforts qu'ils ont consenti pour organiser ce congrès en Afrique car, de mémoire, il s'agit des premières assises sur le continent.

Je voudrais aussi remercier toutes les organisations non gouvernementales regroupées ou non au sein de la Fédération Internationale des Associations contre la Lèpre (ILEP) pour leur dévouement à la cause des malades de la lèpre et pour tous les efforts qu'ils ne cessent de déployer pour faire de l'élimination de la lèpre une réalité visible en Afrique.

Enfin, je voudrais remercier tous les participants à ce congrès pour leur implication dans les programmes d'élimination de la lèpre et leur contribution à l'organisation de la lutte contre la lèpre dans la Région africaine de l'OMS.

**(Résultat des programmes d'élimination de la lèpre).** Grâce à vous tous, le programme d'élimination de la lèpre est un des programmes les plus réussis de la Région. La détermination des pays à combattre la lèpre a été la clé de tous les succès que nous avons eus. Grâce à l'engagement politique au plus haut niveau des Etats membres, et grâce au dynamisme des responsables nationaux, la lèpre a été considérée comme une priorité nationale et les services de santé se sont focalisés sur les activités d'élimination. Ainsi, plus d'un million et demi de cas de lèpre ont été détectés et guéris dans la Région au cours des dix dernières années. L'importance de la maladie a été considérablement réduite. La prévalence est passée de 1.500.000 malades en 1990 à 45.000 en 2003. L'élimination de la lèpre a été réalisée au niveau régional où le taux de prévalence est actuellement à 0,80 cas pour 10 000 habitants. Dans les pays, la

situation s'est inversée. En 1990, nous avions 42 pays très endémiques dans la Région. Aujourd'hui seuls trois pays présentent la lèpre comme un problème de santé publique majeur et je peux vous assurer que ces pays sont à pied d'œuvre pour atteindre le seuil de l'élimination de la lèpre.

**(Résumé de l'histoire de l'élimination de la lèpre).** Qui pouvait croire en un tel succès?

La découverte de la Dapsone dans les années 40 avait suscité un vif espoir de vaincre la maladie, mais l'apparition des résistances dans les années 60 avait vite fait de transformer cet espoir en rêve.

Avec l'adoption de la polychimiothérapie dans les années 80, l'espoir renaissait de nouveau mais les doutes persistaient dans les esprits face à l'expérience de la Dapsone. En 1991, lorsque l'Assemblée mondiale prenait la résolution d'éliminer la lèpre (Résolution WHA44.9), nombres de partenaires n'y croyaient pas vraiment. Aujourd'hui, grâce aux efforts déployés par tous les pays et l'enthousiasme que l'élimination de la lèpre a suscité dans le monde, cette résolution s'est traduite en réalité.

Dans la Région africaine de l'OMS, la couverture géographique des services de santé par la poly chimiothérapie anti-lèpre (PCT) est à plus de 90% au niveau des districts sanitaires et dans tous les pays. La qualité de la prise en charge des cas de lèpre a été nettement améliorée et les taux de guérison sont supérieurs à 85%. L'intégration du dépistage et du traitement de la lèpre dans les soins de santé primaires se poursuit et rassure sur la pérennisation des activités. Dans tous les pays de la Région, la décentralisation du diagnostic et du traitement est devenue effective. La souplesse introduite dans le traitement des malades a été un moyen pratique et opérationnel pour assurer leur régularité au traitement et améliorer les taux de guérison. D'un pays à un autre, cette souplesse dans le traitement varie selon les réalités locales et l'organisation en place. Elle va de la prise mensuelle sous le contrôle de l'agent de santé à la remise de tout le traitement au malade ou à sa famille pour en assumer la responsabilité. Elle a permis au cours des campagnes lèpre dans les villages d'améliorer le taux de complétion des traitements qui est actuellement supérieur à 85%.

Au-delà de la souplesse dans la délivrance des traitements, c'est surtout à la mise en œuvre de la stratégie d'élimination de la lèpre que nous devons tous les succès enregistrés. Ses principaux éléments tels :

- le renforcement de l'accessibilité géographique, financière et culturelle des services de diagnostic et de traitement la lèpre,
- la disponibilité des médicaments et la gratuité des traitements pour les malades,
- la mobilisation sociale en faveur de l'élimination de la lèpre,
- la prise en charge précoce et correcte des malades,
- le suivi régulier des programmes et la mise en œuvre rapide des interventions correctrices,
- l'organisation des activités de soutien telles la formation, la supervision régulière et la sensibilisation des populations.

ont été extrêmement utiles pour l'atteint des résultats.

Je voudrais ici remercier les responsables des programmes nationaux d'élimination de la lèpre, les membres du groupe de l'Alliance mondiale pour l'élimination de la lèpre et tous les partenaires qui ont contribué à ce succès, plus particulièrement la Nippon Fondation et Sasakawa Memorial Health fondation, la fondation Novartis pour un développement durable, l'Agence internationale danoise de développement (DANIDA), la Banque mondiale et toutes les Organisations Non Gouvernementales membres de la Fédération internationale des associations contre la lèpre (l'ILEP).

**(Défis actuels).** Malgré les efforts déployés et en dépit des bons résultats obtenus, l'élimination de la lèpre est encore fragile et beaucoup de choses restent à faire pour la consolider à tous les niveaux: régional, national, intermédiaire et district dans les pays.

- Plusieurs pays vacillent encore autour du seuil de l'élimination et d'une année à une autre, se retrouvent tantôt en deçà, tantôt au-delà du seuil d'un cas pour 10.000 habitants.
- Plusieurs pays ont des districts encore très endémiques à cause du stigmatisme de la maladie, du manque d'information et

de l'absence des services de prise en charge des cas.

- La détection est encore élevée. Plus de 40.000 nouveaux cas sont dépistés chaque année. Cette détection témoigne du succès des campagnes et des projets d'action spéciale. Elle constitue aussi un indicateur de la persistance de la transmission de la maladie dans les communautés.
- Le stigmate social de la lèpre est encore présent. La maladie continue de faire peur et les malades sont toujours victimes de rejet que seule l'ignorance justifie. C'est dire que dans le domaine de l'information et de la sensibilisation sur la lèpre, nous avons encore beaucoup à faire. La réhabilitation sociale des malades et leur intégration dans les communautés doivent se poursuivre en collaboration avec les autres secteurs.

Nous savons tous que la Région africaine est à un tournant critique de son histoire. Les défis qu'elle doit relever sont nombreux. La pauvreté et la misère persistantes dans les populations nous préoccupent. Les maladies émergentes et ré-émergentes s'ajoutent aux épidémies et ne facilitent pas le développement harmonieux des programmes de santé. En dépit de ces conditions difficiles et de la précarité des services de santé, les Etats africains ont engagé des efforts pour éliminer la lèpre. Nous devons les encourager à poursuivre cet engagement et à maintenir la lèpre dans la liste des priorités nationales des services de santé.

Face aux défis actuels, la responsabilité des pays et surtout des programmes nationaux est grande. Sans une volonté nationale, rien ne peut se faire. La responsabilité du bureau régional de l'OMS pour l'Afrique est aussi importante mais elle est conditionnée par la détermination des pays. Toutefois, l'OMS poursuivra ses efforts pour aider les pays à s'approprier les programmes, assurer la pérennisation des activités et obtenir plus de résultats en espérant que nous réaliserons un monde sans lèpre. Pour y parvenir, les partenaires doivent aussi tout mettre en œuvre pour poursuivre leurs appuis financiers et logistiques aux programmes.

### **(Orientations futures et perspectives).**

Tous, ici présents à ce congrès, nous savons que la mise en œuvre de la stratégie d'élimination de la lèpre a été faite dans un climat difficile où l'absence de définition claire des rôles et des responsabilités entre les partenaires ainsi que l'absence d'un mécanisme efficace de coordination n'ont pas facilité la collaboration. Cette situation n'a pas permis aux pays de bénéficier pleinement de l'appui que nous devons leur apporter.

Dans l'intérêt des nations et au regard de nos engagements, nous invitons toutes les structures et les organismes (scientifiques, responsables de programmes, partenaires publics et privés, Organisations non gouvernementales nationale et internationale passionnés par la cause des malades de la lèpre) à tourner la page et regarder vers l'horizon sous un angle d'espérance et avec une volonté d'ouverture pour une amélioration de la collaboration et de la coordination des interventions dans les pays. Nous pensons qu'il s'agit là d'une condition essentielle pour réaliser un monde sans lèpre.

L'OMS poursuivra ses efforts. Une nouvelle stratégie qui prendra en compte la situation épidémiologique actuelle dans laquelle la lèpre devient de plus en plus rare sera proposée. La contribution de tous les partenaires à l'élaboration de cette stratégie permettra de mettre en place le cadre et les conditions d'une meilleure collaboration. Dans cette nouvelle stratégie qui sera essentiellement orientée vers la consolidation des acquis des programmes nationaux, la priorité au niveau inter-pays et régional sera le renforcement de la coordination et de la collaboration entre les partenaires. La création d'un cadre de concertation pour retrouver l'harmonie tant nécessaire au bon déroulement des programmes nationaux occupera une place prépondérante. J'ai la ferme conviction que nous aurons l'adhésion de tous.

Je finirai mon propos en vous rassurant une fois encore que dans le cadre du rôle que les Etats membres ont confié au Bureau régional l'OMS, l'Organisation s'engage à poursuivre son appui aux pays pour l'élimination de la lèpre.

Je souhaite beaucoup de succès à votre congrès et vous remercie pour votre attention.

**Mr. Yohei Sasakawa,**

W.H.O. Goodwill Ambassador for the Elimination of Leprosy.

I would like to begin by expressing my sincere gratitude to Her Excellency Dr. Mantombazana Tshabalala-Msimang, Minister of Health of the Republic of South Africa, for opening this Congress with such a wonderful song. I also had the opportunity to speak with her before the meeting. I was highly encouraged to hear from her that, although the issue of leprosy has not been addressed extensively so far during her term, she realized that there is a need to do more to inform the media and general public about the disease, and that she would do her best to adjust her schedule so that she can attend the upcoming workshop on Robben Island.

This Congress has been organized by ILA under the leadership of Dr. Noordeen, who always been at the forefront of the medical battle against leprosy. The results he has achieved to date have been outstanding. I would like to express my deepest admiration for Dr. Noordeen for bringing together here today a diverse group of people from ILA, ILEP, IDEA and other organizations dedicated to the battle against leprosy, as well as program managers and field workers from many of Africa's English-, French- and Portuguese-speaking countries. I firmly believe that we are all gathered for a common purpose: to create a world free of leprosy and a world free of discrimination.

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*"Leprosy is curable. Free treatment is available. Social Discrimination has no place."*

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As you know, W.H.O. has been working toward the goal of reducing the prevalence rate of leprosy to less than one case in 10,000 people in every country in the world by the end of 2005. Drugs have been made available free of charge everywhere in the world in hopes of achieving this. While the achievement of this goal will by no means mark the end of the battle against leprosy, there is no doubt that it is a very important milestone, and one that I hope we will all work for together.

Before arriving in South Africa, I visited India, where I was heartened by the steady progress being made toward elimination, which has seen the prevalence rate come

down to 1.98. I am confident that India will achieve elimination by the end of 2005. Following India's example, I believe that it is important to set specific goals, and set them high.

Fortunately, thanks to the concerted efforts of individuals and organizations around the world, we have come a long way in the medical battle against leprosy. Since the 1980s, 14 million people have been liberated from the disease. As W.H.O. Goodwill Ambassador for Leprosy Elimination, I have been traveling the world to spread correct knowledge about the disease, repeating our three simple but important messages tens of thousands of times: Leprosy is curable. Free treatment is available. Social discrimination has no place.

Unfortunately, these messages have yet to reach many people. We need to do more.

Although the medical battle against leprosy is progressing smoothly, there is another important question that we must face. That is the question whether the 14 million people who have been cured of leprosy have been able to assimilate back into society in the way that people cured of other diseases such as tuberculosis or malaria have. I am afraid that this has not been the case.

The medical advances that have been made to date in the treatment of leprosy are truly remarkable. On the other hand, determined efforts to root out discrimination and stigma are only just beginning. Faced with this issue, I visited the Office of United Nations High Commissioner for Human Rights for the first time two years ago. I was truly surprised to find that such a serious human rights issue as discrimination against people affected by leprosy had never before been brought before the UN Commission on Human Rights. Together with the members of IDEA, who are also here today, I convinced its Sub Commission on Promotion and Protection of Human Rights to investigate the issue, and subsequently the Sub Commission unanimously adopted to further study the state of discrimination against leprosy affected people and their families. As a result, we are very fortunate to have with us today, Prof. Yozo Yokota, the Japanese member of the UN Sub Commission on Human Rights. Prof. Yokota is here to listen to all you have to say, so that he can go back and share your thoughts with the other members of the Sub Commission.

I believe that this meeting is a truly historic occasion in the long history of leprosy. It has brought together people from around the world who have personally experienced and overcome the disease. They have come to share their stories, voice their opinions and serve as partners in leprosy elimination. Their stories are more powerful and revealing than anything I can say here at this podium. I cannot stress enough the important role they have to play.

I have already remarked already on the diversity of those present. I believe it is the intention of Dr. Noordeen and his team that we debate the issues more widely, more deeply and more vigorously than ever. This diversity also represents the best way for the three messages — Leprosy is curable. Free treatment is available. Social Discrimination has no place — to reach as many people as possible. I hope you will join me in this effort.

### **Dr. Bidé Landry,**

Coordonnateur régional du programme d'élimination de la lèpre pour la Région Africaine de l'OMS

First, I wish to thank the organizers for the privilege of being part of this historic meeting, and for the opportunity to be here to listen and to learn from men and women who have been working in leprosy for many years.

I have always been intrigued by the devotion and dedication of people working in leprosy and I am hoping that by being associated with you, I will also be affected with your passion and compassion.

An uncle of mine, a Roman catholic Bishop, many years ago educated me that to be involved in leprosy, one must have at least one of the three Ms. You must either be a Missionary, a Mercenary or Mad. In my short life, I have seen a few people who have been able to combine all the three qualities.

Distinguished Ladies and gentlemen, we have a lot to be proud of. Within the last 20 years; the number of countries, where leprosy is a major public health problem has fallen from 122 to 9.

Over 14 million people have been cured of leprosy. In place of despair, there is now hope that future generations will not have to deal with leprosy that way our generation has had to struggle with leprosy.

This historic congress, therefore represent a period of celebration. We are here to

celebrate not only our achievements. But also the lives of those who have sacrificed their lives to ensure that leprosy does not destroy lives. We are also here to celebrate the lives of all those who have and continue to suffer the disease in silence.

But the congress is also an opportunity for reflection. Our top priority should remain to support the 9 remaining countries to reach the elimination target.

It is worth remembering that our ultimate aim is not elimination but a world free of leprosy. We talk about 14 million of people cured from leprosy. This is not completely true. People might have been cured physically but not emotionally, mentally and spiritually. This is because the biggest society is still not cured from the stigma of the disease. And as long as the society is not cured, no one will be completely cured. Curing the society of the stigma of leprosy is a very big and long-term agenda.

I have no doubt that the post elimination era will be as challenging as the pre elimination agenda. We will need even more support and resources. We need to be more creative, so that leprosy control moves from the margins to the mainstream of health policy, health strategies, health service delivery and health budget.

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*"We have no option but to work together."*

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We have been successful so far because of the collective action of national governments, NGOs (both local and international) foundations, the private sector, (especially the pharmaceutical sectors, researches and scientific community) and through the vision foresight, leadership efforts of a number of special individuals. Some of whom are here with us.

The key of our future success is partnership. We have no option but to work together. I know that W.H.O. has not always been a good partner and occasionally we have been part of problem rather than being part of the solution. We have not always adequately recognized the special role NGOs play. We are keen to learn from our past mistakes and not to repeat our old mistakes. We ask the same from our partners. We will not always agree. Occasionally one may disagree but we should always reach a consensus.



If ever there was a just war, the war against leprosy is one such war.

On behalf of the millions who have benefited and will benefit from your work, I salute you and wish you a very fruitful congress.

### **Working Together For A World Without Leprosy**

**Dr. Sunil Deepak**

President International Anti-Leprosy Federation (ILEP)

Honorable Minister, distinguished guests, dear friends and colleagues,

ILEP is honored to be associated with this historic Africa congress of ILA. ILEP has chosen its mission as "Working together for a world without leprosy".

When we say "working together", we mean 15 autonomous members of ILEP that are together since 1966 and that support activities in 94 countries of the world. As ILEP members, we recognize that the combined efforts of ILEP members as a federation is greater than the sum of their individual efforts. "Working together" also means the high quality technical expertise from the ILEP's Technical Commission and its support for research, scientific journals and teaching materials. Finally, it also means our national and local partners including Governments and national programmes at different levels, national and local non-governmental organizations and families and associations of persons affected with leprosy.

For reaching the goal of a world without leprosy, the support provided by ILEP member associations has an operational dimension that includes financial support, technical advice, training and human resources, teaching materials, equipment, etc. This support from ILEP mem-

bers is based on a holistic view of leprosy that means attention towards diagnosis and treatment of the disease, prevention of disabilities, community education, care and rehabilitation and the human rights approach.

For achieving this goal of a world without leprosy, ILEP members promote integrated and sustainable approaches to the fight against leprosy that include combined programmes and general health services, strengthening of referral services, training of personnel in general health services and promotion of community-based rehabilitation and socio-economic rehabilitation programmes.

In this scenario, we see many challenges for continuing the fight against leprosy including:

- Ensuring adequate attention towards leprosy in primary health care settings and in combined programmes
- Networking with organisations involved in non-leprosy related activities and promoting their attention towards needs of leprosy affected persons.
- Strengthening the coverage of general health services.
- Sustainable and effective strategies for the fight against leprosy in the post 2005 period.

In conclusion I would like to reaffirm that ILEP members are committed to work together with Governments and all stakeholders and partners in Africa to ensure the provision of sustainable, quality services for treatment and care of persons affected with leprosy for as long as these are needed. I also wish the participants of the African congress of ILA for fruitful discussions that will contribute to the realisation of our goal for a world without leprosy one day. Thank you.