

Meeting of Global Leprosy Programme Managers

28-29 September 2011
WHO-SEARO, New Delhi, India



**World Health
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Meeting of Global Leprosy Programme Managers

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Contents

	<i>Page</i>
1. Background.....	1
2. Inaugural address	1
3. Address by WHO goodwill Ambassador, Mr Yohei Sasakawa	3
4. Session 1: Reducing stigma and discrimination	6
4.1 Leprosy-related stigma and discrimination: current situation and new tools to address stigma (<i>Dr Wim van Brakel</i>).....	6
4.2 Social and economic aspects of leprosy; approaches to address the issue (<i>Dr P.K. Gopal</i>).....	7
4.3 Counselling: its role in reducing stigma and discrimination (<i>Mr. Sophea Leng</i>)	9
5. Session 2: Reducing the disease burden	10
5.1 Global leprosy situation and the remaining challenges (<i>Dr Myo Thet Htoon</i>).....	10
5.2 From strategy to implementation: Enhanced Global Strategy 2011-2015 for further reducing the disease burden due to leprosy (<i>Dr V. Pannikar</i>).....	12
5.3 Approaches to achieve reduction in grade-2 disabilities (<i>Professor W.C.S. Smith</i>).....	14
6. Session 3: Country presentations: intensifying case finding activities	15
6.1 Democratic Republic of Congo (<i>Dr J.N. Mputu Luengu</i>)	15
6.2 Egypt (<i>Dr Salah Mohamed Abdel Naby</i>)	16
6.3 Thailand (<i>Dr Ruch Wongtrungkapun</i>).....	16
6.4 Cambodia (<i>Dr Lai Ky</i>)	17
7. Session 4: Case management and strengthening of the referral systems	17
7.1 Madagascar (<i>Dr. Adriamira Randrianantoandro</i>).....	17
7.2 Brazil (<i>Dr Rosa Castalia Franca Riberio</i>)	18
7.3 Sudan (<i>Dr Mohamed Salah El Tahir El Samani</i>)	18
7.4 India (<i>Dr C.M. Agrawal</i>).....	19
7.5 Viet Nam (<i>Dr Nguyen Thi Hai Van</i>)	19

8.	Session 5: Improving quality of care	20
8.1	Research- Final results from >20 year leprosy skin test trial in Nepal and other research developments. Is a diagnostic skin test feasible? (<i>Prof Patrick J. Brennan</i>).....	20
8.2	Prevention of disabilities: good practices (<i>Dr Hugh Cross</i>)	21
9.	Session 6: Improving activities for prevention of disabilities	21
9.1	Argentina (<i>Dr Silvia Noemi Paredes</i>)	21
9.2	Morocco (<i>Dr Abdellatif Idrissi Azzouzi</i>)	22
9.3	Indonesia (<i>Dr Christina Widaningrum</i>)	22
9.4	China (<i>Professor Zhang Guocheng</i>)	22
10.	Conclusions and recommendations	23
	Agenda	25
	List of participants.....	28

1. Background

At the first meeting of Global Leprosy Programme Managers held at the WHO Regional Office for South-East Asia (SEARO), in April 2009, the Global Leprosy Programme developed the Enhanced Global Strategy for further reducing the disease burden due to leprosy 2011-2015. In October 2010, the Eighth Expert Committee Meeting on Leprosy was held in Geneva which recommended that the programme should aim to reduce the occurrence of new cases with grade-2 disabilities/impairments to a level below one per million population at the global level. In addition, as an interim goal, the Expert Committee also endorsed the target set by the Enhanced Global Strategy of reducing by 35% the rate of new cases diagnosed with grade-2 disabilities/impairments per million population by the end of 2015.

Although the implementation of the Enhanced Global Strategy has already started in the Regions and endemic countries, certain aspects of the strategy need further refining and understanding by the national programmes. Therefore, the following main objectives were set for the current meeting of programme managers:

- To introduce key activities outlined in the Enhanced Global Strategy, and
- To review key indicators for monitoring progress at the national levels.

2. Inaugural address

In his inaugural address, Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, welcomed the participants with a special mention for Mr Yohei Sasakawa, WHO Goodwill Ambassador, and Chairman of the Nippon Foundation, Tokyo, Japan. In this connection, Dr Samlee paid rich tribute to Mr Sasakawa's laudable efforts in addressing the issue of stigma and discrimination faced by leprosy-affected persons and their families. Mr Sasakawa's untiring efforts in promoting the "human right" of these persons are highly commendable indeed.

Dr Samlee expressed appreciation for the commitment shown by the national programmes and generous support from partners, because of which the Global Leprosy Programme has been able to achieve, to a large extent, the goal set by the Forty-Fourth World Health Assembly in 1991 that was to put to an end to leprosy being a public health problem.

Dr Samlee cautioned that although almost all countries had achieved the leprosy prevalence rate of less than one per 10 000 population more work remained to be done in leprosy control. After elimination, leprosy was still endemic but at a low prevalence rate. "We need to be sure that leprosy will not return to become a public health problem

again. Furthermore, the achievement in reducing leprosy prevalence rates at sub-national level especially in big countries, are not uniform. There still are pockets where the rates are higher than one case per 10 000 population. More efforts need to be energetically exerted to further reduce the leprosy disease burden. The “Enhanced Global Leprosy Control Strategy: 2011-2015”, if successfully implemented will help to sustain the achievements gained in the past, and help to further reduce the disease burden due to leprosy. Leprosy patients throughout the world are now receiving free MDT drugs for their treatment. The numbers of new cases are decreasing globally every year. Under the Global Leprosy Programme, over 15 million leprosy patients have been cured with MDT. In addition, by promoting “early case finding” and “timely treatment”, an estimated 2-3 million people have been protected from getting disabled due to leprosy” Dr Samlee added.

Further commenting on the positive achievement of the programme, Dr Samlee said that awareness and understanding about leprosy had been increasing in the communities. “This situation will help reducing fear of the disease — the fear that leads to social stigma and discrimination against affected persons and their families. People are now aware that leprosy can be cured, they know that free treatment is available for them, and they come forward for it. Leprosy control activities are increasingly being integrated into general health services. This will help in ensuring the most efficient use of available resources for leprosy control. The programme’s effort for integration ensures long-term sustainability of quality services for leprosy-affected people.” Continuing with the theme of integration, Dr Samlee suggested that to a large extent, the primary health care (PHC) approach is the main tool in community-based leprosy control activities. This approach has led to increased coverage of leprosy services, including “rehabilitation”.

On the issue of the main challenges facing the programme, Dr Samlee said that despite all-out efforts, over 240 000 new cases of leprosy occur each year. “We have to ensure that these new cases are diagnosed early and treated promptly. The best care needs to be provided to leprosy-affected people with disabilities and impairments — people who face unbearable social and economic consequences. Our ultimate goal in leprosy control also includes an assurance that affected people will be able to perfectly integrate into the society, and will be able to lead a normal and productive life in the community. As the disease burden continues to decline, the programme will have to face more challenges for leprosy control. Such challenges will be both technical and managerial, with some of these challenges being more difficult to tackle. Political commitment at both national and international levels needs to be maintained at a high level, at least in order to ensure sustained quality leprosy services, in both treatment and rehabilitation. Collaboration among all stakeholders and partners needs to be further strengthened to ensure the required support to the national programmes. In the light of the current global economic down-turn, financial resources for leprosy control activities may be more difficult to mobilize. Therefore, programme activities will need to be strategically prioritized in order to ensure the most efficient and effective use of available resources” Dr Samlee stated.

Commenting on the recommendations made by the Eighth Meeting of the Expert Committee on Leprosy, Dr Samlee said that the Committee emphasized the crucial importance of early “case finding” and “prompt treatment”. Early case finding and prompt treatment are recognized as the “main interventions” of leprosy control programmes to limit “morbidity” and “disabilities”. The Expert Committee also recommended setting up of a goal to reduce “grade-2 disabilities” among new cases to less than one per one million population by 2020. This recommendation should invigorate efforts at improving the case finding activities and help in evaluating the progress towards this long-term goal. Indicators for monitoring the progress need to be effectively identified for the purpose.

Dr Samlee provided future directions to the programme and suggested that more efforts are needed for “primary prevention” of leprosy. There is a dire need for more “investment” in prevention of disabilities and in rehabilitation. Rehabilitation services should be provided for both “physical” and “psychosocial” aspects. There is an urgent need to carry out research with the view to having better drugs, better treatment regimen, and better management of leprosy control programmes. There is a need to critically review our achievements and the lessons that we have learnt and refine/re-strategize our roadmap for future collaborative endeavours in the pursuit towards the ultimate goal of a “Leprosy-Free-World”.

3. Address by WHO goodwill Ambassador, Mr Yohei Sasakawa

Mr Sasakawa said that probably leprosy is gradually losing priority in the health service agenda. In India, the number of new cases is decreasing only very slowly. In Indonesia, there is some cause for concern. In Africa, which the Ambassador visited recently, there are ongoing challenges. The need to maintain quality leprosy management in all these places remains imperative. The elimination of leprosy does not mean we have eliminated all problems related to leprosy. We continue to see significant numbers of new cases around the world. People are still suffering from disabilities, stigma and discrimination as a result of the disease. Much work remains to be done, on both the medical and social fronts, to alleviate the suffering caused by leprosy. This is our ongoing mission. On the issue of remaining challenges, Mr Sasakawa said that there are still some difficult problems faced by the programmes. These

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