

FOR THE ELIMINATION OF LEPROSY

Leprosy is Curable.

Free Treatment is Available.

Social Discrimination has
no Place.

A MESSAGE FROM THE SPECIAL AMBASSADOR

From Vertical to Horizontal

Myanmar achieved the elimination of leprosy in January 2003. What were the keys to this success? First and foremost was political will: the unshakable leadership required to win the struggle. Another vital key was the integration of the elimination activities into basic health services at an early stage, beginning in the early sixties. An expansion of the scope of elimination work to include not only leprosy specialists but also ordinary health workers, such as midwives and health volunteers, has enabled the participation of a wide range of people in the community.

I am convinced that Myanmar represents an exemplary way of conquering leprosy. The country has gone from solely entrusting things to a vertical structure of professional organizations and specialists, to a horizontal structure that encompasses general health workers, a wide network of NGOs, and media personalities. These groups have helped to promote an awareness among the people that leprosy is curable and no longer a fearful disease. This has in turn enabled effective medical treatment to reach fully into society. This integration has been highly instrumental in Myanmar's success. I believe it is an excellent example for other regions still fighting leprosy.

In my opinion, the shift from vertical to horizontal — a shift from an exclusive approach to a universally integrated approach — is essential. This shift allows a comprehensive network of organizations and individuals to be involved and becomes a significant force when imbued with the goal of not only bringing down the prevalence rate, but also eliminating the stigma associated with the disease. As I see it, the integration of health services and the integration of diverse groups into awareness-building campaigns are vital for successful elimination.



Yohei Sasakawa
WHO Special Ambassador
President, The Nippon Foundation

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| SPECIAL REPORT |

Conquering an Old Foe in Myanmar

Myanmar provides an excellent example of how effectively leprosy can be combated through a concerted effort backed by the political will to achieve specific goals. The overall effect of this effort has brought about impressive results. There were many factors involved, including medical technology, a resolute political will to meet the challenge, effective networking of domestic organizations, and support from overseas organizations. More importantly, there was a shift on the front lines from combating the disease only with specialists, to treating it as a part of regular health care. This has included the utilization of a nationwide network of midwives who perform both an educational and medical role in interacting with patients and their families.

Myanmar's success in dealing with leprosy is both interesting and instructional as an effective model for combating this disease wherever it continues to affect people.

Isolation Era

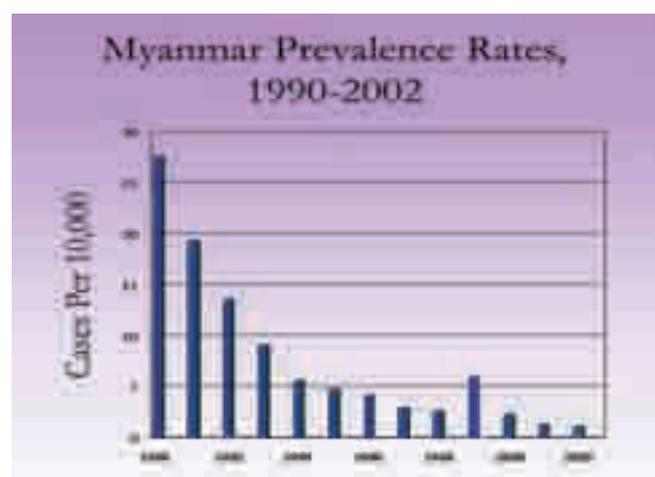
The fight against leprosy has gone through overlapping stages, including an Isolation Era which began at the tail end of the 19th century and consisted of the legal isolation of patients in colonies, where they were not allowed to have any contact with society or even their own families. On a smaller scale, some families built a second small house near their main house, or had an isolated room in their house as a means of isolating a family member with leprosy. By the 1950s, Myanmar was known to have one of the highest prevalence rates of the disease, with the number of cases in 1951 estimated to be fifty per ten thousand inhabitants, with 100,000 cases in the country as a whole.¹

Vertical Era

Medical treatment began in 1952, when the drug Dapsone was used in the Leprosy Control Program begun with assistance from the World Health Organization. During this period of time, the process was mainly vertical, with patients solely interacting with professionals. This interaction was somewhat effective within its scope, but limited by resources and the finite number of professionals, who were logistically unable to operate on a larger scale. The drug itself proved to be of limited effectiveness in the long run due to the emergence of drug resistance to Dapsone, but implementation of its use provided the beginnings of a foundation for more effective ways of combating the disease.

Integration Era

In 1969, the government of Myanmar made the decision to better respond to patients' needs by beginning



an expansion of Basic Health Services (BHS) into rural areas. This killed two birds with one stone by integrating leprosy care into the program, as well as enabling the utilization of midwives, who are able to supervise treatment of existing leprosy patients during monthly visits to patients' homes and also detect new cases. The



Red Angels at the GAEL Meeting

midwives, as the health workers in closest contact with patients in peripheral regions and already an integral part of rural life, are more easily trusted than outside specialists by many in remote regions. Wearing red skirts and riding red bicycles, they are called “Red Angeles.”

This shift to a nationwide horizontal network to effectively spread life-saving information to the far reaches of the country is an effective system for combating other public health threats as well. In this regard, the benefits of a horizontal network go far beyond any single application.

Partnership Era

The roots of this era reach back five decades,² culminating in a unified effort in recent years that has led to success through the cooperation and enthusiastic efforts of many organizations — both local and international, including help from WHO and UNICEF, as well as logistical, technical and/or financial support from several members of ILEP (International Federation of Anti-Leprosy Associations), including the Sasakawa Memorial Health Foundation.

According to a 1973 WHO Leprosy Assessment Team survey, the leprosy prevalence rate was 239 per 10,000 inhabitants.

From early 1999, a general enlightenment of the population regarding the true nature of leprosy has been achieved in large measure due to the efforts of media

personalities, who have provided invaluable assistance with a comprehensive campaign consisting of more component parts than it is possible to do justice to in this article. This has included the work of more than 70 writers, whose material has been utilized in videos, newspapers, periodicals and other print media. In addition to print media, the message has also gone out via television and radio, as well as through educational meetings conducted by health workers and local NGOs at events such as the “National Leprosy Elimination Awareness Week.”

As a side benefit to detection of new cases, leprosy elimination campaigns have also resulted in significant health education benefits. In 1978, the People's Health Plan-I was implemented and, with the support of local NGOs and community leaders in particular, has been a major contributing factor in reducing the stigma of leprosy. During this time, the number of registered leprosy patients was at its peak, with nearly 270,000 cases.

WHO recommended Multi-Drug Therapy (MDT)³ to Myanmar in 1986. At the time of implementation in 1988, the prevalence rate was 39.9 per 10,000



Special Ambassador Yohei Sasakawa visits a leprosy hospital in Myanmar

inhabitants. MDT was distributed on a limited basis from the mid-eighties and then expanded to a nationwide program, but still with limited coverage. MDT services were integrated into BHS in the early nineties, with full coverage being achieved in the late nineties.

Triumph

By the end of 2002 there were only 5,494 cases under treatment, with a rate of 1.04 per ten thousand

1 According to WHO, elimination of leprosy as a public health problem has been defined since 1991 as a prevalence rate of less than one case per 10,000 inhabitants.

2 For a detailed timeline, see *Progress Towards Leprosy Elimination in Myanmar*.

3 MDT — two to three drugs (Clofazimine, Rifampicin and Dapsone), which are used in combination to prevent resistance.

inhabitants, and it has been announced that Myanmar reached their leprosy elimination goal in January 2003 with a prevalence of less than 1 per 10,000 inhabitants. The main challenges for the future are to eliminate leprosy at the remaining divisional and township levels, while simultaneously sustaining community awareness and participation, as well as furthering improvement of the quality of health workers to meet changing situations and needs, including assisting with rehabilitation.

Continuous Improvement

One of the most important lessons that can be learned from Myanmar's campaign has been the way effective action has been built upon the lessons learned from past results. Based on a cycle of plan, action, and analysis, the result is carefully evaluated, shortcomings noted, a new plan drawn up in response to those shortcomings, and then a new cycle of plan, action, and analysis begun. This type of focus on continuous improvement is a universal strategy applicable to a diversity of national settings.

Logistics Backed by Political Will

Presently, the total effect of all programs, combined with the advances in medical technology represented by

MDT and the infrastructure of the entire leprosy elimination effort, have brought the prevalence rate down dramatically. If there is one overall theme running throughout the story of Myanmar's successful campaign against leprosy, it could be said to be *logistics backed by political will*. Naturally, the medical advances leading to MDT were vitally important. However, the current positive outcome could not have been achieved without the coordinated efforts of so many groups and individuals towards a common goal. This is perhaps the most important thing for those of us with major battles ahead to remember — that the focus of our efforts must be the goal, and an ever-present searching vision that looks for the proper logistical methods to achieve that goal.

In Myanmar, having now surpassed the official goal of elimination, it is vital that complacency not set in, as the need for a sustained effort must be maintained to deal with future incidences of the disease. Community awareness regarding the disease, self-diagnosis, and treatment procurement, are all as important as ever, underlining the importance of effective and accurate education at every level of society. □

Based on data obtained from *Progress Towards Leprosy Elimination in Myanmar*, Ministry of Health, Myanmar, January 2003

SPEECH

Achieving Leprosy Elimination

Speech by H. E. General Khin Nyunt, Secretary-1 of the State Peace and Development Council, Union of Myanmar at the 3rd Meeting of the Global Alliance for the Elimination of Leprosy (GAEL) Yangon, Myanmar February 6th to 8th, 2003

Leprosy is not only a public health problem; the side effects of the disease result in deformity and disability, and it also carries social stigma and economic costs to the individual and the community. Therefore, the World Health Organization has set a goal of eliminating leprosy in the world by 2005. Moreover, the WHO and its partners launched the Global Alliance for the Elimination of Leprosy in 1999 to give further impetus to the fight against leprosy. At this juncture, allow me to congratulate the Global Alliance for the excellent work implemented since its inception.

The government of Myanmar is fully committed to ensure the highest possible standard of health as one of the fundamental rights of every citizen. In keeping with this political commitment, it has made noteworthy efforts in improving the health of the people (especially

for women and children) and for ensuring equitable access to health care in the rural and border areas. Our National Health Policy is based on the Health for All goals and its prime objective is to strengthen Primary Health Care in our community.

Like other developing nations, Myanmar has to face a number of communicable and non-communicable diseases like tuberculosis, malaria and leprosy. Consequently, Myanmar undertook a number of disease control programmes. Myanmar health workers, with the enthusiastic support of the government and the people, succeeded in controlling many devastating diseases.

I would like to put on record the importance of multi-sectoral development, a mass literacy campaign,



H.E. General Khin Nyunt

ever-improving transport and communication systems, and improving the environment (such as ecology development in central Myanmar and environmental sanitation and clean water supply systems) that have contributed to the success of our disease control efforts. The Leprosy Control Programme in Myanmar is one of those disease control programmes that have been successful in reducing the burden of disease in our country.

Myanmar was regarded as one of the countries where leprosy prevalence was very high. Soon after independence, leprosy control was included as one of the National Health Programmes. The total number of leprosy cases was estimated in 1954-55 at around 200,000 cases in the country. However, in 1973, it was estimated to be around 700,000 cases. Though this Myanmar programme was regarded as one of the best organized and technically sound, the limitation of Dapsone therapy in the treatment of leprosy made further progress difficult and reducing the burden of disease problematical.

The introduction of Multi-Drug Therapy (MDT), as recommended by WHO in 1986, paved the way for the Elimination of Leprosy. At the same time, integrated MDT service was expanded to more areas in the country, achieving 100 per cent coverage in 1995 with the support of WHO and our partners. Under the guidance of the National Health Committee and Ministry of Health, and with technical and financial support from WHO and our international partners, elimination activities are being carried out at grass-roots level in collaboration with various local authorities and organizations. As a



result of all these efforts, the Leprosy Prevalence Rate now has been reduced dramatically from 39.9 in 1988 to 1.04 per 10,000 inhabitants in December 2002. At the end of January 2003, we have reached our Leprosy Elimination Goal. In other words, the leprosy prevalence will certainly decline to less than 1 per 10,000 inhabitants in Myanmar.

Co-operation with our partners is the cornerstone of our leprosy elimination programme in Myanmar. Collaboration and mutual support among partners

in developing a comprehensive and consistent leprosy elimination programme have proved to be the cornerstone of our success. This relates not only to the financial aspects of the programme but also to the technical and operational side. Let me take this opportunity to thank all our partners, especially WHO and the international partners for their keen interest and co-operation. We will continue our efforts, especially in sustaining elimination and in establishing an appropriate network for the care of disabled individuals in order to minimize ill health and economic consequences.

The world has seen much progress in the struggle against leprosy. But we must continue our efforts until the goal set out by WHO is reached. I am confident that the present meeting will contribute to identifying the ways to overcome the remaining challenges, through concerted and co-ordinated efforts. I would like to express our sincere thanks to the organizers for their excellent arrangements. In conclusion, may I wish you all every success in your deliberations. □

To many of us, worse than the very disease is the prejudice that comes along with it.

Many of us stopped being called Francisco, Joe, Maria, and we started being called leprosy patients, 'lepers,' and recently Hansenites.

I believe that our greatest challenge is to make sure that millions of people who have lost their identities will go back to being called by their own names.

Francisco A.V. Nunes, Brazil
IDEA's First President for Advocacy



Photo by Pamela Parlapiano

from *Voices of Humanity*

Success in Myanmar

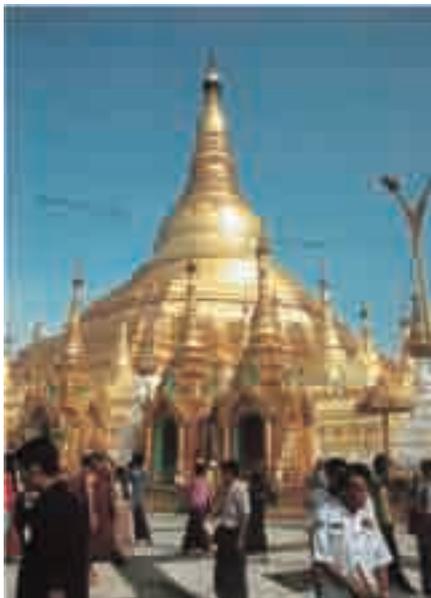
H.E. Professor Dr. Kyaw Myint, Minister for Health, Ministry of Health, Myanmar

Leprosy had been a public health problem in Myanmar for many years. The Government of the Union of Myanmar launched an Anti-Leprosy Campaign as early as 1950-51. The WHO-recommended MDT program was started in 1988. Integration into basic health services began in 1991 and was completed in 1995.

At present, the leprosy prevalence rate has fallen dramatically from 39.9 per 10,000 inhabitants in 1988 to less than 1 per 10,000 population at the end of January 2003, thus achieving the goal of elimination of leprosy.

It has taken us more than a decade to attain this goal. A significant step was taken in 1991 when the 44th World Health Assembly passed a resolution for eliminating leprosy as a public health problem at the global level by the end of the year 2000.

Myanmar embarked on a strategy applying the public health approach by fully integrating MDT services into basic health services. With the strong support and guidance from the National Health Committee chaired by General Khin Nyunt, Secretary-1 of the State Peace and Development Council, a widespread media campaign was launched to raise public awareness of the early signs and symptoms of leprosy and the availability and effectiveness of Multi-Drug Therapy. Misconceptions pertaining to leprosy, especially the negative image of leprosy, were cleared up. The community was mobilized through the concerted effort of multisectoral departments, the NGOs and the active participation of the community. As a result, people were no longer afraid to step forward and seek help for any form of skin lesions, thus making new case detection easier.



Shwedagon Pagoda, Yangon

Availability of the drugs at grass roots level and the nationwide coverage of Multi-Drug Therapy is an important factor in achieving high cure rates and fewer disabilities.

This has been made possible by the Government's reconsolidation endeavors that have enabled the government to embark on development programs, including establishment, expansion and improvement of health facilities, and ensuring equitable access of the population to health care services in the under-served regions, including the border areas.

After attaining the goal of elimination of leprosy, we cannot be complacent. We have to sustain the elimination and continue to strengthen our existing health infrastructure to enable us to provide qualified leprosy services throughout the country.



H.E. Professor Dr. Kyaw Myint (right) and Yohei Sasakawa

The success story will not be completed without the participation, contribution of resources and the technical guidance of WHO, international partners in leprosy elimination, especially Mr. Yohei Sasakawa, president of The Nippon Foundation and special ambassador to GAEL, and also ILEP, DANIDA, Novartis Foundation, World Bank and local NGOs in the campaign to eliminate leprosy in our country.

In conclusion, with strong government commitment and support, as well as the technical competency of professional staff who implement the program effectively, the response of the people and the partners and their wholehearted participation is well recognized and recorded. Coordinated efforts are needed to further enhance and sustain the elimination of leprosy at the national level and to achieve the elimination status at a local level, and more emphasis has to be given to rehabilitation and monitoring in the future. □

THE SPECIAL AMBASSADOR'S JOURNAL, 2002

Malaysia and the Philippines

In this issue, I will talk about two of the countries I visited last year. Although leprosy elimination has been achieved in both of these places, as I say time and again, elimination of the bacilli is only the first stage of the path we are walking. The next step is the elimination of the stigma that has surrounded the disease for millennia. This has the potential to be an extremely persistent problem, but in the two countries below, the governments, the medical centers and the people themselves are working hard and are fast approaching the ideal: societies in which leprosy is seen as nothing more than an easily curable skin disease; societies in which those who have contracted it are viewed in the same light as people who have broken their legs or burned their arms; societies where people affected by leprosy have a voice and place.

In June, I visited the Sungai Buloh Hospital in Malaysia. This hospital was erected as the National Leprosy Control Centre in 1930 and today has been converted to a general hospital. The facility forms the center for a settlement of former leprosy patients. It is home to more than 200 families. There, they grow plants and vegetables of all varieties in an attempt to become as self-sufficient as possible. In this, they have succeeded admirably. The settlement is situated about 25 km from the city of Kuala Lumpur, and people flock there from the city and surrounding towns in order to buy its plants and vegetables. I was impressed by the effect that this continual exchange is having on the elimination of stigma. Reintegration has been happening here from both sides.

Then in November, I visited the Philippines, where I went to a very special place in the world of leprosy — Culion Island. The island once hosted the world's largest



Culion Island

leprosy colony, established in 1906 under the administration of the United States. Over the years, nearly 50,000 leprosy patients were forcibly isolated on the island. Today, it is a municipality with a population of 16,000 people — former patients, medical staff and the descendants of both. The first mayor of Culion Municipality has himself overcome the challenges of leprosy — something he says is important in establishing the traditions of the community. The island has an impressive museum as well, housing a collection of valuable historical records and artifacts dating from the early days of the colony.

While in the Philippines, I also visited the Jose Rodriguez Memorial Hansen's Disease Hospital in Tala. Jose Rodrigues has today been converted into a general hospital but I found that the staff are still very keen to aid leprosy patients and to rehabilitate those with deformities. One encouraging program that they have is a doll factory for former patients of leprosy. The dolls produced here are of the highest quality and are a very popular item in the surrounding community.

The last place I went in the country was the island of Cebu, where we visited the Leonard Wood Memorial Laboratory and the Eversley Childs



Doll-making at a leprosy hospital in the Philippines

Sanatorium. The former is known for its high standards of scientific research, and has played a major role in the development of MDT as well as in follow-up studies of its effectiveness. I was strongly impressed by the devotion of the staff.

In both countries, leprosy has been eliminated as a public health problem. Additionally, the general health services have taken over the work on the disease. And perhaps most importantly, they are finding ways to erase the stigma that has surrounded the disease for millennia. They showed me that leprosy is truly a curable disease, both clinically and socially. They gave me inspiration to continue my work. □

The Red Angels

This past January, Myanmar achieved elimination of leprosy. Its success has highlighted the effective techniques that it used to get there. This is especially so since, 40 years ago, Myanmar had one of the highest prevalence rates in the world.

One problem that developing countries have in dealing with such issues is the lack of monetary resources. Those few resources that exist must be allocated with the maximum possible efficacy if they are to have any effect at all.

Thus in 1978, rather than devote all of its money to central hospitals, Myanmar embarked on a People's Health Plan under which it included leprosy control as a part of its Basic Health Services (BHS). At that time, Myanmar had the highest number of patients in its recorded history — 270,000.

Before this 1978 change, leprosy control activities largely took the form of house calls made by vertical staff — leprosy experts. In those days, Multi-Drug Therapy (MDT) coverage and patient compliance were relatively low. However, by integrating leprosy services into BHS, the government gave leprosy-affected people access to the country's wide network of Red Angels — official midwives who are responsible for the general health of people who live in villages. When this happened, the nation's patients became increasingly accessible to its service providers. MDT coverage and treatment compliance

improved. Additionally, stigmatization among the people was reduced. While the vertical staff remain today, they have taken on the role of technical supervisors to the general health services.

The Red Angels, on the other hand, travel from village to village in their red skirts, riding red bicycles. They go from home to home, finding new cases and delivering the medicines needed to cure the disease. The use of these much-loved women is a much more proactive and humane way of reaching patients than requiring them to visit hospitals.

These grass-roots workers are perhaps the largest reason, after the free distribution of MDT, for Myanmar's recent success. As always, it is people working closely with people that has proven to be the best way to deal with human problems.



*A Red Angel
with her bicycle*

Correction — On Page 5 of the April 2003 issue, the name of the Nepalese Health Minister, Professor Upendra Devkota, FRCS, was incorrectly spelled. We apologize for any inconvenience this may have caused.

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