

# Interview with Prof. Upendra Devkta, M.D., Health Minister, Nepal

*The following conversation took place on February 7, during the Third GAEL Meeting in Yangon.*

**Special Ambassador Sasakawa:** Your Excellency, please tell me about the current state of the leprosy elimination effort in Nepal.

**Upendra Devkta:** First, I would like to commend those countries that have achieved, in a very short amount of time, the target set by the World Health Organization for the elimination of leprosy, for example, Myanmar. While we applaud that, I would like to say the leprosy elimination program in Nepal is also on the right track. We might not have been able to drastically reduce the curve, but there is steady progress in terms of case reduction. At the moment, we have somewhere around 3.4 per 10,000. We should be able to make the target on time. There have been both good points and a few shortcomings as well in our leprosy elimination program. The good points are that (A) we have a good network of institutions. Under the ministry there are about 30,000 staff members, so we don't need to recruit other people. The second point, (B), is integration. We have integrated our health-care system, so the same peripheral health worker who gives drugs for tuberculosis is going to give anti-leprosy drugs as well.

So we are integrated in terms of manpower and integrated in terms of programs. We don't have any of this "I'm a TB man, I don't give leprosy drugs," or "I'm a polio man, I don't give leprosy drugs." Our leprosy, polio and TB all are integrated at the delivery point. This is a good strategy to cure the disease, and we believe that is the way to go.

Otherwise, if we were not consolidated, you would have the kind of situation where the staff would eliminate a lot of the cases and then in the future forget how to take care of the few new cases that came in. You would be left with nobody who knew how to treat leprosy. But if you integrate the health services, then there will always be people who can treat it.

Now, the reason why the figures are still not as respectable as I would like — maybe I would have been happy if it had been 1.5 or 1.75, or something like that — the reason for that is that there is a lot of social stigma attached to this. And second, we have very difficult geographic terrain. Although institutions are there, people have to travel long distances to get to the health



Special Ambassador Yohei Sasakawa (right) with Nepal Health Minister Upendra Devkta.

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centers. I think that these are the two major problems. I don't think we have a problem with drug supply.

What we think we should be doing is, of course, continuing our current mass campaign to remove stigma. I think that we need to intensify our case-detection campaign, especially in heavily endemic areas. Finally, to enhance public awareness, we need to have more training for the people — especially journalists and other media people.

**S:** I understand that the logistics for the treatment of patients are successfully managed, but the problem is how to get patients to come for the treatment, come to the health center and take medication. One reason is the strong stigma. In West Bengal, India, I learned that there used to be a strong stigma but that now almost 90 percent of people come for treatment. What are needed are thorough publicity activities so that people become aware of availability of treatment. Those people who come late for treatment usually have deformities. We need to get them to come in sooner.

**D:** Publicity is already there, but again, we need to intensify. A lot of things have been achieved in a very short period of time. It is significant that the Nepalese prevalence rate has gone down from 70 to 3.4 in 15 years. That's not insignificant, but we still need to intensify our activities. What I have seen happen is that the leprosy patients have come to have absolute confidence. They are no longer stigmatized. In my own experience as a neurosurgeon, leprosy patients used to be very shy. This happens no more. They openly talk about the disease. Now they come forward. They say, "I am cured, I've taken treatment for this." Mass education takes time