

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.