

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

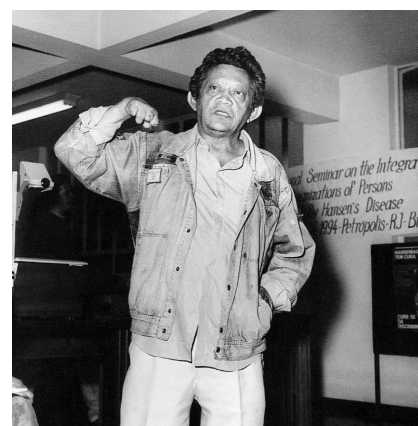


Photo by Pamela Parlapiano

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