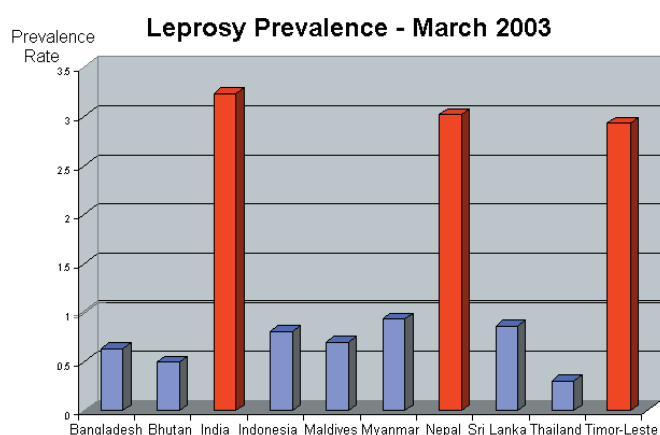


Elimination Monitoring in twelve states and the development of a simplified information system.



In India, as of March 2003, there were 344,003 registered cases: a prevalence of 3.22/10,000 inhabitants. In order to sustain and enhance the political commitment and give a further boost to the program, a joint WHO/NLEP-India meeting was organized on February 5th, 2003 in Yangon, Myanmar, in conjunction with the third meeting of the Global Alliance for the Elimination of Leprosy (GAEL). The meeting was attended by Special Ambassador Sasakawa and by partners like The Nippon Foundation, Sasakawa Memorial Health Foundation and ILEP (International Federation of Anti-Leprosy Associations) agencies. This meeting was useful in determining priorities and concrete steps that need to be taken for leprosy elimination in India by 2005.

Nepal and Timor-Leste

In Nepal, as of January 2003, there were 7,291 cases, giving a prevalence rate of 3.02/10,000 inhabitants. Prevalence is high in the central, eastern and far-western regions of the country. WHO has posted a short-term professional consultant, two national and five regional consultants to support the national program, and is also providing support to intensified leprosy elimination activities.

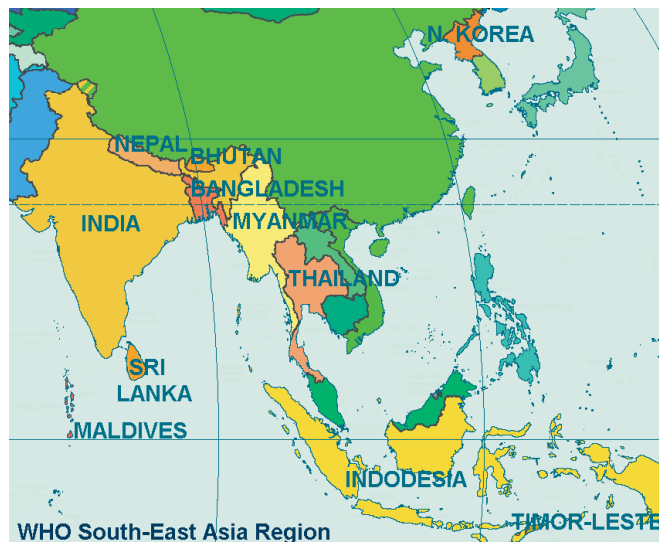
In Timor-Leste, as of March 2003, a total of 249 cases are registered, giving a prevalence of 2.93/10,000 inhabitants. The high prevalence rate has been exacerbated by the pre-independence conflict in the country, which resulted in the severe dislocation of health programs. Of the registered cases, 66% are from the Oecusse district. WHO has assisted the country in the preparation of a strategic plan for the elimination of leprosy and is supporting capacity-building as the first step in strengthening the National Leprosy Program.

With intensified and concerted efforts, we are confident that India, Nepal and Timor-Leste will attain elimination by the year 2005.

Regional Efforts

Bangladesh, Bhutan, North Korea, Indonesia, the

Maldives, Sri Lanka and Thailand achieved the elimination goal by the original target date of December 2000, and Myanmar achieved the goal in January 2003. The national authorities of all these countries deserve congratulations for this success. WHO is now supporting these countries in their progress towards subnational elimination.



To advocate and enhance political commitment towards leprosy elimination in the region, an Inter-country Meeting of National Program Managers for Leprosy Elimination was held in Colombo, Sri Lanka in November 2002. The meeting enabled the sharing of new knowledge and experiences in the march towards the goal of leprosy elimination in the region. Important suggestions were made. The most significant recommendations were to further strengthen the integration of leprosy and phase out vertical structures in a definite time frame, and to undertake measures to prevent operational factors like over-diagnosis and re-registration of cases, leading to a high level of new case detections in some countries.

WHO Recommendations

- Strict adherence to WHO recommended case definitions;
- Validation mechanism to ensure quality of diagnosis;
- Remove setting of case detection targets;
- Periodic register updating to ensure patients who have completed MDT are removed from the active register.

The third GAEL meeting was held in Yangon, Myanmar, in February 2003. All of the partners were well represented, including national delegations from India, Myanmar, Nepal and Indonesia.

All member countries are committed to the Final Push Strategies recommended by WHO and have forged partnerships to further reduce the burden of leprosy.