

Ambassador Receives Update On Situation in Western Pacific

The region as a whole has entered the post-elimination stage, but Micronesia and the Marshall Islands have yet to reach the elimination goal.

On November 5, 2003, Ambassador Yohei Sasakawa met Dr. Shigeru Omi, Regional Director, WHO-Western Pacific Regional Office.

Dr. Omi stated that the goal of leprosy elimination (a prevalence rate of less than one case per 10,000 population) had been achieved at the regional level in the year 1991. At the national level, 35 of the 37 countries and areas had achieved the goal by the end of 2000 covering more than 99.9% of the regional population. However, he added that the prevalence rate remains higher than the elimination goal in the Federated States of Micronesia and the Marshall Islands.

In these Pacific island countries and areas, WHO has supported nationwide leprosy awareness campaigns involving the mass media,

ministries of education and other relevant agencies. Similar campaigns have also been conducted in highly endemic pockets in a number of the large countries that have already reached elimination at the national level.

Nevertheless, the region as a whole has entered the post-elimination phase and is in the process of development of regional post-elimination strategies that will be introduced during a bi-regional meeting with the South East Asia Region in the fourth quarter of 2004 to share the experiences of the countries that have reached elimination.

Dr. Omi said WHO greatly appreciated the recent visit of Mr. Sasakawa to Papua New Guinea and the Philippines. ■



Dr. Shigeru Omi

FROM THE EDITORS

COMPASSION IS KEY

In his speech to open India's national conference on leprosy elimination, Dr. A.P.J. Abdul Kalam (pictured on our cover) spoke of the importance of rehabilitating cured patients with their families.

As one of the delegates who listened to the speech said afterward, India's president went to the heart of the matter: if your family won't accept you, then nothing else matters.

Sometimes a family shuns one of its own for purely economic reasons. For a household living on the poverty line, accepting back a family member affected by leprosy means another mouth to feed. If that person cannot contribute to the family's income — through disability or lack of employment opportunities — then he or she becomes a burden.

But often the reason is something far more insidious — social stigma. As Birke Nigatu recounts in her moving story on page five, though cured of leprosy she felt unable to return home because of the "humiliation" it would have brought upon her mother. Fortunately, Birke's story has a happy end, as she learned a skill, regained her self-esteem and has proved an

inspiration to others.

Helping those affected by leprosy to help themselves is a message included by Dr. Gokhale in his thought-provoking piece on page four. If rejecting a family member affected by leprosy is heartless, making a leprosy patient chronically dependent upon the state or on hospitals is equally heartless — it turns him into a "parasite" and erodes his dignity. "How can we expect him to be self-confident and be accepted in normal society?" Dr. Gokhale asks.

It seems we need to remind ourselves that those affected by leprosy are fellow members of the human race and deserve to be treated with compassion: "rehabilitation with compassion," in the president's well-chosen words.

With this issue, our newsletter enters its second year of publication, and takes on a new look. We hope it will become even more of a forum for two-way communication — a place to raise issues, identify injustices, encourage progress and point the way to a world without leprosy and its associated discrimination. We look forward to your comments and contributions.

FOR THE ELIMINATION OF LEPROSY

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