

# WHO Shifting Leprosy Program to India

Move will generate momentum at the front-lines of the elimination battle

The World Health Organization is relocating its global leprosy elimination program from Geneva to New Delhi. The move is in line with a proposal by Director-General Jong-wook Lee at the beginning of his mandate.

The idea is to bring WHO staff members most closely associated with leprosy elimination to the area where the highest

disease burden is currently found — India and Southeast Asia — and generate additional momentum toward elimination.

While the program will now be managed from WHO Regional Office for Southeast Asia, New Delhi, it remains an integral part of the Department of Control, Prevention and Eradication at WHO's Geneva headquarters.



## SASAKAWA CALLS ON DR. SAMLEE

During his visit to India in June, WHO Goodwill Ambassador Yohei Sasakawa paid a courtesy call on Dr. Samlee Plianbangchang, the recently-appointed regional director for WHO's Southeast Asia Region, in New Delhi.

While the region has achieved much in the area of health development, including higher life expectancy and lower infant mortality, Dr. Samlee noted that many challenges remain. In particular, he singled out polio eradication and leprosy elimination as unfinished items on the health agenda.

For his part, Ambassador Sasakawa welcomed the regional director's commitment and said that he looked forward to seeing leprosy eliminated in the region during Dr. Samlee's term of office. ■

## FROM THE EDITORS

### CHANGING MINDSETS

A couple of anecdotes related by a participant at the recent New Delhi workshop on advocacy strategies (see pages two and three) revealed the irrational logic of which people are capable. A man with leprosy who went for reconstructive surgery on his hand exhibited rare damage to his index finger, not normally affected by the disease. "Unusual," said the surgeon, "but it can be straightened out." "Oh, you don't have to bother with that finger," said the man, "it wasn't caused by leprosy."

Or there was the man who was more worried about his neighbor finding out that his daughter was being treated for leprosy than he was about whether she would be cured or suffer deformity.

What these stories reveal is how misconceptions can flourish if leprosy is not seen for what it really is — just another disease. But they also show the power of anecdote to convey a point. In seeking a strategy to generate awareness, a well-told story that engages people at an emotional level and sets them thinking about issues can be an extremely effective way to get society at large to consider the topic.

Another approach is to have the subject

taken up by a person of influence. In Bhutan, it was the king, a revered figure, who showed the way by taking a personal interest in leprosy. Once the king and other members of the royal family indicated their concern, this helped to break down barriers and lead the way for Bhutan to achieve elimination in 1997 (pages six and seven).

Ultimately, though, it is the attitude of those affected by leprosy and how they lead their lives that is the starting point for shaping public perceptions. "Stigma begins with me," said Arvin Patel in a memorable phrase from the Delhi workshop, arguing that if a person with the disease treated himself or herself differently, then it was only to be expected that other people would as well.

One man who did not let leprosy get him down was Dan Izzett of Zimbabwe, who recounts his and wife Babs' story of coping with leprosy (page five). While there were times when he felt frustrated about the disease, he writes, he never felt bitter, and has gone on to make the best of life. An example to everyone — and just the sort of inspiring story that can make a difference.

### FOR THE ELIMINATION OF LEPROSY

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