

Progress and Challenges

Yohei Sasakawa witnesses the UN human rights Sub-Commission pass a historic resolution on leprosy in Geneva, then visits the Democratic Republic of Congo and Timor-Leste to assess their efforts to achieve the elimination goal.

SWITZERLAND (August 3-5)

There are an estimated 20 million people in the world today who have recovered from leprosy. Including family members, there may be as many as 100 million people who have been affected directly or indirectly by the disease. Despite the fact that leprosy is now completely curable, it still stigmatizes people. Too often, education, job and marriage prospects suffer.

Because of this deep-rooted prejudice and discrimination, in recent years I have made tackling the social aspects of the disease as important as addressing the medical aspects.

In 2003, I had my first opportunity to brief members of the UN Sub-Commission on the Promotion and Protection of Human Rights on leprosy. It was the first time the subject had been brought before them. The following year, the Sub-Commission called for a preliminary investigation into leprosy as a human rights issue, appointing Professor Yozo Yokota to prepare a report on "Discrimination against Leprosy Victims and Their Families." This August, I was present in Geneva when Professor Yokota presented his initial findings and recommendations at the 57th session of the Sub-Commission.

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I had the opportunity to address the session myself but after some brief remarks gave the microphone to four recovered persons (see page 2). It was the first time recovered persons had addressed a full session of the Sub-Commission, so it was a momentous occasion. They spoke from personal experience, and their words carried more weight than anything I could say.

I am happy to record that the Sub-Commission passed a resolution endorsing the conclusions and recommendations contained in Professor Yokota's report, and he will now begin work on a detailed version.

DEMOCRATIC REPUBLIC OF CONGO (August 6-11)

The Democratic Republic of Congo is one of several African states yet to achieve elimination,

so I was keen to make my first visit there ahead of the December 2005 target set by WHO.

Formerly the Belgian Congo, and for a time known as Zaire, the DR Congo is today ruled by an interim government that is planning to hold democratic elections sometime in 2006.

Beset by infrastructure difficulties as a result of long years of war, instability and mismanagement, but also due to its sheer size, the DR Congo faces many hurdles in the fight against leprosy. In recent years, the prevalence rate and detection rate have been rising, but this reflects concerted efforts by the authorities to track down hidden cases and reach more people. At the time of my visit, the prevalence rate stood at 1.91/10,000.

On August 7, I traveled by road from the capital, Kinshasa, to Bas Congo Province, where I visited Kivuvu Hospital. Once a leprosarium, it is now leprosy referral center.

After spending some time talking with the patients, I visited a village of recovered persons who make a modest living from agriculture and needlework. Children gathered round me, all smiles, and I asked one of them what he wanted to be when he grew up. "A doctor," he replied. I truly hope this boy will go on to fulfill his dream; there is no reason why a healthy child should be denied a bright future, just because a parent has had leprosy.

The next day I visited the WHO Office in Kinshasa for a briefing. Dr. Simon Van Nieuwenhove put matters in perspective when he said that the DR Congo is not so much a country but a continent, with all the



Greeting staff at the Kapolowe leprosy hospital in Katagana Province