

Partners Discuss 'Neglected' Diseases

Successful intervention in leprosy shows what can be done with donated drugs.



At a meeting of Partners on Tropical Diseases Targeted for Elimination/Eradiation that took place in Bangalore, India, on November 17-18, leprosy was held up as an example of what can be achieved using donated drugs to provide drug security and full coverage.

Organized by the WHO Regional Office for South-East Asia (SEARO), the meeting was called to urge policy makers, the donor community and other stakeholders to make concerted efforts to tackle five so-called neglected tropical diseases:

leprosy, lymphatic filariasis, leishmaniasis, soil-transmitted helminthiasis, and yaws.

Following the successful intervention in leprosy thanks to drugs donated by The Nippon Foundation and Novartis (with the goal of achieving under one case per 10,000 population by the end of 2005), GlaxoSmithKline has agreed to donate albendazole until lymphatic filariasis is eliminated by the goal of 2020.

For the other three diseases, tools are available and pharmaceutical companies are coming forward to offer drugs, but as yet there is a lack of commitment by the affected countries.

Analyzing the global health funding situation, Professor David Molyneux (Liverpool School of Tropical Medicine) noted that resources are being transferred to the 'big three' diseases — HIV/AIDS, TB and malaria — but with only a limited chance of achieving results because the policies pursued are reactive and do not control transmission, a prerequisite for any public health impact. ■

FROM THE EDITORS

MOVING AHEAD

When the first issue of this newsletter was published in April 2003, the global leprosy prevalence rate stood at 524,311. Twelve countries (down from 24 in 2000) had yet to achieve the WHO goal of elimination.

In the two and a half years since, Yohei Sasakawa has traveled far and wide in his capacity as goodwill ambassador for leprosy elimination. The country he has visited most in that time has been India, whose progress has been crucial to the overall success of the global elimination strategy.

Of the nine remaining countries that have yet to achieve elimination as we approach the end of 2005, Mr. Sasakawa has visited all but the Central African Republic. In addition to his regular trips to India, he has visited several of these countries more than once.

An important purpose of these visits has been to secure the commitment of political leaders and urge them to seize the opportunity presented by the WHO's elimination strategy to remove this age-old disease as a public health problem.

Also on the itinerary has been Geneva, to

draw the attention of the UN Sub-Commission on the Promotion and Protection of Human Rights to the socio-economic alienation of persons affected by leprosy, even after they have been medically cured of the disease.

As the elimination strategy runs its course, Mr. Sasakawa has placed increasing emphasis on reaching out to the non-leprosy community, with hopes of instigating a broad-based social movement to redress the disadvantages that persons affected by leprosy face.

As of December 2005, progress is being made on both the medical and social fronts. Elimination as defined by the WHO has been achieved in all but a handful of countries and a post-elimination strategy has been drawn up by the WHO in consultation with partners. Meanwhile, leprosy has been taken up as a human rights issue at the UN sub-commission and is to be studied further.

Promoting awareness of the needs of those affected by leprosy remains an ongoing challenge, and one that will be addressed by the goodwill ambassador with renewed vigor in 2006.

FOR THE ELIMINATION OF LEPROSY

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