Monitoring Progress in Southeast Asia

A journey to Malaysia and Indonesia to see how they are faring post-elimination, followed by a trip to India to visit colonies and attend a historic conference.

Vice President Jusuf Kalla

Health Minister Siti Fadillah Supari

MALAYSIA, INDONESIA (NOVEMBER 28-DECEMBER 5)

In many countries that have achieved the WHO's target for eliminating leprosy as a public health problem, it is perhaps inevitable that leprosy is slipping down the list of government and health ministry priorities. Yet sustainability requires continued political commitment, otherwise there is a real risk of undoing the good work that has been achieved to date.

Toward the end of last year I visited Malaysia and Indonesia — two countries that achieved elimination at the national level some years ago — to observe the current state of leprosy countermeasures and urge those concerned to continue fighting the disease.

In Malaysia, I visited the province of Sabah, which has a population of 2.86 million, or 11% of Malaysia's total. Nationwide, the leprosy prevalence rate is around 0.3 per 10,000, but in Sabah it is rather higher at 0.44, and there are several areas within the province where much more work needs to be done.

Sabah also has a large floating population of migrant workers from neighboring Indonesia and the Philippines, and in fact some 60% of the leprosy cases in the province are foreigners.

Local health officials I spoke with stressed the importance of early detection and treatment, but said it was even more important to educate the general public about leprosy. I understand there are plans to conduct IEC activities and home visits, and there is talk of giving healthcare workers periodic training about leprosy.

Further, Sabah also has various programs for the distribution and management of MDT supplies, the monitoring of treatment and follow-up, and prevention of subsequent complications. Pursuing these strategies, regions such as Sabah, which have achieved elimination, will be able to sustain the achievement and further decrease the number of patients.

Indonesia achieved elimination in 2000. Since MDT was introduced in the 1980s, some 300,000 people have been cured of leprosy. The current prevalence rate is just under 1 per 10,000. But with a population exceeding 200 million, every year some 20,000 new patients are registered. This means that after India and Brazil, Indonesia has the third-highest number of patients in the world.

However, in Indonesia, the priority diseases are malaria, TB, dengue fever and more recently avian flu. On arrival in Jakarta, I first paid a call on Health Minister Siti Fadillah Supari and Vice President Jusuf Kalla, outlining the world situation of leprosy and seeking from them an ongoing commitment to tackling the disease.

Some 30% of Indonesia's leprosy cases are to be found in East Java, where I visited Surabaya and Sulawesi. Located approximately in the middle of the Indonesian archipelago, Sulawesi was once home to a large number of leprosy patients,

In Surabaya, I visited the 93 families living in Babat Jerawat leprosy settlement. The people I met seemed in good heart, and the children ran about wearing big smiles. There might be discrimination outside the settlement, but within it there was a positive spirit and a sense of community. Yet I can't help thinking that had there been an effective IEC strategy in place, there would have been no need for a separate village of persons affected by leprosy at all.

Children at the Babat Jewarat colony in Surubaya

This contrasted with the situation on Bunaken, a beautiful coral island about 45 minutes by boat from Manado in North Sulawesi, where I was encouraged to find persons affected by leprosy living in the community. In a population of some 1,500, 11 people are being treated for leprosy, and 12 have been cured. There is no discrimination shown them, and they live and work alongside everyone else. It's an example that I hope will be emulated in other parts of the country

In Makassar, Sulawesi, I visited two