ETHIOPIA (FEBRUARY 24-MARCH 2)

At the end of February I paid my first visit to Ethiopia in about 10 years. Although only a short stay, it was extremely rewarding.

Ethiopia achieved elimination in 1999 and registers only about 5,000 new cases annually. Unfortunately, over 40% of these involve disabilities. To tackle this problem, efforts to ensure early detection need to be stepped up.

Fighting against discrimination and working to restore the dignity of those affected by the disease is the Ethiopian National Association of Ex-Leprosy Patients (ENAELP). Established in 1996, it now has 54 branches around the country.

Sasakawa, Birke and Prime Minister Meles Zenawi

Birke Nigatu, ENAELP's charismatic chairperson, joined me in paying a courtesy call on Prime Minister Meles Zenawi. I limited my remarks to allow her to speak at length with the prime minister. She also joined me at a press conference, where she described her experiences as a person affected by leprosy. The resulting media coverage was excellent.

On February 28, I drove to Shashamane, about 250 kilometers south of Addis Ababa. Shashamane is composed of about 15 villages totaling 60,000 people. About 12 kilometers from the center is a general hospital. Established as a leprosy hospital in 1951, but today treating TB, AIDS and other illnesses, it accounts for the large number of leprosy-affected persons living nearby.

One of the villages I stopped at was Kuyera, which is home to about 7,000 recovered persons and their families. In a joint initiative of ENAELP and the GLRA, self-help groups of 10-15 people meet once a week. With practiced eyes, recovered persons inspect each other's old injuries. Those whose hands and feet are well looked after are rewarded with a round of applause, while those found to have ulcers are told to be careful, and some are even fined for not taking better care of themselves.

Checking for ulcers at Kuyera village in Shashamane

Some 60% of leprosy-affected persons living in Shashamane are said to have serious disability, and 99% live below the poverty line. According to locals, it is hard for such people to find work because of the social stigma. For those who want to go into business, the lack of startup capital is an insurmountable obstacle, so many resort to begging to make a living. Quite a few are involved in agriculture, but yield is poor and they are hard-pressed to grow enough for their own needs.

On the way back to Addis Ababa, I stopped to inspect an initiative of The Sasakawa Global 2000 Agricultural Program. Here a farm was trying out a new type of irrigation system.

Ethiopians are normally only able to work the land for a couple of months of the year during the rainy season. However, by installing this simple system, the farm I visited has extended the cultivation period by two months, enabling it to grow better quality vegetables and raise dairy cows. The farmer's wife told me the results were marvelous.

It occurred to me that this irrigation system should be taught to persons affected by leprosy living in rural settlements. Giving them access to the latest agricultural techniques will not only greatly improve their lives, but will, I hope, encourage neighboring farmers to come and learn from them and so break down the barriers of discrimination.

There is no reason why this can't be tried in other countries, too. My trip to Ethiopia provided me with a very important insight, and I am excited about the possibilities. ■

Leprosy LEXICON

● Leprosy Control Activities

Continued intervention is required to keep leprosy under control and reduce the incidence and prevalence of the disease. As defined by the WHO Global Strategy for 2006-2010, leprosy control activities delivered by the health system include diagnosis, MDT, patient and family counseling, community education, prevention of disabilities/impairments, rehabilitation and referral for complications.