

# Southern African Journey

Following up on previous visits to Africa, the goodwill ambassador visits Lesotho, Angola and Mozambique to check on progress in the fight against leprosy.

## LESOTHO (JULY 31 - AUGUST 1)

At the end of July I made my first visit to Lesotho, a landlocked country surrounded by South Africa. Lesotho achieved elimination some years ago, and with just seven new leprosy cases discovered last year, it is close to eradicating the disease altogether.

Arriving in Maseru I headed straight for the office of Minister of Health and Social Welfare Dr. Motloheloa Phooko. The minister briefed me on Lesotho's progress in combating leprosy. He said that political commitment, human resources, free drug supply and community education had all played their part.

Yet there are still areas of concern, including weak surveillance, the existence of social stigma and difficulties in tracing patients due to geographical factors. Speaking of the country's public health situation in general, the minister spoke of a number of challenges hampering health service delivery, especially at the primary healthcare level. He said the country needed to strengthen health centers and train new community health workers.

During my stay, I paid a visit to the Botsabelo Leprosy Hospital. In 1976, there were over 1,000 people hospitalized here. Now there are just seven. I noticed most of the patients under treatment were suffering from disabilities, indicating that stigma may have prevented them from seeking treatment sooner.

It was in Lesotho that I was first asked if I knew the story about the cassava tree: "If your cassava tree grows more than 1 meter tall, then you will get leprosy." Myths about leprosy abound all over the world, and Lesotho is no different. The only way to counter these misconceptions is to inform, educate and communicate.



A well-attended partners meeting in Angola

## ANGOLA (AUGUST 2-5)

Angola achieved the elimination target around the same time as India, at the end of December 2005. When I last visited three years ago, there were problems with the distribution of MDT, suggesting elimination could take some time. But thanks to collaboration between the government, the WHO and NGOs, Angola achieved elimination more quickly than I had thought possible. The prevalence rate now stands at 0.93 per 10,000 population.

The main purpose of my visit was to attend a partners' meeting. Chaired by the health ministry, this takes place every year, attended by representatives from ILEP members and other NGOs. Topics ranged from the need to increase the number of health centers where proper diagnosis and treatment are carried out (there are still individual provinces where the PR is in excess of 5) to using books and magazines to spread correct information about leprosy to reinforcing collaboration between the private and public sectors.

Dr. Luis Gomes Sambo, the WHO's regional director for Africa, also attended the meeting. A native of Angola, Dr. Sambo is delighted that his country has achieved elimination, and suggested Angola should serve as a model for other African states that have yet to achieve the goal.

## Angola can serve as a model for others yet to achieve elimination.

The next day I visited Funda, a community center for the rehabilitation of leprosy patients about 50 kilometers from the capital, Luanda. Here, residents engage in activities such as shoemaking and wheelchair manufacture, and sell their products to the country's remaining leprosy sanatoria. Today, only six sanatoria are left. The rest have been converted into general hospitals or old people's homes.

Wherever possible, Angola actively encourages the reintegration of persons affected by leprosy into the local community, donating housing and providing assistance so that affected persons can live with their families. I was told that six families from Funda have received assistance and moved to the suburbs of Luanda, and that another five

### Leprosy FACT

- The global registered prevalence of leprosy at the beginning of 2006 was 219,826 cases. The number of new cases reported during 2005 was 296,499, a 27% drop compared with 2004. (Source: WHO)