



(Left) At Funda, residents make shoes and (right) durable wooden wheelchairs such as this one.

are set to follow.

My field visits in Angola were organized with the help of ARPAL. This local NGO formed by leprosy-affected persons currently has a total of about 300 members in four cities. Not only does it help affected persons build homes, but it also offers them micro credit and campaigns for their human rights. In a show of government support for its activities, ARPAL's headquarters are in a building donated by the health ministry that was once used as a leprosy treatment center.

I agree with Dr. Sambo that Angola can be a model for the rest of Africa. Amid the public health challenges posed by HIV/AIDS, TB, malaria and other diseases, the elimination of leprosy is a success story, and one that should be promoted.

MOZAMBIQUE (AUGUST 6-11)



A health worker in action in Murrupula district

The final stop on my African journey was Mozambique, one of the countries yet to achieve elimination. Mozambique has a leprosy prevalence rate of 2.5 per 10,000 population, and the number of patients is especially high in the three northern provinces. Among these, Nampula Province has a prevalence rate of 6.3. Thus, strengthening elimination activities in the north of the country is an urgent task.

To bring myself up to date, I headed straight to Nampula. The population of some 4 million is spread over a wide area, and over half live below the poverty line. Visiting a health post in Murrupula provided a stark picture of the challenges on the ground. In Mozambique, these health posts are responsible for the distribution of MDT at the local level, yet I learned that only 25% of the surrounding population lives within a 5-kilometer radius of the Murrupula post, so health service delivery is stretched thin.

In the capital Maputo, I had meetings with President Armando Guebuza, Health Minister Ivo Garrido and President of the Assembleia da Republica Dr. Eduardo Mulembwe. I spoke of my visit to Nampula, and asked for their help in ensuring that budgets are approved in a timely fashion and that drug supplies flow smoothly. More work needs to be done on the distribution of MDT in Mozambique, and I hope the situation will have improved by the time of my next visit planned for April 2007.

I thanked the president for giving a 15-minute radio address about leprosy on World Leprosy Day in January, a truly valuable contribution to raising awareness. I was heartened to learn that the national assembly is thinking of forming a task force on leprosy, and encouraged to hear Dr. Mulembwe say that every assembly member has a responsibility to spread correct information about the disease.

Many of Mozambique's problems are caused by poverty, and unless poverty is eliminated, those problems will remain. The government is now focused on job creation and food supply, but I was assured that leprosy remains a public health priority. Health Minister Garrido said that Mozambique aims to achieve elimination by December 2008. However, I hope this will be possible sooner, and will do all I can to help Mozambique pass this milestone. ■