

New Foundation Established in India

Delhi-based NGO to promote economic advancement, social reintegration

The Sasakawa-India Leprosy Foundation (SILF) has been established in New Delhi, India.

The new public charity, an initiative of Goodwill Ambassador Yohei Sasakawa, will work to facilitate the empowerment and economic advancement of people affected by leprosy and their families and promote their integration into mainstream society.

The official launch of SILF is scheduled for October 2007.



Yohei Sasakawa presents SILF Executive Director Dr. Vineeta Shanker with the cheque he received for winning the International Gandhi Award.

PRECAUTIONARY STEP

An informal consultation was held in India late last year to look at rifampicin resistance in the treatment of leprosy. Rifampicin is a core component of multidrug therapy, which has been key to the dramatic decline in the prevalence of the

disease over the past two decades.

Organized by the WHO, the meeting concluded that surveillance of rifampicin resistance should be established immediately to ensure that the success of the MDT program is not threatened. ■

FROM THE EDITORS

NO ROOM FOR COMPLACENCY

Success breeds success, but success also breeds complacency. Ensuring that the will to tackle leprosy remains firm even as prevalence of the disease declines is essential in order to sustain the progress that has been made over the past two decades.

A combination of factors has been responsible for the dramatic improvement in the world leprosy situation, which has seen over 15 million people cured of the disease since the 1980s and the number of patients brought down to less than 300,000 worldwide. These factors include the guidance of the WHO, the political commitment of leaders who when called upon have risen to the elimination challenge, vastly experienced NGOs with long years of working in the field who have contributed their knowledge and input, and the countless dedicated health workers who operate at the frontlines of primary health care.

But above all it has been the existence of an effective cure — multidrug therapy — made available free of charge around the world, that has been the backbone of the worldwide

program to eliminate leprosy. MDT, consisting of three drugs — rifampicin, clofazimine, and dapsone — has been used to treat leprosy for 25 years. But its main component, rifampicin, has been in use for some 40 years in the treatment of TB and other conditions.

It is logical to expect that over time drug resistance will develop, and there are already reported cases of *M. leprae* resistance to rifampicin in several countries. Hence the recent Informal Consultation on Rifampicin Resistance in Leprosy held late last year in India to initiate drug resistance surveillance is timely indeed. In the words of the report: "For leprosy, a chronic disease with social stigma, drug resistance poses a serious impediment at a stage when there is a dramatic decline in prevalence due to intensive and concerted chemotherapy intervention made by the global community. To effectively meet the challenge of containing the disease and sustaining the declining leprosy trend, it is essential to keep a vigil on the drug resistance scenario at many vulnerable settings." The message is clear: no room for complacency.

FOR THE ELIMINATION OF LEPROSY

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