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Mozambique, Angola and Madagascar - the Political Will to Eliminate Leprosy

There are six countries in the world that have not achieved the elimination of leprosy. Three of these countries are in Africa: Angola, Mozambique and Madagascar. All three have had to deal with food

shortages, poverty, natural disasters and political unrest. However, leaders at the highest levels of government impressed me with the seriousness with which they are treating the push to eliminate leprosy by 2005. Priority is being



given to educational and health services, because these two areas have the greatest impact on elimination — both of the disease and of the stigma surrounding it. Reflecting on the efforts that I saw when I was there, I feel strongly that all three of these countries stand a very good chance of achieving elimination by the year 2005.

Mozambique (September 14-21, 2002)



Mozambique Children Wearing Leprosy Campaign T-shirts saying "Check your skin"

My visit to Mozambique last year was very enlightening. It showed me that while political commitment is an absolutely vital base, efforts at much broader levels need to be just as strong if elimination is to be achieved. Mozambique has a prevalence rate of 3.63/10,000. However, as in India, there is a large imbalance between provinces, with a few areas in the north reaching numbers as high as 10 per 10,000. It is my belief that country-level elimination can be

achieved if efforts are focused on these northern

I began my journey in the capital city, Maputo, where I met Prime Minister Pascal Mocumbi. Being a medical doctor himself and former Health Minister, Prime Minister Mocumbi has a full understanding of the state of leprosy elimination in the country. He expressed to me his firm political commitment to the fight against the disease.

In Maputo, I was able to observe the way in which former patients are being rehabilitated. There were several self-help projects, under which people managed a well and sold water, manufactured blocks for construction, and made shoes for the physically disabled. Health Minister Songane explained, "It is in the Mozambique spirit to offer a constructive role in society to physically disabled people."

Then I proceeded to the northern provinces to meet with local political leaders and visit hospitals and health centers. In Pemba City in Cabodelgado Province, I was taken to another self-help facility, managed by an alliance known as ALEMO. This group is made up of physically handicapped people and those who have been affected by leprosy. There, I witnessed people being rehabilitated and producing rope as a way of generating income.

In Namaita Village, Nampula Province, about 1,300km from the capital, I took part in the launching ceremony of COMBI (Communication for Behavioral Impact). COMBI is an effort to educate people about leprosy and promote self-check activities among children and their family members, with assistance from volunteer village health workers. Several hundred people gathered for the ceremony. Among them were many school children wearing yellow T-shirts bearing the message, "Check your skin."

In Mozambique, it was gratifying to find such strong commitment, to both elimination and education, among the government leaders. However, I felt that the more basic components of the country's effort still need to be improved. It is hoped that political will can be translated into more effective activities at grass roots levels.