

A Study in Contrasts

WHO Goodwill Ambassador Yohei Sasakawa's travels take him to South America — to two countries that have had very different experiences of leprosy — and to Switzerland, where the 56th Session of the Sub-Commission on the Promotion and Protection of Human Rights was being held in Geneva.

CHILE

In late June and early July 2004, I visited Chile and Brazil. My visit to Chile was primarily to attend a ceremony in connection with The Nippon Foundation's funding of a scholarship program at the University of Chile, but I also took the opportunity to learn something of the history of leprosy in Chile and the present status of the disease there.

In mainland Chile, there are almost no records of leprosy patients having existed. The only known cases were 4,000 kilometers away on Easter Island, where up until fairly recently there was a leprosy hospital and a small number of patients. Five years ago, a survey of the island's 3,000 inhabitants turned up three patients. They were of Polynesian extraction, and had contracted leprosy in Peru and elsewhere when working as bonded labor.

According to a Chilean dermatologist I met, the reasons why Chile has not suffered from leprosy include: the temperate climate; Chile's distinctive topography — a long, narrow country bordered on one side by the Pacific, and on the other by the Andes, effectively turning it into an island; and an immunity built up through BCG and other vaccination programs. He even suggested that there might be something about the Chilean DNA that kept the country free of leprosy. Based on what I have seen of leprosy, I'm not sure I agree with these reasons. But for now, it remains rather a mystery why Chile has had almost no cases of leprosy.

BRAZIL

I next went to Brazil to update myself on the current leprosy situation and attend a meeting of representatives of WHO, the Brazilian government and others involved in leprosy elimination.

Unlike Chile, Brazil is a leprosy-endemic country that, after India, has the highest number of registered cases in the world. In 2002, of the country's 5,500 municipalities, 3,521, or 60%, have registered leprosy cases. According to the most recent government statistics, there are about 80,000 patients and the PR stands at 4.52/10,000. There is a particularly high incidence of the disease in the Amazon basin and other areas where it is

difficult to provide medical services.

In my capacity as WHO Goodwill Ambassador, I met with President Luis Inacio "Lula" da Silva, and called on his government to make greater efforts for leprosy elimination. He indicated his determination to do so, saying, "We could have solved this problem of leprosy long before, but we did not try hard enough. We need to make up for lost time."

Much work will be needed. Based on what I heard from many people, the efforts of past administrations were sorely lacking. Official figures for the number of patients and the prevalence rate have remained virtually unchanged for six years, up to 2003, and the person now in charge of leprosy at the health ministry admitted that the official figures were not to be trusted.

Since the statistics published by the government fail to reflect the actual situation, this poses a real obstacle to implementing an effective elimination strategy. The present administration has recognized this, and made a number of personnel changes designed to achieve results. "We were asleep," a senior official of the health ministry confessed. Under President Lula and the new health minister,



Yohei Sasakawa meets with President Lula of Brazil (left).