



Meeting with volunteer leprosy workers

Reference

* WHO grading system to measure levels of disability from 0 to II

unfortunately it would not be possible for Mozambique to achieve elimination by the end of 2005, but said he would be organizing a meeting of governors of the most endemic provinces to work out a strategy for a final push. I understand this strategy will involve not just the health ministry but other ministries, such as the education ministry, as well as the ruling party. I intend to consult with the WHO and other partners to help Mozambique achieve the goal as soon as it can.

TANZANIA (April 24-28)

From Mozambique I traveled to Tanzania. With a population of some 36 million, it has a PR of 1.3 and is closing in on elimination. Its TB and leprosy programs have been combined, and it has some of the best geographic coverage and integration in the region.

During a welcome dinner, Health Minister Anna Abdallah told me, “My father had leprosy.” She said that after she mentioned this in public for the first time, she soon received a phone call from her brother. “Is it true that you spoke about this?” he asked. “Yes,” she replied, “Is it not true?”

In a country such as Tanzania, where stigma and discrimination toward those with leprosy remain strong, I believe it was very courageous of the minister to speak out in this manner. Indeed, the minister told me that in eliminating leprosy, she wanted to eliminate “the number one problem associated with it, which is discrimination.” From the standpoint of leprosy elimination, I can’t think of anyone more suited to be health minister than Mrs. Abdallah.

The next day, I visited the WHO office and the health ministry, where I was updated on the progress of elimination. In 1983, Tanzania had 35,000 leprosy cases; in 2004, the number stood

at 5,600. Over the same period, the PR has fallen from 12 to 1.3, due particularly to the concerted work done from 1998. The relationship between the government and NGOs, among them the German Leprosy and TB Relief Association (GLRA), is also very good, and WHO endorses Tanzania’s efforts as an example to all of Africa.

Tasks remain, however. Ten percent of newly detected cases present with Grade II disability*, indicating that stigma and social discrimination discourage people from seeking treatment. Training of health center staff needs to be strengthened, so all are capable of diagnosing leprosy correctly. In addition, people cured of the disease continue to live in settlements, together with their children, who grow up thinking of themselves as leprosy-affected.

While in Dar Es Salaam, I visited the Mbagala dispensary, where the disability rate among new patients was 13%, and also a long-term care facility for persons affected by leprosy, disabled people and the elderly at Nunge.

Next I traveled to the capital, Dodoma, for a meeting with President Mkapa. He told me that until he received a briefing ahead of my >>



President Benjamin Mkapa of Tanzania

Leprosy LEXICON

● **Sustainability**

The capacity of a program to maintain quality and coverage at a level that will provide continuing control and further reduction of a health problem at a cost that is affordable to the program and the community. (WHO *Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities 2006-2010*)



Elderly resident of Nunge settlement, Dar Es Salaam