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Strategy Evolves for 2006-2010

Referral system, quality of leprosy services, human rights among issues highlighted

GLOBAL FORUM

In April, the Global Forum on Leprosy met in Aberdeen, Scotland, to discuss operational guidelines for the WHO global leprosy strategy for 2006-2010. Among the points highlighted were:

- the need for an effective referral system, now that leprosy services are being integrated into general health service worldwide
- the importance of self-reporting as a crucial component of case-detection
- the necessity to pay more attention to prevention of disability.

In particular, it was emphasized that program managers must adapt the operational guidelines to the situation in their own country.

The guidelines were endorsed by the 8th WHO Technical Advisory Group, also in Aberdeen.

SEAR NAT'L PROGRAM MANAGERS MEETING

On May 15-17, the national leprosy program managers of the WHO South-East Asian Region* countries met in Bangkok. Also taking part were representatives from a number of NGOs.

With the exception of Nepal and Timor Leste, all countries in the region have achieved elimination and are making progress in reducing the burden of leprosy and its consequences.

In view of the declining leprosy burden, the meeting strongly recommended that the annual new case detection and cure rates be used as the primary indicators for monitoring leprosy programs. It also stressed that importance should be given to achieving high cure rates.

Large countries in the region that are aiming at subnational elimination were discouraged from pursuing this goal through case detection targets. Other recommendations included:

- according high priority to sustainability and ensuring quality of services;
- strengthening prevention, management and care of disabilities and rehabilitation, which are an essential component of leprosy services;
- bringing human rights issues related to leprosy to the attention of policy makers and opinion makers, including the judiciary, the media and civil society, and seeking the repeal of discriminatory laws that remain.

TRIBUTE

DR. J.W. LEE

* The WHO South-East

Asia Region groups

together Bangladesh, Bhutan. Democratic

People's Republic of

Maldives, Myanmar,

Nepal, Sri Lanka, Thailand and Timor Leste.

Korea, India, Indonesia,



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It came as a great shock to learn of the sudden passing of Dr. J.W. Lee, the director-general of the WHO. He was in apparent good health, and eager to shoulder his heavy burden for the next five years after his current appointment through 2007.

My first contact with him was when he wished to go to Hawaii to do a Masters in Public Health. Dr. P. Worth, a renowned epidemiologist with whom I was acquainted, approached the Sasakawa Memorial

Health Foundation for a fellowship for a promising young Korean doctor, and we agreed to meet his request.

The young doctor turned out to be Dr. Lee, as I found out several years later when he joined the WHO's Western Pacific Regional Office in the early 1980s. He was first stationed in Fiji, and later in Manila as the regional advisor on leprosy and TB.

Thus he became a very close working partner of ours in Asia. He was particularly helpful in involving countries such as Papua New Guinea and Micronesia — countries not among our regular working partners such as the Philippines, Vietnam and China — in our foundation's activities. He and I made joint field visits several times a year for nearly 10 years, until he was promoted to a higher position in WPRO, then moved to Geneva.

Our most memorable joint work was to draw up a regional strategy to

reduce the prevalence of leprosy to less than 1/10,000 at the national level and eliminate the disease as a major public health problem by 1998. This came about as a result of a request by Dr. S.T. Han, the regional director at the time. This regional strategy led to the 1991 World Health Assembly resolution to achieve elimination on a global scale.

I had the privilege of spending one whole Sunday with Dr. Lee and his wife after he became director-general. I learned of his continued interest in and commitment to leprosy, even though his vast responsibilities for global public health issues limited his involvement personally. We have lost a dear friend and valuable supporter of world leprosy programs.

— Dr. Yo Yuasa

The author is former executive director of the Sasakawa Memorial Health Foundation.