

treatment is free; discrimination has no place. My words met with a good response, and promises from them to spread the word in their electoral districts.

For Madagascar to have passed the elimination milestone required enormous effort, hard work, and resources. But to sustain the achievement is going to require more of the same. In addition, there is much still to be done to address leprosy's social aspect — the stigma and discrimination associated with the disease. Even as I congratulated Madagascar's leaders, I urged them to redouble their efforts to maintain progress.

During my stay, I traveled to a hospital in Moramanga, a town 120 kilometers southeast of the capital Antananarivo. In the ward I toured, 26 of the occupants were people affected by leprosy. Most had been hospitalized at the first signs of the disease and included a woman who had since given birth and was living there with her husband and child. Some said that they were unable to go home despite being cured, while others had never received a visit from their families in more than 25 years. I later met with a representative of the country's human rights commission to enlist his support in tackling leprosy-related discrimination.

I also participated in a partners' meeting involving officials from the health ministry, WHO and the Association Francaise Raoul Follereau (AFRF). The meeting outlined a three-year program to achieve elimination at state level, to improve access to health care, to promote social reintegration and to provide care for persons with disabilities. To facilitate these activities, the Sasakawa Memorial Health Foundation and AFRF each presented the government with 10 motorcycles.



Addressing Madagascar's parliament



With Madagascar President Marc Ravalomanana

MOZAMBIQUE (MAY 5-8)

Mozambique is one of three African countries yet to achieve the WHO elimination target. On my last visit in August 2006, I discovered that because of problems of budget allocation, drug insecurity and shortage of trained personnel in rural areas, elimination activities were not proceeding as hoped. I was greatly encouraged to learn that these problems have largely been addressed. Without doubt, this turnaround is due to the commitment of President Armando Guebuza.

Lately, the president has been getting the health minister to brief the entire Cabinet about leprosy activities, and has put the government's support behind elimination. Passing this milestone is now a national policy for the year 2007 to 2008.

When I met with Prime Minister Luisa Dias Diogo, she told me that Mozambique would continue to work in partnership with the WHO for elimination. She also promised that she would tell the national assembly to spread my three messages throughout the northern part of the country, where leprosy is more of a problem.

Looking at the progress that has been made in the past year, I would say that Mozambique has every chance of achieving the elimination goal by the end of 2008. Health Minister Paulo Ivo Garrido said every province now has personal computers, making it possible to manage medical data. Further, a leprosy database has been set up in Cabo Delgado province and is being made available to other provinces.

The ministry and WHO are placing volunteer staff at the town and village level. Further, with the permission of the government, the WHO has decided to install a leprosy officer in the north of the country. Minister Garrido also said he plans to ask experts to evaluate the country's elimination activities and analyze its statistics. This suggests to me that Mozambique is confident that it is moving in the right direction, and I shall follow its progress with interest. ■