

***Opening Remarks***

***by***

***Dr Samlee Plianbangchang  
Regional Director, WHO/SEARO***

***at the***

***First Regional Technical Advisory Group (RTAG) on  
Leprosy Elimination***

***WHO/SEARO, New Delhi, India  
11 October 2004***

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Dr S.K.Noordeen; Dr Hiroyoshi Endo;

Members of the Regional Technical Advisory Group;

Colleagues;

Ladies and gentlemen;

- Let me welcome you all to the first meeting of Regional Technical Advisory Group (RTAG) for Leprosy Elimination.
- Thank you very much for accepting my invitation to be members of this Technical group.
- I am confident that the Member States in South-East Asia will greatly benefit from your combined wisdom and extensive experiences.
- Your contribution will be very important to the achievement of the goal of leprosy elimination in the Region by the target date of December 2005.

- As you know, inspite of our vigorous efforts and considerable progress; We in South-East Asia still have to work very diligently in order to achieve leprosy elimination goal.
- Eight of our eleven countries have achieved this goal at the national level, but they still need to tackle the disease burden at sub-national level.
- This is to ensure uniform reduction of case load until the elimination target is reached in all sub-national locations throughout the country.
- Three countries – India, Nepal and Timor Leste - are yet to reach the elimination goal at least at national level; therefore, special attention and extra efforts are needed in order to attain the goal by the end of next year.
- The overall regional prevalence rate has steadily declined over the past ten years, from 6.12/10,000 population in 1994 to 1.91 as of March 2004.
- New case detection rate, which remained static for sometime, has also shown a declining trend, especially during the past two years.

- Now, key to the achievement of the goal in the Region is the progress in India, which in 2003 accounted for 87% of the prevalence and 91% of the new case detections.
- Therefore, WHO accords the highest priority to India, as far as leprosy elimination is concerned.
- The Leprosy Elimination Monitoring (LEM) and Case Validation Exercises, conducted in India in 2003 and 2004 indicated that there was 25-30% 'over-detection', this was due to incorrect diagnosis and improper registration of cases.
- There were also other operational factors; such as improper classification of cases, and over-treatment that led to delayed completion and release from the treatment regimen.
- Accordingly, the prevalence rates and new case detection figures are inflated.
- Due to incorrect diagnosis and improper registration, there was evidence of "over-reporting" in India, Nepal, Bangladesh and some areas of Indonesia.
- Such operational shortfalls may also be observed in other countries of the Region.

- Colleagues, since the initiation of MDT during the mid-1980s, over 11.6 million persons with the disease had been detected, treated and cured; 10 million of these are in India alone.
- Thus, India will greatly contribute to the achievement of the global leprosy elimination goal.
- While seeking your advice and guidance on the best ways to move towards the elimination goal, I wish to share with you some of the remaining challenges.
- These are:
  - a. securing adequate resources through internal and external resource mobilization to ensure long-term sustainability of the programme;
  - b. ensuring the integration of leprosy elimination activities into the general health services;
  - c. parallelly, building the capacity of those services to ensure coverage and quality of leprosy care;
  - d. preventing “over-reporting” of new cases, which is delaying the achievement of elimination target;
  - e. further reducing disability rates and ensuring community-based rehabilitation;

- f. strengthening partnerships in order to augment the existing efforts in reducing the burden of leprosy;
  - g. ensuring access to MDT by the under-served, underprivileged and vulnerable population groups; and finally
  - h. sustaining advocacy and IEC activities to ensure enhanced political support and commitment, especially to the “Final Push” strategies.
- Ladies and gentlemen, in some countries leprosy will still be a public health problem, even if all countries in the Region achieve elimination goal by 2005.
  - As said earlier, once a country attains the elimination target at the national level, the efforts will have to be shifted progressively to sub-national levels; such as province, district and sub-district; this is in order to ensure uniform achievement of the elimination goal throughout the country.
  - Therefore, there will still be a lot of work to be done in the years to come.
  - Furthermore, there is always scope for improvement of the treatment regimens, to make them more effective and further reduce the duration of treatment.

- There is continued need for laboratory and operational research.
- Review of our policy and strategies for leprosy elimination programme will also have to be undertaken regularly.
- It is for these reasons that I considered it important to establish this Regional Technical Advisory Group to advise on various aspects of the programme, both technically and managerially.
- I have instructed our concerned technical unit to be in constant contact with all of the group members; and establish a functional and vibrant networking, at least among the Group members, Regional Office and country offices.
- Colleagues, I look forward to your valuable advice and guidance; and wish your deliberations during this meeting a success.
- Finally, I wish all of you all the best, and a pleasant stay in Delhi.

Thank you.