

Remarks

By

***Dr Samlee Plianbangchang
Regional Director, WHO South-East Asia***

At

Informal Consultation on Global Leprosy Programme

***WHO/SEARO, New Delhi
17-18 September 2008***

Informal Consultation on Global Leprosy Programme

17-18 September 2008

WHO/SEARO, New Delhi

Remarks by

**DR SAMLEE PLIANBANGCHANG
REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

Colleagues, I welcome you all to the WHO Regional Office for South-East Asia. As you are aware, the Global Leprosy Programme was shifted from WHO Headquarters in Geneva to this Regional Office in 2005. While keeping close coordination with concerned departments at headquarters, the programme is under the supervision of the Regional Director for South-East Asia.

As we all know, the prevalence rate of leprosy keeps declining globally. Almost all countries have achieved leprosy prevalence rates of less than 1/10000 population. That rate, when achieved, indicates that leprosy is no longer a problem of public health importance in a country. However, some countries are yet to reach this target. Also, in some countries that have achieved this rate, it is only the national average rate. In these countries, there are still areas or pockets of leprosy at the sub national level, where the prevalence rate is more than 1/10000 population. Therefore, an improved strategy to further reduce the disease burden of leprosy is imperative, if we want to move towards a "Leprosy-Free World".

Leprosy is a disease of poverty and misery, very much linked to social and economic dimensions of a community. The disease burden of leprosy is therefore not only a matter of physical health; it is also mental, social and economic. In this perspective, further reducing the disease burden of leprosy becomes challenging indeed. It implies the need for strong technical back-up, as well as strong multidisciplinary and multisectoral coordination in programme development and implementation.

We have successfully pursued regional and global leprosy control programmes with commendable results. However, as the prevalence rate of leprosy becomes lower and lower, it will be difficult more and more to further reduce the disease burden. Therefore, leprosy control in future will have to be more strategic and innovative in order to ensure progressive reduction the disease burden.

The purpose of this informal consultation is to brainstorm on the issue of how we can make our leprosy control programme more strategic and innovative in terms of technological interventions, social and economic dimensions, and programme development and management. In this connection, we will have to first review our current control strategy. In order to identify strategic areas for innovations, we have to look into the issues of surveillance; case detection; quality of services; integration of leprosy service into general health services; and research, among other things.

If we aim towards a “leprosy-free world”, many challenging tasks will lie before us in moving forward in prevention and control at this disease. We have to maintain the gains from our efforts in the past while continuing to work towards a complete stoppage of transmission of the disease agent. We need to go more into the area of leprosy primary prevention through management of its risks and determinants. For this, we need to know more about leprosy, especially its epidemiological aspect. With these words, I wish the consultation all the best and all success, and I wish all participants an enjoyable stay in Delhi.