Leprosy:

overcoming the remaining challenges

Report of the International Summit
24–26 July 2013
Bangkok, Thailand

World Health Organization
Regional Office for South-East Asia

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THE NIPPON FOUNDATION

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Contents

Acronyms

APAL	Association of persons affected by leprosy
IDEA	Integration, Dignity and Economic Advancement
DRS	drug-resistance surveillance
ENL	erethema nodosum leprosum
G2D	grade 2 disabilities
GLP	Global Leprosy Programme
H E	His/Her Excellency
ICF	International Classification of Functioning, Disability and Health
IEC	information, education and communication
ILEP	International Federation of Anti-Leprosy Associations
LEC	leprosy elimination campaigns
LEM	leprosy elimination monitoring
MB	multi-bacillary
MDT	multidrug therapy
M o H	Ministry of Health
NCDR	new case-detection rate
NLEP	National Leprosy Eradication Programme
NTD	neglected tropical diseases
PB	pauci-bacillary
POD	prevention of disabilities
SAPEL	Special Action Plan for the Elimination of Leprosy
SINAN	National Information System for Notifiable Diseases
SMHF	Sasakawa Memorial Health Foundation
SSL-PB	single skin lesion pauci-bacillary
STH	soil-transmitted helminth
TAG	WHO Technical Advisory Group on Leprosy Control
TNF	The Nippon Foundation

1. Opening session

His Excellency Mr Sorawong Thienthong, Deputy Minister of Public Health, Royal Thai Government, welcomed Honourable Ministers of Health and representatives of governments from 17 leprosy-endemic countries as host country for the International Leprosy Summit. His Excellency informed the delegates that Thailand eliminated leprosy as a public health problem at the national level in 1994. The National Leprosy Programme adopted various innovative approaches to sustain the gains achieved in controlling the disease. It also involved persons affected by leprosy to ensure improvement of awareness about leprosy in the community and early detection of cases for treatment. The experience could be used as a role model for many other programmes.

His Excellency, Mr Yohei Sasakawa, WHO Goodwill Ambassador for Leprosy Elimination and Chairman, The Nippon Foundation, recognized the tremendous progress made in the fight against leprosy over the past 30 years. He congratulated the governments for their efforts in reducing the disease burden due to leprosy.

His Excellency observed that achieving elimination had become enmeshed in a sense of complacency and is accompanied by declining resources in countries. The Summit would be an opportunity for participating governments to reaffirm their political commitment to achieve a leprosy-free world through adoption of the Bangkok Declaration. In view of this, the Nippon Foundation (TNF) had pledged US$ 20 million for the next five years.

In conclusion, Mr Yohei Sasakawa, stated, “the fight against leprosy is not over”, and appealed to participants to make the Summit the opportunity for participating governments and all supporting stakeholders to come together and “walk hand in hand” to achieve a leprosy-free world.

Dr Hiroki Nakatani, WHO Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases, conveyed appreciation from the WHO Director-General, Dr Margaret Chan, for the determination of the participants to reduce the disease burden due to leprosy in the world. He said that multidrug therapy (MDT) was “the best thing that could have happened to the leprosy programme in modern times”.

He thanked Mr Yohei Sasakawa, for his untiring efforts in visiting countries to generate political commitment, and the partner agencies as well as the people affected by leprosy for contributing to the programme delivery in the field.

Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia, acknowledged the efforts of the ministries of health that had resulted in achieving remarkable success in combating leprosy and noted that most of the countries had now eliminated leprosy as a public health problem. Nearly 16 million people affected by

leprosy worldwide have been cured, the prevalence of leprosy had reduced significantly, and associated disabilities were prevented in a countless number of people.

The Regional Director acknowledged the generous support, over the past four decades, of TNF, and the Sasakawa Memorial Health Foundation (SMHF) and also participation of other partner agencies in reducing the disease burden due to leprosy. In particular, the pledge of US$20 million for the next five years would go a long way in reducing the disease burden due to leprosy. Dr Samlee reminded the delegates of the need of eliminating stigma prevailing against leprosy in the community, strengthening research to find shorter regimens to treat leprosy and reaching the unreached with programme activities. The Bangkok Declaration would be an important output of the Summit that would infuse new enthusiasm and energy into the leprosy control programme.

His Excellency Professor AFM Ruhal Haque, Honourable Minister of Health and Family Welfare, Bangladesh, in his inaugural address said that he believed that this Summit was crucial for the leprosy programme, to review the situation, renew commitment by national governments and all stakeholders towards further reducing the disease burden due to leprosy.

For Bangladesh, the Honourable Minister said that it was sustained political commitment that had helped achieve all the milestones of the programme much ahead of their target dates. Efforts put in by health staff across the country, successful collaboration with partner agencies and regular technical assistance from WHO helped Bangladesh reach the goal of elimination of leprosy in 1998. Introducing innovative approaches and addressing the disease problem from both medical and social angles are being used to bring down the numbers of remaining cases.

His Excellency informed the august gathering that the Bangladesh Parliament took a historic step on 24 November 2011 repealing 'The 1898 Lepers Act' that segregated the persons affected by leprosy from their families. The repealing of the Act helped remove the stigma attached to people suffering from leprosy.

The Honourable Minister then declared the International Leprosy Summit open.

A vote of thanks on behalf of WHO was led by Dr Sumana Barua, Team Leader, WHO Global Leprosy Programme, expressing appreciation: to the Honourable Ministers from 17 high-endemic countries for their participation in the Summit and for their commitment to ending leprosy; to Mr Sasakawa for his support to the Global Leprosy Programme (GLP); to Dr Samlee Plianbangchang WHO Regional Director for South-East Asia, for his continuous guidance to the GLP; and to Dr H Nakatani, WHO Assistant Director-General, HIV/AIDS, TB, Malaria and Neglected Tropical Diseases for his support;

Dr Sumana Barua, Team Leader, Global Leprosy Programme, World Health Organization, expressed his sincere gratitude to the Ministry of Public Health, Royal Thai Government, for hosting the Summit.

Nomination of office-bearers

Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region nominated His Excellency, Professor Dr Pe Thet Kin, Union Minister of Health, Ministry of Health, Government of the Republic of the Union of Myanmar as Chairman for the first day of the International Leprosy Summit. The national programme managers, Dr Rosa Castalia Franca Riberio Soares (Brazil); Dr JN Mputu Luengu (Democratic Republic of Congo); Dr Than Lwin Tun (Myanmar) and Dr Santiago Nicholls, Regional Adviser, WHO Office for the Americas were nominated as rapporteurs for the meeting.

Objectives

Dr Sumana Barua, Team Leader, WHO Global Leprosy Programme outlined the objectives and expected outcomes of the Summit as follows:

- to reaffirm political commitment towards a leprosy-free world;
- to plan strategic measures to reduce the disease burden from endemic pockets and at the subnational level; and
- to review the current leprosy situation and advise strategies for further reducing the disease burden due to leprosy in the global leprosy strategy covering 2016–2020.

Expected outcomes

- drafting and adoption of 'The Bangkok Declaration' reaffirming political commitment for leprosy control;
- review of challenges faced by leprosy programme in high-endemic countries in reducing disease burden due to leprosy;
- innovative approaches developed to detect new cases in a timely manner; and
- suggestions for developing global leprosy strategy covering 2016–2020.

2. Global leprosy situation and remaining challenges

Chairperson: H.E. Professor Dr Pe Thet Kin, Union Minister of Health, Ministry of Health, Government of the Republic of the Union of Myanmar

Global leprosy situation, achievements and WHO perspectives

Dr Sumana Barua, Team leader, WHO Global Leprosy Programme

Dr Barua presented the current global leprosy situation. During the reporting year 2012, annual statistics from 105 countries showed that 232 657 new cases were reported.

A total of 14 489 cases were registered with visible deformities or grade 2 disabilities (G2D) cases. India contributed 58%; Brazil 14% and Indonesia 8% of the global new case-load. The rest of the world catered for the remaining 20% of new cases.

Remarkable achievements have also been observed in terms of reduction of prevalence and coverage of MDT. More than 16 million patients were treated with MDT and almost all the countries have achieved the goal of elimination of leprosy as a public health problem at the national level. The disease is getting gradually limited to a small number of countries when compared to the early 1980s, when 125 countries used to report large number of new cases annually. By the end of the reporting year 2013, the disease is limited to 18 countries, which report more than 1 000 new cases annually.

It is prudent, at this point in time to note that 80% of leprosy is confined to three high-endemic countries. The new case-detection trends over the past five years indicate 'stagnation' as the number remained static between 2008 to 2012 between 230 000 to 244 000. Similar plateauing was also noticed in the new cases with G2D or cases with visible deformities (G2D) new cases ranging between 12 000 to 14 000.

Equity, social justice and human rights and leprosy

Professor Yozo Yokota, President, Centre for Human Rights Education and Training and Chairperson, International Working Group, Leprosy and Human Rights Project

Professor Yokota noted that despite progress, political, economic and social dimensions of leprosy still remain a medical problem with social consequences, which is why the United Nations General Assembly adopted a resolution entitled: "Elimination of discrimination against persons affected by leprosy and their family members" on 21 December 2010.

This resolution referred to, and endorsed, the "Principles and guidelines for the elimination of discrimination against persons affected by leprosy and their family members", which were adopted by the UN Human Rights Council in August of the same year. The resolution also encourages governments, United Nations bodies, and other relevant agencies including those from civil society in formulation of policies and measures concerning persons affected by leprosy and their family members.

In conclusion, Professor Yokota stressed that patients should not be confined forcefully and discrimination against persons affected by leprosy and their family members should be eliminated.

Relevance of the summit towards achieving WHO targets

Dr SK Noordeen, Former Director, WHO Leprosy Elimination Programme

WHO's "Enhanced global strategy to further reduce disease burden due to leprosy" was endorsed by all national leprosy programmes, including commitment to achieve WHO disease control targets.

Significant milestones were achieved in leprosy control including introduction of MDT in 1982 and achievement of elimination of leprosy as a public health problem globally by 2000. Most of the countries including India reached the goal of elimination by 2005.

Global leprosy strategies for the next ten years focused on reduction of disease burden due to leprosy between 2006 and 2015. By the end of 2008, the reduction in prevalence was 90% and new case detection was reduced by 60% as compared with 2000 levels. The WHO Expert Committee on Leprosy in its eighth meeting identified a target of one case with grade 2 disabilities, i.e. visible deformity, among new cases calculated per million population for measuring progress.

Stagnation in leprosy control was noticed between the years 2008 and 2013, with annual new case detection ranging between around 200 000–250 000 new cases. The stagnation is not seen everywhere, it is more observed in countries with low levels of new case detection. Stagnation and low levels of occurrence of disease lead to complacency and reduced political commitment and consequently decreased resources for the programme.

The International Leprosy Summit provides an excellent opportunity to reaffirm the target for the year 2020, increase the political commitment and resources and work together in partnership with all stakeholders. Previous experiences warrant a strong and renewed frontal attack to deal with the remaining part of the problem and to see ultimately a leprosy-free world.

3. Round table on pledging commitment to intensify efforts to achieve a leprosy-free world

Chairperson: H.E. Professor Dr Pe Thet Kin, Union Minister of Health, Ministry of Health, Government of the Republic of the Union of Myanmar

In a roundtable session, the Honourable Ministers or vice-ministers of health from the following countries pledged support for intensifying efforts to achieve a leprosy-free world. Each statement demonstrated strong political commitment to defeating leprosy.

Bangladesh	HE Dr A.F.M. Ruhal Haque Minister of Health and Family Welfare
Brazil	HE Dr. Jarbas Barbosa Vice Minister of Health Surveillance
China	Dr Lu Ming Representative of Health Minister of China

Democratic Republic of Congo	Dr Shodu Lomami Kalema Representative of Health Minister of D. R. Congo
India	Mr M.K. Raut Principal Secretary Department of Health & Family Welfare
Indonesia	Dr Slamet Representative of Health Minister of Indonesia
Madagascar	HE Dr.Johanita Ndahimananjara Ministere de las Sante Publique
Mozambique	HE Dr Alexandre Manguele Minsterio da Saude
Myanmar	HE Professor Dr Pe Thet Kin Union Minister for Health
Nepal	HE Mr Vidyadhar Mallik Ministry of Federal Affairs and Local Development and Ministry of Health and Population
Philippines	Dr Enrique Ona Secretary of Health Department of Health
Sri Lanka	HE Mr P.G Maithripala Y Sirisena Minister of Health
Sudan	Dr Mousab Seddig El Hag Ali Representative of Health Minister of Sudan
Thailand	HE Mr Sorawong Thienthong Deputy Minister of Public Health, Government of Thailand
United Republic of Tanzania	HE Hussein Ali Hassan Mwinyi Minister of Health Government of Tanzania

4. The Bangkok Declaration: Towards a leprosy-free world

Chairperson: HE Professor Dr Pe Thet Kin, Union Minister of Health, Ministry of Health, Government of the Republic of the Union of Myanmar

The process of writing the final version of the 'Bangkok Declaration' by the Honourable Ministers and Vice-Ministers started with discussion on the current leprosy situation, and challenges faced in their respective countries. The discussion was enriched with interventions from the representatives of persons affected by leprosy and experts participating in the meeting. Honourable Ministers, Vice Ministers and nominees from 17

high-endemic countries reviewed the document tabled by WHO. The final version of the 'Bangkok Declaration' was drafted from the analyses of the draft document and detailed discussion in a meeting of a small group of ministers. The result was a comprehensive document that is politically strong and expresses the highest level of commitment of the countries towards a leprosy-free world.

In this document, the representatives of the endemic countries acknowledge the progress achieved in controlling leprosy, reaffirm their commitment to crucial activities, such as allocating increased resources in the coming years in order to reduce the burden of the disease and reduce dramatically the occurrence of disabilities due to leprosy. Equally important considerations were the empowerment of people affected as well as the monitoring of the progress towards attainment of targets with the support of WHO.

The Bangkok Declaration: Towards a leprosy-free world – was adopted by the participants. For full text of the Declaration, see Annex 1.

5. Remaining challenges to reduce the burden of leprosy and to improve the quality of life of persons affected

Chairperson: HE Professor Dr Pe Thet Kin, Union Minister of Health, Ministry of Health, Government of the Republic of the Union of Myanmar

Access to all social entitlements due for the persons affected by leprosy and ability to avail human rights are obviously the best outcomes of the efforts made in recent years. The role of the United Nations was decisive for these achievements. Human rights issue is gradually proving to be a powerful tool to improve quality in the operational aspects of country programmes. Awareness about the suffering of people affected by leprosy due to stigma and discrimination is growing and there have been some key achievements in this respect.

The experience of overcoming challenges showed that the involvement of people affected by the disease in the programme is fundamental for the definition of the right way to conduct leprosy programmes.

Technical and operational challenges in reducing the disease burden

Professor WCS Smith – Emeritus Professor of Public Health, University of Aberdeen, United Kingdom and Chairman, ILEP Technical Commission, United Kingdom

Professor Smith presented progress of leprosy control made over the past 30 years including the dramatic (90%) reduction in prevalence of leprosy and 60% reduction in the number of new cases. Some important remaining challenges, like waning political commitment, reduced funding, competing health problems, loss of expertise and weakness of the basic health care structure were outlined. Reduction of expertise in the health system is one of the main challenges in many areas where leprosy still is a problem.

Enhancing access and reach of leprosy services in areas of high endemicity within countries, especially in urban areas is a key challenge operationally, which can be addressed through prioritizing high-endemic areas based on child case rates and implementing focused programmes covering high endemic areas.

Innovative approaches to improve coverage of contact examination, BCG vaccination and chemoprophylaxis would help in developing interventions to reduce new cases among the healthy.

Integrated leprosy control: lessons learnt so far

Dr H Joseph Kawuma – Chairman, World Health Organization Technical Advisory Group on Leprosy

Dr Kawuma presented the role of integration of leprosy services in general health services in enhancing reach in the community. WHO promoted integration through implementing global leprosy strategies in collaboration with Member States and other stakeholders. Different elements of an integrated leprosy programme were highlighted including, availability of all service elements of treatment, care and prevention of disabilities. Integration of leprosy services indirectly reduces discrimination of the persons affected by leprosy in health care facilities.

Dr Kawuma discussed the achievements made and the lessons learnt in terms of administrative/structural integration and operational integration based on the experience from a few African countries.

In conclusion, Dr Kawuma said that the goal of a world without leprosy will only be attained when all countries are without leprosy.

Emerging challenges in timely case detection, including new diagnostics

Dr P Krishnamurthy, Member, WHO Technical Advisory Group, Leprosy

In his presentation, Dr Krishnamurthy outlined four principles, which would accelerate the reduction of disease burden: case detection: to prevent disease, to detect and treat leprosy cases; to limit disability, and to provide rehabilitation for affected persons.

Dr Krishnamurthy spoke of political challenges like lack of an attractive, realistic and achievable target, reduced priorities and altered focus. Operational challenges include coverage of leprosy services in “hot spots” and underserved population groups, limited “bandwidth” of interventions (not many options available), leprosy services in general health care, shrinking expertise and lack of good diagnostic tools which contributed to stagnation of leprosy programmes.

The participants were further urged to renew commitment and to work with other government departments – social welfare, education, publicity etc. – as well as the private sector health care.

Innovative approaches in uplifting socioeconomic status of people affected

Dr PK Gopal, Director, Integration, Dignity and Economic Advancement (IDEA)

Dr Gopal stated that leprosy was the first disease that brought a division among the people – segregating and isolating the leprosy-affected persons from their communities. A gradual change in the attitude of the governments and other agencies dealing with the leprosy problem is noticeable over a period of years. The voice of the affected people is becoming strong with the motto "nothing about us without us", which is based on the principle of participation. Dr Gopal also referred to the challenges faced by women affected by leprosy and suggested the need for special programmes for women's empowerment.

IDEA India conducted socioeconomic empowerment workshops for persons affected by leprosy in many states of India. Empowerment is a prerequisite for the active engagement of people affected by leprosy in any programme, as partners. Examples of good networking among affected persons exist in some states in India, influencing leprosy activities.

"In the past the leprosy-affected people did not have any networking. The barrier was poverty, distance, stigma and discrimination etc. Gradually the voice of the people affected is becoming strong with "nothing about us without is" as their motto." Persons affected by leprosy networks and organizations are willing to support national leprosy programmes in their efforts to reduce disease burden due to leprosy

6. Statements by partner organizations supporting the leprosy programme

Chairperson: H.E. Professor Dr Pe Thet Kin, Union Minister of Health, Ministry of Health, Government of the Republic of the Union of Myanmar

In order to reaffirm their commitment, each of the partners present – IDEA, ILEP, ILA, and SMHF– provided an update about their activities to support country programmes and the main achievements. Beyond the very well-known importance of these partnerships for the Global Leprosy Programme and countries in general, it is clear that for many countries the support received from these partners is essential for sustaining the efforts to eliminate leprosy and further reduce disease burden.

These partner organizations reiterated their commitment to the Enhanced Strategy to Further Reduce the disease burden due to leprosy 2011–2015 as well as to strengthen their support to attain the goal of a world free of leprosy.

International Leprosy Association

Dr. Marcos Virmod spoke on behalf of the International Leprosy Association (ILA) and asserted the importance of promoting clinical expertise in health care settings for reduction of global disease burden.

International Federation of Anti-Leprosy Associations (ILEP)

Mr. Rene Staheli, President, International Federation of Anti-Leprosy Associations, mentioned that unlike many other neglected tropical diseases,- leprosy requires intensive management. "It is a political decision to set the agenda to finish leprosy," he explained, "and the last mile is always difficult because the numbers are less spectacular." He also recommended a shift from disease-based to intervention-based control.

Leprosy is one of the neglected tropical diseases that requires individual case management. Only a few preventive measures can be implemented on a large scale. Leprosy is not the worst disease or the main challenge, but it is a political decision whether or not to set the agenda to finish leprosy. Reaffirming political commitment can only lead to the aspirational goal of leprosy-free world.

Sasakawa Memorial Health Foundation

Sasakawa Memorial Health Foundation (SMHF) presented their organization's three key activities: (1) capacity-building of persons affected by leprosy and their organizations, (2) preservation of leprosy heritage; and (3) coordination and collaboration with the Nippon Foundation. SMHF urged enhancement of involvement of grass-roots, community-level collaboration to create opportunities for empowerment of the persons affected.

7. Situation in high-burden leprosy countries

Chairperson: Dr Joseph Kawuma, Chairman, WHO Technical Advisory Group, Leprosy

The national leprosy programme managers presented the current epidemiological situation of leprosy and challenges faced in implementing the programme. The presentations were followed by discussion on finding solutions for the common challenges faced in the national programmes. The following national programme managers made presentations:

Angola	Dr Adelaide de Carvalho,
Democratic Republic of Congo	Dr JN Mputu Luengu
Madagascar	Dr Andriamira Randrianantoandro
Mozambique	Dr Olga A miel

Nigeria	Dr Joshua O. Obasanya
South Sudan	Dr Joseph Lasu
Sudan	Dr Mohamed Salah Eltahir
United Republic of Tanzania	Dr Blasdus F. Njako
Brasil	Dr Rosa Castalia Franca Riberio
Bangladesh	Dr Safir Uddin Ahmed
India	Mr M K Rout (did not make a presentation)
Indonesia	Dr Slamet
Myanmar	Dr Than Lwin Tun
Nepal	Dr Chudamani Bhandari
Sri Lanka	Dr MLSN Fernando
China	Dr Yu Meiwen
Philippines	Dr Francesca C Gajete

The 18 high-endemic countries contribute to 95% of global leprosy. All of them reported more than 1000 new cases during 2012. Pockets of high endemicity still remain in some areas of many countries but a few are mentioned as reference: Angola, Bangladesh, Brazil, China, Democratic Republic of Congo, Ethiopia, India, Indonesia, Madagascar, Mozambique, Myanmar, Nepal, Nigeria, Philippines, South Sudan, Sri Lanka, Sudan and the United Republic of Tanzania.

The overall discussion supports the view of a shift of the disease distribution from being 'a widespread disease across the globe' to 'a disease limited to endemic pockets in select countries' rather more concentrated in a couple of regions such as the WHO Regions of Africa, and South-East Asia.

The annual new case-detection rate in the majority of the 18 countries has either remained static or shown a marginal increase for the past three years; the proportion of children among new cases remained static (more than 10%) in certain countries. Proportion of women among new cases was low in certain programmes (10–20%) indicating inadequate coverage of services to women. Availability of information about adherence to treatment is not uniform, and in a couple of countries, data on leprosy per se were not reported.

The challenges are divided into three categories – technical, operational, social/economic and cultural and compiled as follows:

Table 1: *Technical challenges and suggestions to overcome these challenges*

Member States	Technical challenges	Suggestions to overcome challenges	
		National	Subnational
Angola Bangladesh Brazil China Democratic Republic of Congo Indonesia Madagascar Mozambique Myanmar Nepal Nigeria Philippines South Sudan Sri Lanka Sudan United Republic of Tanzania	Continued occurrence of new cases Improve quality of care Early detection of cases Laboratory services Control of contacts	Revision/elaboration of norms, protocols Training of human resources Improvement of logistic capacity Monitoring and evaluation Enhance quality of leprosy data and other evidence for policy development Distance-learning courses to improve knowledge among health workers Establishment of 'centres of excellence' at national level	Improve early detection and diagnosis Training and regular supervision Integration into the neglected diseases programme and primary health care IEC campaigns to improve community awareness Development and implementation of projects to support integration of people living with leprosy Research Establishment of 'referral centres' at district level

Table 2: *Operational challenges and suggestions to overcome these challenges*

Member States	Operational challenges	Suggestions to overcome challenges	
		National	Subnational
Angola Bangladesh Brazil China Democratic Republic of Congo Indonesia Madagascar Mozambique Myanmar Nepal Nigeria Philippines South Sudan Sri Lanka Sudan United Republic of Tanzania	Human resources capacity and motivation Programme management capacity and poor infrastructure Referral services and linkages Sustain the level of elimination Misinterpretation on elimination and eradication of leprosy Improve recording, notification and epidemiological survey Regular logistic issues (drugs and other supplies) Strengthen institutional capacity Low financial support for the programme Coordination and establishment of partnerships Hard-to-reach communities with integrated health-care services Empowerment of various stakeholders	Improved political commitment Advocacy and IEC campaigns Strengthening management capacity Revision/elaboration of norms, protocols Training of human resources Improvement of logistic capacity Monitoring and evaluation Turnover of trained health staff Focus on leprosy control in urban settings Collaboration with partners	Training and regular supervision Logistics Integration into the neglected tropical diseases programme and primary health care IEC campaigns to improve community awareness Development and implementation of projects to support integration of people living with leprosy Decentralization (municipality level) of health system Child-centred surveillance activities Chemoprophylaxis for healthy household contacts Integration with dermatological associations

Table 3: *Social/economic/cultural challenges and suggestions to overcome challenges*

Member States	Social/economical/cultural challenges	Suggestions to overcome challenges	
		National	Subnational
Angola Bangladesh Brazil China Democratic Republic of Congo Indonesia Madagascar Mozambique Myanmar Nepal Nigeria Philippines South Sudan Sri Lanka Sudan United Republic of Tanzania	Stigma Difficulty of integrating persons affected by leprosy and their acceptance in the community Poor knowledge of the population about the disease - changing health-seeking behaviour Access to health-care services/leprosy services	Advocacy and IEC campaigns Training of human resources Improvement of logistic capacity Monitoring and evaluation	IEC campaigns to improve community awareness Development and implementation of projects to support integration of people living with leprosy

8. Remaining technical and operational challenges

Chairperson: Dr Joseph Kawuma, Chairman, WHO Technical Advisory Group, Leprosy

In this session, presentations focused on two aspects of the remaining technical and operational challenges in defeating leprosy: disability assessment, management and rehabilitation; and research.

Some of the main issues noted regarding disability assessment, management and rehabilitation included:

- lack of trained professionals to identify, manage and prevent disabilities

- lack of specialists: ophthalmologists, neurologists and surgeons
- lack of financial resources to equip and maintain rehabilitation facilities
- problems in management of MDT logistics
- difficulties in reaching certain areas (municipalities, localities), which hamper access to health-care services.

Research needs still cover a variety of areas, ranging from new drug regimens to operational innovation to reach underserved populations with MDT services. Drug resistance, although rare, should be carefully monitored by a sentinel system to prevent negative experiences as reported in tuberculosis control.

Improving chemotherapy of leprosy

Professor Emmanuel Cambau, University Paris Diderot, Saint Louis-Lariboisière Hospital, National Reference Centre Mycobacteria for Mycobacteria and drug resistance, Paris, France, and representing WHO Technical Advisory Group

Professor Cambau presented different regimens of WHO recommended multidrug therapy (MDT) for multi-bacillary (MB), pauci-bacillary (PB) and single skin lesion paucibacillary leprosy (SSL-PB) with details of dosages and duration of treatment. Dapsone inhibits multiplication of the M leprae, rifampicin kills the bacteria and a combination therapy was started as MDT which added synergy between antibiotics.

Resistance to all the drugs identified for treating leprosy has been reported. Second-line treatment using a combination regimen of oflaxicin, minocycline and clofazimine has been advised for cases with resistance to rifampicin. A few medicines such as diarylquinolines, benzothiazinones, dinitrobenzamides and nitroimidazoles have been identified as potential drugs for leprosy; there is a need for further clinical studies before advising about its use in treating the disease.

The need for studying further on treatment of drug-resistant cases, especially multi drug-resistant cases and efficacy of short duration of WHO MDT and or totally supervised MDT regimen among new multi-bacillary cases was also emphasized.

Drug-resistance surveillance in leprosy– an update

Dr M Matsuoka, Member, WHO Technical Advisory Group Leprosy

Prevalence of leprosy has been markedly reduced by introducing MDT for leprosy control, however drug-resistant cases have been sporadically reported from some areas. Resistance to antimicrobials used in leprosy was reported in the following sequence: dapsone (1964), rifampicin (1977), clofazimine (1982) and multidrug resistance i.e, resistance to both drugs rifampicin and dapsone (1989). Drug resistance threatened other infectious diseases control such as tuberculosis. Weakening of leprosy control by the increasing resistant cases has been a concern as well.

Only mouse footpad methods were available for testing susceptibility to anti-leprosy drugs since the 1960s. Hence, it was cumbersome to collect comprehensive data on the level of drug resistance. Limited reports of drug resistance do not mean low level of resistance in leprosy. Till screening of drug resistance was simplified and introduced in the early 1990s by Japan, using polymerase chain reaction (PCR) direct sequencing method the data on drug resistance was limited. It would be prudent to emphasize that limited reports on drug resistance do not mean low prevalence of drug resistance.

WHO recognized the need of surveillance for drug resistance in leprosy and developed guidelines for global surveillance in 2006. Drug-resistance surveillance is carried out in 11 countries endemic to leprosy through their sentinel centres. There is a consensus among all partners to strengthen surveillance and expand the network to cover all endemic countries.

Need to invest in research

Dr S Mehendale, Director, National Institute of Epidemiology, WHO Collaborating Centre, India

Dr Mehendale presented lead domains, which can be considered for deciding on research priorities, such as transmission of leprosy, immune-pathogenesis and clinical progression of the disease, prevention of leprosy among the healthy, diagnostics, shorter chemotherapy regimens and effective operational strategies to reduce disease burden due to leprosy.

A few other areas which need further understanding in management of leprosy problem, such as drug-resistance in leprosy, elimination of stigma against the disease, improving health-seeking behaviour among the healthy and methods to detect sub-clinical infection among the suspected.

Nerve damage is a significant event, as it usually ends in impairment or disability among the affected. Understanding the risks and causal factors and pathogenesis is essential to improve the quality of treatment of leprosy and prevention of disabilities and consequent stigma against the disease. Defining and developing treatment protocols for type I (reversal) reaction and type II (*erethema nodosum leprosum*) reactions is another research area, that needs to be invested into make cure of leprosy complete for the person affected rather than limiting to breaking the chain of transmission using MDT.

Disability care and rehabilitation in leprosy

Professor Zhang Guocheng, Member, WHO Technical Advisory Group on Leprosy

Professor Zhang discussed the disability care component of the leprosy programme raising a few pertinent questions and flagged the need for further discussions on grading of disabilities. These discussions are expected to influence the drafting of the 'global leprosy strategy covering 2016–2020'.

He revisited the definitions of impairment and disability in the context of the International classification of functioning, disability and health (ICF). Disability is defined as *"an umbrella term for impairments, activity limitation and participation restriction"*. The main focus of interventions in leprosy has been on preventing physical impairments. It is the task of all health staff to preserve nerve function and to prevent further deformity and disability.

The magnitude of the disability load at global level needs to be understood for planning and implementing rehabilitation programmes. It is estimated that more than three million people are living with disability due to leprosy in the world. In the leprosy programmes, the disability status of a person registered for MDT is assessed only at diagnosis and no such recording is usually done at the time of discharging from treatment. In a particular study, Monteiro LD, et al reported that between diagnosis and discharge, the degree of physical disability worsened in 25% of cases.

Professor Zhang suggested that timely detection and treatment, management of patients with *lepra* reactions and neuritis early, treating them with appropriate anti-inflammatory drugs; provision of protective aids including footwear and holistic rehabilitation could be useful countermeasures for national programmes to manage the disabilities due to leprosy,

He concluded that more attention should be paid to POD and rehabilitation; adequate resources should be effectively organized to expand disability care services in the field. The programmes also need to create partnerships with the community and facilitate inclusion and participation of persons affected by leprosy.

Challenges in assessing and measuring WHO targets on Grade 2 disabilities

Dr Hugh Cross, Consultant, American Leprosy Missions

Recording the clinical condition of the patient is an important step in providing quality leprosy care to the persons affected and informing them about their disability status. The principal reason for recording disability grading is to indicate delay in detection. Diligent recording including pre-existing impairments helps taking appropriate decisions with regard to medical interventions and social and economic support activities.

A Delphi exercise was taken up, inviting 15 people to understand the challenges faced by health workers in assessing and measuring G2D. The study recommended certain changes in recording disability status for persons affected with disabilities due to leprosy. Simple, clear guidance on disability assessment would improve the consistency in disability grading.

Skin cracks (fissures) justify a hand or foot being classified as WHO G2 if any of the following features are noticed:

- it can be clearly seen and felt by an examiner;
- it has two clear edges;
- it breaches the full thickness of the skin to subcutaneous tissue (a depth of approximately 5mm);
- it has a base of granulation tissue (red spongy tissue);

If, in the absence of visible impairment, weakness of muscle strength in ANY muscle group is detected, the affected body part should be classified as WHO grade one (G1).

9. Sharing experiences in overcoming challenges

Chairperson: Professor Yozo Yokota, President Centre for Human Rights Education and Training, Tokyo

Sharing experiences - National Forum India Trust (Association of people affected by leprosy)

Mr V Narsappa, Chairman Association of Persons Affected by Leprosy (APAL), formerly National Forum India Trust (NFI) shared experiences of the Association. NFI was established with a vision to work primarily for improving the socioeconomic development of persons affected and promoting respect and dignity in the life of the affected and improving awareness about leprosy, general health and environment.

The Association works with persons affected and their families to reduce stigma against the disease and discrimination of the affected. Most of these persons affected are from communities living in isolation from mainstream society. The Association covered a large part of the country through 19 state-level networks to protect the rights of persons affected and restore their dignity. The Association also calls the attention of the duty bearers in providing required services and supports the affected in availing of social entitlements provided by the state. The experience presented by APAL stands as an example of meaningful participation of the persons affected in the national leprosy programme.

"We are all saying that action needs to be taken; there are many political leaders, government employees, doctors and in front of them there is the Bangkok Declaration. Now, having got the Declaration adopted, – how can we not reach the people?" I appeal to all you honourable people to take the Bangkok Declaration to your countries and get it disseminated as early as possible. I want to conclude, as a person affected by leprosy, finally, you are the people who have to protect 'those people burning in the fire, else we will be burned away and become ashes'. — Mr V Narsappa, Chairman, National Forum India Trust (Association of persons affected by leprosy, APAL)

A success story in leprosy control in Thailand

Dr Nopporn Cheanklin, Deputy Director-General, Department of Disease Control

Thailand's national leprosy programme stands as a good case study for other national programmes. Leprosy was eliminated as a public health problem at the national level in 1994. The pre-elimination phase started in 1908, and till 1994, the programme adopted different approaches, ranging from isolation of patients, early detection of patients through a vertical programme, treatment with MDT and integration of leprosy programme into general health services. Sustained strong political commitment by His Majesty, the Head of the State remained the strength of the programme throughout. His Majesty established Raj Pracha Samasai Institute and Foundation, which served the leprosy programme as an apex institute for leprosy control.

In the post-elimination phase, the Thailand Leprosy Programme faced a major challenge in covering remote rural areas and urban slums. The national programme implemented six leprosy elimination campaigns (LEC) and Special Action Project for the Elimination of Leprosy (SAPEL) to achieve leprosy-free status at a sub-national level. Leprosy elimination monitoring (LEM) and leprosy elimination accreditation were introduced to monitor reaching the goal of leprosy-free areas at sub-national level.

Thailand's national leprosy programme introduced innovative approaches and initiatives for improving detection of cases early for treatment with MDT to sustain the gains achieved by the programme. Involving people affected by leprosy was introduced at different stages of the programme in a phased manner for enhancing awareness about leprosy in the community, improving case detection and rehabilitating the persons affected.

Sasakawa India Leprosy Foundation

Dr Vineeta Shanker, Executive Director, Sasakawa India Leprosy Foundation

Supporting life after treatment and restoring dignity to the persons affected was one of the main initiatives of the Sasakawa India Leprosy Foundation. The foundation identifies persons needing social and economic support and develops skills to improve employability. The Foundation works to integrate persons affected by leprosy into mainstream society. Through its developmental activities to the affected, the Foundation works to eliminate stigma against leprosy.

The Sasakawa Foundation gave a call to all stakeholders for joint efforts to eliminate stigma in order to hasten the move towards a leprosy-free world. The Foundation suggested an intervention in three steps, starting with enhancing awareness in the communities, creating acceptance of the persons affected and improve confidence of the people affected facilitating mainstreaming into the general community with dignity.

10. Global leprosy strategy 2016–2020 – formulating process

Chairperson: Professor WCS Smith, Chairman, ILEP Technical Commission, United Kingdom

A panel of experts from different areas including people affected was formed to lead discussions on the current leprosy situation and views and opinions on the future global leprosy strategy. Inputs from presentations made by experts and national programme managers on previous days were used during discussions. The focus areas were: way forward to achieve the existing targets; setting targets for future leprosy work; and process of monitoring the progress in acheiving the set targets.

Where are we; where we want to go and what should be the next steps?

Dr Pemmaraju V R Rao, WHO GLP

The Enhanced Global Strategy for further reducing the disease burden due to leprosy 2011–2015 was developed in collaboration with partners, which was endorsed by national programme managers. Since introduction of MDT in 1983, the global prevalence of leprosy has been reduced by 90%. The global prevalence of leprosy at the end of first quarter of 2013 was 181 017. In the reporting year, 115 countries reported 232 857 new cases. Three countries, i.e, Brazil, India and Indonesia have reported 80% of the total number of new cases detected globally.

The Strategy aims to reduce the global rate of new cases with G2D (i.e. visible deformities) per 100 000 population by 35% by the end of 2015, compared with the baseline at the end of 2010.

The approach underlines the importance of early detection and quality of care in an integrated service setting. The strategy is expected to reduce the occurrence of new cases and thus lower the transmission of the disease in the community. Stagnation of the leprosy programme was obvious with the fact that more or less the same number of new cases are reported for the past five years and the number of new cases with G2D cases are increasing, though marginally.

Pockets of high endemicity still remain in some areas of many countries and a few are mentioned as reference, i.e., Angola, Bangladesh, Brazil, China, Democratic Republic of Congo, Ethiopia, India, Indonesia, Madagascar, Mozambique, Myanmar, Nepal, Nigeria, Philippines, South Sudan, Sri Lanka, Sudan and United Republic of Tanzania. On the other hand, several countries reported no cases at all for the past 3–5 years. The discussions during the session indicated the need for categorizing the countries into different groups and defining issue-specific strategies.

Brazilian National Campaign of Leprosy and Deworming

Dr Rosa Castalia Franca Riberio Soares, National Programme Manager, Brazil National Leprosy Programme

The campaign was planned after taking into consideration the need to achieve the target of elimination of leprosy as a public health problem at national level, reducing G2D among new cases and sustaining quality leprosy services at all health facilities. The national case detection campaign was integrated with 'deworming' because leprosy is classified as one of the neglected tropical diseases (NTD). Leprosy and other NTDs like soil-transmitted helminths are listed under diseases targeted for elimination.

The campaign was launched as a pilot programme, with key components like, enhancing awareness about leprosy, self-examinaition by children for any suspected skin lesions and consultation with dermatologists in 720 municipalities. All the children between the ages of 5–14 years were covered in the campaign with the following objectives:

- to identify the probable cases of leprosy and to refer to the network of health services for diagnosis and treatment; and
- to reduce the burden of parasitic soil-transmitted helminth (STH).

The campaign enabled children to talk about leprosy in the communities, to find new cases earlier in children and consequently helped in reducing G2D among new cases. The integrated strategy of leprosy and deworming helped in including public health professionals, who were not usually involved with this public health issue.

Through the campaign, 3.5 million children carried out self-examination and 204 944 were found having suspected signs of leprosy and 197 new child leprosy cases were registered for MDT. The new cases identified by the campaign justified the repetition of this Strategy.

Development of Global Leprosy Strategy

Professor WCS Smith, Chairman, ILEP Technical Commission, United Kingdom

The following five key questions were used to evoke responses during the brainstorming sessions:

(1) What is the goal for the next five years?

(2) What targets for 2020?

(3) What are the guiding principles?

(4) What should be the focus for the next five years?

(5) What innovations should be introduced?

The sessions were also facilitated with three trigger presentations by lead discussants about the facts on the current leprosy situation, and new successful innovations from national leprosy programmes.

The outcomes of the brainstorming session in terms of the current leprosy situation, challenges faced by the programmes and plans to overcome the challenges were discussed and documented. The current situation is described by the participants as follows:

- achieved reduction of prevalence;
- new cases continue to occur;
- 90% leprosy distributed in 18 countries;
- high-endemic pockets at sub-national level need to be earmarked;
- child case data to be used to identify areas with high transmission of leprosy;
- G2D data to be used to identify areas with challenges in case detection;
- local contextualized programme problem-specific approaches to be developed;
- coverage of hard-to-reach areas and population groups;
- many unknowns about the agent, host and treatment should be addressed;
- limited programme management options; and
- community-based initiatives more practised.

Many of the points arising out of the discussions on the current situation of leprosy led to discussions on challenges and possible ways of addressing them to improve leprosy programmes and achieve targets set by the global leprosy programme. The challenges enlisted were grouped under three categories related to: patients, programme, policy and planning. Such grouping was found useful for many national leprosy programme managers to define ways in addressing them. The challenges and the plans to overcome the identified challenges are presented in the following tables.

Table 4: *Main challenges in leprosy programme*

Patient-related	Programme-related	Policy and planning-related
Quality of care	Early detection of cases	Low priority after elimination among other diseases
Social stigma – integration and acceptance of persons affected by leprosy in the community	Skills and motivation of health staff	Coordination of national and local resources
High number of chronic ENL reaction cases	Reduced funds and other resources	Non-endemic areas urban

Patient-related	Programme-related	Policy and planning-related
Access to health-care services/leprosy services Changing health-seeking behaviour	Knowledge of the population about the disease	
Empowerment of various stakeholders	Surveillance, monitoring and supervision	
Referral linkage with specialist	Treatment compliance in urban areas	
	Quality of recording and reporting of leprosy cases and integration into HMIS	

Table 5: *Plan to overcome challenges in leprosy programme*

Patient-Related	Programme-Related	Policy and planning-related
IEC campaigns.	Integrate drug management	Integrate training package for all neglected tropical diseases
Involve persons affected by leprosy	Innovative activities in the leprosy-endemic districts	Integration into the neglected diseases programme and primary health care
Potentiality self-care group	Enhance quality of leprosy data	Mobilization of resources Enhancing stakeholders and establish partnerships
Community-based rehabilitation	Training of Human Resources	Evidence for policy development
community participation in favour of leprosy activities	Streghtening management capacity	Revision/elaboration of norms, protocols
Integration of people living with leprosy	Supervision, monitoring, & evaluation	Chemoprophylaxis among house contacts
	Improve early detection and diagnosis	Maintain volunteers' activities
	Strengthen the referral system	Distance learning ourses for diagnosis and treatment of leprosy
	Innovative campaigns for detection of leprosy cases	Coordination among partners
	Establishment of standardized laboratory at various levels	

11. Conclusions and recommendations

Chairperson Professor W C S Smith Chairman, ILEP Technical Commission, United Kingdom

Conclusions

(1) The Summit noted challenges facing countries in reducing the burden of leprosy. Such challenges include: reducing G2D in new cases through early case detection; access to equitable and quality health care, including rehabilitation and referral systems; the need to strengthen human resources; raising awareness about leprosy; promoting leprosy, wherever appropriate, as an integral part of neglected tropical diseases; and reliable information systems.

(2) With a view to overcoming the remaining challenges, countries renewed their commitment to reducing the burden of leprosy.

(3) The commitment and contribution of national and international partners in overcoming the burden of leprosy was acknowledged, and the importance of further strengthening partnerships was emphasized.

(4) The Summit emphasized the importance of involvement and participation of communities and people affected by leprosy, including in efforts to reduce stigma and discrimination.

(5) The Summit emphasized the need for adequate resources for supporting programme implementation.

(6) The Summit recognized the continuing need for supporting research in leprosy.

Recommendation

The Summit *recommends* full implementation of the Bangkok Declaration: Towards a leprosy-free world – in all countries.

12. Closing session

Chairperson: Dr Sumana Barua, Team Leader, WHO Global Leprosy Programme

Dr Porntep Siriwanarangsun, Director-General, Department of Disease Control, Ministry of Public Health, Royal Thai Government concluded that 17 out of 18 invited countries had participated in the Summit and reviewed the leprosy situation in their respective countries, discussed challenges faced, and identified possible solutions to overcome them.

Dr Siriwanarangsun said that the statements delivered by the honourable ministers of health affirming the political support for enhancing leprosy programme interventions to further reduce the disease burden from leprosy has been extremely encouraging.

He congratulated all the delegates for their efforts to adopt the 'Bangkok Declaration', which he said would provide an excellent framework for intensifying commitment and collaborative efforts of all partners to overcome the remaining challenges in achieving a leprosy-free world.

Dr Siriwanarangsun ended by expressing his sincere gratitude to WHO and the Nippon Foundation for efforts made in carrying out a successful Summit: a historic milestone in global leprosy control.

Feedback and remarks on the Summit were then solicited from representatives from the national programme managers.

Dr Hussein Ali Hassan Mwinyi, Honourable Minister of Health and Social Welfare, United Republic of Tanzania gave the closing address.

Finally, a vote of thanks was given by Dr Yonas Tegegn, WHO Representative to Thailand.

Annex 1

Agenda

(1) Opening session

(2) Global leprosy situation and remaining challenges

(3) Global leprosy situation, achievements and WHO perspectives

(4) Equity, social justice, human rights and leprosy

(5) Relevance of the Summit towards achieving WHO targets

(6) Round table on pledging commitment to intensify efforts to achieve a leprosy-free world

(7) Statements from representatives of ministries of health from 18 top endemic countries for leprosy around the world

(8) Bangkok Declaration

(9) Remaining challenges to reduce leprosy burden and improving quality of life of persons affected:
- Technical and operational challenges in reducing the disease burden
- Integrated leprosy control: Lessons learned so far

(10) Statements by partner organizations supporting leprosy programme:
- Integration, Dignity and Economic Advancement (IDEA)
- International Leprosy Association (ILA)
- International Federation of Anti-leprosy Associations (ILEP)
- Novartis Foundation for Sustainable Development
- Sasakawa Memorial Health Foundation (SMHF)

(11) Leprosy situation in top 18 endemic countries:
- Angola
- Bangladesh
- Brazil
- China
- Democratic Republic of Congo
- Ethiopia
- India

- Indonesia
- Madagascar
- Mozambique
- Myanmar
- Nepal
- Nigeria
- The Philippines
- South Sudan
- Sri Lanka
- Sudan
- The United Republic of Tanzania

(12) Remaining technical and operational challenges

- Improving chemotherapy of leprosy
- Drug resistance surveillance in leprosy: need to invest in research
- Disability care and rehabilitation in leprosy challenges in assessing and measuring WHO targets on Grade 2 disabilities

(13) Sharing experiences in overcoming challenges

- Thailand: A success story in leprosy control – approaches adopted
- National Forum Trust India: experience in strengthening participation of persons affected by leprosy
- Sasakawa India Leprosy Foundation: sharing experiences

(14) The next strategy: 2016–2020

- Developing global leprosy strategy
- Current situation and next steps
- Brazilian National Campaign of Leprosy and Deworming

(15) Conclusions and recommendations

(16) Closing session

Annex 2

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Annex 3

Bangkok Declaration: Towards a leprosy-free world

We, the Ministers of Health from the 17 high-burden leprosy countries in all WHO regions, with relevant stakeholders, and the World Health Organization;

Appreciating the enormous strides made in the reduction of the global burden of leprosy over the past 25 years, including the attainment of the global goal of elimination of leprosy as a public health problem as defined in the World Health Assembly resolution WHA44.9 (1991), to reduce the prevalence of leprosy to less than 1 case per 10 000 population;

Acknowledging the huge reduction of disease burden through the widespread implementation of multidrug therapy (MDT) among other prevention and control and care approaches;

Further acknowledging the contribution of all partners involved in leprosy work;

Believing that the long experience of the leprosy control programme in achieving the goal of elimination of leprosy as a public health problem globally will be used to improve the interventions against other neglected tropical diseases;

Concerned, however, with the continuing occurrence of new leprosy cases annually in significant numbers in various countries and also with the continued existence of hyperendemic areas within countries that have led to the consequent stagnation of the leprosy situation over recent years;

Noting with concern the rising complacency consequent to perceiving the leprosy problem as relatively small, and that such complacency results in reduced political commitment, relegated priority, and decreased resources towards dealing effectively with this public health problem;

Recognizing the set target in the current enhanced global strategy for further reducing the disease burden due to leprosy (2011–2015), following the recommendations of the WHO Expert Committee on Leprosy in its eighth report, and

Considering the World Health Assembly resolution WHA66.12 (2013), on Neglected Tropical Diseases, which includes leprosy, and urges Member States to implement the WHO roadmap for accelerating the work to overcome the global impact of such diseases;

We, the Ministers of Health from the 17 high-burden leprosy countries in all WHO regions, with relevant stakeholders, and the World Health Organization;

(1) ***declare*** that it is time for the leprosy-endemic countries, as well as their international and national partners, to reaffirm their commitments and reinforce their participation towards addressing leprosy in order to ensure a leprosy-free world at the earliest;

(2) ***urge*** governments and all interested parties to accord higher priority for activities towards a leprosy-free world, and allocate increased resources in the coming years, in a sustainable manner, and in doing so:

- ***aim*** to reduce the burden of leprosy and ultimately move towards a leprosy-free world;
- ***apply*** special focus on high-endemic geographic areas within countries through vigorous and innovative approaches towards timely case detection and treatment completion aiming to achieve leprosy elimination as a public health problem at subnational levels;
- ***achieve*** the global target of reducing the occurrence of new cases with visible deformity (grade 2 disability) to less than one case per million population by the year 2020;
- ***prevent*** occurrence of disability through early detection as well as limiting disabilities among already disabled persons;
- ***involve*** communities and the forums of persons affected by leprosy in the process of strategy formulation and implementation of leprosy care, including physical, social and economic rehabilitation and social integration, as per WHO guidelines[1];
- ***promote*** empowerment of persons affected by leprosy and ensure effective implementation of United Nations resolutions A/RES/65/215, Elimination of Discrimination Against Persons Affected by Leprosy and their Family Members, and A/HRC/15/30 Principles and Guidelines for the Elimination of Discrimination against Persons Affected by Leprosy and their Family Members.
- ***monitor*** the progress towards attainment of targets through a mechanism at the national level with technical support from WHO and other relevant partners;

(3) ***Reaffirm*** our political commitment and guidance towards a world free of leprosy.

Bangkok
24 July 2013

[1] Guidelines for strengthening participation of persons affected by leprosy in leprosy services. New Delhi, World Health

Annex 4

List of documents for reference to discussions in the Summit

(1) Report of the Programme Managers' Meetings held in 2009

(2) Report of the Programme Managers' Meetings held in 2011

(3) Report of the Meeting on Sentinel Surveillance for Drug Resistance in Leprosy, Cotonou, Benin, 2012

(4) Weekly Epidemiological Report 2012

(5) Enhanced global strategy for further reducing the disease burden due to leprosy – Questions and Answers

(6) Report of the Eighth Expert Committee Meeting, Geneva, 12–19 October 2010

(7) Enhanced Global Strategy for further reducing the disease burden due to leprosy (Plan Period:2011–2015)

(8) Enhanced Global Strategy for further reducing the disease burden due to leprosy (2011–2015) – Operational guidelines

(9) Eleventh Meeting of the Technical Advisory Group in Leprosy Control

(10) Developing guidelines to strengthen participation of persons affected by leprosy in leprosy services – Report of the meeting, Manila, Philippines

These documents may be downloaded from the Summit website: *http://www.searo.who.int/entity/global_leprosy_programme/international_lep_summit/en/index.html*

Organization, 2011.

Leprosy as a public health problem was eliminated at the national level by most countries by the end of 2005. In the post-elimination phase of leprosy control, prevalence has decreased gradually, but the new case detection has remained at the same level in at least 18 high-endemic countries for leprosy, which reported more than 1000 new cases annually. The stagnation is more pronounced between 2008-2012. Stagnation in leprosy control was attributed to many technical and operational challenges prevailing in the 18 high-endemic countries. WHO with The Nippon Foundation (TNF), jointly organized the 'International Leprosy Summit: overcoming the remaining challenges ' inviting participation of ministers of health from 17 endemic countries and experts from partner organizations. The Summit was organized to reaffirm political commitment from the governments of the seventeen leprosy-endemic countries. The ministers of health deliberated on the remaining challenges and affirmed political commitment to further reduce disease burden due to leprosy. The 'Bangkok Declaration' was signed by the Ministers of Health of all the 17 countries.

The Bangkok Declaration urges governments to strengthen monitoring of the leprosy programmes and participation of persons affected by leprosy in order to achieve the targets of enhanced global leprosy strategy for further reducing the disease burden due to leprosy. Mr Yohei Sasakawa, Goodwill Ambassador for Leprosy Elimination on behalf of TNF pledged US$ 2 million for implementing the Bangkok Declaration. Similar support was also announced by other international leprosy organizations during the Summit.

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