

**Statement by Hon. Dr. Richard Kamwi at the Leprosy Control
Consultative Meeting in Kavango, 2 June 2008, Rundu**

Programme Director, Ms Elizabeth Muremi, Director of Kavango Regional Health Management Team

The Hon. Governor of the Kavango Region, Cde John Thighuru

Hon. Reg. Councilors of Mashare and Rundu Urban constituencies

Your Worship the Mayor of Rundu town, Cde Mukoya

WHO Country representative, represented by Dr. Desta Tiruneh

The Representative of the Shambyu Traditional Authority

The Director of Leprosy Mission South Africa, Mr. Peter Laubscher

Medical Superintendent Rundu State Hospital, Dr. Yuri Yangasov

PMOs Dr. Wambugu, Dr. Ntumba and Dr. Lyla

RMT Members

Members of the Media

Distinguish guests, comrades and friends

First of all, I join the Hon Governor of Kavango Region in welcoming you in particular the Director of The Leprosy Mission International (TLMI), Mr Peter Laubscher. We appreciate your mission in support of the Ministry of Health and Social Services in addressing the issue related to Leprosy in Namibia.

Director of Ceremonies,

Ladies and gentlemen

Leprosy control strategies based on Multi Drug Therapy (MDT) and the resolution of the 44th World Health Assembly in 1991 to eliminate leprosy as a public health problem was an impetus for greater priority to be given to leprosy by governments and for strengthened political commitment for leprosy elimination.

The leprosy elimination strategy enabled the mobilization of significant resources and political commitment. This resulted in the large-scale implementation of MDT, which has brought many old and new cases of leprosy under treatment, thus reducing the pool of infection within communities. More than 12 million patients have been detected and cured with MDT. In addition, some 4 million people have been protected from developing deformities. This tremendous impact alone is sufficient justification for the elimination programme. Namibia, has not been left out. I am pleased to let you know that Namibia has already achieved the elimination status of Leprosy.

Over the past 18 years, the global prevalence has been reduced by 90% globally. By the end of 2000, leprosy had been eliminated as a public health problem on a global level. Now, early in 2003, 110 countries have reached the elimination target at the national level and leprosy remains a public health problem in only 12 countries. The leprosy burden is now concentrated in the five most endemic countries (Brazil, India, Madagascar, Mozambique, and Nepal), which account for 83% of prevalence and 88% of detection

worldwide. The combined prevalence rate in these countries is about 4 per 10,000 inhabitants.

Director of Ceremonies,

Ladies and gentlemen

In Namibia, before independence, the then Department of Health decided to treat and rehabilitate Leprosy cases in one health facility. Understandably, active cases were then transferred to Mashare. At independence with the adoption of Primary Health Care, the Ministry took over.

In 2006, the Disability Prevention and Rehabilitation Programme in the Kavango region paid a visit to communities in Mashare affected with Leprosy. The visit revealed that some of them were still on medication. In addition, an assessment by the Rundu District found a total of 82 cases, 10 of which were new. These 10 cases are currently on treatment.

Director of Ceremonies,

Ladies and gentlemen

Since the notification of the cases my Ministry through the Kavango regional management team is making the necessary preparation to re-activate the Leprosy Control Program under the guidance of National TB Control Programme. A joint assessment mission by WHO and The Leprosy Mission International (TLMI) in October 2007 has identified the measures that need to be taken to establish a comprehensive Leprosy Control Programme. To strengthen the capacity of the programme, in May 2008, the

NTCP, Programme Manager, has attended an international training course on leprosy which was sponsored by WHO.

As a result, there is no need for public alarm on the spread of Leprosy. Clearly, Leprosy takes prolonged close contact to get transmitted from person to person. In addition, very few among people exposed to leprosy bacteria will develop the disease. It takes about 4 to 8 years for leprosy symptoms to appear. Because of this long incubation period, it is not possible to know the magnitude of the problem if good surveillance system is not in place.

Following the visit to Mashare, I wish to give the following directives. There is now need for all regional health directorates to reassess the status of Leprosy in their respective regions and put mechanisms in place for proper surveillance. Once the status of Leprosy has been established, the National programme in close collaboration with the regional management teams should put up a comprehensive programme that ensures provision of training to health workers, availability of free and quality treatment and rehabilitation services in all affected areas and proper reporting system to monitor the situation.

Besides, the Leprosy programme should

- make sure that all the necessary training and reference materials are made available to all health workers,
- ensure existing dermatological clinics accommodate Leprosy
- intensify environmental sanitation and hygiene programmes
- avail Multi Drug Therapy and rehabilitation services
- improve the community awareness on Leprosy

Director of Ceremonies,

Ladies and gentlemen

Finally, I commend the Kavango Regional Health Management Team in particular Dr Yuri Yangasov for the initiative he made with the Leprosy Mission from Southern Africa under the leadership of the Director Mr Peter Labuscher to join hands with my Ministry. I urge the Regional Director to seize this opportunity offered by TLMI in South Africa in addressing the current situation of Leprosy.

I thank you!