COMMENTARY

Sustainability of leprosy control: the role of the International Federation of Anti-Leprosy Associations (ILEP)

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The International Federation of Anti-Leprosy Associations (ILEP) was created over 40 years ago to ensure that the leprosy control work supported by its Member Associations would be more effective and would ultimately help sustain the benefits for those affected and their families.

Historically, ILEP has always been at the forefront of leprosy work and has brought its support and expertise to make multi-drug therapy (MDT) available to all, and achieve the prevalence-based elimination goal set by the World Health Assembly (WHA) in 1991. Since the advent of MDT in the early 1980s, over 15 million people have been cured and ILEP Members have, for many of those, provided the delivery point for this effective treatment. As the prevalence of leprosy has declined, ILEP has lent its support to the widespread efforts to integrate leprosy work into the general health systems in endemic countries.

The key to sustainability in leprosy work has been the paradigm shift away from ‘elimination’ and its political targeting to one which builds on these achievements and focuses more on the quality of services for people affected. Thus the WHO Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities (Plan Period: 2006–2010)¹ and the more recent Enhanced Global Strategy for Further Reducing the Disease Burden due to Leprosy (Plan Period: 2011–2015)² have focused on issues of equity, advocacy, the role of the person affected, socio-economic and community-based rehabilitation, inclusive development and the attainment of the Millennium Development Goals (MDGs). ILEP has contributed to, and unanimously endorsed, both these global strategies. It has done so without losing its special focus on the unique elements of leprosy work which are still required to ensure the sustainability of effective and quality services:


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ILEP continues to pursue this sustainability through its partnerships with the WHO, governments and non-governmental organisations (NGOs). Earlier attempts to formalise this partnership through a Global Alliance for the Elimination of Leprosy (GAEL) in 1999 were only partially successful. The subsequent independent evaluation of the GAEL\(^3\) carried out in 2003 highlighted three areas in which future alliances would need to be managed to ensure the sustainability of leprosy control. Firstly, collaborators would have to work more openly, collegially and inclusively. Secondly, it needed to be made clear that there would continue to be new cases of leprosy and a need for health systems and trained personnel to work in this field. Thirdly, the evaluation panel recommended that all collaborators should more explicitly recognise the range of leprosy activities that would need to be carried out. Public health, clinical and rehabilitative aspects of leprosy work must be portrayed without hesitation as complementary matters.

Fortunately, both the 2006–2010 and 2011–2015 global strategies of WHO have much more pragmatically focused on the range of important work to be done post-elimination. They have helped bring the majority of the key collaborators, including ILEP, together in a clear and practically focussed endeavour to ensure the sustainability of leprosy control through broader support for holistic, inclusive and ultimately sustainable approaches to leprosy control. It has often been stated, and rightly so, that we cannot afford to be complacent and rest on the laurels of leprosy elimination. There will continue to be new cases of leprosy, there are already millions who remain disabled, stigmatised and discriminated against because of leprosy and ILEP remains committed to work with its partners, including those affected, to sustain and build upon all that has been achieved.

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