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This report (which can be found on website http://www.who.int/lep) is a very important and serious document, and represents an independent evaluation of the ‘Global Alliance for the Elimination of Leprosy (GAEL)’. However, nearly all the members of the evaluation team, which was led by Dr Richard Skolnik, are ‘outside’ the leprosy community, with the single exception of Professor Michel Lechat. Since the evaluation was based on literature review and informant interviews, I feel that the Report contains some weaknesses, which I would like to discuss. My major comments about the Report are the following.

An incomplete recapitulation of the historical development of GAEL

The most notable event in the history of GAEL was the expulsion of the International Federation of Anti-Leprosy Associations (ILEP, which comprises international NGOs for leprosy worldwide) from the Alliance. The event has had such serious consequences that, the announcement of the dismissal of ILEP virtually ended GAEL. The Report mentions the event only briefly here and there (e.g. p. v of the Executive Summary, pp. 8 and 10 of the Main Report); however, as a comprehensive evaluation of GAEL, the Report should have described the event in greater detail, and should have made a critical judgement on justification of the decision to expel ILEP.

In the historical context for the establishment of GAEL (pp. 4–6 of the Main Report), surprisingly, the Report omits to mention that ILEP was one of the founding members of GAEL. During the preparation of the Third International Conference for the Elimination of Leprosy (Abidjan, Côte d’Ivoire), in which the GAEL was inaugurated, the tension among the co-sponsors, who held different views about which countries should be invited, heightened. The differences were relatively minor, and could easily have been resolved by compromise and consensus; regrettably, the invitations to a few countries were cancelled unilaterally by the World Health Organization (WHO) staff without any reason. Not only did the decision cause difficulties in the relationship between the countries and the NGOs, it also increased the resentment of NGOs of the manner in which WHO dealt with the partnership.
The Report also gives a false impression that the only major international actors in leprosy are WHO, Sasakawa Memorial Health Foundation, Novartis, DANIDA and World Bank (p. 5). There is no doubt that each of these organizations makes important contributions. However, the Report should not neglect the contribution from ILEP both inside and outside GAEL, bearing in mind that in terms of financial supports and committed manpower for leprosy, the contribution from ILEP is many times greater than the combined contributions of Sasakawa Foundation and Novartis. If there is any difference in these contributions, the only difference is that the contributions of Sasakawa Foundation and Novartis are handled by WHO, whereas the contributions of ILEP are handled by its member associations.

The achievement of the GAEL

Although the Report emphasizes repeatedly that the achievement should be handled ‘politically’, but that the assessment must be ‘evidence-based’, it concludes that GAEL has added important value to the goal of elimination in three ways: first, in mobilizing political commitment; second, in ensuring a free supply of drugs; and third, in raising the level of action against leprosy in a number of countries. However, none of these arguments is convincing. The first and the third arguments are difficult to quantify and to compare. The second argument leads outsiders to believe that there was a shortage of MDT drugs and patients were required to pay for the drugs before GAEL was established; however, neither was the case. The Report mentions repeatedly that most leprosy control activities are working better than they worked before (pp. iv and 6); however, in view of the fact that serious concerns regarding the quality of diagnosis and treatment have been raised by many NGOs, physicians and scientists, the judgement that leprosy control activities are ‘working better’ is at best debatable.

With respect to any added value by GAEL, one should not ignore the fact that the major partners (mainly WHO and ILEP) at least worked together before GAEL was established; since the establishment of GAEL in 1999, however, the tension among the partners progressively intensified; ending in collapse of the collaboration, this has had negative impact on leprosy works at both the country and the global levels. This negative result was not necessarily caused by GAEL per se; rather, it was caused by the very poor management of GAEL.

Nature of the differences among the major partners

The Report has analysed at length the relations among the partners at the global and country levels (pp. 9–10). Most of the analyses are valid. Nevertheless, a number of views can be debated.

The panel’s believe that ‘the difficulties (in collaboration among some actors) appears to have stemmed partly from very poor personal relations among some collaborators’ (p. 10) has confused the cause and effect. In fact, none of the senior staff of the leprosy team in WHO is new; their personal relationship with NGOs was not bad. The cause of the difficulties is essentially the different opinions with respect to various technical policies, particularly to those related to quality of leprosy service. As a result of these differences, the personal relations have deteriorated to a considerable extent.
The panel’s believe that ‘some differences of views at the global level on technical matters trickle down into country level work, but these do not seem to have much impact on country level activities’ and ‘at the country level, collaborators generally work harmoniously, following national guidelines’ (p. 11) is not always the case. In fact, most of the differences on technical matters originated at the country level, and the different views have certainly affected the country level activities. For example, national coordinators receive opposite advice on a series of technical policies, especially related to the policies of ‘accompanied MDT’, ‘updating leprosy register’ and ‘uniformed MDT’. Furthermore, the tension recently became more intense among the partners in some countries, some times resulting in fierce personal attack.

It is premature to be satisfied or even pleased by the fact that ‘the recent Technical Advisory Group of WHO acknowledged some of the concerns that others have expressed’, because acknowledgement does not necessarily mean acceptance. The Report of the 5th meeting of the WHO Technical Advisory Group¹ does not show any evidence that TAG has accepted the comments and criticisms related to these concerns.

An uncertain future

Obviously, the most important part of the Report is the recommendations for the future of GAEL. However, the real meanings of the sections of ‘rebuilding the Alliance’ and ‘specific recommendations’ (pages 16–19) are indeed difficult to understand. On one hand, the panel recommends that, in the future, WHO ‘would focus largely on technical advice to country programme’, ‘will be the chief technical advisor to governments in their leprosy efforts’, and ‘would continue to lead global coordination of monitoring and evaluation of leprosy programme’; on the other hand, the panel suggests that ‘the NGOs and foundations would take the primary responsibility for convening global exchanges of views on technical, strategic, operational and research matters and would ensure that the conclusions of these efforts are fed back into country programs’. Nevertheless, the Report does not say a single word about the future of GAEL. It is anyone’s guess whether the panel considers that GAEL should continue or be dissolved!

The recommendation proposes the responsibility of the different actors for different parts of the leprosy agenda. Nevertheless, under the current circumstances, there is no guarantee that the proposed arrangement would function properly.

The chaotic situation in the field, which has been caused mainly by implementation of the ‘simplified techniques’ introduced unilaterally by WHO, clearly indicates that the current leprosy team at WHO lacks the necessary capability and credibility to be the chief technical advisor to governments in their leprosy efforts.

Taking into account the current relations between WHO and NGOs, it is useless for the NGOs to convene the ‘collaborators forum’, because whatever the conclusions on technical, strategic, operational and research matters are reached, they cannot be fed back into country programs without endorsement by WHO. For example, the International Leprosy Association (ILA) Technical Forum² is essentially a ‘collaborators forum’, and has made important recommendations, some of which differ from the technical guidelines of WHO; however, the Technical Forum was boycotted by WHO staff, the recommendations of the Technical Forum are not being implemented in the field.

Although the recommendations with respect to ‘managing approaches and expectations’
in the Report (pp. 19–20) are highly relevant and sound, it takes time to build collaboration in a more open, collegial and inclusive manner. As a starting point in rebuilding global collaboration, I believe that while all the partners continue their ways of operation, some kinds of technical collaboration may gradually be re-established. It appears that neither WHO’s TAG nor ILEP’s Technical Commission represents a universally acceptable platform for the technical collaboration; probably the most neutral and acceptable platform is the ILA Technical Forum. Its main tasks include i) review and seeking consensus on major technical, strategic, operational and research matters; ii) preparing and disseminating technical recommendations for improving both quantity and quality of leprosy works; and iii) providing technical and operational advice to the national leprosy programs of major endemic countries.

References