

FOR THE Elimination OF Leprosy

- Leprosy is curable
- Free treatment is available
- Social discrimination has no place



People affected by leprosy attending the 19th International Leprosy Congress in Beijing pose for a photo on the final day.

MESSAGE

Fresh Resolve Is Needed

Three years have passed since the July 2013 International Leprosy Summit in Thailand, at which the health ministers of 17 high-burden countries endorsed the Bangkok Declaration. In the declaration they pledged to reduce the occurrence of new cases with visible disability to less than one case per million population by 2020 and to focus on early detection of new cases in pockets of high endemicity such as urban slums, border regions and ethnic minority areas. In support of this, the Nippon Foundation committed financial support totaling \$20 million over five years to fund activities by the WHO and endemic countries.

How much has changed since then? In 2015, a total of 210,758 new cases of leprosy were reported worldwide, compared with 215,656 cases in 2013. In numerical terms, there is not much difference and I fear we have not seen great progress, despite all agreeing to the declaration.

India was one of the signatories of the Bangkok Declaration. In 2015, it reported 127,326 new cases of leprosy, accounting for 60% of the world total. Under Minister of Health & Family Welfare J.P. Nadda it has taken steps to strengthen and modify

its national leprosy eradication program, which the minister outlined in a praiseworthy newspaper article on October 8.

These include implementing leprosy case detection campaigns involving house-to-house screening and referral for diagnosis. The first of these campaigns was launched in March in 50 districts of seven states. During the campaign, 65,000 suspected cases were identified, out of which 4,000 were later confirmed. A second campaign was launched in September.

The minister also brought up the subject of stigma. Acknowledging that society's attitudes toward leprosy have to change if the disease is to be defeated, he said that removal of stigma is vital if people are to come forward for treatment.

I hope that the other countries that endorsed the Bangkok Declaration will follow India's example, show fresh resolve and re-energize their leprosy elimination efforts. I do not want them to forget the pledge they made to "Reaffirm our political commitment and guidance towards a world free from leprosy."

— Yohei Sasakawa, WHO Goodwill Ambassador

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Unfinished Business

Beijing Congress tantalizes with talk of chemoprophylaxis, vaccines and more.



Professor Zhang Guocheng (left), president of the China Leprosy Association, is presented with a scroll of the Great Wall by artist Peng Haidi as HANDA's Michael Chen oversees the ceremony.

The 19th International Leprosy Congress was held in Beijing from September 18 to 21, hosted by the China Leprosy Association on the theme “Unfinished Business: stopping transmission, preventing disability, promoting inclusion.”

Some 1,450 delegates from 67 countries attended the four-day event, the second time in the congress's nearly 120-year history that leprosy's most important gathering of scientists and researchers has taken place in the Chinese capital.

Only three years had elapsed since the last congress in Brussels, after the International Leprosy Association took the decision to shorten the interval between congresses to reflect the increasing pace of leprosy research. Vindication came in the form of the 1,000-plus page *Book of Abstracts*.

Weighing a hefty 1.8 kilograms, it was testament to the scale of the proceedings. Once again, an ILC Congress offered up an astonishing breadth of scholarship across many disciplines, with papers addressing everything from whole genome sequencing of leprosy bacilli to “beer parties in the elephant grass”—an anecdote that came up in connection with life in Uganda's colonial-era leprosy settlements.

STATE OF PLAY

Following on from Brussels, many delegates were keen to hear the latest on chemoprophylaxis, new diagnostic tests, vaccines and other tools to improve the fight against leprosy and its consequences. While progress is being made, many of these potential game-changers remain under development—and have their enthusiastic proponents as well as others who counsel caution.

Novartis shared evidence from its multi-country Leprosy Post-Exposure Prophylaxis program, which is looking at the feasibility of contact tracing and provision of preventative treatment for leprosy under

routine conditions. Progress from the first 18 months of work in Cambodia, Indonesia, India, Nepal, Myanmar, Tanzania and Sri Lanka is demonstrating the operational practicality of integrating single dose rifampicin into routine control programs, but the impact will not be conclusively assessed until 2018 and some questions remain.

Uniform Multidrug Therapy, or U-MDT, was another topic to be spotlighted. The drug regimen currently being trialed is the same for different patient types and would make logistics and reporting easier. Here, too, the congress found opinion divided.

Where there was consensus was on the need to coordinate efforts against leprosy among different stakeholders. There were examples of this to be found at the congress, whose theme of stopping transmission, preventing disability, and promoting inclusion mirrored the WHO's new five-year Global Leprosy Strategy for 2016 to 2020.

For its part, the International Federation of Anti-Leprosy Associations (ILEP) announced that it was aligning its indicators with those used in the new WHO strategy and was pursuing a “Triple Zero” campaign: zero transmission, zero child cases and zero discriminatory laws.

PLETHORA OF TOPICS

With preventing disability as one of this ILC's themes, the critical issue of managing the painful and potentially disabling reactions that can develop during and after treatment was well covered in Beijing. In particular, the important work being undertaken by the ENLIST Group—an international collaboration of leprosy centers formed in 2012 with the aim of improving understanding of Erythema nodosum leprosum (ENL), a debilitating inflammatory reaction that can potentially affect 50,000 new leprosy patients a year, was highlighted.



The formidable *Book of Abstracts*

Three years after Brussels, delegates were back for more in Beijing: scientists are keen to meet each other more frequently to share their findings and discuss new protocols, according to outgoing ILA President Marcos Virmond.



Elsewhere, the benefits of mapping, a low-cost approach using available data from registers and surveys to show the distribution of cases and guide interventions, were discussed. A study from the Philippines, meanwhile, found mobile phones to be a time-efficient, cost-effective supplementary tool for monitoring patients, allowing for regular communication, “which makes patients feel that their role is important.”

Empowerment of another kind came in the form of self-help groups. A fascinating presentation by Hugh Cross about the Reclaim project in Nepal explored how such groups can evolve beyond their original purpose, building esteem for the wider role they play in their communities as well as boosting members’ self-confidence. “We believe that self-care

is about much more than preventing impediments; it gives people a sense of control over leprosy,” he said.

From Mali came an important message about “capacitating communities in leprosy.” When the community is involved, early detection increases; and involving the community ensures the sustainability of leprosy services.

Meanwhile, a session on “Leprosy in the USA” revealed that leprosy is one of the few diseases for which the U.S. government provides free health care. The bad news is, as leprosy is unfamiliar to many doctors and the general population, there can be a delay of up to several years before the disease is correctly diagnosed.

Congress delegates were reacquainted with the SARI Project, which looks at how to measure leprosy-related stigma in the community, and were also introduced to the emerging field of inclusion research.

WELCOME PRESENCE

History and human rights, subjects that now feel an integral part of the ILC Congress agenda, were well covered in Beijing, and the local organizing committee made sure to include a comprehensive overview of the history and the impressive achievements of leprosy control in China as a part of the opening ceremony.

POSTER BOYS

A major feature of any International Leprosy Congress are the poster presentations. The 19th ILC in Beijing was no exception. Among those on hand to discuss their work were Satish Kumar Paul (left photo), Moises Chitumba and Jean-Pierre Brechet (center photo), and Dr. Jean-Norbert Mputu.

Paul (Schieffelin Institute of Health Research & Leprosy Centre, Karigiri, India) and his colleagues designed a community intervention program to motivate leprosy-affected individuals with impairments to identify an appropriate livelihood option. Members of local disability organizations helped these individuals get to know their rights and the benefits available to them. Focus-group discussions with village leaders and administrative officers helped the community take a leading role in monitoring these intervention programs for successful inclusion of people affected by leprosy in mainstream society.



Chitumba and Brechet (SOLE Angola) were part of a team that organized awareness campaigns in 32 municipalities in 15 provinces in Angola between 2012 and 2015. They were able to demonstrate how providing accurate information about leprosy and helping to lessen stigma resulted in a 22% increase in new cases detected because of reduced fear in the community. Their work also underlined the importance of increasing awareness in schoolchildren to influence families and households, since new cases detected in children and females increased by 5% and 17%, respectively, as a result.

Dr. Mputu (National Leprosy Program Manager, Democratic Republic of Congo) oversaw a program of active case finding for intensifying leprosy elimination in eight provinces in the DRC. Applying for special funds from the Nippon Foundation made available following the July 2013 Bangkok Declaration, the aim was to increase case detection, treat 100% of new cases with MDT and provide care to all new cases with disabilities due to leprosy. The activities resulted in 1,488 new cases of leprosy being detected, or a 75% increase compared to the number detected in the same health zones in 2013.

Presentations by people affected by leprosy—who have “experiences that even the best research cannot replicate,” in the words of outgoing ILA Chairman Dr. Marcos Virmond—also lit up the congress. Among these speakers, Mathias Duck addressed the subject of UN Principles & Guidelines on elimination of discrimination against persons affected by leprosy and their family members. They represent an ideal, he said, “but we have to keep moving in that direction every year, every month, every week, every day so that everyone can see what inclusion means for them.”

Young scientists, including Satish Kumar Paul (see sidebar) were recognized for their work at an awards ceremony on the final day, which also saw the election of a new ILA president by the ILA General Assembly. Dr. Roch Christian Johnson of Benin, who is medical advisor to Fondation Raoul Follereau, will serve as ILA president for the 2016-2019 term.

Wrapping up the congress, Professor Zhang Guocheng, who headed the local organizing committee, said it had strengthened determination



Young scientists pose with their awards, joined by ILA officers and key partners.

to tackle leprosy through international cooperation. “I am delighted to see that many experts from developed countries with low prevalence of leprosy are playing an important role in scientific and technical research. Countries that have eliminated leprosy are giving support to countries that still have issues.”

The 20th ILC is scheduled to take place in the Philippines in 2019. It will be fascinating to see how many steps closer to “finishing the business” the leprosy world will be in a little over a thousand days from now. ■

MUSEUM PIECE

CLAY HORSEMAN

In 1914, a group of doctors, clergy and other concerned individuals decided to get to grips with a problem that successive British governments, hospital boards and local authorities had failed to tackle: what to do about the few people who contracted leprosy overseas with nowhere to turn once they came home to a country where the disease had long been eradicated.

With a legacy of £5,000 from Lord Strathcona, the group set up a charitable trust to be used for the benefit of British subjects, resident in Great Britain, who were suffering from leprosy. A religious order—the Society of Divine Compassion—took over an old farmhouse, called ‘Moor House’, in Bicknacre, Essex, and work began to convert the ramshackle outbuildings into a proper center to care for their charges.

For much of the 20th century, the “Homes of St. Giles” was the only facility of its kind in Britain. It had been opened in great secrecy and when news of who would reside there became known locally, there was great fear that a ‘leprosy pandemic’ could sweep through England. An intense public information campaign and Royal patronage eased tensions; also, the onset of World War I gave local people far more

immediate things to worry about as Essex was exposed to enemy bombs and burning aircraft.

In 1936, responsibility for the Homes was taken over by the Community of the Sacred Passion, a religious order whose main work was with leprosy in Tanganyika (now Tanzania). In 1969, the institution was renamed the “Hospital and Homes of St. Giles” to indicate a new role and function. A skilled and dedicated physiotherapist prepared selected patients for specialist surgery available at nearby hospitals.

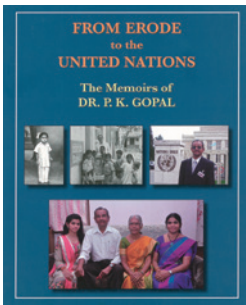
Many of the patients developed considerable skills in pottery, painting and other handwork. At several county exhibitions, their entries gained high awards against competition from able-bodied entrants.

This clay horseman was given by its creator (sadly unnamed) to the late Ron Fairman, lay chaplain to the Homes, in 1976. It was made in the crafts workshop there in the 1950s. When Fairman died, his daughter gave the figurine to Lepira, believing it to be the most suitable home for it. Today it forms part of the international charity’s informal collection of leprosy-related objects. (Irene Allen, Lepira)

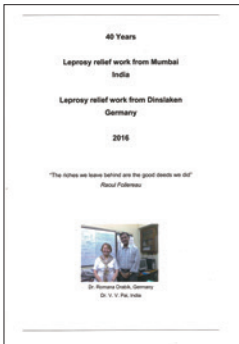


Love, Energy and Learning

Three new publications debuted at the recent ILC Congress in Beijing.



Inspiring journey: the life of Dr. P.K. Gopal



Positive energy: 40 years of leprosy relief work from Mumbai and Dinslaken

Leprosy is a disease known to break up families, but what shines through in *From Erode to the United Nations: The Memoirs of Dr. P.K. Gopal* is the unwavering love and support shown to the author by his parents, siblings and relatives as he comes to terms with a diagnosis of leprosy as a college student.

Dr. Gopal’s account of his life growing up in Erode in the Indian state of Tamil Nadu, undergoing treatment and finding his vocation as India’s first trained social worker to work in the rehabilitation department of a leprosy hospital takes readers on an inspiring journey that leads—more than once—to the United Nations.

From his darkest days, confined to bed with a radio as his only contact with the outside world, the author slowly rebuilds his life, being offered a job at a leprosy hospital, developing his ideas about socio-economic rehabilitation and going on to obtain a Master’s degree and later a Ph.D. in social work.

Along the way, he becomes a founder member of the international advocacy group IDEA, a member of the International Federation of Anti-Leprosy Association’s Medico-Social Commission, the first president of the National Forum (now Association of People Affected by Leprosy), and a much-traveled advocate for the dignity and human rights of people affected by leprosy.

Dr. Gopal has met several Indian presidents, shaken hands with the late Princess Diana, chatted with the Dalai Lama and been awarded one of his country’s highest civilian honors. But throughout this dignified account, the author never fails to acknowledge his debt of gratitude to the many people who assisted him on his life’s path—and none more so than his family.



Dr. P.K. Gopal with granddaughter Gayathri in Beijing

INDEFATIGABLE SPIRIT

Although physically petite, Dr. Romana Dravik is blessed with an iron resolve. While holidaying in Kenya in 1976, the sight of people with leprosy begging on the street triggered in her a passionate desire to become involved in leprosy work. After several more trips to Africa, she turned her

attention to India, then to Russia and the post-Soviet states—all the while running her own medical practice in Dinslaken, Germany.

One of her collaborations has been with the Bombay Leprosy Project (BLP).

Together with BLP’s Dr. V.V. Pai, she has produced a booklet, *40 Years: Leprosy Relief Work from Mumbai, India; Leprosy Relief Work from Dinslaken, Germany 2016*. It is mostly devoted to Dr. Dravik’s work in the post-Soviet states, chronicling the extraordinary lengths to which she has gone to visit out-of-the way leprosaria, establish contacts with doctors and patients, and promote scientific exchanges.

Describing a visit Dr. Dravik and her husband made to a leprosarium in the Republic of Karakalpakstan in 2004, Dr. Atajan Khamraev recalls how his own attitude was transformed after seeing the couple greet patients, embrace them like close family members and listen to their problems. “In their presence, I could not but become infected by their positive energy.” Dr. Dravik’s positive energy courses through this book.

ONLINE TEXTBOOK

Dedicated to “the physicians and health workers caring for their first patient with leprosy, and to all those in the research community who have encountered some of the fascinating scientific aspects of leprosy and wish to learn more,” *The International Textbook of Leprosy* is an initiative to address the lack of knowledge and awareness in the healthcare community about leprosy and the strong stigma, based on fear, that still contributes to prolonged suffering and delayed diagnosis.

Edited by the director of the U.S. National Hansen’s Disease Program, David M. Scollard, M.D., Ph.D. and Adjunct Professor of Microbiology, Immunology and Parasitology, Louisiana State University School of Medicine, Thomas P. Gillis, Ph.D., the text book is a free online resource sponsored by American Leprosy Missions.

Comprehensive in scope, it contains 10 sections and 34 chapters covering all aspects of clinical and basic sciences related to leprosy, drawing on the expertise of dozens of medical and scientific experts from some 20 countries.

For now, the textbook remains a work in progress, with some chapters still to completed. This timely addition to leprosy learning can be found at: www.internationaltextbookofleprosy.org ■



Dr. Romana Dravik



Online expertise: *The International Textbook of Leprosy*

MDT's Radical Protagonist

Dr. Yo Yuasa was at the forefront of the global fight against leprosy.



Dr. Yo Yuasa

Dr. Yo Yuasa, who died on September 7 in Kyoto, Japan at the age of 90, served as executive and medical director of the Sasakawa Memorial Health Foundation (SMHF) between 1975 and 2005 and as advisor until 2012. He was an influential proponent of multidrug therapy (MDT) and a driving force to eliminate

leprosy as a public health problem.

Born into a distinguished family of educators and social activists, Dr. Yuasa grew up in Kyoto and Tokyo. His schooling was interrupted by World War II, when regular classes were suspended and many students were sent to work in factories or on farms, and by bouts of tuberculosis that confined him to a sanatorium. After the war, he traveled to the United States to study at Amherst College in Massachusetts, only for his TB to return a month before he was due to graduate in 1953.

He credited his experiences as a TB patient with his desire to become a doctor, as he felt that the doctors and nurses he encountered were “too healthy” and lacked sufficient understanding of what their patients wanted or needed.

ENCOUNTER WITH LEPROSY

His introduction to leprosy came at the age of 20 when, with two fellow TB patients from his sanatorium, he visited Nagashima Aiseien leprosarium in Japan's Inland Sea to see what they could learn from leprosy patients about how they had been coping with the privations of war and its aftermath.

He would later return to Nagashima Aiseien in 1957, after the leader of the patients' association he had befriended on his first visit asked him to teach English to pupils enrolled in the high school there. It was a decision that would shape the rest of his life.

While at Nagashima Aiseien, he was scouted by the organizing committee of the 7th International Leprosy Congress, which Japan had agreed to host in 1958 at short notice after India pulled out. He worked as liaison between the Japanese Leprosy Association and International Leprosy Association and, after the congress was over, was given the formidable task of single-handedly publishing the proceedings. The job took almost one year and he spent countless hours working with typesetters and printers unfamiliar with English. But in poring over the proofs, he gained a thorough grounding in the disease, which decided him to pursue a career in leprosy.

Through the congress he had come to know the

world's leading leprologists. Two of them, Dr. E. Muir and Dr. J. Ross Innes, were graduates of Edinburgh University, and they now advised him to study medicine at their alma mater. With his bride, he set out for the United Kingdom, spending five years at Edinburgh and a further five working at a hospital in the south of England, rotating through the departments in the belief he would one day be working in a remote part of Africa where he would need to be capable of handling every kind of medical emergency. His education was completed with a year at the School of Tropical Medicine in Liverpool.

He credited his experiences as a TB patient with his desire to become a doctor.

Instead of going to Africa, however, he went to work in Nepal, sent to Anandaband Hospital by The Leprosy Mission via a year as medical officer in the Hay Lyn Chau leprosarium in Hong Kong. He had been interested to work in reconstructive surgery, but after seeing how many untreated cases of leprosy there were in the country, he felt there were more urgent tasks.

RETURN TO JAPAN

The opportunity to put a public health approach into practice came through a new foundation, SMHF. He was invited to one of SMHF's early workshops in Tokyo as a delegate from Nepal, surprising the Japanese participants by how well this Nepali could speak their language. Learning that the foundation needed a medical director, he applied and was accepted, after first seeking advice from another of his mentors, Dr. Stanley Browne.

Under Dr. Yuasa's guidance, SMHF worked closely with the national leprosy programs of endemic countries, helping to strengthen their activities, and formed alliances with all the key stakeholders in leprosy to put the disease on the global health agenda. This was at a time when known leprosy cases numbered in the millions and patients were developing resistance toward Dapsone, the drug that had been used since the war to treat the disease. He was part of the WHO Study Group that looked into alternatives to Dapsone and which led the WHO to recommend the introduction of MDT as the treatment of choice in 1982.

Dr. Yuasa became in his own words one of the drug regimen's “most radical protagonists.” He believed it was a top priority to reach all cases as quickly as possible, working through the general health services, and he regarded the WHO's program to eliminate leprosy as a public health problem, which he helped to inspire, as a politically effective goal.

DILIGENT, DISCIPLINED

Extremely diligent and conscious of his responsibilities to the foundation and to millions of people with leprosy, Dr. Yuasa was a disciplined worker and spent months of each year travelling. He filled many roles with distinction. He was a member of the ILEP Medical Commission between 1978 and 1992 and served the International Leprosy Association, first as secretary, and then as president for two terms between 1993 and 2002. He was also chairperson of the WHO Special Action Program for the Elimination of Leprosy steering committee from 1994 to 2002.

Among the awards and citations he received for his contributions to leprosy elimination, the ones he most cherished were the Damien-Dutton Award, which he received in 2002, and a certificate of appreciation from the American Leprosy Missions, which noted that he had gone about his work “Quietly, firmly, faithfully, brilliantly.”

Born and raised a Christian, he said that while his faith informed his work, he did not rely on miracles. “If there is a medical problem, then there is a medical way of dealing with it.”

Over the years, he developed an interesting view of *M. leprae*, the causative agent in leprosy, querying whether humanity had a right to eradicate a bacillus it had not created, and whether it was even in humankind’s interests to do so, as it might teach us something useful as we come to learn more about it.

But he regarded delivering the cure for leprosy to all who need it as a moral imperative of public health policy and felt an obligation to address the stigma

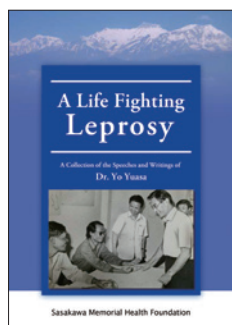


Dr. Yuasa addresses a workshop on chemotherapy of leprosy in Asia (1977)

and discrimination. “We didn’t create *M. leprae*, he once said, “so in a way we are not responsible for it; but the problems associated with leprosy are a purely human creation, so it is our duty to deal with them.”

Dr. Yuasa was not entirely comfortable with slogan of the 15th International Leprosy Congress held in Beijing in 1998, over which he presided as ILA president—“Working toward a world without leprosy.” Three months earlier, speaking at a workshop in Manila, he was already voicing his reservations. Noting that the recent elimination program had made it possible to contemplate “the end point of our activities,” he commented:

“For me, that end point is best expressed as ‘a world without leprosy-related problems, both medical and social.’ It sounds rather mundane. It does not sound as glorious as ‘eradication of leprosy’ or even ‘a world without leprosy.’ But I believe it is a more honest expression of what we are likely to be able to achieve and, more importantly, we will have no excuse for not achieving it.” *Dr Yo Yuasa 26 July 1926 – 7 September 2016* ■



A book of Dr. Yuasa’s speeches and writings was published last year. It can be downloaded at www.smhf.or.jp/e/hansen/publications/

DR. YUASA IN HIS OWN WORDS

Many people ask, “Why leprosy?” There are a number of problems that rank higher on almost anyone’s list of public health priorities. There are diseases that afflict very many more people, such as malaria or hepatitis. There are much more lethal diseases, such as AIDS or even TB; so why leprosy?

It is because leprosy is definitely one of a very few diseases of public health concern that is controllable with currently available and affordable tools. Our effort now almost certainly will make the disease no longer a major public health problem, and for good. The amount of resources required, if applied anywhere else would be unlikely to make much impact. Perhaps more importantly, unlike eradication of smallpox, which was undoubtedly one

of the triumphs of medical history, effective control of leprosy, even if not total eradication, is likely to remove one of the most significant sources of misery and human injustice, perhaps the longest-lasting, and most widespread scourge ever known to man.

Victory over leprosy is far more than a medical victory. It could indeed be an epoch-making event in human history. It is Mr. Ryoichi Sasakawa’s dream. It is also the earnest wish of all those involved in leprosy, patients and workers alike. And it should be the hope and expectation of everyone on Earth! (*From an address to a WHO Western Pacific Regional Meeting on Leprosy, ca. the latter half of 1994. Ryoichi Sasakawa established Sasakawa Memorial Health Foundation in 1974 with the goal of eradicating leprosy.*)

Global Leprosy Update 2015

14 countries are responsible for 95% of all new cases in the world.

Although the number of new cases of leprosy has come down significantly in recent decades, it remains a widespread disease. According to the WHO's global leprosy update for 2015, published in the September 2 issue of the *Weekly epidemiological record*, 210,758 new cases were reported by 136 countries and territories in all WHO regions.

This is 21% less cases compared to 10 years ago, although 92 countries did not report, including some known to have cases of leprosy.

The latest figures reveal that the majority of new cases continue to be detected in just a few countries. India bears the brunt with 60% of the global case load (127,326 cases), followed by Brazil, 13% (26,395 cases) and Indonesia 8% (17,202 cases). Including these three countries, 14 countries were responsible for 95% of all new cases in 2015.

New cases with Grade 2 (visible) disabilities (G2D) accounted for 8% (14,059 cases) of the global

total, indicating that many patients are being detected late and may already have spread the infection to others. As for new child cases, these made up 8.9% (18,796 cases) of all cases, indicating that active transmission in communities is still occurring.

The WHO's Global Leprosy Strategy 2016-2020: "Accelerating towards a leprosy-free world" includes among its three target indicators zero GD2 among children diagnosed with leprosy and the reduction of new leprosy cases with G2D to less than 1 per million population. In 2015, 39 countries registered zero children with GD2 and 50 countries had a G2D rate among new cases of below 1 per million population.

For the first time, the WHO sought data on the number of foreign-born patients among new cases. Of 62 countries reporting, 18 countries reported a total of 743 cases. The highest number of foreign-born patients was reported by Nepal and Malaysia, with 637 out of 2,571 cases, and 81 out of 210 cases, respectively.

ILEP'S 50th ANNIVERSARY

The International Federation of Anti-Leprosy Associations (ILEP) marked its 50th anniversary at its annual conference in October. The 15-member federation was founded in Bern, Switzerland in 1966 out of the need to coordinate the work of leprosy organizations in leprosy-endemic countries, preventing overlap and identifying gaps and partnerships. Today its members work in 67 countries.

ILEP used the occasion to officially launch its "Triple Zero" campaign. This new initiative supports global leprosy targets of zero transmission, zero disability and zero discrimination. ■



www.ilepfederation.org

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FROM THE EDITORS

A TOWERING LEGACY

Dr. Yo Yuasa once remarked that he was not very good at dealing with people. The son of an entomologist, he was fascinated by insects and would collect creepy-crawlies as a boy and display them on the dinner table at the family home in Kyoto. He also liked animals and spending time in the outdoors, and dreamed of going to Australia one day and starting a big farm.

How fortunate for all those with leprosy that Dr. Yuasa encountered *M. leprae* and made the disease his career. It is no exaggeration to say that millions of individuals around the world have benefitted over the years from his many contributions to leprosy work—from playing his part in the introduction of

multidrug therapy to promoting its public health application and recognizing that treatment of leprosy involves not only healing the disease but restoring the whole person to the community.

Whatever his own feelings may have been about dealing with people, Dr. Yuasa left a huge impression on those he worked with, as the soon-to-be-published testimonials and tributes collected by Sasakawa Memorial Health Foundation attest. Taken together with the collection of his own speeches and writings that came out last year, they indicate just what an influential and transformative figure he was in the recent history of leprosy. Thank you, Dr. Yuasa.