

## **Prospects for ALERT in the African context**

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This is an important issue, and I have chosen to comment on certain aspects of it before dealing with it. These aspects are:-

- The reason behind the founding of ALERT
- The financial support for ALERT and
- The current leprosy situation in Africa.

Leprosy is a chronic, non-killing, but physically and socially crippling disease that man has lived with for centuries. Based on the experience of the World Health Organization (WHO) Leprosy Advisory Team in 1962-1966, and available data from reports on many individual countries, a conservative estimate of leprosy patients in Africa was 3,500,000 out of a population of 305,157,000 (1). To make the situation worse, only 1,398,220 were registered (1).

Thus, leprosy was one of the major public health problems that demanded a lot of concerted efforts. One of the approaches in the fight against this disease was the training of manpower. This could have been done anywhere and at one or several centres. If the latter had been chosen, we could have had many ALERTs, but this would have been an expensive venture. Therefore, the ideal thing was, and still is, to have a main international training centre in one of the countries in Africa where leprosy is endemic.

It was according to this line of thought that the All Africa Leprosy and Rehabilitation Training Centre (ALERT) was conceived and decided to be established in Addis Ababa, Ethiopia. Thus, ALERT was founded on 11 December, 1965 and registered with the Imperial Ethiopian Government on 1 January 1966 (2). The founding members were:

1. International Society for Rehabilitation of the Disabled; represented by Mr. Paul W. Brand.
2. American Leprosy Mission; represented by Mr. Orie Miller;

3. The Leprosy Mission, London; represented by Mr. A.D.Askew
4. The Ministry of Public Health of the Imperial Ethiopian Government; represented by the Minister of Health, Ato Abebe Retta.
5. Haile Selassie 1st University, Addis Ababa; represented by Lij Kassa Wolde Mariam, President of the University.

The purpose of ALERT, as stated in the charter (2), was as follows:

"The purpose of the cooperation shall be to train men and women in all aspects of leprosy with special emphasis on control, treatment and rehabilitation for work in African countries".

"In accordance with the terms of this Agreement ALERT under the auspices of the Ministry shall continue the medical and administrative management in order to keep up to the standard necessary for continuation of activities as an International Training Centre where men and women shall be trained in all aspects of leprosy with special emphasis on the medical and surgical treatment, and physical and social rehabilitation of sufferers from Leprosy particularly as it applies to the African continent" (3).

Accordingly, ALERT over the last twenty years has been conducting training programmes for international and national trainees. These include doctors, rural area supervisors, physiotherapists, and different categories of medical and para-medical trainees for in-service training. The national courses took medical, nursing, laboratory technician and health assistant students.

Table 1 shows the number of national and expatriate trainees at ALERT between 1968 and 1985 who served in African countries (4).

Table 1. Number of participants in courses run by ALERT 1968 - 1985

Trainees	To serve in African countries	Country of service unknown
Doctors	406	62
Rural area supervisors	295	89
Physiotherapists	65	32

How was ALERT financed? ALERT was financed by contributions from members and non-member sponsoring organizations. See Tables 2 and 3.

Table 2. Members of ALERT

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American Leprosy Missions, Founder member  
 Ministry of Health, Ethiopia, Founder member  
 Addis Ababa University, Ethiopia, Founder member  
 Rehabilitation International, Founder member  
 The Leprosy Mission, London, Founder member  
 Associazione Nazionale Amici dei Lebbrosi, Italy  
 Christoffel Blinden Mission, Germany  
 Dutch Government Technical Aid, Ministry of Foreign Affairs Ennaus  
 Suisse  
 German Leprosy Relief Association  
 Les Amis du pere Damien, Belgium  
 Mennonite Mission, USA  
 Netherlands Leprosy Relief Association  
 Norwegian Save the Children Federation  
 Belgian Ministry of Foreign Affairs and Development Cooperation  
 Swedish Red Cross  
 Swedish Save the Children Federation  
 World Council of Churches/All Africa Conference of Churches and its  
 member organizations

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Table 3. Non-member sponsoring organizations

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Agence Canadienne de Development Internationale (ACDI)  
Danish Save the Children Fund  
Danish International Development Agency (DANIDA)  
Fame Pereo, Canada  
International Coordination Committee for Development Projects  
(ICCO), Netherlands  
LEPRA, Colchester, UK  
Raoul Follereau Foundation, France  
Raoul Follereau Foundation, Luxembourg  
World Council of Churches, Swedish National Committee.

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For the financial contributions to ALERT, see the article by H. Kober, "The sponsors and ALERT: Expectations and obligations".

One could note that Ethiopia is the only African State that has been contributing financially towards ALERT. The Ministry contributed nearly half of the annual running cost the first two years of its existence. If one takes ILEP members separately, one notes that the Ministry has been one of the highest contributing members. In spite of the prevailing economic situation in Ethiopia, the Ministry has made a 50% increase in its lump sum contribution towards ALERT (5). What are the other obligations that the Ministry has met over the years? These are listed amongst the seven obligations of the Ministry (3).

1. To continue granting ALERT the privilege of utilizing free of charge all buildings and equipment of the Addis Ababa Leprosy Hospital and the premises around it.
2. To grant ALERT full exemption from customs duties and excise taxes in Ethiopia regarding items to be utilized by the project in order to facilitate the aims and obligations of the project, including medicines, supplies, medical and other equipment and vehicles in accordance with regulations of Ministry of Finance of the Ethiopian Government.

3. To grant ALERT expatriate personnel with contract exemptions from the payment of income tax or any other taxes on the remuneration in accordance with the regulations of the Ministry of Finance of the Ethiopian Government, and to grant expatriate staff on contract the right to import free of duty personal household belongings within six months after the date of their assignment in accordance with the government regulations.

Having briefly said this much on the past activities of ALERT, I would like to come back to the question of the prospects for ALERT in the African context. This being a very important question, I would like to put forward some of the issues as follows:

1. What is the situation of leprosy in Africa today?
2. What is the prospect of Leprosy Control in Africa?
3. Have we trained enough of all categories of leaders and teachers in the field of leprosy?

In 1981, out of a population of 333,779,125 from 38 African countries, there were an estimated 3,500,000 leprosy patients of whom only 2,197,540 were registered (6). To make the situation worse, twenty countries had reported a 42% regularity in treatment (6).

The recent introduction of the multiple-drug therapy (MDT) programme, recommended by WHO, by several African countries, though not on a country-wide scale, seems to have reduced the number of leprosy patients drastically. But still there remains a large group that is not registered. Furthermore, as there was no previous clinical trial with MDT, we do not know the input of this approach in leprosy control programme. Thus, those treated patients need proper following up so as to learn from this experience.

Leprosy control programmes in Africa will have to continue to depend on dapsone monotherapy and a stepwise introduction of the MDT approach as far as the current knowledge of leprosy control and available resources permit.

We still have a long way to go before we can say we have trained enough manpower. From this we can clearly conclude that:

1. Until such a time comes when African countries have trained enough manpower to be able to handle the leprosy

problem in their respective countries, ALERT must continue as an International Training Centre for Leprosy.

2. It is high time that other African states realize the great benefits they are getting from ALERT and make financial and/or material contributions to the cause of ALERT.

It is my sincere hope that this brief introduction of the activities and achievements of ALERT to all African countries in the fight against leprosy in the past twenty years would stimulate the interest of other African governments to seriously consider the benefits that ALERT has provided and continue to provide, and to discharge their duties and responsibilities.

Finally I would like to add that the assistance from outside the African continent is very important in solving our problems, but unless it is supplemented with our own concerted efforts it will not have a lasting effect.

#### References

1. WHO 1979. A guide to Leprosy Control WHO/Lep/79.3. p.3.
2. 1966. General Notice. Charter of the All Africa Leprosy and Rehabilitation Training Centre (ALERT) pp. 1-4.
3. 1980. Agreement between the Ministry of Health of the Ethiopian Government and the All Africa Leprosy and Rehabilitation Training Centre (including the Armauer Hansen Research Institute), Article I, p.1.
4. Personal communication with Training Department, ALERT.
5. 1985. Agreement between the Ministry of Health of Socialist Ethiopia, and the All Africa Leprosy and Rehabilitation Training Centre (including Armauer Hansen Research Institute), Article I, p.1.
6. Sansarricq, H. The Kellersberger Memorial Lecture 1981. The general situation of leprosy in the world. Ethiop Med J, 1982; 20; 92.