



ORDRE DE MALTE
SUISSE
FONDATION CIOMAL

***INTERNATIONAL CAMPAIGN OF THE
ORDER OF MALTA AGAINST LEPROSY***

Leprosy is known from biblical times but still prevalent in many parts of the world. However, although we still don't know a great deal about it, today leprosy is curable, and the genetic decoding of the *Mycobacterium leprae* bacillus in 2000 has raised hopes for the future.

The International Campaign of the Order of Malta (CIOMAL) is dedicated to treating, protecting and supporting marginalized members of society.

900 years of humanitarian tradition

The Order of Malta – today officially known as the Sovereign Military Hospitaller Order of St John of Jerusalem of Rhodes and of Malta – originated in the Holy Land at the time of the Crusades, nine centuries ago. It is the oldest Christian charity in the world.



When the crusaders arrived in Jerusalem in 1099, the Hospitallers of St John of Jerusalem, founded by the Blessed Gerard, were administering the hospital of St John the Baptist. It had been established around 1048 to care for pilgrims coming to the Holy Land, as well as for the indigenous Christian, Jewish and Muslim population. They provided medical care and hygienic conditions for the patients. In 1113 Pope Pascal II took the hospital under his protection, and made the brotherhood a religious order.



The Hospitallers of St John grew exponentially. Crusader knights renounced their family coats of arms, took vows and wore the black tunic of the Order with the eight-pointed cross. The hospital accommodated up to 2000 patients, both men and women, always without distinction of religion, race, ori-

gin or age. But the arrival of very large numbers of pilgrims in Palestine meant that the Hospitallers took on a second role – their protection. Without deviating from their vocation to serve the sick, the Hospitallers became, in parallel, a military order. After the fall of St. John Acre, which marked the loss of the Holy Land in 1291, the Hospitallers took refuge in Cyprus, and in 1310 moved to Rhodes where they acquired territorial sovereignty on taking possession of the island. To defend the Christian world, they assembled a naval fleet and pursued the defence of the Christian frontiers around the Mediterranean. The hospital on Rhodes cared for the sick and wounded. The Order became a sovereign State, striking its own coins and establishing diplomatic relations with other States.

Forced from Rhodes by Suleiman the Magnificent in 1522, the knights left with full military honours for Malta. In 1530 Emperor Charles V granted them Malta. The Hospitaller Order of St John of Jerusalem thus became the Order of Malta.

During the Great Siege of 1565, the knights, led by Grand Master Jean de la Valette (who gave his name to the capital of Malta), routed the Ottomans. In 1571, the Order's fleet took part in the Battle of Lepanto,

which put an end to the expansion of Ottoman naval power. The Order developed medical research and created a naval academy of great renown. In 1798 Napoleon, en route to Egypt, took possession of Malta and expelled the Knights. Since 1834, the Order of Malta has its seat in Rome.

The Hospitallers were the earliest medical relief workers. In medical terms they were centuries ahead of their time and established the first rules of modern prophylaxis. In Jerusalem the Hospitallers had followed the soldiers on the fields of battle. The seriously wounded were treated in field hospitals and then taken to the St John Hospital. Patients and the needy received a daily ration of white bread and meat three times a week. Later, in the hospital at Rhodes, the knights put into practice knowledge learned from Arab medicine. Patients were bathed on arrival and their bed clothes were changed regularly. The Order invented 'quarantine' to guard against the spread of plague and cholera, and to maintain good hygiene the dishes were in silver.

The Hospitallers commissioned in 1523 the first hospital ship of all time, which ploughed the Mediterranean bringing the wounded and the sick back to the hospital they established on the island.



The Order of Malta: modern by tradition

The Order of Malta today is exclusively concerned with works of charity, only keeping its military reference in its name, as witness to its glorious past. Its members continue the work of the first Hospitallers of the eleventh century, bringing succour to the sick, the wounded, the dispossessed, without distinction of race, religion or nationality.



A caring presence in 120 countries and in all continents

The Order of Malta's activities are diverse and widespread, adapted to the contemporary world. The Order is known for its professionalism, evident in its actions to alleviate the sufferings of victims of disasters or emergencies, civil conflicts or natural disasters. The Order is active on a national and international scale.

Medical and humanitarian activities

The traditional hospital work, based upon volunteer's commitment, remains the central task of the Order of Malta. Over 60 organisations (priorates, subpriorates, national associations and foundations) over the whole world take care either directly or by delegation of a large spectrum of activities in the medico social field. The Order runs or supports hospitals, clinics, homes for the elderly, and institutions for the handicapped, shelters for the homeless and for drug addicts. The Order of Malta Ambulance Corps are recognised for their public help in the countries in which they operate. Nearly 300,000 students each year undergo paramedical training carried out by the Order, which ensures the ongoing aid programmes in the long term, most particularly those for the struggle against the consequences of leprosy.

Specialist operations

The Order has a number of specialist organisations which operate internationally. Among them is the CIOMAL Foundation (International Campaign of the Order of Malta against Leprosy).

Humanitarian diplomacy

The international recognition of the Order of Malta has a special advantage which is unique in the world of humanitarian aid: its diplomatic network, via which it is able to negotiate directly through its Embassies with the countries where it is developing its activities.

The constant fight against suffering and solitude: leprosy

For centuries the Order of Malta has been faced with the problem of leprosy and its socio-economic consequences. To focus its international efforts against the disease, the Order created the International Committee of the Order of Malta (CIOMAL) in 1958, giving it this specific task.

How CIOMAL operates

The CIOMAL Foundation is supervised by a Board composed principally of members of the Order of Malta. To ensure the long-term continuation of its programmes and to control costs, wherever possible CIOMAL gives its support to local resources under the authority of National Associations of the Order.

Leprosy - a historical disease

The image of lepers in rags, hunted out of their homes and villages, and having to announce their approach by ringing a bell, has been a haunting one throughout the ages. Popular belief has it that leprosy has been eradicated. Sadly, this is not true. The disease is still virulent today, in spite of international efforts to significantly reduce the number of afflicted, but still without hope of its eradication in the short-term.

An illness born out of poverty

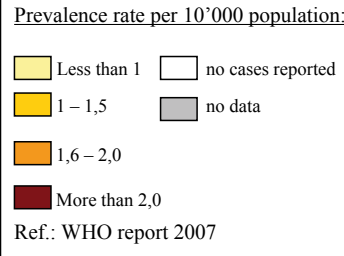
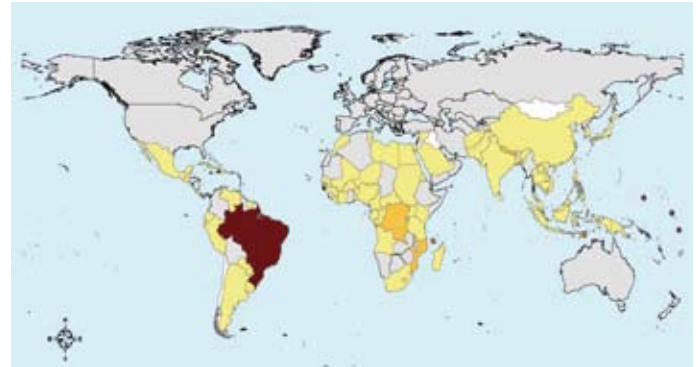
Leprosy, or Hansen's disease, is the sickness of the developing world, sickness born out of poverty. Lack of hygiene, crowded living conditions and malnutrition all contri-





bute to its propagation. Leprosy remains a public health problem in Africa, Asia and Latin America, in particular in Angola, Brazil, Central African Republic, Democratic Republic of Congo, India, Madagascar, Mozambique, Nepal, and the United Republic of Tanzania. Most of the registered sufferers live in India. In Latin America, Brazil accounts for 80% of cases on the continent. Hansen's disease strikes the young, the most productive, in the countries where strong social prejudice against lepers compromises the national economic plans.

Prevalence rate at the beginning of 2007



The last areas of resistance occur in regions where gaining access is difficult, where there is a lack of infrastructure, and where the sufferers are isolated because

of their disease. National medical cover is notably inadequate because leprosy does not attract media interest and affects only marginal populations. As a result anti-leprosy activities continue to depend greatly upon external interventions and finances.

Since 2004, the global situation has evolved slowly:

leprosy remains a public health problem in 9 countries of the world leprosy continues to stigmatize people, hindering the spontaneous contact with the medical profession one estimates that there are some



15 millions persons healed but stigmatized by leprosy today; generally these persons live in relatively poor countries.

In 1966, 15 non-governmental organisations (NGOs), including CIOMAL, representing 13 countries, created the International Federation of the Associations

Against Leprosy (ILEP). They share the same objective: to eradicate leprosy and its consequences. ILEP sets up and co-finances common projects. Members are supported in scientific, medical and social questions of mutual interest. ILEP gives directives to those in the field, produces training material which is distributed throughout the world, and helps members in fundraising. ILEP's member organisations meet twice a year to review and establish programmes. They operate in 100 countries where the disease is prevalent, supervising over 1,000 field projects and more than 50 scientific research projects.

What is leprosy?

Leprosy is a chronic infectious disease transmitted via a bacillus (*mycobacterium leprae*) which was discovered by Armauer Hansen in 1873. Without treatment, the Hansen bacillus can lead to paralysis, sensory deficiencies, especially in the extremities, and to malformations and mutilations, including blindness. Leprosy is not a hereditary disease. It is not easily transmitted: only some lepers are contagious and 90% of the population is naturally immune. Transmission takes place via the airways, like tuberculosis does, with the bacillae in nasal secretions and in the saliva.

However, how contamination works is not known. There is a long incubation period - at least two years, but it can be up to 22 years before any symptoms appear. Leprosy principally affects the young, aged between 10 and 20, and more males than females. It is rarely mortal. However, it can have side effects. No vaccine exists, because the leprosy bacillus has never been cultivated in a laboratory. Its eradication depends, still, on screening programmes and early treatment.

Accurate information and early detection are crucial

Leprosy must be accurately diagnosed early, when the treatment is more effective, and before there is permanent damage to the nervous system. The majority of patients could have avoided its effects if they had been treated soon enough. Sometimes the disease can even recede. Today, however, leprosy in its early stages is not considered an illness, so the patient can carry on as normal for a number of years, which means that he does not feel he needs a medical examination. Thus many patients do not present themselves until they are already seriously ill.

Decryption of the genome of the bacillus

Since 1996, CIOMAL has been involved with the Heiser Program for Research in Leprosy and Tuberculosis of the New York Community Trust and the Raoul Follereau Association, which financed a vast research programme for the genetic tracking of the leprosy bacillus. Cooperative projects were started in 2000 after the genetic sequencing of the mycobacterium leprae had been completed. The discovery of similarities with the tuberculosis genome led to setting up diagnostic tools for leprosy detection, as well as preventive and therapeutic action in the form of vaccines and medicines. But although control of this terrible disease may be in sight, research proceeds only slowly.



Now a curable disease

Great progress has been made in the fight against leprosy since the early 1980s, thanks to a new treatment based on a combination of three medicines (dapso- ne, rifampicine, clofazimine). This multi drug therapy (MDT) reduces total dependence on medicines by lessening the time medical care is needed. Today the infection can be cured quite easily and quickly, in between 6 and 12 months. Isolation of the leper is not necessary. Even those affected with the infec- tious form of the disease (multibacillae leprae) are not contagious from the start of their MDT treatment. Relapses are very rare.

Training specialist personnel and maintaining national Health Organizations

The definitive eradication of leprosy is a long-term process. It will only happen when treatment program- mes are integrated into the basic health services of the regions at risk, and when resources are maintained at a consistent level of competence. CIOMAL strives to train local medical personnel and to establish good working relations with the political authorities in the countries CIOMAL works in.

The need for care: physical rehabilitation

Millions of leprosy sufferers in the world have been cured. However, many remain handicapped for the rest of their lives; some have had to undergo amputa- tions. They suffer the consequences of the disease and need continuous care. Reconstructive or orthopaedic surgery is often necessary. CIOMAL's orthopaedic surgeons give special prostheses to the handicapped or special shoes, depending on the case. With these aids, patients can return to their daily work activities or professions.

The fight against exclusion: social rehabilitation

The attitudes of their own communities are often among the difficulties leprosy victims have to face. CIOMAL's field personnel provide information to combat the res- ponses of communities, responses of fear and prejudi- ce, so that patients can escape from the social ghetto in which they are often confined. Hansen's disease also has an important psychological aspect. The affected are no longer isolated in leprosariums, but must be accep- ted back into their families and communities. Respon- sibility for the patient includes taking into account the familial and cultural environment. It is essential that the

families are involved and participate in the process of social reintegration.

Through its programmes, CIOMAL seeks to reduce the stigma of leprosy, to give back to its sufferers their human dignity, and to help them re-establish their independence through occupational training or the development of small businesses, by assisting with micro-loans. By being involved with their socio-economic reintegration, CIOMAL aims to restore the patients' self respect. In addition to any handicap, they also suffer from depression. The patients themselves must take an active part in their care and rehabilitation, which is only possible when they can be confident in themselves and hopeful for their future.

CIOMAL'S OBJECTIVES IN FIGHTING LEPROSY

- To screen infected persons as soon as possible
- To give the sick free access to multi drug therapy (MDT)
- Rehabilitate the sick using medical, surgical, orthopaedic, ophthalmologic treatment
- Help them to take responsibility for themselves
- Train specialist personnel and carry out information programmes, both for the sick and for the public in general.



Make a donation to CIOMAL Foundation:
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