

# Leprosy and the Community

## INTERNATIONAL FEDERATION OF ANTI-LEPROSY ASSOCIATIONS

The great importance, scope and potential of the International Federation of Anti-Leprosy Associations (ILEP) is well brought out in a recent report which includes the following:

“ILEP, the International Federation of Anti-Leprosy Associations, is a co-ordinating body whose Member-Organizations are partners in a working community. The basic principle that determines all the working relations within as well as outside this community is an absolute respect for the individuality and freedom of each partner.

Presently ILEP brings together 24 voluntary agencies concerned with helping leprosy sufferers. They represent 16 countries of the West. Their global expenditure for leprosy work in the 5-year period of 1970-1975 amounted to US \$ 57.5 million. Detailed information is not yet available for the year 1976, but the provisional budget amounted to US \$ 23.8 million.

The actual 1975 expenditure reached US \$ 15.3 million, of which US \$ 12.5 million were granted to 467 field projects in 60 countries for the benefit of 1,225,000 leprosy patients, amongst whom more than 900,000 patients received treatment in 156 leprosy control programmes with a total expenditure of US \$ 7.4 million.

As a matter of fact, ILEP Member-Organizations are participating with an expenditure of US \$ 3.5 million in the national leprosy control programme of 27 countries (20 in Africa, 4 in Asia and 3 in the Americas).

Research is a high priority which a total expenditure of US \$ 1.5 million for the support of 7 training projects amongst which 3 international institutions along with US \$ 0.2 million for scholarships.

In 1975 ILEP has given support to some special programmes including US \$ 0.5 million to 9 urban programmes, mostly in India, and US \$ 0.2 million to 3 Tuberculosis and Leprosy combined programmes (2 in Africa and 1 in Asia).

ILEP has a long experience in rehabilitation of leprosy sufferers, more than US \$ 1 million were devoted in 1975 to rehabilitation activities including physical, vocational, economic and social rehabilitation, especially in 24 technical co-operation programmes. As a matter of fact, ILEP is still caring for 55,000 permanent in-patients in some 300 institutions. Furthermore special ad hoc working groups are studying psycho-social factors in leprosy.”

It is most encouraging that the recent great developments in the World Health Association concern for leprosy on its research side are matched by an international organization on this scale for applying treatment and care to patients.

## LEPROSY IN BRAZIL: NATIONAL CONFERENCE TO ASSESS THE POLICY OF CONTROL OF HANSENIASIS

“Brazil officially admits the failure of conventional policies to control hanseniasis and adopts new measures based on removal of the cultural barriers of leprosy”.

Under this quotation we have received a copy of a report on a national conference, held in March 1976 and attended by leading Brazilian leprologists, to reconsider the approach to leprosy control now current in that country. In his opening address, Professor Paulo de Almeida Machado, Minister of Health, stated that 140,000 patients with leprosy are registered in Brazil, 126,000 of them over 15 years of age. 8500 new cases are registered each year. Those registered are estimated to represent an economic loss to the country of US \$ 46 million a year, but their numbers are believed to be greatly exceeded by those who fail to register, largely on account of the persistent fear and prejudice associated with “leprosy”.

The conference agenda was broadly based, and 7 groups considered the following aspects of the problem: cultural barriers; hospitals, colonies, asylums and preventoria; legislation; prophylaxis; social re-integration; prevention of deformities and rehabilitation; training of personnel.

Recommendations of the conference cover the following:

1. The introduction at national level of a new terminology as the first step to change present stigmatizing concepts and overcome cultural barriers.
2. The formation of broadly based groups to plan more appropriate strategies.
3. The discouragement of organizations whose concerns are exclusively with hanseniasis patients and/or their children.
4. The hampering of activities which although well intended do aggravate stigma, sensationalism and prejudice.
5. The integration of leprosy institutions into wider medical and social concerns.
6. Hospitalization should be restricted to a few special cases.
7. Family planning should be instituted on account of the teratogenicity of some anti-hansenic drugs.
8. Patients should be assured of the right to work. Except for incurable physical disability, patients should not be granted the right to retire or be forced to retire. No special salaries should be given to workers in this disease. No credit or fiscal favours should be granted to organizations taking care exclusively of problems of this disease.
9. Basic teaching on this disease should be included in health courses at all levels, and ample time be given to it in medical education.
10. Government social welfare agencies should accept responsibility for the economic problems of patients.
11. Children should not be separated from their parents.
12. Treatment by private practitioners should be encouraged and drugs provided to them.
13. Tuberculosis and hanseniasis programmes should be integrated, and control policy and procedures should become uniform.

14. Re-integration of patients should be planned as soon as the diagnosis is made, at whatever stage of the disease.
15. "Vocational agencies" with representatives of the Ministries of Health, Social Welfare, State public health services, community and patients, should be established in each State.
16. Totally disabled patients should receive permanent economic aid.
17. Techniques for the prevention and treatment of deformities and disabilities should become routine.

### WORKSHOPS IN LEPROSY AT BOMBAY

The Acworth Leprosy Hospital Society for Research, Rehabilitation and Education in Leprosy is now organizing periodic "Workshops on Leprosy" in order to encourage leprosy research in Bombay. The reports on the first and second workshops include the following, selected as of general interest.

1. *Regularity of dapsone intake by leprosy patients attending urban treatment centres*, by S. S. Naik

The daily attendance of outpatients at the Acworth Leprosy Hospital is from 250 to 300. In order to investigate how far the self-administration of dapsone is reliable in these patients, randomized urine samples were tested for dapsone and the dapsone creatinine ratio. Analysis of the records had shown that 60% of patients drop out from regular treatment within 1 year. The study was therefore conducted on those patients who were attending regularly, and who were presumed to be receiving and swallowing dapsone by self-administration. The results suggest that only about 24% of registered cases are taking regular treatment in the long term.

Dr A. D. Somson mentioned his experience in rural areas where there is a drop-out rate of 30%.

Dr N. H. Antia emphasized that a reduction in the drop-out rate could only be achieved by attending to the psychological, social, economic and educational needs of patients, for which more medical social workers will be required than doctors.

2. *"H" reflex in leprosy*, by Dr (Mrs) S. S. Pandya

The "H" reflex is the electrophysiological equivalent of the ankle jerk. A small study was undertaken to test the validity of the oft-repeated statement that the reflexes are never compromised in leprosy. The "H" reflex was studied in 15 normal people and 12 patients with lepromatous leprosy. Latency was normal in 10 patients and absent in 2 patients. This suggests that degeneration of the calf muscles does occur in some patients with lepromatous leprosy.

3. *The study of hydnocarpus oil as an antileprotic agent in the mouse foot-pad*, by A. C. Desia and Dr M. B. Bhide.

Hydnocarpus oil alone when fed to mice infected with *Mycobacterium leprae* resistant to dapsone, induced inhibition of the growth of bacilli in the mouse foot-pad. When combined with dapsone this drug also showed an additive effect on DDS-sensitive bacilli.