

Leprosy and the Community

THIRTY-SECOND WORLD HEALTH ASSEMBLY

LEPROSY

The Thirty-second World Health Assembly,
Recalling resolutions WHA29.70 and WHA30.36 and previous other resolutions both of the World Health Assembly and the Executive Board;

Noting:

- (a) the progress made throughout the world since the adoption of the above resolutions—particularly in studies of ultra-structure, histochemistry, bacteriology, immunology, chemotherapy and prophylaxis;
 - (b) that leprosy, in spite of such advances, is still a major public health and social problem in some countries of Africa, Asia, Latin America and Pacific Islands;
 - (c) that urgent and resolute steps will be necessary to control leprosy if the concept of Health for all by the year 2000 is to become a practical possibility, since the periods of incubation and infectivity of leprosy may extend up to a considerable number of years;
1. URGES Member States with endemic leprosy to:
 - (1) allocate adequate resources to carry out effective leprosy programmes, including training of their own personnel;
 - (2) support treatment, physical and social rehabilitation and vocational programmes for leprosy patients to make them self-reliant and self-supporting;
 - (3) review the current practices of isolation of leprosy patients in specialized institutions, where this exists, in order to achieve their progressive integration as active and fully accepted members of society;
 2. REQUESTS the Director-General to:
 - (1) intensify the Organization's activities for leprosy control in the next decade, in contribution to the attainment of the objective: Health for all by the year 2000;
 - (2) cooperate with Member States with endemic leprosy to develop effective programmes for prevention and treatment of leprosy;
 - (3) continue to mobilize resources from extrabudgetary sources both for the leprosy control programme and for the Special Programme of Research and Training in Tropical Diseases, particularly for epidemiological surveys and chemotherapeutic trials, and to promote relevant research for the development of new drugs as well as in the field of immunology with the objective of producing a vaccine for prophylaxis; and

- (4) report to the Thirty-fifth World Health Assembly on the steps taken.

Fourteenth plenary meeting, 25 May 1979

**INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE,
ALMA-ATA, USSR, 6–12, SEPTEMBER, 1978**

The full description of this important conference has already been circulated by WHO, but we nevertheless draw attention to a “runner-up” information sheet numbered PHC/3, 7 June, 1978, not previously reported in this journal, which gives an excellent account of the steps, from 1973, which have given such impetus to the concept of Primary Health Care. In May 1977, at the 30th World Health Assembly, WHO’s Director General stated . . .

“... I submit that the main target for WHO to aim at in the coming decades should be the enjoyment of a level of health by all citizens of the world by the year 2000 that will be conducive to a high social and economic productivity.”

And in May of the following year, 1978, Unicef’s Executive Director said. . .

“In 1980, for the countries where UNICEF cooperates in programmes, we can assume that some 100 million children aged 0–6 will have access to health services—and some 400 million children will be without access.”

(Anyone who has reservations about the physical effects on children without this access would be well advised to read—and to look at some of the pictures—in the most recently published Magazine of the World Health Organisation “*World Health*”, July, 1979)

WHO:

The use of formulated plans of action for national leprosy control programmes (a hypothetical plan for uniform strategy). WHO document LEP/79.1.
Original: English.

This very practical document, recently issued by WHO, should be studied by all those concerned with leprosy control. It outlines in detail, and with great attention to the need for economy, appropriate to most of the areas concerned, how the job should be done with the knowledge and drugs currently at our disposal. There is an interesting, clear-cut recommendation on page 12 for the use of clofazimine with dapsons for all newly diagnosed lepromatous and borderline cases (rifampicin not being mentioned in this context). For proven or strongly suspected dapsons resistance,

“combined therapy with two drugs other than dapsons is to be given. This should consist of 600mg of rifampicin with clofazimine 100 mg daily. This combination should be given for a duration of 2–3 months after which time clofazimine should be continued indefinitely with 100 mg three times a week.”

NEWSLETTER

**Special Programme for Research and Training in Tropical Diseases No 13.
June 1979**

THE SECOND ANNUAL REPORT of the Special Programme is now available for general distribution. It contains an Overview of the entire programme, as well as reports of the activities of each programme component up to 30 June 1978. The reports of the Scientific Working Group meetings held during the reporting period are available as annexes. To request a copy of the report please complete and return the form attached at the end of this Newsletter.

The section reporting progress on leprosy has the following headings—
Continued Priority for Armadillo-derived *M. Leprae* Supply.
Standard Safety Requirements for Preparation of Lepromin.
Dapsone Resistance Surveys.

(The Annual Report referred to above can be obtained on application to the Office of the Director, Special Programme for Research and Training in Tropical Diseases, WHO, 1211, Geneva, 27, Switzerland. Bona-fide applicants may of course also obtain, from the same address, the *Newsletter*, which, for most of us, is by far the most readable way of following the progress on the 6 subjects of this programme.)

“Crusade against Leprosy”. By P. K. J. Menon. From World Health, the Magazine of the World Health Organisation, May, 1979

The sub-heading reads “Out of the 12 million leprosy cases in the world, one quarter are in India. The Government is using the primary health care approach in trying to curb the spread of this ancient scourge.” And the final paragraphs summarize the approach envisaged. . . .

“The Government of India is using multipurpose and community health workers in the campaign. India launched its first integrated community development programme, including primary health, back in October 1952. Since then, several national health programmes were introduced at various times, and in 1973 the multipurpose workers’ programme was started, providing primary health care services through an integrated approach. Hitherto large numbers of health workers with differing objectives might all be working in the same area. Now teams of health workers will deliver a package of primary health care to their assigned population.

In October 1977, exactly 25 years after the launching of the community development programme, the Government began its rural health scheme, with the community health worker (CHW) at the village level as the base. There will be one CHW for every village or community with 1000 population, selected by the community and operating as an agent of social change. The emphasis is on community participation with its philosophy of placing ‘people’s health in people’s hands’. As regards leprosy, the work of the CHW will be mainly educational, promotional

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and social, and the multipurpose worker will be responsible for diagnosis and treatment since these require specialized training.

The Government entrusted anti-leprosy work to the multipurpose workers in 28 districts in June 1977 and in another 60 districts in November 1978. The remaining districts will be covered within the next five years. Success will largely depend on their proper training and motivation for this work.

There is every reason to hope that, by the next decade, the foundations will have been well and truly laid for gaining full control over leprosy, and India will be well on its way to eradicating this disease. What would bring this goal much nearer would be the hoped-for break-through by research scientists, who are already striving hard to develop an anti-leprosy vaccine.”