

Editorial

THE ORGANIZATION AND MANAGEMENT OF CHEMOTHERAPY IN THE FIELD

In the 1950s, the effectiveness of the sulphones led to the facile assumption that the control and ultimate eradication of leprosy could be realized merely by distributing the drug to all who sought treatment. This assumption proved illusory, not only—or indeed mainly—because of the emergence of drug resistance but because of the failure to give due attention to the planning and organization of the leprosy control programme within the existing health service infrastructure, the motivation and training of the staff and the cooperation of the patient, his family and the community at large. These matters are no less important when one replaces dapsone monotherapy by a multidrug regimen and, if we are to avoid failure again, we should learn from our past mistakes.

It is generally accepted that the basic principles of leprosy control are the detection and treatment of all the cases in the area at as early a stage in their disease as possible and the continuation of effective treatment for the period required to ensure non-infectivity and cure. Experience with dapsone monotherapy has taught us that there are many factors acting as constraints against the successful application of these principles in practice, and before embarking on a new policy of multidrug chemotherapy it may be helpful to consider some of these factors and their implications.

1 Factors affecting early case detection

1.1 Probably the most important in most endemic areas is the attitude of the community to the disease and to those who suffer from it. This is reflected in the attitude of the health staff responsible for the care of leprosy patients, which frequently presents a major problem. An appropriate health education programme must in all cases be reinforced by an efficient and sympathetic service to the patients, leading to the recognition of its value by the community and so to their cooperation and participation.

1.2 Such a service can be provided and maintained only if it is carefully planned

and organized, if the clinical and laboratory facilities for diagnosis and treatment are adequate and if the staff are highly motivated, well-trained and properly supervised.

1.3 In the early days of the sulphone era, regular 'Discharge Ceremonies' were a feature which had a marked effect on public opinion concerning the curability of leprosy and resulted in the voluntary presentation of large numbers of new, early cases. It can therefore be confidently expected that if the regimen recommended for paucibacillary leprosy can be implemented and many patients discharged after only 6 months' treatment, the level of case detection can be raised to a point where it has an appreciable effect on the transmission of the disease.

2. Factors affecting the continuation of effective treatment for the period required

2.1 The most serious constraint has been poor patient compliance. Every effort must be made *before* multidrug chemotherapy regimens are introduced to ensure the acceptance by both patients and staff, as well as by the community at large, that the period of treatment required is now finite. Possibly this activity should combine something of aggressive advertising with the more conventional methods of health education, particularly since we are asking that discharge from treatment be accepted even before signs of overt, active disease have disappeared.

2.2 We all know, however, that effective treatment in leprosy comprises more than chemotherapy. Disability must be prevented and alleviated, all complications must be cared for, both in the periphery and at selected referral centres, and due place must be given to the socio-economic needs of the patient and his rehabilitation. It must be constantly emphasized that *discharge from chemotherapy* is not to be equated with *discharge from care*, but that continued attendance at the treatment centre—for the preventive care of disability and plantar ulceration, as well as for routine surveillance to monitor relapse—is to be encouraged.

2.3 Administrative factors of importance include the need for an appropriate system of recording and reporting, the logistics of drug supply and drug delivery and the whole question of the relationship between the leprosy control service and the basic health services infrastructure and the primary health care approach.

It is only with properly planned organization and skilled management that the currently recommended chemotherapy regimens will succeed where dapsone monotherapy has failed.