

WHO LEPROSY ELIMINATION CAMPAIGN — BEYOND 2005

Editor,

In this letter I should like to discuss some aspects of the WHO campaign to eliminate leprosy. Furthermore I shall advocate the prevention of nerve damage as an alternative objective for the fight against leprosy and lastly I have some remarks on leprosy control after 2005.

Elimination

WHO advocates the concept of elimination (as a public health problem), defined as being reached when the prevalence rate drops below 1/10,000. The campaign failed to reach 'elimination' in 2000. WHO has reset the target for the realization of its goal until the year 2005. The elimination would only take a 'Final Push'. To this end WHO has conceived the 'Global Alliance for the Elimination of Leprosy' (GAEL), which was joined by the Japanese Nippon Foundation (funding), Novartis (drugs) and governments of endemic countries. In addition, ILEP decided to take part in the 'Global Alliance', despite the many questions still to be answered. GAEL is an alliance of partners with often differing perspectives on elimination and it remains to be seen how well it will work.

Prevalence/incidence

I think the prevalence-related WHO target is hardly justifiable, which makes it difficult to be positive about the WHO campaign. In leprosy, many targets are more meaningful than the 1/10,000 prevalence rate.

Elimination of a communicable disease requires the reduction of transmission. WHO claims that the chain of transmission will be broken when the prevalence rate drops below the target rate, which would automatically phase out the disease. However, this crucial assumption is not supported by convincing evidence. To my mind it is highly speculative, if only because most infectious leprosy patients have already transferred the bacteria to the people around them before they are diagnosed and placed on MDT.

An effective vaccine would be helpful, but this is not available. BCG may reduce the incidence of leprosy, but most of that effect is already included in current statistics. Improvement of the socio-economic situation would also help, but this is a most unlikely scenario for most endemic regions. For operational purposes, therefore, I suggest to accept that transmission will not decrease in most endemic areas for many years to come, irrespective of the interventions now at our disposal. We should not be surprised if 6, 10, or even 30 years from now, the number of new cases will still be in the region of 500,000 per year world-wide. Leprosy is no disease for a 'final push'.

It is good to realize that prevalence has stabilized. Today it is the logical consequence of current case detection, while in the dapsone era the registers accumulated over the years. The 'dramatic' decrease in prevalence since the introduction of MDT resulted from the screening of the DDS treatment registers. Most probably, the majority of the millions patients who were 'cured' in the 1980s either never had leprosy, or no longer required any (further) treatment. Naturally the shortening of the duration of treatment also contributed to the decrease in prevalence.

Nerve damage

Leprosy is not just another communicable disease and a leprosy patient is not just someone in need of MDT. There is more to be done than merely destroying bacteria. The disabling consequences of the disease are the reason why it is a special case. Therefore, anti-leprosy programmes should be focused on the occurrence of nerve damage and disability.

An important 'hidden' problem in this field is the time lag between the appearance of leprosy in a patient and the start of MDT. This delay is a major cause of nerve damage and therefore a major leprosy control problem. Yet it is not reflected in official prevalence and case detection rates. Shortening the time lag is much more meaningful than increasing the case detection as such.

The other problem area is the occurrence of nerve damage during MDT. The patient may be found in time and put on MDT, but the programme staff fail to recognize neuritis and treat it. This is unacceptable, because once the nerves are impaired, the major battle is lost.

Alternative elimination goal

We may never rid the world of leprosy as a bacterial disease, but we do have the means to eliminate leprosy as a disabling disease. Prevention of nerve damage and disability in every patient should become the core of leprosy control. Thus, instead of focusing on a WHO defined prevalence rate, we should improve the quality of leprosy control programmes in terms of the prevention of nerve damage and disability. This implies that we should find ways of using the incidence of nerve damage as a performance indicator. I trust our public health experts will be able to translate this into meaningful targets such as earlier detection, improved monitoring of patients during MDT and training of health workers in nerve damage control.

We should also ask scientists to increase our understanding of the nerve damage process, in order to improve our ability to prevent nerve impairment during and after MDT.

Beyond 2005

What will happen after 2005? Even if the prevalence target is reached, the epidemiological situation will have scarcely changed. WHO and its sponsors may be looking for new challenges outside the leprosy field. National health authorities may follow WHO in declaring that leprosy has ceased to be a public health issue. Certainly, the disabled 'ex'-leprosy patients and the millions who will need MDT after 2005 will lose out.

In 2006 the contributions of leprosy NGOs such as those in ILEP (contributing some \$60 million/year) will be needed even more urgently than today. Most of these NGOs are fund-raising organizations. Their hundreds of thousands of supporters, reading about the 'final push' and 'elimination', will be happy to conclude that other causes more urgently need their donations. The WHO campaign risks damaging the credibility of those raising funds for leprosy, if donors perceive their fundraising efforts as contrary to WHO publicity. Credibility is the Achilles' heel of the fund-raiser.

For the efforts of GAEL to be translated into long lasting and sustainable benefits to all people affected by leprosy now and in the future, such potential problems need to be addressed in a spirit of true partnership based on mutual respect.

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