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## IS IT POSSIBLE TO CHANGE THE SITUATION OF LEPROSY AS A NEGLECTED DISEASE IN BRAZIL?

According to data from the Brazilian Ministry of Health, in 2005 50 thousand new cases of leprosy were detected, with only 6% of patients having grade 2 disability at the time of diagnosis. Last year, also according to data from the Ministry of Health, only 20% of leprosy cases were detected by the examination of contacts. Although there was a drop of more than 40% in detection in the last ten years, the rate of detection of children with leprosy did not change in the same proportion, and the percentage of multibacillary cases increased. How can this fact be explained?

We could try to explain this fall in detection by improved living conditions of the population, generated by a better distribution of income through social programs. However, according to the Brazilian Institute of Geography and Statistics (IBGE), more than 10% of the Brazilian population lives below the poverty line even today and so other factors and determinants must be better understood. Leprosy does not affect only the most disadvantaged social class: about 30% of leprosy cases are not people in poverty or illiterate subjects. The agglomeration factor is more important than the other variables.

Some situations could better elucidate the various scenarios that exist. For example, in Rio Grande do Sul, where the diagnosis was centralized in the 19 Health Regions, there was a gradual fall in detection by the progressive retirement of the doctors who attended the cases in the regional centers, until reaching the limit of elimination in 1995. As of this year, the diagnosis rate rose to 30% in ten years only with decentralization and in-service training implemented by the State Leprosy Control Coordination in order to provide the diagnosis in the patient's home municipality. In 2006, with the departure of a state non-

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governmental organization (NGO), there was a drop in detection of about 60% in ten years, or 6% per year, similar to what was observed in almost all other Brazilian states in the same period. Today the state of Rio Grande do Sul has the worst rates of cure and of grade 2 disability in the country, and the greatest centralization of the diagnosis.

In the state of São Paulo, a considerable drop in detection also led to the goal of eliminating the disease as a public health problem in 2005. In a recently published study from a referral service in the state of São Paulo however, this fall in detection was inversely proportional to the increase in time for the patient to be diagnosed from the onset of symptoms, and to the degree of disability at diagnosis.

And again, why did the detection rate not fall in the same proportion in states and municipalities where there was in-service training financed by these NGOs, such as Tocantins until 2009, and Mato Grosso and Mato Grosso do Sul until 2015?

Up to 2016, leprosy had been diagnosed and treated in the referral municipality of Palmas in Tocantins in the overwhelming majority of cases. Even

with more than 90% coverage of the Family Health Program, health professionals did not see the leprosy patient as a primary care problem. The result of this perverse vision was a queue of up to 18 months for a simple confirmation of a diagnosis, however characteristic the case might be. Most cases were submitted to bacilloscopic and histopathological examinations, which in the majority of cases resulted in false negatives due to errors in staining or collection. In addition, reactional patients were not medicated in Basic Healthcare Clinics for one simple reason: the rule was that all cases of reactions should be referred to the specialized center that had only one professional to see all the patients.

In view of this paradox, the Health Department of Palmas, with only resources from the Brazilian National Health Service (SUS), implemented the Palmas Free of Leprosy Project, which decentralized all the care of leprosy patients. This was achieved by training health all professionals of the Family Health System, associated to a system of formative regulation, where attending professionals are empowered to diagnose and treat the patients in their health areas and not just merely to refer patients. The result was a 400% increase in detection, and a real contact examination rate of over 92%. Until then, health professionals did not see the parents or grandparents of the index patient as likely sources of infection, however obvious, since leprosy is transmitted through close and prolonged contact with a genetically susceptible source, i.e., someone at home. Furthermore, the rate of cases found per active search jumped from less than 10% to about 30%. Moreover, for the first time in more than 15 years, the rate of women with leprosy was higher than that of men, indicating that the disease does not have a predilection for sex, as long as an active search and investigation of contacts is carried out.

The experience of the management of the leprosy problem by the Health Department of Palmas exceeded expectations and changed paradigms. It showed that centralization is not compatible with actual elimination, but with an increase in hidden prevalence. It is known that the turnover of professionals and the lack of interest of managers remains the greatest obstacle in the control of leprosy in Brazil. It is possible to change this reality, just by facing the problem and managing the available resources correctly. Finally, given the multiplicity and complexity of providing multiprofessional care to the person with leprosy, an improvement in the quality and access to health services can serve as a basis so that all other diseases benefit.

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