

New approach to accelerate the elimination of leprosy

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INTRODUCTION

The introduction of multidrug therapy (MDT) recommended by the World Health Organization (WHO) since 1982 has dramatically changed the leprosy profile in all endemic regions. The approval by the World Health Assembly in 1991 of a resolution for the elimination of leprosy as a public health problem by the year 2000 has encouraged governments and health workers worldwide to enhance their fight against this once dreaded disease. Based on the recommendation of the use of MDT, the strategy for elimination includes case detection, treatment with MDT and availability of MDT to all cases in need, and monitoring.

Two international conferences (Hanoi and New Delhi) have showed the enormous progress towards the goal of elimination. By the end of 1995 it was estimated that, so far, 8 million cases have been cured worldwide (WHO, 1996)¹ with a reduction of 82,4% in the number of registered cases between 1985-1996. Recent information reveal that the number of cured cases has reached about 91

million persons (WHO, 1998)¹. In 1999, the continuing effort have brought down the case-load of leprosy by 85% (WHO, 1999)¹. In addition, it is estimated MDT has prevented about 2 million persons from suffering new disabilities. Although the achievements in most countries are significant and rewarding, it is clear that, approaching the year 2000, the goal of elimination will not be achieve in some important endemic countries such as Brazil and India. These countries will require more time and resources to attain the goal of elimination at national level and there is an urgent need to review the situation and to establish new approaches in order to enhance the basic principles of the global strategy for elimination as proposed by WHO.

THE ELIMINATION IN BRAZIL

Despite some previous and isolated initiatives, MDT has been officially and extensively introduced in Brazil in 1993. Since than, the decrease of the prevalence was steady, reaching in 1998 a prevalence rate of 4.5/10.000 inhabitants. However, the number

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of new cases detected each year has been increasing and by 1995 the number was about 44.000, what means 58% of increment in the detection rate in the last 10 years. It is probable that this dramatic increase could be attributed most probably to operational reasons than the alone to the continuing spread of the infection since many initiatives has been promoted in the country in this period, such as LEC, SAPEL, agreements with PAHO/WHO and the National Health Foundation, among others. Thus, active case detection should be regarded as an activity that has been strongly implemented in this period. Brazil is a large country with enormous geographical distances and cultural differences. Health services, although available in the majority of its municipalities, presents a wide variety of capability of resolution. In this regard, the distribution of the prevalence of leprosy in Brazil is highly differentiated among regions. As an example, in 1997 the prevalence rate in the Amazonian region was 15.1/10.000 which is three folds the national rate in the same period and seven folds the rates for the southern region. So far, only two states (Rio Grande do Sul and Santa Catarina) has reached the goal of elimination and this achievement can be better granted to the presence of a well structured and continuous control program in the last 30 years than to MDT alone.

Soon after the adhesion to the World Health Assembly resolution of elimination of leprosy with a time-bound limit, leprosy control managers in Brazil has assumed that the goal was difficult to achieve, although desirable. The increasing figures for new case detection has proved correct this assumption and a rough estimation was made that the elimination goal would be achieved by the year 2004. However, with the increasing difficulties in the management of this disease due to social, political and economical reasons, its is reasonable to say that the period of time required to reach the elimination goal is unpredictable. The only possibility to cope with this new challenge is to design new

approaches tailored to meet the differing circumstances in Brazil, taking into consideration the peculiarities of the health system of the country and, of course, based in the effectiveness of the available drug treatment (MDT as recommended by WHO). In this regard, a group of health workers decided to discuss the possibility to launch a new initiative in order to enhance the activities of elimination of leprosy in Brazil and to suggest this strategy, if successful, to other countries with similar scenario.

After a careful analysis of the actions and achievements in the last decade, it was identified that the difficulties in the process of elimination in Brazil could be attributed, among others, to the following reasons:

- the complexity of the diagnosis and administrative procedures regarding diagnosis and treatment has lead local health workers to face leprosy as a very complex and difficult disease and to understand that only highly qualified professionals would be capable to cope with leprosy patients; this feeling has make them not pro-active and lead to poor results in diagnosing and treating patients;
- some centralization and verticalization of the control process which, if in some few metropolitan regions have lead to good results, fails in providing adequate resolution to the control of leprosy in the global sense;
- lack of participation of local health managers in the actions for control of leprosy
- information system not fully reliable and, in most cases, not connected to information on other diseases common to the epidemiological profile in a given area; as a whole, information system is regarded as tedious and complex by those who have the responsibility to collect data. It is true also that this lack of motivation is due, to some extend, to a failure of superior levels to feed-back the basis with the result of their efforts in collecting such data;
- the negative perception of leprosy by the community and most health workers.

THE HEALTH SYSTEM IN BRAZIL

Brazil has an unified system of health (SUS) that is based in the constitutional right of each and every citizen to have free and global access to health attention. One of the main principles of SUS is the political and administrative decentralization of health activities. In this regard, as a federation, the municipalities have an important role to play in the decision, formulation, planning and execution of health actions. In this sense, it is easy to understand that the municipality is the key locus for the success of any coordinated effort towards the elimination of a disease such as leprosy. It is also important to note that 95 % of the health units and center, which provide primary health care, are under public control. Another important information is that Brazil has about 5.000 municipalities which are, ultimately, responsible for the health care of their specific population. Complex care is provided mostly by private hospitals which, however, are under certain control of the governmental health system (SUS) in 79% of the cases.

In 1998, it was introduced in Brazil the model of the decentralization of the management of health assistance to the public. Specific financial resources were allocated to the support health basic actions based in the population figures of a municipality (per capita allotment).

Despite the equity in the distribution of resources to support the health actions, the logic of the present assistance model of primary care emphasizes the assistance to leprosy affected persons. This is an important advancement towards an effective integration of activities of diagnosis and treatment of leprosy amidst the most common basic health activities. These basic health actions are provided by the SUS and are expected to be present in all municipalities. I theory, leprosy related activities for the first time are being included in the basic package since leprosy has been recognized as a relevant public health problem. However, basic actions to control

leprosy in all municipalities in Brazil are not a reality and reasons for that have been mentioned above.

A NEW APPROACH

If the statement "Reaching every patient in every village" is to be taken seriously and is essential to the goal of elimination, it is also essential that diagnosis and MDT should be available in every health center. In this regard, the clear and objective association of this declaration with the principles of the health system in Brazil (SUS) should be achieved in order to attain the elimination goal. In addition, the difficulties identified above are clear points to be taken into consideration to guide a new approach in order to accelerate the elimination of leprosy.

With this aim, the CONASEMS (National Council of Health Municipalities Secretaries) as main representative of the administrative and political will of health in the municipalities all over Brazil, has decided to set up a Task-force to Accelerate the Elimination of Leprosy (TFAEL) with the participation of techniques representatives of different levels of the SUS, PAHO/WHO and also representative of the users. This can be regarded as a clear answer to the urgent need to review the global situation of the elimination process *in* Brazil and implies in an objective and innovative approach.

This new approach is based in 3 key-points:

- decentralization of the treatment with quality, making it accessible to the population
- comprehensive program of training of health personnel in order effectively diagnose and properly treat cases;
- distribution of information material to the community involving a new and positive image of leprosy

In this regard, the general objective of TFAEL is induce the acceleration of the process of elimination of leprosy as a public health problem in the Brazilian municipalities leading to an increase in the detection of unknown

cases by means of improving the geographical, cultural and economic accessibility to the diagnosis and to the treatment with MDT. The premise of quality care is implied in all instances of this process. It is important to stress that the task-force will work in the line of the official policy of the Ministry of Health, in fully coordination with the CONASEMS and its municipal representatives, and in cooperation with the state leprosy coordinators (state leprosy control managers).

As initial measures, the task-force will promote immediate actions towards the decentralization of diagnosis and treatment in order to cover the greatest number possible of health units; to establish coordinated actions with different partners in the health sector and social sector of the community; and will suggest strategic actions towards the elimination of leprosy as a public health problem according to the epidemiological and cultural profile of the area, looking for solutions to attain the decentralization of treatment, taking into consideration the local constraints and utilizing all resources to guarantee the diagnosis of the disease in the very initial phase, without disabilities, and the cure by effective completion of treatment.

ACCESSIBILITY TO DIAGNOSIS AND TREATMENT

The aim of the TFAEL for the first topic is to stimulate action at the municipal level in order to improve the geographical and cultural access to the diagnosis and treatment with MDT. There is need here for a comprehensive intra-sectorial articulation between the different levels (national, state and municipal) what can be reached by promoting meetings involving key persons in these levels including representatives of the community and users.

Common to the global strategy of elimination proposed by WHO, as adequate provision of blister packs is essential to this new strategy. Since its is guaranteed that blister are provided free by WHO to all levels, it is a role of the task-force to aid state and municipal

managers to develop a local system of procurement and stock of blister packs.

Decentralization of training of health personnel is essential and the task-force will offer a training-kit in this regard. The educational objective is to make all persons in the health unit capable to identify, diagnose and treat a case of leprosy. Training material will be prepared to instruct health workers tanking into consideration the new approach of demystifying leprosy as complex disease. In this regard, the Guide for Eliminating Leprosy produced by WHO in 1996, moreover the pocket version, is suitable to fulfill this need with minor modifications to adhere to local circumstances. Community-based paramedical workers (PMW) will also be trained to suspect new cases, to refer, to motivate contacts to be examined and to follow-up patients till completion of assigned doses.

An effective referral system has to be established to those cases presenting with severe reaction or other clinical situations deserving more complex care. In this regard, the task-force will promote discussion with municipal and state manager in order to identify referral centers and to establish a routine for referral of cases to be used in all health units.

A POSITIVE IMAGE OF LEPROSY

For centuries, leprosy has been regarded as dreadful disease. It is time to promote a very positive image of leprosy and this is one of the key points in the present strategy. It is intended to prepare an information kit with the aid of competent professional of the advertising area with a keen knowledge of mass media psychology. This kit should include posters, folders, booklets and video. Contents must avoid the depreciative, morbid and negative messages usually connected with leprosy and, by mistake, still in use in many countries. Illustrations showing supple MB patients, even in before and after situation, should be prevented. Also childish, caricatural and metaphoric messages regarding

diagnosis and treatment have no more room in this new concept. An example of this positive approach is the main outdoor used to promote the launch of the task-force initiative in the last Congress of the CONASEMES held in Goiania, last September, 1998. Instead of leprosy faces or hands, the main theme of the material was a message of assured hope represented by a normal and happy child in the seashore looking to the rising sun (Fig.1). It is important to note that this positive image approach should be used both while training health personnel and in community campaigns.

Figure 1



INFORMATION SYSTEM

Available and reliable information is essential to the process of elimination of leprosy. It is important to simplify the available methods of collecting and analyzing data, improving its quality. The task-force will discuss with the national level the convenience of modifying the available indicators to make

them simpler that could express the impact of the actions of the present proposal and fit to the reality of the field. In redefining these indicators it should be beard in mind that the new approach introduces the concept of a cured patient without disability or modification of its physical appearance. It will also design tools for monitoring and evaluation to follow-up the process of enhancement of elimination of leprosy. Since the proposal is closely linked to the SUS, it is intended also to provide training to those involved in the follow-up process regarding the already available Ambulatory System of Information of the Ministry of Health (SIA/SUS).

CONCLUSION

With the existing effective regimes for treatment (MDT/WHO), it is unbearable that, in the turn of the century, leprosy is still an important. and worrying problem of public health in Brazil. Although some estimation could lead to the conclusion that the increasing rate of new cases detected in our country is linked to improved quality of health care, the size of the problem is expressive and calls for innovative actions to cope with.

In a country with the size and cultural variety of Brazil, it is essential to take advantage of the principles of health system in Brazil (SUS) to effectively increase coverage of MDT. In this regard, CONASEMS, being the political representative of secretaries of health of the municipalities of Brazil, is the most appropriate locus to center a multi-participative task-force whit technical competence, financial flexibility and political support to introduce a careful designed group of actions aiming the acceleration of the elimination of leprosy as a public health problem. Partnership is also essential, mainly from the community and its organized representatives (MORHAM) as well as national and international non-governmental organizations (ILEP) and intergovernmental organizations (PAHO/WHO).

CONASEMES is the organization with the power to guarantee the essence of the proposal — to increase extensively to coverage of MDT; taking into consideration this extensive expansion of care, simplification and demystification of leprosy is essential and is another key point in the proposal; the new and positive image of leprosy is the framework of these initiatives, since we want leprosy diagnosis and treatment reaching every patient in every village.

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