

Obstacles to leprosy elimination as a Public Health problem

Editorial

This issue of the journal *Hansenologia Internationalis* has focused, by coincidence, on articles about epidemiological aspects of leprosy in Brazil. They show that despite the prevalence, detection rates remain high. In spite of the heterogeneity of epidemiological indicators nationwide, the expressive rate of leprosy cases among children under 15 years, the high levels of physical incapacities detected at the diagnosis and the proportional increase in the number of tuberculoid patients around the country point to an endemic scenario, even more distant from the goals towards elimination and control of leprosy as a Public Health problem.

It is interesting that the epidemiological evaluation included one of the poorest and uninhabited areas of the country, a state in which are predominant the metropolitan areas and one of the most prosperous cities of the country with one of the highest standards of living in the South.

In higher or lower levels, every city faces the same problems for leprosy control. The strategy used is appropriate, with decentralization of the diagnosis and treatment, the training of all sorts of professionals, supplying medications, maintaining the Reference Services and publishing the epidemiological data.

It has become evident, however, that a big obstacle for leprosy elimination as a Public Health problem is the socio-economic status of our population. In Londrina, a prosperous city, the majority of the leprosy patients have completed up to elementary school level. That reflects poverty, lack of information and precarious living conditions. At this point, this is an obstacle almost impossible to be transposed and the resolution of such problems do not depend on the Health Services. The Basic Health Unity (SUS) is an accomplishment, nonetheless, it is difficult to allocate professional to diagnose and treat leprosy patients in this system. Such issue has been addresses in some articles.

We have to admit that leprosy has several complex aspects: the diagnosis itself, the follow-up of patients during treatment, the recognition of intercurrent diseases, the management of prevention and the diagnosis of incapacities. Most of the medical doctors in the Health Unities are specialists, not general practitioners. They are overloaded and have very little time available to look at patients. How are we going to convince such

professionals to adhere to the program? How can we expect these doctors to look for contact cases and perform dermatological and neurological evaluations of these patients? How can we expect these doctors to advise and form other health personnel?

This may be a mited and simple way to look at the problem, but the efficiency of the decentralization to combat leprosy and other endemic diseases has to undergo modifications of the profiles and contents of the professional curriculum, changes of the working conditions and wages of the medical doctors and other health professional. It is cheaper to fairly pay highly trained professional with initiative to solve problems. This avoids the need of excessive subsidiary exams, it prevents the search for other physicians and the overload in other patient attention levels. In summary it is more efficient and cost-effective.

Well-elaborated projects and programs with logistic support will be able to be developed only if the front line is efficient.

Note: In order to give support to the professional in the front line, the journal *Hansenologia Internationalis* will now have a Section directed to Continuing Education in Leprosy, in which several topics will be discussed by specialist.

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