

Leprosy: the historical inability to maintain long-term public health policies.

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Leprosy is part of the neglected tropical diseases (NTDs) and, although it is an old disease, it is still related to the low socioeconomic conditions of the populations. Like many other diseases, it affects the most vulnerable and marginalized around the world.

These inequalities are often driven by political, social, and economic structures that just look at the short-term actions that, instead of resolving them, are responsible for the poor quality of health systems in the poorest countries.

In Brazil, there are numerous aspects that exemplify the situation described above and that are responsible for the spread of infectious diseases. Among them, the recurrent economic problems that impact the poorest, the weakness of the garbage collection and urban cleaning system, the absence of sanitation, and food insecurity.

Leprosy continues to be a remains public health problem in Brazil, due to the high number of new cases, which maintain high levels of endemicity, and also due to its high disabling power, a factor that contributes to the occurrence of stigma and discrimination.

The hidden prevalence and maintenance of conventional models of health care, such as centralized services and the lack of implementation of control actions, are some of the restrictive forces that prevent success in reducing the disease.

In light of this scenario, the global strategy towards a zero rate of leprosy, which they propose to reach by 2030, requires a great deal of effort. The plan is structured around four pillars (i) Implement integrated, country-owned zero leprosy roadmaps in all endemic countries; (ii) Scale up leprosy prevention alongside integrated active case detection; (iii) Manage leprosy and its complications and prevent new disability (iv) Combat stigma and ensure human rights are respected. It is also highlighted that the interruption of transmission and elimination of the disease is at the heart of the Strategy¹.

The innovation of this strategy is linked to affirmative action mechanisms that direct greater relevance to the human and social aspects that affect the control of this disease. However, we cannot forget that the actions presented require a lot of investments to modify the territories of exclusion that direct the guilt of the disease to the most disadvantaged. Difficulties in eliminating leprosy can be considered as a reflection of unstable government actions. Furthermore,

nowadays, while public health policies prioritize their technical and financial resources for the problems caused by COVID-19, leprosy may present even higher growth rates.

Finally, we can characterize that leprosy was often under the effect of a “programmed invisibility”; nobody comments, does not exist. However, to actually eradicate it, it is essential to face negligence, since it is not possible to reduce or eliminate something that does not occupy a place in the list of values of public health policies.

If in the past the 'leprosy colony' existed as a segmenting space, today it still remains in discriminatory cultural scripts. As poor regions are the most affected, leprosy is ranked in countless forms of exclusion.

The search for solutions is not something utopian, in fact, they are feasible if we observe the actions of developed countries and if we invest in factors that interact, education the transformation of scientific information into social actions and, especially considering that the Article 196 of the Federal Constitution: *“Health is the right of everyone and the duty of the State, guaranteed by social and economic policies aimed at reducing the risk of disease and other grievances and equal access to actions and services for its promotion, protection and recovery”*².

We know that leprosy has existed for millennia, but its presence, and even its growth in many regions, show a much greater fragility than the disease itself: the historical inability to maintain long-term public health policies.

REFERENCES

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