

# The Real Work Is Just Beginning

In our last issue, we reported that Brazil aims to achieve elimination this year. Dr. Rosa Castalia, leprosy program coordinator for the Ministry of Health, explains.

## When were you appointed to this post?

In June 2004.

## Brazil has made much progress since then.

We observed that the prevalence rate had remained the same since 1998 — at around 5/10,000. With the help of PAHO\* and WHO, we began to clean the database. As a result, we found in 2004 that we had 30,000 patients under treatment, and not 90,000, as previously thought. We also started using the method of calculation that WHO uses around the world.

## What is the PR now?

Nationwide, our PR is 1.7/10,000 [as of February 2005]. Of Brazil's 27 states, the states in the south and southeast have a very low PR, with most having already achieved elimination. The majority of patients are concentrated in the northeast and central regions, which account for about 70% of all patients. Our expectation is that at the end of 2005 — in fact, in January 2006, when we have all the data — we will declare elimination at the national level.

## It's excellent to hear you aim to reach the elimination goal by the end of 2005.

Achieving the elimination goal at the national level is not the end of the work, it is the beginning of the more difficult part of the work — to achieve elimination levels where the disease cannot be reproduced, and achieve very low rates of disability,

in each state and then each city. We are designing a five-year plan for 2006-2010 to achieve this and one of the big challenges is to eliminate cases among children. In Brazil, about 8% to 10% of cases occur in children less than 15 years old with about 4% of them having disabilities.

## Why such a high rate of new cases among children?

It points to shortcomings in epidemiological surveillance. It is very important to examine contacts. If there are adult family members who are not being treated, this is something that contributes to the high prevalence among children.

## What is the situation at the city level?

Brazil has 5,500 cities, with cases of leprosy reported in 2,254 of them. Of these cities, we have identified 206 as priority cities, the criteria being that they have more than 50 new cases every year, more than 20% of the cases involve children, and the majority of cases are multibacillary leprosy.

All the things we do now, we will have to do more of and better after elimination.

## There seems to be close collaboration between the government and NGOs such as MORHAN.

Social movements such as MORHAN and other NGOs such as ILEP each have their own specialties. MORHAN works on human rights questions and ILEP is very good on rehabilitation and prevention of disability. Meanwhile, PAHO supports us in epidemiological analysis and training. The important thing in this process is that the government has to be the leader and coordinate everything. At first, it wasn't so easy for some partners to understand this. But now everybody understands that we all need each other. This is a big country with big problems!

## Once you succeed in achieving elimination, there is the challenge of sustainability.

All the things we do now, we will have to do more of and better after elimination. Elimination at the national level is a political achievement. But it's not enough. I am afraid of a situation in which we declare elimination, but lots of patients we are treating say, 'How can this be so? I am here, I am sick!' It must be very, very well explained. ■

## Leprosy FACT

- Statistics compiled by Brazil's Ministry of Health in 2004 showed that only 27% of healthcare units in the country have facilities for diagnosing and treating leprosy. The ministry is now working to support training for all nurses, doctors and healthcare services personnel.



Dr. Castalia: cases among children pose challenge

## Reference

- \* Pan American Health Organization