



Dr. Noordeen: issue of disability will persist

prevalence globally has been reduced by over 94%. At the country level it is expected that all but five or six countries will have reached leprosy elimination by the end of 2005.

However, while prevalence measures the current disease burden, it does not fully reflect the rate of occurrence of new cases. Globally, the reduction in new case detection is only 32%. This is mainly due to the nature of the disease: a good proportion of currently occurring new cases are probably due to infections acquired several years earlier, and even prior to the introduction of MDT. Therefore, reductions in new case detection will be relatively slower, but the declining trend is clearly visible in most parts of the world.

PROBLEMS OF SUCCESS

Leprosy programs in most countries today are facing the problems associated with their success. With steep reductions in the disease burden, the question that governments, the NGO community, leprosy workers and donor agencies must now address is how to formulate a suitable and viable strategy to deal with residual leprosy, which will be a relatively small health problem.

For any disease, fulfilling the needs of a very small number of patients will always be a challenge unless health care systems are very well developed and have a good referral network. Where leprosy is concerned, the enormous amount of capacity-building undertaken in the past to deal with the disease is not going to disappear overnight, so in one form or the other this is likely to benefit patients at least for the next five to ten years. At the same time, the strongly committed constituency of leprosy interest groups that exists

has an important role to play in ensuring that the essential needs of leprosy patients are not ignored.

On the question of sustainability of leprosy services, there is a general consensus that only through integrated services will sustainability be possible. That said, it is important to define what services will be provided and at which level.

Sustainability will to a large extent depend upon two factors: first, capacity-building at the peripheral level, and establishment of referral services at the appropriate level (which in turn requires networking); and second, appropriate infrastructure.

Depending upon the country and the development of its health infrastructure, as well as the size of the remaining leprosy problem it faces, these services will have to be adjusted so that they not only meet the needs of the leprosy patients but also remain cost effective.

QUALITY OF SERVICE

Another oft-mentioned issue is the importance of maintaining quality services in the post-elimination period. Here we face a dilemma in terms of accommodating quality services within integrated health services, where it would be unrealistic to expect leprosy patients to receive a superior quality of service to patients suffering from other health problems.

If the leprosy interest groups want to maintain their strong support to leprosy sufferers, the only alternative is to build up a good referral network where, at least at that level, leprosy patients would receive quality services. However, accessibility to such referral services will remain problematic.

Even as the number of patients needing medical attention diminishes steeply, the issue of disabled leprosy patients needing rehabilitation — whether physical, social or economic — will persist for several years. Currently, rehabilitation programs for persons suffering from other disabilities in most developing countries, whether institution-based or community-based, are quite limited and even rudimentary. It is difficult for such programs to accommodate the requirements of leprosy-affected persons in the near future. As such, special initiatives for them will remain important for now.

To sum up, elimination of leprosy as a public health problem has been quite a success story, notwithstanding the need to deal with the small number of new cases that will continue to occur. In addition, rehabilitation issues will be in the forefront of leprosy activities in the future.

Let us not hesitate to celebrate our success so far; at the same time, we must not ignore the remaining challenges. ■

Leprosy FACT

- At the beginning of 2005, the global registered prevalence of leprosy was 286,063 cases, with 407,791 new cases detected in 2004. The number of new cases was about 107,000 less than in 2003, or a 21% decrease. During the past three years, the number of new cases detected globally has decreased at the rate of about 20% per year. (Source: WHO)