COORDINATION OF METHODS OF LEPROSY CONTROL

GUEST EDITORIAL

Most workers will agree to the principle of coordination of the various measures that can be employed for the control of leprosy. In practice, driven by the demands of expediency wherein conditions peculiar to each country loom large, there is often a tendency for over-emphasis on one particular method, and sometimes a denunciation of older methods which appear to have been unsuccessful. Thus it comes about that, here and there, voices are raised to denounce the use of the leprosarium as a necessary part of the control scheme.

Just as in putting money on a horse at the races, it may be decided to put all the money on the outpatient or the mobile clinic scheme, and the traditional leprosarium is neglected. This writer in 1957 and 1958 has had unusual opportunities of studying broad-based leprosy control schemes, and wishes to testify that the most successful were not those where all the money was put on one horse, but where money was put on all good horses. Thus even if mobile clinics were chosen to be the main part of the scheme, it was found that the leprosaria were improved and adapted to the essential functions of hospitalization, surgical prevention and cure of deformities, research both basic and therapeutic, and for organized training of nationals of the country concerned to act as various grades of assistants in the leprosy control campaign.

It was found also that the most successful control schemes were those which included leprosy surveys and regular re-surveys, and the census of leprosy house contacts and the provision for their preventive treatment. Finally, too much reliance on the sulfone drugs alone was not evident at all in these successful and coordinated control schemes.

It is true that by the use of some form of outpatient clinic system and a fairly large body of trained personnel a far greater number of leprosy patients was brought under treatment than ever before and than have been dealt with in static leprosaria. Nevertheless, the leprosaria, though smaller than in the old days, were more numerous and more

strategically placed, and were hives of industry and pulsing with constructive activities. If one selects the key causes of success in countries where great inroads have been made on the leprosy prevalence, they are as follows:

1. The readiness of the government concerned to apportion a reasonable amount of its available financial and other resources to the leprosy campaign.

2. The existence of a hard core of trained leprologists in the country.

3. The existence of some amount of common sense in the population of the country, so that they were ready to accept a reasoned statement of the present knowledge about leprosy, and able to perceive the benefits of cooperation with the leprosy campaign, casting aside their particular share of the burden of ridiculous superstitions which have long dogged the steps of leprosy control in all nations.

4. The cooperation of all benevolent bodies and associations in a generous spirit of true helpfulness, such as WHO, UNICEF, Christian Missions, BELRA, the Red Cross, the Mission to Lepers and national social organizations.

5. A very important factor in success has been time and energy and buildings and staff given to the task of training nationals of the country concerned in the understanding of the prevention and care of leprosy. There will be no success without an abundant supply of trained and reliable ancillary personnel.

6. The determination to attack leprosy on a broad front is an obvious part of success; nibbling at the problem in a few isolated places does not succeed in controlling leprosy.

The expense of coordinated leprosy control on a broad front in a given country is the usual reason or excuse given for not attempting it. Recent experience has shown that there are several factors which moderate the expense. First of all a determination to make an integrated and energetic campaign leads to help from outside bodies, e.g., the whole of the DDS used in Nigeria was donated by UNICEF. The wise decision to spend time and energy on the training of nationals to act as ancillary staff provides a body of effective men and women who are not in the end so expensive as a large number of medical officers. The people themselves respond to an honest attack on leprosy by giving their confidence, and by cooperating, not only by sending forward the leprosy patients but by providing out of their own resources much of the land and many of the buildings needed for clinics.

Leprosy control, therefore, need not be a matter of vast expense in many of the countries of the world. Nevertheless, the world-wide problem of leprosy is so huge, and there are so many countries which need help from outside, that the time has come to form an International Lep-

rosy Service, perhaps most naturally inside WHO, which would hold intergovernmental and donated funds and selected advisory personnel in some central place and be ready to bring immediate assistance to every country which asks for help and shows beyond a doubt that it is willing to tackle its own leprosy problem in a comprehensive, coordinated and all-out attack, and which is willing to put a fair part of its own resources into the task. We are in an era when it has become clear that coordinated all-out leprosy control will work. Why do we not get on with it? —J. Ross Innes