

INTERNATIONAL JOURNAL OF LEPROSY and Other Mycobacterial Diseases

OFFICIAL ORGAN OF THE INTERNATIONAL LEPROSY ASSOCIATION

Publication Office: Leahi Hospital, 3675 Kilauea Avenue,
Honolulu, Hi. 96816

VOLUME 46, NUMBER 2

APRIL-JUNE 1978

EDITORIALS

Editorials are written by members of the Editorial Board, and occasionally by guest editorial writers at the invitation of the Editor, and opinions expressed are those of the writers.

Whither the XI Congress?

The general mood of the VIII International Leprosy Congress in 1963 at Rio de Janeiro seemed guardedly optimistic as regards the worldwide control of leprosy. The IX Congress of 1968, held in London reflected serious reservations. The X Congress at Bergen in 1973, seemed to reflect confusion as to the reality of prospects of the control of leprosy.

If the interpretation of these moods are accurate they are healthy signs of a developing realism in the community of those concerned with leprosy control.

Now with the specter of sulfone therapy resistance, it is understandable that a new dimension of worldwide alarm has arisen. More active drugs with promise of a shorter duration for effective cure do not seem to be forthcoming.

What then will be the mood of the XI International Leprosy Congress in 1978 to be held in Mexico City?

How much progress has been made from which to take encouragement? Do we have an actual measure of achievement? Basic research in the fundamentals of leprosy have greatly intensified. Equally encouraging is the coordination of research spearheaded by the World Health Organization. The cultivation of *M. leprae* seems nearer at hand. If and when this becomes a proven reality the

early means of a pre-clinical diagnosis or preventive vaccine is not assured.

While research since 1968 has taken overwhelming preponderance we are still confronted with the problem of adequately applying what we have at hand. This is the center of the problem.

Are there other areas equally demanding of attention? The programs of recent meetings of the International Leprosy Congresses appear singularly repetitive.

Administrative methods of leprosy control do not receive the attention they merit. While our armamentarium may not be adequate, still we continue to fail because we do not effectively use the tools we have at our disposal. Many of our failures including the problem of drug resistance, may be attributed to this root cause.

Among the administrative failures in leprosy control, a few are mentioned:

1. Failure of adequate organizational planning and implementation. On a vertically planned control program this beings at the level of the decision maker and extends to personnel in the day to day relationship with the individual patient.

2. In those limited situations where horizontally integrated programs are realistic the situation, though more complex, requires even more careful administrative planning.

3. Goals, objectives and strategies require qualitative and quantitative identification.

4. The simple but basic element of integrity is the single most human factor. This relates to the decision maker as equally as to the actual deliverer of services to the patient.

5. Ultimately administration relates to justice. Encompassed in the exercise of justice are all the problems of discrimination, legal harassment, stigma and lingering effects of long term institutionalization of the patient, and thus the disease.

6. The need for uniform standards of record keeping remains urgent. While this may as yet be an unattainable goal, efforts should not be delayed. Only when standardized record keeping becomes a reality can we expect reliable epidemiologic data.

7. Training of all categories of medical and paramedical workers remains high on the agenda of improving administrative methods. Is it too early to expect international training centers to coordinate training activities and to agree on program content?

In conclusion I might add that my 40 years' experience throughout the world and the last three years' service in developing a leprosy control program in Jamaica from a non-existent basis, has been a laboratory experience confirming the above principles.

It is profoundly hoped and expected that the XI International Congress will mark a new mood of hopefulness.

—OLIVER W. HASSELBLAD, M.D.
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