

CORRESPONDENCE

This department is for the publication of informal communications that are of interest because they are informative and stimulating, and for the discussion of controversial matters. The mandate of this JOURNAL is to disseminate information relating to leprosy in particular and also other mycobacterial diseases. Dissident comment or interpretation on published research is of course valid, but personality attacks on individuals would seem unnecessary. Political comments, valid or not, also are unwelcome. They might result in interference with the distribution of the JOURNAL and thus interfere with its prime purpose.

On Reflections on the Elimination of Leprosy

TO THE EDITOR:

The editorial in the JOURNAL of March 1992, (1) entitled "Reflections on the Elimination of Leprosy" by its author, is an adaptation of a paper presented by him at the international meeting on the epidemiology of leprosy in relation to control in Jakarta, Indonesia, 17-21 June 1991, organized jointly by the World Health Organization and the Sasakawa Memorial Health Fund. Epidemiologists with program background at the meeting had expressed their reservations on some of the views expressed, perhaps without convincing the author. The proceedings of the meeting, to be published shortly, will reveal the views of some of the participants on the presentation.

Please find below some comments especially on the elimination goal covered in the editorial which was added to the paper subsequent to the presentation at the Jakarta meeting.

1. The global leprosy MDT program has demonstrated its strength and flexibility during the last decade of its implementation. Criteria for the diagnosis and classification of the disease for MDT purposes have been tested and adapted from time to time based on the experiences and feedback from endemic countries implementing the MDT program, and additional budgetary resources have also been generated to meet the increased costs of MDT. Coordination between national governments and nongovernmental organizations (NGOs) and between international and national NGOs has been strengthened to avoid duplication of

effort, to ensure formulation of accepted strategies, and for effective implementation.

2. Leprosy elimination expressed as prevalence in the World Health Assembly (WHA) Resolution of May 1991 is relevant and appropriate during the first 5 to 6 years after MDT commencement, which is based on the experience in countries/areas under MDT implementation. Prevalence is likely to approximate incidence during the next 4 to 5 years of MDT. Subsequently, prevalence is expected to be lower than annual incidence and, hence, the former would be a more appropriate measurement of disease frequency.

3. Leprosy elimination resolution has provided a useful target for member countries and states/divisions within them to develop suitable plans of action. A spirit of competition has been generated between member countries/states/divisions for achieving the elimination goal. The resolution also stimulated leprosy-low endemic countries/states/divisions to achieve the elimination goal. The resolution also stimulated the leprosy-low endemic countries/states/division with prevalences higher than the elimination target to launch active programs.

4. The caution and reservations expressed in the editorial remind one of a similar experience during the 1970s while implementing the strategies of global smallpox eradication to translate a WHA resolution on the subject. The caution and reservations have proved unfounded and global smallpox eradication, as envisaged, has been

achieved. Despite several important differences in the epidemiology and control strategies between smallpox and leprosy, the sound and dynamic leadership, effective monitoring, periodic feedback, political will, administrative support, flexibility in approaches, and the generation of additional resources that contributed to the success of the global smallpox eradication are fortunately available in abundant measure for leprosy control as well. The comments/suggestions in this editorial will strengthen program development and implementation during the next 8 years. Broad strategies have to be adapted to suit the local situations by

the member countries, as was the case with global smallpox eradication.

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REFERENCE

1. FINE, P. E. M. Reflections on the elimination of leprosy. (Editorial) *Int. J. Lepr.* **60** (1991) 71–80.