

## Letter to the Editor

### **25 YEARS OF MDT: A CAVEAT**

I have just read the article 'Twenty-five years of multidrug therapy for leprosy' in the *WHO Weekly Epidemiological Record*, No.27, 2nd July 2004. This article is a brief summary of a much larger WHO publication, and while it makes for an interesting read on the very positive history of achievements in leprosy control, I am prompted to raise at least one major caveat. The editorials of the last issue (on the GAEL Evaluation) suggest this caveat is both timely and important.

The article states 'The success of leprosy control holds several lessons for other control initiatives.' This is undoubtedly true. But equally, one might suggest that the past failures of other control initiatives for example in TB and malaria, hold lessons which WHO would do well to note when referring to the 'elimination' of leprosy.

Many of those affected by leprosy, including those already cured by MDT, remain at risk of new and further reactions and nerve function impairment. Many thousands remain vulnerable to the persisting disabling discrimination of people in the society around them. These people will certainly remain on the priority agenda of those NGOs committed to leprosy work even once they are forgotten by WHO and government leprosy programmes. Great achievements have been made and are to be heartily applauded but the premature abandonment of effective surveillance and follow-up in persistently endemic pockets in countries such as India should be a worry. Already leprosy is found among those labelled as a 'neglected' disease (see the recent report of the Conference on Neglected Diseases in Berlin, December 2003). Without proper continuity of technical support and sustained vigilance, I would suggest that the WHO is only preparing the way for leprosy to eventually be included in some future group of 'persistent' or even 're-emerging diseases'. I hope I am wrong and that the general improvement in hygiene and living conditions in many countries will help to assure the natural demise of the disease. But it must be said that while a prevalence-based elimination strategy may be epidemiologically achieved and duly trumpeted by WHO, such a strategy will undoubtedly be invalidated at the human level if the physical impairments, disabilities and stigma associated with this disease are not also 'eliminated'. This is where the lessons need to be learned.

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