Sustainability in fighting leprosy – Revitalising high ambitions

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The last three decades brought a tremendous and hard-to-overrate success in fighting leprosy, thanks to the impressive co-operation of various highly committed actors from civil society, government, and the private sector. As the last mile is always the hardest to go, a fresh and future-oriented debate about sustainability is a highly desirable initiative at this point in the campaign against this disease.

Having been asked for some thought-provoking remarks from the perhaps unusual perspective of a ‘think tank’ in international health and corporate responsibility (which is one of the functions of the Novartis Foundation for Sustainable Development), it is tempting to start with the origins of the vogue term ‘sustainability’, which once told foresters to plant enough young trees when harvesting old ones so that a stable population would result.

Of course, a stable number of new leprosy cases is definitely nobody’s intention when talking about maintaining the quality and coverage of leprosy services. Anti-leprosy work keeps aiming at rapidly pushing the disease further and further back. Thus, in this context sustainability has the curious notion of not making exactly the same efforts as in the past. Future success depends on changing, not preserving, familiar patterns and approaches. But it is clear that considerable resources are needed – and that there is a built-in tendency today to lose resources.

During the ecology debate of the seventies, the term ‘sustainability’ became omnipresent, particularly in the economic realm. Today annual reports and websites of most big companies and many smaller enterprises refer to sustainability, often using terms like corporate citizenship or corporate social responsibility synonymously. For the anti-leprosy community, the interesting point of these efforts is the underlying notion of sustainable decisions being built on a clear sense of feasibility as well as a strong goal of responsibility – always considered from the different points of view of various stakeholders.
This notion definitely supports the frequent argument of health ministries that, following all the successes in the area of leprosy, a lot of other causes have become relatively more important. At the same time, the concept of sustainability helps to increase awareness about the relativity argument being used too quickly – and even coming across as a bad excuse. Instead, a second view can make a difference, and the goal of jointly finding innovative solutions is crucial.

A second view might reveal, for instance, that the leprosy-related portion of a national health budget should not only be based on the current situation, weighing the leprosy burden against that of other diseases. It should also consider that the multi-drug therapy – which has worked successfully against leprosy for the last three decades and is likely to do so for many more years – is not fully protected against the usual fate of first line drugs, i.e. resistance can build. If the bacterium isn’t pushed back now, leprosy could return in full force and become a very costly public health problem. Thus today’s window of opportunity requires more resources than a short-term analysis would indicate.

Probably the biggest problem with accepting the relativity argument too readily, however, is that it might mean not making use of resources offered by special-purpose organisations or initiatives that – usually for historical reasons and due to the special notion of leprosy being a ‘biblical’ disease – do not have to consider whether those resources might be better used on other public health challenges.

The range of organisations and initiatives that are ready to go the extra mile in the field of leprosy is wide, and the rationales for their contributions are many. A lot of them are faith-based. But leprosy is also one of the very rare diseases for which the manufacturer of the first-line drug has in principle committed to providing the drug for free until the disease’s eradication. This has to do not only with the fact that the amount of drugs needed can be reasonably estimated, but also with the potential of leprosy to convince decision makers that in this public health situation it is particularly worth aiming high.

Naturally, national health authorities should not accommodate just any offer of help. A ‘sustainable’ contribution has to meet a few preconditions. The most important of these is that the help offered increases the probability of leprosy patients and people affected by leprosy being adequately taken care of by the public health system (including in primary health centres). While complex interdependencies between various interventions and trade-offs between medium- and long-term results often are not easy to estimate, anything that clearly violates this precondition is not acceptable.

So, what would it look like to rearrange existing energies innovatively, going beyond the obvious and drawing on various stakeholders’ experiences and opinions?

One approach might be developing and testing systems that for the time being focus on leprosy, but have the potential to be easily transferred or expanded to other diseases, such as an e-health tool for training and remote diagnosis to improve the leprosy-related service quality at primary health care level. Special-purpose civil society organisations could contribute skills, a foundation could fund the scientific monitoring and analysis, and the local and national health authorities could make sure that any pilot project generates concepts that have the potential to be used nationwide. Or an SMS-based direct drug ordering system could be developed, taking socio-economic factors and incentive structures into account in order to meet the special allocation challenge of a disease that has become rare by now.
Another approach worth pursuing is working toward a global network of centres of expertise in medical as well as operational knowledge; each one could have at least the critical minimum size but not need to be duplicated in one country after another. By establishing more-inclusive platforms for exchanging experience worldwide, resources can be used more efficiently for early detection of leprosy patients and the provision of proper care and rehabilitation support for people affected by leprosy. In this context, conducting surveys on limited vertical elements that really strengthen the integrated approach would definitely be helpful.

A creative debate on sustainability in fighting leprosy can indeed make a difference and help rearrange existing special-interest energies that are focused on getting closer to a world free of leprosy. It is impossible to know in advance what an innovative practice will look like. But let us revitalise the high ambitions that have carried us thus far in the fight against this disease.