

Letter to the Editor

INDEPENDENT EVALUATION OF GAEL

We would like to offer some comments regarding the editorial and the three excellent reports in the September 2004 of *Leprosy Review*.

We would like to congratulate the authors and the journal for publishing these articles. As a national scientific community, it is our duty to be aligned with the international scientific community in an effort to halt this march organized by the World Health Organization (WHO) to ‘eliminate’ leprosy. We should have learned with malaria. It took decades until the misguided idea of its eradication was given up.

The statement ‘. . . little criticism is heard from endemic countries. . .’ is not correct. The official position of the Brazilian Society of Dermatology (BSD) has been conveyed quite clearly to the Brazilian Ministry of Health and WHO: we do not agree with the changes carried out in the global and national policies for leprosy ‘elimination’. The reaction of the Ministry of Health was exactly the same as GAEL (Global Alliance for Leprosy Elimination): BSD was expelled from the national advisory committee for questioning scientifically unsustainable proposals and the National Coordination of Sanitary Dermatology was shut down and replaced by the ‘vertical’ National Program of Leprosy Elimination. We respect WHO and the Ministry of Health but, regarding leprosy, neither any longer has scientific legitimacy.

WHO states (‘Status of Leprosy in the World – 2003’) that one the major problems in Brazil is that the control program is vertical. To say the least, the statement implies ignorance of what vertical means: there is not a single health unit in the whole country that deals exclusively with leprosy. Still quoting WHO, another drawback is that the programme was delegate to dermatologists. We would like to state that only in three out of the 27 Brazilian states there are dermatologists involved in the programme. Furthermore, for more than 7 years there has been no dermatologist on the national staff of the Ministry of Health. From 1986 to 1998, a period when two dermatologists held staff positions in the Ministry of Health, prevalence dropped from 19 to 4/10,000 inhabitants. The overwhelming simplification of leprosy patient care has kept Brazilian specialists away from the elaboration of national policies of a complex disease. Routine bacilloscopy has been discontinued, based on the argument that our health service network is unable to perform such an examination. It is of interest to mention that this very health service network carries out countrywide bacilloscopy for tuberculosis, CD4 and CD8 counting and viral load for HIV.

SBD, the oldest medical society in Brazil, comprises 5050 dermatologists and intends to instruct its members not to follow the ‘new’ Ministry of Health recommendations, since we do consider the measures to be devoid of scientific basis.

Those who stipulated the goal without paying heed to endemic countries, like Brazil, now recognize that the prevalence rate is not the best indicator to monitor an endemic disease.

Furthermore, MDT-A (self-supervised or delivery) is now being recommended by WHO. Upon massively destroying *Mycobacterium leprae*, MDT increases the antigenic load and generates reactional episodes that are potentially deforming and constitute a risk factor for disabilities. Under the guise of making medication available to geographically isolated populations, patients are randomized and even those living in the neighbourhood of a health unit are given medication for a 1-year treatment.

It is time for the International Leprosy Association to take a leading step forward and, together with SBD, request WHO to call an urgent meeting of the Full Committee for the Scientific Community to review thoroughly the global policies for leprosy.

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