EDITORIAL

**Leprosy: the need to employ evidence-based medicine in control policies around the world**

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In 2010, two important reviews of current scientific evidence on leprosy were undertaken, one by the ILEP Technical Commission¹ and the other by the WHO Expert Committee on Leprosy.² The latter was announced on the WHO website in December 2010.² These reviews will be important tools for leprosy workers in their future activities in their everyday activities in the future. Another recently published review discusses the epidemiology of leprosy, the challenges to control, and makes recommendations for research³ and complements the ILEP and WHO documents. This review arose from work done as part of the TDR working group on TB, leprosy and Buruli Ulcer.

The ILEP technical review¹ published in September 2010 began with an in-depth search of systematic reviews and published and ongoing controlled clinical trials from 2002 to 2009, to which the authors of each topic added other evidence of weaker level. The recommendations were classified as EB when based on strong evidence, BP (Best Practice) when based on weak evidence or R when pointing priorities for research, the same methodology for classification used in the previous International Leprosy Association. Technical Forum held in Paris, published in 2002.⁴ ILEP Technical Commission¹ makes 30 recommendations, 3 EB, 7 BP and 25 R. The presence of this big number of research recommendations and small number of recommendations based in strong evidence exposes the big gap of knowledge about leprosy compared to other infectious diseases, even with other neglected diseases. The need for political and financial support for leprosy research is obvious. I would like to note the recommendation of pilot projects on implementing chemoprophylaxis under routine programme conditions since this can be incorporated now by national leprosy control programmes.

The WHO Expert Committee on Leprosy met for its Eighth Meeting in Geneva, Switzerland from 12 to 19 October 2010. The final report is not yet available, but a report on leprosy presented to the 128th WHO Executive Board Meeting presents some of the outcomes of the Committee’s meeting.² This document also has research recommendation,
but not as detailed as those of ILEP Technical Commission, although the research lines of both documents recommendation overlap. It covers two subjects not included in ILEP review: indicators for monitoring and leprosy epidemiology. The main indicators proposed are number and rate of new cases detected per 100,000 per year, number and rate of new cases with Grade 2 Disability (G2D) detected per million population per year and treatment completion/cure rate for patients treated with WHO MB and PB multidrug therapy. A global goal of reducing the burden of leprosy to one new G2D case per million population by 2020 is recommended by the Committee.

Other relevant recent events in 2010 include the designation of the Liverpool School of Tropical Medicine as a WHO Collaborating Centre for Evidence Synthesis on Infectious and Tropical Diseases in 2010 and the inclusion of The Cochrane Collaboration as a Non-Governmental Organisation with WHO Official Relations by the WHO’s Executive Board in 2011. These collaborations with the WHO reveal the desire to base global health policies on the principles of evidence-based public health, which will certainly contribute to better leprosy research and control.

Evidence-based medicine involves two fundamental principles to guide decision making. The first is the hierarchy of evidence and the second is that evidence alone is not enough to take public health decisions.

The Brazilian Ministry of Health (BMoH) requested the leprosy elimination target at the national level to be revisited at the 126th WHO Executive Board in 2010, based on sound epidemiological evidence. This resulted in the 8th Meeting of WHO Expert Committee on Leprosy later in that year. An editorial recently published, Leprosy control: knowledge shall not be neglected, discusses issues related to the demands made by BMoH and recommendations of WHO Expert Committee. This editorial also discusses uncertainties about the indicator new cases with G2D detected per million population behaviour in a scenario of reduction of leprosy transmission.

Simply being based on sound evidence is not the only principle of effective decision making. The second principle of evidence-based medicine is related to the incorporation of the intrinsic value of the patient in any decision and to do so in the policy making arena poses considerable challenges.

Just as a physician must be aware that the same evidence may result in different decisions for different patients, those working in international health need also be aware that the same can happen within different country contexts. This means that the judgement of national technical staff members and decision makers should not be seen as illicit when they do not strictly follow international recommendations. They should also be able to discuss and negotiate solutions for their own particular contexts.

No less important in the formulation of public policies at the national, continental or international level is the democratisation of the debate on high-quality, technical research that produces knowledge for the neglected disease control programmes. In Brazil the Department of Health Sciences and Technology of the MoH established an important precedent in this debate by promoting specific forums for researchers and managers to discuss research priorities to be funded with MoH resources. Priorities were set based on the need to fill gaps in the knowledge as perceived by these disease control programmes.

Finally, as a leprosy worker I would like to thank the WHO for having responded to the Brazilian Government’s request and called the 8th Expert Committee on Leprosy Meeting, held in Geneva, 12–19 October 2010. Although it came 12 years after the previous meeting, it proposes new indicators for leprosy control that will allow for more accurate monitoring the
actual epidemiological behaviour of the disease. It led to the release of an outstanding report, in ethical and technical terms, after an extensive literature review. Likewise, we acknowledge ILEP and its Technical Commission, particularly, for its vigorous support for leprosy patients and many leprosy control programmes all over the world.

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Gerson Oliveira Penna. MD, PhD; Tropical Medicine Centre, Brasilia University was Brazilian Vice-Minister of Health Surveillance (2007–2010).

References