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EDITORIAL

Our fight against leprosy

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Following the introduction of multidrug therapy (MDT) as treatment for leprosy or Hansen's Disease,[1] the worldwide prevalence of the disease has decreased from 5.4 million cases in 1985[2] to 213,899 cases by 2014.[3] However, the battle against leprosy continues, as new cases are still being reported at a considerable rate.

Having reported 1,655 new cases of leprosy last year, the Philippines was among the 13 countries that contributed to 94% of new cases worldwide. Among the newly-diagnosed patients with leprosy 91.7% have the multibacillary type, which is more infectious and more difficult to treat compared to the paucibacillary type of leprosy.[3]

The World Health Assembly passed a resolution in 1991 to eliminate leprosy as a public health problem globally by the year 2000. Elimination was defined as a level of prevalence of less than 1 case per 10,000 population.[4] This goal was achieved at the global level in 2000, but challenges at the national level still remain.

Although the majority of the administrative regions in the Philippines have a prevalence rate below 1 per 10,000 population, there are provinces that have prevalence rates of 1.0-1.9 per 10,000 population.[5] These provincial "hot spots" include Ilocos Sur, Tarlac, Neuva Ecija, Metro Manila, Quezon Province, Cebu, Basilan, Lanao del Sur, South Cotabato and Davao del Sur.[5]

Under its "Final Push" strategy, the World Health Organization now aims to: integrate leprosy services into the general health services; enable health care staff to diagnose and treat leprosy; ensure adequate stocks of multi-drug therapy (MDT) for leprosy in health centers; change the public perception of leprosy and encourage patients to seek early diagnosis and treatment; ensure patient-friendly drug delivery systems; and simplify the monitoring system of leprosy elimination strategies.[6]

In the Philippines, the National Leprosy Control Program (NLCP) committed to ensure the provision of comprehensive, integrated quality leprosy services at all levels of health care with the active participation of persons affected by leprosy.[7]

In line with the national thrust to eliminate leprosy, the NLCP started to work closely with the Department of Dermatology in Southern Philippines Medical Center (SPMC). The expansion of leprosy services started last year, with the provision of free MDT drugs to SPMC, which caters to most of the leprosy patients in Davao Region. To improve the capacity of health care workers to diagnose and treat leprosy, SPMC, in coordination with NLCP, conducted capability-building seminars among doctors, nurses, medical technologists and *barangay* health workers within the Davao Region early this year. Last December 2014, two dermatology residents, along with 10 *barangay* health workers from Davao Region, went to the Research Institute for Tropical Medicine for an intensive training on leprosy diagnosis and treatment. The DOH also gave the Department of Dermatology in SPMC a financial grant to be used for leprosy-related projects.

Forty-eight newly-diagnosed patients with leprosy were started on MDT at SPMC Dermatology Clinic as of third quarter of this year. The Department of Dermatology also conducted medical missions in two cities within Davao Region a few months ago and started the treatment of six more patients with leprosy who were diagnosed during the missions. To provide psychosocial support to patients with leprosy, the department initiated the creation of the "Heart in Hand Club." The club is a support group that facilitates regular interaction and socialization of patients with leprosy, caregivers, and health care personnel. The department also funded researches on leprosy. As of this writing, data gathering for research on perceived stigma towards leprosy among *barangay* health workers is ongoing, and a qualitative study on the perceptions of patients with leprosy on their illness is being proposed. The results of these studies can potentially inform the design and features of future health care services for leprosy.

So far, national and sub-national efforts at eliminating leprosy are gaining ground in terms of decentralizing the program activities by integrating leprosy services into the general health services, and by training health care staff to diagnose and treat leprosy. Not all health centers, however, have adequate stocks of MDT, so there is a need to improve the logistics of ensuring the availability of drugs. Much remains to be done in terms of changing the society's perception of leprosy. A deeper understanding of the perceptions of different stakeholders of health care on the disease – through well-crafted studies and/or purposeful documentation of health care experiences – can give way to more compassionate, culture-sensitive and patient-friendly approaches to the management of the disease. Such approaches can motivate patients to seek timely diagnosis of the disease and comply with treatment. Studies on the psychosocial aspects of leprosy can also generate useful information on how the

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general public can be (re-)educated about leprosy.

Our fight against leprosy demands the implementation of effective health care delivery strategies, the adequate training of human resources for health, the efficient distribution of necessary drugs, and the careful facilitation of public perceptions of an important disease so that such perceptions can work towards the elimination of the disease. Armed with this sound and promising framework, we hope to successfully eliminate leprosy as a public health problem soon.

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