Dapsone resistance has become a serious problem in many leprosy programmes and it is increasing in areas where the disease is a major public health problem.

This document presents a brief assessment of the current situation in the Region, and describes the multidrug therapy treatment schemes recommended by the WHO Study Group on the Chemotherapy of Leprosy for Control Programmes in 1981, as well as by the follow-up Meeting on Action Plans for Leprosy Control, held in New Delhi in August 1982.

Following a brief review of recent developments in the Region, some of the main constraints encountered are discussed and recommendations are presented which the Regional Committee may wish to consider.
1. BACKGROUND ASSESSMENT

Resistance of *Mycobacterium leprae* to dapsone has become a serious problem in national leprosy control programmes. It is being reported increasingly from areas where the disease is a major public health problem.

Many treatment programmes have been based on long-term self-administered monotherapy with dapsone. However, while patients may collect their dapsone tablets according to schedule, they may actually take them irregularly. Furthermore, many patients become erratic in their attendance at clinics, while some default before completing a full course of therapy.

The prolonged treatment necessary, especially for patients with non-lepromatous leprosy, who comprise from 50% to 80% of all leprosy patients, places a strain on staff and resources. Sometimes the detection, treatment and supervision of infectious lepromatous cases are hindered because staff and resources have been diverted elsewhere.

Case-detection activities and the treatment and supervision of leprosy patients should be undertaken within the framework of primary health care and closely linked to tuberculosis control activities, but this has not always been possible in some countries in the Region.

2. CHEMOTHERAPY OF LEPROSY

The WHO Study Group on the Chemotherapy of Leprosy for Control Programmes met in Geneva in 1981 and recommended multidrug therapy as a means of preventing dapsone-resistance and alleviating the leprosy problem.\(^1\)

In brief, the Study Group recommended the following treatment schemes:

(1) Treatment of multibacillary leprosy, including both lepromatous (L) and borderline (B) cases:

- **Rifampicin** - 600 mg once-monthly, supervised
- **Dapsone** - 100 mg daily, self-administered
- **Clofazimine** - 300 mg once-monthly, supervised, and 50 mg daily, self-administered

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The duration of treatment recommended was at least two years, regardless of the previous history of chemotherapy.

(2) **Treatment of paucibacillary leprosy, including both indeterminate (I) and tuberculoid (T) cases:**

- Rifampicin - 600 mg once-monthly, supervised
- Dapsone - 100 mg daily, self-administered

The duration of treatment recommended was six months.

In every country urgent consideration should be given to the institution of adequate measures for case-detection, the supervision of patients and the introduction of multidrug therapy, in order to eliminate leprosy as a public health problem and to prevent both further dapsone-resistance and the development of multidrug resistance.

3. **ACTION PLANS FOR LEPROSY CONTROL**

Following the meeting of the WHO Study Group, a meeting on action plans for leprosy control was held in New Delhi in August 1982 to prepare an outline plan of action for the introduction of multidrug therapy at the regional level with appropriate financial requirements; and to explore the intentions of collaborating agencies regarding their participation, particularly in financial terms, in national leprosy control programmes. In summary, it was recommended that national action plans should be based on:

1. government commitment to the leprosy control programme and to multidrug therapy;
2. an adequate operational plan which will enable the programme to be implemented in a phased manner, beginning in areas where the health services infrastructure can ensure the satisfactory application of the new drug regimens;
3. the assured availability of the essential resources - drugs, personnel, transportation and laboratory facilities - for implementation of the programme;
4. integration of the leprosy control programme within the general health services (strong support will be necessary from the specialized leprosy referral services);

1Document WHO/LEP/83.1.
(5) the assignment of well-trained and well-motivated personnel, working under a team leader who has a full understanding and knowledge of leprosy and of multidrug therapy;

(6) monitoring and evaluation procedures which will ensure compliance with operational plans for the control programme, and thus its efficacy.

4. RECENT DEVELOPMENTS


2. A seminar on drug policy for leprosy programmes in the South Pacific was held in Suva in mid-1982 with the participation of medical officers responsible for the leprosy programme in 15 countries or areas of the South Pacific. While all participants were anxious to introduce the multidrug regimen recommended by the WHO Study Group, it was recognized that certain constraints were being encountered by some countries, particularly the shortage of manpower. It was therefore agreed that use of the new regimen should be introduced in a phased manner, starting in areas where the personnel and other control measures were adequate.

3. Recommendations made as a result of cooperation with thirteen countries or areas in their leprosy control programmes relate to the introduction of multidrug therapy starting where necessary in pilot areas, the systematic evaluation of national control programmes and of multidrug therapy, and the provision of adequate financial support.

4. The Leprosy Training Centre is established at the Twomey Memorial Hospital, Suva, under the sponsorship of the Government of Fiji, the New Zealand Leprosy Trust Board and WHO. Since 1978, six courses have been held for health workers engaged in leprosy programmes in countries or areas of the South Pacific; three seminars have been held for local participants. The courses have been designed to give workers involved in leprosy control practical training in modern methods, including the application of multidrug therapy.

5. The Fourth International Workshop on Leprosy Control, jointly sponsored by the Government of Malaysia, the Sasakawa Memorial Health Foundation and WHO, was held in Kuala Lumpur in June 1982. Topics emphasized included the evaluation of leprosy control programmes, multidrug therapy, and leprosy control through the primary health care approach.
The reports of a working group on drug policy and operational research in the leprosy programme, a scientific group on tuberculosis and leprosy research, and a seminar on drug policy for leprosy programmes in the South Pacific are available should representatives wish to consult them.\textsuperscript{1,2,3}

5. PROBLEMS

While problems related to the implementation of an adequate leprosy control programme vary from country to country, they can usually be overcome by systematic planning.

The main problems relate to the need to:

(1) develop a health infrastructure within the general framework of primary health care which provides for the adequate training of leprosy control personnel in case detection, case supervision and case holding;

(2) ensure that adequate supplies of drugs are available and that patients actually take the drugs as prescribed;

(3) prevent disability by early case detection and treatment, and adopt appropriate measures to prevent injury and deformity;

(4) establish and maintain a suitable reporting and case-registry system;

(5) provide public health education in order to assist individuals to overcome the stigma so often attached to leprosy and to cooperate in early diagnosis and treatment plans.

\textsuperscript{1}World Health Organization. Working group on drug policy and operational research in the leprosy programme. Manila, 1981.


6. RECOMMENDATIONS

In countries or areas where leprosy is a public health problem, the necessary action should be taken as soon as possible to introduce the regimens recommended by the WHO Study Group on Chemotherapy of Leprosy for Control Programmes. The approach should be a systematic one, in accordance with a carefully prepared operational plan; and the availability of all the necessary resources, particularly manpower, drugs, laboratory facilities and transport, should be ensured.

Continued technical cooperation will be needed from WHO in such areas as the mobilization of financial support from extrabudgetary sources, the training of health workers, and the dissemination of technical information.