EDITORIAL

ECONOMIC QUESTIONS CONCERNING LEPROSY CONTROL

Leprosy is an important disease worldwide but has its major impact in tropical countries where it tends to be a disease of poverty. As a slowly progressive disease leprosy has some characteristics which distinguish it from a wide range of infectious diseases. These characteristics serve to raise particular challenges in relation to individual patient management and to the design of leprosy control strategy.

In reviewing forty years of management of leprosy patients in one region, the study on leprosy trends in northern Thailand by Smith and Richardus in this journal issue presents six indicators reflecting effective control of leprosy in a number of northern provinces in this country. They suggest that similar trends can be seen for the whole of Thailand. The validity of these indicators and of the conclusions drawn needs to be tested not only in Thailand but also in other countries in this and other regions todetermine whether they reflect general trends.

It is also an appropriate moment in the history of leprosy control to raise economic questions in relation to these trends. Since the annual number of new, previously untreated leprosy patients in northern Thailand has significantly declined during the last 15 years, the costs per case should naturally have increased. On the other hand, the equally important measurement of costs per case *prevented* may be difficult to identify and to justify. As in all curable/preventable diseases, accurate assessments of costs of control strategies become more critical as the disease prevalence falls towards surveillance levels.

There are a number of questions to be raised concerning the economics of leprosy control. Some of these questions, if not all, may be worthwhile targets for investigation by the Leprosy Division, the Department of Communicable Disease Control and interest groups in Thailand, in order to seek solutions that will assist leprosy control managers in planning and allocating scarce resources. Similar questions may also be applicable to planning of leprosy control in other countries in the region. The questions are:

1. What are costs per case detected through outreach services compared to those detected through passive services?
2. What would be the most cost-effective methods for early case detection where the incidence of leprosy cases is low?
3. Would it be more economic and feasible to combine case detection of other communicable diseases (*eg* tuberculosis) into the leprosy case detection services, particularly the outreach services?
4. How could costs per detected case be contained and/or minimized?
5. Are those existing passive services underutilized, particularly in low incidence areas?
6. Are the existing manpower and capital resources underproductive in their operational capacity?
7. How can resource utilization be improved within the leprosy control systems?
8. Since multi-drug therapy (MDT) is very effective and has proved to be cost-effective in the long run, would it be feasible to develop methods for early case detection together with an effective case holding program to *eliminate* leprosy from Thailand?
9. How is it possible to improve the efficiency of case holding and follow up to ensure effective treatment?
10. How can the role and management of leprosaria be improved to achieve equity for all leprosy patients both inside and outside leprosaria?
11. What are the long term plans of the Department of Communicable Disease Control for resource reallocation, assuming that leprosy cases will continue to decline at the present rate?
12. What types of training should be required for redeployment of human resources in leprosy service systems as the case load diminishes?
13. How can a resource allocation model be determined for leprosy control in Thailand and how can such a model be modified to meet the

needs of other countries?

There are many more economic questions concerning resource allocation policies to be considered by Ministries of Public Health. This list is simply an opening gambit but hopefully will serve as a stimulus for more precise quantitative planning in the leprosy field as case numbers fall and the need to optimize resource utilization rises sharply.

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