

Leprosy and the Community

LIBERIAN NATIONAL LEPROSY CONTROL PROGRAMME

The campaign against leprosy in Liberia has been greatly strengthened by the appointment in November 1975 of Sr Dr Chambers, a leprologist of wide experience. In a penetrating first report Dr Chambers reveals a fluid situation with 991 patients registered in the 6 months of January-June 1976 in a leprosy control programme staffed by 4 full-time area supervisors and 21 junior leprosy workers. In the past the programme operated in isolation from the general medical services, but reorganization is in progress with partial integration one of its objectives. Courses of lectures in leprosy have been given to medical students and final year Physician Assistants. The position as at 30 June 1976 was as shown in Table 1.

TABLE 1

County hospitals, health centres and health posts, indicating number at which leprosy patients are treated (June 1976)

County	Population	Hospitals		Health centres		Health posts	
		Total	Inte- grated	Total	Inte- grated	Total	Inte- grated
Montserrat	439,997	10	3	3	1	50	11
Cape Mount	56,605	2	1	1	1	10	10
Bassa	150,926	3	2	1	1	9	9
Sinoe	67,599	2	1	1	1	25	14
Maryland	91,619	2	1	1	1	15	15
Bong	194,191	2	1	5	5	32	25
Loffa	180,737	3	2	3	3	36	29
Nimba	249,702	3	2	3	2	21	17
Grand Gedeh	71,825	1	1	2	2	9	9
Total	1,503,201	28	14	20	17	207	139

Registered patients under treatment on 30 June 1976, 2303 (T 631, B 1078, L 502, I 92).

HIND KUSHT NIVARAN SANGH (INDIAN LEPROSY ASSOCIATION) ANNUAL REPORT FOR 1975

The Hind Kusht Nivaran Sangh, almost certainly the first association of its kind in the world, continues to flourish and expand its concerns, as is apparent from its Annual Report for 1975. With the President of India as its President, supported by many distinguished leprologists and men in public life, and with branches in most Indian states, the Sangh is well equipped to exercise an important role in a

country with over 3 million sufferers from leprosy. Its responsibilities are exercised particularly in 5 directions.

1. *The encouragement of research and technical excellence and the bringing together of leprologists and other leprosy workers*

The Sangh has been responsible for convening an All India Leprosy Workers Conference once every 2 years since 1947. The latest of these was at Baroda in April 1976, immediately following the Conference of the Indian Association of Leprologists. In the field of research the Sangh rendered its good offices in the clinical trial of rifampicin in leprosy therapy. It instituted the Dr K. C. Sahu Memorial Gold Medal for the promotion of research in leprosy, and this was awarded to Dr A. J. Salvapandian at the Baroda Conference. Another of its projects is the proposed award of prizes to leprosy institutions for outstanding work.

2. *Training*

The training of physiotherapists in leprosy has been an important function of the Sangh, carried out mainly at the Christian Medical College and Hospital, Vellore, but also at the Purulia Hospital of the Leprosy Mission. Eighteen students were trained in 1975 and 54 attended refresher courses. Orientation courses in leprosy for Medical Officers were also sponsored. A Training Scholarship for one year's special training in leprosy was awarded to Dr S. B. Mahaptra to be undertaken at the Central Leprosy Teaching and Research Institute, Chingleput. A Travelling Fellowship was awarded to 2 paramedical workers.

3. *Publicity and health education*

This traditional activity of the Sangh is assuming great and increasing importance. Posters and pamphlets have been revised and multiplied. A new book, *Leprosy, Diagnosis and Management*, by Drs Job, Salvapandian and Kurian was published under the auspices of the Sangh. A manual for public health nurses is under preparation. A major health education scheme, prepared jointly by the Sangh and the Gandhi Memorial Leprosy Foundation, was submitted to the Government during the year.

4. *Co-ordinating the work of Government and voluntary agencies*

This is a highly important function. During the year the Sangh shared in the promotion of an important workshop on "The Promotion of Leprosy Work in India", in which all the important anti-leprosy agencies participated, and which promises to lead to much closer working together in the future.

5. *Relief and rehabilitation*

During the year the Sangh became directly responsible for sponsoring 10 children under a leprosy child adoption scheme worked out with the Government of India and the American-Korean Foundation. A pilot project was also sanctioned for training patients in typewriting.

Under the Fifth Five-Year Plan the Government of India has made a comparatively larger allocation to the leprosy programme, and contemplates the establishment of rehabilitation cum treatment centres in a programme in which it is hoped that voluntary agencies will actively participate. This involves the State Branches of the Sangh in a very active way. It is indeed the State Branches which

“constitute the base and the strength of the Sangh”. We wish our colleagues in India every success.

REPORTS RECEIVED

Gandhi Memorial Leprosy Foundation. Report for 1974-5.

ELEP Leprosy Control Project, Dharmapuri. Annual Report for 1975.

Garkida Leprosy Hospital, Nigeria. Report for 1974-5.