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News and Notes

Leprosy control seminar for SADCC countries, Malawi, 1986

The Director of LEPRA has kindly provided the following account of a Seminar held in Malawi, 26–30 May 1986, at which the following countries were represented: Lesotho, Swaziland, Zambia, Zimbabwe and Malawi. In addition, representatives attended from WHO (Geneva) and ALERT (Addis Ababa).

Technical cooperation between the SADCC countries: Conclusions. Delegates present at the Leprosy Control Seminar for SADCC countries, held from 26–30 May in Lilongwe, Malawi, shared ideas and agreed on the essential requirements of an effective leprosy control programme:

1 Case finding: It was agreed that the means will still be mostly self-reporting. Because of the generally observed reduction in the number of leprosy patients, it was appreciated that the sensitization of the general public and the health staff at all levels becomes an even greater prerequisite for self-reporting to be sufficiently effective. Various methods of sensitization were discussed, e.g. updating of curricula for all health personnel and schools, and making extensive use of the media.
2 Laboratory: It was agreed that a reliable slit-skin smear service is essential, providing: (a) at the peripheral level at least the distinction between positive or negative, (b) at the provincial level at least a Bacterial Index (BI) and (c) reference facilities for quality control, either at national or international level within the SADCC countries, depending on case load.
3 Drug control: It was noted with satisfaction that all SADCC countries represented at the seminar had already implemented multidrug therapy for leprosy patients, and reported very favourably on its acceptability by patients and staff. No member countries reported any difficulties over the procurement of the necessary drugs. To control these drugs adequate stocks sufficient for 6–12 months use should be maintained at national level, to ensure an uninterrupted supply to the periphery. Here the supply should be sufficient for immediate requirements only, since here the control of these expensive drugs is more difficult.
4 Prevention of disabilities: The delegates recognized the need to increase their efforts towards the prevention of disabilities. The following aspects were stressed: early case detection; active search for reversal reaction and its immediate treatment. The need to protect insensitive limbs was also recognized together with the need for frequent health education of the patients.
5 Transportation: Regular supervision of leprosy work is essential. Since the control of transport and its maintenance varied very considerably from country to country, improvements in this area were left to individual countries to pursue.
6 Integration: The delegates appreciated that leprosy work should be integrated into the Primary Health Care system when appropriate. However, in view of the need for special skills in the accurate diagnosis of leprosy, the need was recognized for maintaining, at District level and above, staff specially trained in leprosy diagnosis and control.

Delegates present agreed to cooperate with each other, as relevant, in the following aspects:

1 Data: Various levels of data collection were discussed and the need for their standardization and comparability was stressed. Countries considering computerizing their National Register of leprosy patients should liaise closely so that equipment could be compatible and the cost of program writing shared.
2 Training: Since training and retraining is vital in all aspects of leprosy control, especially with regard to multidrug therapy, delegates identified areas in which they could help each other. Notwithstanding the excellent training available at ALERT, delegates recognized the value of short-term attachments to equivalent colleagues in other SADCC countries. In this regard the short-term attachment of laboratory staff to LEPRA in Malawi was noted as an example.
3 Evaluation: When evaluating a National Leprosy Control Programme it was recommended that an external consultant from another SADCC country should be included in the National Evaluating team.
4 Annual reports: Delegates agreed to exchange annual and other reports wherever possible.
5 Technical cooperation: Delegates agreed to notify the relevant authorities in SADCC countries about intended workshops related to leprosy work, so that colleagues from other countries could participate.

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Following the adoption of the conclusions delegates split into two groups and their findings are found in Appendix A and B. Appendix C shows the contact addresses for future correspondence.

Appendix A. Leprosy treatment of non-nationals. Represented were Lesotho, Malaŵi, Swaziland, Tanzania, Zambia and Zimbabwe. The following points were made:

1 It was agreed that foreign visitors, who had leprosy, were all treated in our countries in accordance with Government policy. It was felt necessary that these patients have treatment record cards or tickets so that adequate information would be available on their return.
2 Most non-nationals received the same treatment as nationals except in the cases on Zimbabwe's 'Border Region' of two months daily in patient treatment with rifampicin 600 mg, dapsone 100 mg, clofazamine 50 mg and ethionamide 375 mg daily; followed by discharge with 6 months of dapsone 100 mg and clofazamine 50 mg daily to take away. Those were normally self-referrals to Harare hospital. In Southern Malaŵi patients would receive supervised rifampicin on their one- or three-monthly visits from the neighbouring country, in addition to daily dapsone.
3 Countries should have lists of non-nationals on treatment and, where possible, use a National Registration Number which would indicate their status. Control officers should have the addresses of their counterparts in the neighbouring country and, where acceptable, communicate the names of such patients on treatment or being referred back. Leprosy control problems could be discussed with local leaders of neighbouring countries at their periodic meetings.
4 Where there are cases of repatriation of patients to their home countries this should be done with the cooperation and coordination of control staff in both countries including the transfer of all relevant clinical information.

Appendix B. Exchange of useful information on leprosy control within Southern Africa. Represented were: Lesotho, Madagascar, Malaŵi, Swaziland, Tanzania, Zambia, WHO (Geneva), The Leprosy Mission.

1 Delegates agreed to exchange copies of the following: newsletters; national booklets regarding leprosy and TB control; and teaching material. Zambia was asked to send copies of patterns of standard-sized sandals.
2 Mr van Rijswijk has agreed that the Raoul Follereau Foundation in Madagascar will produce a 'News Flash' later in 1986. This will summarize any type of information thought to be of general interest to delegates and submitted by delegates. This might include, for example, information regarding: National training courses (stating if open to colleagues from other countries); results of national studies; and Swaziland's deepened canvas shoes having microcellular rubber insoles. The final date for submission to Mr van Rijswijk of information for possible inclusion in the News Flash is 31 August 1986.
3 It was agreed that a list of resource personnel available to teach in SADCC countries be assembled and circulated by Miss Watson. This will be assembled from: (a) the WHO list to be sent by Dr Lopez Bravo; (b) the ILEP list; (c) additional resource personnel whose names are submitted by national leprosy specialists or observer organizations. Names to be submitted to Miss Watson by 31 July 1986, together with CVs, expertise, dates available (e.g. ALERT staff may not be available at time of ALERT courses); sponsorship already available to support the person.
4 Rev P Garland suggested the exchange of teaching materials in preparation in proof form so that others can comment on these before the definitive print.
5 Dr Lopez Bravo to send one copy of 'Teaching . . . . . ' by Dr Felton Ross to each contact address.

Appendix C. Contact Addresses.

Comrade Faustina Ingeles Alves, Savde RPA, Luanda, Angola.
Mr Afonso Henriques de Menses Cabral Benfica, Dept de Cooperacao Internacional Caixa, Postal 246, Maputo, Mocambique.
Dr H J Chum, Senior Medical Officer, National TB/Leprosy Coordinator, PO Box 9084, Dar es Salaam, Tanzania.
Dr D Falk, Medical Advisor, PO Box 14, Manzini, Swaziland.
Rev P Garland, National Manager LEPRA, PO Box 496, Blantyre, Malaŵi.
Mr P J Laubscher, Administrator, PO Box 89527, Lyndhurst, Johannesburg, RSA.
Dr L Lopez Bravo, Medical Officer, Leprosy Unit, WHO, 1211 Geneva, 27, Switzerland.
Mr R Makong, Leprosy Control Officer, Botsabelo Hospital, P/Bag A 149, Maseru 100, Lesotho.
Mr B O Matemera, National Leprosy Control Officer, Ministry of Health, PO Box 8204, Causeway, Harare, Zimbabwe.
Dr S J Nkinda, Director of Training, ALERT, PO Box 165, Addis Ababa, Ethiopia.
Mr M van Rijswijk, Representative Raoul Follereau Foundation, B P 3386, Antanarivo, Madagascar.
Dr D T Sebina, Ministry of Health, Private Bag 0038, Gaborone, Botswana.
Dr R de Soldenhoff, Leprosy Specialist, Ministry of Health, PO Box 30205, Lusaka, Zambia.
Miss J Watson, Physiotherapist Consultant, The Leprosy Mission, 50 Portland Place, London W1N 3DG, England.

Abstracts of recent publications on clofazimine and rifampicin

Dr J P Heiniger of Ciba–Geigy has kindly supplied a copy of an offline bibliography, dated 4 July 1985, listing abstracts of recent publications on these two antileprosy drugs. Apply to Dr Heiniger at Medical Department, Ciba-Geigy, CH 4002, Basle, Switzerland.

Training programmes in diagnostic electron microscopy, Japan

Dr Kaoru Aihara, Director of the Central Institute for Electron Microscopic Researches, Nippon Medical School, 1-1-5, Sendagi, Bunkyo-ku, Tokyo 113, Japan, has supplied the following information on training programmes in electron microscopy:

'There are three types of programs currently in use at this center as have been mentioned in the article you indicated; for basic technicians, diagnostic pathologists, and researchers. The purpose of these programs is to provide selected students an opportunity to utilize the unique biomedical environment at this center for obtaining sufficient knowledge and expertise in electron microscopy in preparation for careers as independent workers/investigators.

The center has been equipped with advanced facilities and has several divisions including biochemistry, histology, histochemistry, immunochemistry (including the monoclonal antibody lab.), cell culture, transmission electron microscopy (TEM), scanning electron microscopy (SEM), and light and electron microscopy (LEM).

All programs at the center include a core curriculum which is intended to teach fundamental principles and techniques of electron microscopy. In addition to the core curriculum, advanced courses in areas of desired specialization are available including electron microscopic histochemistry, electron microscopic immunocytochemistry (including the monoclonal antibody technology), diagnostic electron microscopy of specific organs such as kidney, lung, liver, heart, brain, and soft tissues in normal and diseased states.

The courses are divided into short (3–6 months) and long (1–2 years) terms.

The training program for electron microscopy researchers consists of the core curriculum and specialized course work. In addition, they are required to participate in research and to complete a research project in their area of interest leading to a publication in a recognized journal.

Several areas of research exist at the center, however research training is generally tailored to the needs and career objectives of individual candidates.'

Developing countries: reduced rates for WHO publications

We are grateful to the Director of Distribution and Sales, WHO, 1211 Geneva 27, Switzerland, for the following information about discounts on WHO publications:

For orders received from developing countries as well as orders from developed countries requesting direct despatch to poor countries, we grant a discount of 50% on our list prices, surface mail free. Costs for airmail despatch are charged in addition. In fact, we have been told that our prices are ridiculously low. Taking into account the special terms offered to poor countries, we believe that our price level should not impede the dissemination of our publications.

In addition, WHO has a very generous free distribution policy worldwide in favour of schools of medicine, colleges, institutes, associations, etc. We are in a position to affirm that WHO publications may be consulted in nearly every capital of the world at no cost. Very few private medical publishers may claim a wider dissemination throughout the world, even if they have much higher sales in their own market.

One of the greatest handicaps WHO is faced with is the fact that we have no national market. Our books are always 'imported' books. They are often of interest to those who want to overtake the national level of thinking and who want to learn from other countries' experience etc.

We hope that the above information corresponds to your enquiry and we should be delighted to exchange views with you on the best approaches to reaching our intended audiences which must be similar to yours, at least concerning leprosy and its control.

Foundation of the Hansen Institute, Würzburg, Germany

The latest issue of *Miteinander*, German Leprosy Relief Association, Postfach 348, 8700, Würzburg, Germany, announces the foundation of the Hansen Institute in cooperation with the Missionsärztliche Institute in Würzburg. The main areas of work are to be as follows: 1, supervision of the introduction of multiple drug therapy in the context of world leprosy control; 2, the foundation of a demonstration laboratory with simple equipment and techniques suitable for Third World conditions; and 3, information on leprosy. The Institute will begin work at the end of 1986.

Histopathology services for developing countries

For the last 15 years, the Department of Histopathology at St. Thomas' Hospital has provided a free, postal, diagnostic service for a number of hospitals, both government and mission, in developing countries. It was

originally envisaged that the need for such services would decrease as they were built up locally. For a variety of reasons, differing from country to country, this has not happened and the need is still there and likely to continue. To meet these problems and to provide histopathological expertise in parasitic, communicable, and other tropical diseases in the UK, a consultant histopathologist post has been created jointly with the London School of Hygiene and Tropical Medicine and University College Hospital Medical School. This post has been filled by the appointment of Dr S B Lucas, who has spent two of the last 4 years in this unit and who is keen to maintain or increase diagnostic services, including leprosy histopathology. Specimens should be sent to Dr S B Lucas, Department of Histopathology, School of Medicine, University College of London, University Street, London WC1, England.

Robert Cochrane Fund for Leprosy

The fund, in memory of the contribution of the great leprologist Robert Cochrane, is administered by the Royal Society of Tropical Medicine and Hygiene. It is to be used to finance up to 2 travel fellowships each year to a maximum value of £1200 each.

The intention is to enable leprosy workers to travel for practical training in field work, or in research, or to enable experienced leprologists to travel in order to provide practical clinical training in a developing country. There is no restriction on the country of origin or destination providing the above requirements are fulfilled.

Application forms are available from the Society and must be received by the Society at least 6 months ahead of the proposed trip. All applications must be sponsored by a suitable representative of the applicant's employer or study centre, and agreed by the host organization. A 2 page report on the travel/study should be submitted to the Society within 1 month of the recipient's return. Apply: The Administrator, Royal Society of Tropical Medicine and Hygiene, Manson House, 26 Portland Place, London W1N 4EY.

XIII International Leprosy Congress, 1988; The Hague

This will take place in the Hague, 11–17 September 1988 and those wishing to receive a registration form and abstract form (for poster and/or an oral presentation) should apply to Congress Bureau, QLT Convention Services, Alton House, Keizersgracht 792, 1017 EC Amsterdam, The Netherlands. Further details are given in *Lepr Rev* (1986) **57,** 285.
