

## News and Notes

### **International Meeting on Voluntary Organisations in Leprosy, Bombay, 1986**

The theme paper prepared by the Gandhi Memorial Leprosy Foundation (GMLF) discussed the issues of the meeting in the light of the following objectives:

- 1 To foster cooperation among voluntary organizations.
- 2 To pave the way for an effective linkage between the voluntary organizations at international, national and local levels.
- 3 To build a bridge of understanding between Government and Non-Government organizations.
- 4 To develop better understanding between national agencies, providing funds and technical support, with those at the grass root level whose experiences and experiments need to be documented for ensuring effective leprosy control and rehabilitation.
- 5 To develop a forum for all types of international voluntary organizations for exchange of ideas and experiences.

In his summary of the congress Professor Mutatkar concluded:

'It was decided to form a formal network of voluntary organizations who are operating leprosy work in various aspects on an inter-country basis to develop meaningful partnership with governments funding voluntary organizations in leprosy.'

*Excerpts from speeches held at the Congress:*

*Dr S K Noordeen, Chief Medical Officer, Leprosy Division of Communicable Diseases, World Health Organization, Geneva, Switzerland* brought out WHO recognition of the need for coordination between Governments and NGO's and recommended this meeting to look into the establishment of appropriate coordination mechanisms. He made it clear that elimination of leprosy as a public health problem, in the foreseeable future, was not possible without major contributions from voluntary sector. He commended the evolution of the role of voluntary organizations from care of disabled and social support to patient, to establishing trend-setting, cost-effective comprehensive projects, health education approaches and aids, training and promotion of cause of leprosy at decision-making levels of governments.

*Dr R S Sharma, Vice-President, National Leprosy Organization India, Gandhi Memorial Foundation, Wardha, India* expressed happiness over the sharing of modern knowledge by the international community and thanked countries like Japan and the Federal Republic of Germany for their anti-leprosy work, particularly in India.

*Professor Dr T Saylan, University of Istanbul, Medical Faculty of Istanbul, Leprosy Centre, Istanbul, Turkey* 'As is well known, leprosy patients belong to the lowest socio-economic group and if a security of living for the future is not provided, diagnosis and treatment alone usually do not suffice. Therefore, social rehabilitation of leprosy patients is gaining more and more importance.'

*Mrs Mathilde Gruner, Managing Director, AHM Aussätzigen-Hilfswerk München, Leprosy Relief Organization Munich, Munich, West Germany* stressed the need to satisfy the donor's interest: 'Above all, he wants to be sure that the charitable organization that he supports is reliable and efficient, and that the measures to contain and eradicate leprosy are well-planned and effective. This is the responsibility of the Funding Agency towards the donating public, and it is best met when we are supplied with reports of work-in-progress and examples of increasing success in raising leprosy consciousness among the general public, the medical associations and the governmental administrations. Enquiries to Leprosy Relief Organisation Munich ev, Zenettistrasse 45, D-8000, München 2, West Germany.

### **Governments and voluntary agencies in leprosy control programmes**

The *STAR* of November/December 1986 carries a full-length article by Dr Harold Wheate, 34 Upland Road, Sutton, Surrey SM2 5JE, England, on the subject of collaboration between governments and voluntary agencies, which complements the Editorial in this issue of the journal from Dr K C Das in Delhi. Dr Wheate

reviews what has already been achieved in this area and goes on to consider the present and future potential under the following headings: Coordination; staff training; health education; specialised services and referral facilities; rehabilitation and staff re-deployment. One of his concluding paragraphs is particularly apt:

'In many countries, of course, the HD [leprosy] treatment program has been integrated, at least at the peripheral level, into the general health service and this problem does not arise. Where it does exist, however, it should be addressed at as early a stage as possible. The first step is to stop any further recruitment of monovalent workers and fill any vacancies by staff seconded from the general health service, after appropriate orientation. Monovalent auxiliaries with the prospect of several years active service ahead of them can be given the opportunity for additional training, for example in the fields of tuberculosis, endemic disease control or the care of disabilities. At all stages there is need for close cooperation between the government and the VAs to ensure that this highly motivated cadre can continue to be fully utilized.'

## **The Wellcome Tropical Institute, London**

The Wellcome Tropical Institute is funded by the Wellcome Trust and was established in 1984 to develop the Wellcome Museum of Medical Sciences, to work with governments and universities in the tropics to support their own courses in tropical medicine, and to develop continuing education for medical officers away from teaching hospitals. Thus the Institute intends to complement the work of the two British Schools of Tropical Medicine and will develop work outside the normal functions of these Schools.

The Institute is a logical development of work started by Sir Henry Wellcome, to generate research in tropical medicine, to communicate its results to students of medicine and to provide a focus in London where those who work in the tropics can meet each other.

The Institute is pleased to collaborate with any individuals or organizations involved in the development of tropical medical education, both in the United Kingdom and abroad. Overseas we work with the institutions which need support for their teaching in tropical medicine. In the United Kingdom, we hope to generate an increased and informed interest in tropical medicine, chiefly, but not solely through our Museum and its exhibitions.

### *The Museum*

It is our aim to maintain and improve the collections and exhibitions of the Museum. Much thought has recently been given to increasing the stimulus and information imparted by the displays to all levels of students and visitors. Existing material is being completely revised and we are continually aware of the need to acquire fresh material which will ensure that the Museum remains topical, relevant and current as a teaching information centre.

A new venture is to establish Museum displays in appropriate institutions in this country and abroad. Links have been established with a number of African medical schools, in particular Nairobi, Addis Ababa and Kumasi. Teaching and display materials are being produced on a variety of topics concerning health and disease in a form which can be exported and presented in institutions overseas. We hope to assist medical schools to develop their own Distance Learning and Training Programmes through advice and expertise available at the Institute.

### *Distance Learning Programme*

Recent discussions between the Commonwealth Secretariat and the Wellcome Trust about the needs of district and rural medical officers overseas, and British participation in their education and training, has led to the development of the Wellcome Tropical Institute Distance Learning Programme as a means of promoting continuing postgraduate education. This programme, targeted at district medical officers, is being compiled in collaboration with governments and universities, initially in African countries. The aim of this programme is to strengthen rural health services by giving active and continual support to medical staff in rural areas where they work. We hope that the material provided will reinforce the medical training of doctors, and will also serve to stimulate interest in the areas of Tropical Health Care, Community Development, and Education and Research. Great care is being taken to present the programme modules in the most appropriate and sympathetic form of self-instruction. The presentations may include non-paper media such as slide-sound and video. The Distance Learning Programme will emphasize practical problem solving activities in the following areas: clinical practice, administration and management of resources, and Community Health Care.

### *The Library*

The Library contains primary and secondary sources relating to the History of Tropical Medicine, and is rapidly developing through the cooperation of the London School of Hygiene and Tropical Medicine, the British Medical Association, Royal Army Medical Corps, Royal Society of Tropical Medicine and Hygiene, and the Wellcome Institute for the History of Medicine, all of which have placed major parts of their collections on permanent loan. Special private collections include those of Colonel D G Crawford of the Indian Medical Service and Drs C M Wenyon and C A Hoare of the Wellcome Museum of Medical Science. The Library also maintains a large and increasing number of current books, reprints and periodicals on Tropical Medicine.

*The Archive Centre*

The Archive is established to administer and exploit various collections which have been transferred and presented to the Institute.

The aims of the Archive have been identified as the building up of a comprehensive collection of material, documenting work in the History of Tropical Medicine, and representing a broad spectrum of current trends and developments in tropical medicine and health care, together with education in these areas.

The Archive collects the personal and working papers of academics and practitioners active in all areas of tropical medicine. It is also developing links with many of the non-government agencies and organizations which have a vital role in the dissemination of medical aid and teaching in tropical countries. The Archive hopes to receive, on deposit for research purposes, the records of these agencies. Where it is not feasible to acquire such records we plan to make detailed surveys of the material, so that its existence is documented for future research needs.

Further enquiries: Sue Bramley, The Wellcome Tropical Institute, 200 Euston Road, London NW1 2BQ, Tel: 01-387-4477.

**Leprosy Control Seminar for Tutors in Zambia, September 1986**

The second national Seminar for Tutors was held at Mwachasimpola Health Demonstration Zone from September 8 to 13 1986, and it was organized by the Leprosy Specialist for Zambia, Dr Richard de Soldenhoff. The Seminar was attended by 21 tutors and trainees from different training institutions in Zambia. Participants included 8 tutors from Enrolled nurse training schools; 5 from Registered nurse training schools; 3 from laboratory technician and assistant schools; a lecturer from the School of Physiotherapy, Evelyn Hone College, Lusaka; a lecturer in Community Health, Lusaka; 2 tutors involved in health inspector and clinical officer training; and a Leprosy Control Supervisor.

The purpose of the Seminar was: 1, To ensure that each training institution had a resident staff member with an appropriate understanding of leprosy control in Zambia; 2, To identify the tasks of the different health workers in the leprosy control programme and ensure that their training was suitable; and 3, To present two other national programmes to participants, i.e. the National Nutritional Surveillance Programme, and Control of Diarrhoeal Diseases.

*Programme:* The first three days were spent on leprosy and the remaining two days on the other national programmes. Topics covered included epidemiology of leprosy; signs, symptoms and classification; reactions; treatment of leprosy; nerve function testing; disability prevention and understanding leprosy from the patients' point of view. Participants did a task analysis relating to leprosy control work in a rural health centre (deciding 'who does what'). Subsequently, they divided into groups and each one had to produce a set of learning objectives relating to the list of tasks. By the end of the seminar there were learning objectives for teaching leprosy in the following courses: registered nurses, enrolled nurses, laboratory workers, and community health workers. This was an important piece of work and one that is seldom attempted at national level.

During the evenings, films on different topics were shown. There was also a book table which was well used by participants between sessions. (We are most grateful to Miss P. Jane Neville of The Leprosy Mission International, London, for this account.)

**Hansen Institute for Research and Information, Würzburg**

The German Leprosy Relief Association and the Medical Mission Institute decided to set up a 'Hansen Institute for Research and Information' in Würzburg. The two organizations hope that with this foundation they will make a contribution to specific medical help for the countries of the Third World.

The Institute's three main areas of activity are: 1, To take charge of projects during the introduction of the combination therapy within the framework of the world-wide fight against leprosy; 2, To set up a laboratory to demonstrate simple equipment and techniques as they will be used under the difficult conditions of the project countries; and 3, To make available teaching material and specific information on the medical questions of the projects.

The Research and Information Centre is being built with the agreement of the Medical Mission Institute in Hermann-Schell-Straße in Würzburg. It is planned to be completed by the end of 1986. It was named by the sponsors in memory of the Norwegian researcher, G H Armauer Hansen (1841-1912), who discovered *Mycobacterium leprae* in 1873.

Further information: German Leprosy Relief Association, Dominikanerplatz 4, D-8700, Würzburg 11, West Germany.

**The NH Swellengrebel Laboratory of Tropical Hygiene, The Netherlands**

The following is extracted from *Tropical and Geographical Medicine*, 38, number 4, 1986: The study of leprosy is a priority of the Department of Tropical Hygiene of the Royal Tropical Institute. It is studied in very diverse fields, ranging from health services research, project management, documentation and information to

microbiological research in the laboratory. The laboratory research is focussed on the early diagnosis of leprosy. We have three important reasons to be concerned with the demonstration of the disease in its early phase. First, it would permit early treatment, which could prevent or at least reduce severe nerve damage and other pathological phenomena. Secondly, early treatment would reduce the spread of the disease by an infective patient. The third reason is related to drug resistance of *Mycobacterium leprae*; early demonstration of relapses would allow a timely adjustment of therapy. Immunity is of decisive importance to the course of leprosy. Immunological diagnosis, which is our main field of interest, is addressed to the detection of the manifestations of humoral and cellular immunity. We approach the problem along three roads:

- 1 *M. leprae* antigens are identified and characterized with monoclonal antibodies and T-cell clones directed against *M. leprae*.
- 2 *M. leprae* antigens are isolated and purified with chromatographic methods.
- 3 *M. leprae* antigenic determinants are chemically synthesized.

So far we have achieved the most tangible results in the field of humoral immunity. Using an *M. leprae*-specific monoclonal antibody, we have developed an ELISA-inhibition test which has shown a satisfactory degree of sensitivity and specificity, surprisingly also in patients with tuberculoid leprosy in whom humoral immunity is supposed to be poorly developed. This test has passed the laboratory phase and is ready for field testing. Similarly, satisfactory results have been obtained with a serological test using synthetic antigenic determinants coupled to a protein carrier molecule, which is now ready to be tried out in parallel with the ELISA-inhibition test in a field study.

The road to the development of a skin test to measure cellular immunity is long. We have isolated and purified several promising fractions of *M. leprae* which will be tested in lymphocyte transformation tests, migration-inhibition tests and in skin tests, firstly in experimental animals and finally in humans. In the foreseeable future there will be a great shortage of *M. leprae* antigens because the microorganisms from which they are isolated are available only in small quantities. Therefore we will soon start to explore the possibility of preparing important protein antigens with recombinant-DNA technology, which together with synthesis of antigens holds a promise for the future.

Address: National Institute of Public Health and Environmental Hygiene, (RIVM), Bilthoven, The Netherlands.

## WHO Health Literature Services Programme Newsletter, November 1986

Number 11, November 1986 from the Office of Library and Health Literature Services, WHO, 1211 Geneva 27, Switzerland, includes information on: a London data base on AIDS; international codes for country names and currencies; audio-visual materials in biomedical and health fields; health science libraries in Ethiopia; fellowship for medical librarians; biomedical information programme, Manila; health libraries in the Philippines; WHOLIS, the data base of WHO library, Geneva. (Could it be that this is the network through which a systematic attempt should be made to ensure that all libraries in leprosy-endemic countries have appropriate books and other documents for medical students, doctors and scientists? *Editor*.)

## Meetings, Congresses, September 1988

1 *International Society of Dermatology, Tropical, Geographic Ecologic, with The International Society of Dermatopathology*; 4-8 September 1988; in Oxford, England. Organizing secretary; Mrs Christine Cherry, Department of Dermatology, the Slade Hospital, Headington, Oxford OX3 7JH, England.

2 *XIII International Leprosy Congress*; 11-17 September, 1988 in the Hague, The Netherlands. Co-sponsored by the World-Health Organisation. Organizing secretary: Mr H E M de Bok, NSL, Wibautstraat 135, 1097 DN Amsterdam, The Netherlands.

3 *XII International Congress for Tropical Medicine and Malaria*; 18-23 September, 1988; International Congress Centre RAI, Amsterdam, The Netherlands. Congress Secretariat: XIIth International Congress for Tropical Medicine and Malaria, c/o OBA bv, Europaplein 12, 1078 GZ Amsterdam, The Netherlands.

## 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 3 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.