Lepr Rev (1995) **67,** 162–168

News and Notes

New initiative in research vacancies

Recipients of research funding who need to recruit individuals for work in biomedical research will now find their task easier thanks to the creation of a powerful new database. The Biomedical Research Assistant Vacancies Database was launched on 10th July by the Wellcome Centre for Medical Science and will be widely available to all users of the Internet and the Joint Academic Network (JANET).

VACANCIES FOR ALL

The new database is the latest addition to the popular WISDOM (Wellcome Information Service Databases on Medicine) service which was launched in January 1995. Information on UK vacancies for graduate, postgraduate and postdoctoral research assistants, technicians on fixed-term contracts and PhD studentships will be supplied via electronic mail by grant holders at academic organisations. The details of the vacancy will include the subject areas, qualifications required, salary and location. It will be possible to specify searches of the database by these and other criteria.

POWERFUL SEARCH INTERFACE

The recruitment process, for both employers and employees, currently relies on advertisements in a variety of mainly print media or Internet bulletin boards. John Cox, Head of the Wellcome Centre's Information Service said, 'This new database overcomes the rather scattered approach to publicising vacancies and Internet access complements existing media. The collection of information in one database and the provision of a powerful search interface will offer significant benefits to all those involved in biomedicine'.

SUPPORTING BIOMEDICAL RESEARCH

This new initiative by the Wellcome Centre furthers its support to the biomedical research community. The Research Assistant Vacancies Database joins the existing WISDOM databases on sources of biomedical research funding, science policy news and a catalogue of more than 5,000 publications held by the Information Service. To access the Vacancies database or any other WISDOM database connect to JANET or the Internet and

- type the command telnet wisdom.wellcome.ac.uk and
- at the login prompt type wisdom

For further information, including a leaflet with details of how to submit details of vacancies, please contact: Information Service Enquiry Desk. Tel: 0171-611 8722; Fax: 0171-611 8726; E-mail: infoserv@wellcome.ac.uk.

Source: *AMRC Newsletter,* September 1995, pp 3–4.

WHO Report of the first meeting of the Leprosy Elimination Advisory Group (LEAG) Geneva, 1995

The meeting was opened on behalf of the Director-General by Dr R.H. Henderson, Assistant Director-General. In his opening speech, Dr Henderson re-affirmed WHO's commitment to achieving the objective of eliminating leprosy as a public health problem by the year 2000. He outlined the important achievements made so far, especially reaching a global MDT coverage of over 75% and with the possibility of raising this to 90% by the end of 1995.

Dr Henderson extended the gratitude of WHO to the Sasakawa Foundation for their contribution to making MDT available for all patients in the world. This, coupled with the political commitment so far achieved, makes it necessary for leprosy control programmes to try to achieve the maximum possible impact now. LEAG, whose membership is drawn from areas covering 80-90% of the global leprosy problem, has a crucial role to play in ensuring the achievement of the elimination target.

Professor M.F. Lechat, Chairman of LEAG, made a quick review of the terms of reference of the group - finally summarizing them as the task of evaluating the past, moderating the present and preparing for the future. He also reviewed the events leading to the formation of LEAG as a replacement for the Leprosy Working Group, and challenged the members to devise strategies to stimulate interest in programmes for the elimination of leprosy in order to counteract any relaxation of efforts and loss of interest, even before the elimination goal is fully achieved.

Professor Lechat singled out the successful implementation of MDT as an important factor in justifying the setting of the elimination strategy. He thanked the Sasakawa Foundation for their commitment to finance the remaining MDT drug requirements.

Dr S.K. Noordeen, Director of WHO's Action Programme for the Elimination of Leprosy (LEP), made a brief outline of the programme structure as modified after the setting up of LEP in December 1994. It now consists of the following components apart from the office of the Director for overall management: (a) country support and special action projects (CSP); (b) monitoring and evaluation of elimination (MEE); (c) capacity building and health systems research (CBH). The main objective of the programme is to eliminate leprosy as a public health problem by the year 2000.

The current global burden of leprosy was summarized in the following indicators:
estimated cases of leprosy, 1.8 million (decrease of 67% compared to 5.5 million in 1991;
number of registered cases, 1.3 million, representing a global prevalence of registered cases of 2.3 per 10,000;
number of cases detected in 1994: 560,000, representing a case detection rate of 10 per 100,000 inhabitants;
disabled individuals, estimated to be between one and two million; and
number of endemic countries, 72 (the top six of these contribute 84% of the global leprosy burden, while the top 19 contribute 92%).

The top six endemic countries are: India, Brazil, Bangladesh, Indonesia, Myanmar, and Nigeria.

The following are some of the indicators of the progress towards implementation of the programme:
the number of people cured after MDT, 6.7 million;
people currently on MDT, 990,000; and
current MDT coverage, 75% (was 50% at the end of 1993): members were cautioned about the interpretation of these data as the patients on MDT are only patients who have been registered and who have received MDT at least once.
It is intended that all countries reach close to 100% MDT coverage by the end of 1995; this is an important prerequisite for the achievement of the elimination target.

Dr Noordeen also discussed data showing the improved MDT coverage in the different WHO regions, with associated decrease in prevalence rates. The available data on disabilities suggest that

widespread use of MDT has led to a significant decrease in the number of disabled patients. The difficulties being faced by the programme include:
dealing with the difficult-to-access areas and populations;
dealing with highly endemic areas—some with a heavy burden now and a high detection. It is still hard to extrapolate incidence from detection as it seems that only a small proportion of newly-detected cases are truly incident cases;
difficulties in maintaining commitment, both political and professional, and the supply of resources; and maintaining sustainability and expertise.

The conclusions and recommendations were as follows:

The Leprosy Elimination Advisory Group (LEAG) reviewed the progress being made towards the elimination of leprosy through the implementation of multidrug therapy (MDT) at the global and regional levels. The Group was encouraged by the steady improvement in the global leprosy situation. However, it expressed its concern with regard to the relatively slow progress in a few countries as it appeared from the reports submitted. While the elimination goal aims at a prevalence below 1 case per 10,000 population, countries should aim at reaching this target at national and sub-national levels.

Since late detection of cases remains a problem in a number of countries and MDT implementation appears to be slow in some places, the Group recommended developing in those places special reinforcing campaign approaches based on specifically targeted activities, which however would not be a substitute for current approaches through the general health services.

The LEAG considered that the task forces on Capacity Building and Health Systems Research (CBH) and on Monitoring and Evaluation of Elimination of Leprosy (MEE) and the steering committee on Special Action Projects (SAPEL) are appropriate for reviewing the situation and taking appropriate decisions.

The LEAG supported the further expansion and continuation of the management training modules, which have contributed greatly to improving leprosy services in many endemic countries. It recommended that leprosy be included in the curricula of medical schools and other schools for health professionals, especially through the development and provision of task-oriented learning materials appropriate for different levels. It also recommended that Health Systems Research (HSR) be used as an important component in capacity building, but from the lessons learnt it was clear that HSR should be oriented to problem-solving at the local level.

Essential Indicators for Monitoring and Evaluating elimination identified earlier are sufficiently reliable and should continue to be limited to six; it is important that they be analysed at sub-national level. The LEAG recommended that additional indicators, namely incidence, disability, relapse and defaulting, be monitored in selected projects.

SAPEL is a welcome innovative approach to addressing special situations and difficult-to-reach patients which cannot be quickly dealt with through the routine health services. It is recommended that this initiative should develop in close collaboration with all possible partners.

The LEAG welcomed and endorsed WHO's Guide to Eliminating Leprosy as a Public Health Problem as a timely publication, and strongly recommended its widespread distribution.

Early treatment with MDT is the most effective way of preventing disabilities. The WHO gradings of disability are useful for monitoring early detection, and there is a need for new approaches to assessing disabilities and handicaps due to leprosy. Simple and cost-effective action for the prevention of disability by patients, health staff and communities should be promoted and complemented.

Current research confirms the efficacy of WHO fixed-duration MDT. It is important to ensure adequate supply and distribution of the MDT drugs, which have been made possible through the generous support from the Sasakawa Foundation.

The LEAG emphasized that the present window of opportunity resulting from global political commitment, the provision of financial support for drugs and the scientific and technological

breakthrough should not be lost. However, it should not be overlooked that elimination as a public health problem has not yet been achieved and further intensive efforts are needed. There is a risk of relaxing the required efforts, and steps must be taken to maintain the momentum at all levels, in close collaboration with different partners. The Group emphasized that, in the later phase of elimination, leprosy expertise must continue to be maintained at appropriate levels.

The group recommended that, in view of the important need for sharing experiences, reinforcing commitment, reviewing progress and maintaining momentum towards elimination, the next International Conference on the Elimination of Leprosy should be organized before the end of 1996 as a follow-up to the Hanoi Conference of 1994.

Document reference: WHO/LEP/95.2. Action Programme for the Elimination of Leprosy, WHO, 1211 Geneva 27 Switzerland

Fifth Independent Evaluation of the National Leprosy Eradication Programme, India

The Fifth Independent Evaluation of the NLEP in India took place, 5–14 June 1995, beginning with a meeting at the Directorate of Health Services, Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi, at which Dr B.N. Mittal, Deputy Director General (Leprosy and Tuberculosis) welcomed all participants, stressing the crucial importance of the event in view of the limited time remaining before the year 2000 and the target of elimination.

Eleven teams, each of 4 members, were assigned to states in various parts of the country, covering districts previously classed as of low, medium and high endemicity. The majority of participants were from India, assisted by the following as temporary advisers to WHO (SEARO) - Dr Yasin Al-Qubati, Yemen Republic; Dr M. Cabanos, Philippines; Dr F. Gakaitangou, N'Jamena; Dr Sissay Befikadu, Ethiopia; Dr Mohsen Labib Abdee-Meguid Zaghlol, Egypt; Dr M. Virmond, Brazil; Dr (Mrs) T.O. Sofola, Nigeria; Dr A.C. McDougall, United Kingdom. The terms of reference called for attention to: 1) a comparative analysis of the leprosy problem in 1985, versus that observed in 1995, with particular reference to disease endemicity by districts, estimated and registered cases, severity of disease and disabilities, 2) a review of the NLEP implementation status at all levels, with emphasis on logistic support, adequacy of resources, administrative support, health education, effective supervision and the identification of critical areas in need of strengthening, 3) a review of current State/Union Territory programme strategies, action plans and future projections in relation to those already formulated at national level, 4) a review of existing infrastructural facilities in terms of adequacy, efficiency and training status, 5) a critical study of reporting and review systems in order to strengthen them, where necessary, 6) validation of reported data, and 7) suggested areas needing special attention, with particular reference to prevalence reduction/trends, plan implementation, programme strategies, acceleration of goal attainment and resource gaps.

Detailed questionnaires were issued to each team covering the information to be obtained by observation and interview from state and district leprosy officers, non-medical supervisors, paramedical workers, physiotherapy technicians, laboratory technicians, patients and members of the general public. Braving exceptional heat, (temperatures of 47 or more were recorded in New Delhi and many other parts of the country during the Evaluation), the teams dispersed to various parts of the country to obtain information, assess performance, interview NLEP staff at all levels, examine registers, case notes and routine reports. On re-assembly in New Delhi on 14 June 1995, each team leader gave a brief summary of the main findings and submitted a detailed report to the Directorate for publication at a later date.

India (1995 estimated population 917 million) has 952,000 estimated cases of leprosy; 740,000 registered, with a registered prevalence rate of 8 per 10,000; 614,000 cases under MDT; an annual case detection rate of 412,000 of which 27,000 have grade 2 disability; a multi-bacillary (MB) rate of 30% and a child rate of 19% in new cases. Between 1983 and 1994, 8.6 million cases of leprosy have been released from treatment in India, including 5.7 million treated with MDT.

Workshop on Health Education and Training Material in View of the Eradication of Leprosy Target by 2000

The aim of the above workshop, held at the Acworth Leprosy Hospital in 1995, was to make available to all in the leprosy field the experience of senior leprosy workers in Bombay. They presented their training and health education material, and, as was expected, through discussion some novel ideas and new material were generated to help others understand and help the strategy of leprosy eradication by the year 2000.

The main speakers were: Dr W. S. Bhatki, Dr V. V. Pai, Dr R. Ganapati, Mr A. Anthony Samy and Dr (Mrs) R. S. Taranekar.

It was decided to collate all the material presented at the Workshop and publish it in booklet form. Acworth Leprosy Hospital, Wadala, Bombay 400 031, India

Leprosy Workers' Conference of Karnataka State, India

Dr M. S. Nilakanta Rao kindly sent the following report:

The first ever conference of State Level Workers organized by the Karnataka State Anti-Leprosy Council in Coordination with the State Directorate of Health Services was held in Bangalore on 11 and 12 November 1995. About 550 delegates, mostly paramedical staff attended.

During the two days 'Core Problems of Leprosy' like 'Persistent new cases cropping up in spite of MDT for 15 years'. 'Problems in Leprosy Control Work', 'Silent Neuritis', 'Persistent Stigma and Consequence Dehabilitation', 'Fixed Duration Therapy' etc. were presented by learned speakers from different parts of India. The delegates were glad to hear the subjects presented by experts like Dr Fritschi, Dr Ganapati, Dr Dharmashakti, Dr Macaden, Sr Mascarenhas, Professor Satish and have enough time for discussion.

The Minister for Health announced that the Cabinet had decided that land would be provided to build a Research Institute on the lines of the Chengalpattu Research Institute.

The Council recommends that such conferences should be held once in 12–18 months, to provide a platform for interaction between workers (themselves) and the State authorities.
Karnataka State Anti-Leprosy Council, Bangalore Baptist Hospital, Bellary Road, Hebbal, Bangalore 560 024, India.

Changing Concepts in Leprosy Treatment

Following a presentation on the subject of '**Newer drugs in Leprosy'** by Dr Ratna, Dermatology lecturer of the LTM Medical College (LTMMC), Sion, a lively discussion among health officials, clinicians, paramedical professionals etc. on the strategies needed to re-orient the medical profession, particularly dermatologists, on modern short-course chemotherapy. The occasion was an academic meeting organized by the Research Society of Acworth Municipal Leprosy Hospital on 15 October 1995 as a part of the Society's 25th year celebrations.

The crucial role of the newly-formed Maharashtra Branch of the Indian Association of Leprologists in undertaking this challenging task was stressed by Dr R. Ganapati, Director, Bombay Leprosy Project. Dr (Mrs) P.R. Vaidya, Dean, LTMMC, the chief guest pointed out that the excellent role model existing in the College for updating postgraduate students and staff effectively in recent advancements in chemotherapy of leprosy should be replicated.

Bombay Leprosy Project enters twentieth year of research work

Dr A. R. K. Pillai, President, Indian Leprosy Foundation who was the Chief Guest of the 19th Anniversary function of the Bombay Leprosy Project (BLP) on 6 October 1995 applauded the

assistance offered by the Project to the National Leprosy Eradication Programme through its outstanding research contributions over two decades. He recalled the difficult teething period in the initiation of the Project's work which has culminated in offering a novel path for 'low cost medical and disability management of leprosy'.

Dr C. R. Revankar, Deputy Director of BLP exhorted the large gathering of project staff to dedicate itself to the proposed TB work in future which has been taken on, as a policy decision, in view of the decline in the leprosy caseload as a result of dedicated work by the staff.

Dr R. Ganapati, Director, BLP who had to attend a crucial meeting of Bombay Municial Corporation and World Bank authorities in order to champion the credibility of the Project to take up TB work in the largest slum in Asia, namely Dharavi, and thereby offer security to the staff, announced that the Project will bring out a publication of its contributions over two decades on the 20th Anniversary October 1996.

Nepal: Technical Supervisors for Leprosy/TB/STD

ILEP *Flash*, Issue 4/95 (International Federation of Anti-Leprosy Associations, 234 Blythe Road, London W14 0HJ) reports the development in Nepal of a new type of health worker with responsibility for leprosy, tuberculosis and sexually-transmitted diseases, replacing the previous District Leprosy Supervisor. The Leprosy Mission has been requested to provide 15 additional supervisors who will give practical help and advice at district level. It is hoped that this collaboration between ILEP members and the Government will strengthen the national programme, including the distribution of multiple drug therapy to all cases in need.

Harnessing the strengths of the leprosy programme to control tuberculosis *BMJ, 1995*

Dr Diana Lockwood (Hospital for Tropical Diseases, London) and Dr Paul Sanderson (Director, Leprosy and Tuberculosis Control Programme, ALERT, Addis Ababa, Ethiopia) contribute an interesting letter to the *British Medical Journal*, 1995, **311,** 862–3, describing potential benefits from a joint programme in Ethiopia. The summary reads as follows:

Tuberculosis remains a leading cause of death in Ethiopia but there is no effective national tuberculosis control programme. By contrast, the leprosy control programme has been very successful, with a 10-fold reduction in the number of leprosy cases requiring antibacterial treatment, though patients with nerve damage require continuing care. The paradox of rising numbers of tuberculosis cases and declining numbers of leprosy cases may be solved by joint leprosy–tuberculosis clinics. The strengths of leprosy fieldworkers in control management, case holding, and compliance can be harnessed in developing an effective tuberculosis control programme. Implementing a joint programme in Ethiopia may be beneficial not only for tuberculosis patients but also for leprosy patients, who are thus brought closer to general medical services.

Handbook of Leprosy, W. H. Jopling and A. C. McDougall, 5th revised edition

The above extensively revised edition (182pp, paperback) has been produced in India and costs Rs 195 per copy. It is available from CBS Publishers & Distributors, 4596/1-A, 11-Daryaganj New Delhi 110002, India. (Phone ND 3276712 or 3271632. Fax 91-11-3276712). CBS previously reprinted the 4th edition and distributed 2000 copies in India, covering many medical colleges, departments of dermatology, units of the *National Leprosy Eradication Programme* and private practitioners.

International Gandhi Award, 1996, Jean Watson

Bombay Leprosy Project (BLP) had the proud privilege of honouring the recipient of the International Gandhi Award for 1996 Ms Jean Watson, an eminent physiotherapist, from the UK on 3 February 1996.

Dr Ganapati, Director of BLP while introducing this recipient said that recognition of the monumental contribution of Ms Watson is a turning point in the history of our march towards the goal of total eradication of leprosy which includes the important component of physical care of leprosy afflicted due to nerve damage besides implementing strategies governing the arrest of the transmission of the disease. However consensus on policies in respect of field care of patients is yet to be evolved in the country.

Dr A. R. K. Pillai, President of Indian Leprosy Foundation (ILEF) congratulated Dr Watson on behalf of BLP and ILEF and remarked that leprosy workers feel encouraged and proud through such relentless work of Ms Watson in various leprosy endemic countries.

Dr Watson in her thankful reply was appreciative of the innovative work in prevention of disabilities (POD) by BLP and invited debate on controversial points on operational aspects of physical rehabilitation. She felt encouraged by the award conferred on her by the Gandhi Memorial Leprosy Foundation and observed that the struggle by the leprosy workers world over, would continue till the disease is eliminated.

Female Bombay Leprosy Project Worker receives Gandhi Award

Gandhi Memorial Leprosy Foundation (GMLF), Wardha, has announced that Mrs Girija Devikaran, Non-medical Supervisor (NMS), Bombay Leprosy Project will be the recipient of Gayatri Award, 1994–95 for excellent work in the field of leprosy. This annual award, which was instituted by GMLF in 1990 to recognize the merit of trained paramedical field staff of at least 15 years experience, consists Rs. 10,000 as cash and a citation. Mrs Girija received the Award on 1 January 1996 in Wardha.

It is significant that Mrs Girija is the second female field worker of Bombay Leprosy Project to be honoured, the first recipient of Gayatri Award being Mrs Rashmi R. Pai, NMS, in the year 1990–91.

In the context of gender issues relating to leprosy patients as well as workers currently being seriously discussed by leprosy experts all over the world, the fact that female workers are recognized in this manner is a happy augury for the future of leprosy work, with the target year for elimination of the disease in the country being 2000 AD.

Diagnosis and management of reversal reaction—forthcoming poster

With the next issue of *Leprosy Review* there will be an exciting new enclosure: an A3 poster on the Diagnosis and management of reversal reactions. This is the first in a series of four posters covering important areas of management and research in leprosy and will be distributed free to the subscribers of the Journal. Subsequent posters will cover: the immunology of leprosy; prevention of disability; and the management of ENL. We hope that these posters will contain learning points for everyone. We would welcome feedback and comment (to the Editor please) on this series and suggestions for future topics.

We are grateful to the Dr K. L. Alexander Charitable Trust for funding this series of posters.