

News and Notes

SIDA's contribution to leprosy control in India

The following abstract is from 'An evaluation of the contribution of the Swedish International Development Authority (SIDA) to leprosy control in India based on the implementation of multiple drug therapy (MDT) 1981–93' published in the *Indian Journal of Leprosy*, 1995; Vol. **67**(4): 447–465.

The Swedish International Development Authority (SIDA) first supported the National Leprosy Control Programme in India in 1978. In 1981/82 priority was given to the implementation of multiple drug therapy (MDT), starting in two high-endemic districts, and gradually extending to a total of 19 districts in the years by 1993. SIDA then decided to undertake a detailed evaluation of its 12-year contribution and this was carried out by an international team between November 1993 and April 1994.

In terms of epidemiological and public health impact, the main results were impressive and clear-cut; 837,519 cases (old and newly arising) were successfully treated, with few complications and a low rate of relapse. The voluntary reporting rate had improved significantly. Data relating to new case detection, child and disability rates were, however, less clear and difficult to interpret. Deficiencies were also identified in the areas of health education, community participation, gender issues, disability prevention and management, rehabilitation, operational research and assessment of cost-effectiveness. These problems should not, however, detract from the contribution of SIDA, from 1981 onwards, in establishing the implementation of MDT in two 'pilot' districts at an early and important stage in the history of the MDT programme in India. SIDA also made significant contributions in other areas, namely pre-MDT 'screening' of registers in 45 endemic districts in 1990–1993, appointment of consultant leprologists at district level, group education activities, annual meetings of voluntary agencies and the development of a monitoring and information system, with computer facilities, at national level.

This paper describes the design and methodology, main findings and conclusions of the evaluation, based on the final report and the appendices submitted to SIDA in Stockholm in April 1994.

IDEA: International Association for Integration, Dignity and Economic Advancement

On 12 September 1994, approximately 50 people from six countries gathered together in Brazil to participate in The International Seminar for the Integration of Organizations of Persons Affected by Leprosy (Hansen's Disease). Countries represented were Brazil, Korea, India, Cuba, the US and the People's Republic of China.

After a great deal of discussion, it was decided that an international organization dedicated to improving the social and economic lives of individuals with Hansen's Disease (HD), and led primarily by individuals who had been affected by this disease, was needed and should be established. On 16 September 1994, IDEA, the International Association for Integration, Dignity and Economic Advancement was officially founded.

On 22 February 1995, IDEA was officially registered in the United States of America.

IDEA's objectives, as stated in its bylaws are as follows: The objectives of IDEA shall be to promote, respect and dignify all human beings, particularly those who have had Hansen's Disease (leprosy), and to work in partnership to ensure that they live rewarding lives with dignity. IDEA is dedicated to the principle that individuals who have had Hansen's Disease should be actively involved in various Hansen's Disease programmes, including public education and fund-raising projects that will directly improve the socioeconomic condition of individuals affected by Hansen's Disease throughout the world. IDEA will work in collaboration with governments, national and international nongovernmental organizations, and individuals with regard to education, training and rehabilitation of persons affected by Hansen's Disease in order that they may live as normally as possible. IDEA also seeks to combat prejudice, discrimination, segregation, rejection, the use of derogatory terminology and the stigma associated with the disease through self-support, self-reliance, dignity and public awareness programmes. The leadership of IDEA will rest with individuals affected by Hansen's Disease.

Further information: IDEA, 200 Abney Circle, Oak Hill, WV 25901, USA.

XV International Leprosy Congress: preliminary announcement

The XVth ILC is to be organized by the International Leprosy Association (ILA) in joint sponsorship with the International Federation of Anti-Leprosy Associations (ILEP) and the World Health Organization (WHO). The ILC is to be hosted by the Ministry of Health, People's Republic of China.

Time and Venue: The main session of the ILC will be one week, from 7 to 12 September 1998.

The venue and the accommodation will be the Beijing International Convention Centre and the adjacent Beijing Continental Grand Hotel.

Joint United Nations Programme on HIV/AIDS

WHO's Global Programme on AIDS (GPA) ceased to exist on 31 December 1995 after eight years as leader of global efforts against the pandemic. It has been replaced by UNAIDS, a programme sponsored by WHO and five other UN agencies. The Joint United Nations Programme on HIV/AIDS will focus above all on strengthening national capacity for a response of greater quality, scope and duration.

The central office of UNAIDS is located at the WHO headquarters in Geneva.

UNAIDS, 20 ave Appia, CH-1211 Geneva 27, Switzerland. Tel.: +41/22 791 2111. E-Mail: unaids@who.ch. WWW://gpawww.who.ch/unaids.htm

***Leprosy Review* posters: 1 Diagnosis and reversal reactions**

The A3 poster enclosed with this issue of *Leprosy Review* is the first in a series of four covering important areas of management and research in leprosy and is distributed free to subscribers to the Journal.

We hope subscribers will find these posters informative and useful. Displayed prominently in clinics, they should serve as a useful teaching resource and aide memoire for all those involved in the treatment of leprosy and its reactions and in prevention of disability work.

We would welcome feedback and comments (to the Editor please) on this series and suggestions for future topics. Additional copies of the poster in this issue and those in future issues will be available from LEPR, Fairfax House, Causton Road, Colchester CO1 1PU, England.