

## Teaching Materials and Services

### **The Robert Cochrane Fund for Leprosy**

The Fund, in memory 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 three travel Fellowships each year, to a maximum value of £1000 each. The Fund will support travel for:

#### **Leprosy workers who need to obtain practical training in field work or in research**

##### **Experienced leprologists to provide practical 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 completed forms must be received by the Society at least 6 months ahead of the proposed visit. All applications must be sponsored by a suitable representative of the applicant's employer or study centre, and agreed by the host organization. A two-page report on the travel/study should be submitted to the Society within 1 month of the recipient's return.

*Apply:* The Secretary, Robert Cochrane Fund for Leprosy, Manson House, 26 Portland Place, London W1N 4EY, United Kingdom. Tel: 0171 580 2127; Fax: 0171 436 1389.

### **Training courses at ALERT in 2000**

*January 10–February 11*

#### *Prevention and management of disabilities*

Target group: physiotherapists, occupational therapists, podiatrists as well as experienced leprosy workers involved in POD. Emphasis on both patient care (early detection of nerve deterioration, health promotion, problem solving) and programme management (POD management, home based care and rehabilitation).

*March 6–March 17*

#### *Introduction to leprosy for physicians*

Highly recommended for the participants in the following 'Management of Combined Programmes' course who need to refresh their knowledge of clinical leprosy. The course can also be taken on its own by physicians responsible for diagnosis, treatment and care of patients with leprosy in either a hospital or a control programme setting.

*March 20–April 14*

#### *Management of combined leprosy and tuberculosis control programmes for physicians*

Target group: experienced physicians responsible for managing a leprosy and TB control programme at

the regional level or above. Emphasis on programme management: needs analysis, action plan, implementation of activities, supervision, evaluation, management of POD. A brief review of the essentials of TB is included, but leprosy expertise is a prerequisite. Participants lacking the latter should also take the preceding 'Introduction to leprosy' course.

*May 29–June 16*

*Essentials of leprosy and tuberculosis for administrative and programme support staff*

Target group: administrative and managerial staff without a medical background, working in leprosy and TB programmes and donor agencies. Objectives: to gain a better understanding of the two diseases, to communicate more effectively with the medical staff, and to contribute more efficiently in decision making and priority setting.

*September 4–October 13*

*Essentials of leprosy and tuberculosis for physicians*

Target group: physicians with limited experience in either leprosy or TB. Emphasis on clinical aspects of leprosy and TB, individual patient care and its application in the context of a combined programme, with an introduction to health promotion and managerial issues, paying special attention to POD and supervision.

*November 6–November 17*

*Introduction to leprosy for senior field staff*

Highly recommended for the participants in the following 'Management of Combined Programmes' course who need to refresh their knowledge of clinical leprosy. The course can also be taken on its own.

*November 20–December 15*

*Management of combined leprosy and tuberculosis control programmes for senior field staff*

Target group: experienced nurses, paramedical workers or supervisors responsible for leprosy and TB control at the district (or equivalent) level. Emphasis on planning, implementation, supervision and evaluation of control activities, with special attention for POD, health promotion and support functions. A brief review of the essentials of TB is included, but leprosy expertise is a prerequisite. Participants lacking the latter should also take the preceding 'Introduction to leprosy' course.

*In-service training*

In-service training, tailor made to the individual trainee's needs and interest, can be arranged in surgery, physiotherapy, dermatology ophthalmology, laboratory etc.

For further information, please contact: ALERT Training Division, PO Box 165, Addis Ababa, Ethiopia, Tel: +251 1 711524 or +251 1 712792; Fax: +251 1 711199 or +251 1 711390; e-mail: ahri@telecom.net.et

## **TALMilep: Teaching and Learning Materials on Leprosy**

TALMilep is an Action Group of ILEP—the International Federation of Anti-Leprosy Associations which produces and supplies teaching materials on leprosy and related subjects free or at low-cost.

*Leprosy*. A Bryceson and R. E. Pfaltzgraff (1989)—a readable reference book for medical students, general practitioners and physicians. £2.00.

*Essentials of Leprosy*: Dr Leo Yoder (1996)—this booklet contains information on leprosy care and treatment suitable for a range of health workers. FREE.

*A Guide for Eliminating Leprosy as a Public Health Problem* (1997), WHO—a pocket guide to diagnosis and management. FREE.

*Leprosy for Field Staff*: Alison Summers (1993)—this excellent book is aimed at health workers in specialized leprosy programmes or general health workers who see leprosy on a regular basis. FREE.

*Atlas of Leprosy*: Guinto *et al.*, Sasakawa (1997)—this book of colour photographs is most suitable for use in areas such as East Asia where leprosy is seen in lighter skins. FREE.

*Leprosy in Africans*: Jacyk (1986)\*—an booklet containing colour photographs with short notes in English and French. Arabic translation available on request. A popular and practical reference guide for health workers. FREE.

*Care of the Eye in Hansen's Disease*: M. Brand (1993)\*—outlines the management of eye complications in leprosy for ophthalmologists and other health workers. FREE.

*Insensitive feet*: P. Brand (1994)—a good background to the problems of insensitive feet. FREE.

*Prevention of disabilities in patients with leprosy a practical guide*: H. Srinivasan (WHO 1993)—for those involved in patient assessment, treatment and teaching self-care to people with leprosy. Price (for use in developing countries) £9.50.

*Essential action to minimise disability in leprosy patients*: J. Watson (1994)\*—an excellent book with clear text and illustrations written for general health workers caring for people with leprosy. FREE.

*Leprosy Surgery for General Hospital*: H. Srinivasan, WHO. FREE (for use in developing countries).

*Guide to health education in leprosy*: P. J. Neville (1993)—contains messages for patient education. FREE.

*Don't treat me like I have leprosy*: Frist—a book about the history of leprosy and the importance of social issues. FREE.

*Tuberculosis Guide for low-income countries*: IUALTD—FREE.

\*Also available in French.

All of these can be ordered directly from TALMilep. A more detailed list of books can be obtained from TALMilep. TALMilep is currently reviewing and updating the materials it supplies as a result some titles may be replaced by new or revised publications.

TALMilep also distributes a catalogue of training courses and a video catalogue which reviews leprosy related videos and gives information on how to order them.

For people developing health training materials locally for leprosy in general, combined or specialist programmes, TALMilep can help by sharing information on what has been produced elsewhere and can provide technical and editorial advice.

**INFOLEP**, TALMilep's sister organization, provides a leprosy information service and bibliography through mail and the world wide web (<http://infolep.antenna.nl>). It is based at the offices of the Netherlands Leprosy Relief (NLR).

For further information and to order books, please contact: The Teaching and Learning Materials Co-ordinator, ILEP, 234 Blythe Road, London W14 0HJ, United Kingdom. Tel: +44 171 602 6925; Fax: +44 171 371 1621; e-mail: [ilep@ilep.org.uk](mailto:ilep@ilep.org.uk); Website <http://www.oneworld.org/ilep>

## Keele University, UK: International Health Management Teaching Programme

Embarking upon a formal management education and development programme can be a rewarding and valuable experience: but only if you choose a programme that is right for you! **The Centre for Health Planning and Management at Keele University** is a postgraduate research, education and training institute specializing in the planning and management of the health and related sectors, and editorial office of the widely respected **International Journal of Health Planning and Management**. After close consultation with national governments, non-governmental and donor agencies, and prospective applicants, we have designed a number of programmes designed to meet the management needs of experienced health professionals working in the health-related sectors of the developing world.

Our programmes range from short-term management workshops, to full-time Masters and Doctoral Programmes, of one year or longer. Cutting across the boundaries of specific professional interests, they appeal to cadres as diverse as: doctors, administrators, nurses, planners, pharmacists, university faculty, aid administrators, and programme managers. Indeed, they are relevant to all whose present or intended careers are likely to incorporate a significant management component. They offer an advanced scheme of study designed to develop the management potential, analytical powers, and problem-solving skills of experienced professionals working in, or for, the health and health-related sectors of developing countries.

Typically, participants are drawn from: ministries of health, education, population, nutrition, or social welfare; educational establishments or research institutes; planning units at national, regional or local levels; national planning or economic development agencies, with responsibility for health or related sectors; and health related non-governmental, voluntary or external agencies or programmes.

Our flagship programme is the *Master of Business Administration (MBA) in Health, Population and Nutrition* in Developing countries. A 1-year full-time programme, it comprises five taught courses in: Health Planning and Management; Health Economics and Financial Management; Marketing and Community Participation in Health; Human Resource Management; and, Health Information and Management Science. Participants also complete a management project which takes the form of a research dissertation. The latter provides the opportunity for participants to put into practice the concepts, methods and techniques acquired on the earlier part of the programme.

A new Masters programme was launched in 1996 in response to an increasing need for human resource specialists within ministries of health. The 1-year full-time *Master of Arts MA (Human Resources in Health)* comprises five taught courses and similar dissertation requirements to that of the MBA. The taught courses are: Health Planning and Management; Health Economics and Financial Management; Human Resource Management; Human Resource Planning Techniques; and, Workforce Management and Mobilization.

For those not meeting the entry requirements of our MBA/MA Programmes, we offer a 9-month *Diploma Programme*, with opportunities for successful students to later transfer to the MBA/MA Programmes. We also offer a number of 1-month management *workshops* for those unwilling or unable to embark upon a longer full-time programme. Indeed, where appropriate, we are able to develop customised development programmes for individual or groups of managers. Invitations are also invited from suitably qualified candidates wishing to register for higher degrees by research and/or instruction (i.e. Mphil, PhD).

The Centre is part of the University's School of Management and Economics, and has an academic faculty of some 40 staff (full-time, part-time, and associate). The Centre's own *Graduate School* currently has some 200 students registered on its taught courses and for higher research degrees in health services' management. A truly international atmosphere is guaranteed, with students from over 20 developing countries registering on our various programmes this year. The opportunity that this affords for a sharing of management insights and experience, and for the development of professional and social links, is seen as a valuable part of the learning experience.

The Centre's teaching faculty has extensive relevant experience of working for, and in, developing countries, thereby helping us to keep abreast of important developments and management issues. Centre faculty regularly undertakes research, training, management consultancy and advisory missions for national governments, international development agencies, and research and educational foundations. In the past 4 years, Centre faculty has undertaken over 30 assignments in the developing world alone.

For further details, or application forms for any of our programmes, write to: The International Programme Director, Centre for Health Planning and Management, Darwin Building, Keele University, Keele, Staffordshire, ST5 5BG, England. Tel: +44 1782 583 191; Fax: +44 1782 711 737; e-mail: hma07@keele.ac.uk

## How to set up a village library

This publication from the *Rajiv Gandhi Foundation* is distributed from *Books for Change* (details below). The Preface reads as follows:

*How to Set up a Village Library—a Training Manual* is intended to serve as a guide for trainers of Rajiv Gandhi Foundation (RGF) village librarians as well as a reference document for village librarians, village library supervisors and officials of organizations currently implementing the project or interested in implementing similar programmes. However, the contents are to be treated as guidelines and not strict rules.

The introduction continues: Village libraries have been opened in hundreds of villages in different parts of the country by the Rajiv Gandhi Foundation (RGF) in partnership with field-based organizations. The main objective of this project is to provide suitable reading material to the villagers at their doorstep so that they can continue to be literate and have access to useful information as well as recreational material.

The libraries are called 'Rajiv Gandhi Village Library'. They are lending libraries and not reading rooms. Non-availability of adequate space for the latter in a village is a major reason for this. The concept of a reading room has also been discouraged to keep the library accessible to women by ensuring that it does not become a 'gossip-centre' for men.

The library has approximately 400 books on diverse topics which are of interest and use to the local population. Two newspapers also come to the library daily. The books and newspapers are both in the local language.

The library is housed in a room or building invariably provided by the community. The basic furniture and the initial stationery are provided by RGF or the local partner. A local person (preferably a woman) operates the library for a few hours every day depending upon the convenience of the community. This person is imparted a brief training by RGF before the library begins functioning. She/he is given a small honorarium for her/his services.

On payment of a very nominal membership fee, villagers can register as members of the library and have access to the books. A bank account is opened in a nearby bank/post office and all money received as fees or donations etc., is deposited in the account.

The policy decisions regarding the day-to-day functioning of the library are taken by a Village Library Committee (VLC).

For logistical, administrative and supervisory convenience, the libraries are normally set up in clusters of at least ten villages, which are close to each other geographically.

### **There are two other programmes that are linked to the TGF village libraries:**

One is the 'Skills Training Programme' for which RGF provides training support for upgradation of existing skills and practices of villagers, specially women, who are members of the library, with the idea of enhancing their income earning capacity.

The other is the 'Rural Publishing Programme' under which the knowledge and experiences

from villages are documented by the rural authors. These are then published and disseminated by RGF.

*Further information:* Books for Change, 3 Rest House Road, P.B. No: 5406, Bangalore-560 001, India. Tel: (080) 5586682/5586583/5586704; Fax: (080) 5586284.

## WHO: 'Blue trunk' libraries (*Bibliothèques bleues*)

A recent issue of *LIAISON* Newsletter of the WHO Office of Library and Health Literature Services Volume 9, Number 3, November 1998 describes this initiative as follows:

### *A dearth of health information*

Many university libraries in developing countries suffer from a shortage of medical books and journals. Very often the only ones available are several decades old and covered with a thick layer of dust because, for good reason, no one consults them. Often the only useful information in these libraries is a collection of theses which, in contrast, are frequently consulted and copied. Without a budget, libraries have no books or journals, but they do have readers. The thirst for knowledge is very real, even though in comparison with other needs it is often wrongly judged as superfluous.

Outside the major cities, the situation is even gloomier. Health professionals who wish to keep up to date have scant resources. Books are rare in health centres or hospitals. Those university libraries which do have some information resources often lack the means, for a multitude of reasons, of disseminating the information they possess: a limited supply of paper for the photocopiers, unreliable postal services, lack of personnel or ignorance of needs. Lastly, university libraries frequently have no mandate to carry out this task as they are directed by the Ministry of Education, whereas health centres are directed by the Ministry of Health, responsibility and communications being therefore strictly compartmentalized.

There is nothing new about the idea of reaching out and setting up health libraries in districts: trials have been more or less successful in Malawi, Tanzania and Uganda. The Blue Trunk Libraries project, however, differs in both its philosophy and scale.

### *The background*

The Blue Trunk Libraries project is based on several observations:

- In its technical cooperation activities, WHO has given priority to developing district health services. Improving community health services depends to a great extent on training and on updating the knowledge of health personnel.
- Following this policy, WHO and a number of other publishers (more often English speaking than French speaking) have produced numerous manuals intended for district health centres. Unfortunately, the works in question often reach only a few ministries and lucky individuals whose names happen to be on the right distribution list.
- The work of librarians in many countries is hampered by lack of funds and resources, and by the low status of their profession. In addition, their activity is limited to the university or institution where they work. It is out of the question, for the reasons cited above, to imagine they might provide services to remote health centres.
- Lastly, district health workers as a whole rarely have access to books, so that reading as a means of acquiring information is not among their habits or work patterns.

The basic approach adopted by the Blue Trunk Libraries is to include the skills and know-how of librarians in a ready-to-use documentation module, appropriate for health districts. It focuses on disseminating the information contained in the Blue Trunk library within the health community, using a

local person training specially for the task. The Blue Trunk library does not replace continuing education. Its mission is rather to provide validated information to support training activities, health promotion and community information in peripheral health centres.

### *What are Blue Trunk libraries?*

The Blue Trunk library is a collection of one hundred or so books on medicine and public health, together with three or four subscriptions to medical journals. The collection, which is organized according to major subjects, has been developed by the Library of the World Health Organization for installation in district health centres as a means of compensating for the lack of up-to-date medical and health information. In order to make it easier to transport and store, the collection has been packed into a blue metal trunk fitted with two shelves on which the cardboard boxes containing the books are arranged.

Among the works chosen, priority has been given to practical manuals (especially those published by WHO) offering an easily accessible solution to the medical, public health and management problems medical staff may have to face. Differing levels of education among district medical staff have also been taken into account. The same topic may be addressed in different publications from a different point of view: that of the physician, the nurse, the nursing auxiliary or health worker. The collection, which has been deliberately kept small, is not exhaustive. Other suitable local material is available at district level and should be added. The WHO publications in the collection are updated by the provision of new editions. The price of each module for Africa is US\$ 2000. This includes the books and periodicals, transport and delivery, and training for the person responsible for the Blue Trunk library in the district. A procedure for keeping WHO publications up to date has been established, together with monitoring and evaluation of the operation of the Blue Trunk libraries locally by a national coordinator, with the support of the Office of the WHO Representative.

The material specifications for the initial installation of the Blue Trunk library are minimal. It must be placed in clean premises that are accessible to all the district health staff, subject to some supervision to ensure that the collection remains as complete as possible.

For people unable to read or who are not familiar with French or English, the Blue Trunk library can be used to create simple educational material in the form of drawings, pictograms, pictures and diagrams. Health professionals in the field are best placed to translate and adapt theoretical knowledge to local conditions and to the culture of the populations with whom they deal.

*Further information:* Mrs Edith Certain, WHO Library, 1211 Geneva 27, Switzerland. E-mail: certain@who.ch

### **CD-ROMs on topics in international health**

A comprehensive resource for health care professionals, students and researchers in developed and developing countries, the 'Topics in International Health' series of interactive CD-ROMs now includes eight titles, and more are to follow.

Distance learning does not come much more distant than this. Working at the Wellcome Trust's Tropical Medicine Resource (TMR) in London, a team of science writers, working with expert advisers, has produced a series of aids to learning that have been enthusiastically taken up by research and training organizations in 75 countries. Within the slim and sparkling form of a compact disk, each package contains the potential to bring to the people who need it most the equivalent of a well-trained teacher equipped with a comprehensive bank of text and visual material. Over 2000 disks have already been sold, benefiting thousands worldwide.

Each title in the 'Topics in International Health' series tackles a single health problem that is common in developing countries. The first four, launched in April 1998, cover malaria, trachoma,

sexually transmitted diseases and sickle cell disease. These were swiftly followed by four more on tuberculosis, leprosy, schistosomiasis and diarrhoeal diseases. Further additions, on HIV/AIDS, nutrition and leishmaniasis are due in late 1999. Each takes the form of a set of illustrated tutorials on topics such as aetiology and transmission, prevention and control, diagnosis, and treatment, followed by self-assessment tests. The illustrations include not only photographs and diagrams, but animated graphics and video clips. An impressive feature of the disks is a searchable database of up to 1000 high-quality images, drawn from the TMR's own vast collection and from other sources. A detailed glossary of terms used in the tutorials and image descriptions is also included, to help those who are beginners in medical terminology or for whom English is not the first language.

The series is distributed with the help of CAB International, a not-for-profit intergovernmental organization whose Information for Development Programme aims to make health and agricultural information more readily accessible in the developing world. CABI is targeting other organizations worldwide both to help introduce the CD-ROMs into universities, hospitals and research organizations, and to obtain sponsorship to minimize the costs to those who have most need of training. This has already led to the CD-ROMs' integration into international disease control programmes. The International Trachoma Initiative, based in New York and supported by the pharmaceutical company Pfizer and the Edna McConnell Clark Foundation, has bought 50 copies of the trachoma disk. According to Program Director Jeff Mecaskey, 'The CD-ROM will enable our partners—whether they work in Vietnam or Vienna—to develop a common body of knowledge tailored to their own specific needs'. More recently, Netherlands Leprosy Relief has bought 125 copies of the leprosy and TB disks, and a training organization affiliated with Johns Hopkins University in Baltimore, Maryland, has bought 50 disks for use in their learning centres in Nepal, Bolivia, Indonesia and Haiti.

The Wellcome Trust and CABI have kept the price of the disks deliberately low for customers from developing countries. Some have voiced fears that there are not enough PCs with CD-ROM drives available in these countries for the disks to be useful. Chris Coyer, who heads the TMR, argues that this view is out of date. 'Many developing nations are catching up on hardware provision, and cultural attitudes to computers are changing' he says.

One satisfied customer is Eunice Sendikadiwa, Deputy University Librarian at the Makerere Medical School in Kampala, Uganda, who has responded with great enthusiasm to the appearance of the disks. The library at Makerere has two computer stations equipped with CD-ROM drives, which she plans to use to help students reinforce their lectures with interactive training materials—including 'Topics in International Health'.

### *Current and planned CD-ROMS*

Disks currently available: Leprosy; Schistosomiasis; Diarrhoeal diseases; Tuberculosis; Malaria; Trachoma; Sexually transmitted diseases; Sickle cell disease.

Disks in preparation: HIV/AIDS; Leishmaniasis; Nutrition.

Price and ordering information can be found at: [www.cabi.org/catalog/cdrom/tih/price.htm](http://www.cabi.org/catalog/cdrom/tih/price.htm) or contact CABI directly:

CAB International, Wallingford, Oxon OX10 8DE, UK. Tel: +44(0)1491 832111; Fax: +44(0)1491 826090; E-mail: [publishing@cabi.org](mailto:publishing@cabi.org).

For customers in North America: CAB International, 198 Madison Avenue, New York, NY10016-4314, USA. Tel: 212 726 6490/6491; or Toll-free: 800 528 4841; Fax: 212 686 7993; E-mail: [cabi-nao@cabi.org](mailto:cabi-nao@cabi.org).

### **London School of Hygiene and Tropical Medicine: Short Study Programmes, 1998–99**

A 40-page booklet from the LSHTM describes the short study programmes—Teaching Units and Short



Courses—available at the LSHTM. The activities of the three main Departments are described as follows:

### *1. Department of epidemiology and population health*

The Department of Epidemiology & Population Health focuses on issues of major public health or social importance, with a strong emphasis on the relevance to public health and social policy. Research contributes to the development of evidence-based medicine by feeding directly into the database of scientific evidence underlying this. The department encompasses the largest group of epidemiologists, statisticians and medical demographers in Europe, together with nutritionists, social scientists and public health practitioners. There is considerable expertise in the analysis of routinely collected statistics, the conduct and analysis of observational studies, clinical trials and large-scale field studies and in the design and evaluation of interventions.

### *2. Department of infections and tropical diseases*

This is a new Department, created in 1997 to exploit and develop the School's unique multi-disciplinary research base which ranges from molecular sciences through to field implementation. The mission of the Department is to employ basic, applied, clinical and epidemiological techniques to improve health internationally by performing high quality research on major infectious diseases, and to be a national and international resource for the study of established and emerging infectious diseases.

### *3. Department of public health and policy*

The Department of Public Health & Policy applies health, social and management sciences to important policy issues in public health and health services. It is concerned with understanding patterns and causes of disease; effectiveness and cost-effectiveness of interventions; organization, quality, management, financing and production of health services; disease prevention and health promotion; and the processes and development of health policy.

Full details are given of 13 short courses and 42 Teaching Unit Profiles.

*Further information:* The Registry, London School of Hygiene & Tropical Medicine, 50 Bedford Square, London, WC1B 3DP, UK. Tel: +44(0)171 299 4648; Fax: +44(0)171 323 0638; e-mail: registry@lshtm.ac.uk; Internet: <http://www.lshtm.ac.uk/prospectus>.

## **IAL Symposium on Therapy—Dermatologist's View**

The Indian Association of Leprologists Maharashtra Branch (IAL-MB) in collaboration with Poona District Leprosy Committee (PDLC), IAL central, Bombay Leprosy Project (BLP) and Government of Maharashtra conducted a symposium at BJ Medical College, Pune on 28 February 1999. Eighty practising and teaching dermatologists in addition to leprologists and District Leprosy Officers (DLO) participated.

This symposium on 'Therapy of Leprosy' was organized to have interaction between leprologists, programme managers and practising dermatologists of Pune so as to arrive at some consensus on the current treatment regimens recommended by WHO and NLEP. This was considered necessary because the practising dermatologists treat about 10–15% of the leprosy patients in the cities. However they do not follow the national guidelines while treating patients but decide on the classification, treatment regimen and duration of treatment on individual patient to patient basis.

Major General M. A. Tutakne, Dean, Armed Force Medical College, chaired the symposium. Dr A. S. Naik, Prof and Head, Dermatology Department, BJ Medical College, reviewed WHO and Government of

India recommendations on 12 months MDT for MB leprosy and ROM single dose for single skin lesion (SSL) PB leprosy.

Dr R. Ganapati, Director, BLP who traced the evolution of short course treatment for leprosy and described his experiences in current regimens recommended by the WHO/NLEP. He asserted that long term follow-up of patients of FDT 24 and 12 should be undertaken if we want to observe relapses before doubting the efficacy of FDT 12. He presented long-term observations of 74 cases (FDT 24+ FDT 12) whose BI was more than 3+ and who were also followed up for more than 5 years. No relapse were reported.

Dr M. B. Gharapure narrated the reservations of practising dermatologists on classification and duration of treatment recommended recently which are good for a mass programme but not for individual patients attending dermatologists clinic who are concerned about their clinical problems. He cited an example of one relapse case after WHO PB-MDT who is likely to sue a dermatologist in the court. He also pointed out that his questionnaire study of 92 dermatologists of Pune and surrounding districts showed that 80–90% of them did not accept FDT-24 and PB MDT-6. They managed 4627 cases in their clinics successfully on an individual patient basis specially those cases reporting with clinical problems such as reactions, active skin lesions etc. after starting treatment with NLEP staff.

Dr W. S. Bhatki, Medical Superintendent, Acworth Municipal Leprosy Hospital, gave an immunological background of cure specially in SSL-PB leprosy and explained how a single dose of ROM is adequate to kill bacteria. The residual patch will be taken care by the body system for which chemotherapy is not required.

Dr D. Poricha, IAL Secretary (Central), drew the attention of participants to the fact that in the game of single dose treatment of SSL-PB we will be losing sight of potential smear positive single lesion cases as skin smears are not practised. The programme people should be cautious about it.

The following views were expressed by the dermatologists Drs D. J. Patil, A. H. Patki, D. G. Jogaikar, Deepak Kulkarni, M. Y. Honap and Ben Naffs.

- 1 The nerve histology should be considered for classification as some studies have shown viable bacilli in the nerves even after long term treatment.
- 2 Dermatologists have to treat patients adequately only to prevent relapses and hold on them.
- 3 As SSL-PB leprosy may harbour millions of viable bacilli (as per the Katoch report), a single dose of ROM will not be adequate.
- 4 As viable bacillary load is very high in LL cases, FDT 24 or 12 is not adequate to eliminate all the viable bacilli.
- 5 Absence of dapsone increases the incidence of reaction.

No consensus could be arrived at the end of this session, the subject is kept opened for further interaction.

Mr S. S. Naik, while presenting a summary of the workshop, highlighted the 15<sup>th</sup> International Leprosy Congress, Beijing 1998, passed a resolution to work towards a 'World Without Leprosy'. The main thrust was on chemotherapy, elimination and rehabilitation. This workshop was planned accordingly to accelerate the activities in that direction.

The participants appreciated both Dr V. H. Jadhav and Dr D. G. Jogaikar for organizing this symposium so successfully.

(This symposium was sponsored by The Leprosy Mission, New Delhi, American Leprosy Mission, Damien Foundation and Indian Leprosy Foundation.)

Dr C. R. Revankar, Hon. Secretary, IAL-MB

## **IAL Workshop on further strategies for leprosy elimination in Maharashtra**

The Indian Association of Leprologists Maharashtra Branch (IAL-MB) in collaboration Poona District

Leprosy Committee (PDLC), IAL central, Bombay Leprosy Project (BLP) and Government of Maharashtra conducted a workshop at BJ Medical College, Pune on 27 February 1999. In all, 135 delegates consisting of leprologists, District Leprosy Officers (DLO), practising dermatologists and postgraduate students participated.

The workshop discussed the strategies for Leprosy Elimination with special reference to case detection and treatment in difficult population groups and areas specially in Maharashtra state. Selected DLOs were invited to present their survey findings among fishermen, hotel and restaurant boys, construction workers, stone cutters and nomads who are generally not examined routinely or missed by the leprosy workers.

Dr J. A. Ponniah, President of IAL Central, chaired the first session. In this session, Dr Jal Mehta, Honorary President of PDLC (paper was read by Dr V. H. Jadhav) and Dr C. S. Walter, Director, The Leprosy Mission, New Delhi, discussed various steps involved in institutional rehabilitation and community participation in leprosy elimination, respectively. Dr M. D. Gupte, Director, Institute for Research in Medical Statistics, Chennai presented an account of a recently completed field trial of Leprosy vaccine which showed that both ICRC and BCG + HKML vaccines gave 65% protection rate against leprosy. Dr Ben Naffs, Dermato-Venereologist of Tropical and Import Dermatology, Netherlands shared his experience on immunopathology and treatment of reactions including nerve damage.

The second session was chaired by Dr P. B. Joshi. Dr C. R. Revankar, Deputy Director BLP, reviewed WHO-supported SAPEL and LEC projects in different countries, including India. While describing LEC in India, he pointed out that states like Bihar, Orissa, Uttar Pradesh and Madhya Pradesh detected 322,193 (82%) cases out of 416,301 new cases identified during campaign indicating a high rate of hidden prevalence in these states calling for intensification of case finding activities.

Dr V. P. Bhardwaj, Consultant Leprologist of NLEP shared his experiences with reference to case detection and treatment in difficult hilly areas such as Chamoli of Uttar Pradesh. In this, a SAPEL project was taken up and 13 new patients could be given MDT through community volunteers.

Dr S. V. Dinni (Thane), M. G. Singh (Raigad) and Amar Thakur (Yavatmal), all DLOs, examined 41,568 individuals belonging to special groups such as hotel boys, fishermen, labourers, stone cutters etc. by innovative methods. Such efforts unearthed 43 new cases (7 MB) who would have remained undetected. The detection rate was 103 per 100,000 population which is abnormally high as compared to current new case detection rate at national level. As some of the patients were from Northern Indian states like Bihar, Uttar Pradesh and Madhya Pradesh, it was stressed that programme managers at District level specially in cities should constantly identify such groups and examine to identify new cases and give them short course chemotherapy wherever necessary as these patients may not be available even for 12 months MDT.

The third session was chaired by Dr A. C. Parikh, president of IAL-MB. Mr Uday Thakar of Kustha Rog Nivaran Samiti, (paper presented by Mr S. S. Naik) presented his observations on RO-28 days treatment (rifampicin and ofloxacin combination) in MB cases in hilly areas of Panvel. All the patients were showing good response. This study showed that the RO regimen could be practised in difficult situations where patients are not available for longer duration treatment.

DLOs Dr B. R. Chavan, Kolhapur, Dr Bansode, Nagpur, Dr M. S. Pimpalgaokar, Bhandra, B. B. Munde, Parabhani Dr B. P. Betal, Wardha and Dr P. S. Bhusari, Chandrapur, described various innovative methods for case detection such as involvement of non-allopathy students, teachers, community volunteers etc.

The fourth session was chaired by Dr P. V. Joshi, Dr D. D. Palande from Pandicherry described methods of early identification of nerve damage and management in the field. Mr V. N. Kulkarni, Physiotherapist, Kondawa Leprosy Hospital presented on the approaches for disability care in the hospital.

(This workshop was sponsored by The Leprosy Mission, New Delhi, American Leprosy Mission, Damien Foundation and Indian Leprosy Foundation).

Dr C. R. Revankar, Honorary Secretary, IAL-MB

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