

Editorial

LEPROSY RESEARCH IN THE NEW MILLENNIUM IN THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (TDR)

Change is afoot in TDR. During its silver jubilee, the new Director, Dr Carlos Morel has instituted a strategic review to come up with a long-term vision and a strategic plan. We have attempted to address the long-standing tension in relations between the research and control communities; the need for a more productive, strategic approach to research capacity strengthening; and the need for a stronger, more dynamic disease focus. The entry of more resources and more players into the field of health research means that TDR cannot expect to remain at the centre of things unless it carefully defines its comparative advantages, works in partnership with the private and not-for-profit sectors and makes far more use of the possibilities in the new information and communications technologies.

Too often in the past, TDR had stopped at the point of ‘proof of principle’ in its development work, leaving the demonstration of how the tool should be used, and assessments of feasibility and cost-effectiveness, to others. Too many times this meant the work was left undone. It is now TDR’s intention to expand its implementation research with obvious implications for the involvement of control programmes both at the conception phase, when work begins on a potential product, and at the evaluation stage.

The dynamic disease portfolio has already meant the addition of tuberculosis and dengue fever. However, it also means that diseases will not simply be phased out when TDR’s traditional role has been fulfilled (tools developed for disease control). Rather, the research will shift to fields that are appropriate for the stage of the disease. With respect to leprosy, this means a shift of the research priorities to ensure that research contributes maximally to the elimination of the disease.

The strengthening of the ‘disease function’ signifies the intention to put more effort into analysing the needs for research, taking into account the epidemiological stage of the disease, and identifying opportunities and potential partners. TDR is unlikely to fund areas of research that are felt to be adequately resourced by other agencies.

Research for ‘the final push’ in leprosy elimination

The strategic review is still working its way into the planning of TDR so that the leprosy research agenda (like those of the other TDR diseases) is actively under discussion, and no final decisions have yet been made as to what new activities will be undertaken, or what old activities might be concluded. However, a first pass at a likely strategy has suggested that the overall objective should be the reduction in the burden of leprosy, with specific objectives to

include the efficient integration of leprosy control into the general health services, the simplification of diagnosis and treatment and the determination of the magnitude of rifampicin resistance. The opportunity to exploit the new information from the genome of *M. leprae* should not be missed, especially in the development of the tools necessary for eradication, such as a test for infection.

More specifically in relation to control of leprosy, health systems and services research aimed at design and testing of leprosy control components within the general health services is likely to be a priority. Innovative ways to improve the quality of services will be explored, such as the expansion of coverage using private practitioners and not-for-profit voluntary organizations in the 'mopping up' of high prevalence districts. Recent concerns about the loss of national research expertise in high prevalence countries are likely to be addressed by the Research Capacity Strengthening (RCS) Team and may involve strengthening country-specific health systems and services research units attached to leprosy control programmes.

As leprosy moves towards elimination, the need for accurate epidemiological information about the extent of the disease and changes brought about by the control programmes becomes paramount. Mathematical modelling of the epidemiology of leprosy will probably be supported to aid decision making in both control issues and the setting of research priorities.

Researchers in the more basic sciences will be able to submit proposals to the Basic and Strategic Research (STR) Team committees for pathogenesis and functional genomics that will continue in the new system. Workers in vaccine development will probably be able to approach the Inter-cluster Vaccine Research Initiative (IVR) and the mechanisms to do this will soon be established. Social, economic and behavioural research will be considered by a committee of the same name that will begin work in September 2000. All grants will be reviewed by these committees on a competitive basis.

The Product Research and Development Team will be responsible for any new drug discovery activities and for work aimed at development of new diagnostics. Clinical trials aimed at development of new regimens to reduce duration of treatment, enhance its simplicity, or create regimens for the treatment of all forms of leprosy will be addressed by some development of the existing THEMYS (Therapy of Mycobacterial Diseases Committee) group.

Finally, one of TDR's comparative advantages is the ability to bring the world's best experts together to consider the best approaches to the problems of research, and one important need of the research community is to meet together at intervals to exchange ideas and stimulate each other. TDR will work with the organizers of the highly successful meeting in Paris in June 2000, hosted by the Association Raoul Follereau, to consider the most appropriate series of meetings that will answer the intellectual needs of the community as well as the responsibilities of TDR to formulate the global needs for research to make a difference to control.

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