Editor’s choice – September 2014

This issue begins with two important papers about poverty, which affects many of those affected by leprosy. The Millennium Development Goals continue until 2015 and Sian Arulanantham argues that we in the leprosy community need to be much more proactive than we have been up to now in the process of developing new goals for the post-2015 era, which will be relevant for those living with disability and stigma, in conditions of extreme poverty; she reports on a process of enquiry in which groups of people affected by leprosy discussed their aspirations for the future. A paper from Bangladesh then reports on innovative methods of defining and working with the ‘poorest of the poor’, who may be too poor to benefit from traditional interventions, such as micro-credit and vocational training.

A research project on interventions to reduce stigma in Indonesia is likely to publish a number of seminal papers in the coming years, and we publish an initial review, looking at the concept of stigma and its causes.

The underlying trend in the incidence of leprosy remains hotly debated and a further paper from the team at Erasmus University and colleagues in northern Bangladesh provides data about incidence over a six-year period in a well-defined sample.

A study from the Stanley Browne Laboratory in Delhi shows that drug resistance in M. leprae occurs currently at fairly low levels. This paper shows that the methodology for monitoring drug resistance using molecular tools is now routine, and supports the need for continued surveillance.

Various aspects of clinical leprosy are reported, including further reports on late neurological consequences, such as neuropathic pain and restless legs, both of which appear to be more common, and to affect quality of life more than was originally thought.

A study from Brazil shows that the social consequences of leprosy last long after completion of multi-drug therapy. This is followed by a workshop report from Nepal, discussing voluntary service provision by leprosy-affected people themselves, an important strategy for the long-term support of those who have had leprosy, in resource-poor settings.

We also reproduce a technical paper from the ILEP Technical Commission, introducing a model Patient Card. This is in response to requests for guidance from many programme managers. This Patient Card can be adapted and translated, as needed.

Paul Saunderson
Editor