News and Notes

IX International Congress of Dermatology

The IX International Congress of Dermatology will be held on May 19–22, 2004, in Beijing, China. Contact: ICD2004 Secretariat, Foreign Relations Department, Chinese Medical Association, 42 Dongsi Xidajie Beijing 100710, China. Tel: 86 10 6524 9989 ext. 1606, 1608; Fax: 86 10 6512 3754; e-mail: ronmeng@chinamed.com.cn and jessicahao@chinamed.com.cn; website: http://www.chinamed.com.cn/dermatology.

Dr Jong-Wook Lee nominated Director-General of WHO

The following article appears as a news item on ILEP’s website (http://www.ilep.org.uk).

The World Health Organization (WHO) announced 28 January that Dr Jong-Wook Lee, a South Korean epidemiologist and expert on vaccines, tuberculosis and diseases associated with poverty, has been selected for the post of Director General. Two votes clinched it for him. Dr Peter Piot, the Belgian head of UNAIDS, came a close second.

Dr Lee, 57, obtained a medical degree from Seoul National University. He then went to the University of Hawaii School of Public Health, where he was awarded a Masters Degree in epidemiology and public health in 1981. There he focused on leprosy work. In 1983 he joined WHO, where he has directed the vaccines programme, including the effort to eliminate polio. More recently, in 2000, he became Director of the Stop-TB Programme, which is a coalition of over 250 international partners including WHO member states, donors, non-governmental organizations, industry and foundations. What is more, Dr Lee is a linguist. His knowledge of languages embraces English, Korean and Japanese. In addition, he reads Chinese and French.

Disabled observe World Disabled Day

A large number of handicapped individuals residing in slums and undergoing computer training in Bombay Leprosy Project (BLP) at their own initiative celebrated World Disabled Day on 3rd December 2002 at the Project’s Vocational Rehabilitation Centre (VRC) in Pratiksha Nagar, Mumbai. A fifth course in Computers with a new batch of trainees was inaugurated.

The highlight of the evening was that a female polio handicapped individual, Ms Razia Khan, who had her own basic training at our centre, will now be training this new batch of handicapped individuals at the same centre. At the get-together, the trainees expressed their deep appreciation of the efforts of BLP in helping them to develop their skills and they then demonstrated their talents in music and poetry. Disabled children demonstrated their skills in painting and preparing greeting cards for Christmas and the New Year.

The Guest of Honour, Mr V. Pamnani, Managing Trustee of Sindhu Foundation, Bombay and a keen collaborator with BLP appreciated the concept of integrated rehabilitation of all the handicapped.

For several years BLP has been propagating the concept that leprosy agencies should observe World
Disabled Day (WDD) with the same enthusiasm as they show towards World Leprosy Day (30th January).

**Leprosy elimination campaigns: impact on case detection**

The following article is taken from Weekly Epidemiological Record, 17 January 2003, volume 78, pp. 9–16. It is also available on-line at: http://www.who.int/lep/, http://www.int/ler and http://www.who.int/lep/Publications/Publications.htm.

**Lessons learned**

The projections that are being made claim that there is still a substantial hidden caseload and interpret the current rates of case detection as a failure of the elimination strategy itself. The evidence given often points to the high numbers of new cases emerging, even after repeated campaigns. The fact remains, however, that one or more successful campaigns should be able to detect most of the hidden cases in the community. If the programme continues to detect high numbers of new cases, despite the LECs, there is clearly something seriously wrong with the way in which campaigns are conducted. A more in-depth analysis of the situation is called for, to identify the underlying epidemiological and operational reasons for this.

**Conclusion**

As a result of the successful implementation of LECs in over 25 endemic countries, more than 1 million new cases of leprosy have been detected and treated since 1995. LECs are one of the main reasons for the observed increase in annual rates of case detection. In addition, LECs have also promoted and strengthened the integration of leprosy services within the general health care system. As a result of this effort, the geographical coverage of leprosy services has increased significantly in many countries, with services at the peripheral level being sustained. Various public information activities carried out during the campaigns have also increased awareness of the disease, particularly in the villages and districts. This has encouraged individuals with suspicious skin conditions to self-report for diagnosis and treatment. The active involvement of the community leaders and administrative authorities has also helped to increase political commitment, especially in the campaign areas. All cases detected during the campaigns were immediately treated with MDT. The active involvement of general health services during LECs made it possible for patients to collect their MDT drugs free of charge at a nearby health facility, saving them the effort of travelling to a special centre, which could be some distance from the homes of most patients. However, the alarming increase in the number of new cases detected in some major endemic countries is a serious concern. The global leprosy detection trend is indeed paradoxical, as information coming from some endemic countries clearly shows a significant decline in detection trends after repeated leprosy elimination campaigns. Such paradoxical trends in some of the major endemic countries could be a result of several operational and administrative shortcomings. Concerned national authorities should urgently undertake a critical analysis of the situation. Programmes at all levels should strictly follow the definition of a new case of leprosy and establish mechanisms to validate data on case detection. Setting targets for case detection and case discharge, as practised in some countries, should be discontinued. Efforts should instead focus on increasing programme coverage and cure rates.

**Technical Advisory Group on Elimination of Leprosy**

The following article can be found on the WHO website at http://www.who.int/lep.

In order to advise WHO on effective implementation of the intensified strategy and the monitoring
of its progress, particularly in the areas of capacity building, MDT supply, communication and information, and monitoring and surveillance, the Director-General established a Technical Advisory Group on Elimination of Leprosy (TAG). The Group consists of six independent experts selected for their expertise in leprosy and programme management with particular reference to public health, epidemiology, community mobilization and advocacy, operational research, and disability prevention.

Main conclusions and recommendations of the 5th meeting of the WHO Technical Advisory Group on Elimination of Leprosy, 9 and 10 February 2003, Yangon, Myanmar

1. TAG acknowledges that the majority of countries where leprosy was considered to be a public health problem have now attained the goal of elimination at the national level. However, an analysis of the current global leprosy situation indicates that a few major endemic countries (notably India and Brazil) are likely to miss the goal of elimination at the national level by the end of 2005. TAG recommends that WHO should play a key role in reviewing their plans of action for the coming years and where necessary assisting in developing more focused plans in order to reach elimination as early as possible.

2. TAG members expressed their satisfaction that many countries have reached the elimination goal, in spite of many constraints, by using flexible approaches that are both innovative and cost-effective. The experiences from such countries will motivate other disease control programmes within the countries themselves and also national programmes in other countries that are currently lagging behind. TAG urges WHO to encourage and guide countries in documenting their experiences and the lessons-learnt for wider distribution.

3. TAG notes that most of the countries that have already attained the elimination goal at the national level, have developed plans and strategies for sustaining leprosy control and reaching the elimination goal at sub-national levels. WHO should, where needed, assist countries in implementing such strategies.

4. Concerned with the stable and high new case detection trends observed in some major endemic countries, TAG recommends that WHO develop protocols to undertake studies for analysing and validating case detection, as reported by routine information systems. Such studies should be undertaken as soon as possible.

5. In keeping with the urgent need in the field and the progress made following complete decoding of the genome map of *Mycobacterium leprae*, TAG recommends that WHO pursue the development of test/tests for leprosy diagnosis within the next 2 years. It also recommended that all efforts should be made to ensure that such test/tests are available for use in the field programmes within the next 5 years.

6. TAG re-states its recommendation that leprosy elimination campaigns (LECs) are a useful approach to accelerate elimination activities in specific endemic areas. However, LECs should now only be focused on high endemic pockets, under-served communities and previously uncovered areas.

7. TAG recommends that all programmes should ensure that treatment registers are periodically updated and good registration practices and guidelines are followed uniformly.

8. TAG re-affirms that the use of Accompanied-MDT would give better access to MDT for all patients in general and specifically to those who are unable to visit the health centre regularly for various reasons. Patients choosing A-MDT as their treatment option and the person accompanying them should be fully informed about the disease and treatment, including the importance of reporting promptly to the health centre in case of complications, and at the end of treatment. TAG strongly recommends that WHO prepares and distributes technical guidelines for the use of A-MDT and that countries document their experiences of its use under field conditions.

9. TAG strongly recommends that WHO should continue to supply high quality MDT drugs, free of charge to all countries in need, in order to achieve and sustain elimination.

10. TAG reiterates that the use of an integrated health information system for collating data on leprosy
is important for the long-term, sustainable surveillance of leprosy. The minimum data required for monitoring leprosy at any level is the absolute number of new cases detected during a defined period in time.

11. TAG considers that validation or certification of leprosy elimination at a point of time is a very difficult and time-consuming exercise that may not be relevant or cost-effective. The development of tools and approaches are technically relevant only for a disease eradication strategy. However, the need and approaches for assessing progress with elimination of leprosy at any level is important for the programmes before, during and after the elimination goal has been achieved. In this regard, leprosy elimination monitoring (LEM) continues to be an effective method of independently assessing leprosy elimination activities. TAG encourages further efforts to develop suitable methods for this purpose.

12. Poverty alleviation measures are likely to have an impact on leprosy transmission. TAG recommends that WHO collect information on poverty alleviation measures taken in countries having a high burden of leprosy and disseminate this information to TAG members for discussion during the next TAG meeting.

**Pure neuritic leprosy**

How commonly leprosy can manifest itself without blemishes on the skin? If so, how does one suspect and confirm the diagnosis early?

These burning problems were discussed after a thorough literature study was presented by four postgraduate students to an expert audience at a seminar hosted by Bombay Leprosy Project at the Sushrut Hospital and Research Centre, on Monday 30th December, 2002. It was revealed that close to 10% of cases of the disease might not manifest on the skin, and this phenomenon is reputed to be prevalent only in India. It was concluded that the implications of this phenomenon should be realized by those dealing with leprosy both at the public health and clinical levels. The consequences of late diagnosis or missed diagnosis may cost the patient dearly, as well as those who are attempting to root out the disease.

The seminar brought to light a very important clinical facet of leprosy which is peculiar to the Indian scenario and which cannot be discarded or taken lightly.

**World TB Day 2003**

The following article appears on LEPRAs’s website (www.lepra.org.uk).

World TB Day was celebrated on 24th March and the latest figures show that over 10 million people have been cured since a Global Emergency was declared by the World Health Organization (WHO) in 1993.

However, the WHO reports that the TB epidemic is still growing unabated in sub-Saharan Africa where it is closely linked to HIV/AIDS and poverty. In some of these countries where there is a high prevalence of HIV, TB rates have quadrupled since the mid-1980s and are threatening to overwhelm established control programmes.

In many of the newly independent states arising since the break-up of the Union of Soviet Socialist Republics, the TB problem is exacerbated by poverty and social disruption. Here too the threat from TB is a growing problem that threatens to overwhelm local health services.

In India, more than 1 million TB patients have been treated since DOTS (Directly Observed Treatment, short course) expansion began in late 1998, and 50,000 new patients are now started on treatment every month. By early 2002 the DOTS programme was credited with saving 200,000 lives.
TDR’s strategic emphases for research on ten tropical diseases

The following article is taken from TDR News, November 2002. It can also be accessed on-line at http://www.who.int/tdr/publications/tdrnews/

Setting priorities for health research is a difficult task, especially for the neglected diseases of the poor. TDR has adopted a new approach to priority-setting for the diseases in its portfolio. Priorities are defined on the basis of a comprehensive analysis of research needs and opportunities for each disease. The resulting priorities are reflected in the TDR strategic emphasis matrix, and are described in a recent article in Trends in Parasitology.

The seven-step analysis used to assess the needs and opportunities for each of the 10 diseases in the TDR portfolio addressed the following questions:

- What is the size and nature of the disease burden and what are the epidemiological trends?
- What is the current disease control strategy?
- What are the major problems/challenges for disease control?
- What research is needed to address these problems / challenges?
- What is currently being done in R&D? What research opportunities exist?
- What are TDR’s comparative advantages?
- Based on the above, what should be TDR’s strategic research emphasis for this disease?

The analyses were undertaken by the TDR disease research coordinators in consultation with groups of experts from research and disease control, and were reviewed and endorsed by the TDR Strategic Management Team and Scientific and Technical Advisory Committee (March 2002). The strategic emphasis matrix shows TDR emphasis by disease and by expected R&D result (i.e. by new knowledge, new tools, new methods and new strategies/policies, as set out in the TDR strategy for 2000–2005). All TDR research activities are planned in accordance with these emphases.

The matrix is not static and the strategic emphases will be modified as new research needs or opportunities come along. However, any modifications will have to be evidence-based and will require a peer-reviewed revision of the strategic analysis for the disease in question.