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Teaching Materials and Services

Report of the Scientific Working Group meeting on Leprosy

The report of the Scientific Working Group meeting on Leprosy, held in Geneva in November 2002, is now available on the TDR website (http://www.who.int/tdr/publications/publications/pdf/swg_leprosy.pdf), as a downloadable PDF file. The Executive Summary from the report is reproduced below.

'In 1977, the World Health Organization (WHO) Expert Committee on Leprosy estimated the global number of leprosy cases to be over 12 million. In 1981, WHO convened the Study Group on Chemotherapy for Leprosy Control, which recommended combined-drug regimens based on supervised intermittent administration of rifampicin for both multibacillary (MB) and paucibacillary (PB) leprosy. Thanks to the implementation of this multidrug therapy (MDT), substantial progress in leprosy control has been achieved and over 12 million cases had been cured by 2002. However, to date there is no clear evidence of an impact of introduction of MDT on the rate of detection of new cases. Approaches to address this question are impeded by a lack of fundamental knowledge about the epidemiology of leprosy, the sources of infection, its precise mode of transmission and the importance of contact patterns.

Worldwide, and in spite of the dramatic impact of MDT on leprosy prevalence, 2–3 million people are still living with deformities due to leprosy. As new cases remain at risk of developing nerve impairment, detecting, managing and understanding the mechanism(s) involved in nerve damage remain a high priority for research programmes. Studies to date have not provided the optimal approaches needed to assure the prevention and management of nerve impairment.

In most leprosy endemic countries, leprosy control activities have been integrated into the general health services or are in the process of being integrated. Research priorities should be directed at assessing and improving the quality of leprosy services in integrated settings, addressing in particular issues of access, case detection, compliance, prevention of disability, and referral services.

Multidisciplinary approaches that enhance research are essential to each research theme, including social sciences approaches, which have been somewhat neglected recently as scientists have focused more on the causative agent of leprosy. Collaboration with researchers in other topics should be actively encouraged. For example, nerve damage studies should be linked with research in the neurosciences, while engagement of tuberculosis researchers is of particular relevance in areas such as new drug exploration and vaccine and diagnostics development. TDR has a specific role to play in sustaining the momentum in leprosy research through capacity strengthening, promoting coordination of research proposals, and facilitating funding opportunities for the identified research priorities.

The Scientific Working Group produced a clear consensus on the major possibilities for leprosy research based on the expressed research needs from endemic countries and the current research opportunities. The next step will be to develop these major research priorities into detailed programmes and research protocols. Specific proposal development workshops will be convened in 2003 to develop the proposals and protocols for research programmes in the identified areas: transmission/diagnostics, nerve damage, and integration into the general health services.'

0305-7518/04/064053+04 $1.00

Three new leprosy training guides

Three guides have recently been published by ILEP on the topics of training in leprosy, integration of leprosy services, and how to carry out a skin smear. All three publications can be ordered through books@ilep.org.uk.

ILEP Technical Guide: Training in Leprosy (ISBN 0947543260)

This guide is aimed at staff who organize, support and run leprosy training activities at national, regional or district level. It offers practical guidance on topics such as assessing training needs, effective teaching and learning methods, online learning, on-the-job training and organizing evaluations.

The guide has been developed in consultation with a number of practitioners who have extensive experience in leprosy training, and this is reflected in the many practical tools and ideas that it contains. It will be a useful guide for training managers, facilitators, trainers, supervisors and other teaching staff.

ILEP Technical Guide: Facilitating the Integration Process—A Guide to the Integration of Leprosy Services Within the General Health System (ISBN 0947543279)

This book offers guidance to public health managers and decision-makers at national and regional level faced with the task of integrating leprosy services into the general health system. The guide systematically describes all the steps involved in the integration process, from situation analysis and the development of a plan of action, to implementation and evaluation.

It is founded on the experience of countries that have already gone through the integration process, and aims to help ensure that the lessons learned during these experiences are applied more widely.

How to do a skin smear examination for leprosy: ILEP Learning Guide Three (available in English and French)

This guide consists of three laminated and detachable A4 sheets, and is a clearly presented and durable reference guide for use in the clinic or laboratory. It describes how to carry out all the steps involved in taking a skin smear, and is targeted largely at health workers or laboratory staff with responsibility for taking and reading skin smears, as well as laboratory technicians who may be required to prepare the reagents.

Implementation research

The following article is adapted from *TDR News*, February 2004.

For many years, researchers have assumed that an intervention deemed efficacious within clinical trials will be easily transmitted to the reality of control operations. Unfortunately, this is not the case; many examples can be given of effective disease control products that remain on the shelf, never reaching their full potential impact on burden of disease. Take the drug praziquantel for treatment of schistosomiasis, for example. Despite a new lower price, it is still not widely used in Africa, the continent with the highest burden of this disease.

The term 'implementation research' (IR) was first used by TDR in its strategy for 2000–2005 (see *TDRnews*, June 2000), to address the issue of how to effectively deploy specific tools/interventions within the real-world health services. A concept paper on implementation research has now been developed, for which TDR's Scientific and Technical Advisory Committee (STAC) defined the

framework, including the criteria (e.g. focus on process and outcome indicators) and general operating principles (e.g. rapid and active response to needs of disease control). STAC recommended that the issue of access be de-coupled from the question of health impact because, although both are important, they generally require different study designs and need to be measured over different time scales.

Basically IR will answer two types of research question. Firstly, the question of how to implement and ensure effective access by those in need; this is the next logical step for products in the TDR research pipeline that are ready for implementation. For example, TDR helped take rectal artesunate through to registration, and now is conducting research on strategies and impacts of deployment of this drug formulation in highly endemic malarious areas. Similarly, research to develop cost-effective delivery strategies for miltefosine, another recently registered TDR product, for treatment of leishmaniasis, is ongoing.

Secondly is the question of how to bring interventions to scale within the context of the health system constraints in endemic countries. This question relates to tools that have been developed by TDR in the past and which, despite having become cornerstones of disease control, still face major obstacles to large-scale and sustained access. For example, among other things, IR is being conducted on drug delivery strategies for lymphatic filariasis elimination in urban areas (i.e. strategies for delivery of single dose DEC or ivermectin, with or without albendazole), and on strategies for improved delivery of praziquantel for schistosomiasis at community level.

IR can be used as a tool to optimize control appropriately, to contribute to the initiatives of many programmes, and to establish a closer relationship between scientists and control staff. For example, the initiatives of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and of programmes related to the United Nation's Millennium Development Goals can extensively benefit from implementation research.

Interactive tutorials

The Wellcome Trust has recently produced a series of 10 interactive tutorials, introducing and illustrating the important aspects of leprosy. Topics covered include: ocular leprosy, diagnosis, prevention and control, epidemiology, histopathology and classification, treatment, clinical features and classification, immunology and physical and social management.

Key areas covered include:

- the latest epidemiological data on leprosy from the World Health Organization (WHO);
- current WHO treatment regimens for multidrug therapy;
- comprehensive information on the WHO and Ridley-Jopling systems of classification;
- detailed and fully illustrated guides to the histopathological and clinical aspects of the Ridley-Jopling classification;
- a comprehensive guide to all aspects of ocular leprosy—diagnosis, treatment and prevention of blindness;
- how to treat and prevent physical impairment in leprosy;
- when, why and how to take skin biopsies and slit-skin smears;
- prevention and control of leprosy to WHO elimination levels.

There are over 900 images.

For further information, please contact: CABI Publishing, CAB International, Wallingford, Oxon OX10 8DE, UK. Tel: +44 1491 832111; Fax: +44 1491 826090; Web: www.cabi-publishing.org; e-mail: orders@cabi.org.

ILEP LEPROSY DIARY

Categories of meetings	mm/yy	dd	Location	Details	Contact	E-mail
ILEP	Oct 2004	1	London	ILEP Standing Committee	ILEP Secretariat	ilep@ilep.org.uk
ILEP	Dec 2004	7–12	Hyderabad, India	ILEP 64th Working Session & 30th General Assembly	ILEP Secretariat	ilep@ilep.org.uk
ILEP	Mar 2005	18	London	ILEP Standing Committee	ILEP Secretariat	ilep@ilep.org.uk
ILEP	Jun 2005	7–10	London	ILEP 8th Mid-Year Meeting	ILEP Secretariat	ilep@ilep.org.uk
ILEP	Sep 2005	30	London	ILEP Standing Committee	ILEP Secretariat	ilep@ilep.org.uk
ILEP	Dec 2005	6–10	Britain	ILEP 65th Working Session & 31st General Assembly	ILEP Secretariat	ilep@ilep.org.uk
TECHNICAL—INTL	Sep 2004	20–26	Fontilles, Spain	International Leprology Course for Health Workers	Dra Pérez; Dr Gómez	fontilles@fontilles.org
TECHNICAL—INTL	Oct 2004	4–9	Fontilles, Alicante	International Seminar for Health Workers	Dra Pérez; Dr Gómez	mperez@fontilles.com
TECHNICAL—INTL	Nov 2004	22–27	Fontilles, Spain	International Leprology Course for Doctors	Dra Pérez; Dr Gómez	mperez@fontilles.com
TECHNICAL—LOCAL	Sept 2004	6–11	Equatorial Guinea	Update on Leprosy Seminar	Dr Gómez; Sra Moll	jrgomez@fontilles.com
TECHNICAL—LOCAL	Sept 2004	20–26	Fontilles, Alicante	International Leprology Course for Health Workers	Dr Gómez; Dra Pérez	fontilles@fontilles.org