

News and Notes

PSI recruiting MBBSs for new STI prevention project

Population Services International's new STI prevention project announces its first round of recruitment for training and support team members. Population Services International (PSI) is an Indian non-profit and non-governmental organization established in 1988 with a mandate to assist the Government of India in the fields of reproductive health, HIV/AIDS prevention, and maternal and child health. PSI is currently implementing a 5-year sexually transmitted infection (STI) prevention and treatment programme. This programme is being implemented across National Highways 1–9 and in rural and urban districts of the states of Karnataka and Andhra Pradesh, with the core technical team coordinating the activities from New Delhi.

The training and support team members (TSTs) are the foundation of PSI's new programme. Each team will comprise three members, including at least two MBBS doctors, and they will report to the State Franchise Manager. The TSTs will be given extensive training in all aspects of their work and will be supported by state and national level teams. Responsibilities include:

1. Training health care providers in STI diagnosis and management.
2. Planning all aspects of health care providers STI management training.
3. Recruiting qualified health care providers for a network.
4. Assessing the skills of health care providers and identifying 'model' providers.
5. Conducting follow-up visits to trained health care providers.
6. Monitoring and evaluating provider compliance with programme.
7. Suggesting improvements in training programme based on information gathered during support visits.
8. Working with the training team to incorporate changes and make improvements.
9. Maintaining accurate records of visits, and sending correct data to state offices via internet/data entry each week.
10. Evaluation of territories to select health care providers for training.
11. Potential for clinical experience in STI/HIV.

Requirements: completed MBBS from nationally recognized university; completed first year of internship; commitment to community service work; knowledge of Microsoft Office applications; ability to work in both a team and independently; ability to commit to 2 years (minimum); ability to work in both English and local language; willingness to work in both rural and urban settings; ability to drive a two wheeler (licence required); willingness to travel to attend training twice a year.

For further information on this position or an application form, please email tstapplication@psi.org.in.

Dr R. Ganapati honoured for life-long contribution

In recognition of his life long contribution for the cause of leprosy, Dr R. Ganapati, Director, Bombay Leprosy Project (BLP) and the Past President of the Indian Association of Leprologists (IAL), was honoured at the 24th Biennial Conference of the IAL in Haldia, West Bengal on 28 February 2004. He

received a memento from the Member of Parliament, Mr Lakshman Seth. Dr Ganapati had also earlier held positions of the Honorary Secretary and Vice President of IAL.

IAL, which celebrated its Golden Jubilee 2 years ago, is the oldest and highest academic body in the country, devoted exclusively for leprosy at the national level. BLP was founded 27 years ago by Dr Ganapati, who started his leprosy career in 1963. All the project activities, both routine and research are carried out entirely through funds raised from the public through appeals to the donors.

Report on the Sixth Meeting of the WHO Technical Advisory Group on the Elimination of Leprosy

The Sixth Meeting of TAG met in February 2004. The full draft report can be found on the WHO website (<http://www.who.int/lep/TAG/TAG6.doc>), and the conclusions and recommendations are summarized below.

- I. Although much progress has been made towards the elimination of leprosy as a public health problem, major challenges remain in several highly endemic countries. These countries will need close attention during the coming years. In addition, other countries still have highly endemic pockets at province/district levels. Such countries should identify these areas and take special action to analyse the circumstances and to implement appropriate control measures.
- II. For external reporting, monitoring progress and international comparisons countries should follow the WHO guidelines for definitions regarding diagnosis, treatment, cure and defaulters, and for reporting of the point prevalence rate.
- III. Wherever possible, programmes are recommended to analyse new case detection trends by age, sex and type of leprosy in selected populations for review by TAG. WHO can assist and advise countries on appropriate methods do this.
- IV. The Indian national programme has conducted an impressive study on the validation of new case detection. The lessons learned from this study are important for all endemic countries, which are urged to conduct similar studies with a detailed analysis and presentation of findings. Efforts must be made to reduce wrong diagnoses and the re-registration of old cases as new cases.
- V. The WHO leprosy programme should continue to collaborate in developing an appropriate research agenda, including operational research, with TDR.
- VI. TAG welcomes the favourable results obtained so far in the study from Brazil comparing 12-month MDT with 24-month MDT for MB patients. TAG recommends that countries continue to accumulate more data on the outcome of 12-month MDT for MB patients.
- VII. TAG congratulated the Damien Foundation, India, for conducting an excellent study comparing Accompanied-MDT with routine MDT under field conditions. The results demonstrate that, given adequate counselling and appropriate support, treatment adherence with A-MDT can be better than with routine MDT. TAG re-endorsed the use of A-MDT and urged that similar documentation of experiences be undertaken in other programme settings.
- VIII. TAG reviewed recent findings of the third re-survey from the South India leprosy vaccine trial. Further studies of the use of booster doses of BCG in school children and its use in household contacts are in progress in Brazil. The implications of these new results for the role of anti-leprosy vaccines in leprosy control should be reviewed in the context of other findings on mycobacterial vaccines.
- IX. TAG reiterated that LEM exercises are relevant in monitoring various aspects of leprosy control activities, and encourages all endemic countries to conduct such exercises.
- X. Evidence to date from national reporting and from well-conducted cohort studies indicate that relapse after MDT is rare. However, it is important that monitoring of relapse continues, studies of resistance (particularly rifampicin) in relapses are undertaken, and the use of molecular genetic methods to distinguish relapse from re-infection is explored.

- XI. TAG welcomes the launch of the U-MDT trial in China and India, and encourages further centres and agencies, including ILEP, to participate in such trials.
- XII. TAG reviewed the preliminary findings of ROM trials for single skin lesion PB cases and PB cases with up to five skin lesions. TAG recommends one additional year of follow-up with a full analysis of findings.
- XIII. TAG discussed in detail the objectives and activities necessary to sustain leprosy programmes after 2006. Feedback from countries which have already achieved the leprosy elimination target indicates that leprosy programmes are being sustained within existing health services. Further documentation of the experiences of such countries would be valuable for framing future strategies. These strategies should be based on integration of all leprosy activities within existing primary health care health services. The continued free donation of high-quality MDT drugs by Novartis is an essential component of these strategies. Monitoring of new case detection at national and sub-national levels is also essential.
- XIV. TAG recommended that a clear strategy with a new focus be developed by the WHO secretariat for the next 5 years (2006–2010) in order to sustain achievements of the elimination strategy to date and to reduce the disease burden further at national and sub-national level. Such a strategy may be the subject of a WHA resolution in the year 2005 or 2006.

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Erratum

In the March 2004 issue of *Leprosy Review*, the paper by Tsutsumi *et al.* contained an error regarding one of the author's names. *Leprosy Review* apologises for this error, and for any inconvenience caused; the correction is given below.

Depressive status of leprosy patients in Bangladesh: association with self-perception of stigma

ATSURO TSUTSUMI*, TAKASHI IZUTSU**, M. D. AKRAMUL ISLAM⁺, JALAL UDDIN AMED⁺⁺, SHINJI NAKAHARA*, FUMIE TAKAGI* & SUSUMU WAKAI*

*Department of International Community Health,
Graduate School of Medicine, The University of Tokyo

**Department of Mental Health, Graduate School of Medicine,
The University of Tokyo

⁺Division of Health and Population, Bangladesh Rural Advance Committee

⁺⁺National Leprosy Programme, National Leprosy Institute and Hospital Compound