UN Secretary-General’s address on World TB Day

The following address was given by UN Secretary-General Kofi Annan on the occasion of World TB Day.

Five thousand people die from tuberculosis every day, although the disease is both preventable and curable. Clearly, we must work harder if we are to achieve, by 2015, the Millennium Development Goal of halting and beginning to reverse the spread of TB as one of the world’s major diseases. Thanks to a massive scale-up of the DOTS strategy for TB control recommended by the World Health Organization, with 17 million persons treated in nine years, our prospects for reaching the goal have improved greatly.

WHO reports that eight in 10 patients are successfully treated under DOTS programmes, and that 455 of infectious patients were treated in 2003 – up from 28 per cent in 2000. But huge obstacles remain, particularly in Africa – in the form of weak health systems, a depleted health workforce, and an HIV/AIDS epidemic that is driving TB. As Nelson Mandela said, ‘We cannot win the battle against AIDS if we do not also fight TB. TB is too often a death sentence for people with AIDS.’ I urge African leaders to make the fight against both diseases a priority.

The Stop TB Partnership, with its 350 partner governments and organizations, is making a difference by forging consensus on strategies, coordinated responses, mechanisms for quality drug supply, and action for new diagnostics, drugs and vaccines. Governments, bilateral agencies, the Global Fund to Fight AIDS, TB and Malaria, and the World Bank are providing more resources. Yet, to achieve worldwide impact, more is needed. And we must provide greater support for the increasingly wide range of caregivers who help find people ill with TB and assist them with treatment. These providers include not just public health doctors and nurses, but also community leaders, former patients, women’s groups, and many others.

Such broad mobilization is our strongest weapon in the fight against the disease. On this world TB Day, let us rededicate ourselves to that mission.

BLP inaugurates DOTS centre

On the occasion of World TB Day, 24 March 2005, Bombay Leprosy Project (BLP) inaugurated a DOTS centre at VP Nagar, Worli, Bombay. The centre was opened by Dr Siddique, Medical Officer for Health (MOH), G-South Ward of Bombay Municipal Corporation. Staff from BLP and Jijamata Health Post, as well as from the RNTCP attended this function. This centre will provide Directly Observed Treatment Short course (DOTS) to TB patients from the slums in this region. BLP has been already assisting RNTCP activities in Kherwadi (H-Ward) and Dharavi (G-North) Health Posts, since 2003.

New AIFO website

The new English language AIFO website can be found at http://www.aifo.it/english/index.htm. Among the new additions to this webpage are:

1. A page on PHM in Italy and information about PHA-II in Cuenca in 2005. This page includes links to women’s access to health and million signature campaigns.
2. Online books, documents and reports related to leprosy, disability, primary health care, etc.
3. Some online learning courses on leprosy and tropical diseases.
4. Online exhibitions – at present there is just one exhibition (on Angola), but hopefully new ones will be added soon.
New eye unit in Orissa

LEPRA, in partnership with Sight Savers International, has recently completed the building of a new eye unit at LEPRA’s Bolep project in Orissa. There has been a need for sometime for a surgical unit that could serve the needs of people with eye damage caused by leprosy, as well as general eye care problems suffered by those living in the area. LEPRA saw more than 7000 cases of eye related problems in 2004 alone, that’s around 135 people a week.

The Bolangir Leprosy Elimination Project (BOLEP) began in April 1990 and covers the entire Sonepur district of Orissa, which is one of the most leprosy endemic districts in India. Sonepur is also one of the least developed parts of India, where 85% of the population are rural workers. The population of over 500,000 is thinly spread, so a lot of time is spent travelling to tribal villages. As a result, the project staff work long hours because of the amount of time spent travelling to reach some of these places for their routine work. The Mahanadi river divides the project area and as there is no bridge, boats must be used to make the dangerous crossing. During the rainy season, many areas are not accessible.

The new eye hospital will concentrate on raising awareness of the new facility and educate locals in preventative and curable eye care services now available to them. New staff are in the process of being appointed and training has started to ensure the Hospital is run effectively and efficiently.

With the new hospital in place, capacity to deal with eye related problems will increase and more complex surgeries will be carried out on site. It is hoped that further funding will mean that LEPRA can spread eye care services to other areas as the project develops.

BLP receives award for outstanding leprosy work

National Society for Equal Opportunities for the Handicapped (NASEOH) gave the Sulakshana Ram Janam Pandey Award to Bombay Leprosy Project (BLP) on 9 December 2004 in recognition of the Institution’s outstanding services provided to leprosy patients for nearly 3 decades.

Dr. R. Ganapati, Director of BLP, received the Award at the hands of Chief Guest Mrs Jaywantiben Mehta, former Union Minister of State for Power. In his acceptance speech, Dr Ganapati remarked that while disabled leprosy patients are ostracized by the society, recognition of leprosy work by NASEOH assumes special significance.

He said that BLP was fortunate over the years to have raised devoted medical and paramedical manpower working relentlessly to prevent disabilities through door step-services and rehabilitate leprosy patients along with those physically handicapped due to other causes in an integrated manner. This task was by no means easy. This recognition has come at a time when BLP, an organization entirely dependent upon public donations faces unprecedented financial constraints. Dr Ganapati was confident that this Award would help the institution to overcome such a set-back and rededicate itself to work with greater zeal towards a ‘World Without Leprosy’.

Other individuals and organizations rendering notable services to the handicapped also received Awards at the hands of the Chief Guest.

TALC partner launches new video about HIV-positive priest

The following article appears on TALC’s website.

Strategies for Hope, a long-standing partner of TALC, has launched a new video, designed to combat HIV-related stigma in the churches. The video features Canon Gideon Byamugisha from Uganda, the first African priest to disclose his HIV-positive status.
While churches throughout the world have provided health care and counselling to many people living with HIV/AIDS, they have been less effective in addressing HIV-related stigma and discrimination. Many churches have ignored HIV/AIDS as an issue affecting their own members, or have expressed judgemental attitudes towards people living with HIV.

In this video, entitled ‘What can I do?’, Canon Gideon talks about the need for his fellow Christians to do away with judgemental attitudes towards HIV-positive people, and instead to offer them love and support. ‘Churches need to spread hope, not fear,’ he says. He goes on to tell how his wife died of an HIV-related illness and that he too found out he was HIV-positive. He accepted his status and disclosed it to his family and friends, and later to his Bishop. Later he married a woman who was also HIV-positive.

Canon Gideon speaks on the video about the difficulty he has faced when buying condoms, because shop-keepers associate condoms with immorality. But with the support of his family, friends and the church, he has gone on to speak about his experiences in Uganda, elsewhere in Africa, as well as in Asia and North America. He is driven by the conviction that HIV/AIDS is both a preventable and a manageable illness, providing the barriers of stigma, shame, denial, discrimination and ignorance can be broken down. He wants to encourage others, especially religious leaders, to get this important message across to the general public.

The video is 49 minutes long and is divided into short segments on topics such as ‘Coping with stigma’, ‘Why be tested for HIV?’ and ‘Challenges for the church’. It is accompanied by a 48-page Facilitator’s Guide, to enable groups to explore in greater depth the issues which it raises.

The production and distribution of the video and the Guide are supported financially by Christian Aid, World Vision, The World Bank and Lutheran World Federation. The video is available from TALC in VHS format (£16) or as a DVD (£20), and the Facilitator’s Guide costs £2.

New Chairman appointed for Medical Advisory Board

LEPRA has announced the appointment of Dr John Porter as Chairman of its Medical Advisory Board. Dr Porter has been a member of the Advisory Board since 1996 and is a Reader in International Health at the London School of Hygiene & Tropical Medicine. He trained in medicine at Kings College Hospital, London and specialized in paediatrics.

In 1984 he studied public health at the Harvard School of Public Health (MPH) and then trained in infectious disease epidemiology and control at the Center for Disease Control and Prevention in Atlanta, and the PHLS Communicable Disease Surveillance Centre in London. He has worked at the school since 1991.

Dr Porter’s research work includes the control of tuberculosis, the interaction between TB & HIV, health systems, conflict and health, and public health ethics. He has worked with LEPRA India on operation research relating to leprosy and tuberculosis.

Artemisinin: natural therapy for malaria

The following report is taken a longer article that appears in the October 2004 issue of *TDR News*.

A new drug candidate for malaria, based on artemisinin, a natural product from a traditional Chinese herbal remedy, has emerged from research sponsored first by TDR and then by the Medicines for Malaria Venture (MMV). A wave of publicity, including articles in major newspapers and television feature stories, followed the recent publication of a scientific paper describing this work. The team responsible for this success, led by Jonathon Vennerstrom at the University of Nebraska, reports in *Nature* on the design and synthesis of novel compounds, synthetic peroxides, that maintain the peroxide bond in artemisinin that is critical for activity while overcoming many of the drawbacks and limitations
of artemisinin such as the need to extract the compound from plants (leading to availability, purity, and cost issues) and problems with its biopharmaceutical profile (poor bioavailability and short half-life). Artemisinin is believed to exert its antimalarial action via a pharmacophoric peroxide bond in a unique 1,2,4-trioxane heterocycle. The approach taken by Vennerstrom et al. was based on systematic examination of a chemical class known as secondary ozonides. These compounds have the required endoperoxide bridge but tend to be unstable. In order to protect the sensitive peroxide bridge, a large, bulky group known as an adamantane moiety was added onto the ozonide ring. The resulting compounds were stable, and remarkably were more effective at killing the parasite than artesunate or artemether, but they were poorly water soluble and not very active when administered orally.

**NLR/TLMN Physiotherapy Meeting, 27 and 28 October 2004**

The first joint physiotherapy meeting for staff working in projects supported by Netherlands Leprosy Relief (NLR) and The Leprosy Mission Nigeria (TLMN) was held on 27 and 28 October 2004 in Minna, Niger State, Nigeria. The meeting, which was sponsored by NLR and TLMN, had the following objectives.

1. To provide a forum for familiarization with participants and operators in the Prevention of Impairment and Disability (POID) programmes in the areas supported by the two Non-Governmental Organisations (NGOs).
2. To share ideas about the peculiar problems and solutions in organizing and running a POID programme in the various projects.
3. To seek ways of fostering mutual cooperation among projects and personalities involved in POID.
4. To review policies and other information relevant to POID in Nigeria.
5. To plan for the future.

Following the fruitful sessions and deliberation, the following resolutions were made:

- We salute the sincerity of purpose of the Federal Government in setting up the National Tuberculosis and Leprosy Control Programme (NTBLCP). We commend the effort of Non-Governmental Organizations (NGOs) notably NLR and TLMN in assisting the Federal Government towards successful implementation of the NTBLCP especially with regards to Prevention of impairment and disability (POID).
- A POID course should be organized at the National Tuberculosis and Leprosy Training Centre (NTBLTC), Zaria, to provide knowledge and skills on prevention and management of disability for leprosy staff. Physiotherapists and other rehabilitation professionals working in leprosy should be involved in planning, curriculum design and implementation of the course.
- A physiotherapist should be employed at the NTBLTC as a matter of urgency before the take off the POID course.
- Every control programme should have at least one qualified physiotherapist to take charge of the physiotherapy department and supervise POID activities in the control programme. The practice where physiotherapy assistants take charge of physiotherapy department and act as physiotherapists is against the regulations of the Nigeria society of Physiotherapy (NSP) and the Nigerian Medical Rehabilitation Therapist Board (MRTB).
- Efforts should be intensified to source materials locally for production of prosthesis and other aids for our patients. Samples of imported aids example knee joints and foot pieces for prosthesis can be submitted to companies and technical institutions for fabrication.
- We welcome the concept of Integrity, Dignity, and Economic Advancement (IDEA) for people affected by leprosy. We urge everyone to cooperate maximally with the programme and view it as complementary rather than conflicting with the self-care programmes currently going on in many projects.
We decry and condemn the exclusion of the role of the physiotherapist in the new National workers’ manual. The Physiotherapist in the new manual is lumped under general health staff. We submit that a physiotherapist is by no definition and explanation a general health staff. If this omission is not intentional, we advise that an addendum be added to the new manual specifying the role and responsibilities of the physiotherapist as in previous editions.

The new manual provides 4 points for sensory testing in the hands and feet. It is our feeling that, while the 4 points may be adequate for fieldwork, 10 points may be more ideal for use in hospitals.

There is need for POID operators in all leprosy programmes in Nigeria to meet regularly at least once in a year to discuss matters relating to POID. To this end, we propose a meeting of all physiotherapists working in leprosy once a year to be held in October.

FIDELIS T IYOR
(on behalf of the participants)