

## Editor's Choice

This issue of *Leprosy Review* opens with three contrasting reflections on the independent evaluation of the Global Alliance for the Elimination of Leprosy. This was formed in 1999 as an alliance between WHO, the governments of the major endemic countries, the Japanese Nippon Foundation, the Novartis Foundation for Sustainable Development, the International Federation of Anti-Leprosy NGOs ILEP and the Danish Development Cooperation Agency Danida. The alliance did not always work well, and in 2002 WHO invited an independent team to evaluate the GAEL. Their report can be found at <http://www.who.int/lep>. Since there has been no published discussion of GAEL, we decided to invite comments, which are now published here. I am sure that other people will have different views on GAEL, and we welcome further comments and discussion hopefully for future letters, The Leprosy Unit at WHO were also invited to contribute but Dr Endo declined since they are relocating the global leprosy programme and feels that the WHO response should be reviewed after the settlement of the relocation and consultations with members. We hope that he will later write for *Leprosy Review* outlining future WHO policies on leprosy.

Ulcers are a common problem for leprosy services at all levels so it is a pleasure to publish work on ulcers. Joshua and Sarkar have devised a new rotation flap technique for the management of chronic heel sinus. In their hands this technique worked well and produced minimal scouring of the sole. The proof of the technique will be in the long-term follow-up.

The paper by Jardim *et al.* from Brazil is a useful study on neuritic leprosy. The formal diagnosis of this type of leprosy is often difficult, even in referral centres. Their study highlights the frequency of neurological symptoms, especially nerve pain, in their cohort. Interestingly nerve enlargement was not invariable and 32% of patients had no enlarged nerves. Seventy nine percent of the nerve biopsies showed fibrosis indicating ongoing irreversible nerve damage.

Readers who worry about publication bias will be pleased to note that in this issue we publish three negative studies. Sinha *et al.* report on the sero-diagnostic tests used in the leprosy vaccine trials in Southern India. Almost 6000 households and close contacts had antibodies to PGL-1 and 35kDc measured. Of the contacts, only 2.7% were seropositive for PGL1 antibodies and 5.4% had antibodies to the 35Kd antigen. Furthermore, almost all the new incident cases of leprosy emerged from the sero-negative group. This study is disappointing, but important.

In the second negative study, Faber *et al.* measured serum cytokines prospectively in new MB patients. Their work showed that currently serum cytokines cannot be used to predict or monitor reactions. Another disappointing but important result.

In the third study, Muruganand *et al.* show that serum lactoferrin levels are not correlated with type 2 reactions.

In December 2005, we shall have a special issue on operational research. Delivering leprosy services is changing rapidly, especially in areas where integration is occurring. This makes it even more important to do and publish operational research. Wim van Brakel will be the guest editor for that issue, so please get writing!

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