

Statement by Professor M. F. Lechat, Representative of the
International Leprosy Association at the Thirty-second
World Health Assembly, May 1979 in
Geneva, Switzerland

Mr. President,

As Chairman of the International Leprosy Association, a non-governmental organization that has been in relationship with WHO for more than 20 years, I am very grateful for the opportunity given me to address the distinguished delegates at the Thirty-second World Health Assembly.

The number of leprosy patients in the world is estimated at more than 10 million, of whom perhaps 3 or 4 million are disabled. Leprosy is therefore on a par with other diseases as a priority health problem and a major social problem.

Until recently the strategy for the control of this disease was relatively simple. That is no longer the case today. Research carried out in the course of national leprosy campaigns, particularly in South-East Asia, Africa, and the Americas, has shown that the causative agent of leprosy is becoming resistant to the customary forms of therapy.

At the Eleventh International Congress on Leprosy organized by our Association in Mexico in 1978 at the invitation of the Mexican Government, and attended by a large number of countries, the need for fundamental rethinking of the leprosy problem was recognized.

Leprosy control is therefore at a crucial turning-point, and that is why I wished to address this Assembly.

In this new context, research assumes exceptional importance: basic research to develop new weapons against leprosy, a vaccine, and more appropriate treatment schedules; operational research to adapt the logistics of leprosy control to these new conditions.

Within this critical and genuinely urgent situation the role which the World Health Organization could play in research to identify the problems, define the priorities, amalgamate and coordinate resources has now become fully apparent.

The International Leprosy Association, which represents the international scientific community concerned by this problem, believes that the research activities coordinated by WHO, namely the IMMLEP program to develop a vaccine and the THELEP program to develop improved therapeutic methods, both carried out within the Special Programme for Research and Training in Tropical Diseases sponsored by UNDP, the World Bank, and WHO, provide an example to follow and offer the most reliable guarantee of a solution.

This program is a pilot enterprise in collaboration between governments, WHO, and the scientific community and is characterized by its scope and relevance, by the intellectual resources it is bringing to bear, and by the enthusiasm it is arousing.

The Special Programme can rest assured that the International Leprosy Association will continue to collaborate to the fullest extent.

However, I have the feeling that the Association I represent could do more.

During this Assembly, technical cooperation among developing countries has been discussed. The field of cooperation among countries where leprosy is endemic is extremely large, covering the study of drug resistance, clinical trials, the evaluation of new control strategies, the integration of leprosy control into the primary health service (for the success of leprosy control is undoubtedly an excellent indicator for the efficacy of primary health care), and above all staff training at all levels. In the International Leprosy Association there are over 600 specialists in 82 countries. These resources could undoubtedly be exploited in the three areas of research, services, and training to promote technical cooperation among developing countries. My Association would be willing, for example, to study with governments and with WHO the possibility of collaboration to develop programs aimed at field application of the new

treatment and prevention methods produced by research.

I thank you, Mr. President, and distin-

guished delegates, for giving me this opportunity to express the viewpoint of the International Leprosy Association.

Editorial Transition Completed

With this issue of the JOURNAL, the transition is completed in the editorship from the able and experienced hands of Dr. Skinsnes in Honolulu to the inexperienced (and frequently, of late, trembling) hands of the present Editor at Carville. We have been extremely fortunate in recruiting a most able Assistant Editor, Gary Gordon, with an impressive (almost intimidating) background as a Phi Beta Kappa with degrees in English and philosophy from Columbia University and more recently as a professor of English and technical writing at the university level. Fortunately a man of understanding and patience as well as expertise, we are confident that his gentle exactness will improve the clarity and precision of scientific writing for all of us.

We have also been fortunate in obtaining the services of Allen Press, Inc., Lawrence, Kansas, as the new printer for the JOURNAL. They have a large staff of technically and scientifically expert individuals with extensive experience in scientific publications. Despite being responsible for almost 100 other technical journals, their management team have, to date, shown a remarkable sense of humor in dealing with editorial blunders.

The editorial offices have been installed at the USPHS Hospital, in space rented from the hospital by the JOURNAL, adjacent to the hospital's medical library. We enjoy ready access to the Leprosy Archives, the steady flow of current medical and scientific periodicals, the cooperating library facilities of regional universities, and the services of the National Library of Medicine, all of which are available through the hospital library. These splendid library research facilities make it difficult, but in no way impossible, to fail to keep abreast of current literature. To avoid embarrassing oversights, the Editor would deeply appreciate authors sending reprints or notices of publications which would be appropriate

for inclusion in the Current Literature section of the JOURNAL.

On the advice of more experienced colleagues and in keeping with the spirit of a substantial portion of the membership as expressed in last year's Mexico City Congress, we have undertaken to have every manuscript submitted for publication to the JOURNAL reviewed by at least two independent referees. This process, although at times cumbersome, seems a means of obtaining critical peer review of our work by our scientific colleagues. This process almost certainly will maintain and possibly substantially improve the scientific quality of the JOURNAL. The price we pay in becoming a strictly refereed journal is that more contributions may not be found suitable for publication, resulting in disappointments but hopefully never hurt feelings, and hopefully causing all of us to more critically communicate our findings. We believe that these benefits will outweigh the frustrations of authors' revisions and the expenditure of valuable time and expertise by those whose expert opinions are sought. In order to minimize the delays imposed by the referee system, we are requesting that authors submit additional sets of illustrations (3) so that two can be sent to the reviewers and one set retained at the editorial offices.

In order to meet U.S. postal regulations requiring the JOURNAL to appear promptly each quarter, we were unable to meet printing deadlines for several items because of late receipt of materials from authors. Dr. Convit's opening message to the Congress as President of the International Leprosy Association is included in the editorial section of the present issue. Drs. Monzon and Rassi's abstract, which should have appeared in the Congress issue, is included in the Current Literature section of the present issue. Inadvertently, the Congress issue did not acknowledge the fact that the ex-