

NEWS and NOTES

This department furnishes information concerning institutions, organizations, and individuals engaged in work on leprosy and other mycobacterial diseases, and makes note of scientific meetings and other matters of interest.

Africa. *Employment sought for African paramedicals.* In a special African Paramedical Training Program, 115 refugee students from Africa are now enrolled in allied health programs at 24 institutions in the United States and Puerto Rico. Following completion of their training next year, they will return to their own or other African countries to enhance the pool of human resources on that continent. The Phelps-Stokes Fund, which is operating the program under an AID grant, is eager to discuss employment possibilities for the participating students with any individuals or organizations engaged in health work in Africa.

The students began their studies during 1980 and are being trained for various health roles, including health educator, nurse, physician assistant, pharmacy assistant, medical laboratory technician, nutrition assistant, and environmental health technician.

As a supplement to their formal training in the United States, scheduled to be completed in June 1982, the students will receive a short-term course at an African training site. They should be ready to start work in their new careers in August.

Readers who are interested in discussing placement possibilities for these students in their own agencies, or who can recommend other employment possibilities for them, should contact the APT Program Director, Mr. George Stokes, Jr., Phelps-Stokes Fund, Suite 1100, 1029 Vermont Avenue, N.W., Washington, D.C. 20005, U.S.A.—(From the National Council for International Health Newsletter 2 (1981) 1)

Albania. *The situation of leprosy in Albania.* There is historical evidence showing that leprosy was brought to Albania from Asiatic countries. Between 1719 and 1940, the number of cases of leprosy reported in this country was 29, whereas between 1940

and 1980, owing to a thorough screening, 76 cases have been detected, of which 44 were males and 32 females. Of these, 40 were rendered negative, 13 are still on treatment in hospital, and 23 have died. Distribution according to type of leprosy was 63 lepromatous, 10 tuberculoid, and 3 indeterminate.

For the treatment of leprosy, a leprosarium was set up in 1963, and for the control of the disease a dispensary has been functioning since 1975.

Prevention and control of leprosy in Albania rely on: a) active detection of the cases, particularly in foci of infection; b) obligatory free of charge hospital treatment of all detected cases until negativization with Rifadinum and Lamprene; c) follow-up of all patients after their discharge from the hospital, BCG vaccination of contacts, family surveys, etc.—(From information obtained by M. F. Lechat from the Ministry of Health of Albania)

Argentina. *Premio "Jose M. M. Fernandez" (Bienio 81-82).* La Federación del Patronato del Enfermo de Lepra de la Republica Argentina anuncia el premio el mejor trabajo realizado por médicos o trabajadores de otras disciplinas argentinos o extranjeros con residencia en la República Argentina. Premio: \$2.000.000. Fecha de inscripción: hasta el 31-XII-1982. Informes: Federación del Patronato del Enfermo de Lepra de la República Argentina. Beruti 2373. Buenos Aires.—(Revista Argentina de Dermatología 62 [1981] 289)

Brazil. *Rio de Janeiro: X Iberian Latin American Congress of Dermatology.* The X Iberian Latin American Congress of Dermatology will be held 20-24 April 1982 in Rio de Janeiro. The major themes which are scheduled include: Immunology and Immunopathology; Therapeutics, with special pharmacological focus; Dermatological

Surgery; Dermatopathology; Occupational Dermatoses; and Pediatric Dermatology. For further information, contact Professor Rubem David Azulay, President, X Congresso Ibero Latino Americano de Dermatologia, Caixa Postal 389, Rio de Janeiro, 20.000, Brasil.—(Adapted from the program announcement)

India. *WHO Workshop in teaching techniques.* A WHO Workshop on Advanced Methodology in Teaching Techniques in Leprosy was held at the Central JALMA Institute for Leprosy in Agra, 6–11 April 1981. The objective of the workshop was to bring together a group of teachers engaged in teaching leprosy to field workers. The workshop was intended to stimulate new thought and to provide effective methods of teaching leprosy. It was planned that there would be a two-way exchange of views between the people engaged in teaching and the senior experts involved in similar work. By and large, the purpose was served, especially by panel discussions in which all the workers expressed their views in a forthright fashion.

The recommendations of the workshop included:

- 1) Integration of leprosy with general health services is not desirable at the present time. Taking into consideration the magnitude of the problem, unawareness of the people, lack of necessary training and motivation on the part of doctors and other members of the public, and a lack of health workers to treat leprosy patients, integration of leprosy with general health services should not be hurried but should be brought about in phases.
- 2) Paramedical workers should be taught general medical subjects so as to enable them to understand leprosy and also to guide and to help village people. Leprosy patients should be treated for minor ailments at leprosy clinics. Only trained paramedical workers should be used in delivering such services.
- 3) Before case detection is begun, there should be treatment centers available, and the paramedical worker should be able to gain the confidence of the people in the community.
- 4) Paramedical workers should be aware of the risks of common surgical problems and should be taught necessary steps in prevention of these problems.
- 5) Health education methods differ, depending on whether the paramedical worker is located in a rural or urban area. Various approaches are outlined.—RCH

*The XII International Leprosy Association Congress.** After giving full consideration to the suggestions made by Councillors and other interested persons, the titles of the pre-Congress Workshops and their Chairmen have been decided. The following are the titles:

- 1) Experimental Leprosy
- 2) Microbiology
- 3) Immunology
- 4) Experimental Chemotherapy
- 5) Epidemiology and Control
- 6) Teaching and Training
- 7) Social Aspects

Each Chairman will get in touch with nominated members, and with others to be chosen by him, and will share with them information concerning methods of work and cooperation he considers appropriate, together with suggested times of meetings at Delhi (at the Congress Centre) and other such matters as the preparation of the Report of the Working Group.

In accordance with wishes expressed by many participants at previous Congresses, concurrent sessions will be kept to a minimum and as much time as possible allowed for discussion. It is hoped that the time allotted to each theme at the sessions will reflect the numbers of papers submitted for presentation.

Teaching sessions, with audiovisual aids, are being arranged on a variety of aspects of leprosy: basic pathology; basic immunology; clinical aspects; reactive phenomena; management of eye problems; patient education and self-care; care of anesthetic limbs; rehabilitation; and leprosy control. Each session will be repeated several times at stated intervals so that participants may take advantage of the demonstrations at times of their own choosing. These sessions

* The dates have changed. See page 136.—RCH

will be held from 22 to 25 November 1983, morning and afternoon, in the Congress Building. They have been designed for doctors in clinical practice, with the expectation that they will be appreciated also by specialist scientists wishing to maintain (or gain) an overview of current teaching outside their own immediate interests, by other health personnel, and by administrators. The language will be English. Materials will be available for purchase.

The social and human aspects of leprosy will receive due emphasis during the Congress.—Dr. Stanley G. Browne

Prof. Dr. S. Ghosh appointed Director of the School of Tropical Medicine. Prof. Dr. S. Ghosh has been appointed Director of the School of Tropical Medicine in Calcutta, effective 1 November 1981.—RCH

People's Republic of China. *Second National Leprosy Conference held in Guangzhou.* The 2nd National Leprosy Conference took place in Guangzhou, Nov. 23–28, 1981. This is the 2nd national meeting on leprosy control convened by the Ministry of Health of the People's Republic of China since its foundation in 1949. Representatives from 26 provinces, municipalities, and autonomous regions including some 150 leprologists and dermatologists attended the conference. Dr. Huang Shuze, Deputy Minister of Health, presided over the meeting and gave the keynote address in which he asked the delegates to consider the eradication of leprosy by the year 2000. Dr. Ma Haide (George Hatem), leprologist and Advisor to the Ministry of Health, made a special report on leprosy in China. In his report Dr. Ma Haide noted the successful control of leprosy in the last 30 years in China. The incidence and prevalence of the disease have significantly dropped in many parts of the endemic areas and in some places spread of the disease has been arrested. He proposed a plan of leprosy control for the next 20 years in which emphasis is particularly laid on the need of extensive and intensive popular health education for the public and the training of the basic health workers in the prevention, treatment, and rehabilitation of leprosy.

During the conference Dr. Li Huanying

of the Research Institute of Tropical Medicine, Beijing, gave a talk on her impressions in a recent study tour in India and Burma in leprosy control and of leprosy research activities in U.S.A. and England. Dr. Ye Gan-yun, Deputy Director of the Research Institute of Skin Diseases, Chinese Academy of Medical Sciences, reported on the discussions that took place at the Study Group on Chemotherapy of Leprosy convened by WHO in Geneva, which he recently attended.

At group discussion and panel meetings a free exchange of experience in leprosy control took place among the participants and a number of regulations for conducting and managing leprosy control work were revised.

Several control projects were formulated and approved with a view to eradicate leprosy by the end of the century.

At the conference the 23 units and 45 individuals cited for meritorious services in leprosy control work were given awards and prizes.—Prof. Ye Gan-yun

United Kingdom. *International Seminar on the Prevention of Disablement.* The British Government recently sponsored an International Seminar on the Prevention of Disablement at Leeds Castle, near Maidstone in Kent. About 25 acknowledged experts in various medical fields were invited, together with high officials from such organizations as the United Nations Development Programme, the World Bank, and the International Labour Office. They spent 4 days, under the firm and genial chairmanship of The Lord Home of the Hirsell, an elder statesman among British politicians, discussing and debating. Position papers were provided on such conditions as cardiovascular diseases (especially stroke), industrial accidents, immunization, children's diseases. The case for leprosy was presented by Dr. Stanley Browne.

In this International Year of Disabled Persons, when attention is being focused on the 400 million disabled individuals in the world, insufficient attention has been paid to the prevention of the disablement that leads to handicap. It is gratifying that leprosy was included in the program. Although the number of people whose disablement is attributed to leprosy is comparatively

small, it does represent a huge problem in terms of personal tragedy and economic loss. If deformity in leprosy is largely preventable, why is it not prevented?—a question that awaits an answer.

At the close of the Seminar, the "Leeds Castle Declaration" on the Prevention of Disablement was given to a well-attended press conference.

His Royal Highness the Prince of Wales participated in one of the sessions. As Patron of the I.Y.D.P. in Britain, he takes a lively and practical interest in all that concerns disabled persons. Sir John Wilson, himself blind and President of the International Agency for the Prevention of Blindness, was the moving spirit behind

this international seminar. He is to be congratulated, and the British Government and the Trustees of Leeds Castle deserve the thanks of all for the part they played.—Dr. Stanley G. Browne

U.S.A. *1982 International Health Conference Scheduled.* The International Health Conference of the National Council for International Health is scheduled for 13–16 June 1982 at George Washington University, Washington, D.C. For program and registration information, contact the Conference Coordinator, National Council for International Health, 2121 Virginia Avenue, N.W., Suite 300, Washington, D.C. 20037.—(From the News Release)

NEWS FROM NATIONAL LEPROSY ORGANIZATIONS

INTERNATIONAL JOURNAL OF LEPROSY requests news from national associations. Since 1931 the International Leprosy Association has served as a link between all professionals concerned with leprosy, through the organization of international leprosy congresses organized at five-year intervals, the next to be held in Delhi in 1983, and, from 1933, with the publication of the *INTERNATIONAL JOURNAL OF LEPROSY*. The ILA also maintains privileged relations with two major partners of leprosy control, the World Health Organization, and ILEP, the Federation of Antileprosy Associations.

However, the ultimate responsibility for controlling leprosy lies with the countries where the disease is endemic. Whatever the amount of aid, concern, and expertise provided by international organizations, they can only serve as complements to local resources, which have to be mobilized and coordinated by governments. National associations in endemic countries, whether voluntary organizations involved in assistance to patients or professional societies, can play a major role in assisting leprosy patients and providing expertise. Their role has been recently (1976) emphasized by the Twenty-Ninth World Assembly, in its resolution WHA 29.70, which has recommended "... to intensify coordination

with other international organizations and with bilateral and multilateral agencies with a view to mobilizing the necessary resources in support of leprosy control programmes in the countries in urgent need of assistance in this respect."

National associations of one kind or another do exist in a number of countries. In some, they have indeed assumed a most important responsibility in promoting and collaborating leprosy control for many decades. In other countries, these associations have not yet reached the point where they can actually play such a role.

It is the duty of the International Leprosy Association to stimulate the creation or strengthening of sister associations at the country level. As a first step in this direction, it has been decided that from now on a subsection of the News and Notes section of the *JOURNAL* will be specifically reserved to reports from national associations. It is hoped that this will help those associations to get more visibility, strengthen their actions, share experiences, and develop mutual links.

Contributions to this new subsection of the *JOURNAL* will be welcome.—Professor Michel F. Lechat, President of ILA

Brazil. *Associação Brasileira de Hansenologia Board of Directors.* For 1981–1982,

the Board of Directors of the Associação Brasileira de Hansenologia will be the following: President, Cesar Duílio Varejão Bernardi; 1st Vice President, Antônio Carlos Pereira, Jr.; 2nd Vice President, Diltor V. Araujo Opromolla; Secretary General, Jaire Ferreira; 1st Secretary, Leninha V. Nascimento; 2nd Secretary, Fátima M. R. Alves; Treasurers, Antonio C. Gerbase and Luci G. B. Magalhães.—Prof. Dr. L. M. Bechelli

Nepal. *Nepal Leprosy Relief Association.* The Nepal Leprosy Relief Association is the only national voluntary social organization actively involved in the welfare of the leprosy patients. At present it has a total of 194 members: life members (57), ordinary members (129), and associate members (8). This association has its constitution and central executive committee from elected members.

The main aims and objectives of this association are:

- 1) To study and eliminate problems related with leprosy;
- 2) To help destitute leprosy patients and their families;
- 3) To disseminate health education about leprosy to the people;
- 4) And to cooperate with and help the Government in its programs to control leprosy in the country.

The Nepal Leprosy Relief Association was founded on 19 June 1969 under the chairmanship of Her Highness, Princess Shanti Rajya Laxmi Devi Singh. Later, with the formation of National Social Services Co-ordination Council under the Chairpersonship of Her Majesty, the Queen in 1979, like other voluntary social organizations, this association came under the umbrella of the council. This council has six coordination Committees, and the Nepal Leprosy Relief Association falls under the jurisdiction of Handicapped Services Co-ordination Committee.

This association felt the immediate and pressing need to improve the conditions of two leprosaria in Nepal, one in Kathmandu and the other in Shiagza district, and to educate the children of these leprosaria and rehabilitate them outside. Thus, in the be-

ginning, this association concentrated its efforts and activities in this direction, especially in the education and in rehabilitation of the children of the leprosaria and has been able to rehabilitate more than 300 children through education and to help 231 children at present. On 30 October 1976 this association had taken the full responsibility of the leprosarium of Shiagza district from the government. It has 117 patients at present.

This association considers health education and dissemination of information about leprosy to the people as one of the important prerequisites for the scheme of leprosy control program. This will remove the false belief and misconceptions about leprosy and the social stigma, which is one of the important obstacles. Participating in the exhibitions in the country by displaying posters, charts, distributing pamphlets, publishing articles in the local papers, broadcasting programs and the radio are the principal activities as well as organizing seminars and workshops to disseminate basic information about leprosy to generate the public interest. It is starting to build up a library on leprosy and allied subjects.

This association ultimately aims to spread its activities throughout the whole country by forming branch associations and through its members. It has already opened a branch association in Western Nepal in 1979 and plans to open another in Eastern Nepal in the near future.

This association has also actively participated in the International Year of Disabled Persons, 1981 activities.

The activities of this association, some of which are proposed and marked (*), are as follows:

- I. Children's Welfare Programs, mainly for children from leprosaria:
 - a) Two separate hostels for boys and girls (110 children)
 - b) Education for all children of Kookana leprosarium, through pre-primary and primary school housed inside the leprosarium
 - c) Vocational training and higher education (5 students)
 - d) Children's health clinic, including immunization and supplementary

- food to all children inside Kokana leprosarium (136 children)
- e) Education to the children outside the hostel—14
- f) Construction of a new girls' hostel (accommodation capacity 100 girls)
- *g) Animal husbandry project
- II. Malunga Leprosarium: (117 patients)
 - a) Improvement in management and treatment
 - *b) Vocational workshop
 - *c) Rehabilitation of inmates
- III. Kokana Leprosarium:
 - a) Children's welfare mentioned in I
 - b) Medical treatment center (under construction)
 - *c) Custodial care center for totally disabled patients
- IV. Health Education to the public on Leprosy
- V. Referral Library of Leprosy
- *VI. Dehabilitation prevention program

This association is starting the dehabilitation prevention program in the near future, which will study the social problems of leprosy patients. Its main objective is to prevent dehabilitation of leprosy patients.

This association is encouraged by the financial assistance and other support from His Majesty's Government of Nepal and non-governmental organizations, both national and international. This association also receives donations from time to time from individuals from within and outside the country.—(Adapted from materials provided by Dr. K. B. Shrestha)

India. *New Officers of the Indian Association of Leprologists.* A meeting of the outgoing Central Council of the Indian Association of Leprologists was held on 9 September 1981 at Hotel Clarks Shiraz, Agra, which was chaired by Dr. P. Kapoor. At this meeting, the following were elected unopposed as the new office-bearers of the association for the next term: President: Dr. N. H. Antia (Bombay); Vice Presi-

dents: Dr. G. Ramu (Agra) and Dr. R. H. Thangaraj (New Delhi); Hon. Secretary: Dr. R. Ganapati (Bombay); Hon. Treasurer: Dr. (Mrs.) S. S. Pandya (Bombay); Central Council Members: Dr. C. J. G. Chacko (Karigiri), Dr. B. R. Chatterjee (Jhalda), Dr. D. S. Chaudhury (Calcutta), Dr. K. V. Desikan (Agra), Dr. K. K. Koticha (Bombay), Dr. A. Lonkar (Pune), Dr. M. S. Nilakanta Rao (Bangalore), Dr. A. C. Parikh (Bombay), and Dr. H. Srinivasan (Chengalpattu). Dr. Pandya had, however, declined to accept her nomination as Hon. Treasurer of the Association.—(From Monthly News Bulletin of the Hind Kusht Nivaran Sangh 3 (1981) 23)

Philippines. *Third Standardization Workshop for Joint Chemotherapy Trials. The Leonard Wood Memorial Laboratory, Cebu, Philippines.* More than 30 leprosy workers from Indonesia, Japan, Korea, Philippines, and Thailand met from 14–24 September 1981 under the sponsorship of the Sasakawa Memorial Health Foundation to coordinate their activities in the conduct of a joint chemotherapy trial and for training in the procedures prescribed in the protocols. During the course of the workshop, Leonard Wood Memorial and Philippine government personnel, involved in the conduct of the trials, served as instructors and coordinators for lectures and discussions in clinical, laboratory, and administrative procedures for leprosy research. Clinical and histopathologic classification, bacteriology, mouse foot pad procedures, clinical chemistry, therapy of leprosy, and proper handling of report forms were among the major items of discussion. A manual had been prepared and distributed to the participants for their convenience. This manual had been revised and updated for each of the 3 years that the workshop has been presented. It is anticipated that the workshop will be continued in the future with the primary emphasis on training of both medical and paramedical workers in leprosy.—Dr. Claude V. Reich