

## PLENARY SESSION

### ILA TECHNICAL FORUM

#### INTRODUCTION

S.K. Noordeen, Leprosy Elimination Alliance, Chennai, India

The International Leprosy Association (ILA) as a professional body has a major responsibility towards the global community of leprosy workers and leprosy patients with regard to providing advice on technical and operational issues on leprosy.

However such responsibility is not the exclusive preserve of ILA, as international organizations such as WHO also play a key role in developing and disseminating technical policies and guidelines. Very often the experts contributing to ILA are the very same ones advising WHO on technical issues.

In general ILA reviews various technical issues on leprosy and makes recommendations only once in five years at the time of International Congresses employing the mechanism of its pre-Congress workshops. The documents prepared by the pre-Congress workshops are distributed towards the end of the Congress with no opportunity to discuss them at the plenary. WHO on the other hand develops its technical policies at three levels: (i) At the leprosy secretariat level mainly for day to day policy issues of minor nature, (ii) At the level of informal consultations or advisory groups for important technical and operational issues requiring immediate action, and (iii) At the level of Expert Committees particularly for major technical policies with widespread implications. While advisory groups and informal consultations are organized more frequently, expert committees meet in general only once in 5 to 10 years. Although the recommendations of the expert committees are not mentioned as official policies of WHO for all practical purposes they are equated with official recommendations of WHO. This is because of the high status given to the expert committees and also because of certain mandatory requirements with regard to these Committees for the constitution of its membership, prior consultation/notification to WHO's re-

gional structures and countries, and the requirement to report on their outcome to the Executive Board of the WHO. WHO also invites ILA, which is in official relations with WHO, to participate in the Expert Committee meetings.

The last 15 to 20 years has seen tremendous changes in the leprosy scene, and everyone should recognize the key role played by WHO in this together with NGOs. However concerted and coordinated action is the need of the hour. The challenges posed by technical and operational problems warrant close scrutiny and timely evidence-based solutions. The current thinking is that the mechanism within ILA itself of pre-Congress workshops is not sufficient particularly for issues relating to leprosy control. It was with this background that ILA Council decided to organize a Technical Forum well in advance of the current Congress and develop conclusions and recommendations for discussion at the plenary session of this Congress. Following this introduction to the ILA Technical Forum today, there will be preliminary sessions on the outcome of the Technical Forum for the next three days on the following topics: (i) Epidemiology and Control to be chaired by Dr. Fine, (ii) Diagnosis, classification and treatment to be chaired by Dr. Lockwood, and (iii) POD and rehabilitation to be chaired by Dr. Van Brakel.

The report of ILA Technical Forum itself has been distributed to all of you. As you could see from the list of participants of the forum, ILA has been able to bring together a broad spectrum of expertise on leprosy and ensure its high credibility. Unfortunately WHO could not participate in the Technical Forum.

ILA has never before organized a Technical Forum of this nature. This by no means suggests that it should not or could not take such an initiative. Technical recommenda-

tions and guidelines are the responsibilities of professional associations, and ILA is favorably situated to convene such high level technical meetings.

### **Objectives of the Forum**

The objectives of the technical forum were to:

- review critically the important issues related to leprosy control and the major technical policies being applied in the field;
- produce evidence-based recommendations for leprosy control activities;
- where evidence is lacking, produce recommendations based on best practice; and
- identify those areas requiring further research.

### **Methods**

An organizing committee, which met twice during 2001, was charged with the responsibility of preparing a working document, which would form the basis of the discussions of the Forum. The committee developed a set of questions that were considered to represent important areas of change in the field of leprosy. These questions are listed in the report of the ILA Technical Forum (IJL Supplement March 2002).

In preparing the working document, a systematic search of the literature was carried out by researchers at the University of Aberdeen, working in collaboration with INFOLEP, using the set of questions to define the parameters of the search, and using four health-related bibliographic databases covering the literature from the year 1966 onwards, as well as the bibliographies of papers already identified, searching the "grey literature," and contacting key researchers in the various disciplines. A potential limitation of this approach is the so-

called publication bias, as a result of which studies with positive or significant findings are more likely to be published.

Approximately 7000 titles and abstracts were read for relevance. From among these, 837 studies were selected and distributed to the committee members who were responsible for writing the relevant chapters of the working document. Thus, the recommendations contained in the working document are supported by a variety of published papers and studies. These critical studies were examined in order to grade the strength of the evidence supporting each recommendation, based on an objective assessment of the design and quality of each study, and a subjective judgment of the consistency, clinical relevance and external validity of the whole body of evidence.

The guidelines used in this review are those recommended by SIGN, having been developed by the U.S. Agency for Health Care Policy and Research and employed extensively in systematic reviews.

Briefly, recommendations graded "A" are based on evidence from randomized controlled trials, those graded "B" involve evidence from other well-designed studies, and those graded "C" are based solely on expert or experienced opinion.

In conclusion, I would like to state that the ILA Technical Forum was a systematic exercise which reviewed all available evidence based on a set of questions, evaluated them for their relevance and the strength of their evidence, and examined them for their eligibility to be included in the review process. This exercise was the basis for a group of authors to prepare a working paper which was later discussed in depth at a meeting in Paris from 25–28 February, 2002 before the final report was prepared, edited and published. Thus ILA this time has played an important role in the development of technical policies in leprosy and thus has contributed to the betterment of leprosy work world over.