

## 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.*

**China.** *National Expert Advisory Committee on Leprosy established.* The National Expert Advisory Committee on Leprosy has been established under the leadership of the Ministry of Public Health, People's Republic of China. It consists of 15 leprologists nationwide with Prof. Ye Gan-yun as the Chairman and Profs. Li Huang-ying, Zheng Di-sheng and Li Wen-zhong as Vice-Chairmen. The first plenary session of the Committee was held in the China Leprosy Center, Guangdong Province, in February 1992. Prof. Dai Zhi-cheng, Director of the Department of Health and Epidemic Prevention, Ministry of Public Health, attended the conference. The main topics were: standard method for surveillance of leprosy patients who completed the treatment with the WHO MDT regimen; statistical criteria for the epidemiology of leprosy; ways to evaluate and check results in counties declared as achieving the goal of basic eradication of leprosy. After 3 days' discussion, the conference made relevant decisions and submitted them to the Ministry of Public Health for acceptance.—Prof. Ye Gan-yun

**Cuba.** *4th Congress of Microbiology and Parasitology and 1st Congress of Tropical Medicine.* The 4th Congress of Microbiology and Parasitology and the 1st Congress of Tropical Medicine will be held in La Habana, Cuba, 27–29 October 1993. For details contact: Prof. Gustavo Kouri Flores, President, Organizing Committee, Institute Pedro Kouri, Apartado 601, Marianao 13, Ciudad de La Habana, Cuba (FAX = 537-215979).

**Czechoslovakia.** *6th International Congress for Infectious Diseases.* The 6th International Congress for Infectious Diseases will be held 26–30 April 1994 in Prague. For details contact: Norman R. Stein, Executive Director, International Society for

Infectious Diseases, 180 Longwood Avenue, Boston, MA 02115, U.S.A. (Tel = 617-432-2270, FAX = 617-731-1541).

**France.** *Récipon steps down as President of Association Française Raoul Follereau.* On 20 June 1992, André Récipon stepped down as President of the Association Française Raoul Follereau (FF) and handed the office over to his son, Michel, who was elected unanimously to succeed him by the Board of FF. At the same time, the title of Honorary Member was bestowed on the father.

The retirement of André Récipon brings to an end the active period of one of the most notable personalities in the history of ILEP. He has been a driving force in the development of the Federation from its earliest days. Although not present at the foundation meeting, since 1967 he has played an extremely active and often crucial role. He has been President three times, twice in the early years and then more recently in the period 1986–1988. His passion, his determination, and his vision have all contributed to what ILEP has become and what has been achieved by cooperation between its Member-Associations.

His farewell speech at the end of the General Assembly in Montreal in June was a most moving moment. In it he stressed the importance of unanimity in the decisions taken among Members and urged his successors always to guard against bureaucracy. He thanked his colleagues in the Federation for their affection and friendship over the years. At the end, his words were greeted by a spontaneous standing ovation.—ilep flash 4 (1992) 2

**Germany.** *Dr. W. H. van Brakel wins Dr. Minoo Mehta International Prize.* For the first time in 1993 the German Leprosy Relief Association (GLRA), Würzburg, allocate an annual stipend named "Dr. Minoo

Mehta International Prize." This was done in appreciation of the leprosy work performed by Dr. Jal Mehta and of the mutual cooperation lasting for years, as well as in recognition of the support given by Dr. Mehta to leprosy relief work in India. Dr. Minoo Mehta is the deceased son of Dr. and Mrs. (Dr.) Mehta. The objective of the prize is the support of junior medical staff for specialized training.

The prize of DM 5.000,00 has been awarded to Dr. Wim H. van Brakel for his participation in a M.Sc. course in Epidemiology at the London School of Hygiene and Tropical Medicine. Dr. van Brakel, 37, is of Dutch nationality. He is a member of the International Nepal Fellowship and has been working for 7½ years in the GLRA-supported leprosy project in the West and Mid-West Regions in Nepal. After termination of his studies, Dr. van Brakel will go back to work in leprosy. — Newsrelease from DAHW

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*Medico International issues fourth edition of Sources for Essential Drugs.* Medico International has revised and updated this highly useful booklet which gives current prices for generic drugs on the international market. Medico International is a nonprofit medical relief organization with over 20 years' experience working with organizations in Africa, Asia and Latin America in the field of primary health care. This booklet was developed as a contribution toward making essential drugs available to all people, but particularly those of the developing world.

The list of drugs is based on the most recent WHO Model List of Essential Drugs, with a few additional products that are in widespread use. Lists of drugs are in English only, but the booklet's introductory and explanatory notes are in English, French and Spanish.

Prices are given in US dollars, based on the most recent price information available from a selected group of eight suppliers of generic drugs. Additional information from the suppliers, such as terms of payment, minimum order, transport and packing costs in relation to price quoted, extra costs, and

special product information, is also included.

Available at DM10 plus mailing costs (up to three copies free to nonprofit organizations in developing countries) from: Medico International, Obermainanlage 7, D-W-6000 Frankfurt/M, Germany.

**India.** *1993 Bombay Leprosy Project's Antileprosy Week Celebration.* The 1993 Antileprosy Week Celebration by the Bombay Leprosy Project (BLP) (20 January–2 February 1993) included a program arranged in collaboration with the University of Bombay, Acworth Leprosy Hospital and BLP at the University Club House. Mr. S. S. Despande of BLP gave a brief report of work carried out by NSS students of Chetna College, Bandra, Bombay.

An exhibition was arranged at Municipal Hall, Worli, Koliwada, in collaboration with Shishukalyan Snehi Swayamsevak Sanstha with 1000 members attending.

Dr. R. Ganapati, BLP Director, gave two lectures in Yavatmal: one to the medical students and staff of the Dayabhai Patel Ayurvedic Medical College, the other to the medical students and staff of Vasantrao Naik Medical College.

A slide show was attended by 24 youth groups at Municipal Hall, Worli, Koliwada. Two additional lectures were given: one to 50 8th Std. students at Snehalata Rane High School, Dadar, and one to 3rd year student nurses at the Community Hall, Urban Centre, Dharavi. — Materials from Dr. R. Ganapati

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*Dr. Bakhta Reddy replaces Dr. Vellut at DFB.* Dr. Bakhta Reddy left ALERT, where he had been Director of Training, at the end of June 1992. He moves back to India where he will take over as the Representative of Damien Foundation Belgium and head of their office in Madras at the end of 1992. He replaces Dr. Claire Vellut who retired at the end of April. — ilep flash 4 (1992) 5

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*Dr. Vellut retires.* After 37 years of work in India for people with leprosy, Dr. Claire

Vellut has retired. The information below has been received from Damien Foundation Belgium (DFB).

Dr. Vellut went first in 1955 as assistant to Dr. Hemmerijckx when Polambakkam opened as a pilot center for antileprosy work. Then from July 1960 when it was handed over to the government of India, she was in charge. She directed Polambakkam for many years while also acting as Representative of DFB in India.

The respect in which she is held for her work has been shown by the award of various honors including the Padma Shri in 1981, nomination to the National Academy of Medical Sciences in 1985, and receipt of an Honorary Doctorate from the Catholic University of Louvain in 1989. In 1980 she became an Indian citizen, an expression of her commitment to the country and its people.

Addressing her, DFB says "Claire, what you have done is unforgettable, for the thousands of patients and their families who received from you both treatment and human care, for the hundreds of staff in projects stimulated and motivated by a woman of competence and devotion, and lastly for us because you were and are a personality worthy of respect."—ilep flash 4 (1992) 4

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*GRECALTES 1993 Antileprosy Day ceremony.* Twelve different titles of TALMI-LEP books translated into Bengali and 1 booklet on "MDT—Questions and Answers"—a publication from WHO—also translated into Bengali were handed over to Rev. Mother Teresa, M.C., who blessed the

efforts to produce teaching materials in local languages. She, in turn, handed over the books to Dr. S. S. Sinha, District Chairman—Health, Hygiene & Nutrition, Rotary District 3290 Calcutta. All these books have been translated by Dr. (Mrs.) M. Chaudhury of Greater Calcutta Leprosy Treatment & Health Education Scheme (GRECALTES) Training Centre, funded by the German Leprosy Relief Association. The ceremony was held on 30 January 1993, which was also the "Anti-Leprosy Day" for the year.

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*PDLC receives RCI International Award.* Rehabilitation International and Rehabilitation Co-ordination India recently awarded the Poona District Leprosy Committee (PDLC) the "RCI International Award for Outstanding Services for the Disabled 1989." The Award was presented to Dr. Jal Mehta, Hon. President of the PDLC.—Materials from Dr. Jal Mehta

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*Poona District Leprosy Committee receives award.* The Poona District Leprosy Committee (PDLC) has received the "Best Institution" National Award for the Welfare of the Handicapped. The Award was presented by the President of India on 21 March 1993 (the third Sunday of March, which is designated by the United Nations as "World Disabled Day"). This is the first time that this Award has been presented to a leprosy institution.—Materials from Dr. Jal Mehta

**India.** *SLR&TC, Karigiri 1993 courses.* The schedule of courses for the year 1993 conducted at the Schieffelin Leprosy Research and Training Centre, SLR Sanatorium P.O. (NAA Dt.), Tamil Nadu, Pin 632 106, is as follows:

Course	Qualifications	Duration	Commencing date
<i>Medical Officer</i>			
a) Condensed Course in Leprosy	Doctors & senior medical personnel	1 week	Apr. 5–10 Nov. 1–6
b) Medical Students Course	Undergraduates	1 week	*Oct./Nov.
c) Medical Officer Course	Medical personnel engaged in leprosy work	6 weeks	Jan. 18–Feb. 27 Jul. 5–Aug. 14
d) Special Course for Ophthalmology Teachers		3 days	*(Proposed)
e) Ophthalmic Aspects in Leprosy	Qualified medical personnel (included in 6 weeks course)	4 days	Mar. 1–6
<i>Other Categories</i>			
a) Non-Medical Supervisors Course	Qualified paramedical workers with a minimum of 3 years' experience	2 months	Nov. 8–May 8
b) Orientation Course in Leprosy	For paramedical personnel (nurses, physics, O.T. & administrators)	1 month	Apr. 5–30
c) Paramedical Workers Course	+2 passed Graduates preferred (with science subjects)	4 months	Aug. 16–Dec. 18
d) Physiotherapy Technicians Course	+2 passed or P.U.C. (with science subjects)	9 months	Jun. 2
e) Laboratory Technicians Course	+2 passed Science graduates preferred	12 months	Jun. 12
f) Prosthetic Technicians Course	+2 passed or P.U.C. (with science subjects)	18 months	Jan. 4 Jul. 7
g) Shoe-Makers Course	V Standard with knowledge of English preferred	6 months	Jan. 4 Jul. 7
h) Smear Technicians Course	+2 passed (with science subjects)	3 months	Jan. 4 Jun. 7 Sept. 13
<i>In-Service Training</i>			
a) Advanced Course in Leprosy Control	Selected, experienced medical supervisors	12 months	By arrangement
b) Medical Record Keepers	+2 passed with proficiency in typing and good English	2 months	By arrangement
c) Inservice Training in Med., Surgery, Pathology, Lab. Technology, Epid. & Lep. Control	For qualified medical personnel	3 months	By arrangement

\* For latest information, please contact Training Officer. Refresher courses for all categories by special arrangement.

The courses are conducted on the premises of the institute which has a guest house to accommodate 40 people (limited number of single rooms) and a hostel to accommodate 60 men and 16 women. The courses are recognized by the WHO and the government of India. All paramedical and technical courses are fully recognized by the government of India. Interested persons should write to the Training officer, Schieffelin Leprosy Research & Training Centre, SLR Sanatorium P.O. Karigiri-632106, Tamil Nadu, South India (Telephone: (0416) 21522; Telegrams: "Lepsearch," Vellore-7).—Indian J. Lepr. 65 (1993) 149–151

**Kenya.** *Rehabilitation International Working Group on Leprosy.* In recognition and support of the WHO initiative to eliminate leprosy as a public health problem by the year 2000, Rehabilitation International (RI) is proceeding to constitute an RI ad hoc working group on leprosy. In broad terms, the major concerns for the working group will be: a) methods to prevent and treat disability among the leprosy population; b) methods to orient leprosy patients to take special care of their hands, feet and eyes; c) methods to develop intervention strategies by government bodies as well as by society in general so that the leprosy-affected do not get removed from their normal familial, economic and social situations, and d) methods to develop low-cost rehabilitation services for disabled persons suffering from leprosy.

The Group held its first meeting during the RI 17th World Congress in Nairobi in September 1992. Tom Frist, Chair of the ILEP Working Group on Social Aspects, attending the meeting.—ilep flash 1 (1993) 3

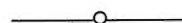
**Malawi.** *Computing in the field.* ILEP has been informed by Rev. Peter Garland, LEPRAs representative in Malawi, of a new computer program which has been developed for the recording of patients of the National Leprosy Control Program of Malawi.

Rev. Garland has been a pioneer of computing in the field. The new computer program makes use of a 4th GL data base (dBASEIV) for the capture of the data and the EPI-NFO package for its analysis.

The choice of EPI-NFO has been made for the following reasons: a) it is specifically designed for epidemiological work; b) it is almost free (US \$35); c) it is supported by WHO; d) most doctors know the program or find it easy to learn; and e) it is quite user friendly and programs can easily be adapted to suit local needs. For more information please contact Rev. Garland, LEPRAs Control Project, P.O. Box 496, Blantyre, Malawi.

ILEP has also learned from the makers of ILOMSLEP that their software and its use will be evaluated. A new version using EPI-NFO might be considered.

ILEP would be interested to know about similar programs developed for leprosy control activities (including prevention of disabilities, and combined leprosy-TB programs) in other parts of the world. If you know of or if you are using such programs, please inform ILEP at the Co-ordinating Bureau with all relevant details (software sent to ILEP will not be reproduced without permission).—ilep flash 4 (1992) 5



*Drs. Boerrigter and Pönnighaus make changes.* Dr. Gjalt Boerrigter, who has led the LEPRAs team which developed and ran the model National Program, retired in August. He will continue to live in Malawi. Also, Dr. Jorg Pönnighaus, who has been Field Director of the important vaccine trial in Karonga, will return to Europe at the end of this year.—ilep flash 4 (1992) 5

**Nepal.** *Consultation in Kathmandu.* On 17–19 February 1993, 45 delegates from six countries gathered in Kathmandu to work out development strategies aimed at optimum utilization of limited resources toward the global goal of elimination of leprosy by the year 2000. Technical sessions and country-by-country reports from Bangladesh, India, Nepal, Maldives, Pakistan, and Sri Lanka were given. Three working groups dealt with the subjects of community-based integrated rehabilitation, people's participation, and the role of the media. At the end of the meeting a small committee was appointed to go through the reports of the working groups and develop an action plan with implementation recommendations specific for the countries represented. The meeting was sponsored by the International Leprosy Union, the Nepal Leprosy Relief Association, and the World Health Organization.—Materials received from S. P. Tare

**New Zealand.** *Leprosy elimination plan for South Pacific agreed.* In October 1992 the Pacific Leprosy Foundation (PLF) signed a formal agreement with the World Health Organization. Their funds will now support a coordinated plan for the elimination of



leprosy in the Pacific. Mike Gousmett, General Manager of PLF, describes this change in focus as follows: "We are now part of a specifically coordinated plan. In the past we responded to requests for assistance in more general terms, as part of general medical programs rather than specific leprosy programs. Now we have a predetermined plan of action that targets leprosy."

During the first year of the agreement PLF has made a commitment to provide NZ\$ 250,000 to the program to fund short-term consultants.—ilep flash 1 (1993) 3

**Switzerland.** *July 1992 meeting of WHO Working Group on Leprosy Control.* The second meeting of the WHO Working Group on Leprosy Control took place in Geneva 7–9 July 1992. This is the body created last year as a forum to review global progress in leprosy control and promote cooperation between agencies. ILEP was represented by the General Secretary and Dr. Pieter Feenstra of the Medical Commission. Sadly, the President, Bill Edgar, was already too ill to attend.

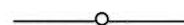
The first meeting in 1991 had considered the overall situation and what might be necessary to achieve the target of elimination of leprosy as a public health problem by the year 2000. This time there was much greater emphasis on practical progress. In particular, the Regional Leprosy Officers each gave three separate reports: Review of the Regional Leprosy Situation; Review of Progress with MDT Implementation; and Regional Strategy for Elimination of Leprosy.

These showed a task-oriented and systematic approach to achieving the elimination target in each region. The practical aspect of these strategies is country-by-country identification of the level of progress and thus needs, leading to initiatives to encourage and assist governments in program planning and development.

The global picture which emerged suggested that the promotion of clear targets for the year 2000, "elimination" by WHO and "MDT for all" by ILEP Members, is being successful in stimulating governments to give priority to national leprosy programs. Slightly worrying, however, were the recent statistics showing a downturn, mainly due to corrected figures from India, to 42% in February 1992 in the global figure

for MDT coverage. There was discussion of the epidemiological implications.

The main conclusion of the meeting was that, although progress is encouraging, significant additional effort and resources will still be required to achieve the targets—especially in the 25 countries that account for almost 95% of all registered cases. The value of tripartite cooperation between ILEP Members, governments and WHO was emphasized and the role of ILEP Coordinators was acknowledged.—ilep flash 4 (1992) 3



*Teaching and learning materials for leprosy.* In recent years, progress in the control of leprosy has been mainly due to the wider implementation of regimens of multiple drug therapy as advised by WHO in 1982 (Technical Report Series No. 675). In many parts of the world, it is now possible to look toward the elimination of this disease as a significant public health problem by the year 2000. One of the many contributing factors has been the development and active distribution of a wide range of teaching and learning materials, in English, French, Portuguese, Spanish, and many local languages. Of the six diseases (filariasis, leprosy, leishmaniasis, malaria, bilharziasis and trypanosomiasis) in the Special Programme for Research Training in Tropical Diseases (TDR), it would appear that leprosy is by far the best equipped in terms of teaching and learning materials for virtually all grades of health personnel. Furthermore, distribution to 152 countries notifying leprosy worldwide has been vigorously pursued both by the World Health Organization in Geneva, and its regional offices, and by the International Federation of Anti-Leprosy Associations (ILEP).

WHO has, since its creation in 1948, produced a number of publications and documents on leprosy, among which the *Guide to Leprosy Control*, now in its second edition (1988), and *Leprosy in Children* (1976) are particularly well known. WHO also produced many reports of meetings and workshops on various aspects of leprosy, some for general distribution, some restricted, but usually available to professional applicants, together with important publications in the

*Technical Report Series* (TRS). Of these, three of particular interest have appeared in recent years: *Chemotherapy of Leprosy for Control Programmes*, TRS 675, 1982; *Epidemiology of Leprosy in Relation to Control*, TRS 716, 1985; and *WHO Expert Committee on Leprosy, Sixth Report*, TRS 768, 1988 (the fifth, TRS 607, was in 1977). Two recent publications describing progress in leprosy control are: *Multidrug Therapy for Leprosy: an End in Sight*, 1988 and *Towards Elimination of Leprosy*, 1991. (Inquiries: WHO Distribution and Sales Unit, 1211 Geneva 27, Switzerland.)

ILEP has developed an outstandingly comprehensive range of written material and videos through its Teaching and Learning Materials in Leprosy (TALMILEP) Working Group. Their English language booklist has 31 items, grouped according to suitability for leprosy specialists, general practitioners, medical students, paramedical professionals, and other health workers. This service (which is open to all *bona fide* leprosy workers) started in 1980, and has distributed over 197,000 items to all leprosy-endemic countries and to a wide range of medical and tropical schools, libraries and research centers. Many items are free of charge; others are sold at a low, subsidized price; there is a reasonable charge for postage and packing. TALMILEP has also produced a video catalogue (1990) giving information on 25 videos on various aspects of leprosy. Inquiries: TALMILEP, The Leprosy Mission International, 80 Windmill Road, Brentford, Middlesex TW8 0QH, England. Applicants in India should write to the Medical Coordinator, The Leprosy Mission International, Salur, 532591, Vizianagram District, Andhra Pradesh, India.

Teaching Aids at Low Cost (TALC) produce three color transparency teaching slide sets, with written text: *An Introduction to Leprosy*, with emphasis on children and new methods of treatment; *Leprosy Lesions in Skins of Different Colours*, *Diagnosis in Asian Patients*; and *Care of the Nerve-Damaged Limb*, *How to Teach Patients to Preserve Residual Function*. TALC has an enormous worldwide circulation: In the past 20 years over a million transparencies, on a wide range of subjects including leprosy, have been distributed to developing coun-

tries. Inquiries: TALC, P.O. Box 49, St Albans, Hertfordshire AL1 4AX, England.

Ciba-Geigy, Switzerland, produced three booklets—*Leprosy for Medical Practitioners and Paramedical Workers*, *Skin Biopsy in Leprosy*, and *Leprosy*—on basic information and management. All are free of charge. Inquiries: Ciba-Geigy Ltd, 4022 Basle, Switzerland.

Journals on leprosy are published in French, Portuguese and Spanish in various countries but the best known in English are *International Journal of Leprosy*, GWL Hansen's Disease Center at Louisiana State University, P.O. Box 25072, Baton Rouge, Louisiana 70894, U.S.A.; *Indian Journal of Leprosy*, N1, Red Cross Road, New Delhi 110001, India, and *Leprosy Review*, British Leprosy Relief Association (LEPRA), Fairfax House, Causton Road, Colchester C01 1PU, England.

A number of other agencies produce items of teaching and learning materials, often with translation into French, Portuguese, Spanish and local languages.

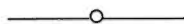
Further information may be obtained from TALMILEP or from Leprosy Information Services (INFOLEP), Netherlands Leprosy Relief Association (NSL), Wibastraat 135, 1097 Amsterdam, The Netherlands.—A. C. McDougall, WHO Liaison 3 (1992) 4–5

**U.K. D. B. Young** new Professor of Medical Microbiology. Douglas B. Young recently has been appointed to the prestigious Fleming Chair of Medical Microbiology at St. Mary's Hospital Medical School, London. He will officially take over in October 1993.

Young graduated in 1975 with a B.Sc. Hons. degree in Biochemistry and a D.Phil. degree from the Department of Microbiology, Oxford, in 1978. His interest in leprosy stemmed from his 2-year LEPRA Fellowship, initially under Dr. Rees at the Leprosy and Mycobacterial Research Laboratory (National Institute for Medical Research), followed by 2 years of working on *Mycobacterium leprae* lipids at the Foundation for Medical Research, Bombay, India. Following a short period working on cholera at the London School of Hygiene and Tropical Medicine, Young spent 3 years as visiting Assistant Professor, University of Wash-

ington, Seattle, Washington, U.S.A. During the 3 years in the U.S.A. his research was on leprosy, including characterization of *M. leprae* antigens and developing serodiagnostic assays. In 1975 he was appointed a Career Scientist with the U.K. Medical Research Council (MRC), working on the immunology and molecular biology of *M. tuberculosis* at the MRC Tuberculosis and Related Infections Unit.

Young has had a long-term involvement with mycobacterial research programs at the World Health Organization, and is currently Chairman of the IMMYC Steering Committee responsible for the coordination of basic research on leprosy and tuberculosis.—R. J. W. Rees



*Global estimates of new cases of leprosy.* In addition to those cases already known, it is estimated that between 600,000–800,000 new cases of leprosy will arise every year and these will also need treatment with multidrug therapy. Even among those people already registered in projects sponsored by ILEP members, approximately 15% are disabled and will need long-term care. Clearly, therefore, much remains to be done to combat the disease and its after effects. This is particularly so in those countries which have a large number of leprosy cases contributing to the current estimated global total of 5.5 million people requiring chemotherapy for leprosy and the estimated global total of 2–3 million people with disabilities as a result of leprosy.—ilep PANORAMA December 1992



*ILEP Medical Bulletins available.* The ILEP Medical Commission formally advises the members on technical matters through its Medical Bulletins:

- No. 1 Basic requirements for implementation of multidrug therapy
- No. 2 Recommendations to ILEP Member-Associations for the use of blister calendar packs in leprosy control programs

- No. 3 Improving skin smears and the reading of the bacteriological index in MDT leprosy control programs
- No. 4 Preliminary recommendations on the use of surgery for the treatment of leprosy neuritis
- No. 5 Working procedures to avoid HIV infection—advice to leprosy field staff

For copies of these Medical Bulletins write, stating which titles you require, to: Ms. M. Murphy, Medical Section, ILEP, 234 Blythe Rd., London W14 0HJ, U.K.—ilep PANORAMA December 1992



*ILEP sponsorship of medical research.* Sponsorship of leprosy research continues to be an important part of ILEP members' activities, receiving approximately 10% of the global expenditure. The Medical Commission has identified priority areas for funding in the areas of immunology, molecular genetics of the leprosy bacillus, immunopathology and chemotherapy. Research investigators who are interested in obtaining funding for relevant projects should apply to: Associations Française des Fondations Raoul Follereau, B.P. 79, F-75722 Paris 15, France.

Through the services of the Research Discipline Core Group all ILEP Members can obtain expert advice on their current research projects, new research applications and their total research portfolio.—ilep PANORAMA December 1992

*U.S.A. First North American Regional Conference of Rehabilitation International to be held.* "Partners for Independence: Models that Work" is the theme of the First North American Regional Conference of Rehabilitation International to be held 27–29 October 1993 in Atlanta, Georgia. The Conference is sponsored by the U.S. Council for International Rehabilitation and the Canadian Rehabilitation Council for the Disabled. There will also be Pre- and Post-Conference Workshops on the following topics: Technology and Employment, Wheelchair Construction, Rehabilitation



from the Consumer Perspective, Research and Accessibility, Prevention of Secondary Disability, Accessibility of School Buildings, and Affirmative Action Legislation. For details write: 1st North American Regional Conference of Rehabilitation International, % U.S. Council for International Rehabilitation, International Square, 1825 I Street NW, Suite 400, Washington, D.C. 20006-5478.