

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.

Belgium. *Father Damien beatified.* Father Damien, born Joseph De Veuster on January 3, 1840, was beatified by Pope John-Paul II this month in the Koekelberg Basilica, Brussels.

On Sunday, 4 June, thousands joined together with the Pope to honor Father Damien and remember his sacrifice and the inspiration he gave to so many. After his death on the island of Molokai, Hawaii, where he spent 16 years working among people with leprosy, Father Damien's fame spread throughout the entire world. His example has encouraged many in their work to control leprosy and care for people affected by the disease.

In beatifying Father Damien the Catholic Church proposes an example to all those who find sense for their life in the Gospel and who wish to bring the Good News to the poor of our time.—ilep flash 3 (1995) 3

Cameroon. *VIII^e Congrès International des Léprologues de Langue Française.* VIII^e Congrès International des Léprologues de Langue Française-Yaounde, Cameroun-28-31 Janvier 1996 (sous le haut patronnage de Monsieur le Ministre de la Santé publique de la République du Cameroun et organisé par l'Association des Léprologues de langue française et l'Association française Raoul Follereau).

Informations générales:

La langue officielle du Congrès est le français.

Inscription: Utiliser dans tous les cas le bulletin de demande d'inscription ci-joint, à envoyer avant le 2 octobre 1995. Le droit d'inscription est fixé à 500 FF. Cette somme devra être adressée par chèque bancaire ou postal à l'ordre de l'Association française Raoul Follereau, chèque joint au Bulletin de demande d'inscription. Les participants qui ne pourraient pas utiliser ce mode de paiement sont invités à envoyer leur bul-

letin de demande d'inscription avant le 2 octobre 1995 et ils régleront le droit d'inscription lors de leur enregistrement le 28 janvier 1996.

Informations relatives aux résumés: Un participant peut être signataire de plusieurs résumés mais ne pourra faire qu'une seule présentation orale. L'ensemble des résumés constituera un supplément d'Acta Leprológica. Ce supplément sera remis aux participants lors du congrès. Les résumés devront être adressés au secrétariat scientifique avant le 1^{er} septembre 1995: Docteur B. FLAGEUL. Policlinique de dermatologie, Hôpital Saint-Louis, 1, avenue Claude-Vellefaux,- F-75475, PARIS Cedex 10-FRANCE- tél. 33 1 42 49 98 16- Fax 33 1 42 49 40 82.

Emplacement du congrès et inscription des participants: Hôtel Hilton à Yaoundé.

Ouverture du congrès: l'ouverture du congrès aura lieu le dimanche 28 janvier 1996 à l'Hôtel Hilton à partir de 17 h.

For further details, contact: Madam De Bellefon, Association française Raoul Follereau, 31 rue de Dantzig, BP 17, 75722 Paris 15, France (Tel: 33-1-48-28-72-42; FAX: 33-1-48-56-22-22)

India. *1996 International Gandhi Award.* I am writing this letter to request you to send nominations for the International Gandhi Award 1996.

The Gandhi Memorial Leprosy Foundation (GMLF) has introduced the International Gandhi Award since 1986 which is given every second year on 30 January at the hands of the President of India.

The Award work is being looked after by the International Gandhi Award Committee under the Chairmanship of Hon. Dr. K. R. Narayanan, the Vice President of India, and Shri J. S. Tilck, Chairman of Maharashtra Legislative Council, who is the Vice Chairman of the Committee. Other mem-

bers of the Award Committee include the Hon'ble Ministers responsible for Health and Family Welfare, Social Welfare, Information and Broadcasting, and for Foreign Affairs and other eminent persons. Dr. S. D. Gokhale, Chairman, International Leprosy Union, Pune, India, is the Convenor of the Committee.

The nominations received are examined by an international expert group which recommends three names, in order of grading, to the Awards Committee and the final selection of the recipient is made by the GMLF. The members of the expert committee include the Chief, Leprosy Division, WHO; the President of the International Leprosy Congress; the Chairman of the GMLF; Dr. Y. Ramalingaswamy, Special Advisor to the Executive Director of UNICEF; and Dr. E. Magagula, Swaziland National Society for Handicapped MSASNE, Africa and Vice President of Rehabilitation International.

The Award consists of (1) an amount of Rupees Two Hundred Thousand, (2) a gold medallion, and (3) a citation. The presentation of the Award is done in a public function held at New Delhi on 30 January at the hands of His Excellency the President of India Dr. Shankar Dayal Sharma.

The Award is open to any person of any nationality and religion who has worked in the field of leprosy for a period of not less than 10 years and who has made an outstanding contribution in any aspect of leprosy work resulting in amelioration of the suffering of leprosy patients and in enabling them to lead a normal, useful life in society.

I am writing this letter to invite nominations individually from you or from your government or from your organization. The last date for receiving nominations for the 1996 Award is 1 October 1995. They may be sent to the Convenor of the Award Committee marked "Confidential Nominations for International Gandhi Award". The address of the Convenor is Dr. S. D. Gokhale, Chairman, INTERNATIONAL LEPROSY UNION, Bharat Scout Ground Compound, "Gurutrayi" Building, 1779-1784, Sadashiv Peth, Pune 411 030, India.

There is no form prescribed for application. The nomination should be accompanied by (1) a photograph of nominee, (2) bio-data, (3) copies of important papers (research contribution, etc.), if any.

If you want any further information, please feel free to write to the Convenor on Pune address.

We shall be thankful to have your co-operation in the wide circulation of this invitation for nomination in your country and especially in leprosy field so that an eligible veteran leprosy worker can be nominated before the stipulated date.—Letter from S. D. Gokhale of 6 Sept. 1995



India. *16th Anniversary of leprosy research in Red Cross Hospital.* The importance of research work in leprosy undertaken by the Bombay Leprosy Project (BLP) at the Leela Moolgaokar Leprosy Ward at Adams Wylie Memorial Hospital over the past 16 years was highlighted by Dr. R. Ganapati, Director, BLP, at a function held on the hospital premises on Saturday, 22 July 1995, to mark the 16th anniversary of BLP's work. He expressed his confidence to continue the research work based on hospitalized leprosy patients elsewhere in the city though the team of research staff is likely to be deprived of this inpatient care facility in view of the proposed demolition of the ward shortly. He also recalled the importance given to such research by Dr. A. K. Mukherjee, Director General of Health Services, during his recent visit to the ward on 24 June 1995. Dr. Ganapati thanked the Bombay Branch of the Indian Red Cross Society for enabling BLP to carry out the research work for 16 years.

Dr. J. A. Ponniah, Consultant, WHO/Government of India/National Leprosy Eradication Programme (NLEP), and the Chief Guest for the occasion, admired the academic spirit and dedication of the staff of BLP for their contributions to NLEP, and said that he will help the project to see that their exemplary work is continued without any hindrance until our goal of elimination of leprosy from the country is reached.—Materials from R. Ganapati

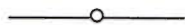


India. *Dr. Mukherjee, DGHS, applauds leprosy research in Bombay.* Director General of Health Services (DGHS) Dr. A. K.

Mukherjee and Deputy DGHS (Leprosy) Dr. B. N. Mittal stressed on the need for leprosy research on the residual problems still met in the field in order to maximize the advantage of the steady decline of leprosy already achieved by the National Leprosy Eradication Programme (NLEP). A function was organized by the Bombay Leprosy Project (BLP) on 24 June 1995 to honour these dignitaries at the Leela Moolgaokar Leprosy Ward of Adams Wylie Memorial Hospital, which is the nucleus of BLP's research to assist the NLEP over the past 16 years. The ward is gifted for leprosy research by the Indian Red Cross Society. Dr. R. Ganapati, Director, BLP highlighted how BLP took advantage of this gift to carry out research on newer drugs and disability care and outlined the future short-course chemotherapy trials proposed to be undertaken using the inpatient facilities of the hospital.

A document entitled "Can NGOs effect savings for the Donor?", giving a cost analysis of an experiment by BLP in assisting NLEP over two decades, was submitted to the visitors by Mr. P. Narayanaswamy, Manager-Administration of the Project. Dr. Mukherjee applauded the highly significant contributions achieved at low cost and stressed the need for continuance of such research by BLP. Dr. Mittal and Dr. A. R. K. Pillai, President, Indian Leprosy Foundation, pointed out that NLEP still needs to be guided by such research until leprosy is eliminated.

A vote of thanks was proposed by Dr. C. R. Revankar, Deputy Director, BLP.—Materials from R. Ganapati



India. *Workshop on the Podiatric Management of Neuropathic Foot.* The Poona District Leprosy Committee, Pune, with German Leprosy Relief Association and Queen Margaret College Edinburgh, is hosting a 3-day Workshop on the Podiatric Management of the Neuropathic Foot on 11th, 12th and 13th December, 1995 at B. J. Medical College, Pune.

In India leprosy and diabetes are the most common conditions leading to neuropathic foot problems. Although leprosy is curable by multidrug therapy its sequelae in the form

of neuropathic plantar ulceration remain a challenge to treatment and management. Diabetic foot problems are more difficult to treat because in addition to the neuropathy, there is angiopathy and impaired wound healing.

This workshop highlights the importance of the management of neuropathic foot and aims at giving: a) An introduction to the new branch of podiatry and viewing the foot with a podiatric perspective. b) Application of the fundamental principles of podiatric biomechanics as a suitable adjunct to the existing treatment of plantar ulceration in the form of specialized footwear and foot orthoses. This will go a long way in the prevention of disability and further deterioration of the insensate foot.

In this workshop eminent speakers from Queen Margaret College Edinburgh and from Dr. Bandorawalla Leprosy Hospital, administered by the Poona District Leprosy Committee, will give lectures on various aspects covering the neuropathy in leprosy and diabetes and its complications, structure and function of foot, normal and abnormal mechanics, gait analysis and other related topics.

Prescription of various orthoses in different pathological states will be highlighted. Practical demonstrations on fabrication of newer designed orthoses based on the podiatric evaluation of the foot will be given by experts in the field.

All correspondence should be addressed to: Dr. Vitthal Jadhav, Org. Secretary, PDLC, 35-Manisha, 2A Moledina Road, Pune 411 001, India. Tel.: +91 (0212) 639106, 637007, Fax: +91 (0212) 638992.

The Netherlands. *INFOLEP preparing new TALMILEP supplement.* INFOLEP is on behalf of TALMILEP preparing a new supplement copy of the *Bibliography on Teaching and Learning Material: Leprosy & Related Subjects* which will be finalized in the winter of 1995/1996.

Through this bibliography TALMILEP propagates the use of the many materials which are available in different languages for the various categories of health workers. This publication may enable them to order certain publications and/or encourage the use of certain titles either directly or through translation and/or adaptation.

This new edition offers the possibility to have recorded the teaching and learning materials in leprosy which have been produced in whichever language in the course of the last 3 years. What we need is just a sample copy of the publication(s) and a short description of the contents and target group in English of what has been published within the various leprosy control programs and projects throughout the world.

A new section recording audiovisual materials on leprosy (videofilms and slide series) will be added to the bibliography. So, if you have any film and/or slide series produced within the last 5 years. Please send your informatory details (title, producer, contents, target group, costs, supplier) to INFOLEP for registration.

Please send your materials as soon as possible to: INFOLEP Leprosy Information Services, Netherlands Leprosy Relief Association, Wibautstr. 135, 1097 DN Amsterdam, The Netherlands. Tel. +20-59 50 530; Fax: +20-66 80 823; E-mail: infolep@antenna.nl.—Materials from Helga M. Dietrich, NSL

Switzerland. *Hanoi Declaration.* The report of the International Conference on the Elimination of Leprosy as a Public Health Problem, co-sponsored by the Sasakawa Memorial Health Foundation, Hanoi, Viet Nam, 4–7 July 1994, was published by the World Health Organization in a 33-page booklet. Following is the summary of the report and The Hanoi Declaration:

“More than 100 participants from all parts of the world, including the 28 most endemic countries, assembled in the Vietnamese capital, Hanoi, from 4 to 7 July 1994 for the International Conference on the Elimination of Leprosy as a Public Health Problem. The Conference was organized by the World Health Organization in collaboration with the Government of Viet Nam, and was co-sponsored by the Sasakawa Memorial Health Foundation.

“The Conference served to reaffirm the commitment of governments, international agencies and nongovernmental organizations alike to the goal of eliminating leprosy as a public health problem, that is, reducing the number of active cases of this disease, by the year 2000, to less than one case per 10,000 population worldwide.

“At the opening ceremony on 4 July, held in the main auditorium of the National Council, His Excellency the Deputy Prime Minister of Viet Nam, Mr. Nguyen Khanh, welcomed the participants and underlined the commitment of his country to successfully carrying out the leprosy elimination program in the remainder of the 20th century.

“The Director-General of the World Health Organization, Dr. Hiroshi Nakajima, announced the creation at WHO of a special Programme for the Elimination of Leprosy, charged with seeing the activities through to the elimination goal. He warned the participants that the resources needed to reach and cure 5 million patients between now and the year 2000 are likely to be far more than what were employed for treating the 5.6 million patients in the past. He added: ‘The estimated resource requirement for the next 6 years is about US\$420 million. Any slackening of efforts toward this challenging task will seriously compromise our attainment of the goal.’

“His statement was followed by that of Mr. Yohei Sasakawa, President of the Sasakawa Foundation of Japan, who pledged the sum of US\$50 million over the next 5 years, one-third of the global cost of the medicaments required for multidrug therapy (MDT), which is the approach recommended by WHO to achieve the goal.

“Following this, several Ministers of Health and Deputy Ministers of Health expressed their governments’ commitment to the elimination goal. The Conference also heard addresses by two WHO Regional Directors, Dr. S.T. Han, of the Western Pacific Region, and Dr. Uton Muchtar Rafei, of the South-East Asia Region, who committed their respective regions to achieving this goal.

“The technical presentations started with a global overview of the leprosy situation and the strategies to deal with it. Program responsible officers from five of WHO’s six Regional Offices presented their Regions’ plans for elimination. Subsequently, delegates from each of the 28 leprosy-endemic countries summed up the status of the disease and of MDT coverage in their territories, indicating any weak spots in the drive toward elimination and suggesting where extra impetus will be needed over the next 6 years.

“On the third day, the participants divided into six groups to discuss six chosen themes that had already been the subject of presentations by experts in each field. These were: accelerating progress toward elimination, monitoring and evaluation, new approaches and strategies closer to the elimination goal, capacity building through management and health systems research, prevention of disabilities and community-based rehabilitation, and community participation.

“On the final day, 7 July, the participants approved by acclaim The Hanoi Declaration, re-asserting and emphasizing their firm commitment to the goal of eliminating leprosy as a public health problem by the end of this century. The Declaration recognized that MDT represents ‘an unparalleled opportunity to master this millennia-old scourge of humanity,’ while expressing concern that some authorities might tend to slacken their guard in the light of the initial successes already achieved by MDT in terms of reduced prevalence. It urged all concerned ‘to further promote political, financial and social commitment and mobilize community action through sustained advocacy and health education efforts in support of the elimination goal, and in the preparation of the post-elimination phase.’ And it recommended the implementation of the Global Plan of Action for the Elimination of Leprosy as a Public Health Problem by the Year 2000, in close partnership with all governments and agencies working toward the achievement of this goal.

THE HANOI DECLARATION

“We, the participants in the International Conference on the Elimination of Leprosy, convened on the initiative of the World Health Organization (WHO) in Hanoi, Viet Nam, from 4 to 7 July 1994:

1. RECALL that the Member States of WHO, meeting at the World Health Assembly in May 1991, declared in Resolution WHA44.9 their commitment ‘to continuing to promote the use of all control measures including Multidrug Therapy (MDT) together with case-finding in order to attain the global elimination of leprosy as a public health problem by the year 2000,’ elimination being defined as ‘the reduction of

prevalence to a level below one case per 10,000 population’;

2. RECOGNIZE that MDT, the combination of antileprosy drugs as recommended by WHO, represents an unparalleled opportunity to master this millennia-old scourge of humanity;

3. ACKNOWLEDGE that, despite the encouraging progress made so far, more intensive and sustained efforts are still required to bring about elimination by the target date, and that national authorities, international bodies, donor agencies, national and international nongovernmental organizations and health professionals working in the field of leprosy must all step up their commitment to attain this goal;

4. EXPRESS CONCERN that some authorities might tend to slacken their guard in the light of the initial successes already achieved by MDT in terms of the reduced prevalence of the disease;

5. ENDORSE the Global Strategy for the Elimination of Leprosy and emphasize the need to apply flexible approaches while targeting on areas and populations not benefiting so far from MDT;

6. URGE all concerned:

- to further promote political, financial and social commitment and mobilize community action through sustained advocacy and health education efforts in support of the elimination goal, and in the preparation of the post-elimination phase;
- to give top priority for increasing MDT coverage at the highest possible level together with case-finding in all endemic areas;
- to strengthen national capabilities so as to ensure continued prevalence reduction and effective monitoring of progress toward elimination;
- to mobilize additional resources and also coordinate utilization of existing resources in order to attain the elimination goal in time;
- to ensure that prevention and management of disability become an integral part of leprosy elimination programs so that all leprosy patients are rehabili-

tated and reintegrated within their communities;

7. RECOMMEND the implementation of the Global Plan of Action for the Elimination of Leprosy as a Public Health Problem by the Year 2000 in close partnership with all governments and agencies working toward the achievement of this goal."

U.K. ILEP looks to the future. Member-Associations of the International Federation of Anti-Leprosy Associations (ILEP) took time at the June Working Session to reflect on the future of their Federation.

Last October ILEP President, Tom First, initiated a thorough review of the functions and structure of the Federation. Major changes are happening in antileprosy work: falling numbers of people requiring chemotherapy, a heightened focus on disability and social re-integration, a downturn in the funds of some Members, and diversification of activities. Members were asked to assess the impact of these changes and to consider whether their needs and their vision of the future have changed as a result.

The great majority state clearly their intention to retain leprosy at the center of activities but many foresee a gradual diversification into related areas such as rehabilitation, tuberculosis or general development issues. There is also an underlying concern for future fundraising as younger donors seem less interested in leprosy as an issue, and donor governments no longer think of leprosy as a public health priority.

The June Working Session debate ranged from general objectives, through functions, to the detail of membership, finance, and services. It was not yet, however, a time for decisions. This was a preliminary discussion seeking to identify aspects around which to develop concrete proposals.

A clear conclusion was that Members see ILEP primarily as their vehicle for coordination of leprosy interests. Some facilities are useful for cooperation in other fields but ILEP is not seen as a tool for detailed coordination outside leprosy.

Members asked the Standing Committee to develop formal proposals in a number of areas including: the pattern of meetings, the share of Federation costs, advocacy,

strengthening of Federation mechanisms for work on the social aspects of leprosy.

Ideas on these will be presented to the December meeting of Members with a view to finalizing any structural changes at the General Assembly of June 1996.—ilep flash 3 (1995) 1

U.K. Robert Cochrane Fund for Leprosy. The Robert Cochrane Fund for Leprosy, in memory of the great leprologist Robert Cochrane, is administered by the Royal Society of Tropical Medicine and Hygiene. It is to be used to finance up to three travel fellowships each year, to a maximum value of £1000 each. The Fund will support travel for: leprosy workers, who need to obtain practical training in field work or in research; and experienced leprologists in order to provide practical training in a developing country.

There is no restriction on the country of origin or destination, providing the above requirements are fulfilled.

Application forms are available from the Society and completed forms must be received by the Society at least 6 months ahead of the proposed visit. All applications must be sponsored by a suitable representative of the applicant's employer or study center, and agreed by the host organization. A two-page report on the travel/study should be submitted to the Society within 1 month of the recipient's return.

Apply: Robert Cochrane Fund for Leprosy, Royal Society of Tropical Medicine, Manson House, 26 Portland Place, London WIN 4EY, U.K. (Tel: 44-171-580-2127; Fax: 44-171-436-1389).

U.K. RSM Conference on Tuberculosis 2000. London will be the site of the Royal Society of Medicine (RSM) Conference on Tuberculosis 2000 scheduled for 27-29 March 1996. For details contact: Claire Cheeseman, RSM, 1 Wimpole Street, London W1M 8AE, U.K. (Tel. 44-171-290-2982)

U.S.A. ALM International Conference on Leprosy. On 6–12 April 1996 American Leprosy Missions (ALM) will sponsor an International Leprosy Conference at Carville, Louisiana. For details contact Dr. W. Felton Ross, ALM, One ALM Way, Greenville, South Carolina 29601, U.S.A. FAX: 803-271-7062



U.S.A. The Heiser Program. The Heiser Program for Research in Leprosy, initiated in The New York Community Trust in 1974, has awarded over 125 postdoctoral fellowships and research grants over the past 17 years. The Program's scope has now been extended to include research in tuberculosis. A number of factors influenced this decision.

Tuberculosis, long a major infectious disease in the developing world, causing 3 million deaths each year, is now sharply on the rise in the industrial nations. Furthermore, much of this disease is being caused by bacteria that are resistant to the commonly used antibiotics. It is now clear that the bacterial agents, *Mycobacterium leprae* and *M. tuberculosis* are closely related and have similar antigenic components. Thus, the search for effective means of immunization may well follow a common path for the two diseases. In light of these developments, a

number of laboratories concerned with leprosy research are concurrently engaged in work on tuberculosis, and it seems logical to foster this combined attack.

The Heiser Program will thus continue its support of leprosy research and, at the same time, will accept applications for the support of research on tuberculosis.

In accordance with Dr. Heiser's stipulation at the time that he set up his fund in The New York Community Trust, the income is used not for treatment of patients but for basic laboratory research directed at a better understanding of the diseases and their bacterial agents. The ultimate aim is to find measures for the prevention and cure of these diseases that will serve to bring them under control, and two types of awards have been established to foster these objectives: 1) postdoctoral fellowships, designed to attract qualified and highly motivated young biomedical scientists to train in the relevant fields of research; and 2) small research grants that will support the training efforts of laboratories involved in research on leprosy and/or tuberculosis, or that will provide funds for the initiation of new research projects in the field.

Address applications and inquiries to: Mrs. Barbara M. Hugonnet, Director, Heiser Program for Research in Leprosy and Tuberculosis, 450 East 63rd Street, New York, New York 10021, U.S.A.