

## 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.*

**Ethiopia. ALERT 1998 Training Calendar.**

January 12–February 20

Prevention and management of disabilities

Target group: physiotherapists, occupational therapists, podiatrists as well as experienced leprosy workers involved in POD. Emphasis on both patient care (early detection of nerve deterioration, health promotion, problem solving) and program management (POD management, home based care and rehabilitation).

March 9–March 20

Introduction to leprosy for physicians

Highly recommended for the participants in the following "Management of Combined Programs" course who need to refresh their knowledge of clinical leprosy. The course can also be taken on its own by physicians responsible for diagnosis, treatment and care of leprosy patients in either a hospital or a control program setting.

March 23–April 24

Management of combined leprosy and tuberculosis control programs for physicians

Target group: experienced physicians responsible for managing a leprosy and TB control program at the regional level or above. Emphasis on program management: needs analysis, action plan, implementation of activities, supervision, evaluation, management of resources, training, health promotion and POD. A brief review of the essentials of TB is included, but leprosy expertise is a prerequisite. Participants lacking the latter should also take the preceding "Introduction to Leprosy" course.

May 11–May 27

Essentials of leprosy and tuberculosis for administrative and program support staff

Target group: administrative and managerial staff without a medical background, working in leprosy and TB programs and donor agencies. Objectives: to gain a better understanding of the two diseases, to communicate more effectively with the medical staff, and to contribute more efficiently in decision making and priority setting.

September 21–October 30

Essentials of leprosy and tuberculosis for physicians

Target group: physicians with limited experience in either leprosy or TB. Emphasis on clinical aspects of leprosy and TB, individual patient care and its application in the context of a combined program, with an introduction to health promotion and managerial issues, paying special attention to POD and supervision.

November 2–November 13

Introduction to leprosy for senior field staff

Highly recommended for the participants in the following "Management of Combined Programs" course who need to refresh their knowledge of clinical leprosy. The course can also be taken on its own.

November 16–December 11

Management of combined leprosy and tuberculosis control programs for senior field staff

Target group: experienced nurses, paramedical workers or supervisors responsible for leprosy and TB control at the district (or

equivalent) level. Emphasis on planning, implementation, supervision and evaluation of control activities, with special attention for POD, health promotion and support functions. A brief review of the essentials of TB is included, but leprosy expertise is a prerequisite. Participants lacking the latter should also take the preceding "Introduction to Leprosy" course.

For further information, contact: ALERT Training Division, P.O. Box 165, Addis Ababa, Ethiopia. Tel: 251-1-711524 or 251-1-712792; Fax 251-1-711199 or 251-1-711390; Email: ahri@telecom.net.et—Dr. Guido Groenen

**India.** 1997–1998 *Leprosy training courses offered at CLTRI.* The following training courses will be organized at the Central Leprosy Teaching and Research Institute (CLTRI) in Chengalpattu during the year 1997–1998. All applications for admission should be routed through the State Leprosy Officer of the respective state and sent at least 2 months prior to the commencement of the course. Applications not

routed through the State Leprosy Officer will not be entertained. First priority of selection to the training course will be given to candidates sponsored by the government of India and various state government institutions. Educational qualifications may be relaxed in the case of government-sponsored candidates for nonmedical categories. Medium of instruction for all the courses will be English.

S. no.	Name of training course	Seats per course	Duration of course	Eligibility for course	Date	
					From	To
1.	Medical Officers (Medical Personnel)	22	6 wks	Medical personnel with MBBS Degree	14.7.97 5.1.98	22.8.97 13.2.98
2.	District/Zonal Leprosy Officer	10	3 wks	District/Zonal Leprosy Officer (Medical)	5.5.97	23.5.97
3.	Reconstructive Surgery	04	4 wks	Doctors (MBBS) with postgraduate qualifications in Ortho/General Surgery	3.11.97 2.3.98	28.11.97 27.3.98
4.	Nonmedical Supervisors	22	2 mos.	Trained PMWs with 5 years experience in leprosy control work	1.4.97 3.11.97	30.5.97 31.12.97
5.	Laboratory Technician	20	1 yr	12 <sup>th</sup> Std./PUC passed with science subject with a minimum of 50% marks in science subject	2.4.97	31.3.98
6.	Physiotherapy Technician	16	9 mos.	-DO-	2.6.97	27.2.98
Orientation Training						
7.	Medical Students	20	3 to 5 days	On request from Dean/Principal of concerned medical college	Date to be confirmed as per their request	
8.	M.O. of M.D.T. District	20	5 to 7 days	On request from the respective DLO/SLO	-DO-	
9.	Laboratory Technician	10	2 wks	-DO-	-DO-	

Information for Sponsored Candidates Selected for Training:

1. This Institute is situated near the village Tirumani which is 5 kms. from Chengalpattu.

2. Town Buses (Nos. T2, T10, T21 and T27), passenger trains at scheduled times and autos are available from Chengalpattu to CLTRI.

3. Limited accommodations with cot and bedding are available for stay in the trainees hostel on payment of charges. There is a canteen run by contractor on lease and the canteen is mainly meant for trainees and staff members. The inmates of the hostel should invariably avail themselves of the canteen facility, otherwise they may be asked to vacate the hostel rooms and make their own arrangements for stay during the period of training.

4. No family members of the trainees are allowed to stay in the trainees hostel.

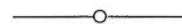
5. A stipend will be paid at Rs.990/- per month and Rs. 1280/- per month to non-medical and medical personnel, respectively, subject to their regular attendance and satisfactory performance in the training course. Candidates with unsatisfactory performance are liable to be discontinued from the course, and the stipend amount paid by them will be recovered. Even if the candidates discontinue the course on their own, the stipend amount paid to them will be recovered.

Candidates who desire to draw a stipend from this Institute should bring along with them while joining the training course a certificate issued by the sponsoring authority/employer to the effect that no daily allowance will be paid by the parent office for the period of training. If this certificate is not furnished by any candidate he/she will not be paid a stipend by this Institute.

7. The government-recognized voluntary organizations engaged in NLEP are also eligible to sponsor their candidates to training courses to a maximum of two candidates per course at a time from each organization. Applications received over and above two from a single organization will be ignored on a first received first served basis. Incomplete applications and those not supported by relevant documents will not be considered.

Contact: Dr. L. N. Rao Bhau, Director, Central Leprosy Teaching and Research In-

stitute, Chengalpattu, Tamil Nadu 603 001, India.



**Turkey.** *4th International Leprosy Meeting.* The 4th International Leprosy Meeting was held in Istanbul 28–30 April 1997. This international meeting was organized by Professor Türkan Saylan and colleagues from the Istanbul Leprosy Hospital and the Turkish Association for Leprosy Relief Work. Its main topic was "Where are we in the struggle of leprosy while approaching to 2000?" Thus, the purpose was to consider lessons learned from the past 20 years of leprosy work in Turkey and their implications for the years ahead.

Participants included leprosy experts from various parts of Turkey and colleagues from overseas, the chief of whom was Dr. S. K. Noordeen, Director of the WHO Program for the Elimination of Leprosy. Other contributors came from Denmark, Ethiopia, India, The Netherlands, the United Kingdom and the United States of America. All had earlier been involved as facilitators in the Turkey program. The meeting was formally opened by speeches from the Rectors of Istanbul's two main Universities followed by the reading in absentia of an address submitted by Dr. Paul W. Brand that emphasized the need to persevere with leprosy work until all problems were seen to have been resolved. Mrs. Rina Perolini-Bohner represented Emmaus Suisse and spoke of their support of the work in Turkey over many years.

In his first address to the meeting, Dr. S. K. Noordeen described the benefits of setting the year 2000 as a target for leprosy elimination as a public health problem and stressed the success of MDT in drastically reducing the disease endemicity and spoke of remaining challenges: those of reaching patients not yet having access to MDT and of improving rehabilitation of the disabled. He referred to the awakening of a scientific outlook toward medical aspects of leprosy over the past 150 years, its emphasis being more toward studying the descriptive aspects of leprosy, including the various clinical manifestations, and less toward finding ways to effectively deal with the disease situation in the individual and the community.

Meeting sessions focused on the history and development of leprosy programs in Turkey and elsewhere, on state-of-the-art treatment of leprosy, on current drug trials, on action to counter eye and nerve impairment, and on the contribution of reconstructive surgery. The final day was spent in a visit to the Istanbul Leprosy Hospital, with further presentations regarding leprosy work in Turkey and the training program offered by ALERT, Ethiopia. At a closing forum, participants summarized their conclusions as follows:

1. It is clear that Turkey has made phenomenal progress in reducing leprosy dramatically during the past 10 to 15 years, both in regard to the incidence and prevalence burdens and in regard to new case occurrence. It is vital that the pressure to identify and treat the remaining cases is maintained. An objective is to identify and treat new cases before they develop nerve function impairment. Hence, the importance of community understanding that cure is possible and recognition of the early signs of leprosy.

2. WHO-recommended MDT remains the centerpiece of leprosy chemotherapy. However there is considerable promise of improved drug regimens for the future involving newer drugs such as ofloxacin, minocycline and clarithromycin.

3. It is important that persons affected by leprosy (PALs) and their family members have the opportunity to learn how they can help themselves and one another and are encouraged in self-reliance wherever feasible. Initiatives of IDEA (International Association for Integration, Dignity and Economic Advancement) provide welcome examples of mutual support activities.

4. Staff activities both to prevent impairment and handicap, and to rehabilitate those already handicapped, involve teamwork so that social, psychological and functional problems are countered. Social help needs to be offered together with action to prevent disability. Turkey is to be congratulated on the effective teamwork that has already been established between social workers, psychologists, ophthalmologists, surgeons, physiotherapists, nurses, shoemakers and dentists. Many experts contribute their services on a voluntary basis.

5. The importance of eye care is emphasized. Ophthalmologists are few and where

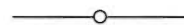
there is no nearby support to overcome developing eye problems, blindness may result. This is potentially catastrophic where accompanied by hand or foot sensory loss. Hence, the urgent need for the training of general health workers in eye care. It is proposed that specialist eye care training be given to nurses so that they can become a local resource.

6. One aim of rehabilitation is that PALs become economically self-supporting. A further aim is that family members of disabled or elderly PALs can be helped to acquire a profession by which they will be able to give needed financial and social support to disabled or elderly PALs.

7. The tasks of elimination of leprosy and support for the leprosy-affected will not be complete until no new cases emerge and existing PALs receive needed support throughout their lifetime. These needs call for involvement of young people in the struggle and for support and treatment to be available in integrated settings. Each country where leprosy is endemic needs to set its own objectives and to tailor these to its own situation, taking into account the local, social conditions and the levels of impairment of those affected.

8. It is of utmost importance for leprosy workers and their programs to be supported by the donor NGOs especially the ILEP group as the work of leprosy due to the PALs will be continuous.

9. In conclusion, Dr. Noordeen stated that the phenomenal progress made so far should not lead to any complacency since this is the time to redouble our efforts to reach the year 2000 target and, further, to ensure that progress made is sustained beyond the year 2000 so that we can look forward to a totally leprosy-free world some time during the early part of the next century. In congratulating Professor Saylan and Turkish leprosy workers on their achievements, he said: "This is the kind of story that I want to see in every country."—A. C. McDougall; Source: Prof. Türkan Saylan



**U.S.A. PAHEF call for nominations for 1998 Soper Award.** This is an announcement and call for submission of nominations for the 1998 award in honor of Fred L.

Soper, former Director of the Pan American Health Organization (the World Health Organization Regional Office for the Americas) from 1947 to 1958.

In addition to his service with PAHO/WHO, Dr. Soper played a major role in the fight against yellow fever and other infectious diseases in Brazil as part of his work with The Rockefeller Foundation in the 1920s and 1930s and in the control of typhus in North Africa and Italy during the Second World War. He was one of the truly major figures of the century in inter-American health.

The Award is presented annually to the author or authors of an original scientific contribution comprising new information on, or new insights into, the broad field of public health, with special relevance to Latin America or the Caribbean or both. This may consist of a report, an analysis of new data, experimental or observational, or a new approach to analyzing available data. Preference is given to studies involving more than one discipline and to papers related to infectious disease, a life-long concern of Dr. Soper.

Only papers already published in scientific journals listed in *Index Medicus* or in the official journals of the Pan American

Health Organization are eligible for consideration. Furthermore, the Award is limited to contributions by authors whose principal affiliation is with teaching, research or service institutions located in the countries of Latin America and the Caribbean (including the Centers of the Pan American Health Organization).

The Award Fund is administered by the Pan American Health and Education Foundation (PAHEF) which receives voluntary contributions designated for the purpose and holds them in a separate fund. The Award consists of a suitable certificate and a monetary prize of US\$1000.00. The winner(s) of the Award each year is nominated by an Award Committee, composed of representatives designated by PAHO and by PAHEF; final selection is made by the Board of Trustees of PAHEF.

Papers submitted by or on behalf of their authors may be considered for the Fred L. Soper Award. For purposes of the 1998 Award, only papers published during calendar year 1997 will be considered; all submissions must be received by 31 March 1998 at the following address: Executive Secretary, PAHEF, 525 23rd Street N.W., Washington, DC 20037, U.S.A.