From the Editor

It is a privilege and a joy for me to take on the responsibility of editing the Research Newsletter, now in its 7th year. I welcome suggestions from the readers to improve and make this Newsletter more useful and interesting.

We are happy to publish a message from Dr. Ruth Butlin, former Superintendent of TLM Hospital, Parulia and an active researcher, now settled in England. Latest updates from Leprosy literature and recent happenings in the TLM research arena are also included. To be modern, one has to think globally, but act locally. Leprosy is a disease of poverty and under-development, and to be successful, we need to address the wider issues of socioeconomic disparities, and the problems of injustice and inequity in the backward areas of our country. In this Newsletter, we bring into focus the Millennium Development Goals (MDG), so that as we move into the next decade of the 21st century, our readers can investigate the larger picture in the context of leprosy central. Despite talk of “India Shining”, she continues to remain an embarrassing 127th, out of 177 countries in terms of human development, although for the third year in a row it has been ranked as the 12th largest economy by the World Bank in terms of its GDP.

The leprosy situation in our country has not changed very much either, as seen in the ‘Weekly Epidemiological Report’ from WHO. The number of new cases detected in 2009 is 133,717 marginally reduced from 134,184 in 2008.

So where does that leave The Leprosy Mission? How do we respond to these challenges? Should we press on remembering that as St. Paul says we can do everything through Him who gives us strength? and continue the work of the great Mission, responding to the needs of those affected by leprosy in new, innovative and more effective ways.

As we approach another Christmas, let us remember that we are to be the faithful and reliable witnesses to God’s self-giving love, bringing good news for the weary world. May God grant the courage and strength in the coming year to offer new joy to all those who seek our help in healing and wholeness.

Dr. Annamma John
Medical Specialist, RRC, Editor

MESSAGE

Dear Readers,

I think you will all remember the very useful review of research evidence produced by the International Leprosy Association (ILA) prior to the International Leprosy Congress in 2002, which was published in Leprosy Review, International Journal of Leprosy and also Indian Journal of Leprosy.

The Technical Commission of the International Federation of Anti-Leprosy Organizations (ILEP) has now followed it up with an excellent review of new research published since then (ie. 2002 - 2009), focusing on Prevention, Early diagnosis, Chemotherapy, Reactions, Prevention of disability, Stigma measurement & reduction, and Rehabilitation. The reference lists are going to be useful as well as the conclusions.

What is lacking?

I read the review with great interest but was disappointed to note that in so many areas of leprosy work, their conclusions are we do not yet have an adequate “evidence – base” available to inform our practice! For example, there is very limited evidence on early diagnosis or on chemotherapy. We still do not know the optimal dosages of steroids for reaction, nor the optimal duration for a standard steroid course, nor how to predict or manage those (20-50%) who have rebound reaction. There are still huge gaps remaining in the evidence base for prescription of footwear and care of trophic ulcers.

Many topics requiring a social sciences approach are still neglected, or only limited conclusions can be drawn from the poorly designed studies.

What is new?

Evidence for effective chemoprophylaxis is accumulating recently. BCG vaccination for all infants contributes to the control of leprosy but a second dose to the general population has little extra value. On the other hand it is not clear whether an additional dose for contacts will give sustained benefit. Chemoprophylaxis, with a single dose of
rifampicin, given to contacts soon after the index cases started MDT, reduces new cases in the short term but this effect may not be prolonged beyond the first few years. Large scale pilot studies of a combined regimen (BCG + Rifampicin) under field conditions are recommended.

Do you know about Phenyltoin for wound dressings? This looks promising: several studies show improved rate of healing with topical phenyltoin (when compared with saline or Eusol). Another idea deserving further investigations is the use of bisphosphonates for neuropathic deintegration of tarsal bones, since they have been shown to be beneficial in diabetic neuro-osteo-arthropathy.

Evidence is accumulating that "rehabilitation in the community" is effective in increasing independence, mobility, communication skills and income but is most useful for those with mild disabilities (and the good quality evidence is all relating to non-leprosy disabilities).

How to respond to this review?

Many of the research Priorities highlighted by the review concern issues which could very well be addressed at TLM centres in India and elsewhere. They do not require state of the art laboratories or other high technology ....... they require a good supply of well-documented patients, careful observation by trained staff, computers to record data, access to expert advice on study design and analysis of results, a network of trusted centres suitable for cooperating in multi-centre studies ..... which are all facilities we have within TLM! It is part of TLM's strategy to undertake appropriate field research studies and in recent years there has been positive encouragement to competent staff to develop research skills & interests, including through sponsoring attendance at leprosy conferences.

Suggestions to consider following up

There is good scope in TLM for operational research on ways of identifying high risk contacts who might benefit from counselling / examination / treatment, for collecting high quality cohort data on relapse rates after 12month MB MDT, for (further) development of scales for monitoring reactions (Reversal Reaction & Erythema Nodosum Leprosum), for studies assessing clofazimine ENL reaction.........

Also for assessing the cost-effectiveness & optimal dosage of topical Phenyltoin for ulcer care and identifying factors predicting favourable response to neurolysis & its effect on quality of life (the latter two are good topics for hospital staff)........

Finally, randomized controlled trials of various stigma-reduction interventions are another need, as are trials comparing different approaches to counseling, and studies designed to validate available stigma-measuring tools in different cultural settings and specifically in relation to leprosy.......these last three are suitable for community projects to tackle with active participation of leprosy-affected individuals in the planning & implementation (ie not just as subjects of the study!!)

Keeping yourself informed

If you have not been looking regularly at Leprosy Review as it comes out quarterly, do check it is available at your centre, read it, discuss articles with colleagues, and consider whether you have material suitable to submit for publication! At the discretion of the publishers, Leprosy Review is distributed free of charge to doctors working in leprosy-endemic countries who are unable to afford the subscription (currently £45 p.a.) & it is well worth-while to collect all the issues in your centre's library for future reference. Alternatively you can read Leprosy Review (free of charge) through the LEPRA website

Wishing you all success in your research studies! 
Yours sincerely,
C Ruth Budlin

REFERENCES

- Contact Lepra health in action, 28 Middlesbrough, Colchester, Essex, CO1 1TG, UK. Or see www.leprahealthinaction.org
- http://www.leprosy-review.org.uk

INDIA & THE MDGs

The Millennium Development Goals (MDGs) have become the most widely accepted yardstick of development efforts by Governments, donors and NGOs.

So, we thought our readers would be interested to know something about the progress that India has made towards achievement of the goals, as we embark on the last five years to the deadline.

Fast facts from India's 2009 MDG Report:

POVERTY - The absolute number of poor in the country has declined from about 320 million (36 % of total population) in 1993-94 to about 301 million (27.8 %) in 2004-05. With this rate of decline, the country is expected to have a burden of about 279 million of people (22.1 %) living below the poverty line in the year 2015.

CHILD MORTALITY - All India trends of the proportion of underweight children below three years of age, shows India is slow in eliminating the effect of malnourishment. The proportion has declined only marginally during 1998-99 to

"One who has stopped striving and stopped learning should be buried."
—Ernst von Feuchtersleben.
2005-06, from about 47 to about 46 percent and at this rate of decline is expected to come down to only about 40 % by 2015.

TUBERCULOSIS - With 1.9 million tuberculosis cases estimated in 2008, India has 1/5 of the world’s total. Globally, India made the most notable progress in providing treatment across the country’s entire population: in 2008 over 1.5 million patients were enrolled for treatment.

ENVIRONMENT - During the past decade India’s forest cover has increased by 728 sq. km, access to improved water sources is up from 68.2 percent in 1992-93 to 84.4% in 2007-08 – in urban areas it has gone up to 95%. According to the Report “India, one of the most densely populated countries in the world, has the lowest sanitation coverage”. Sanitation remains a major challenge and half the population does not have access to toilets – in rural areas this is as high as 66%.

LITERACY - Going at the rate by which youth literacy increased between 1991 and 2001- from 61.9 to 76.4 percent, India is expected to have youth literacy of 82.1 by 2007 and 100 percent by the end of 2012.

GENDER EQUALITY - Gender parity in primary and secondary education is likely to be achieved though not in tertiary education. However, share of women in wage employment in the non-agricultural sector can at best be expected to reach a level of about 24 percent by 2015, far short of a parity situation.

The MDG Gap Task Force has been created to systematically track existing international commitments and to identify gaps and obstacles in their fulfillment at the international and country level in the areas of official development assistance, market access (trade), debt relief, access to essential medicines and new technologies.

Goal 1: Eradicate extreme poverty and hunger
Goal 2: Achieve universal primary education
Goal 3: Promote gender equality and empower women
Goal 4: Reduce child mortality
Goal 5: Improve maternal health
Goal 6: Combat HIV/AIDS, malaria and other diseases
Goal 7: Ensure environmental sustainability
Goal 8: Develop a Global Partnership for Development

Since the latter half of the 1990s India has seen burgeoning economic development while there are huge gaps in terms of social and human development. India continues to remain an embarrassing 127th out of 177 countries in terms of human development, but for the third year in a row it has been ranked as the 12th largest economy by the World Bank in terms of its GDP. The contrast is stark and warrants concerted action on the human development front. The MDGs serve as an effective benchmark of our performance on the human dimension front.

Interested to learn more about India and the MDGs?

UNDP’s Assessment Report - What will it take to achieve the MDGs? - http://content.undp.org/go/cms-service/stream/asset/?asset_id=2620072


WORKSHOP ON HEALTH - RELATED STIGMA AMSTERDAM, 11-14, OCTOBER 2010

A 4 day scientific workshop on a vital topic 'Health-Related Stigma' was hosted by the Netherlands Leprosy Relief and organised in collaboration with the American Leprosy Missions, at Amsterdam, The Netherlands, during 11th to 14th, October 2010.

The specific objectives of the workshop were - To identify and prioritise research needs regarding stigma, including field guidelines on measuring stigma, identifying best practices in interventions to reduce stigma and the role of counselling in relation to stigma.

Participants: About 35 experts who have been working in stigma, from diverse backgrounds such as Leprosy, mental health, HIV/AIDS, Disability, Leishmaniasis & TB and hailed from different countries of Brazil, Ecuador, Germany, India, Indonesia, Nepal, Nigeria, Netherlands, Philippines, Tanzania, Thailand, UK & USA attended the workshop. Dr. M.S Raju, Social Scientist TLM India attended the workshop.

"One should never make the same mistake twice; there are so many possibilities to choose from." - Bertrand Russell
The final products of the workshop include the following:

1. A scientific paper entitled "Identifying research priorities in leprosy-related stigma: A literature review" for publication.
2. A first guide describing when and how to measure stigma. It also provides explanation on how to use the instruments and interpret the outcomes.
3. A second guide providing recommendations on the use of interventions in reducing stigma. Different tools and strategies will be discussed for reducing stigma for affected persons, close relatives and the community.
4. A third guide explaining the use of counselling in dealing with stigma and stigma reduction. It provides an explanation of different techniques and approaches for counselling persons affected by stigma.

**EVER STUDY MEETING**

**TLM / ICMR Research Project on Methods to Enhance Voluntary Early Reporting (EVER) combined meeting held:**

A combined meeting was held on 12th & 13th Nov. 2010 at TLM Community Hospital, Champa. Dr. P S S Sundar Rao (Head-Research), Dr. Joydeepa Darlong, Principal Investigator, Dr. Neeta Maximus & Dr. Archana Kumar Co-Principal Investigators and other EVER staff participated in the meetings. An introduction of the EVER study was given by Dr. Rao, who also explained that the main purpose of the EVER study is to determine the causes of delay in reporting among leprosy patients in PHCs and other integrated settings. The second part of the study is to devise new methods with community participation to report early and to reduce deformity.

**RESEARCH MEETINGS**

The TLM India Research Committee with Dr. V.M. Katoch as Chairman meets twice a year to monitor TLM research and approve new proposals. The next meeting was held on Dec. 11, 2010.

The TLM International Research Committee meeting has several teleconferences and a face-to-face meeting once a year. The Chairman is Dr. Warwick Britton, and the agenda includes global research initiatives and research policy as well as monitoring TLM research.

- The Scientific Advisory Committee of the Stanley Browne Laboratory was constituted to help TLM have the best laboratory facility and initiative to help in relevant leprosy research. The last meeting was held on Dec. 6th to review ongoing and new research, and propose stronger interactions between the laboratory and the field through frequent research meetings. This Laboratory is now recognized for PhD degree of the Martin Luther Christian University of Shillong, Meghalaya, established by the Central and State Governments in 2005, and recognized by the UGC.

**STAFF CHANGES**

**Staff Changes**

At the end of November we had to say Goodbye to Mr. Jaideep Peters, who left us to join St. Stephen’s Hospital. We wish him the best for his future.

Dr. Annamma S. John joined the RRC team as Medical Specialist.

**Christmas is forever, not for just one day.**
**For loving, sharing, giving, are not to put away.**
**Like bells and lights and tinsel,**
**in some box upon a shelf.**
**The good you do for others is good you do yourself.**

-Norman Brooks

**The Staff of RRC wishes everyone**
**a Blessed Christmas and Joyous NewYear!**

"A trifle can encourage because it takes only a trifle to discourage us."

-Blaise Pascal