



Fédération Internationale des Associations contre la lèpre  
International Federation of Anti-Leprosy Associations  
Internationale Vereinigung der Leprahilfswerke

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## 3<sup>rd</sup> Meeting of the ILEP Technical Commission

Tuesday 7<sup>th</sup> – Thursday 9<sup>th</sup> December 2004

Hyderabad, India

### MINUTES

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**Chair:** Dr Pieter Feenstra (PF)

**Present:** Dr Guido Groenen (GG), Mr Ernst Hisch (EH),  
Professor Baohong Ji (BJ), Dr Padebattu Krishnamurthy (PK),  
Dr Diana Lockwood (DL), Dr Montserrat Pérez (MP),  
Dr Paul Saunderson (PS)  
Guest – Dr Vijaykumar Pannikar, Team Leader Global Leprosy Unit,  
World Health Organization (WHO) (Wednesday only)  
Guest – Mr Hugh Cross, American Leprosy Missions (ALM) Prevention  
of Disability (POD) Consultant for discussion of Item 9.3

**Secretariat:** Ms Susan Lord (SL)

The Chair welcomed everyone to the meeting.

#### 1. Approval of the Agenda

*The agenda was approved with the addition of item 11.2 on data co-ordination.*

#### 2. Approval of Minutes of Previous Meeting

The Minutes had been previously approved electronically, and it was agreed that this procedure should continue. Only one full set of minutes will be prepared and posted with open access on the ILEP Web site as soon as possible after the meeting.

In exceptional circumstances there might be a need to have a written record of non-minuted discussion. This will be kept as Reserved Business and will have restricted access.

The ILEP Technical Commission (ITC) Meeting will remain closed for the following reasons: it is difficult for observers to remain quiet when an issue of great interest to them is being discussed; observers may not have been present at previous meetings and will therefore be unaware of the thread of discussion; the dynamics of the meeting may be disturbed leading to confusion.

Invitations to attend the Meeting will continue to be extended to specific persons, and any request by a Member to attend an ITC meeting will be considered by the Commission.

#### 3. Follow-up of the Minutes of the previous Meeting

9.1 EH to report on the situation of international training at the All Africa Leprosy and Tuberculosis Rehabilitation Training Centre (ALERT) after his visit to Ethiopia scheduled for October 2004.

EH reported that the situation was very positive, and the commitment of Dr Krishnan and Dr Ruth to ALERT was again commended by the Commission. The Commission will recommend that Members now resume using ALERT for their training needs. EH mentioned that there is a need for additional facilitators and suggested that ILEP Members be generous in this regard. GG to look at the quality of the training during his next teaching assignment at ALERT in October 2005.

#### 4. Plan of Work

See attached Plan of Work (Appendix 1).

#### 5. Organisation of Services

##### 5.1 Technical Bulletin on Leprosy in Urban Settings

PK introduced the draft bulletin, which is based on the results of the urban leprosy control study, commenting that he had reservations about the usefulness of the document. PK has added extra case studies to the draft that he inherited from Dr C S Walter. The Commission decided that this document can not be looked upon as a definitive document and will not therefore be printed. It will be placed on the ILEP Web site as a discussion document that can be continually updated by the inclusion of extra studies.

##### Action Points:

- **PK** to contact Dr Dinesh Jain, who has extensive experience in urban leprosy control, to contribute to the document.
- ITC to send editorial comments to **SL**.
- A short introduction will be added and the publication will be on the ILEP Web site before the June meeting **SL**.
- Publicity to be sent to Leprosy Review, International Journal of Leprosy, Infolep, and the Salvatore Noto mailing list **SL**.

#### 6. Clinical and Research Issues

##### 6.1 Review of ILEP Research Information System

DL and BJ reported that they had been informed that the production of the Research Directory in its present format is time-consuming for the Secretariat and Members. They found the present Research Directory inconsistent, out of date and inaccurate. However, a directory/database in some form is useful as a showcase to the world, and in particular to researchers and journalists, of the range and diversity of leprosy research. The Commission recommends that the same format as currently used for non-registered research entries would also be appropriate for registered research, with the addition of the funding amounts (Appendix 2). The new format Research Directory will continue to be web-based and the hard copy will only be printed and mailed upon request. Questionnaire B (the Yearly Progress Report) is no longer required for the production of the Directory.

*This recommendation was approved by the 30<sup>th</sup> General Assembly, 11 December 2004.*

##### Action Points:

Members to be informed that 1) the 2003 database has been completed and is web-only with hard copy for Members on request from the Secretariat and 2) that yearly research updates will no longer be required (**SL**).

##### 6.2 Leprosy in Dermatology Research; Professor Ryan's Letter

The Commission had received a letter from Professor Ryan, of the International Wound Healing Foundation, asking that consideration be given to the establishment of ways of working together which would strengthen the public health role of dermatology within leprosy. The Commission agrees that the involvement of dermatologists and the inclusion of leprosy in the medical school curriculum is important and will increase in importance as new cases of leprosy decrease. However, in some countries, such as India, leprosy is

part of communicable diseases at undergraduate level, rather than dermatology.

**Action Points:**

- **DL** to speak to Professor Ryan about a possible role for him and the International Wound Healing Foundation.
- **SL** to email Professor Ryan informing him of the discussion of his letter and agreement for the need to find partnership for the inclusion of leprosy within the dermatology curriculum, as also to ask him for his suggestions for collaboration.

## 7. Rehabilitation

### 7.1 Review/Approval of Community Based Rehabilitation (CBR) Guide

This Guide originates from the Socio-Economic Rehabilitation (SER) workshop held in October 2003. The cost of the publication will be met by the Deutsche Lepra- und Tuberkulosehilfe (DAHW) and the publication will be endorsed by ILEP. A Temporary Expert Group (TEG) has been set up to provide editorial advice for the project, and the most recent draft of the Guide underwent a further review between June and December 2004.

EH discussed the comments received by the reviewers with the Commission.

The Guide was originally envisaged as a Learning Guide or 'How to' book. However, the Commission agreed that it is more appropriate for the Guide to be a Technical Guide, as it has not proved possible to produce a publication at the level of a Learning Guide. The publication will still remain practical, and in this regard it was felt that to make some of the changes suggested in the recent review would run counter to this aim.

The possible revision of the ILEP Guidelines on SER was discussed and it was agreed to wait until the WHO publication on 'Developing guidelines for CBR in developing countries' is available. This publication will detail the goals of CBR, the programme components and some management issues.

**Action Points:**

- **EH** to arrange for a meeting of the Editorial Board to work on the incorporation of comments from the recent review.
- **SL** to contact Dr Federico Montero (acting Head of WHO/Disability and Rehabilitation (DAR)) again for his comments on the draft publication

The Commission discussed the possibility of including impact assessment within the CBR Guide, but it was agreed that this was a separate project requiring a new TEG.

**Action Point:**

- **EH** to ask the current members of the TEG on the CBR Guide to suggest suitable members for the new TEG to be set up to address impact assessment of CBR. These names will be presented at the June 2005 meeting of the ITC.

## 8. Training

### Progress of the Training Database

The training database of over 100 courses from 20 institutions is available as a calendar and catalogue on the ILEP Web site and in EXCEL format in the Secretariat allowing easy manipulation of the data as required. Although the desirability of a database that can be sorted according to intended audience is appreciated, the amount of work involved in setting this up at this time may not be warranted. Information about the courses was obtained by contacting course providers included in the Training Catalogue, as well as the recipients of the catalogue. Inclusion of courses in the ILEP calendar and catalogue does not imply endorsement by the Commission.

#### 8.1 Action Points:

- **SL** to regularly update the database.

- **GG** to edit list.
- **SL** to contact the Leonard Wood Memorial Center for Leprosy Research again for information about their courses.

## 9. Teaching and Learning Materials

### 9.1 List of Leprosy Teaching and Learning Materials

As it is very time-consuming to compile and maintain a fully comprehensive list of leprosy teaching and learning materials, a regularly updated list of essential Teaching and Learning material will be prepared for each speciality. A grid database is to be prepared including titles and availability of these publications.

#### Action Points:

- **GG** to prepare grid.
- **ITC Members** to supply list of individual specialists to be contacted to acquire titles.
- **SL** to collate data and prepare grid database.

### 9.2 Collaboration with Infolep

SL reported on discussions with Netherlands Leprosy Relief (NLR). Infolep is willing to answer requests for information from all those associated with leprosy. This will include requests to locate, but not supply, publications on leprosy. This service will be publicised on the ILEP Web site.

#### Action point:

- **SL** to discuss wording of announcement with Jiske Erlings at Infolep.

### 9.3 Review of the Learning Guide on Prevention of Disabilities (PoD)

The content of this publication is being provided by Dr Hugh Cross and Margaret Mahato. PS is responsible for coordinating the writing of the manuscript. The latest draft of the publication had been circulated to the Commission members and Dr Hugh Cross joined the meeting for this discussion.

It was agreed that the target audience is health workers. The Commission thought that some of the headings were confusing and, in addition, they recommended that: some repetition could be removed; a section on how to organise activities could be included; section five should become section one; gender sensitivity should be incorporated.

Although Ms Jean Watson's book is seen as complementary to this Guide, the Commission suggested that the authors consider including more of Ms Jean Watson's work.

The Commission concluded that this will be a very useful book.

#### Action Points:

- **PS** will circulate the revised files to the ITC by e-mail, and the final version will be ready for approval at the June 2005 meeting of the ITC.
- **SL** will prepare a publication plan to present to the June 2005 meeting of the Commission.

## 10. Drug Issues

The ITC is concerned about the continuity of drug supply after the end of the current agreement between WHO and Novartis. They urge that a new Agreement between WHO and Novartis concerning the free supply of drugs be formalised soon or ILEP should be prepared to obtain an alternative supply by purchase or donation.

### 10.1 Drug Supply Paper

A paper on the 'Supply of Basic Drugs for the Management of Leprosy' had been prepared by MS in collaboration with PS and SL. Information on the supply of Prednipacs had been specifically requested by Dr Yo Yuasa in 2004. The Commission and Dr Vijaykumar Pannikar suggested some additions to the paper, which should be posted on the ILEP Web site under ITC advice.

**Action Points:**

- **SL** to incorporate changes into the paper and put it on the ILEP Web site. Members and other interested parties to be informed of its posting.
- **PF** to write to Dr Yo Yuasa.

**10.2 Thalidomide use in India**

Dr Cornelius Walter had sent a message to the Chair of the Commission informing him that The Leprosy Mission (TLM) South Asia had taken a stand on the use of Thalidomide, and that this had been endorsed by the National Ethics Committee. Dr Cornelius Walter asked the ITC to give technical advice on this issue. The Leprosy Mission International (TLMI) Guidelines had been requested from Dr Walter but had not been received.

The Commission concluded that the Guidelines, as currently given in the section on Treatment of Severe Erythema Nodosum Leprosum (ENL) with Thalidomide in the *Bulletin on The Management of Erythema Nodosum Leprosum*, remain valid. In her private capacity, DL is willing to give specialist advice upon request.

**Action Points:**

- **SL** to ask for TLMI Guidelines.
- **PF** to write to TLMI India to explain that our Guidelines are still valid, but that specialist advice is available from DL.

**10.3 Prednispac Withdrawal from India**

A copy of a letter from the Indian Government's Assistant Director General for Leprosy to the State Leprosy Officers, advising that Prednispac will no longer be supplied and that loose prednisolone, procured from the local market, should be used for all leprosy cases with reactions, was noted by the Commission.

**11. Issues related to Collaboration between ILEP and the WHO****11.1 Association Française Raoul Follereau (AFRF) proposal for a Global Technical Forum on Leprosy Control**

The Commission decided that it was unable to support the proposal for a Global Technical Forum in 2005, but suggested that the meeting between WHO and ILEP scheduled for February 2005 could prepare the draft strategy for a full discussion in a global forum to be held in 2006.

**11.2 Data Co-ordination**

The current practice, whereby ILEP and WHO produce two sets of global leprosy data does not seem reasonable. ILEP and WHO should work towards producing a common set of data at the national level. An ILEP evaluation of this is currently underway. It is understood that WHO will continue to collect data, and Members may also wish to collect data for their own purposes. The ITC will continue to give advice on Members' data upon request.

**12. International Leprosy Association (ILA) African Leprosy Congress, 31 January – 3 February 2005**

MP, PS and BJ will be attending this meeting and the Chair delegated responsibility to this group to represent ITC opinion if the need arises.

**13. Leprosy in the broader Context**

The Chair had received a letter from the Director of TLMI, Mr Trevor Durston, requesting the ITC to consider whether the issue of the connection between poverty and leprosy could be explored by the ITC. He also asked whether expertise on this subject existed within the ITC. The Commission concluded that this is a political issue involving global development and, as such, is beyond the scope of the ITC.

In response to Mr Trevor Durston's question concerning ITC expertise in this area, it was

noted that DL has recently published a paper in the International Journal of Epidemiology entitled *Commentary: Leprosy and Poverty*, in which she concludes that it is the level of inequality rather than absolute poverty that correlates with leprosy case rates.

**Action Point:**

- **Chair** to reply to Director TLMI.

#### 14. Technical Question and Answer (Q & A) Session

The Chair asked that the ITC members be prepared to answer questions from Members. Some ITC members could not attend the session since they had already booked their flights.

**Action point:**

- SL to inform ITC members of attendance requirement at sessions well in advance so that appropriate travel arrangements can be made.

#### 15. Any other Business

##### Report on Manila Meeting on Strategy for Sustaining Leprosy Services in Asia and the Pacific, 30 November – 3 December 2004

The Chair attended this meeting and has been included on the strategy writing committee. WHO have agreed to drop the use of elimination targets and of prevalence reporting in favour of new case detection reporting. In separate discussions at the Manila Meeting with Dr Hiroyoshi Endo and Dr Vijaykumar Pannikar it was agreed that WHO and ILEP will move towards full co-operation during 2005.

##### Dr Pannikar's Request for Acceptance of Uniform-Multidrug Therapy (U-MDT) Trials currently underway in India and China

VP mentioned that WHO trials are underway with 2000 patients already recruited out of a required 5000. A yearly progress report will be made available to all interested parties. VP said that they encouraged separate ILEP backed trials with different protocols so that data can be shared and compared. The Commission mentioned that they had a proposal for a U-MDT trial in Brazil from Dr Klatser. However, because the proposal had a rigorous protocol and was therefore expensive to run, it was having difficulty obtaining funding. VP said that any decision to recommend U-MDT as routine treatment would be made in full consultation with interested parties.

The ITC again expressed concern about the simplified protocol as used in the WHO trial.

##### Meeting of ILEP and WHO in February 2005

A meeting between WHO and ILEP to discuss primarily technical matters will be arranged for February. Expected participants to include: Dr Endo, Director, Department of Communicable Diseases Control, Prevention and Eradication, WHO; Dr Pannikar, Team Leader, Global Leprosy Unit, WHO; Dr Myo Thet Htoon, Global Leprosy Unit, WHO; Dr Sunil Deepak, President of ILEP, Ms Dominique Martineau-Needham, General Secretary of ILEP, Dr Pieter Feenstra, Chair of the ILEP Technical Commission; Dr Baohong Ji and Dr Diana Lockwood, Members of the ITC.

**Post Meeting Update:** *The meeting was held on February 14<sup>th</sup> and 15<sup>th</sup>. Mr Trevor Durston, Member of the ILEP Standing Committee and Ms Susan Lord, Secretary to the ITC also attended. A brief report of the meeting will be posted on the ILEP Web site.*

##### Request from India ILEP Representatives to Develop Criteria for Assessment of Relapse

This is a topic that is to be covered by the Commission in their Plan of Work (see attached appendix).

##### Comments from India Representatives concerning Teaching and Learning Material

A recommendation from the ILEP Representatives in India is that teaching and learning materials should be developed by each country for their own needs and that ILEP should provide advice and technical help only.

The next ITC meeting will be held on the afternoon of June 7<sup>th</sup> and all day on the 8<sup>th</sup> June in London, most likely at the Methodist International Centre at Euston.

- Appendix 1: ITC Plan of Work  
Appendix 2: Listing of Research Projects

Distribution:  
ITC, SC, MEMS, REPS

Abbreviations used in this set of minutes:

AFRF	Association Française Raoul Follereau
ALERT	All Africa Leprosy and Tuberculosis Rehabilitation Training Centre
CBR	Community-based rehabilitation
DAHW	Deutsche Lepra-und Tuberkulosehilfe
DAR	Disability and Rehabilitation (WHO)
ENL	Erythema Nodosum Leprosum
ITC	ILEP Technical Commission
NLR	Netherlands Leprosy Relief
POD	Prevention of disability
Q&A	Questions and answers
SER	Socio-economic rehabilitation
TAG	Technical Advisory Group (WHO)
TEG	Temporary Expert Group
TLM	The Leprosy Mission
TLMI	The Leprosy Mission International
U-MDT	Uniform-Multidrug therapy
WHO	World Health Organization

# ILEP TECHNICAL COMMISSION PLAN OF WORK 2004-2008



Pieter Feenstra , Chair (PF), Guido Groenen (GG), Ernst Hisch (EH), Baohong Ji (BJ), Paddebattu Krishnamurthy (PK), Diana Lockwood (DL), Montserat Perez (MP), Paul Saunderson (PS).

Prepared by Susan Lord (SL)

<i>Activity</i>	<i>Frequency</i>	<i>Product*</i>	<i>Working Method</i>	<i>Lead</i>	<i>Date due</i>	<i>Present status/notes</i>
<b>1. MONITORING OF EPIDEMIOLOGICAL TRENDS</b>						
1. Advise on the monitoring of epidemiological trends and validation of data	Continuous			PK	June '05	
<b>2. QUALITY OF DIAGNOSIS</b>						
1. Produce advice on how to make the validation of diagnosis a component of leprosy control	Once only			PK/PS	June 05	
<b>3. APPROPRIATE STRATEGIES FOR TREATMENT</b>						
1. Give advice on the implementation of A-MDT	Once only	Guidelines	In dialogue with WHO/TAG	ITC		
2. Review evidence on relapse rates after MDT, particularly after 12 month MDT	Once only	<u>Discussion paper</u> to cover criteria for diagnosing relapse and mechanisms to validate the diagnosis of relapse.	TEG with WHO consultation	BJ		
3. Give advice on the availability and utility of prednisolone as loose drug or Prednipacs	Once only	Notified website advice		MP DL PS		<b>Completed</b> (see minutes Dec '04).
4. Give advice and seek information on clofazimine supply and distribution	Once only	Notified website advice		MP DL PS		<b>Completed</b> (see minutes Dec '04).

\* Report, Letter, Technical Bulletin, Technical Guide, Guidelines, Learning Guide, Minutes of ITC Minutes etc

\*\* TEG, Workshop, email correspondence, website forum, individual output of Member, Discussion report etc

<i>Activity</i>	<i>Frequ ency</i>	<i>Product*</i>	<i>Working Method</i>	<i>Lead</i>	<i>Date due</i>	<i>Present status/notes</i>
5. Give advice on thalidomide availability, use and monitoring.	Once only	<sup>2</sup> Existing guidelines remain valid but specific advice can be given on request.		DL		<b>Completed</b> (see minutes Dec '04).
<b>4. PREVENTION OF DISABILITY</b>						
1. Produce guidelines on POD including advice on organisation of self-care groups	Once only	Learning Guide		PS	June '05	
<b>5. COMMUNITY BASED REHABILITATION/SER</b>						
1. a) Produce guidelines on how to assess the impact of CBR, including review of B3 indicators b) Explore and promote the involvement of people affected by leprosy	Once only	Guidelines Revised B3 form	TEG (CBR Impact Assessment)	EH	June '05	
2. Provide advice at field level on how to meet the needs of people affected by leprosy through CBR	Once only	Technical guide	TEG ((CBR Guide Editorial Board) Consultation of external reviewers	EH	June '05	
<b>6. HEALTH EDUCATION/IEC</b>						
1. Review the evidence for effective IEC and identify appropriate methods, if possible giving advice on training materials in this field.	Once only	Technical Bulletin?	TEG ; use outcome of stigma research workshop KIT (Dec '04) as input	PS	Dec '06	
<b>7. TRAINING , AND TEACHING AND LEARNING MATERIALS</b>						
1. A) Collect information and prepare a resource on existing training and learning resources (international training courses and teaching and learning materials). B) Identify any gaps in this information and ascertain whether there is a need for these to be filled. Develop a framework to meet these needs.	Once only	A).Database of training resources. B).Framework/plan to develop required training and learning resources.		GG	June '05	
C) Regular review of training and learning materials resource.	every 2 years	Reviewed database. Recommendations for further training		GG		

<i>Activity</i>	<i>Frequ ency</i>	<i>Product*</i> and learning resources.	<i>Working Method</i>	<i>Lead</i>	<i>Date due</i>	<i>Present status/notes</i>
<b>8. ORGANISATION AND QUALITY OF SERVICES</b>						
1. Advise on monitoring the quality, coverage and effectiveness of leprosy services in the field including (a) diagnosis and treatment (MDT) (see section 2. Quality of Diagnosis) (b) the components of PoD: (c) physical rehabilitation; and (d) CBR	Continu ous	ITC Minutes.  Advisory Report to Members		ITC		
2. Advise on the role of NGOs and sectors outside the health system in leprosy control	Once only	Not clear what advice is required.			June '05	
3. Advise on effective urban leprosy control	Once only	Document on ILEP website, and will add extra projects that are submitted and approved by PK		PK	June '05	
4. Advise on how to sustain effective leprosy control after 2005	Continu ous	Meeting		PF		
<b>9. RESEARCH</b>						
1. <u>Ensure regular review of</u>  - basic research - applied and operational research - identification of research priorities, including a timely update on evidence-based and best practice approaches in leprosy.  Closely monitor possible initiatives by other organisations.	every two years		TEG?	BJ  DL		
2. Identify research activities by ILEP members and match activity with research priorities	Continu ous			DL BJ		

<i>Activity</i>	<i>Frequency</i>	<i>Product*</i>	<i>Working Method</i>	<i>Lead</i>	<i>Date due</i>	<i>Present status/notes</i>
3. Promote and increase capacity for research and advise on the development of research studies	Continuous					
4. Inform field workers on outcomes and implications of important research	Once only					
5. Review and simplify current ILEP research information system.	Once only	Advice completed		DL BJ		
<b>10. MISCELLANEOUS</b>						
1. Develop and apply systems to monitor the use of ILEP publications	Once only		Questionnaire	GG		
2. Be responsible for the technical content of the ILEP website	Continuous			PS SL		
3. Monitor ILEP B forms	Annually					

Listing of research projects supported by ILEP Members in 2003

Project ID	Start Date	Coord	Full title	Principal Investigator	Main objectives	Budget current year	Actual past year
<b>7.01</b> <b>7.01.01</b>							
<b>APPLIED RES</b> <b>Prevention</b>							
7.01.01.01 Karonga/prev	1996	LPRA	The Karonga Prevention Follow on	Prof. Paul E. M. Fine paul.fine@lshtm.ac.uk	1. To define genetic determinants of susceptibility to leprosy and tuberculosis 2. To determine the immune response to BCG vaccination in Malawi and compare this with responses to BCG in UK 3. To carry out a broad range of studies relating to the epidemiology of leprosy and	389 360	389 360
7.01.01.07 Early pred	2001	NLR	Early detection and prevention of household contacts	Dr L Oskam	1. To find effective tools for the identification of close household contacts of persons affected by leprosy 2. To establish the risk factors that lead to progression of the overt forms of the disease by comparing autonomic, serological, immunological and other parameters in those who are newly diagnosed with those in leprosy contacts and healthy controls.	117 464	117 000
<b>7.01.02</b>							
<b>Diagnosis</b>							
7.01.02.38 Case-F/Klatser	2000	NLR	Development of strategies for proactive case-finding in leprosy control	Dr. L Oskam	1. To characterise the degree of infectiousness of leprosy patients 2. To determine whether this infectiousness is related to the specific characteristics of the patient. 3. To determine which categories of contact need prophylactic treatment in order to obtain a reduction in transmission of and infection with the leprosy bacillus as well as a reduction of clinical leprosy.	192 943	192 000
7.01.02.42 Benjawan SSCP	2001	SJ	Development of single-stranded conformational polymorphism	Dr B Phetsukiri	1. To develop single-stranded conformational polymorphism to enable the detection of rifampicin-resistant M. leprae	19 258	19 000
<b>7.02</b> <b>7.02.01</b>							
<b>BASIC RESEARCH</b> <b>Drugs/Exp Chem</b>							
7.02.01.16 JI/PMM	2000	AFRF	Clinical trial of combination PMM among lepromatous leprosy	Prof. B. Ji	To compare the bactericidal activities against M. Leprae by the following combinations of drugs in clinical trial:	14389	14 000

1. Combination ofloxacin-minocyclin versus combination moxifloxacin-minocyclin
2. Combination rifapentine-moxifloxacin-minocyclin versus rifampincin-ofloxacin-minocyclin