



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

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2nd Meeting of the ILEP Technical Commission

Tuesday June 8th, Thursday June 10th 2004

Methodist International Centre, London

MINUTES

- 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)
- Secretariat:** Mr Andrew Clark (AC) Ms Penny Holzmann (PH), Ms Susan Lord (SL)

The Chair welcomed everyone to the meeting, and introduced Susan Lord as the new Secretary to the ITC.

1. Approval of the agenda

The agenda was approved.

2. Follow-up of the minutes of the previous meeting

There was a discussion on whether the minutes should be approved by e-mail circulation and correspondence after the meeting, or at the following meeting. It was agreed that a full set of minutes was required.

It was agreed that the minutes should be approved by circulation as soon as possible after the meeting. The draft minutes will first be checked by the Chair, and will then be circulated to the ITC members for comment. All ITC members are requested to respond as quickly as possible, if only by sending a short message to say they have no comments.

- Responsibilities, Tasks and procedures of the ITC
Page 1, Para 3, line 6: “*Work given to the Secretariat passes through the Chair, rather than coming directly from individual ITC members.*” The meaning of this was clarified; it does not mean, for example, that all e-mail correspondence has to be copied to the Chair, but refers rather to the need for the Chair to have a broad knowledge of ongoing work.
- Page 1, Para 3, line 3. PF pointed out that the official title of the Secretary is ‘Technical Co-ordinator’.

- Page 2: With regard to the U-MDT research proposal, it was reported that Dr Klatser had applied to NLR for funding but had been told there was no budget available. Dr Klatser had recently submitted the proposal to ALM and it was thought that DF and GLRA might also be interested. It was felt that the TEG's points, as outlined in the TEG report of Feb. 2004, had not been incorporated into the proposal. Concern was expressed over the balance of research at the global level if too much money is directed to one research proposal.
- Item 4-1 Standing Invitation: PF explained that WHO had not been invited to the present meeting as it is more of an internal, organisational meeting, and is bisected by the ILEP Technical Forum.
- Item 4-4 ILEP strategy: A possible joint meeting with WHO on a future strategy for leprosy control was still felt to be important provided both sides express a strong desire of technical cooperation.
- Item 4- 10: PK reported that the Government of India has decided to stop the use of Prednipacs after considering the advantages and disadvantages of their use, and particularly the need for a good referral system that is currently missing.

Action MP *This decision will be noted in MP's document on Prednipacs and prednisolone.*

3. Organisation of Technical Forum

Feedback on the MSC's outputs was discussed. In particular, the high rating given to the MSC's support for the ILA Technical Forum (Paris, Feb. 2002) was noted. The suggested reasons for this were (i) the high quality product that ensued; (ii) the promptness with which the product was produced; and (iii) the fact that the product was widely disseminated and discussed.

Another point arising from the feedback was the problem of ILEP publications not reaching the intended recipients, and the need for ILEP Members themselves to identify effective ways of disseminating publications. The need to evaluate what's reaching the field was stressed.

ITC members then went through their own presentations for the Forum.

3.4 Dissemination of publications

It was suggested that, by the end of the Forum on the following day, there should be clear guidelines as to how publications should be distributed. In order to involve ILEP Members and generate ideas as to an effective system, it was also suggested that there should be a brainstorming session preceded by a presentation on what has been tried in the past.

4. ILEP strategy : review of final version of strategy document

The Commission discussed the purpose of the document, and commented on the title, the mission and the goals of the draft paper that had been distributed. These comments were subsequently passed in written form to the General Secretary.

- Title: the Commission suggested going back to the previous title of "*Working together towards a world without leprosy*".
- Mission: the Commission felt that this was very limited and needed to encompass the whole work of ILEP (as outlined in the goals), and not just its advocacy role.
- Goals: the Commission agreed broadly with the goals described, and suggested some minor changes to the text.

5. ILEP web site

AC described the layout within the new web site, to be launched at the end of June, in which there is a system of drop-down menus under which it is possible to have links and a short paragraph related to each link. This 'links' section is menu-driven and is easy to maintain; hence, updating or adding links in this section is relatively easy. In contrast, changing the information or links on a narrative page on leprosy will be more difficult. It was therefore suggested that the narrative page could have a few basic links, with more detailed links included in the links section. AC also stressed the need for links to be checked regularly. PS pointed out that it is often difficult to find specific documents or pages from an organisation's home page, and that from this point of view it can be an advantage to include detailed links to specific pages. However, such links are less likely to remain current.

It was also suggested that the ILEP web site should register with some of the search engines to promote access to it. AC explained that this has to be re-done regularly, and it is scheduled to coincide with the re-launch of the website.

PS offered to take responsibility for checking and updating the page and its links, with AC maintaining responsibility for the technical aspects of the site.

Action SL/PS *It was agreed SL will update the contents, PS will overview the process and that AC will provide the technical expertise.*

Action PS *PS will simplify and shorten the text, and circulate the revised draft to the ITC members.*

6. ILEP B questionnaire: approval of final version

Concerns were expressed about what data could be collected in different field situations, especially concerning the lack of a true cohort figure. However, the Commission concurred that although the data obtained was far from ideal, it was certainly better than not having it. GG mentioned that there was no explanation as to the importance of the second part of the questionnaire or for what purpose the data were being collected. DL suggested that the following line be added to the bottom of the form 'The data from question numbers 200-203 are collected only to provide an estimate of disability-related activities', and this was approved by the Commission.

The Commission also agreed that question 203 would be difficult to answer and suggested that this should be changed to 'Total number with plantar ulcers'.

7. Organisation of Services

PK reported that the revised draft of the *Technical Bulletin on Urban Leprosy Control* will be circulated over the next few months, for discussion at the next meeting in Hyderabad December 2004.

Action PK *PK to revise the draft technical bulletin on urban leprosy control.*

8. Clinical and Research Issues

Action DL/BJ *Review of ILEP research information system, under the responsibility of DL and BJ, was postponed until the next meeting in December 2004.*

9. Training, and teaching and learning materials

9.1 Review of ILEP training catalogue

GG introduced some of the problems with the training catalogue in its current format, and the Commission discussed what would be useful and what could feasibly be done in terms of assessing, listing and disseminating information on training courses.

The Commission discussed the need for international training, noting how few international training courses there are now, and the extensive use in India of on-the-job training. The need to assess training needs was noted. In terms of how information on training could be disseminated, it was noted that for many people in the field, access to the Internet can be difficult, intermittent and expensive.

In the context of integration, the need to also consider broader courses of which leprosy is one part (such as dermatology) was noted.

The difficulty with clinical training in leprosy – that it requires patients and so cannot simply be exported anywhere as other training courses can be – was noted, and the possibility of using training centres in India for this reason (especially for trainees in the region) was suggested. The work of Dr Krishnan and Dr Ruth at ALERT was again recognised, and the Commission would encourage further support for ALERT, by ILEP members, as appropriate. This would boost the morale of the training team at ALERT and encourage recognition of their work.

Action EH *EH to report on the situation of international training at ALERT after his visit to Ethiopia scheduled for October 2004.*

The Commission concluded that there is a need for an inventory of available training; that it was not in a position to recommend particular courses; but that a list of international training courses – incorporating links to their web sites - should be made available in the training section of the ILEP web site.

The task of making contacts and collating information was assigned to the ITC Secretary (SL), in liaison with GG and PS. It was suggested that a list of training providers could be built up by contacting ILEP representatives and other key informants, starting with contacts suggested by ITC members. The Commission agreed that it would be more useful to develop a relatively small list of training providers – honed from an initial list of perhaps 10-12 possibilities - rather than a large network of training courses.

Action SL/PS/GG *SL will liaise with PS and GG to prepare the list.*

9.2 Training in Francophone Africa

It was noted that if, following the review of available training (see 9.1), it appeared that there was a need for training in Francophone Africa, it may be necessary for ILEP to organise training itself as was done in February 2004.

10. Teaching and learning materials

GG described the difficulties in trying to find out via the Internet what teaching and learning materials are available in the field of leprosy and identified the need to develop a database of available material. He also suggested a full list of ILEP publications on the ILEP web site should be included.

PF reiterated the need to identify and regularly monitor the material that is available for different levels of health worker and to identify any gaps. These gaps are to be filled if necessary by ILEP itself. This role was previously carried out by TALMILEP, steered by the Essential Materials Group.

The Chair suggested that a Temporary Expert Group with clear terms of reference was needed to review this issue. GG and PS were selected to convene the TEG. It was suggested that an expert in this issue, and someone who is in touch with what's happening at the peripheral level and who has an affinity towards training, could be hired temporarily - Colin McDougall was suggested. It was noted that financial backing from an ILEP Member would be required for such an activity.

It was noted that ILEP Members should be aware that the work that ITC members carry out on behalf of the ITC, and the time involved, has implications for their regular jobs. The Chair acknowledged that ITC members, in addition to the time allocated for attending the ITC meetings, are required to offer quite considerable time in order to contribute effectively to the work of the Commission.

Action GG *It was agreed that GG will prepare a framework for action, and that a list of materials that are already known could be drawn up as a starting point. GG will aim to circulate a proposal at the end of October, prior to further discussion at the ITC meeting in December 2004.*

11. Monitoring the impact of ILEP/ITC publications

The Commission discussed the difficulties in measuring the impact of publications on the behaviour of target users, and in isolating the influence of that one factor. The idea that arose in the previous ITC meeting, that medical students could carry out an initial survey using simple observational techniques was discussed again. This could be followed by asking health workers simple questions such as “What books do you use?” and “Can you show me what sections you use?”

The Commission concluded that it was not feasible to monitor the impact (as opposed to the use) of ILEP publications and agreed that the proposal should be limited to investigating their use.

Action GG *GG agreed to incorporate a draft proposal for monitoring the use of ILEP publications into the framework to be developed under item 10, teaching and learning materials.*

12. SER/CBR

12.1 Review/approval of draft CBR guidelines Learning Guide 4.

The Commission discussed the draft that had been approved by the LG4 editorial board. EH and GG now agreed that the proposed publication fitted the format of a technical guide more closely than a learning guide. This guide should be for mid level managers in the field, not the same audience as the existing SER guidelines that are aimed at senior programme managers.

The Commission agreed that the Guide required further review, not field-testing. The following reviewers were suggested: Geert Vanneste (Dar Es Salam), Anna Mathews (Hyderabad), Angelika Piefer (SE Asia), Mathew Maury and Huib Cornielje (Netherlands).

The following questions should be included:

- Will the Guide stimulate people working in general CBR to accept people affected by leprosy?
- Is there sufficient guidance in the book to implement a suitable CBR programme?
- Will it be useful for training local level staff in CBR

Action EH/SL *The draft to be sent out for review. The reviewers should be given 6 weeks for the task.*

Action EH *It was also suggested that Ernst Hirsch contact Dr Frederico Mondero, Head of Disability and Rehabilitation (DAR) at WHO to invite collaboration and comments.*

12.2 Guide on Prevention of Disability, Learning Guide 5

PS introduced the samples of draft text and photographs from Margaret Mahato and Hugh Cross. He stressed that the guide is at an early stage and welcomed suggestions for restructuring or reformatting.

The Commission made the following suggestions on the draft; (i) both the language and content (some of which is too theoretical) should be simplified; (ii) the guide should be shortened; (iii) it could be turned into a ‘Atlas on PoD’, similar to the New Atlas of Leprosy; (iv) alternatively, it could be turned into a simple, flip-style publication based on a checklist of POD activities; (v) it should incorporate more of the material from Jean Watson’s book Essential Action to Minimise Disability.

The Commission discussed the advantages of Jean Watson's book in terms of its simplicity and accessibility, but recognised the problem of mixing photographs and drawings. It concluded that more of Jean Watson's text could be used - much of this text was revised in an attempt to update and reprint the book in 2002-03.

Action PS *PS to work with authors redrafting the text and working on an alternative format.*

13. Drug issues

MP presented a discussion paper that she had prepared on prednisolone and clofazimine. The Commission discussed 'policy' on the most appropriate form of prednisolone (as loose drugs or as Prednipacs). It was pointed out that the availability of standardised treatment of neuritis (in the form of Prednipacs) is not an argument against individualised treatment by specialised doctors where this is possible. The most important aspect of the Commission's advice should be to emphasise the need to monitor patients for nerve damage so that reactions can be treated early, and to use prednisolone.

The Commission discussed some of the disadvantages to the use of Prednipacs (additional to those pointed out in the previous meeting). It was pointed out that, as a standardised regime, Prednipacs can be misused, leading to the problem of recurrent reactions. This illustrates the fundamental problem of a lack of training in how to treat reactions that the availability of Prednipacs cannot address. It was also noted that unlike prednisolone, which is available on the local market, Prednipacs have to be imported which is problematic for many countries and can lead to a shortage of Prednipacs in the field.

The Commission concluded that their advice should emphasise the following: that prednisolone is effective in the treatment of reactions; that early treatment is important; that there are some arguments in favour of either Prednipacs or loose prednisolone and that the decision as to which to use falls to individual countries.

It was decided that an estimate of global requirements for prednisolone should be calculated according to the proportion of patients with reactions (different proportions for PB and MB patients).

The availability of loose dofazimine in the field was also discussed, with problems reported from some countries. DL pointed out that Novartis will not supply individuals (including private practitioners) from next year and expressed concern over the possibility of a consequent growth of drug resistance.

The Commission noted WHO's statement in TAG 5 that they "do not recommend the use of thalidomide" and discussed its implications for the supply of (or requirements for) clofazimine.

Action MP/DL/PS *MP to re-draft the paper with input from DL. PF will also review the second draft.*

The paper should indicate how requirements should be estimated according to country-specific figures for the proportion of reactions in patients. The finalised paper will also be sent to Dr Yuasa in response to his query over requirements for Prednipacs.

14. Presentation of study on A-MDT study in Bihar

After PK discussed the study, BJ welcomed the initiative because it represents the first documentation about the efficacy of A-MDT policy despite the policy has been intensively implemented in the field for several years. However, BJ pointed out that counting empty blister packs is only an indirect indicator to measure the adherence of patients to the treatment, and its reliability is doubtful; that both groups of patients received the same counseling, hence, it is difficult to define its effect on adherence; and that non-adherence is a behavioral problem, heavily affected by local cultural and social factors, and results of intervention may be different from one area to another area,

therefore it must be very cautious to extrapolate the results of the study to other areas or countries.

The Commission discussed the conclusions that could be, and would be, drawn from the study. PK stressed that the study was based on the use of A-MDT in an area with very low coverage of health services and faced by severe flooding that restricted travel, and emphasised that the authors do not make blanket recommendations as to a more widespread use of A-MDT. All members of the Commission agreed that the advice on A-MDT given at the ILA Technical Forum still stands.

15. Issues related to collaboration between ILEP and WHO

Report of 6th WHO TAG meeting on 'Elimination of Leprosy', February 2004

The Commission discussed the TAG report. The following issues were discussed:

- Item 8. Results of operational study comparing accompanied MDT and routine MDT
‘TAG had strongly recommended that A-MDT would give better access to MDT for patients in general.....’ Also that ‘Patients choosing A-MDT as their treatment...’ Members of the Commission stressed the need to see patients monthly, whenever this is feasible, to detect and treat reactions and for PoD, and it was noted that some populations might have a higher proportion of patients with reactions than that of the study area.
- Item 15. Conclusions and recommendations. Nos 7
The ITC expressed concern over the ambiguous wording especially when this is read in relation with the first paragraph of item 8 of the report, which suggests that treatment choice lies with the patient, and that A-MDT should in general be preferred over monthly supervised MDT.
- Item 15. Conclusions and recommendations. Nos 10
The Commission endorsed the TAG conclusion that there is a need to monitor relapse after MDT and to monitor drug resistance. The difficulty for national programmes in reporting on relapse rates (due to lack of skin smears, and the length of time needed for follow-up) was discussed.
- Item 15. Conclusions and recommendations. Nos 13
states that countries that have already reached the elimination target indicate that leprosy programmes are being sustained within existing health services. However, the Commission questioned whether leprosy services are being maintained in countries where the elimination target has been achieved. China was given as an example of a country where integration has led to the virtual disappearance of leprosy control work.

It was also noted that the report could have usefully included a discussion on nerve damage, and of the recent findings of a vaccine trial. It was also felt that it would have been useful for the TAG to recommend research on the *M. leprae* genome.

16. Programme of work (discussion following the Technical Forum)

The Commission discussed the broad activities to be included in its programme of work in the context of the discussions that took place at the Technical Forum and the priority topics identified by ILEP Members.

Requests for advice and possible ITC activities were discussed according to the following areas of work:

1. Monitoring of epidemiological trends
2. Quality of diagnosis
3. Strategies for treatment
4. Prevention of disability
5. Community-Based Rehabilitation/Social and Economic Rehabilitation
6. Health education/IEC
7. Training, and teaching and learning materials
8. Organisation and quality of services
9. Research
10. Miscellaneous

16.1 Monitoring of epidemiological trends

The Commission discussed the need, especially from 2006/07 onwards, to assess the epidemiological situation in countries that have reached the elimination target. It also recognised that there will be a need in the future to consider whether case detection really reflects incidence.

The Commission affirmed that one of its fundamental tasks is to monitor the essential leprosy control activities carried out by ILEP Members, in order to help identify weaknesses and support attempts to address them. It agreed on the need to support attempts to validate data, in particular by providing advice on how to internalise the process of validation.

Agreed activity:

1. *Advise on the monitoring of epidemiological trends and the validation of data*

16.2 Quality of diagnosis

Following the discussions of the Technical Forum, in which concern was expressed over the quality of diagnosis (including the problem of over-diagnosis) and the lack of training for general health workers, the Commission agreed that it should provide advice on how to make the validation of diagnosis routine in leprosy control.

Agreed activity:

1. *Provide advice on how to make the validation of diagnosis a routine activity in leprosy control.*

16.3 Strategies for treatment

A number of issues were identified on which the Commission agreed it would be useful to provide advice. These included A-MDT, relapse rates, the availability and utility of prednisolone, clofazimine supply, and the use and availability of thalidomide. The Commission discussed the issue of chemoprophylaxis, especially in the light of recent research, but concluded that it was not necessary at the moment to provide specific advice on the subject.

Agreed activities:

1. *Give advice on the implementation of A-MDT.*
2. *Review the evidence on relapse rates after MDT, particularly after 12-month MDT*
3. *Give advice on the availability and utility of prednisolone and its form as a loose drug or as Prednipacs.*
4. *Give advice and seek information on clofazimine supply and distribution.*

5. *Give advice on thalidomide availability, use and monitoring.*

16.4 Prevention of disability

It was suggested that the main challenge in PoD is to ensure that drugs for treating reactions reach the patients. Part of the problem is that the management of reactions is quite a sophisticated intervention that requires a lot of supervision, motivation and support. These requirements may be absent at a number of different levels. Another problem is that the tasks and roles of health workers in PoD have not been clearly identified.

The Commission also discussed the need to review cost-effective options for surgical rehabilitation in different situations. It was reported that TDR are looking at this and PK agreed to circulate the relevant paper produced by TDR. It was agreed that the Commission would not at the moment pursue this topic.

The Commission noted that it was in the process of producing simplified guidelines on PoD for general health workers in the form of a Learning Guide. This will include advice on how to organise self-care groups.

Agreed activity:

1. *Produce guidelines on PoD including advice on the organisation of self-care groups.*

16.5 CBR/SER

The Commission discussed the need to provide advice on how to assess the impact of CBR activities. It agreed that a literature review would be useful in the first instance, with a view to producing guidelines on impact assessment, possibly in the form of a 'toolkit' containing methods and tools from different programmes and situations. This should be followed by a review of the ILEP B3 Questionnaire.

Leading from discussion at the Forum, the Commission agreed to explore ways in which people affected by leprosy can be involved in rehabilitation programmes and to encourage this involvement.

The Commission is also in the process of producing advice in the form of a Technical Guide for mid-level programme managers in the field on CBR activities for people affected by leprosy.

Agreed activities:

1. *Produce guidelines on how to assess the impact of CBR, including a review of B3 indicators.*
2. *Provide advice at field level on how to meet the needs of people affected by leprosy through CBR.*
3. *Explore and promote involvement of people affected by leprosy in rehabilitation programmes.*

16.6 Health education/IEC

The Commission recognised that due to the locally specific nature of IEC materials and activities and the volume of material produced in the field, it would not be possible to produce a blueprint for 'how to do' IEC. It suggested instead that it carry out a literature review, and try and collate information on appropriate methods in different situations, possibly including literature from the HIV field. The Commission acknowledged the multi-faceted nature of the subject and the need to look at the subject on many different levels (for example, in terms of the individual or the community).

The Commission also discussed the need to view IEC for leprosy in the context of health messages as a whole, given that the number of messages the public can absorb is small. It acknowledged the problem that most evidence on the impact of IEC comes from the advertising or commercial world.

The Commission agreed that a TEG should be convened on this subject, and that social scientists should be involved. The possibility of collaboration with WHO was suggested. It was agreed that the TEG should be convened only after the workshop on stigma (organised by Dr Wim van Brakel) has taken place. It was hoped that the latter will help to address the question of understanding and reducing stigma, which was discussed at the Technical Forum.

Agreed activity:

1. *Review the evidence for effectiveness of IEC and identify appropriate methods, if possible giving advice on training materials in this field.*

16.7 Training, and teaching and learning materials

The Commission acknowledged the points and ideas that arose at the Technical Forum. For example, it was recognised that for many subjects, the key challenge lies not so much in developing materials but in transferring the good material that has been developed in different field situations to other countries and programmes. Forum participants also stressed that the need for teaching and learning materials should be assessed in the context of integration, and from the perspective of countries or programmes, rather than at the federation level. It was also suggested that the views of general health workers should be sought on what *they* feel they need to know regarding the management of leprosy.

The Commission felt that it would be useful to draw up a database of all current both international training courses, and available teaching and learning materials on leprosy, to improve their accessibility and to identify gaps in the resources. The Commission agreed that a review of available training, and teaching and learning resources should be carried out regularly, preferably in collaboration with WHO.

The Commission also discussed the possibility of producing advice on identifying training needs and methods, for example by producing a curriculum for a Training of Trainers course. This area was recognised as being very country-specific.

Agreed activities:

1. *Collect information and prepare a resource on current international training courses as well as available teaching and learning materials. 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.*
2. *Regularly review the training, and teaching and learning resources and recommend additional courses, publications etc that may be required.*

16.8 Organisation and quality of services

Some of the issues that arose in the Technical Forum were discussed further, including the role of NGOs and sectors outside the health system (such as women's groups) in urban leprosy control work, the problems in evaluating leprosy work and the need to provide advice on monitoring the quality of leprosy services. The Commission noted that advice on mechanisms for effective urban leprosy control will be provided in a forthcoming Technical Bulletin on that subject.

Agreed activities:

1. *Advise on monitoring the quality and effectiveness of leprosy services in the field including*
 - (a) *diagnosis and treatment (MDT);*
 - (b) *the components of PoD;*
 - (c) *physical rehabilitation; and*
 - (d) *CBR*
2. *Advise on the role of NGOs and sectors outside the health system in leprosy control.*
3. *Advise on effective urban leprosy control.*
4. *Advise on how to sustain effective leprosy control after 2005*

16.9 Research

The Commission discussed its role with regard to research in terms of helping to ensure that research priorities are identified and met, monitoring how far ILEP research projects match with identified priorities, sensitising ILEP Members to the need to fill any gaps, and providing comments on specific research projects. The idea of producing or promoting an update on evidence-based and best practice approaches in leprosy, possibly along the same lines as the ILA Technical Forum of 2001, was discussed.

Agreed activities:

1. *Ensure regular review of basic, applied and operational research, and identification of research priorities. This is to include a timely update on evidence-based and best practice approaches in leprosy.*
2. *Identify research activities by ILEP members and match activity with research priorities*
3. *Promote and increase capacity for research and advise on the development of research studies*
4. *Inform field workers on outcomes and implications of important research*
5. *Review and simplify current ILEP research information system.*

16.10 MiscellaneousAgreed activities:

1. *Develop and apply systems to monitor the use of ILEP publications in the field.*
2. *Be responsible for the technical content of the ILEP web site.*
3. *Monitor ILEP B forms.*

Any other business

PF and SL will finalise a detailed activity plan to be circulated by the end of July. The activity plan will be presented for approval in Hyderabad

All documents for the ITC meetings must be received by members at least 10 days before the meeting. Anything that arrives after this deadline or is brought to the meeting will only be discussed under exceptional circumstances.

Date and place of next meeting

Hyderabad, December 2004

Abbreviations used in this report:

ILA	International Leprosy Association
ITC	ILEP Technical Commission
LG	Learning Guide
MB	Multibacillary

MDT	Multi-Drug Therapy
MSC	Medico-Social Commission
POD	Prevention of Disabilities
SER	Socio-Economic Rehabilitation
TAG	Technical Advisory Group
TEG	Temporary Expert Group
TLM	The Leprosy Mission
ToR	Terms of Reference
ULC	Urban Leprosy Control
U-MDT	Uniform Multi-Drug Therapy
WHO	World Health Organization

Distribution:

ITC members

SC

MEMS

REPS