



ILEP



TECHNICAL BULLETIN

Advice from the Medico-Social Commission

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PRIORITIES FOR LEPROSY RESEARCH

1 BACKGROUND

The priorities for research in leprosy have changed as a result of the success of the multidrug Therapy (MDT) programme. In December 1995, the ILEP Medical Commission produced a list of leprosy research topics. It was developed from the experience of members of the Commission and from a reading of the literature. The research topics which were identified reflected the interests of ILEP Member Associations in leprosy control and patient care and thus they may differ from topics recommended by other groups. There was however no detailed attempt to prioritise the topics except to rank the general research themes as follows: **reactions and recent nerve damage, prevention of disabilities, chemotherapy and early diagnosis of disease, incidence and transmission.**

During the April 1996 meeting of the Medical Commission, the Commission agreed to develop priorities for research based on the extensive list of topics which had been produced previously. It was hoped that this would be more useful to ILEP Members. A number of criteria for setting priorities were identified as follows: feasibility, cost, time scale, proportion of patients benefiting and the size of the benefit. A framework was produced using these criteria and each of the members of the Commission independently graded each topic. The result of this exercise is that the Commission can now present the research topics **in four categories of priority based on the potential benefit to patients and the general feasibility (including cost and timescale).** The leprosy research priorities determined by the Commission are given below:

2 RECOMMENDED LEPROSY RESEARCH PRIORITIES FOR ILEP MEMBERS

2.1 Large benefit to patients and good feasibility

- Development of methods to improve the early detection of reactions and nerve damage.
- Development of more effective methods of treatment for reactions and nerve damage.
- Development of more effective and efficient Prevention of Disability (POD) in leprosy control, primary health care and Community Based Rehabilitation settings.
- Development of more effective self-care and footwear for patients with impairments.

2.2 Moderate benefit to patients and good feasibility

- Development of simple and practical measures of impairment which measure change over time.
- Development of indicators to monitor the process and outcome of the POD activities.
- Development of methods to improve the implementation of MDT in inaccessible areas and to improve MDT completion rates.
- Development of strategies to implement MDT effectively through General Health services and primary care in low endemic settings.
- Development of shorter, safe, cheaper, more acceptable MDT.
- Development of methods to assess the need for rehabilitation.
- Development of effective rehabilitation for leprosy patients within general rehabilitation programmes including Community Based approaches.

2.3 Large benefit to patients and less feasibility

- Development of methods to identify patients at risk of reactions and nerve damage.
- Development of methods to prevent reactions and nerve damage.
- Development of a simple test for early diagnosis of leprosy.

2.4 Low benefit to patients and less feasibility

- Development of methods to assess the incidence of leprosy.
- Development of methods to study the transmission of leprosy.

ILEP is a Federation of autonomous anti-leprosy Associations. The advice contained in this publication is not binding on ILEP Members.

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