Report on

International Advocacy conference on Leprosy Research

The International Advocacy Conference on Leprosy Research was inaugurated by Hon'ble Minister for the Ministry of Health and Family Welfare Mohammed Nasim and Hon'ble State Minister for the Ministry of Social Welfare Mr. Advocate Promode Mankin was present as special guest.

Date: October 16, 2014
Venue: Sasakawa Auditorium, Icddr,b, Mohakhali, Dhaka

Organized by:
Advocacy for Empowerment (AEP) and Rural Health Program (RHP) project of The Leprosy Mission International-Bangladesh & Erasmus MC, University Medical Center Rotterdam (The Netherlands)
Introduction:
The Leprosy Mission International-Bangladesh (Advocacy for Empowerment (AEP) and Rural Health Program (RHP) project) & Erasmus MC, University Medical Center Rotterdam (The Netherlands) have jointly organized an International Advocacy Conference on Leprosy Research on October 16, 2014 at Sasakawa Auditorium, icddr,b, Mohakhali, Dhaka. The main aim of this conference was to share the outcomes of leprosy research in Bangladesh. National and International leprosy researchers presented their research findings. The conference was inaugurated by Hon'ble Minister for the Ministry of Health and Family Welfare Mohammed Nasim. Hon'ble State Minister for the Ministry of Social Welfare Mr. Advocate Promode Mankin, Director of MBDC & Line Director of TB-Leprosy Dr. Md. Quamrul Islam and Executive Director of icddr'b Prof. John D Clemens were present as special guest. The participants of this conference were mainly leprosy professionals from different countries, GO, NGOs, journalists, civil society, TLIM-B staffs and beneficiaries. A prize giving ceremony was organized at the end of the conference where journalists were rewarded for their reporting on leprosy.

Objectives of the conference:

- To share the leprosy research findings among wider community
- To create opportunities for using the research finding widely
- To create mass awareness among the Bangladeshi nationals
- To sensitize relevant major stakeholders and service provider of GO, NGOs and Journalists.
- To make a coordination and linkage among GO-NGOs-Media for eliminating leprosy by enhancing joint working force.

Schedule:
The schedule of the International Advocacy Conference on Leprosy Research is attached at the annexure 01.

Participants:
120 participants attended the conference including leprosy professionals from different countries, GO, NGOs, journalists, civil society, TLIM-B staffs and beneficiaries. The participants list of the International Advocacy Conference on Leprosy Research is attached at the annexure 02.

Facilitators/Researchers:
- Prof Dr. Jan Hendrik Richardus, Netherlands
- Dr Peter Nicholls, UK
- Dr. Cynthia Ruth Butlin, UK
- Dr Steve Withington, NZ
- Dr Wim Brandsma, Netherlands
- Dr Deanna Haage, USA/ Nepal
- Dr Indra Napit, Nepal
- Mr. Khorshed Alam, Bangladesh

Welcome Session
The welcome session was started after the first session at 11.00am when the chief guest arrived. Mr. Salomaon Suman Halder welcomed and expressed gratitude to the chief guest and special guests for participating in the conference. The guests were welcomed through token of flowers as love and crests as honor. On behalf of TLMI-B Dr. David Khan introduced to all participants TLMI-B Vision, Mission, History of involvement, contribution to leprosy elimination, the six Programmes, Working area & approach, Research projects etc.
Speech from Dr. Quamarul Islam, Director of MBDC & Line Director of TB-Leprosy:
Dr. Quamarul Islam gave greetings to the participants and thanked TLMI-B for inviting him to such an effective conference. He mentioned that Leprosy has been eliminated as a public health problem from Bangladesh at the end of 1998. He also mentioned that the prevalence rate is only 0.2/10,000 population on 2012. He provided general information of leprosy and lastly he gave thanks to TLMI-B for playing effective roles in Bangladesh for leprosy elimination.

Advocate Promode Mankin, Hon'ble State Minister for the Ministry of Social Welfare:
Advocate Promode Mankin gave greetings to the participants and thanked TLMI-B for inviting him to such an effective conference. He mentioned that he didn’t know enough on leprosy. He mentioned that he had thought leprosy is dangerous disease due to superstitious and stigma around this. He mentioned that during the childhood his uncle was leprosy affected and that time people were hating leprosy. Leprosy affected people were stigmatized and lived outside of the society. He emphasized that he supported the vision of TLMI-B “leprosy defeated, lives Transformed”. He said that if we are able to defeat leprosy than lives will be transformed. He said that the Prime Minister of Bangladesh had given very much attention on health services and community clinic. He mentioned that we have to make people more aware about leprosy and inform them that leprosy is disease which is freely curable. He promised that he and his government will serve for the leprosy elimination and also collaborated with TLMI-B.

Mohammad Nasim, Hon’ble Minister for the Ministry of Health and Family Welfare:
Hon’ble Minister for the Ministry of Health and Family Welfare Mohammad Nasim gave greetings to the participants and gave thanks for inviting him to such innovative conference. He praised TLMI for working closely with government. He mentioned that through hardworking of Bangladesh Government, TLMI-B and other NGOs the prevalence has reduced significantly. He gave congratulations to TLMI for arranging such effective research conference. He emphasized that this types of conference helps to advocate on leprosy issues. He mentioned that leprosy is oldest disease with presence in the Bible which is ongoing challenge. Leprosy affected people are socially neglected and stigmatized. They are excluded from not only society but also family. There is an appeal of human rights. He thanked to Dr. Ruth for staying in Bangladesh to serve the leprosy affected people. He compared Dr. Ruth to Mother Teresa for his great contribution. He also thanked all the TLMI-B staffs & NGOs who serving for leprosy elimination. He committed that if he will visit Nilphamari then he must visit DBLM hospital. He invites the rich people of the country to come forward to serve leprosy. He committed that he will collaborate with TLMI-B for leprosy elimination.

**Speech of Hon’ble Minister for the Ministry of Health and Family Welfare is attached at annexure 04.**
Session 01:

The first session was chaired by Mr. Surendranath Singh. He welcomed the participants and invited Prof. Dr. Jan Hendrik Richardus, MD, PhD for presenting his research findings -

Presentation 01: 20 years field research in Nilphamari “a formidable heritage!"

Prof. Dr. Jan Hendrik Richardus, MD, PhD, Netherlands presented “20 years field research in Nilphamari “a formidable heritage!” He mentioned that DBLM became a center of excellence with large numbers of new leprosy patients (up to 3000 per year!), DBLM became a centre of excellence with good infrastructure and high motivation to perform field studies alongside routine leprosy activities. Two main research topics are working:

- The epidemiology of nerve function impairment; risk factors, prevention, diagnosis and treatment:
  - i. Bangladesh Acute Nerve Damage Study (BANDS)
  - ii. Trials in Prevention of Disability (TRIPOD)
  - iii. Treatment of Early Neuropathy in Leprosy trials (TENLEP)

- The epidemiology of transmission of M. leprae; risk factors for leprosy, preventive interventions and early diagnosis:
  - iv. Prospective (sero)epidemiological Study on Contact Transmission and Chemoprophylaxis in Leprosy (COLEP)
  - v. The combined effect of chemoprophylaxis with rifampicin and immunoprophylaxis with BCG, in the prevention of leprosy in contacts: a randomized controlled trial (MALTALEP)
  - vi. Application of immunodiagnostic tools for early detection & transmission of leprosy within a randomized controlled field trial of chemoprophylaxis with rifampicin and immunoprophylaxis with BCG (IDEAL)
  - vii. BAND study: Dr. Peter Nicholls, UK will be discussing identifying people at risk of developing nerve function impairment during leprosy treatment- the findings of the Bangladesh Acute Nerve Damage Study.

There is a need for:
- i. Development of a field-friendly test for early diagnosis of leprosy (IDEAL)
- ii. Vaccine trials for immunoprophylaxis (e.g. BCG and new IDRI vaccine)
- iii. Drug trials for new antibacterial drugs for the treatment of leprosy and new immunosuppressive drugs for the treatment of nerve damage/reactions

Questions audiences:
- a. What was the mode of detection and WHO Disability grade?
- b. What was the MDT duration? MB 1 year and PB 6 months.
- c. Comments from Dr. Ruth about grouping of patient for nerve function test.
- d.

Presentation 02: BANDS studies,
Dr. Peter Nicholls presented the BANDS studies research findings i.e. The Bangladesh Acute Nerve Damage Study 1995-2001. The major findings are given below –

A composite variable based on leprosy group and presence and absence of pre-existing NFI at time of diagnosis defined three risk groups:

- High risk group - MB with pre-existing NFI at diagnosis
- Medium risk group - MB with no pre-existing NFI at diagnosis plus PB with pre-existing NFI at diagnosis
- Low risk group - PB with no pre-existing NFI at diagnosis

Recommendations for surveillance
- High risk group –
- Regular clinic visits to identify and treat NFI as it occurs, for at least 2 years for new NFI.
- Medium risk group
  - A minimum of one year surveillance
- Low risk group
  - No active surveillance beyond their clinic attendances to receive MDT

**Presentation 03: COLEP**

Prof. Dr. Jan Hendrik Richardus, MD, PhD, Netherlands presented *clarifying risk to contacts of newly diagnosed leprosy cases and proving benefit of chemoprophylaxis with single dose Rifampicin*. The conclusion of SDR (Single Dose Rifampicin)

- SDR is highly effective (overall 60%) in preventing leprosy in contacts within 2 years
- Effect SDR depends on contact level, ranging from 25% in close blood relatives to 75% in social contacts
- Effect SDR is additive to BCG, together 80%, and both interventions should be encouraged in leprosy control
- SDR is cost effective
- There is sufficient basis for recommending contact survey and SDR after case detection as routine intervention

**Question from Audiences:**

a. Is it a genetic disease?- It’s an infectious disease but there is a genetically component for immunological response
b. What are the relationship between house hold contact & blood relation? – Chance is higher in blood related than other house hold contact. In this situation nutrition can be another issue.
c. What is the result in others countries? – The result are little different in other country.

2. Tea Break & Poster viewing:

a. **Contact survey**: A retrospective search of patient records diagnosed with MB leprosy in 2004. Three or more household survey has been done in 5 years and significant number of new case found even at 5 years. Contact survey beyond 5 years for MB index may be effective.

b. **Prednisolone Response by gender**: A retrospective survey was done of patients started prednisolone between July 2010 and March 2013 of patients who received standard course starting at 30mg and tapering in 20 weeks. There is no significance variance found between male and female result.

c. **Gender difference at diagnosis**: A retrospective survey was done of all new cases from July 2012 to June 2014 were surveyed. Based on disability grade, rate of MB and smear result women are diagnosed earlier than man.

d. **Pattern in of ENL Reaction**: Retrospective survey was done of all MB patients ENL in 2001 to 2005 among 46 patients. Higher BI is more risk to develop ENL reaction. First episode of ENL up to 4 years after diagnosis.

**Session 02**

The second session was chaired by Dr. David khan. He welcomed the participants and invited researchers or facilitators for presenting their research findings as bellow-

**Presentation 04: MALTALEP trial**

Mr. Khorsheed Alam presented- is it safe & effective to combine BCG vaccine with single dose Rifampicin for prevention of leprosy in close contacts of new cases? He discussed:

- A large trial with *single dose rifampicin* (SDR) in contacts of newly diagnosed leprosy patients reduced the overall incidence of leprosy in the first two years with 57%.
The effect of SDR depended on the BCG status of the contact. If the contact had received BCG vaccination as part of a childhood vaccination program, the protective effect of SDR was 80%.

Childhood BCG vaccination and SDR both have a protective effect for leprosy in contacts (app. 60%), but if a contact who had previously received BCG vaccination also received SDR, the protective effect is additive.

In final discussion:
- Combined chemoprophylaxis and immunoprophylaxis is potentially a very powerful and innovative tool aimed at contacts of leprosy patients that could reduce the transmission of M. leprae substantially.
- The trial intends to substantiate this potential preventive effect.
- The MALTALEP trial started in 2012 and will be completed in 2015.

Questions
a. As incubation period is 3-5 years so research has to continue 5 years to get full information—primarily we see first 2 years but will continue to see following years.

Presentation 05: A Severity Scale for reversal reaction
Dr. Cynthia Ruth Butlin, UK presented on a severity Scale for reversal reaction: In conclusion of measuring and monitoring of severity of reaction.
- This is the First prospective validation of a severity scale for leprosy type 1 reactions
- Scale valid, reliable and good inter-observer agreement
- The impact of NFI>6 months on assessment of severity needs further assessment
- Further testing of the modified scale in other settings is warranted

Presentation 06: TRIPOD studies
Dr. Steve Withington, NZ presented TRIPOD studies: appropriate use of steroids for NFI.
At the beginning he gave an introduction of TRIPOD study and then he discussed details of TRIPOD 1, TRIPOD 2 and TRIPOD 3. The conclusions are as follows:
- TRIPOD 1:
  Prophylactic use of Prednisolone reduces the incidence of reaction and NFI, in the first 6 months of MDT. The magnitude of the effect is not maintained to the 12th month.
- TRIPOD 2:
  No evidence that using monofilaments (instead of ball pen for testing sensation) will detect a group of patients with very early neuritis who may benefit more from treatment with prednisolone.
- TRIPOD 3:
  Standardised regimens of corticosteroids for both prophylaxis and treatment of reactions and NFI are safe when patients are screened for contra-indications before treatment

Session 03
The third session was chaired by Mr. Bob Bowers. He welcomed the participants and invited researchers or facilitators for presenting their research findings as bellow-

Presentation 07: TENLEP
Dr. Wim Brandsma, Netherland presented on TENLEP: How effective is a long steroid course for clinically apparent nerve function impairment and is it useful to treat sub-clinical Nerve function Impairment?
- Trial 1:
  Whether a 20-week course of steroid treatment of sub-clinical neuropathy detected at diagnosis will significantly reduce the proportion of patients with clinical sensory and/or motor nerve function impairment (NFI) 18 months after the start of MDT.
- Trial 2:
Whether Steroid treatment of 32 weeks duration is more effective than treatment of 20-week duration in restoring nerve function in patients with clinical sensory and/or motor NFI of recent onset (<6 months).

**Presentation 08: Clinical & laboratory research update**
Dr. Deanna Haage, USA/Nepal presented on “Clinical & laboratory research update: Detection & Diagnosis. She discussed the importance of comprehensive assessment of all patients including bacteriology and histology as well as skin & nerve examination.

3. Tea break

**Session 04**
The fourth session was chaired by Mr. Salomon S Halder. He welcomed the participants and invited researchers or facilitators for presenting their research findings as below-

**Presentation 09: Clinical & laboratory research update**
Dr. Deanna Haage, USA/Nepal presented on “Clinical & laboratory research update: Reaction, Resistance and Relapse”. She discussed the importance of comprehensive assessment of all patients including bacteriology and histology as well as skin & nerve examination.

**Presentation 10: Early mobilization in claw hand correction in leprosy**
Dr. Indra Napit Nepal presented about early mobilization in claw hand correction in leprosy.
In discussion and conclusion he said:
To study the outcome of
  - Group I: Active motion of hands from day 7 with hand therapy started after 3 weeks.
  - Group II: Immediate early active motion of hands from day 2 with hand therapy started after 2 weeks.
  - Group III: Immediate early active motion of hands from day 2 with hand therapy started after 1 week

**Conclusion:**
- Early active hand therapy protocol (group II)
  - is safe in leprosy RCS & improved surgical outcome-
    - Improved patient satisfaction
    - No tendon insertion pullout
    - Reduced complications
    - Reduced hospital stay by average 8 days.
    - (In group III: it should be less by about 15 days).
    - Reduced physiotherapy staffs time, even though closed supervision needed during first week of hand therapy.

**Questions:**
What does mean day 2 mobilization? – Active grasping with plaster & after 1 week without plaster.
Prize giving ceremony with Journalists on leprosy reports

A prize giving ceremony was held at the end of the International Advocacy Conference on Leprosy Research. The journalists from the print and electronic media were rewarded for their reports. It is important to mention that the journalists had reported on the leprosy issues including the way to reduce the suffering of people affected by leprosy, how to overcome barriers and social stigma, how to reduce disability and to break the chain of transmission, integration with GoB and NGOs etc. for public awareness and drawn attention of policy makers to the evidence available for good practices in leprosy control & treatment. The published reports which had been submitted to TLMI-B by October 4, 2014 were reviewed by the panel to select the best reporters. The best reporters were awarded (1st Tk.20,000.00, 2nd Tk. 15,000.00 with Crest).

Prize for Print Media:
1. Emrana Ahmed (Amar Desh) 1st prize
2. Md. Zihadul Islam (vnewsbd.com) 2nd prize
3. Parvez Babul (Financial express) 3rd prize

Prize for Electronic media:
1. Mr. Badsah received 1st prize
2. Tahsina Sadeque 2nd prize

Outcomes of the competition:

- 02 Journalists from electronic media and 11 journalists from print media participated in the competition
- 2 TV channels telecast news whole day long and 26 reputed newspapers published newspaper on leprosy issue
- Mass awareness raised on leprosy issue among the Bangladeshi nationals
- Relevant major stakeholders and service provider of GO, NGOs and Journalist were sensitized on leprosy.
- Coordination and linkage built up with Media for raising awareness on leprosy as media playing effective roles for mass awareness.

List of Journalist won prize for leprosy report is attached at annexure 03.

Closing Speech
Dr. Steve Withington, NZ was given the closing speech. He mentioned that leprosy researches were presented on public health, medical and physical therapy with aim to show how we can decrease leprosy burden and how can we use research findings worldwide. He emphasized that today we found, discussed and learnt as follows-

- Commitments of Ministers
- Commitments towards change
• Partnership to change the mind of the public
• We have talked about leprosy research reaction, neuritis, surgery etc.
• We need more funding for leprosy research and our institution for learning about leprosy
• Nerve Function Impairment is the big issue. We need to identify that as early as possible.
• Case identification, case management & contact management are forming a "tripod" in leprosy management
• We need existing tools to be used for better service of leprosy
• Are we really applying outcome found by the research?
• Contact tracing, follow up, chemoprophylaxis is important.
• It requires commitment and funding to continue services.

At the end of his speech he thanked all participants for participation in the conference and requested to use research findings widely.

Some Pictures:

Dr. Steve Withington, NZ are presenting TRIPOD research outcome at International Advocacy Conference on Leprosy Research 2014

Prof. Dr. Jan Hendrik Richardus is Presenting COLEP research finding

Mr. Khorshed Alam presenting MALTALEP trial research finding

Prof. Dr. Peter Nicholls presenting BANDS study research finding
Annexure

1. Schedule

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<td>9.00-9.30</td>
<td>Registration</td>
<td>TLMi-B &amp; icddr’b</td>
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<td>2</td>
<td>9.30-10.00</td>
<td>Key note address: “What Bangladesh can teach the world about leprosy”</td>
<td>Prof Dr. Jan Hendrik Richardus, Netherlands</td>
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<td>3</td>
<td>10.00-10.30</td>
<td>Band study: Identifying people at risk of developing nerve function impairment during leprosy treatment - the findings of the Bangladesh Acute Nerve Damage Study.</td>
<td>Dr. Peter Nicholls, UK</td>
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<td>10.30-11.00</td>
<td>COLEP: clarifying risk to contacts of newly diagnosed leprosy cases and proving benefit of chemoprophylaxis with Single Dose Rifampicin</td>
<td>Prof Dr. Jan Hendrik Richardus, Netherlands</td>
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<td>11.00-11.20</td>
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<td>6</td>
<td>11.20-11.50</td>
<td>Welcome and messages from chief guest, special guest</td>
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<td>11.50-12.15</td>
<td>MALTALEP trial: is it safe and effective to combine BCG vaccine with Single Dose Rifampicin for prevention of leprosy in close contacts of new cases?</td>
<td>Mr. Khorshed Alam, Bangladesh</td>
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<td>8</td>
<td>12.15-12.30</td>
<td>A Severity Scale for Reversal Reaction: measuring and monitoring severity</td>
<td>Dr. Cynthia Ruth Buttlin, UK</td>
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<td>12.30-1.00</td>
<td>TRIPOD studies: appropriate use of steroids for NFI</td>
<td>Steve Withington, NZ</td>
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<td>10</td>
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<td>LUNCH BREAK &amp; Poster viewing</td>
<td>TLMi-B &amp; icddr’b</td>
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<td>11</td>
<td>02.00-02.20</td>
<td>TENLEP: How effective is a long steroid course for clinically apparent nerve function impairment and is it useful to treat subclinical Nerve Function Impairment?</td>
<td>Dr Wim Brandsma, Netherlands</td>
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<td>12</td>
<td>02.20-02.40</td>
<td>“Clinical and Laboratory Research Update: Detection &amp; Diagnosis”</td>
<td>Dr Deanna Haage, USA/Nepal</td>
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<td>13</td>
<td>02.40-02.55</td>
<td>TEA BREAK &amp; Poster viewing</td>
<td>TLMi-B &amp; icddr’b</td>
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<td>02.55-03.25</td>
<td>“Clinical and Laboratory Research Update: Reactions, Resistance and Relapse”</td>
<td>Dr Deanna Haage, USA/Nepal</td>
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<td>15</td>
<td>03.25-03.55</td>
<td>Early mobilization in Claw hand correction in Leprosy.</td>
<td>Dr Indra Napit, Nepal</td>
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<td>16</td>
<td>03.55-04.30</td>
<td>Journalists reports &amp; Presentation of award(s) to journalist(s)</td>
<td>Journalist, Electronics &amp; Print media</td>
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<td>17</td>
<td>04.30-05.00</td>
<td>Closing remarks</td>
<td>Dr Steve Withington, NZ/Bangladesh.</td>
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MOC: Salomon Sumon Halder
## Participants list:

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<tr>
<td>1</td>
<td>Richard Ashim Mandal</td>
<td>CPDP-TLMIB</td>
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<td>Ratan Kumar Roy</td>
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<td>CLC</td>
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<td>Jahangir Alam</td>
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<td>David P Halder</td>
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<td>Dr. Indra Napit</td>
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<td>Stella Blom</td>
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<td>Prof. Shahudullah</td>
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<td>Meherun Nesa</td>
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<td>Md. Elias</td>
<td>FM 976</td>
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<td>Tanimia Islam</td>
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<td>Abdus Sadequ</td>
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<td>61</td>
<td>Emrana Ahmed</td>
<td>Amar desh</td>
<td>62</td>
<td>Parvez Babu</td>
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<td>63</td>
<td>M.M. Badsha</td>
<td>SA tv</td>
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<td>Manab khantha</td>
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<td>Rashed</td>
<td>SA tv</td>
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<td>Pinto</td>
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<td>Prof. Dr. Chaw. Md. Ali</td>
<td>DMCH</td>
<td>68</td>
<td>Dr. Jibak Chakma</td>
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<td>69</td>
<td>Dr. Sanay Tripura</td>
<td>CTG-TLMIB</td>
<td>70</td>
<td>Parach Chakma</td>
<td>CHT-TLMIB</td>
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<td>71</td>
<td>Krishna Ch. Roy</td>
<td>RHP-TLMIB</td>
<td>72</td>
<td>Sultan Md. Elias</td>
<td>CTG-TLMIB</td>
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03. List of Journalist won prize for leprosy report

<table>
<thead>
<tr>
<th>Si No</th>
<th>Name of Journalist</th>
<th>Grade</th>
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<tbody>
<tr>
<td>1</td>
<td>Emran Ahmed, (Amar Desh)</td>
<td>1st Prize</td>
</tr>
<tr>
<td>2</td>
<td>Mohammad Zihadul Islam, (vnewsbd.com)</td>
<td>2nd Prize</td>
</tr>
<tr>
<td>3</td>
<td>Parvez Babul, (The Financial Express)</td>
<td>3rd Prize</td>
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Electronic Media

<table>
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<th>Si No</th>
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<tr>
<td>1</td>
<td>M.M. Badsha</td>
<td>1st Prize</td>
</tr>
<tr>
<td>2</td>
<td>Tahsina Sadeque</td>
<td>2nd Prize</td>
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Print Media

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<tr>
<td>1</td>
<td>Md. Monzurul Islam (Babu), (Daily Itefaq)</td>
<td>Common Prize</td>
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<tr>
<td>2</td>
<td>Muhammad Nuruzzaman, Staff Reporter, (Alokito Bangladesh)</td>
<td>Common Prize</td>
</tr>
<tr>
<td>3</td>
<td>Parvin Sultana Kakon, (Nuton Barta)</td>
<td>Common Prize</td>
</tr>
<tr>
<td>4</td>
<td>Rashad Ahamad, (The Daily Star)</td>
<td>Common Prize</td>
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<tr>
<td>5</td>
<td>S M Najmul Haque Emon, Sub-Editor, (Manob Kantha)</td>
<td>Common Prize</td>
</tr>
<tr>
<td>6</td>
<td>Md. Mamun Hosain, Senior Reporter, (Jai Jal Din)</td>
<td>Common Prize</td>
</tr>
<tr>
<td>7</td>
<td>Md. Sazeedul Islam (Daily Sun, morning mea)</td>
<td>Common Prize</td>
</tr>
<tr>
<td>8</td>
<td>Pervez Uzzal (Daily Kaler Chhabi)</td>
<td>Common Prize</td>
</tr>
<tr>
<td>9</td>
<td>Rezaul Karim (POBNEWS24.Net)</td>
<td>Common Prize</td>
</tr>
</tbody>
</table>

- **Md. Kamaluddin** CPDP-TLMIB
- **Khorsheed Alam** RHP-TLMIB
- **Vera Blaemen** Erasmus MC
- **Why Prand Ema** NLR-Kit
- **Dr. SR.Robersa Plamonr** PIME sisters
- **F.Mousumi** TLMI
- **CR Bulilin** TLMI
- **Keshob Chaw.** GJLCP-TLMIB
- **Masuma Parvin** CAN-TLMIB
- **Priyot Nandi** DF
- **Mominur Rahman** LCDB
- **Dr. Rezaul Alam** RCMCH
- **Dr. Shafiqul Islam** DGHS
- **David Asim Singh** DLCP-TLMIB
- **Dr. Suraia Begum** ICDDR B
- **Dr. Abu Sayed Mohd** LCIH
- **Mohd. Zihadul Islam** V-news
- **Sabrina Seba** BMSS
- **Gahangir** Somoy tv
- **Md. Nuruzzaman** Alokito B-Desh
- **Pintu Hawee** Ministry of SW
- **Sultana Khatun** Notun
- **Monzurul Islam** ITTEFAQ

- **Enamul Huda** Cons.TLMIB
- **Chd.Khalliur** NEGS
- **Annejet** Erasmus MC
- **Dr. Deanna Hagge** TLM-Neapel
- **Dr. David khan** DBLM-Nepal
- **Waythis Marl** TLMI
- **Peter Necholls** TLM-Nepal
- **Sukla Sangma** CSO-TLMIB
- **Dr. Md. Humayun** GJLCP-TLMIB
- **LEPRA**
- **ICDDRB**
- **Narayenganj**
- **Nafisa** ICDDRB
- **DGHS**
- **DLCP-TLMIB**
- **ISMC**
- **BD-Betar**
- **BMSS**
- **BTV**
- **FM996**
- **Kaler Kantha**
- **MBDC-NTP**
- **Journalist**

**Note:**
- **Rukhsana Gazi**
- **ICD**
- **DRB**
- **DGHS**
- **RCMCH**
- **DGHS**
- **TLM**
- **TLM**
- **TLMI**
- **TLMI**
- **TLMI**
04. Speech of Chief Guest of International Advocacy Conference on leprosy Research

I am delighted to be present in today's International Advocacy Conference on Leprosy Research arranged by The Leprosy Mission International.

The Leprosy Mission International and other health NGOs are working closely to eliminate leprosy from Bangladesh through National Leprosy Elimination Program under the Ministry of Health and Family Welfare. We are observing the contribution and progress being made by the partner NGOs working under the supervision of Ministry of Health and Family Welfare. Once, Leprosy was considered as a public health problem. But through the combined effort of both Government and Non-Governmental organizations, the prevalence rate has come down below 1/10000 population nationally in the year of 1998. As a result, leprosy detection rate is not a significant threat nationally.

Though Leprosy is not eliminated completely. Still over 3000 new leprosy cases are being diagnosed yearly. Grade II (visible) disability is around 12% among the new cases which should be reduced to prevent disability.

An international Advocacy Conference on Leprosy Research is organized at this very moment which is significant. I believe it reveals that Bangladesh is capable to conduct various leprosy researches. I am also delighted to know that Bangladesh has contributed over 50 leprosy research initiatives internationally. It is a great honor and pride for us to be associated with such international prospect. I want to congratulate The Leprosy Mission International for arranging such conference.

As you know leprosy has complexity and long term affect as a disease. It bears a history over 2500 years. Although the disease is caused by Bacteria (*Myco-Bacterium Leprae*), still the dimension of its transmission, complication, incubation and prevention is not discovered. As a result, there is no alternative but of modern treatment and research.

Leprosy is a disease not only affects physically but it has social aspects as well. People affected by leprosy still want to hide themselves due to prevailing stigma in the society. In many cases they are still being neglected. Our Government has always played a significant role to establish the rights of leprosy affected community. The Leper's Act 1898 has been repealed by the last National Parliament (November 2011 session) which ensured a dignified life for leprosy community. I believe fight against Leprosy is an ongoing challenge and to overcome that researches are significant, no doubt.

Renowned researchers from different parts of the globe are presenting their research findings which will certainly contribute towards the fight against leprosy. Their contribution and cooperation for our people are very essential. I like to appreciate their contribution and express my thankfulness for attending the conference.

Finally, wishing the success of this conference and thanking to The Leprosy Mission International Bangladesh.
05. Speech of the Special Guest in International Advocacy Conference on Leprosy Research

Honorable Chief Guest, Mohammed Nasim, MP, Hon'l Minister for Ministry of Health & Family Welfare
Respected Special Guest Dr. Md. Quamrul Islam, Director MBDC & Line Director TB-Leprosy
Respected Special Guest Prof. John D Clemens, Executive Director, icddr,b
And all the respected participants of this international conference on Leprosy Research.

I am delighted to be present in today's International Advocacy Conference on Leprosy Research arranged by The Leprosy Mission International.

In 1998 we have been able to control leprosy burden by reducing its prevalence below 1/10000 population. Though like some other countries, leprosy is still a health problem in Bangladesh if we consider some pocket areas. As a result the eradication of leprosy is important, otherwise due to the nature of the disease, it can spread in an increasing number. Considering these, research in leprosy is very important now.

I would thank the Leprosy Mission International in Bangladesh (TLMI-B) because they have been doing this noble work for a long time in our country. Their country wide project activities as well as the Hospital in Nilphamari are playing a significant role in leprosy control, management and rehabilitation.

Since a number of years, Leprosy is a disease which is cured by modern treatment. Diagnosis and treatment of leprosy at initial stage can give a patient healthy disease-free life. Through proper information and awareness campaign, the message of leprosy should reach to all level of the community.

I have came to know researches like TRIPOD, BANDS, etc. have already been done in leprosy related disabilities. Also in Bangladesh some researches are jointly taking place by the Leprosy Mission and the Erasmus University of the Netherlands. COLEP and MALTALEP are important among them. The knowledge of the COLEP research findings has already indicated development of the disease among family contacts. Such researches provide us profound knowledge and insight which is very important for the fight against leprosy. I believe, the leprosy patients world-wide will be benefited with this.

I think leprosy has some social aspects as well. It is good to know that The Leprosy Mission is also working to restore the dignity of leprosy affected person. For creating livelihood opportunities and ensuring rights TLM is organizing self-help groups, federations. From our ministry, we are providing social entitlements as available locally. It is good to see the inclusion and restoration of leprosy affected person into the community.

I like to convey my sincere thankfulness to the researchers who have came across from different parts of the world and sharing their insights. Earnestly hope that through their contribution in near future we will be able to have a leprosy-free Bangladesh.

I especially thank the Leprosy Mission International for arranging such a meaningful conference the International Advocacy Conference on Leprosy Researches.

Thank you very much.
6. Press release for October conference

“What can Bangladesh teach the world about leprosy?”

A scientific conference jointly organised by Advocacy Empowerment Project, Rural Health Programmes and Erasmus university (The Netherlands)

The Leprosy Mission International has been seeking to meet the needs of individuals and communities affected by leprosy since 1874, and has worked in Bangladesh since many years.

The Leprosy Mission Bangladesh has a large and well-established centre (formerly known as Danish Bangladesh Leprosy Mission, or “DBLM”) in the North west of the country where leprosy prevalence has remained higher than in most other areas of Bangladesh. The base is at Nilphamari where there is a 130-bed specialist hospital receiving referrals from all parts of the country for management of leprosy-complications. Community programmes supports rehabilitation, empowerment and advocacy work in neighbouring 5 districts.

The Rural health Programmes supports leprosy control activities under the NLEP in 4 districts, namely Panchagar, Thakurgaon, Rangpur, Nilphamari. In addition, for past 3 decades there has been significant research work carried out in this programme, which was previously the field section of DBLM. Over 50 scientific papers have been published in peer-reviewed journals, based on work undertaken by Danish Bangladesh Leprosy Mission and Rural health Programmes of The Leprosy Mission Bangladesh. This work has contributed greatly to world knowledge of leprosy, in particular in relation to epidemiological aspects and in relation to management of nerve damage in leprosy.

The Leprosy Mission has had various partners in its research work over the years but particular appreciation is due to Erasmus University, Rotterdam, The Netherlands with whom we have collaborated on several important studies including the “Maltalep” chemoinmunoprophylaxis trial currently in progress. Erasmus University has kindly agreed to co-sponsor this conference, along with Rural Health Programmes and The Leprosy Mission’s Advocacy Empowerment Project based in Dhaka.

At this conference, results of studies already published and some still in progress are being presented by some of their authors, with the expectation that the findings from these studies will be useful to improve clinical care and facilitate policy making in other projects and in the national programme.

In recent years the local staff have been developing their own skills, so that they should not only follow protocols prepared by foreign scientists but also design and undertake their own small scale studies. Topics include the usefulness of repeating annual household contact examinations beyond 5 years after diagnosis of an index case, gender difference in response to steroids for neuritis, pattern of ENL reaction, occurrence of relapse after leprosy treatment, and a comparison of characteristics of female/male new cases to identify any difference in detection delay. They will present some of their results in the form of posters at the conference.

Many Bangladeshi journalists have recently taken an interest in the question of leprosy and written articles for the mass media: an award for the best article will be given at the conclusion of the conference.
Officers of National Leprosy Elimination Programme of GoB and senior staff of Non-Govt Organisations cooperating in NLEP are attending this conference to learn, and to share their understanding in discussions. The Honourable minister of health and the honourable state minister for social welfare have both graciously agreed to attend in view of the importance to the country of continuing to reduce the burden of leprosy.

Scientists from other TLM centres in Nepal and India have been invited to present some of their own studies: presentations will be made on new development in surgical technique and in molecular biology of leprosy.

Some of the other major studies being presented are summarised here:

Bangladesh acute nerve damage study: this elucidated risk factors for nerve function impairment and showed the outcomes of steroid treatment in the field. The clinical prediction rule derived from this study helps field workers to identify at diagnosis those patients most at risk of nerve damage over next 2 years, in order to give them closer monitoring and intervene quickly if damage becomes apparent.

The so-called “COLEP” study demonstrated that a single dose of rifampicin given to close contacts of newly diagnosed leprosy cases could reduce the occurrence of clinical leprosy over 2 years follow up. It also produced considerable detailed information about the pattern of incidence of leprosy and specific risk factors amongst contacts. The “Colep” study was undertaken in collaboration with Erasmus University, Netherlands.

The “Maltalep “ study takes further the ideas behind “Colep”: it is a large randomised controlled trial of BCG alone versus BCG plus single dose rifampicin, for preventing clinical leprosy in close contacts of newly diagnosed leprosy cases. As it is still in progress results are awaited.

“TRIPOD” was a 3- armed study on prevention of disability by treating nerve function impairment with steroids; a multi-centre project in collaboration with Royal Tropical Institute, Netherlands. It demonstrated that prophylactic steroid treatment started at diagnosis, along with MDT, did not improve outcome in terms of nerve function at 12months. It also showed that it is not useful to give a course of steroids for very mild recent sensory loss, nor for nerve function impairment of over 6months duration.

“The development and validation of a Clinical Severity Scale for type 1 reaction in leprosy” was a multi-centre study designed at LSHTM, UK. Most of the subjects were enrolled at the DBLM hospital in Bangladesh. The scale will be useful for measuring outcomes in other trials (eg of drug treatment) and in preparing guidelines for clinical management of type 1 reaction.

Through these and other studies Bangladesh has made a large and important contribution to understanding of clinical and epidemiological aspects of leprosy which will lead to better care of individual patients and more effective control of the disease as a public health problem.