

## **Leprosy and the community**

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This is a non-profit-making organization, set up in 1964, with the object of providing essential drugs at cost to the third world; it currently supplies over 1,700 stations in 82 different countries. The list of drugs runs to 125 items ranging from anaesthetics to water for injection, through antibacterials, anti-malarials, dermatological preparations, fungicides, ophthalmological preparations, psychotherapeutic drugs, vitamins and minerals. The anti-leprotic section has dapsone tablets of 5, 10, 25, 50 and 100 mg strengths. Other 'leprosy drugs' are not stocked, partly on grounds of expense. Dexamethasone tablets 500 mg are available, as also injection of prednisolone 25 mg/ml. Cooperating organizations with Action Medeor include the following: Caritas, Fribourg; Caritas Internationalis, Rome; Catholic Relief Services, Geneva and New York; CIDSE, Coopération internationale pour le développement, Brussels; Christoffel Mission for the Blind, Bensheim; DAHW, German Aid Organization for the Lepers, Würzburg; German Institute for Medical Mission, Tübingen; German Red Cross, Bonn; Evangelical Mission Pharmacy, Tübingen; Circle of Friends Amazonas Hospital Albert Schweitzer, Bonn; Interchurch Medical Assistance, New York; Misereor Episcopal Aid Organization, Aix la Chapelle; Maltese Aid Service, Cologne; Medicus Mundi, Brussels; Mission Physical Institute, Würzburg; Salvation Army, London.

**THE SECOND INTERNATIONAL WORKSHOP ON TRAINING OF  
LEPROSY WORKERS IN ASIA. BANGKOK, THAILAND, JANUARY 7–  
16TH, 1979. SASAKAWA MEMORIAL HEALTH FOUNDATIONS, TOKYO,  
JAPAN, AS CO-SPONSOR WITH THE MINISTRY OF PUBLIC HEALTH,  
THAILAND**

As is now traditional with this Foundation, these Proceedings are beautifully presented in a 242-page paperback, including appendices and a list of participants from 8 different countries represented. The following specific educational objectives were defined at the outset:

- (1) Identify the common problems of leprosy training programmes.
- (2) State the basic principles of educational sciences which are applicable to leprosy control and leprology in its own setting, and:
  - 2.1 Develop a training programme (curriculum).
  - 2.2 Write educational objectives.
  - 2.3 Design appropriate teaching methods.
  - 2.4 Select and design teaching materials.
  - 2.5 Plan and conduct educational evaluation.
- (3) Contribute training concepts in order to improve the training programmes generally and to improve the standards of teaching.
- (4) Outline a reasonable plan for the development of his own institution in the training of leprosy workers.

The subject headings of the proceedings included: Training Programme Presentation and Programme Analysis; Principles of Learning; Motivation; Educational Objectives; Methods of Teaching; Media; Group Processes; Evaluation; Health Services and Manpower Development System; Planning Training; Managing Change; Evaluation of the Workshop Programme; Review and Conclusions, Impressions. This excellent account should be studied by all concerned with the training of leprosy workers, in any part of the world.

#### WHO; 'IN POINT OF FACT' NO 10/1980. BIOLOGICAL CONTROL OF DISEASE VECTORS

The opening paragraphs read as follows:

- WHO is encouraging and coordinating international research on the biological control of vectors as part of a special programme of research and training in tropical diseases. The programme is the outcome of a collective effort by many countries and international agencies to make better use of existing control methods, to train personnel and to develop research on these diseases.
- Specialized scientific working groups deal with the development of new control methods for each group of tropical diseases, in particular leprosy, malaria, filariasis, schistosomiasis, trypanosomiasis and leishmaniasis, or are responsible for activities, such as the biological control of vectors that cover all or most of these diseases.
- The objectives of the Working Group on the Biological Control of Vectors are to identify, evaluate and develop biological control agents for the safe and effective control of invertebrate vectors and intermediate hosts of human diseases, with special emphasis on bacteria, fungi, protozoa and nematodes.
- The Steering Committee of the Working Group has drawn up a plan of action for 1980 and 1981 in the light of the latest developments in biological control and the expected progress in research in this field.

- Research on the use of some entomopathogenic bacilli has become very promising and gives hope for the development of new biological insecticides. In particular, laboratory studies have confirmed the effectiveness of strain 1593 of *Bacillus sphaericus* against certain mosquito larvae and shown it to be possible to develop experimental formulations that are stable under local conditions.

WHO; *WHO FEATURES*, NOVEMBER 1979, NO 51, 'WATER AND DEVELOPMENT'

In a preface to an article by Paul Harison entitled 'Water and Development', which deals with the way in which the water/sanitation situation affects people in Africa, Asia and Latin America, this number of *WHO Features* refers to the aim of the United Nations system and Member States to provide water for all by the year 1990. The second page of the introduction is of considerable interest. It is entitled 'Disease related to deficiencies in water supply or sanitation' and is taken from a World Bank publication: 'Village Water Supply – Economics and Policy in Developing World', 1976, p. 32. It lists 34 diseases and leprosy is included under the heading 'Water-washed diseases' along with scabies, skin sepsis, yaws, lice and typhus, trachoma and conjunctivitis (and various intestinal infections). Information is also listed for the route of entry and exit of the pathogen; for leprosy the former is recorded as ? and the latter as ? nasal – the only question marks on the whole page.

WHO: PDT/DI/78.2. *DRUG INFORMATION*; APRIL–JUNE 1978; A BULLETIN DEVOTED TO INTERNATIONAL TRANSFER OF INFORMATION ON CURRENT DRUG PROBLEMS

Under the heading of 'Other recent regulatory decisions' 11 drugs or preparations are listed which include amiphenazone, the biguanides, bismuth preparations, chloramphenicol, and the chlorofluorocarbons. The section provides details of recent decisions taken to withdraw or restrict the use of specific drugs, particularly on grounds of safety, in a number of Member States. In the field of leprosy and tuberculosis, those who use isoniazid should note that it is included in this list, with the following statement:

'Severe and sometimes fatal hepatitis associated with isoniazid therapy may occur and may develop even after many months of treatment. The risk of developing hepatitis is age related and is increased with daily consumption of alcohol.'

'INDIA EMBARKS ON MULTIPURPOSE RESEARCH – 250,000 WORKERS INVOLVED'; FROM THE *INTERNATIONAL JOURNAL OF HEALTH EDUCATION*, VOL XXII, 1979/3, PAGES 143–9.

Some interesting paragraphs from this article by CR Krishnamurti on 'The active involvement of the people; exploring unconventional approaches' read as follows:

Over 80% of India's 650 million people are rural. They live in 580,000 villages, the population of each village ranging from 800 to 1,000. To provide health services for such a vast and dispersed population, 5,400 primary health centres and 40,000 sub-centres, have been developed and built in the last 27 years. Primary health centres each cover a population of approximately 100,000; they are staffed on average by two doctors and about 30 to 40 paramedical personnel including supervisors. Health education activities are provided by a health educator posted at the primary health centre.

Until about five years ago, referral facilities of a limited order were available at sub-divisional and district hospitals. The paramedical personnel at the primary health centres were rendering a variety of uni-purpose services as part of several vertical programmes of disease control. The personnel available at a primary health centre was insufficient to provide basic services, let alone health education and the like.

In 1974, on the recommendations of a special committee, a decision was taken (a) that all uni-purpose paramedical workers belonging to various vertical programmes would follow suitable training and become multi-purpose workers, and (b) that the total number of such workers would be gradually increased so as to provide one male and one female worker per 5,000 population, with suitable adjustments for hilly terrains, desert areas, isolated hamlets, etc. This decision involved enormous effort in solving administrative, financial and other problems.

Firstly, the existing 100,000 male uni-purpose workers, 50,000 female auxiliary nurse-midwives and 40,000 supervisors had all to be retrained in the multi-purpose philosophy and approach without seriously disturbing the ongoing activities. This training programme started in earnest in 1975 and is expected to be completed by 1981–82. The process of group learning – each uni-purpose worker transferring his skills and knowledge to the others – and the development of the concept of team approach have been the hall-marks of this training.

The key persons who have taken leading roles at field level have been the doctors at the primary health centres and the health educators who, after assessing the needs of the community in which they work, teach the other paramedical workers the social, educational, economic, cultural and other factors which influence health status and activities within the primary health centre. The training institutions at the national and state levels, which had

earlier been giving stereotyped training, had to adapt themselves to the new approach. I am proud to say that health educators have taken a significant lead in faithfully implementing this decision.

WHO; PRESS RELEASE WHO/1 OF 4 JANUARY 1980. 'TUBERCULOSIS EXPERTS MEET TO DISCUSS LACK OF PROTECTION OF BCG VACCINES IN TRIAL'

The opening paragraphs read:

The World Health Organization will bring together tuberculosis experts in two meetings to examine the implications of a large-scale trial that has shown BCG vaccination as affording no protection against lung tuberculosis in the south of India.

The trial was launched in 1971. First findings, compiled seven and a half years later, have been published in the current issue of WHO's *Bulletin* (Vol 57, No 5, 1979), as well as in the *Indian Journal of Medical Research*.

Though exact dates have yet to be set, one meeting is tentatively scheduled for April and a second for June to address questions raised by the trial. In elaborating on results, WHO experts emphasize that, while surprising, they 'must not be interpreted as indicating that BCG vaccination is useless everywhere'.

A scientific group will be asked to advise on further research, and a study group will be requested to recommend policies for vaccination programmes now under way.

Some 260,000 individuals above the age of one month were covered by the Indian trial, which was aimed at preventing lung tuberculosis in the population of 209 villages as well as in a town in a district of Chingleput, west of Madras.

The questions raised in the Press Release are as follows:

Were there procedural flaws?

Were the BCG vaccines used of adequate potency?

Could other factors have played a role?

Should BCG vaccination be stopped?

(A leading article in *the Lancet*, London, 12 January 1980, entitled 'BCG; Bad News from India', discusses some of the implications in greater detail.)