

## **Leprosy and the Community**

### **1981: International Year of Disabled Persons**

WHO press release WHA/13 of 23 May 1980 contains the following paragraph:

*Year of disabled persons:* Statistics show that there are now about 450 million disabled in the world. In view of this difficult situation, the UN General Assembly has proclaimed 1981 International Year of Disabled Persons. In a statement to the World Health Assembly, Mrs Zala L N'Kanza, Executive Secretary of the Year, pointed out that the general theme of the Year would be full participation and equality of the disabled. WHO will focus its activities relating to prevention and treatment of invalidity on the responsibility and solidarity of the communities within which the disabled persons live.

### **Institute of Child Health, London: Child-to-Child Programme, and the International Year of Disabled Persons**

A free copy of *Child-to-Child*, published by the Macmillan Press, and a set of Child-to-Child activity sheets will be sent to anyone sending a real life description of how a child helps his or her disabled brother or sister or the disabled child of a neighbour. These stories are *urgently* needed for the Child-to-Child Programme in the International Year of Disabled Persons (1981).

Please send an account, long or short, to:

Duncan Guthrie,  
Child-to-Child Programme,  
c/o Institute of Child Health,  
30 Guilford Street,  
London WC1N 1EH,  
England.

### **IILEP (International Federation of Anti-Leprosy Associations): 13th GENERAL ASSEMBLY**

*London, June 1980.* Twenty-four major voluntary agencies representing 21 countries, all Members of the International Federation of Anti-Leprosy Associations, met in London from 17 to 22 June for the 13th General Assembly. Observers from WHO and the International Union Against Tuberculosis were also welcomed.

The meetings were to ensure continuing co-operation between the agencies in leprosy work in more than 100 developing countries, and to enable the best use of resources by avoiding competition and duplication.

The General Assembly invested as President Mr W Thomassen, President of Nederlandse Stichting voor Leprabestrijding (Netherlands Leprosy Relief Association) for the period 1980–82, in the place of the out-going President Mr A D Askew, of The Leprosy Mission (International).

The main business of the plenary sessions included a debate on proposals for closer co-ordination of field activities, the transfer of the ILEP headquarters and co-ordinating bureau to London, and the receiving of annual and financial reports from the General Secretary. The Federation decided to strengthen its permanent Medical Commission by the appointment of a doctor as full-time Secretary.

The report of the General Secretary highlighted a budget for 1980 of £20 million sterling, and an expenditure in 1979 of £14.3 million in 786 projects in 86 countries.

A new member association was received into membership – the Leprosy Trust Board of New Zealand.

Meetings of the Medical Commission took place, and also working groups on special interests, notably 'Statistics', 'Leprosy in Europe', 'Training in Leprosy', 'Social Aspects', 'Health Education', 'Combined Leprosy and Tuberculosis Programmes'.

Two new working groups were also created, one on Primary Health Care, the other on Publicity.

**World Directory of Medical Schools, fifth edition. WHO 1979. Price £11.00 in the UK**

This up-to-date and valuable paperback from WHO runs to 358 pages and measures 2 × 16 × 24 cm. We have previously drawn attention to this remarkable source of information on medical schools in all parts of the world, but do so again now with the object of ensuring that all who are interested in the proper education of medical students in leprosy-endemic areas may be fully aware of its existence. Two of its annexes are worth quoting in full:

*Annex 2. Example of medical school's general objectives (based on the curriculum of the M.D. programme of McMaster University, Hamilton, Ontario, Canada, June 1972).*

Graduates will have acquired or developed the knowledge, abilities, and attitudes necessary to qualify for further education in any medical career. The general goals of the programme are to endow the future physician with the following skills:

(1) To identify and define health problems, and search for information to resolve or manage these problems.

(2) To examine the physical or behavioural mechanisms underlying a given health problem. (A spectrum of phenomena might be included – from molecular events to those involving the patient's family and community.)

(3) To recognize, maintain, and develop the personal characteristics and attitudes required for professional life. These include:

(a) awareness of personal assets, potential, limitations, and emotional reactions;

(b) responsibility and dependability;

(c) ability to relate to and show concern for other individuals.

(4) To develop the clinical skills and methods required to define and manage the health problems of patients, including their physical, emotional, and social aspects.

(5) To become a self-directed learner, recognizing personal educational needs, selecting appropriate learning resources, and evaluating progress.

(6) To be able critically to assess professional activity related to patient care, health care delivery, and medical research.

- (7) To be able to function as a productive member of a small group which is engaged in learning, research or health care.
- (8) To be aware of and to work in a variety of health care settings.

*Annex 3. Definition of 'integration' in the medical curriculum.*

The term *integration* signifies an organization of the teaching/learning process whereby, to a specific extent, different courses are correlated or instruction centres around problems or applications rather than on discrete disciplines or specialities.

More specifically, integration implies a process of curriculum development and implementation characterized by:

- (1) *delineation* of themes or problems involving the application of knowledge from more than one of the traditional health disciplines;
- (2) *development* of interdisciplinary curricular components based on such themes or problems;
- (3) *teaching* of these components by teams in which representatives from more than one discipline participate; and
- (4) *evaluation* based on student ability to relate individual disciplinary elements to the theme or problem.

To those who are concerned with the distribution of teaching and learning material, or of leprosy journals, it should also be added that this WHO Directory lists all the medical schools of India under one heading (pages 137–47; a total of no fewer than 106 schools affiliated to 56 universities), together with those of Africa (under separate countries), UK, USA, South America and the Far East – an up-to-date check-list of addresses which it is hard to find elsewhere.

**OXFAM: The Field Directors' Handbook, 1980 Edition**

The newly revised *Oxfam Field Directors' Handbook* summarises the objectives and strategies utilized by Oxfam field staff in assessing projects and provides advice based on project experience for the information of field staff, project holders and others. The main sections of the handbook are – objectives and procedures, agriculture, health, social development, humanitarian and disaster relief.

It is also hoped to produce in due course a series of booklets based upon individual sections or sub-sections of the Handbook. Further information on these booklets will be sent on request.

The *Oxfam Field Directors' Handbook* was published on 28 March, 1980. Cased in its own strong ring binder, the Handbook contains 460 pages and costs £10.00 or \$20.00 plus 15% postage. Apply to OXFAM, 274 Banbury Road, OXFORD OX2 7DZ.