inhabits and was formed by ex-patients discharged from a custodial type leprosy colony. There are 5 primary health workers and 400 leprosy patients.

(3) In Asia: 1 programme in Bangladesh, and 4 in India were identified as combining leprosy control and PHC.

Memorandum on Leprosy Control and PHC

This memorandum points out that the goal of health for all by the year 2000 entails the provision and training of some 6 million new health staff, including 850,000 physicians and 1.15 million village health workers. All these personnel will require some training in leprosy, if leprosy patients are to obtain a reasonable share of the service.

ILEP recognizes that the PHC approach may enhance the effectiveness of leprosy control measures in a variety of ways, such as by contributing to the accessibility and utilization of the leprosy service, and to better patient compliance. At the same time, ILEP can support PHC programmes, for example, by assistance with staff training and motivation, and by appropriate health education methods.

ILEP Member-Associations have a long experience in establishing both community participation and co-operation with governments and others in the leprosy campaign. They wish to extend this field of co-operation to all organizations concerned with all health care delivery programmes, especially, for example, tuberculosis control, and with development in general. At the same time, in communities where leprosy is of limited importance, leprosy control should not be imposed upon a PHC programme, as this may have the effect of increasing the popular stigma against the disease and its sufferers. The memorandum concludes with an excellent summary of definitions and explanations of PHC, formulated by the WHO, including its distinction from Basic Health Services.

THE TRAINING AND SUPPORT OF PHC WORKERS; PROCEEDINGS OF THE INTERNATIONAL HEALTH CONFERENCE, JUNE 1981

This is a 318-page paperback, giving a very full account of this conference, under the following main headings: 1, The selection, training and support of PHC workers; 2, training; 3, what PHC workers are; 4, strengthening of training; 5, increasing their ability to act effectively; 6, management and supervision; 7, increasing technical support; 8, programme support; and 9, review of experiences with different forms of programme support.

Published by the National Council for International Health, 2121 Virginia Avenue, N.W. Suite 303, Washington DC 20037 (This Council also handles a range of other publications on various aspects of PHC; the information co-ordinator is Virgil E McMahan.).

MORE TECHNOLOGIES FOR RURAL HEALTH; PROCEEDINGS OF THE ROYAL SOCIETY OF LONDON


This wide-ranging discussion took place on 1st and 2nd November 1979 under the following main headings – Rural water and sanitation; Agriculture and nutrition at village level; Methods, equipment and techniques for rural health care and their evaluation; Drug supplies, management and manufacturing for local needs; Rural health care looks to the future.

The account in print runs to no fewer than 182 pages and should be studied in the original by all concerned with rural health.