Teaching Materials and Services

TALMILEP; teaching and learning materials, ILEP

We shall continue to use the pages of this section to keep readers up to date on new items of teaching—learning material and to remind them of the very considerable amount which has been produced and printed. It should however be remembered that TALMILEP is now the central point for this subject, certainly as far as ILEP members are concerned, and that it has already coordinated efforts from various parts of the world with regard to: preparation and production; assessment; printing and publication; distribution. The aims of TALMILEP are:

To coordinate efforts for providing all categories of health workers involved in leprosy control and patient care, worldwide, with teaching and learning materials.

To promote the development of high quality materials by ILEP member associations, adequately covering all relevant subject aspects, and avoiding unnecessary duplication of work.

To encourage the local production of teaching and learning materials by people in their own countries.

To set up active distribution networks and thus ensure worldwide availability of materials.

To make information about teaching and learning materials generally available.

Most of the work of TALMILEP is done by correspondence. In addition, the group meets four times a year: working meetings are held in Europe during April and September.

Meetings are also held during ILEP Working Sessions in June and December, and these meetings are open to all ILEP delegates.

The agenda centres around a list of 'items in progress'. In relation to each individual item of teaching material, survey, assessment, production and distribution aspects are discussed.

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How to make and use video in teaching

This article is by G A Brown, Reader in University Teaching Methods, University of Nottingham, UK and appears in *Medical Teacher*, Vol 7, No 2, 1985, pp 139–49. The summary reads: 'This article outlines the uses, characteristics and types of video programme which may be produced. It provides some guidelines for using video and for making and evaluating video programmes. Using video may seem simple. After all, any fool can switch on a videorecorder. It takes a good teacher to convert images and sound into a meaningful learning resource for students.'

WHO/UNDP Health Learning Materials Programme

The following is extracted from Information, Number 1, 1986, published by BLAT Centre for Health and Medical Education, BMA House, Tavistock Square, London:

'Much of the disease and ill health in developing countries stems from conditions that can be prevented or readily treated. But while 80 percent of the people in these countries live in rural areas, 80 percent of the doctors and hospitals are in urban centres. In 1978, an international conference by the World Health Organization and UNICEF focused attention on this situation. Since then countries throughout the world have adopted Primary Health Care (PHC) as a means of achieving health for all. Primary Health Care: stresses preventive rather than curative care; relies on self-help, community participation and appropriate technology, for the delivery of health care; is broad-based, mobilizing human and material resources in all sectors and at all levels. Training all those involved in delivering PHC is essential for success—doctors, village health assistants, midwives, school teachers, community leaders, rural development officers. To be effective, this training must be supported by quality teaching and learning materials such as reference books, instruction manuals, and audio-visual aids. Such materials need to be tailored to the local situation. They must meet the needs of teachers, students and health care staff, as well as the communities they serve. Unfortunately, there is a severe shortage of such learning materials for health workers throughout the developing world. To address this need, in 1981 the Health Learning Materials (HLM) Programme was set up by the World Health Organization and the United Nations

Development Programme, with UNICEF support at the country level. It aims to: help developing countries achieve self-reliance in the production of teaching and learning materials to support Primary Health Care; encourage countries to pool their resources and experience and build up a network of collaboration in producing health learning materials. The programme began as a pilot research scheme to explore the best ways of developing self-reliance in materials production. Initially, theidea was put forward to a small group of countries where major languages were in use (Arabic, English, French and Portuguese). By mid-1985, projects were well underway in nine developing countries: Benin, Ethiopia, Kenya, Morocco, Mozambique, Nepal, Rwanda, Sudan and Tanzania.'

Gandhi Memorial Leprosy Foundation, India

We gratefully acknowledge receipt of the following documents from Mr S P Tare, Director:

- 1 'Eradication of leprosy through mass awareness, health education and community participation'; amaster plan. This is a strongly bound paperback of 75 pages, outlining in some detail the GMLF approach to eradication based on the above main persuits, emphasizing the extremely complex nature of leprosy and the need to consider not only purely medical, but also sociological aspects in the broadest sense.
- 2 Training schedule for 1986–7. This covers the projected training activities at Chilakalapalli and Wardha, giving the dates for the courses for paramedical workers (6 months), health education workers (2 months) and medical officers (6 weeks).
- 3 Centre for Social Research on Leprosy. The potiential importance of this new centre at Wardha is such that we quote in full from Mr Tare's letter:

'The Centre has taken up the following research projects: (a) Evaluation of impact of health education with 3 educational interventions: A prospective study in a highly endemic area of Purulia district (West Bengal): (b) Evaluation of the component of "Education" in Survey—Education—Treatment work under National Leprosy Eradication Programme in 2 Governmental Centres, Orissa and Andhra Pradesh. This is a retrospective study sponsored by ICM R; and (c) Evaluation of impact of comprehensive Health Project in a district near Bombay undertaken by the Foundation for Research in Community Health for the last 10 years.

The Centre will shortly initiate the following 3 projects: (a) Leprosy Control in Primary Health Care: an experiment to develop methodology for integration of leprosy with primary health care. To be undertaken in a tribal district in Maharashtra: (b) Comparative Research in the functioning of the Health Services and impact on perception of people about leprosy in multidrug therapy and monotherapy areas; and (c) Study of people's perception and reaction to leprosy vaccine trials.

Another major activity of the Centre would be to undertake short-term training of health and social scientists in social science research methodology pertaining to leprosy research and to conduct workshops, seminars, symposia etc. as training exercises for participants.'

WHO Health Literature Services Programme Newsletter

Mrs Beryl Ruff, Chief, Office of Library and Health Literature Services, WHO, 1211 Geneva 27, Switzerland, has recently published in the WHO Chronicle, 39(6); 212–218 (1985) on national policies for health library networks and at the same time drawn attention to this Newsletter, which is issued 3 times a year from WHO. It monitors health literature activities at regional level. Her article also contains a valuable list of 'focal points', which are in fact mainly libraries in Africa, the Americas, Eastern Mediterranean, South East Asia and the Western Pacific.