

Leprosy Control and Field Work

Labels and diagrams to aid compliance

In volume 5 (No 2), 1985, of *Health Technology Directions* (Program for Appropriate Technology in Health; PATH, Canal Place, 130 Nickerson Street, Seattle, WA 98109, USA), the main theme was 'Essential Drugs'. The issue covered national strategies and described the WHO model list of drugs for primary health care, going on to consider community and individual strategies, aimed at improving the overall effect of drugs which are prescribed to patients, mainly in Third World situations. The chapter on pp 10 and 11, dealing with the vitally important matter of individual strategies, reproduced the picture shown here (Figure 1). This approach, with slight modification, has now been used by Dr D J Morton and colleagues (Figure 2, overleaf) in the University of Zimbabwe, Africa, who have used 'Pictorial labels as an aid to increased patient compliance' (*Central African*

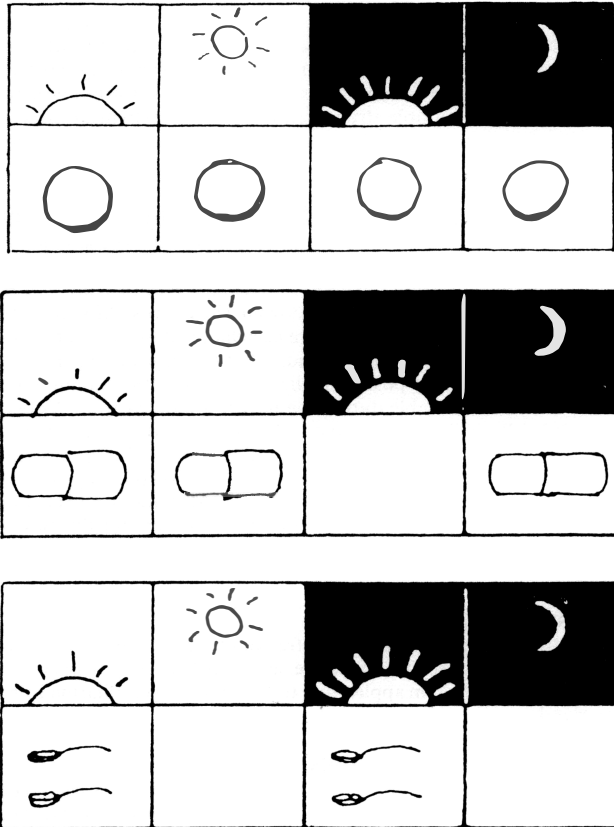


Figure 1. Instructions to health workers for using a dosage reminder form.

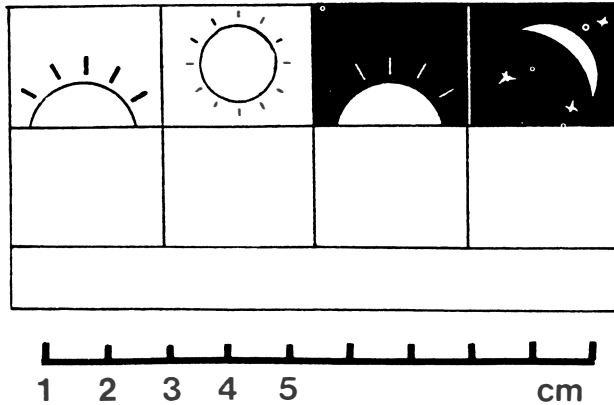


Figure 2. Pictorial label used as an aid to increase patient compliance. (Reproduced with permission from Dr DJ Morton, Zimbabwe.)

Journal of Medicine, 1986; **32** (No 1). They compared the effect of this pictorial label with simple written instructions and found that compliance, using a variety of medications, was significantly improved by the label. Attention has now been drawn (Report of an informal working group on educational material for patients, *DAP/85.10*, WHO, Geneva, 1985) to the potential importance of developing written and pictorial aids for patients taking medication in Third World countries. In leprosy, there is clearly a need to consider how best this can be achieved in the context of multiple drug therapy, so that extremely clear instructions, using the appropriate language and culture, are given to both staff and patients. We would appreciate communications from readers who have already developed and tested such material. *Editor*.

Technical guide for smear examination for leprosy by direct microscopy

In *English*, a total of 5000 copies were printed in the first instance and virtually all of these have now been distributed to various parts of the world. A revised edition is shortly to be published. A copy is included in every OXFAM-LEPRA pack of teaching-learning materials (OXFAM Health Unit, 274 Banbury Road, Oxford OX2 7DZ, England). Individual copies may be obtained from The Leprosy Mission International, 50 Portland Place, London W1N 3DG. In the past larger orders have been handled by the Leprosy Documentation Service, Wibautstraat 135, 1097 DN Amsterdam, the Netherlands—but for large orders, in the future, it is advisable to confirm availability and details of cost and postage by first writing to either London or Amsterdam, as above.

The *French* translation will be available during the next few months from Association Francaise Raoul Follereua, B.P. No 79, F-75722 Paris Cedex 15, France. The *Spanish* version is available from German Leprosy Relief Association, Postfach 348, D-8700, Würzburg, West Germany. A *Portuguese* translation is in hand but not yet available. The Guide is available in Arabic from the WHO Regional Office for the Eastern Mediterranean (attention Dr M H Wahdan), PO Box 16, 1517, Alexandria, 21511, Egypt.

A considerable number of copies in *Turkish* were recently produced for the Second National Seminar in Istanbul and have been widely distributed in that country. A version has already been produced in *Bengali* and is being prepared for printing and negotiations are under way for a translation into *Thai*.

Plastic containers for clofazimine

Ciba-Geigy have drawn attention to the availability, free of charge, of small plastic containers, with strong screw-tops, suitable for the monthly dose of clofazimine, as prescribed for patients with multibacillary leprosy. Any reasonable number may be supplied on application to Mr J P Heiniger, Pharma International, Ciba-Geigy, CH 4002, Basel, Switzerland.

Plastic containers for a one-week supply of drugs

'Pillsafe', PO Box 54, Banbury, Oxon, England, produce a plastic container, in various colours, to accommodate the daily supply of drugs for one week. Each little daily compartment has a 'snap' lid. This device was originally designed for blind people in the UK, but it is cheap, lightweight and inexpensive and might be of value for antileprosy, or other drugs, under Third World conditions.

'Action against Leprosy'; Cross River State, Nigeria

We are indebted to Professor Ed B Attah, Provost of the College of Medical Sciences, University of Calabar, P.M.B. 1115, Calabar, Nigeria, for a copy of his provisional 'Action Against Leprosy' (AAL) programme. It is entitled 'A simple plan of popular action for the eradication of leprosy' and the introduction runs as follows:

'Action Against Leprosy (AAL) is a simple and inexpensive module for mobilizing people in all communities, villages and hamlets in all sectors of the population against the maiming and disfiguring disease of leprosy, long-eradicated in most parts of the world but which is still rife in Africa and Asia.

It consists of people in every village and community having their skin examined in their village, community or in their houses. Identified or suspect cases will be referred for confirmation of diagnosis and classification—and then treated.

The Action Plan, which is dependent on popular action, is simple, inexpensive and effective.' The basic plan of action consists of the following: (i) mobilizing people and communities in all parts of a defined population to search for, and find, all sufferers of leprosy; (ii) treating all the cases until they are cured, as far as possible in their communities; (iii) creating an awareness of the curability and high incidence of the disease in the community and so establishing case-finding as a community function; (iv) conducting repeat surveys at intervals of two years and four and half years for the purpose of (a) assessing the success of ACTION, and (b) placing any new cases into AAL programme; and (v) AAL programme in any population should be terminated after 5 years from initiation.

Professor Attah and his colleagues are aware of the importance of (1) correct identification and classification of cases during the village surveys proposed, and (2) the necessity of having supplies of drugs constantly on hand for treatment—and steps are being taken to safeguard these aspects of the programme. However it is apparent that his plan is very much in line with the concepts of primary health care, including active participation by the people, and we wish him every success in its further development.

Disabled village children—part of primary health

This is the title of *Contact* (No 91, June 1986), a bimonthly publication of the Christian Medical Commission, World Council of Churches, 150, route de Ferney, 1211 Geneva, 20, Switzerland. It summarizes the most important part of a book by the Hesperian Foundation and David Werner, which is soon to be published, entitled *Disabled village children; a guide for health workers, community and families*. These pages have many messages of direct relevance to the care of disabled leprosy patients in their own villages, using locally available materials and devices. This valuable number of *Contact* should be consulted in the original by all concerned with disability in leprosy.

Diploma for teachers and planners of community-based rehabilitation

There is now a regular course, organized by the Tropical Child Health Unit, University of London, 30 Guilford Street, London WC1N 1EH, on the above subject, leading to a diploma. A brochure has been produced, giving details of the aims of the course, duration, eligibility, teaching methods and course content.

Questions and Answers on the Implementation of Multiple Drug Therapy (MDT) for Leprosy

The Health Unit in OXFAM have recently revised and reprinted this booklet in their Practical Guide series, Number 3. It is a 35-page booklet covering the basic regimens recommended by WHO for the treatment of both paucibacillary and multibacillary leprosy, proceeding to a number of questions which have been raised by those using MDT in the field, and attempting to supply some of the answers. The appendices include; 1, a description of the OXFAM-LEPRA teaching-training pack of materials on leprosy; 2, a flow chart; 'basic steps for consideration in the implementation of MDT'; 3, quality control of slit-skin smears; 4, a copy of a chart for the bacteriological index (BI) in leprosy; 5, a body diagram for slit-skin smears or biopsies; 6, a grid system/diagram for the charting of lesions, slit-skin smears or biopsies; and 7, a scheme taking one from the 'start of MDT' to 'completion of surveillance', Price £1.50, from The Health Unit, OXFAM, 274 Banbury Road, Oxford OX2 7DZ, England.