

Leprosy Control and Field Work

Directions: PATH

Directions, Volume 8, No. 2 draws our attention to 2 useful publications: Practical suggestions for community involvement in programme evaluation are contained in *Partners in evaluation: evaluating development and community programmes with participants* by Marie-Thérèse Feuerstein. To obtain a copy write to: Teaching Aids at Low Cost (TALC), PO Box 49, St Albans, Hertfordshire AL1 4AX (cost £1.50).

On being in charge: a guide for middle-level management in primary health care is an excellent resource book with practical techniques and suggestions for improved management. It is available to developing countries at reduced rates from WHO Regional Offices or WHO, Distribution and Sales Service, 1211 Geneva 27, Switzerland.

The copy book—free of copyright!

The copy book published by Intermediate Technology Publications Ltd aims to be understood world-wide 'because it is a picture book with a difference'. Extracts from the press release read as follows:

The copy book is jammed full of illustrations on food, health, work and shelter for use by field workers in developing countries. All the pictures have been donated by members of the Association of Illustrators and are free of copyright.

The project arose out of an article in *Illustrators*, the Association of Illustrators magazine. The article challenged commercial illustrators in the developed world to use their powerful marketing techniques to get across more helpful messages than those they had put out when working for international corporations.

A meeting of interested illustrators, publishers and development workers followed and 2 men, Bob Linney and Bruce Wilson, were inspired to take up the challenge. *The copy book*, is the result.

In the poorest rural and urban areas of many developing countries there is a severe shortage of posters and aids for health and development. Most of the materials produced are not understood by poor rural people because their level of visual literacy is low.

Posters need to show objects and figures that people can easily recognize from everyday life. *The copy book* aims to encourage local workers to make their own drawings and adapt the book's illustrations for their own use.

Through the book, Linney and Wilson have also tried to introduce British illustrators to 'development communications' in order to introduce to schools the idea as an aid in classes on art, development and health.

The book is available from Intermediate Technology Publications Ltd, at Unit 25, Longmead Industrial Estate, Dorset, SP7 8PL, for £9.95 plus £2 postage and packing or from the IT Bookshop, 103–105 Southampton Row, London WC1B 4HH.

Britain–Nepal Medical Trust

The 1987 report of the Trust describes a period of consolidation after the expansion in eastern Nepal in the previous year. Many patients were treated in the new Khotang clinic—121 patients with pulmonary tuberculosis were diagnosed in the first year. The other main aims of the Trust at present are leprosy control, drug supply and distribution, and community health leader training programmes. Six of the 8 clinics are now run by Nepalis, and the Trust has a staff of 80 Nepalis and 9 expatriates. In the hill districts, which might have only 1 doctor for 150,000 people, the Trust provides an important community service. The chairman, Dr John Cunningham, notes that 1988 marks the 20th anniversary of the founding of the Trust; discussions with the Nepal government will take place to decide future plans, which may include an expansion of the tuberculosis support programme in further districts in the Terai.

Address: BNMT, Stafford House, 16 East Street, Tonbridge, Kent TN9 1HG.

Supplies of medicines in developing countries

From the *Lancet*, 7 May 1988, page 1063:

Many patients in developing countries are denied access to life-saving medicines not only because of limited health-care budgets but also because of inappropriate government legislation, inefficient means of distributing supplies, and irrational prescription practices. In India, for example, drug overproduction co-exists with shortage of essential drugs for treating and preventing widespread diseases such as tuberculosis, vitamin A deficiency, and iodine deficiency goitre. One reason for this paradox was legislation in force until recently which restricted the manufacturer's profit margin on essential drugs. In Kenya, when drugs for primary health care units were distributed from hospital stores, 25–30% of the supplies used to be stolen for sale privately; centralization of distribution centres and regular issue of drugs in ration kits have cut down on this waste.

A report from the British Medical Association's Board of Science and Education examines these and other factors that influence the availability of medicines in developing countries and makes recommendations on what governments can do. In the case of imported drugs, a simple means of quality control is participation in the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce, backed up by national licensing and registration systems for companies and products. However, since many developing countries lack the necessary infrastructure for regulating the quality of drugs, international standards are needed, and here the booklet urges prompt implementation of the Bannotti report, adopted by the European Parliament two years ago, on the export of pharmaceutical products to the Third World. Drug marketing practices also need to be controlled. The International Federation of Pharmaceutical Manufacturing Associations has a code of marketing practice; but, as the booklet points out, there is no provision for penalty when the code is breached, and the code does not apply to the over-the-counter drugs.

The British Medical Association's address is: Tavistock Square, London WC1H 9JR.

Arogya Agam, India

John Dalton has very kindly supplied the following account of this voluntary organization working under the National Leprosy Eradication Programme in India:

Arogya Agam which means 'place of health' in Tamil, was started 25 years ago by an English woman named Dora Scarlett. The area of operation is Aundipatty Taluk of Tamil Nadu, whose plains area rises into the remote Varusanadu valley which is still feared for its reputation for lawlessness. The upper slopes give way to thick forest interspersed with tea, coffee and cardamon plantations. The total population is around 200,000 spread over an area of more than 1000 km².

In 1963 the first 7 patients were treated under a tree and the team travelled by bullock cart. It was only in 1982 that the unit had the 8 paramedical workers and other staff and infrastructure needed to cover the entire area. A temporary admission ward with 40 beds was constructed and the set pattern established under the National Leprosy Eradication Programme of the Government of India. These developments were all made possible with the help and encouragement of The Damien Foundation.

MDT was introduced in stages from 1983 and for all patients by late 1986. By 1988 MDT coverage had reached 95% of all known active cases with an annual drop-out rate of less than 10%. This was achieved by increasing the number of both treatment circuits and stopping points, increased responsibility given to the PMWs also gave good results. The caseload fell from a maximum of 2400 in 1984 to between 500 and 600, where it seems to have levelled off in 1988. Similarly, active prevalence fell from around 15 to an estimated 6 per thousand. The faster turnover of cases under treatment is now balanced by the increased case finding made possible by the availability of time previously used for case holding. Various methods, such as 'enquiry' and 'rapid' survey have been tried out, but it is found that systematic total population survey is the most efficient way of detecting the very early cases, it is more efficient still when done as a team. Annual school and healthy contact surveys are also carried out.

Given the importance of health education 2 extra staff, skilled in communication, were engaged and education was given in the villages on other vital health topics also, especially mother and child health.

A number of methods for imparting health education are in use as no one method can fill all needs.

The falling caseload followed by fewer patients requiring surveillance will allow further diversification of the work. A community health project has already been started and there is a need for the rehabilitation of those who are disabled. Other potentially suitable areas of work include the control of tuberculosis and perhaps of AIDS, the future spread of this disease seems inevitable.

Contact: Arogya Agam, Aundipatti 626512, Madurai District, South India.

Special supplement on experimental leprosy chemotherapy

From the *TDR Newsletter*, No. 25, Winter/Spring 1988:

Papers presented at a workshop cosponsored by TDR and the Sasakawa Memorial Health Foundation were published as a supplement to the *International Journal of Leprosy*, Vol. 55, No. 4 (December 1987). A limited number of copies are still available free of charge. Work covered includes the latest progress in research on experimental leprosy chemotherapy and the application of mouse footpad techniques in monitoring clinical trials. Interested scientists should write to: Dr Ji Baohong, Secretary, Steering Committee on the Chemotherapy of Leprosy, World Health Organization, 1211 Geneva 27, Switzerland.