

News and Notes

Essential Drugs Revolving Fund (FORMED)

In 1984 the provision of essential drugs was identified as one of seven priority areas under the Plan for Priority Health Needs in Central America and Panama. Since that time, the countries, with assistance from PAHO/WHO, have directed significant international financial and technical resources toward strengthening drug supply and quality control systems, promoting national production of drugs, supporting the formulation of national drug policies and their standardization throughout the subregion, and setting up a revolving fund for the joint purchase of essential drugs.

The availability and use of drugs in Central American countries is limited by numerous socioeconomic, technical, and administrative factors, as well as by the structure of the drug industry and the international and national pharmaceutical markets. An analysis done by PAHO of one of these factors, government procurement of drugs, confirmed that the prices paid by the governments not only varied greatly from country to country but also were considerably higher than prices obtained through PAHO or UNICEF.

In an effort to make the most efficient use of economic resources, particularly scarce foreign exchange, and faced with reduced purchasing power, in 1984 the ministries of health in the subregion proposed the establishment of a technical and financial mechanism to assist in the procurement of drugs at a substantial saving. A revolving fund was established in 1986. It was initiated with a donation of US\$4,000,000 from the Government of the Netherlands to finance the joint purchase of a selected number of drugs, and a contribution of US\$277,000 from the Government of Sweden to finance the technical cooperation necessary to implement the program. The Essential Drugs Revolving Fund (FORMED) permits prompt payment of supplies and allows the countries a grace period in which to reimburse the fund.

Some of the characteristics of FORMED that gave rise to the savings over the 1985 prices are (1) competitive international bidding, (2) prompt payment in dollars, (3) purchases packaged in economical units, (4) large volume of purchases, and (5) selection of the most economical method of transportation.

The first round of purchasing revealed a number of specific operational problems, such as unacceptable expiration dates, inadequate external packaging, wrong language on the labels, delays in receiving analysis results from reference laboratories, and incorrect shipping documents. More important were the delays caused by long delivery times (which made programming difficult and necessitated emergency purchases) and by slow customs clearances. In addition, some countries had regulations limiting the procurement and importation of drugs through FORMED or hindering prompt reimbursement of the fund. However, because they are motivated to make the FORMED mechanism work, the countries have succeeded in overcoming most, if not all, of these obstacles. And PAHO, based on the experience of the first purchase, has adjusted its purchasing process, particularly the selection of suppliers, in order to ensure maximum compliance with the terms of the bidding process.

Sources: Pan American Health Organization; Technical Cooperation Among Countries (TCC) in Subregional Initiatives (SPP9/5), Annex II: Essential Drugs Revolving Fund for Central America and Panama (FORMED): Washington, D.C., 13 November 1987; and Pan American Health Organization; Priority Health Needs in Central America and Panama: Analysis of Priority Areas; Washington, D.C., December 1987. (Extracted from *Bulletin of the PAHO*, Volume 22, No. 3, 1988)

A combined capsule of clofazimine and dapsone

In correspondence with Earnest Healthcare Ltd, Earnest Estate, Bombay Agra Road, Rajendra, Nagar, Indore 542 012, India, information has been received concerning the production of a capsule combining clofazimine 50 mg in an oil base with dapsone 100 mg in powder form (as a tablet). The technical director, Dr P K Powal, has indicated that this has been approved by the State Drug Authorities and that it will be marketed in a blister pack (from October 1988). These details are given here only by way of information and do not constitute recommendation for clinical use. Further details, including bio-availability studies and cost, etc, should be obtained from the drug company in India, address as above.

WHO Expert Committee on Leprosy: Sixth Report

The following is taken from the *WHO Technical Report Series*, No. 768, 1988. It has 51 pages and is available in English; French and Spanish in preparation: Reviews world-wide developments in leprosy research and control that have occurred over the past 10 years. Emphasis is placed on knowledge relevant to the success of control operations, particularly in view of the alarming increase of primary and secondary resistance to dapsone.

The report opens with a brief discussion of the global significance of leprosy as a public health problem, followed by a summary of epidemiological features important to control. Clinical issues are addressed in the third section, which proposes changes in case definitions and classifications necessitated by the use of multidrug therapy, discusses ways to improve the collection and processing of skin smears, and outlines protocols for the management of drug reactions. The neglected problem of quiet nerve paralysis is also considered. Other sections interpret the practical significance of advances in basic biology and immunology, high-lighting prospects for the development of an anti-leprosy vaccine. Of particular practical value is a state-of-the-art review of leprosy chemotherapy, incorporating what has been learned following the widespread introduction of standard regimens for multidrug therapy. Readers are given guidance on the problems of drug resistance and microbial persistence, the use of standard treatment regimens, and the recommended duration and frequency of post-treatment surveillance. In view of the prediction that the number of persons needing care because of disabilities will gradually outnumber those receiving antimicrobial treatment, the report also includes advice on the prevention and management of disabilities, the grading of disabilities to facilitate data collection, and strategies for patient rehabilitation. The concluding sections review the components of leprosy control in the light of current knowledge and identify priorities for further research in a number of different fields.

Apart from its value as a state-of-the-art report on the leprosy situation, the book also serves as a practical alert to a range of operational problems, whether concerning the collection and interpretation of data or the administration of new drugs, that can influence the success of leprosy control.

Main headings: global leprosy situation; epidemiology; clinical aspects of leprosy related to control; *Mycobacterium leprae*; immunology of leprosy; chemotherapy of leprosy; disabilities, rehabilitation and social problems in leprosy; leprosy control; research needs; and conclusions and recommendations.

Apply: Office of Publications, WHO, 1211 Geneva 27, Switzerland. Price Swiss Fr 8.

Implementing Multiple Drug Therapy; OXFAM's Practical Guide Number 3

The fourth, revised edition of this booklet, previously called *Questions and Answers on the Implementation of Multiple Drug Therapy (MDT) in Leprosy* is now available from OXFAM Publications, 274 Banbury Road, Oxford OX2 7DZ, England at £2.95 per copy, plus postage. Written in the form of extended answers to a series of questions, this booklet deals with many aspects of the care and management of patients treated with multiple drug therapy, as recommended by WHO in 1982. It is aimed essentially at those in senior positions concerned with teaching health workers, programme planning and implementation of leprosy control programmes. It is currently available in English only, but a translation into Spanish is in hand.

Centre for Tropical Disease Research, Acapulco, Mexico

Towards the end of 1988, Professor Roberto Estrada, Centre for Tropical Disease Research, Faculty of Medicine, Apartado 25A, Acapulco, Mexico, visited the UK to meet people working in medical research and to discuss the establishment of further links with his Centre in Mexico. It was inaugurated in March 1985 to develop postgraduate training and research on priority health problems in Guerrero, one of the poorest states in Mexico. Major research areas since then have included diarrhoeal diseases, acute respiratory tract infections, tuberculosis, dengue, malaria, Chaga's disease, leprosy and other skin diseases, scorpion stings and child labour in the tourist trade. Much of the Centre's manpower for field work is drawn from 1000 students in the Medical Faculty.

International Agency for the Prevention of Blindness

IAPB News is published twice yearly, has a press run of 6,000 and is mailed to 136 countries world-wide. Address: IAPB, c/o National Institute of Health, Building 31, Room 6A03, Bethesda, Maryland 20892, USA. The November 1988 issue includes items on: 1, the Zambia Flying Doctor Service, which during 1987 saw 2,144 patients with cataracts and operated upon 140 in the field, referring many others to central hospitals; and 2, a 'Primary Eye Care Pamphlet' published by Nepal's Lumbini Eye Care Project (Project Manager; Dr Chet Raj Pant), specifically for village eye care projects in Nepal, developed with local volunteers.

Précis de Leprologie; Acta Leprologica, 1988

We are grateful to the Comité Exécutif International de l'Ordre de Malte in Geneva for sending a copy of *Acta Leprologica* No. 109, April-December 1988, New Series Volume VI. This is a 387-page publication, with index, which is virtually a textbook of leprology, since it covers all major aspects of the disease in considerable detail. It has been produced by J Languillon with the cooperation of A Carayon. Address: Ordre de Malte, 3 Place Claparède, 1205 Geneva, Switzerland.

St Francis Leprosy Guild, London

The Guild collects donations to help missionaries and others in their work among victims of leprosy throughout the World. Address: 21 The Boltons, London SW10 9SU. Director: The Very Reverend Father Provincial, OFM. Medical Advisor: Dr Terence Ryan, Department of Dermatology, Oxford. In 1987 grants went to 109 leprosy-endemic countries and totalled £333,666.

Immunopathology Symposium, Amsterdam, September 1989

Immunodermatology Symposia were previously organized in Lyon, London and Milan. These meetings aim to attract immunologists interested in dermatology and dermatologists interested in immunology. The 4th Immunodermatology Symposium will be held in Amsterdam, September 21–23, 1989. An outstanding faculty of internationally renowned scientists will present guest lectures on the most important and recent developments in the field of immunodermatology. The programme will have a number of plenary sessions, in which a selection of free oral presentations will be scheduled. In addition, poster sessions will be organized. The programme will be completed by two social events and most of it will be held in the Sonesta Hotel in the heart of 17th-century Amsterdam.

Guest lectures are:

Human immunodeficiency viruses J C Gluckman, Paris. Regional immunology of the skin J W Streilein, Miami. Biological and dermatological significance of the HLA-system. R R P de Vries, Leiden. Leukocyte adhesion molecules T A Springer Boston. Ciclosporin in dermatology. J J Voorhees, Ann Arbor. Immunobiology of the skin; an update G Stingl, Vienna.

Free communications in all areas of immunodermatology are welcome. Apply Dr J D Bos, Academisch Medisch Centrum, Meibergdreef 9, 1105 AZ, Amsterdam, Netherlands.

THE ALL AFRICA LEPROSY AND REHABILITATION TRAINING CENTRE (ALERT)

has the following vacancy:

Leprosy Control Division Director

I Qualifications

- 1 Medical qualification with appropriate postgraduate qualification preferably in public health.
- 2 At least five years of field experience in leprosy control.
- 3 Should have training or experience in management.
- 4 Should have good leadership qualities.

II Date of employment: 1.8.1989.

III Contract period: 3 years.

IV Salary: negotiable.

Send your application in English with copies of testimonials and job certificates to the Executive Director, POB 165, Addis Ababa, Ethiopia.

The deadline for submitting application is one month after the first publication of this vacancy.