

## News and Notes

### **IDRC Reports, Ottawa, Canada**

The International Development Research Centre (IDRC) is a public corporation created by the Parliament of Canada in 1970 to support researchers in developing countries working in agriculture, health, earth sciences, engineering, information, communications and social sciences. The *IDRC Reports* is published quarterly and distributed free (on request) to a limited number of people world-wide. Its aim is to keep an international readership informed about the work IDRC supports in developing countries, as well as other development issues of interest. It is available in French as *Le CRDI Explore* and in Spanish as *ELCIID Informa*. Address: IDRC, 250 Albert Street, P.O. Box 8500, Ottawa, Canada K1G 3H9

### **International Task Force on Rural Poor, India**

Mr Mukat Singh, Director, Amarpurkashi Rural Polytechnic, via Bilari, District Moradabad, U.P.-202411, India has kindly supplied the following information about his centre:

From 20–24 December 1988 an international seminar on 'Working with the Rural Poor' was held in Amarpurkashi, N. India. It was attended predominantly by grass-root development workers. Historically, it was the first time that an international seminar to discuss rural poverty took place in a rural venue.

The discussion and the results both were exceptionally down to earth and consequently most useful and far reaching. The seminar issued twenty recommendations covering these topics—governmental initiatives for uplifting the poor, science and technology for the poor, exploitation and oppression of the rural poor and integrating education and development of the rural poor.

The last recommendation of the seminar stated that 'An international task force concerned with the rural poor must be set up, as a concrete and constructive outcome of the seminar'. The recommendation explained that: 'The aims of the Task Force will be to identify and publicise examples of integrating education and development for the rural poor. The International Task Force will strive to achieve recognition within the world community for the plight of the rural poor and will monitor the progress of the policies and programmes that benefit the rural poor most'.

The International Task Force has been set up following the decision of grass-root development workers. The idea has therefore come from 'below' and is not being imposed from 'above'. It is born out of the need and realization that the number of rural poor and the extent of their poverty are both on the increase. Even the many well intentioned policies of the governments to uplift the poor have either failed or become ineffective. This is largely due to the fact that the implementing agencies lack a genuine commitment to the rural poor. The growing view from the 'other side' is that the rich do not really want to share their bounty with the poor. Even the idea of a 'common interest' hammered by the Brandt Commission has so far failed to move the rich North to share 0.7% of their income with the poor of the South. The present average part that the EEC countries share with the Third World Countries is a trifling 0.34% of their total income.

The Task Force has been set up to fight this apathy and narrow self-interest. It is also intended to increase moral pressure on Third World governments and international aid agencies so that they do more for the cause of the rural poor. The following aims are in the constitution adopted on Feb. 18, 1989:

- 1 To identify policies, programmes and projects of integrated education and development or of any other innovative and pioneering nature that are contributing most to the all-round development of the rural poor.
- 2 To publicise the identified policies, programmes and projects and to help to make them as effective as possible.
- 3 To monitor the progress of the identified policies, programmes and projects and evaluate them.

Identification of good and effective policies, programmes and projects will involve collection of information from various sources, organising study visits and research programmes to selected projects and then identifying the most beneficial and effective projects and their workers. Providing moral support to identified projects and their workers will involve publication of reports and features about them with a view to according to them international recognition and publicity and providing them with support from various international pressure groups. Monitoring and evaluation of the policies and projects will involve action research by experienced and expert field staff.

Further information: Mr Mukat Singh at the above address. See also *The gentle revolution. The Guardian* newspaper, 17 February 1989.

### **Essays on leprosy: distribution to medical schools in India**

A copy of *Essays on leprosy by Oxford Medical Students* (Editors: T J Ryan and A C McDougall, 1988) has been sent from the Department of Dermatology, The Slade Hospital, Headington, Oxford OX3 7JH, England, to the 106 medical schools of India, as listed in the *The World Directory of Medical Schools*, WHO, 1979. This collection of essays was originally published by the above Department for the St Francis Leprosy Guild as a tribute to the students who have contributed manuscripts of outstandingly high quality, either for the yearly LEPROSA Prize Essay Competition or as dissertations for the Basic Physiological Science Degree in the University of Oxford. Further copies are available from Dr Ryan at the above address. Price: £10.00 including p. and p.

### **Handbook of Leprosy. Jopling and McDougall. Fourth edition. Translations**

A translation into Portuguese is almost complete (Professor Lucio Bakos, Porto Alegre, Brasil) and it is hoped that it will be published by Livreria Atheneu, Rio de Janeiro, Brasil. Translation into French and Spanish are currently in production.

### **Action in International Medicine: AIM, London**

The inaugural conference of Action in International Medicine (AIM) took place on 6-7 April in London. AIM is a unique body which brings together many colleges and academies of medicine and nursing around the world in a collaborative venture to improve health care in the Third World. Supporting institutions include:

Académie Nationale de Médecine, Venezuela; Académie Nationale de Médecine, France; Academy of Medicine of Malaysia; American College of Physicians; College of Physicians and Surgeons, Pakistan; Conférence des Facultés et écoles de médecine d'Afrique d'expression française; Hungarian Academy of Sciences (Medical Section); International Council of Nurses, Geneva; International Planned Parenthood Federation; Royal Australasian College of Physicians; Royal College of General Practitioners, London; Royal College of Physicians, Ireland; Royal Colleges of Physicians of London, and Edinburgh; and Royal College of Surgeons of England.

The conference was under the joint chairmanship of Sir John Reid, former chairman of the Executive Board of WHO and Chief Medical Officer for Scotland, and Sir Gordon Wolstenholme, former director of the Ciba Foundation and chairman of AIM. The 36 participants came from Australia, Brazil, Colombia, France, Ghana, Hungary, Ireland, Kenya, Pakistan, Venezuela, Switzerland, the UK and the USA, and included representatives of WHO, IPPF, the Commonwealth Secretariat, the Commonwealth Medical Association, the International Federation of Obstetricians and Gynaecologists, the International Foundation for Dermatology, and the American National Council for International Health. Dr Halfdan Mahler, until recently Director General of WHO, was a guest and speaker at the Conference dinner.

There was general agreement that AIM should act primarily in an advisory role to promote the development of district health systems. This organizational unit, akin to the health district in the NHS, is of fundamental importance to the development of comprehensive health systems. WHO has already given their development priority but because of insufficient resources is unable to carry forward the programme as strongly as it would wish. It therefore welcomes the participation of AIM. Two or three sites will be identified for initial projects in Latin America, Africa and S. or S.E. Asia. AIM will work closely with the local community and local health professionals to determine priorities. In many instances these are likely to be in health planning and epidemiology as well as training in specific clinical and nursing skills. Every effort will be made to achieve a 'multiplier effect', such that one site, by training professionals from other districts, will have an influence beyond its own confines. Each project will have an agreed duration, and selection of the sites will take into account the need to plan for sustainability of activities beyond the time of AIM's involvement.

The new organization founded by Sir Gordon Wolstenholme with the assistance of Professor Andrew Haines, is based at the Department of Primary Health Care at University College and Middlesex School of Medicine, Windeyer Building, Cleveland Street, London W1P 6DB.

### **Implementing Multiple Drug Therapy for Leprosy, OXFAM translations**

A revised Portuguese translation has recently been completed (Jorge Macedo, CERPHA, Brasil). Translation into Spanish is far advanced (Professor Roberto Estrada, Centro de Investigación de Enfermedades Tropicales, Acapulco, Guerrero, Mexico). OXFAM have recently given permission for translation into French to Dr Paul Ambassa, Organisation de Coordination pour la Lutte contre les Endémies en Afrique Centrale (OCEAC), Yaoundé, Cameroun.

### **International Foundation for Dermatology (IFD); site visit to Tanzania**

The Board of Directors of the International Foundation for Dermatology (IFD) selected a Site-Visit Committee to travel on 4–8 April 1989 to Tanzania in order to determine the feasibility of aiding in the establishment of a *Regional Dermatology Training Center (RDTC)* in that country.

Through careful pre-site visit planning the Committee had the opportunity to meet with virtually all of the key individuals required for the approval and development of the RDTC. Among these were Minister of Health, Vice Chancellor of the University of Dar es Salaam, Director General of the Muhimbili Medical Center, Dean of the Medical School of Dar es Salaam, Professor and Chairman of the Department of Medicine at Muhimbili Medical Center, the Head of the Training and Health Manpower Division of the Ministry of Health, the Secretary of the Good Samaritan Foundation (GSF) at the Kilimanjaro Christian Medical Center (KCMC), representatives of WHO and UNICEF, and many others.

The Committee unanimously recommends that the International Foundation for Dermatology aid in the establishment of a Regional Dermatology Training Center at the KCMC in Moshi, Tanzania. The initial emphasis will be on a two-year training program at the Medical Assistant (MA) level. The program will emphasize clinical dermatology, sexually-transmitted diseases (including AIDS), leprosy, teaching/learning skills, and research. After the successful completion of this training, the trainee will receive the title of 'Dermatology Officer.' It is furthermore recommended by the Committee that this training program should meet the requirements of the University of Dar es Salaam Medical School and its parent University of Dar es Salaam leading to a Diploma for those who successfully complete the course.

Professor Aaron E J Masawe has been selected by the government to be the official Co-ordinator for Tanzania. Dr Masenga, Head of Dermatology at KCMC, has agreed to serve as the 'Principal' (i.e. Director) of the RDTC school.

The list of recommendations compiled for consideration by the Board of Directors of the IFD included the following:

- to offer training in dermatology in the context of the Primary Health Care system of Tanzania;
- to promulgate this training within the current Health Care System of Tanzania;
- to extend this training to the health community of eastern, central and southern Africa;
- to initially focus training on the Medical Assistant (MA)/Clinical Officer (CO) health cadre leading to a diploma in dermatology from the University of Dar Es Salaam. This training will serve as the qualification for the new position of Dermatology Officer (DO) allowing the delivery of dermatologic care at the appropriate level (i.e. Primary Health Care level—mainly at the District Hospital and lower levels);
- to create an integrated curriculum embracing primarily the subjects of: (1) clinical dermatology; (2) sexually-transmitted diseases including AIDS; (3) leprosy; (4) health education; (5) teaching methodology; and (6) research techniques (e.g. data collection and retrieval).
- to disseminate this knowledge via the DO to other health care workers;
- to identify the length of the training period and the appropriateness of the program for the other countries in the Region (e.g., by promoting a Workshop on Regional Dermatologic Training Needs);
- to disseminate this knowledge via the DO to other health care workers;
- to identify the length of the training period and the appropriateness of the program for the other countries in the Region (e.g., by promoting a Workshop on Regional Dermatologic Training Needs);
- to aid in the establishment of the RDTC at the Kilimanjaro Christian Medical Center (KCMC) in Moshi, Tanzania. This is a supraregional Consultant Hospital in the grounds of the Good Samaritan Foundation (GSF);
- to construct two facilities in the grounds of KCMC, namely, (1) the RDTC, and (2) a hostel for 30 students; and
- to create a Board of Management to govern the RDTC, to advise the Board of Trustees of the KCMC on all matters concerning the RDTC, and to assure that the RDTC will operate within the rules and regulations of GSF.

### **Global control of tuberculosis and vaccine development**

In *Reviews of Infectious Diseases*,\* Volume II, Supplement 2, March–April 1989 is an item entitled 'Research towards global control and prevention of tuberculosis with an emphasis on vaccine development'. It is in fact the report of a Fogarty International Center Workshop, held in Bethesda, Maryland, USA, 3–5 November 1987. The main headings are: Present approaches to tuberculosis control and prevention; Pathogenesis of tuberculosis and its implications for vaccine development; Molecular biology of mycobacteria; Immunology; Vaccine and new drug development; Future directions and priorities. The Introduction (Dixie E Snider, Division of Tuberculosis Control, Center for Prevention Sciences, Centers for Diseases Control, Atlanta, Georgia, USA) gives an extremely good summary of the current state of tuberculosis in the world (1 billion people infected; 16 million prevalent cases; 8 million new cases per year; 3 million deaths per year), together with a 'litany' of the inadequacies of current control methods.

\* Available from the University of Chicago Press, Chicago Illinois 60637, USA

### **International Youth Workshop on Leprosy and Health, Munich, May 1989**

A workshop with the above title was held in Munich, West Germany, 16–19 May 1989 organized by Aussätzigen-Hilfswerk Munchen e.V. in cooperation with the World Assembly of Youth (WAY; Ved Bellehoj 4, 2700 Bronshoj, Copenhagen, Denmark) and the World Health Organization (WHO). It was attended by representatives of youth organizations in India, Nepal, Pakistan, Bangladesh, Kenya, Ghana, Malawi, Tanzania, the Cameroons, Mexico and Peru. The main objectives were to review the outstanding problems in the control of leprosy and to discuss the practical ways in which youth organizations might actively participate. Mrs Mathilde Gruner, Managing Director of AHM (Zenettistrasse 45, D-8000 Munich 2, West Germany) welcomed delegates to the meeting, Dr Lois Philip (Health Education and Promotion, WHO) spoke on 'Communication and education for leprosy control' and Dr Colin McDougall (Oxford) spoke on 'Leprosy; the disease and its control', using panels of the exhibit on leprosy supplied by the Wellcome Tropical Institute in London. The country presentations revealed that very large numbers of young people, many of them registered as members of the boy scouts, girl guides or other youth organizations, are already involved in health care or community development. Given professional advice and logistic support, they would be more than interested to participate in national leprosy control programmes. Emphasis was given to activities which could be useful at district hospital level, preferably using the primary health care approach. Further enquiries to AHM at the above address in Munich.

### **DANIDA: Danish Department of International Cooperation**

The following is extracted from an *Africa Health*, Denmark Supplement, April/May 1989, published by Africa Health Publications Ltd, 57–59 Whitechapel Road:

DANISH official aid to Tropical Disease Research is more than that given by the United States, Britain and France put together. This is a staggering statistic when one considers that the Danish population is only just over five million!

Most of the funding is channelled through the Danish Department of International Cooperation (DANIDA) which is a part of the Ministry of Foreign Affairs.

The UNFPA, WHO, and IPPF receive the bulk of support, and each in turn, dispenses large amounts of this to research institutions and individuals with whom they are cooperating. DANIDA's conviction that it is best to allow international organisations to coordinate the research effort, rather than fund a lot of projects independently, is not particularly popular amongst Danish researchers, but makes good logical sense in terms of allowing greater global coordination of work, thus preventing unnecessary repetition in different centres. In this respect DANIDA is going against the general trend, whereby aid agencies ensure the majority of their funds are 'tied' to initiatives emanating from within their countries.

Direct bilateral aid to Africa, concentrates strongly on developing primary health care programmes, with careful emphasis on infrastructural strengthening to support the health intervention. This so-called 'horizontal' aid support is well explained by the example of support for the essential drugs programme in Tanzania. In addition to the high profile work on developing distribution links, and the all important provision of drugs, the project also involves considerable general planning and administrative assistance at central and district level to ensure that the project does not operate in a vacuum, and thus has a much greater chance of succeeding in the long-term.

The basic philosophy can perhaps best be described as 'providing efficient, easily accessible and adequate health services, at low cost'. Assistance must be adjusted to the economic conditions of the recipient countries so as to make it possible to offer all groups of the community access to health facilities. Particular attention is given to providing paramedics (with relatively short-term training) with the knowledge and tools to make an impact in improving the health of their community.

Community participation is also a vital element to which DANIDA looks, before committing its support to a programme. People must accept responsibility for their own health rather than leaving it exclusively to doctors and health institutions.

Applications for assistance, should be for projects that provide input to one or several of the following parameters:

- Development of infrastructure at the lowest level of the health care system, e.g. through construction and renovation of health services.

- Education and training of community health workers and paramedic workers.

- Improvement of planning, administration, and logistics—such as in connection with drug supply.

- Provision of ante-natal, natal, and post-natal care to mothers, and child health care activities such as vaccination programmes for children under five years of age.

- Strengthening of family planning programmes through information and education, easier access to appropriate family planning methods.

- Programmes for the prevention of communicable diseases.

- Prevention of diseases causing handicaps and rehabilitation of the physically or mentally handicapped.

Improvement of drinking water supply and sanitation conditions.

Dissemination of information on nutrition and appropriate diet and introduction of new ways of local food production.

Support to self-help projects.

Dissemination of information on dental care.

Research activities connected with assistance activities, particularly establishment and strengthening of the research capacity of local research institutions.

Further enquiries from DANIDA, Danish International Development Agency, 2 Asiatisk Plads, DK- 1448 Copenhagen K, Denmark

## **Second National Meeting of the Spanish Group on Mycobacteriology**

This was organized by the Department of Microbiology of the Hospital of Santa Cruz and San Pablo, and the Faculty of Medicine of the Universidad Autonoma of Barcelona, 26–28 May 1989. The meeting began with a short symposium on leprosy (advances in immunology; technical aspects of diagnosis; a report on leprosy in Spain; multiple drug therapy for leprosy; vaccination). This was followed by sessions on serological and other tests for the rapid diagnosis of mycobacterial diseases; case reports of mycobacterial disease (clinical aspects); mycobacterial diseases and AIDS. The latter session was particularly interesting and important; numerous cases of tuberculosis in association with AIDS occurring in Spain were described and from the Leprosy Institute in Trillo, Guadalajara, one case of leprosy with possible AIDS was presented. Some delegates from this meeting attended a workshop held in Barcelona at the same time, organized by Ciba-Geigy, on the collection of data on leprosy cases from all parts of Spain, including computerization and the use of the OMSLEP system. Further enquiries about the Mycobacteriology Meeting can be obtained from: Professor Ausina, Facultad de Biologia, Universidad Autonoma de Barcelona, Barcelona, Spain.

### **HEINEMANN MEDICAL BOOKS**

## **Handbook of Leprosy**

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**A C McDougall MD(Edin), FRCP(Lond), MRCP(Edin)**

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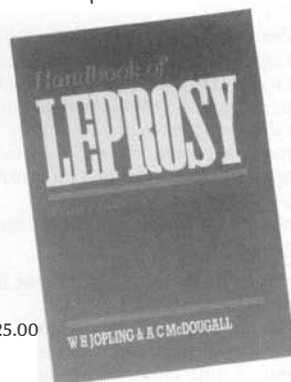
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