

## Teaching Materials and Services

### **Leprosy: basic information management**

The second revised edition of this booklet, intended as a source of basic information for non-medical readers including community leaders, social workers, teachers, students and journalists, was produced in English in 1989 and has already been widely circulated. A translation into French is currently in hand and approval recently obtained for Spanish; both should be completed before the end of 1989, with the possibility of publication in early 1990. Apply: Medical Department, Ciba-Geigy Ltd, CH-4002, Basle, Switzerland.

### **MEDUNSA: Medical University of Southern Africa**

The following information is extracted from the University 'brochure' and the 1989 Teaching programme for medical students:

'From a white population in South Africa of 4.5 million, there are 21,000 qualified doctors, who serve people of all races throughout the country. From an African (black) population of 24 million, there are less than 1000 qualified medical practitioners.

There are 3500 qualified dentists in South Africa of whom only 18 are Africans. Of the approximately 1500 qualified veterinarians in the country, only two are Africans.

The Medical University of Southern Africa was established in 1976 to start to correct this imbalance and to fill the dire need for black health professionals.

The aim of the University is to train, each year, 200 doctors, 50 dentists, 50 veterinarians and 300 supplementary health-care personnel to the standard of any others trained in the country. Students have to comply with the requirements of the Medical and Dental Council, the Veterinary Council or the Nursing Council as appropriate and graduates are registered with those bodies on a par with their professional colleagues. This will call for a total enrolment of almost 5000 students per year against the 1988 student population of 1407.

Utilising existing facilities and personnel, the Faculty of Basic Sciences will begin functioning in 1989 thus contributing to the alleviation of the dire shortage of qualified science teachers in southern African schools.'

The basic philosophy of the MEDUNSA Medical School is described below:

'The Faculty of Medicine of the Medical University of Southern Africa states that a basic philosophy on undergraduate education is of prime importance in defining the task of the Faculty. The basic philosophy influencing undergraduate medical education at Medunsa is outlined below.

The Faculty should derive its objectives from health care, giving due emphasis on the needs of communities, families and individuals.

The Faculty must aim to raise the standards of the health care system of which it is part, making the most efficient use of the available human and physical resources. This should be done with due recognition of the needs of the students and Faculty itself.

The Faculty must exert influence on the educational and health care systems by contributing, in the form of research and experimentation, to the acquisition of the best possible structure for, and procedures in, the health care area. Research is necessary in relation to the supply and demand of

health care delivery and in connection with such matters as the definition and co-ordination of tasks; the education and training of doctors and other health care workers.

Based on these premises the Faculty further states that its philosophy on undergraduate education includes the following principles:

The end-product of undergraduate education and training must be a graduate who has acquired the knowledge, skills and attitudes, necessary to equip him for further vocational training in any direction open to the application of medical expertise.

Since the fundamental objective of graduate education and training is to produce a health professional who can think for himself and be able to make professional judgements, his education and training must be related to this primary objective. This means emphasising learning rather than teaching by promoting curiosity, awareness, precision of thought and expression. He must be made aware of the natural order of things and be taught how to collect and assess evidence. The manner of achieving these aims is to set clear objectives for students in some detail, and to plan a strategy to be used in the acquisition of these objectives.

The graduate must be able to participate effectively as a member of any health care team. He must have a balanced attitude to medicine which is a blend of the scientific and the humanitarian. For this reason the undergraduate training programme must equip him with certain communication skills and offer him a grounding in the human sciences.

The graduate should be motivated to remain a student all his life. The medical school should impart a core of concepts, knowledge and skills on which health professionals base their future self-education. This is best served by a broad education also in the biological sciences, clinical disciplines and skills, the psycho-social and socio-economic aspects of medicine, and in preventive medicine.

The ultimate objective must be to produce a health professional with empathy and concern for the whole person in his environment. The objective should meet academic requirements as well as the specific needs of the Southern African community. Respect and sensitivity for medical ethics and human life must also be fostered.

Assessment of progress must be part of the learning process and much of it must be planned self-assessment. Assessment should seek to promote learning.

The teachers should, in addition to maintaining a high standard of proficiency in their own field, continue to acquire knowledge, insight and skills which will prepare them for their role as effective teachers. They should be prepared (and given the opportunity) to attend relevant training.'

Contact: The Secretary, MEDUNSA Medical School, Near Pretoria, South Africa.

### **Graves Medical Audiovisual Library**

This well known organization now supplies videocassettes, tape-slide programmes, slide sets, audiotapes and computer software booklets. The following information has recently been received:

'Graves Medical Audiovisual Library was started by Drs John and Valerie Graves in 1957. The library, formerly known as The Medical Recording Service Foundation, became the premier organization supplying audiovisual materials for the medical and paramedical professions.

Graves is a non-profit making educational charity whose aims are to make available all kinds of audiovisual materials for loan and sale and also to encourage new developments in medical and paramedical education.

In the past we were mainly associated with the distribution of tape-slide programmes, teaching slide sets and audiocassettes but we now have a rapidly expanding list of videos. Computer software and videodisc are examples of some of the newer media with which we are involved.

Our programmes come from several sources; many of them have been produced by ourselves, others have been made in medical schools and schools of nursing. We collaborate with professional bodies and organizations in producing and distributing programmes on their behalf. We are always pleased to hear of programmes that have been made for local needs which might be of value to others. We pay authors/producers royalties on all sale and hire income.

Single slides for teaching or publication are available from The National Medical Slide Bank, a new resource recently created by Graves. It is a collection of over 10,000 35 mm slides of all aspects of clinical medicine. Full details will be supplied on request.'

Apply: Graves Medical Audiovisual Library, Holly House, 220 New London Road, Chelmsford, Essex CM2 9BJ, England.

### **Leprosy control in South Africa**

The Leprosy Mission (Southern Africa) recently organized a series of seminars in departments of health and hospitals in the homelands of Boputhatswana, Qwa Qwa, Ciskei, Transkei and Kwazulu in order to raise the level of awareness with regard to leprosy and to encourage further participation by members of the health services. The audiences included registered hospital and community nurses, doctors, physiotherapists, occupational therapists, laboratory technicians, medical students and administrators. Didactic teaching on the 'basics' of leprosy was reinforced by the distribution of appropriate booklets from TALMILEP (The Secretary, TALMILEP, German Leprosy Relief Association, P.O. Box 348, D-8700, Würzburg, West Germany) and the 9 panels on leprosy produced by the Wellcome Tropical Institute (200 Euston Road, London NW1 2BQ). The WHO *Weekly Epidemiological Record*, 1979 (No. 3) gives a total figure for registered cases of leprosy in South Africa of 16,000 in 1975, but there is currently a need to obtain up-to-date information on the number of active and inactive cases, together with disability and child rates, in the country generally, taking into account the presence of nearly half a million refugees from Mozambique, the progressive trend towards urbanization and the considerable population movement both within South Africa and from neighbouring countries. Since Westfort Leprosarium opened in 1897, over 20,000 cases of leprosy have been referred and treated there, 1600 of them in the past 10 years. Multiple drug therapy using dapsone, clofazimine and rifampicin is widely available for all cases on an outpatient basis, both at Westfort and elsewhere. Locally produced blister-calendar packs are in use (see 'Calendar-blister packs for multiple drug therapy in leprosy; an inexpensive, locally produced version', Letter to the Editor, L A Wiseman *Lepr Rev*, 1987; **58**: 85-9), and a local BATA factory has produced highly acceptable canvas shoes with space for a microcellular rubber insole. Further information: The Executive Director, The Leprosy Mission (Southern Africa), PO Box 890527, Lyndhurst, JHB 2106, South Africa.

### **OXFAM-LEPRA packs of teaching-learning materials, 1982-88**

In early 1982, it was apparent that a very considerable range of teaching-learning material for leprosy was available and following discussion between representatives of OXFAM and LEPRA in Oxford, it was decided to assemble a 'package' of carefully selected items, mainly as basic information, but also to help nursing and paramedical tutors and other senior staff with responsibility for teaching. The pack consisted of books, booklets, WHO publications, transparency-text teaching sets and sample copies of leprosy journals, all in English. Twenty-five were made up in the first instance; a few were donated to key institutions, training centres and control programmes, but most were sold at £15.00 per pack, plus postage. Distribution was handled by the Health Unit in Oxfam, greatly aided by a retired pharmacist in Aylesbury, Mr Phillip Sadler, and a group of volunteers. It was almost immediately clear that there was a substantial and continuing demand for more packs and during 1982 and 1983, 200 were assembled and sold to individuals, training centres, medical and paramedical schools in virtually all leprosy-endemic areas. By late 1983/early 1984, new publications were available and it was decided to change to a smaller pack containing 10 items at a cost of £10.00. By the end of 1987, approximately 600 of these had been sold, again with world wide coverage, bringing the total of items distributed from the Oxfam Health Unit to well over 10,000 since 1982. Partly because demands were by this time dropping, but mostly because of the development of the TALMILEP system for the distribution of health learning materials for leprosy through the *International Federation of Anti-Leprosy Associations* (ILEP), it was decided to tail off and stop this service in early 1988. No systemic enquiry was ever attempted to

find out how the packs had in fact been used, but the impression is that they were particularly valuable to teachers as a source of basic information from reliable authors and agencies. In retrospect, the most remarkable and unexpected element in this project was the revelation, early on, that hundreds of people wanted to obtain a pack and were unhesitatingly prepared to pay for it.

### **Global surveillance and forecasting on AIDS**

A summary of the 'Update' article in *Bulletin of the WHO*, 1989; 67: 1-7 reads as follows:

'The short-term forecasting of future AIDS cases has been attempted by statistical extrapolations of the observed curve of reported AIDS cases. In areas where such reporting is very incomplete or has only recently started, extrapolation is not possible and an epidemiologically-based forecasting model has been developed to estimate the annual number of AIDS cases which may have occurred, and to project the annual number and distribution of AIDS cases for up to ten years. This model, which relies on the current understanding of the epidemiology and natural history of HIV infections, and on the available HIV serologic survey data, is used to provide estimates and short-term projections of AIDS cases for the USA, Europe, Africa and the world.

Because of the very long (mean of 8-9 years) incubation period between HIV infection and the development of AIDS, new cases over the next five years will be mostly derived from persons who became infected with HIV in or before 1987. WHO has estimated that 5-10 million persons worldwide were infected with HIV in 1987. Based on the lower estimate of 5 million, the cumulative number of AIDS cases which can be projected for the end of 1991 is over one million, and for the mid-to-late 1990s could reach 2 to 3 million.

HIV/AIDS will therefore be an increasing public health problem throughout the world. Health care systems everywhere will have to be strengthened to respond to this large toll of disease and death due to AIDS.

### **Technical guide for smear examination for leprosy**

The first edition, in English only, was produced in 1983. A second, revised edition was published in 1987. Translations are available in French, Spanish, Turkish, Arabic, Thai and Bengali. Translations into Portuguese, Indonesian and Hausa (the latter for West Africa, mainly Nigeria) are in hand. English and Spanish versions may be obtained from TALMILEP, German Leprosy Relief Association, PO Box 348, D-8700, Würzburg, West Germany; French from Association Française Raoul Follereau, 31 rue de Danzig, Paris 15<sup>e</sup>, France; Turkish from Professor Saylan, I.U. Istanbul Tıp Fakültesi, Dermatoloji Anabilim Dalı, Baskanlığı, Capa-Istanbul, Turkey; Arabic from the WHO Regional Office for the Eastern Mediterranean, PO Box 1517, Alexandria, Egypt; Thai from Mr Wolfgang Kampf, German Leprosy Relief Association, 257/3 Kaeonwarat Road, Main PO Box 215, Chiang Mai 50000, Thailand; Bengali from Dr D S Chaudhury, Greater Calcutta Leprosy Treatment and Health Education Scheme, 35/1/A Old Ballygunge 1st Lane, Calcutta 700 019, India.

This 32-pp guide covers all aspects of smear taking, staining and microscopy needed for routine clinical work and leprosy control programmes. (It is comparable to the *Technical guide for sputum examination for tuberculosis by direct microscopy*, 3rd edition revised 1986, produced by the International Union Against Tuberculosis and Lung Diseases.)

Single copies of the guide for leprosy are usually available without charge to individuals; a charge may be made however for larger orders and arrangements should be made with the agencies listed above.