

News and Notes

A model system for drug supply

In the early seventies a small country in Northern Europe reorganized its pharmacy system, and the National Corporation of Swedish Pharmacies 'Apoteksbolaget' was founded. This has developed into one of the main resources of Swedish health care, providing pharmaceutical services to the public, doctors and institutions throughout the country.

Apoteksbolaget not only has the sole right to retail drugs in Sweden, but through a subsidiary, also covers 80% of the wholesale market. It operates under the same rules as any other Swedish incorporated company and is committed to providing a good pharmaceutical service and objective information about drugs, in close cooperation with the medical services. A first evaluation of the new system in 1983–84 showed it to be highly successful.

The principal advantage of the Swedish model is that it provides a comprehensive view of the drug supply problem and includes the means to carry out all the basic activities necessary for the efficient and safe distribution of drugs. Its size has also enabled the pharmaceutical system to be established on a sound economic basis.

In discussions on drug supply in developing countries the idea of using Apoteksbolaget as a model has been mooted. This led to a project aimed at developing a 'model system', for initial field testing in a few countries, which could then be used as a training ground for others interested in the system. The first phase of the project—the outlining of the model system—has now been completed and its further development is under discussion.

(Source: *Essential Drugs Monitor*, No. 8, 1989, WHO, CH-1211, Geneva 27, Switzerland.)

Care of patients with chronic renal failure in the Third World—International Workshop

The first International Workshop on the above topic is to be held in Havana, Cuba, 5–8 February 1991 together with the Second International Seminar on Dialysis and Transplant, the Fifth National Congress of Nephrology and the Second National Conference on Nephrology Nursing.

The main objective of these simultaneous events is to provide the highest level of scientific discussion on such topics as epidemiology, primary care, prevention and progression of chronic renal failure and its treatment through dialysis and transplant in Third World countries.

For further details write to: Palacio de las Convenciones, Calle 146 e/11y 13, Playa Apartado 1646, La Habana, Cuba.

Moniaya Tuberculosis and Leprosy Control Services Report, 1989, Nigeria

Part I of this report gives an outline history of the services together with details of the hospital's development, TB and Leprosy Advisory and Co-ordinating Committee, training, transport, health education, objectives and challenges. Part II consists of tables giving data on, e.g. leprosy patients on treatment; case detection activities; rehabilitation units and mobile clinics. A copy of the full report (9 pp) is available from: Sr (Dr) Cecily Bourdillon, Moniaya TBL Control Services, PO Box 183, Ogoja, Cross River State, Nigeria.

Drug labelling study

After concern expressed about the adequacy of information provided with products sold in developing countries—during the debate on the 1986 Drug Export Act—the US Office of Technology Assessment was called upon by Congressional and Senate committees dealing with health, the environment and human resources to investigate the situation. Its interim report on the first phase of the resulting study gives basic information on health and pharmaceuticals for Panama, Brazil and Kenya; presents observations from a field visit to Kenya; covers the development and operation of the multinational pharmaceutical industry, and describes the international organizations actively concerned with issues of drug information in developing countries.

Preliminary findings for the initial 85 products (from Panama and Brazil) examined in the study were that the labelling for 10 was considered adequate; relatively minor questions were raised for 20; for a further 10 the questions were considered serious, while the rest of the products fell in between the last two categories.

Further information about the study can be obtained from the Health Programme, Office of Technology Assessment, US Congress, Washington DC 20510-8025.

(Source: *Essential Drugs Monitor*, No. 8, 1989, WHO, CH-1211, Geneva 27, Switzerland.)

Leprosy in the People's Republic of China

Mrs Sufei Ma Haide, President, China Leprosy Foundation, The Ma Haide Foundation, 24 Ho Hai Bei Yan, Beijing, China 100009, has confirmed that the total number of patients in the country (population over 1000 million) is now about 50,000 and that the number of active cases has declined considerably since the introduction of WHO multiple drug therapy. The number of provinces reporting basic eradication is increasing. The overall costs of MDT in China are relatively high, particularly in view of the clofazimine element. The Pingzhou Centre in Guangdong (South China) continues to contribute as a guiding centre for treatment and research work, programme planning, the training of personnel, national and international meetings.

WHO *Liaison*—Newsletter of the WHO Office of Library and Health Literature Services

Following the cessation of the *WHO Health Literature Programme Newsletter* in 1987, this publication takes its place, and is intended as a link between health libraries and documentation services worldwide. A continuous exchange of information between editors and readers will be greatly encouraged. Apply: WHO Office of Library and Health Literature Services, 1211 Geneva 27, Switzerland.

Thinking about computers?

A recent entry in the *New Internationalist*, 55 Rectory Road, Oxford OX4 1BW, reads as follows:

'We are a small consultancy specialising in advice to small businesses and voluntary organizations. We can also supply you with all necessary equipment and services.' Appropriate Technology (UK) Ltd., 99-101 Pixmore Avenue, Letchworth, Herts., SG6 1QX, UK. Tel: (0462) 481888.

Glucose-6-phosphate dehydrogenase deficiency, sulphonamides and sulphones

The *Bulletin of the World Health Organization*, Volume 67, No. 6, 1989 carries an up-to-date article on G6PD deficiency, including a map (Figure 2) showing the distribution of this condition worldwide. As with many other conditions in the Third World the areas affected, expressed in this case as a percentage of the male population that is homozygous, bear some resemblance to those affected by leprosy and it may therefore be helpful to note that Table 3 of the article, 'Drugs to be avoided in G6PD deficiency' includes all the sulphonamides, together with dapsone, glucosulphone sodium (Promin) and sulphoxone. (Dapsone and sulphoxone may, of course, cause haemolysis in some normal individuals.)

Acworth Leprosy Hospital Research Society, 20th Anniversary

Acworth Leprosy Hospital Research Society celebrated its 20th Anniversary day on 9 June 1990 and published *Indian Leprologists Look Back*. The 16 prominent Indian Leprologists who have actively taken part in antileprosy work in India for more than 30 years, tell of their experiences that gave them an interest in leprosy. Their contributions and views about future leprosy programmes are also documented. The book gives a panoramic view of the historical aspects of the strategies and methodologies adopted and evolved by Indian leprologists for antileprosy work in India. Some of them have been accepted on an international level.

Eminent leprologists such as Drs N H Antia, D K Dastur and R Ganapati were present at the celebrations and took part in the 'question and answer' session with the audience. 'The day on which the leprosy patient was admitted in the ward of the general hospital was the happiest moment in my life' Dr Antia said. Dr Ganapati rejoiced when he saw that leprosy patients were allowed in the workshop of the institutes run for disabled persons other than leprosy persons. Topics such as, the results of multidrug therapy; the possibility of a leprosy vaccine in the near future; and participation of the community in leprosy control programmes were discussed and the information obtained from the leprologists was enlightening. Mr S S Naik, Honorary Secretary of the Acworth Leprosy Hospital Research Society gave a resumé of the work carried out by the Society over the last 20 years and proposed the vote of thanks.

The unquiet eye; a diagnostic guide

We have been advised that the above title, advertised in the June issue of this Journal is now out of print and therefore no longer available.

N D Diwan Memorial Award Fund

The objective of the N D Diwan Memorial Award Fund is to make annual awards to workers: 'whose contribution to work for the handicapped in the fields of education, training, rehabilitation or placement, administration of services for the welfare of the handicapped, prevention and cure of handicapping conditions or any other programme or field related to the welfare of the handicapped, has been outstanding.

The N D Diwan Memorial Award will be awarded to workers for the handicapped selected on an all India basis for his/her outstanding contribution as a professional worker to the welfare of the handicapped.'

Dr R Ganapati was one of those to receive this Award in March 1990 for, among other things, 'working ceaselessly towards establishing community based deformity prevention programmes integrated with the general health programmes in both urban and rural areas'.

The Fund is administered by the National Society for Equal Opportunities for the Handicapped in India.

Bombay Leprosy Project, Report 1976-89

This report, provided by Dr Ganapati, covers the Project's activities since its inception in 1976. Its headings include: Current objectives; achievements; health education; research; training; rehabilitation; management; and future action.

For a complete copy (8 pp) write to Dr R Ganapati, Vidnyan Bhavan, 11 VN Purav Marg, Sion-Chunabhatti, Bombay 400 022, India.

Handbook of Leprosy on sale in India

Five hundred copies of the '*Handbook of Leprosy*' by W H Jopling and A C McDougall, 4th edition, published by Heinemann, have been placed with CBS Publishers and Distributors, 485 Jain Bhawah, Bhola Nath Nagar, Shahdra, Delhi 110032, India, at 175 Indian rupees per copy, which includes the cost of packing and postage to anywhere in India.

BCG vaccination in leprosy; final results from Papua New Guinea

The following is the summary of an article published in the *Bulletin of the World Health Organization*, **67**, (4), 389–99 (1989), entitled, 'BCG vaccination in leprosy: final results of the trial in Karimui, Papua New Guinea, 1963–79':

The efficacy of BCG vaccine in preventing the clinical manifestations of leprosy in a tuberculosis-free area of Papua New Guinea is reported. Between 1963 and 1966 a total of 5356 subjects, randomized to receive BCG or saline inoculations, were examined for leprosy before the vaccination and surveillance was continued until 1979.

BCG afforded 48% protection against clinical leprosy, being most effective against borderline tuberculoid leprosy and in children vaccinated when under 15 years old. Protection was evident within 12 months in those vaccinated between the ages of 10 and 15 years but was delayed in other age groups. There was evidence for accelerated manifestations of tuberculoid leprosy in children vaccinated when under 5 years of age. Tuberculin sensitivity was more likely to be sustained following multiple BCG inoculations; vaccinees with sustained tuberculin sensitivity had the lowest incidence of leprosy, but protection was also evident in tuberculin-negative vaccinees. These results may have implications for ongoing trials of leprosy vaccine incorporating BCG.

Leprosy profiles, Sasakawa Memorial Health Foundation, Japan

The Sasakawa Memorial Health Foundation, Sasakawa Hall, 3-12-12 Mita, Minato-ku, Tokyo 108, Japan, has recently published a report, *Leprosy profiles*, of a 'coordinating meeting' involving 6 countries (China, Thailand, Vietnam, Indonesia, The Philippines and Zambia) held in Singapore, June 1988. The meeting gave particular emphasis to the implementation of multiple drug therapy (MDT) as recommended by WHO in 1982. The Report is a valuable source of information on the progress in the countries listed.

Erratum

The address for Letter to the Editor 'Comment: Value of thermal sensibility testing in leprosy diagnosis in the field—field trial of a pocket device' (*Lepr Rev*, 1990; **61**: 295) was printed incorrectly and should read: Central Leprosy Teaching & Research Institute, Division of Epidemiology & Statistics, Chengalputtu, Tamil Nadu, India 603 001.

We apologize for any inconvenience this may have caused.

Wellesley Bailey Scholarship

We wish to inform readers that the Wellesley Bailey Scholarship fund is now closed. The General Director, The Leprosy Mission International.

Leprosy—Third World edition

Leprosy, edited by R C Hastings and published by Churchill Livingstone is now available as a paperback edition in Third World countries only. The contents and the quality of the paper are the same as the first edition (1985) which was priced at £55.00. Copies may be ordered from: Teaching and Learning Materials, The Leprosy Mission International, 80 Windmill Road, Brentford, Middlesex, TW8 0QH, United Kingdom. Price £4.00 per copy—plus packing and postage.

Customers in India should order from: DAHW, 4 Gajapathy Street, Shenonagar, Madras 600 030, South India.

Medication monitoring

Medication Monitoring (MEMO) is produced and circulated free of charge by Aprex Corporation, Bundesstrasse 3, CH-6304 Zug, Switzerland, dealing with various aspects of compliance monitoring. Emphasis is given to devices, developed by this company, which incorporate a microprocessor into the lid of tablet/capsule bottles or other containers, so that opening and closing

can be recorded as a presumptive dose. Data are later retrieved by connecting the device to a microcomputer communication port. The current issue highlights the proceedings of a 2-day workshop held in Philadelphia, sponsored by the Drug Information Association of the USA. The subject matter covered includes: partial compliance, measurement of compliance by pill counts, serum levels, interviewing and electronic data. Apex offer regular mailing of information and a selection of reprints on compliance monitoring, free of charge.

Social research methods for the study of tropical diseases (leprosy), Workshop Report, Hyderabad, India

The Centre for Social Science Research on Leprosy (CSSRL) Wardha, India in collaboration with the Department of Medical Sociology of the University of Hyderabad, held a three-day workshop, 12–14 October 1989 which was attended by a multidisciplinary group of over 50 participants drawn from different disciplines of social and health sciences.

Inaugurating the Workshop Dr Dharni P Sinha, Principal, Administrative Staff College of India, a noted social scientist and management expert, pleaded for a national policy on Social Science Research. Prof Bh Krishnamoorthy, Vice Chancellor, University of Hyderabad, who chaired the meeting underlined the importance of social science in identifying the psychosocial implications of human ailments in the process of disease eradication, particularly of leprosy.

Social scientists and health scientists delivered keynote addresses-covering a wide spectrum of methodological issues relating to the study of tropical diseases, including leprosy. The themes of papers related to: The challenge and the promise of social science research on tropical diseases (Dr V Kochar); Methodological issues: Social science approach to leprosy (Prof L B Valencia); Social science research on leprosy and the Indian National Leprosy Eradication Programme (Dr A M Kurup); Sociological aspects of communicable diseases (Dr D N Kakkar); Attitude: concepts, study and methodology (Dr P Rama Rao); Personality erosion in leprosy: the sociocultural horizon (Prof N S Chouhan); Methods for the evaluation of disease control programmes (Dr D C S Reddy); Methods for evaluation of leprosy programmes under primary health care (S P Tare); Review of social science research in communicable diseases (Dr A B Hiramani); Problems and short-comings in epidemiological investigations (Dr N S N Rao); Relevance of anthropological research methodology for studying health behaviour (Dr J Ramakrishna); Research methods for the study of changing health behaviour (Prof R K Mutatkar); Problems and methods for the study of treatment compliance among leprosy patients (Dr C R Revankar); Economics, health and leprosy (Dr E Max); Methodological problems of health services research (Dr C A K Yesudian); and Health organizations: structural issues in delivery systems (Dr G Nayarana).

Chairing the valedictory session Prof M S Gore high-lighted the need for organizing such workshops on the most critical micro areas relevant to health programmes using a multidisciplinary approach and suggested dissemination of the results.

Essays on leprosy

Some copies of this collection of essays by UK medical students remain and are available from: The Department of Dermatology, The Slade Hospital, Headington, Oxford OX3 7JH, England. Price: £10.00 including postage and packing. The contents include: The mode of transmission of human leprosy; The *in vitro* cultivation of *M. leprae*; Factors in delayed hypersensitivity in leprosy; Immunosuppression and immunodeficiency; The mechanism of nerve damage in leprosy; Hypopigmentation in leprosy; Are lymphatics important in leprosy?; The mode of action of dapsone in leprosy; The efficacy of Duoderm ulcer dressings; Factors influencing patient compliance to drugs.

Bureau for Overseas Medical Service (BOMS)

This Bureau, located at Africa Centre, 38 King Street, London WC2E 8JT, England, coordinates health workers, jobs and information in support of health care programmes in developing countries.