

## Teaching Materials and Services

### **Library services for primary health care**

The above paper by Rolf Weitzel, Information Services Consultant, 4 Oche-Marchand, 1291 Commugny, Switzerland (*Soc Sci Med*, 1991; **32**: 51–7) highlights the inadequate provision of library and literature information services for health care staff in the developing countries. It identifies the different types of information needs—current awareness, clinical inquiries—and makes suggestions on how these could be met by simple and inexpensive means. The various administrative, organizational and financial problems that may have to be overcome are discussed. Hope is expressed that in the future more sophisticated services will become feasible through the application of information technologies.

### **TOOL: Reference Centre Services**

The aim of TOOL, Technologie Overdracht Ontwikkelings Landen, which is based in the Netherlands is to further the transfer of technology for development to developing countries. TOOL offers three main services: 1, selling publications; 2, a library and library training; and 3, an inquiry service.

The TOOL Catalogue, 1990–1, contains some 600 titles of which 100 are new. Topics covered are general development issues and background issues.

The Library has one of the world's largest collections of literature on small scale technologies and development—9000 titles and 250 magazine subscriptions. The library also offers training in establishing and maintaining small technical libraries, as well as a Selected Articles Service. Issued quarterly this gives access to recent practical and technical articles derived from 250 technical, medical and agricultural development magazines.

The Inquiry Service is able to deal with specific questions in the field of technology. TOOL has a pool of 400 plus contacts, both group and individuals, who will provide a detailed answer as quickly as possible. This may be in the form of a letter, related documentation or the result of a short research and development project, e.g. prototype development.

For further details on any of the above services write to: TOOL Reference Centre, Entrepotdok 68a/69a, 1018 AD Amsterdam, The Netherlands.

### **Christoffel Blindenmission/Lepra Ophthalmic Course, Karigiri, India, 1991**

The sixth annual 5-day ophthalmic teaching module was held at the Schieffelin Leprosy Research and Training Centre, Karigiri from 25 February to 2 March 1991. This course, which was again sponsored jointly by the Christoffel Blindenmission and LEPRO, was designed to give instruction to leprologists on the detection, prevention and management of the ocular complications of leprosy by means of a series of lectures, clinical and surgical demonstrations, videos and slide-tapes.

Teaching included presentations on basic anatomy, physiology and pathology of the eye with special emphasis on leprosy: in addition there were lectures on the clinical signs and management of lagophthalmos, corneal ulcers, intra-ocular inflammation and infiltrative lesions, together with discussions on 'high risk eyes', ocular manifestations of relapsed disease, rehabilitation and the global aspects of blindness in leprosy.

The course, which was attended by 13 participants, was run by Dr Margaret Brand of The Leprosy Mission and Mr Timothy ffytch from St Thomas's Hospital, London, together with contributions from Dr Ebenezer Daniel and Dr Mary Jacob of Karigiri.

The Director and staff of Karigiri and The Leprosy Mission are to be congratulated on their continued support for this important and popular contribution to teaching.

### **Health workers and blindness prevention in leprosy. Video**

This 19-minute video, produced by P Courtright and S Lewallen, sets out to provide basic information and advice on the management of some of the ocular complications of leprosy. It is designed primarily for health care workers and trainers and concentrates mainly on the three main causes of blindness in the disease—lagophthalmos, iritis and cataract. The importance of early diagnosis and prevention is emphasized, and it is clear that a mechanism for swift referral for ophthalmic treatment at a secondary level is essential in the management of leprosy patients.

It is encouraging to see how the activities of Project Orbis have expanded into primary care in blinding conditions such as leprosy, and the authors are to be congratulated on their contribution to the subject.

Further information: Project Orbis, 330 West 42nd Street, Suite 1900, New York, NY 10036, USA.

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### **International Foundation of Dermatology**

Following a workshop held in Arusha, Tanzania, in January 1991 the International Foundation of Dermatology in association with the Ministry of Health, Tanzania has developed a training curriculum for a dermatology officers' course. Extracts from the introduction, philosophy, rationale and justification sections include the following.

The setting up of a Regional Dermatology Training Centre (RDTC) at the Kilimanjaro Christian Medical Centre in Moshi Tanzania is the culmination of deliberations by the International Foundation for Dermatology (IFD) to help alleviating skin problems for the needy. The Foundation found it necessary to set up an objective which aims at improving Dermatological Health in developing countries through promotion of services, training and science.

The Regional Workshop on Curriculum Development for Training of Dermatologists at all levels was held in Nairobi, Kenya from 27–31 August 1990 to follow up the IFD objectives. Participants who came from all member states of the Commonwealth East, Central and Southern Africa Region, reviewed the subject of Dermatological training at all levels, and agreed on an action oriented Regional syllabus for a Dermatology Officers' course scheduled to start at KCMC Moshi, Tanzania in September 1991 with an implementation time table.

The Primary Health Care approach has recently evolved into emphasizing District Health systems in order to accelerate the achievement of Health for All by the year 2000. Manpower planning and development has been identified as one of the priority areas in the implementation of District Health Systems. The choice and development of manpower in the delivery of Health Care has to be carefully done in order to utilize the health services efficiently and effectively.

The following is the elaboration of the need of training Dermatology Officers in this Region:

- Reduction of morbidity of common skin disorders, STD/HIV/AIDS and leprosy at Primary Health Care level which can be done by using locally available resources and appropriate technology.
- Promotion of dermatological services in the country can be achieved if the community is properly educated on the causes and preventive measures of common skin diseases.

### **Surgery and anaesthesia at the district hospital, WHO**

Patient care in small hospitals has long suffered from the lack of a capacity to perform essential surgical operations. Whether a patient presents with trauma, obstructed labour, or acute appendicitis, lives are all too often lost when emergencies arise.

To improve the situation, the World Health Organization took a pragmatic approach: if small hospitals are not staffed with surgeons, then general duty doctors must be trained to perform essential operations. With this goal in mind, WHO collaborated with several specialist societies to develop a repertoire of standard surgical and anaesthetic techniques simple enough to be mastered by doctors during supervised training.

Now described and illustrated in a series of three handbooks, these standardized surgical procedures define the safest line of action to take in hospitals with limited resources. Procedures were selected for inclusion on the basis of their capacity to save lives, alleviate pain, prevent the development of serious complications, or stabilize a patient's condition pending referral.

The books cover many, though not all, of the operations most commonly required in district hospitals. Operations that cannot be performed safely without highly specialized training or equipment are not included. WHO also anticipates that this basic repertoire will provide a foundation for adding on other operations specific to locally important diseases and emergencies.

For the doctor working at a remote post, the handbooks will mean a head start—based on a world's worth of experience and expertise—when learning to perform safe, life-saving surgical operations.

Further information is available from: WHO Publications, 1211 Geneva 27, Switzerland.

### ***Prevention of blindness in leprosy***

The above, edited by Paul Courtright and Gordon J Johnson, is a 39-pp booklet covering the prevention of blindness under the following headings: ocular leprosy as a global cause of blindness; programme development for the prevention of blindness in leprosy; training personnel in ocular leprosy; and research needs in ocular leprosy. The booklet also contains many good quality colour plates and is available from: International Centre for Eye Health, 27–29 Cayton Street, London EC1V 9EJ.

### **Health learning materials for developing countries, WHO**

The following is extracted from information produced by the WHO Health Learning Materials Programme.

The WHO Interregional Health Learning Materials (HLM) Programme is operating at country level in nearly thirty developing countries, of which 14 are on the African continent. It is helping to build up a self-sustaining national institution in each country which can produce the required numbers of training and information materials for all categories of health staff and the community, relevant to the country's priorities for primary health care delivery.

These country projects are coordinated and supported by intercountry HLM networks which promote the pooling of scarce resources such as training and information materials, training facilities and staff skills.

Relevant materials—from text to television—play a vital role in building and maintaining the competence of health workers, and thus improving the quality of health care. In the same way, materials which educate the general public in the elements of primary health care help to promote individual and family self-care. These two processes together lead to an improvement in the health of populations.

A serious defect in the health systems of many developing countries is the almost total lack of a competent work force to deliver primary health care. So there is a vital need for basic training and continuing education of health staff.

To achieve any lasting effect, training must be supported by high quality teaching, learning and promotional materials, developed specifically for each target group (e.g. medical assistants, nurses, technicians, community health workers). Such materials simply do not exist in most developing countries.