

News and Notes

Essential Drugs Monitor, WHO

The Essential Drugs Monitor is produced and distributed by the WHO Action Programme on Essential Drugs. It is published in English, French and Spanish, and has a global readership of some 200,000, to whom it is free of charge. The Monitor carries news of developments in national drug policies, therapeutic guidelines, current pharmaceutical issues, educational strategies, and operational research.

WHO's Action Programme on Essential Drugs was established in 1981 to provide operational support to countries in the development of national drug policies and to work towards the rational use of drugs. The Programme seeks to ensure that all people, wherever they may be, are able to obtain the drugs they need at the lowest possible price; that these drugs are safe and effective; and that they are prescribed and used rationally.

All correspondence should be addressed to: The Editor, Essential Drugs Monitor, World Health Organization, CH-1211 Geneva 27, Switzerland.

Resource list of international newsletters, 1992/3

Details of 110 newsletters, free of charge to readers in developing countries, are contained in the latest edition of AHRTAG's resource list of free international newsletters published this month. Details of a further 14 recommended newsletters and journals available on subscription are also included.

The newsletters cover a wide range of primary health care related issues including disease control, AIDS, mother and child health and health education, and are indexed by subject, language and geographical focus.

Copies of this resource list are available from AHRTAG, 1 London Bridge Street, London SE1 9SG, U.K.

Price:

free (developing countries)

£3.50 (including postage and packing) to U.K./Europe/U.S.A.

For further information, please contact Margaret Elson.

The Newsletter of the WHO Global Programme on Aids, 1992, No. 2

As part of WHO's commitment to the overall care of people with the AIDS virus, GPA has developed an innovative handbook entitled *Guidelines for the clinical management of HIV infection in adults*. The 100-page guide sets out diagrammatic plans for treatment—by symptom, not by disease—at local health centres, district or regional hospitals, or at central level.

'At present, the lack of clear guidelines for clinical management may lead to inaccurate clinical diagnosis, inappropriate treatment and unsuitable resource planning', says Dr Rudolf Wabitsch, of GPA's Health Care Support Unit. 'We hope this book will help countries, especially in the developing world, to formulate national treatment norms for HIV infection and AIDS in accordance with their own particular needs and resources.'

The handbook offers guidance for clinical management at three different levels of health care: Level A, where no laboratory or X-ray is available—a dispensary, or primary health care clinic, for example; Level B where a small laboratory is available, and chest X-rays and microscopy might be possible (e.g. a district hospital); and Level C, where the laboratory and other diagnostic facilities of a major hospital are at hand.

Where practicable, the guidelines are presented in the form of decision maps. For each level of care, and for each symptom (fever, diarrhoea, or lymph node enlargement, for example), different shaped boxes linked by arrows designate the initial state, the decision to be taken and the consequent action. Other guidelines for the clinical management of HIV and AIDS have addressed specific diseases. The new handbook has chosen to address symptoms because many diseases are difficult to identify without expensive diagnostic procedures unavailable or inappropriate in countries with scarce resources.

Field tests in Malawi, Burundi and Barbados have shown that the guidelines are sound in form and content, and that they can be adapted successfully according to differing resources, health systems and clinical presentations.

IDRC Reports, Canada

IDRC Reports is published quarterly by the International Development Research Centre (IDRC) of Canada. 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. The magazine is also available in French as *Le CRDI Explore* and in Spanish as *El CIID Informa*.

Through support for research, Canada's International Development Research Centre (IDRC) assists developing countries in creating their own long-term solutions to pressing development problems. IDRC is a public corporation created by the Parliament of Canada in 1970, and it is guided by an international Board of Governors. IDRC has regional offices in Cairo, Dakar, Johannesburg, Montevideo, Nairobi, New Delhi, and Singapore.

Copies are available free of charge to controlled groups in developing countries. Paid subscription is AD\$16 for 4 issues.

Contact: Distribution and Marketing Unit, Corporate Affairs and Initiatives Division, IDRC, PO Box 8500, Ottawa, Canada K1G 3H9.

St Francis Leprosy Guild, London

The St Francis Leprosy Guild was founded in 1895 to help missionaries, doctors, nurses and others to care for patients with leprosy. Its current activities include: nursing care, multidrug treatment, surgery, preventive medicine and hygiene, physiotherapy, rehabilitation, special footwear, wheelchairs, X-ray equipment, long-term hospitalization, and assistance in securing employment. The 1993 report to benefactors includes an account of how funds were distributed in 1992. (Over £400,000, covering most leprosy-endemic countries worldwide.) Address: 21 The Boltons, London SW10 9SU, U.K.

India: Report of the 4th Independent Evaluation of the National Leprosy Eradication Programme

This Report gives a full account of the objectives, methodology observations, conclusions and recommendations of the 4th Independent Evaluation of the NLEP, which covered 24 of the states/union territories in December 1991. Copies are available from the Leprosy Division, Directorate of Health Services, Ministry of Health, New Delhi 110001, India. (See also, 'National Strategy for the Elimination of Leprosy in India' by B. N. Mittal, *Ind. J. Lepr.*, **64**, 513–20.)

Sir Rickard Christophers award to Drs Jopling and Ridley

We are delighted to report that Drs William Jopling and Dennis Ridley, both past members of the Editorial Board of *Leprosy Review*, have been jointly awarded the Sir Rickard Christophers Medal

by the Royal Society of Tropical Medicine and Hygiene for their 'outstanding contributions to the understanding of leprosy'. This award is made every 3 years and Drs Jopling and Ridley are to receive their medal on 16 June 1994 at the Society's headquarters.

Welcome leprosy news from Japan

Dr Jopling has kindly sent the following item on Kumamoto, Japan. It is especially welcome as so little is known in the West about the leprosy situation in Japan.

'Dr Ichiro Kikuchi reports from Kikuchi Keifuen Leprosarium in Kumamoto, Japan, that an official ceremony took place in that city on 6 April 1993 to honour the names of two English Protestant missionaries, Miss Hannah Riddell and Miss Ada Hannah Wright, by the founding of a 'Riddell-Wright Honouring Association'. Miss Riddell went to Japan in 1890, and in 1895 she established the first hospital in Kumamoto to give sanctuary to the neglected leprosy sufferers who marginally survived by begging near a temple. On her death in 1932 she was succeeded by her niece, Miss Wright, until the hospital closed in 1941.'

Dr Kikuchi's paper 'Hansen's disease patients: responses to stigma and segregation in Kumamoto, Japan' has been published in the *International Journal of Dermatology* (1994) **33** (No. 2), 142-5.

International Leprosy Meeting for Missionaries and Auxiliary Staff, 10-22 October 1994; Paramedicals 7-12 November 1994

For further details of the above meetings, both of which cover a wide range of topics, write to: Dr Jose Terencio de las Aguas, Santorio San Fco. de Borja, 03791 Fontilles, Spain.

CBM/LEPRA Ophthalmic Course, Karigiri, India 1994

The ninth annual 5-day ophthalmic teaching module was held at the Schieffelin Leprosy Research and Training Centre, Karigiri from 14 to 19 March 1994. This course, which was again sponsored jointly by the Christoffel Blindenmission and LEPRA, 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 14 participants working in India, Burma, Nepal and the Cape Verde Islands, was run by Dr Margaret Brand of the Leprosy Mission and Mr Timothy ffytche from St Thomas's Hospital, London, together with Dr Ebenezer Daniel, Dr Mary Jacob and Dr Prem Kumar 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. We would also like to acknowledge the contribution made by Allergan who donated pen-torches with blue filters to all participants on the course.

Reviews of publications on leprosy in Spanish

The *Revista de Leprologia de Fontilles*, Volume XVIII, No. 6, 1992, is a reminder of the extensive reviews in Spanish of recent publications on leprosy from the world literature which appear in each issue. The headings include bacteriology, immunology, pathology, biochemistry, animal and experimental leprosy, clinical aspects and diagnosis, therapeutics, surgery, physiotherapy, prevention, control, psychological aspects, education and rehabilitation. Contact: Sanatorio de Fontilles, Alicante, Spain.