

## Teaching Materials and Services

### **TB Programme Managers Course**

The TB Programme Managers Course held in Ethiopia, jointly by the Nuffield Institute, Leeds and ALERT, was evaluated very positively by participants, and the next course will be 16 October to 3 November 2000. The fee is US\$2,080 including full board for the 3-week course in Addis Ababa. Contact ALERT@telecom.net.et, or Fax: 00251 1 711199.

### **Informatics in clinical practice in developing countries: 'still early days'**

The following is extracted from a recent issue of the *British Medical Journal* [www.bmj.com/cgi/content/full/319/7220/1297](http://www.bmj.com/cgi/content/full/319/7220/1297):

Tamil Nadu will become the first Indian state to provide telemedicine in the public sector, when a local hospital in the state will be connected to the Chennai Medical College through the integrated subscriber digital network (ISDN) and 'high end' workstations. The state cannot yet connect every district and local hospital to the nearest medical college because the ISDN facility is hardly available outside Chennai. But India has developed technologies for launching missiles and for making nuclear bombs and provides cellular telephones, colour televisions, and luxury cars to the rich. Clearly a case of misplaced priorities. The story is the same everywhere in the developing world.

Consider access to telephones. About 40 countries have less than one telephone for every 100 people. About 25, many in sub-Saharan Africa, have under 0.5 per 100 people. Even India, despite all its scientific and technological credentials and reasonable economic stability, has 1.86 main telephone lines per 100 inhabitants. In contrast, Canada and the United States have more than 60 per 100 inhabitants. The disparity in internet use is even greater.

In addition, most developing countries invest very little in health care. While the world's richest countries spent more than 2500 per capita on health each year during 1990–7, the low income countries hardly spent \$15 per capita, just above the estimated \$12 a year needed to secure the minimum preventive and essential clinical services. Countries such as Zambia—which spends about \$6 per capita on health—and Cameroon, Indonesia, Nigeria, Sri Lanka, and Sudan—which spend less than 2% of gross domestic product—are certainly investing too little in health.

Because of inadequate access to technology and subcritical investments in health care, developing countries cannot to take advantage of technology based advances in healthcare delivery. Besides, medical professionals in these countries are not technologically trained. Even when these technologies are used in the health sector, they usually benefit the urban rich.

To be fair, conscientious doctors have attempted to use informatics to the extent that they could—such as the maintenance of electronic patient records at the Neurosurgery Department of the state owned King Edward Memorial Hospital in Mumbai, India.

Increased use of informatics, can transform health care in the developing countries, but, for now, they have to be satisfied with a few headline grabbing telemedicine projects launched around the world. The International Telecommunications Union has sponsored two conferences on telemedicine for the Third World, one in Portugal (1997) and another in Argentina (1999).

Agencies such as SatelLife and the Midjan Group are trying to make a difference. The HealthNet project of SatelLife uses satellites to connect health professionals in about 30 countries in Africa, Asia, and Latin America. It distributes electronically a weekly newsletter and AIDS Bulletin. The Midjan Group provides European telemedicine services to countries such as Senegal and South Africa. There have also been a few indigenous efforts such as the one in South Korea connecting village medical care centres to the Seoul National University Hospital and Korea University Hospital.

The bottom line is that developing countries, which could benefit most from the use of informatics and telemedicine, have the least access to them. With the right policies, many could quickly marshal the technologies for informatics to improve health care.

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### **International Course on Leprology for Doctors, October 2000 in Valencia, Spain**

A recent issue of *Dermatologia y Dermocosmética* carries information about an international course on leprology for doctors (Spanish-speaking) to be held in Valencia later this year. The course is essentially intended for 'Médicos Internos Residentes' in their third year of specialization in dermatology, dermatology specialists, dermatologists in endemic areas of Latin-American countries and other endemic areas, as well as other qualified doctors and specialists with an interest in the subject of leprosy. *Apply* (places are limited) to Dr J Terencio de las Aguas, Tel 609 605 322. Fax 966 42 33 53. E-mail drjoseterencio@hotmail.com.

### **New website for UNDP-World Bank-WHO Special Programme for Research and Training in Tropical Diseases (TDR) <http://www.who.int/tdr>**

- Over 500 interactive pages, extensively interlinked, with hyperlinks to key external websites
- Easy-to-use graphical interface, with flexible navigation supported by a full-text search facility
- General information about TDR: strategy, organization, governance, resources and outcomes
- A fully detailed interactive version of TDR's 14th Programme Report 1997–98, with built-in pop-up definition boxes of technical terms
- A complete set of TDR's 'Final Report Series' presenting leading examples of TDR-supported projects
- Full details of TDR grants, workplans, research priorities and deadlines for proposals, with online application forms
- An online database search of over 11,000 research publications arising from TDR-supported research
- Examples to illustrate TDR's trainees, collaborating institutions and partners
- Multimedia resources, including videos and searchable access to the TDR image library—a unique and dynamic catalogue of over 10,000 images
- A complete listing of TDR publications and reports, with recent documents available in portable document format (pdf)
- All the latest news from TDR, including information and articles from TDR's newsletter, *TDRnews*.

*Subjects covered:* leishmaniasis, schistosomiasis, onchocerciasis, lymphatic filariasis, Chagas disease, malaria, leprosy, African trypanosomiasis, tuberculosis and dengue.

### **Research awards in tropical medicine for Young Investigators 2000**

Although one deadline (February 2000) has passed, the second (July 2000) may still allow readers of

*Leprosy Review* to take advantage of the following, or to at least contact the Wellcome Trust for further information and opportunities in 2001.

The Trust encourages young science, medical and veterinary graduates from the UK/Republic of Ireland and abroad to pursue research in tropical medicine by providing opportunities for training and for undertaking research projects in the tropical countries of the world. Studies on all aspects of health and disease in the tropics, including both infectious and non-infectious human diseases in developing countries, are encouraged, together with research relating to veterinary problems in these regions. Cancer and AIDS/HIV-related studies relevant to tropical regions are acceptable.

### *Research Development Awards*

These awards are to enable young clinical (medical or veterinary) and non-clinical researchers from developing countries to establish a programme of research within their home institution with the continued collaboration and support of a UK/Republic of Ireland sponsor. The candidate must have recently completed PhD training or held a research fellowship in the UK or Republic of Ireland. Research proposals should address issues of health and disease that are of regional significance in the country concerned.

All applicants must hold a full-time established post in an appropriate university or research institute in a developing country. Awards are tenable for a maximum period of 3 years. The Trust will provide funds for research and equipment within the applicant's home institution, some assistance towards research costs in the UK/Republic of Ireland and funds for exchange visits.

The closing dates for submission of full applications are 14 February 2000 and 31 July 2000.

Enquiries should be directed to  
The Grants Section (Tropical)  
The Wellcome Trust  
183 Euston Road  
London, NW1 2BE  
Tel: +44 (0)207 611 8409/8641  
Fax: +44 (0)207 611 7288  
E-mail: tropical@wellcome.ac.uk

Further details of this and other schemes that may be relevant to individuals, especially medical and veterinary graduates, with an interest in tropical medicine are available upon request from the Trust and can be found at [www.wellcome.ac.uk](http://www.wellcome.ac.uk)

### **Asia Pacific Disability Rehabilitation Journal**

The latest issue of this journal carries articles on: 25 years of community-based rehabilitation; disability in South-East Asia; training of CBR personnel; rehabilitation and evidence-based health care; integration of disabled people into savings and credit programmes in Bangladesh; integration of disabled people into development programmes—some lessons from OXFAM-GB, Bangladesh. As with previous issues of this valuable publication, this one contains a wide range of information on meetings, training courses and published material on disability. *Editor:* Dr Maya Thomas, J-124 Ushas Apts, 16th Main, 4th Block, Jayanagar, Bangalore 560 011, India. Tel and fax 91-80-6633762. E-mail [thomasmaya@hotmail.com](mailto:thomasmaya@hotmail.com).

### **Publications available free of charge from the Wellcome Trust**

These include the following:

### *Wellcome News*

Published four times a year *Wellcome News* examines the progress and implications of the many areas of research funded by the Wellcome Trust. This history of medicine, news about the Trust, and the people behind the research are presented in accessible style and lavish illustration. £: free. Web: Some articles.

### *LabNotes*

Published three times a year, *LabNotes* provides teachers with up-to-date information about research findings in biomedicine and their social and ethical implications. This edition describes genetic modification techniques for animals and plants and discusses in depth the growing controversy surrounding the issue. £: free. Web: PDF. Online resource coming soon.

### *Annual Record*

An annual summary of the Trust's UK and international funding activities; also includes careers funding and success rates, with sections on genetics, the public impact of science, and a brief financial summary. £: free. Web: Full text. PDF of Grants Awarded section.

### *Wellcome News Supplements*

Supplements to *Wellcome News* provide accessible and well-illustrated overviews of important research findings and their historical background. Volume 2 covered Alzheimer's disease, while Volume 3 looked at our current understanding of diabetes and reviewed research being done to produce therapies and offer genuine help for patients. £: free. Web: PDF. Some articles.

### *Wellcome Trust Review*

Published annually and beautifully illustrated. *The Wellcome Trust Review* focuses on major Trust-funded initiatives and research projects in the UK and overseas; the history of medicine; and medicine in society. £: free. Web: PDFs of articles. Short versions of articles.

Copies of Wellcome Trust publications can be requested from: Marketing Department, Wellcome Trust, 183 Euston Rd, London NW1 2BE (Tel: 020 7611 8651; Fax: 020 7611 8545; E-mail: [marketing@wellcome.ac.uk](mailto:marketing@wellcome.ac.uk)). Most publications can also be ordered through the Wellcome Web site ([www.wellcome.ac.uk/publications](http://www.wellcome.ac.uk/publications)).

## **Tuberculosis: an Interdisciplinary Perspective**

The fact that the World Health Organization has declared tuberculosis a 'global emergency' indicates the serious inadequacy of the ways in which the control methods at our disposal are used. Several books on tuberculosis have been published in recent years, but none have taken a deep and detailed look at the 'holistic' aspects of global tuberculosis control, even though international agencies are increasingly aware of the importance of the numerous factors other than the design and efficacy of therapeutic drug regimens. This unique book fills that gap. Although it deals specifically with tuberculosis, the principles outlined and discussed are relevant to many other areas of global medicine, including the ever-growing problem of HIV/AIDS.

The book, edited by J. D. H. Porter and J. M. Grange, is aimed principally at those involved in the design, establishment and management of disease control programmes at international, national and local levels, and also at a more general readership of epidemiologists, public health officers, community psychologists, and others interested in understanding the human dimension of disease control.

**Contents:** *Introduction to Tuberculosis and Its Control:* The Global Burden of Tuberculosis (J M Grange); The Politics of Tuberculosis: The Role of Process and Power (G Walt); Public Health and Human Rights: The Ethics of International Public Health Interventions for Tuberculosis (P Pronyk & J Proter); *The Current International Structure:* Tuberculosis in High-Prevalence Countries—Current Control Strategies and Their Technical and Operational Limitations (K Jochem & J Walley); Involving the Private Medical Sector in Tuberculosis Control: Practical Aspects (M Uplekar); *Tuberculosis Treatment from the Patient's Perspective: Social and Economic Dimensions of Treatment-Seeking for Tuberculosis:* The Economics of Tuberculosis Diagnosis and Treatment (S Foster); Socio-Cultural Dimensions in Tuberculosis Control (S Rangan & M Uplekar); Gender Issues in the Detection and Treatment of Tuberculosis (P Hudelson); *Alternative Approaches and Future Directions:* Tuberculosis and Health Sector Reform (E Tayler); Educational Approaches in Tuberculosis Control: Building on the 'Social Paradigm' (T Narayan & R Narayan); and other papers.

**Readership:** Epidemiologists, public health officers and community psychologists. 528pp 1-86094-143-5 US\$68 £36. Published by Imperial College Press and distributed by World Scientific Publishing Co.

## Clinical Tuberculosis

This comprehensive and practical book by John Crofton *et al.* on how to diagnose and treat tuberculosis is aimed at non-specialist doctors and other health professionals working in areas with limited facilities. It is written in simple English with a glossary and an index and contains numerous line drawings, diagrams and tables.

The authors have drawn on their extensive international experience, supported by advice from experts in WHO and the International Union Against Tuberculosis and Lung Disease (IUATLD) and from experts in Africa, Asia and the Pacific.

Sponsored by IUATLD and TALC (Teaching-aids At Low Cost) more than 75,000 copies of the first edition have been distributed in 16 languages to some 125 countries.

The second edition has been thoroughly revised. With the continued explosion of HIV in association with tuberculosis, that chapter has been completely rewritten and enlarged. The treatment sections have been revised to match the latest recommendations from IUATLD/WHO. This includes an outline of WHO's DOTS (Directly Observed Treatment Shortcourse) Control Programme.

To order the second edition at the special low TALC price of £6.25 per copy including surface mail and £7.25 per copy including airmail, please complete the order form on the reverse side and send it directly to TALC. PO Box 49, St Albans, Herts AL1 5TX, United Kingdom. Tel +44 (0)1727 853869. Fax +44 (0)1727 846852. E-mail [talculcuk@btinternet.com](mailto:talculcuk@btinternet.com)