

## Teaching Materials and Services

### **ALERT Training Calendar 2001**

*January 24–February 28*

*Prevention and management of disabilities*

Target group: physiotherapists, occupational therapists, podiatrists as well as experienced leprosy workers involved in POD. Emphasis on both patient care (early detection of nerve deterioration, health promotion, problem solving) and programme management (POD management, home based care and rehabilitation).

*February 12–March 2*

*Clinical leprosy and tropical dermatology for physicians*

Highly recommended for the participants in the following ‘Management of Combined Programmes’ course who need to refresh their knowledge of clinical leprosy and tropical dermatology. The course can also be taken on its own by physicians responsible for diagnosis, treatment and care of patients with leprosy in either a hospital or a control programme setting.

*March 5–March 23*

*Management of combined leprosy and tuberculosis control programmes for physicians*

Target group: experienced physicians responsible for managing a leprosy and TB control programme at the regional level or above. Emphasis on programme management: needs analysis, action plan, implementation of activities, supervision, evaluation, management of POD. Participants without leprosy experience should also take the preceding ‘Clinical leprosy’ course.

*May 7–May 25*

*Essentials of leprosy and tuberculosis for administrative and programme support staff*

Target group: administrative and managerial staff without a medical background, working in leprosy and TB programmes and donor agencies. Objectives: to gain a better understanding of the two diseases, to communicate more effectively with the medical staff, and to contribute more efficiently in decision making and priority setting.

*October 1–October 12*

*Introduction to leprosy*

Course specifically aimed at the participants in the following ‘TB Programme Managers Course’ who want to profit from their visit to ALERT to learn about leprosy. The course can also be taken on its own.

*October 15–November 2**Tuberculosis Programme Managers Course*

This course is organized jointly with the Nuffield Institute for Health, Leeds University, UK. Target audience: health managers responsible for TB control activities at the national or intermediate level. Course objective: to present the concepts on which TB control strategies are based and to identify key programme elements. The course modules are organised around the stages of the programme management cycle.

*November 12–November 23**Clinical leprosy for senior field staff*

Highly recommended for the participants in the following 'Management of Combined Programmes' course who need to refresh their knowledge of clinical leprosy. The course can also be taken on its own.

*November 26–December 14**Management of combined leprosy and tuberculosis control programmes for senior field staff*

Target group: experienced nurses, paramedical workers or supervisors responsible for leprosy and TB control at the district (or equivalent) level. Emphasis on planning, implementation, supervision and evaluation of control activities, with special attention for POD, health promotion and support functions. Participants without leprosy experience should also take the preceding 'Clinical leprosy' course.

*In-Service Training*

In-service training, tailor made to the individual trainee's needs and interest, can be arranged in surgery, physiotherapy, dermatology, ophthalmology, laboratory etc.

For further information, please contact: ALERT Training Division, PO Box 165, Addis Ababa, Ethiopia. Tel.: +251-1-711524 or +251-1-712792, Fax: +251-1-711199 or +251-1-711390, e-mail: Alert@telecom.net.et

**International Course for leprology physicians**

This course will be held from 24th to 28th October 2000, at the Generalidad Valenciana and General Hospital, Valencia, Spain. The course is aimed at residents in their 3rd year of specialization in dermatology and qualified physicians who are working in leprosy-endemic countries. For details and registration, please contact: Dr Jose Terencio de las Aguas. Tel: +34 966 42 5322, Fax: +34 966 42 3353, e-mail: drjoseterencio@hotmail.com.

**Asian Leprosy Congress**

The Asian Leprosy Congress will take place between 9th and 13th November 2000, in Agra, India. Delegates may register up to 10th October 2000. Contact details: Asian Leprosy Congress, c/o The Leprosy Mission India, CNI Bhawan, 16 Pandit Pant Marg, New Delhi 110 001, India. Tel: +91 11 6889492, 4675262, 3716920, Fax: +91 11 4678030, 3710803, e-mail: info@asianleprosy.com/tlindia@del2.vsnl.net.in. Online booking available through [www.asianleprosy.com](http://www.asianleprosy.com).

## **The Wellcome Trust, London: Training Fellowships and Awards**

### *Training Fellowships for Research into Infectious Diseases for Scientists from Tropical and Developing Countries*

The Trust recognizes the continuing threat of infectious diseases in tropical and developing countries and wishes to develop research expertise which is sustainable in these countries in order to address health problems arising from infectious diseases. The awards are intended to provide both training and research experience for applicants, who must be based in a developing or tropical country. The training will be obtained at international centres of excellence in either the UK, Republic of Ireland, or any country in the developing or restructuring world, and a substantial period of research will be undertaken in the applicant's home country. For instance, a 4 year award would normally include a minimum of 2 years' research in the home country over the period of the award AIDS/HIV related studies relevant to tropical regions are fully supportable.

### **ELIGIBILITY**

Applications are invited from postdoctoral basic scientists or medical graduates of up to 6 years' research experience (postdoctoral) who are nationals of developing countries. Applications may be considered in exceptional circumstances from those who are educated to first degree or Master's level, who are able to demonstrate substantive potential for research and operational leadership and who have research experience equivalent to a PhD, as evidenced by their publication record. Applicants will wish to become independent research scientists through high quality research into infectious diseases of regional significance to their home country. The research proposal must include a clear argument outlining the relevance of the project to the home country. Applications will be assessed on the basis of the candidate's achievements in research, the scientific merit of the proposal and the appropriateness of the research for the proposed location. The nature of the training component and the training site chosen must be appropriate for the proposed research.

### **FUNDING**

Awards will be for a maximum of four years, non-renewable. Fellowship support may include a salary/stipend appropriate to the countries in which the candidate will be studying/working, as well as project-dedicated and travel expenses. All expenses must be fully justified. Consideration may also be given to the expense of attending a course leading to a recognized qualification in a discipline relevant to the fellowship research programme.

### **APPLICATION PROCEDURE**

The preliminary approach to the Trust should include an outline of the proposed research, an approximate budget and *curriculum vitae* of the applicant, together with a written guarantee of subsequent employment from the host institution in the applicant's home country and a letter of support from a suitable sponsor at the training institution. Applications will be considered throughout the year. Further information about the initiative can be obtained from:

#### **The Grants Section (Tropical)**

**The Wellcome Trust**

**London NW1 2BE**

**Tel: +44 (0)207 611 8409**

**Fax: +44 (0)207 611 7288**

**Email: [tropical@wellcome.ac.uk](mailto:tropical@wellcome.ac.uk)**

Information is also available on the Web site **www.wellcome.ac.uk**

NB: *Applicants may not apply for more than one Trust fellowship scheme at any one time.*

### *Health Services Research Awards for Medicine in Developing Countries 2000*

The Trust has a long-standing interest in tropical medicine research and awards are offered to encourage research into the effectiveness of health interventions in developing countries. Applicants for these awards may relate to any disease, infectious or non-infectious, that is of importance in tropical regions. Cancer research and HIV-related studies relevant to tropical regions are also acceptable.

Health Services Research is defined as the identification and quantification of health care needs, and the quantitative study of the provision and use of health services to meet them. Such research is usually multidisciplinary and should preferably involve formal links to ministries of health, or non-government organizations, and provide evidence that the research findings might be adopted in policy and practice.

## PROJECT GRANTS IN TROPICAL HEALTH SERVICES RESEARCH

These awards will provide research costs for up to three years for studies that focus upon issues relating to the effectiveness of health services in tropical countries. Applicants for *project grants* must hold an established post in an eligible university or research institute in the UK or Republic of Ireland, or in a developing country.

Project grant proposals in Tropical Health Services Research will be considered three times a year and applications will be considered by the next available meeting of the advisory committee.

Enquiries should be directed to:

### **The Grants Section (Tropical)**

**The Wellcome Trust**

**183 Euston Road**

**London NW1 2BE**

**Tel: +44 (0)207 611 8641**

**Fax: +44 (0)207 611 7288**

**Email: [tropical@wellcome.ac.uk](mailto:tropical@wellcome.ac.uk)**

The Trust offers a range of awards for UK and overseas nationals who wish to undertake research in any branch of the natural or clinical sciences, which has a bearing upon human or animal health. Further schemes that may be relevant to individuals with an interest in tropical medicine are available. Details of all awards are available upon request from the Trust or can be viewed on **www.wellcome.ac.uk**

## **The Robert Cochrane Fund for Leprosy**

We are indebted to Caryl Guest, Administrator, The Royal Society of Tropical Medicine and Hygiene, London, and Irene Allen, Editorial Assistant, LEPR, Colchester, for the following information:

The Robert Cochrane Fund for Leprosy was created in February 1983, using funds left over following the closure of the Leprosy Study Centre (formerly the Leprosy Research Fund). It was established at the request of the Leprosy Study Group, which granted the Royal Society of Tropical Medicine and Hygiene the use of both the capital and the interest on the balance of their funds. The intention was that the Society should '...use the accruing interest and the capital of the Fund at its discretion in any ways that would encourage the study of leprosy.' (Minute 5.1 of 17 February, 1983). This was accepted with acclamation and the Fund has been administered by the Royal Society ever since.

Robert Cochrane died in August 1985, after a long and distinguished career in the field of leprosy. Obituaries published in *Leprosy Review* (1986), 57, 67–69 and in the *Times* newspaper of 6 August 1985 paid tribute to an outstandingly gifted, dedicated and energetic contributor to many aspects of leprosy. He graduated in medicine from Glasgow University in 1924 and in the same year sailed for India under the auspices of the Mission to Lepers (now The Leprosy Mission) and joined Dr Ernest Muir in Calcutta, before appointments in Purulia and Bankura in West Bengal. He began a long association with BELRA (now LEpra) in 1929 and attended a meeting in Manila in 1931, leading to the formation of the *International Leprosy Association*, of which he was the first Secretary-Treasurer. Later he became Chief Medical Officer in Chingleput, South India and Director of the Leprosy Campaign in Madras State. In 1944 he was appointed Director of the Christian Medical College in Vellore. In 1948, with support from the Wellcome Medical Foundation, he founded the Leprosy Research Fund (later the Leprosy Study Centre) in Wimpole Street, London, for research and training. His influence during the ensuing years and the wide contacts he made with people working in many areas of research, clinical medicine and surgery was of crucial importance in helping to transform leprosy into a subject worthy of ‘respectable’ recognition.

The Fund in his name was intended to be used to finance up to three travel Fellowships per year, to a maximum of £1000 each. Support has been offered for 1) leprosy workers who need to obtain practical training in field work or in research and 2) experienced leprologists to provide practical training in a developing country. There is no restriction on the country of origin or destination, provided these requirements are fulfilled. All applicants must be sponsored by a suitable representative of the applicant’s employer or study centre, and agreed to by the host organization.

Awards have been made every year since 1986 by applicants from diverse fields of leprosy, including surgery, rehabilitation, immunology, pathology, dermatology, ophthalmology, molecular medicine and social aspects. A review of the 44 applicants in the 14 years of the existence of the Fund reveals many exchanges between the United Kingdom and South-East Asia, together with others from workers in Nigeria, Zambia, Uganda, China, Malaysia, USA, Canada and Peru. All applicants are required to submit a brief report on return to their country of origin and these have invariably recorded appreciation and thanks for timely financial support which, in many cases, would have been difficult to obtain from other sources.

The Robert Cochrane Fund for Leprosy, created 17 years ago in the name of one of the UK’s most distinguished leprologists, is still active, financially viable and interested to receive applications, based on the conditions given above, from leprosy workers or leprologists in any part of the world. Further information is obtainable from The Administrator, The Robert Cochrane Fund for Leprosy, The Royal Society of Medicine, Manson House, 26 Portland Place, London W1N 4EY, United Kingdom. Fax +44 (0)20 7436 1389. Tel +44 (0)20 7580 2127.

### **Access to reliable drug information in resource-poor countries**

The following appeared in the latest issue of the Newsletter of INASP (International Network for the Availability of Scientific Publications), No 14, May 2000:

‘A prerequisite for rational prescribing, dispensing and safe drug use’

*By Neil Pakenham-Walsh (INASP-Health) and Philippa Saunders (Essential Drugs Project)*

‘The rational use of drugs demands that the appropriate drug is prescribed, that it is available at the right time at a price people can afford, that it is dispensed correctly, and that it is taken in the right dose at the right intervals and for the right length of time. In addition, the appropriate drug must be effective, and of acceptable quality and safety.’ WHO 1987

Rational prescribing and use is a vital principle in all healthcare systems. In resource-poor countries—where health spending might be less than 10 dollars per person per year—cost-effective

use of drugs is important not just for the individual patient but for the viability of the health system as a whole.

However, protagonists of rational prescribing in developing countries are struggling to make themselves heard, and the rational use of drugs is neglected in schools of medicine, nursing and even pharmacy. In many countries, the sociocultural, professional and regulatory environment works against the safe and prudent use of medicines. For example:

—there may simply be no relevant, up-to-date, comparative information available, or, if there is, such information may be unaffordable, or it may not be used

—there may be no national drugs policy supported by legislation and a functioning regulatory authority—an essential drugs list, up-to-date national formulary, and therapeutic guidelines may not exist

—rational use of drugs may be excluded from the pre-service training curriculum and continuing medical education of doctors and other prescribers—drugs are commonly prescribed by nursing staff in many health services; their education, too, requires that there is access to appropriate information and training

—prescribers may be reliant on, or have become used to, free information provided by individual pharmaceutical companies—as one colleague has put it: ‘Drug companies offer inducements to prescribe their products to doctors virtually as soon as they enter medical school, a practice that continues throughout their professional careers.’

It is tempting to point a finger at the pharmaceutical industry, whose promotional practices can encourage the over-use of drugs, as well as sales of drugs that are inappropriate and unnecessarily expensive. We should expect companies to provide consistently reliable information about their products. However, it is the responsibility of governments and health professionals to ensure that comparative information is produced and distributed, and to provide a context which supports the safe, effective and economical use of drugs. In countries where self-medication, even with prescription drugs, is a fact of life it is essential that information for consumers is usable (performance tested) and complete.

In the United Kingdom a variety of agencies operate international schemes with the aim of improving access to reliable drug information in developing countries. These include:

—The Pharmaceutical Press is currently developing a CD-ROM that gives step-by-step guidance on how to write a formulary.

—The International Society of Drug Bulletins (ISDB) supports independent drug bulletins worldwide.

—The Commonwealth Pharmaceutical Association and Book Aid International together distribute thousands of used and new copies of the British National Formulary and Martindales to developing countries through a scheme called Pharmaid.

—Teaching-Aids at Low Cost (TALC) includes the BNF in its catalogue at a special low price, with the agreement of the publishers—the Pharmaceutical Press and the BMJ Publishing Group.

—Practical Pharmacy, a training newsletter which addresses the needs of district and sub-district pharmacy staff and prescribers is sent free to several thousand recipient organizations. WHO’S Essential Drugs Monitor is also obtainable free.

—Specialized electronic discussion networks, notably E-Drug and INDICES, facilitate exchange of information, and are available to anyone with access to email.

—The World Health Organization’s web site is a good source of pharmaceutical information and the WHO Model List of Essential Drugs can be found there. An online formulary will shortly be available.

## WHAT NEXT?

Much is already being done by a range of organizations, but there is little evidence that international efforts are having the impact they should at a global or national level. The task ahead is formidable but achievable and will require concentrated effort, better cooperation, and also resources.

As access to electronic media improves, the potential for obtaining necessary drug information via CD-ROM, e-mail, and web-sites will increase. However, while information technology offers great opportunities, print media will for some time continue to be the only means of access for many end users.

All efforts to improve access to information must harmonize with national essential drugs policies, national formularies and therapeutic guidelines and improved education for consumers as well as prescribers. Drug information specialists in developing countries need access not only to information, but also to professional support, equipment, standards and guidelines, and training. Meanwhile, better indicators are needed to demonstrate the impact of irrational prescribing on the health and welfare of patients, and the financial burden on national healthcare systems.

In September 2000, the Health Information Forum will hold a special meeting at the British Medical Association, London, on 'Access to reliable drug information in resource-poor countries'. All with an interest are invited to attend or to contribute by email.

*For further details, please contact Neil Pakenham-Walsh at: INASP Health@compuserve.com*

### *Email addresses and Web sites in this article*

Essential Drugs Project	edp@gn.apc.org
Practical Pharmacy	gstockl@compuserve.com
BMJ Publishing Group	www.bmjbooks.com
Book Aid International	www.bookaid.org
CPA	www.jr2.ox.ac.uk/Pharmacy/CPA/CPAhomepage.html
INASP	www.inasp.org.uk
ISDB	pm.usm.my/isdb
Pharmaceutical Press	www.pharmpress.com
TALC	www.talcuk.org
WHO	www.who.int

## **Public libraries in Africa. A Report and Annotated Bibliography**

The following is taken from the latest issue of the Newsletter of INASP, PO Box 2564, London W5 1ZD:

Over the past 10 years much has been written in the professional press about the state of and role for public libraries in Africa. The overall impression has been one of declining budgets and failures in established public library services. In the midst of this overall trend, however, there have been some notable achievements in alternative and innovative approaches to the provision of a public library service in Africa.

*Public Libraries in Africa: A Report and Annotated Bibliography* provides an analysis of these trends, based on literature reviews of recent publications and reports from selected countries in Africa.

The study that resulted in the compilation of this book is a first step in a process being undertaken in order to initiate a programme to revitalise services to the public so that they can fulfil their role of providing relevant information to the majority of the population. Without access to this information, the people will not be empowered to participate in the development that is necessary for the improvement of their living standards.

The book comes with an extensive annotated bibliography and country reports. The information provided in these is drawn together into a short synthesis report which summarizes the overall position of public library services and proposes directions in which services to the public should be moving. A short additional literature review is also included.

The consensus of opinion arising from the study is that African librarians need to rethink what a

public library service is all about. Public libraries in Africa need to be more aggressive and introduce services that are attractive to their users. Librarians must get to know their potential users, and not automatically assume that they are simply students and school children who use a library only for study purposes.

The introduction of alternative services, and a balance between the services offered to urban and rural populations, are areas requiring particular attention. The report suggests that long-term realistic strategic plans are required for public library development. Such plans should be prepared on a country basis and should be founded on professionally conducted user-needs and user-satisfaction surveys.

**Issak, Aissa**

*Public Libraries in Africa: A Report and Annotated Bibliography.*

**Oxford: International Network for the Availability of Scientific Publications (INASP), 2000. 199p. ISBN 1 902928 00 8**

**Price: £15.00 + p&p.**

The publication can be ordered from INASP. A limited number of complimentary copies is available for libraries in Africa.

## Videos on leprosy from WHO

The latest catalogue from WHO on videos for a) the general public, b) school children and c) the specialist training of health professionals, includes two on leprosy:

### **Dawn**

1991, 20 minutes

This film describes the importance and effectiveness of multidrug therapy as a tool for the treatment and control of leprosy. As stories about individual cases show, the possibility of a cure gives leprosy patients a compelling reason to seek immediate treatment, rather than try to hide the disease.

### **Subject**

Leprosy

The film also illustrates the role that family and community support play in making an effective treatment have the greatest impact. In a supportive environment, patients are far more likely to recognize early signs of the disease, seek prompt treatment, and take the medication exactly as instructed.

### **Audience**

Health workers, public health officials

### **A Winnable War**

1991, 25 minutes

Co-produced by WHO and Worldwide Television News (WIN)

Filmed in India and Zambia, this dynamic television reportage shows how the introduction of a modern treatment for leprosy may make this 'ancient scourge' a disease of the past. Multi-drug treatment, developed and promoted by WHO, is a powerful weapon in the battle to control and eventually eliminate leprosy. Moreover, with an effective treatment now available, sufferers of leprosy can take heart that their disease has a cure.

### **Subject**

Leprosy

In scenes from India and Africa—two ancient strongholds of leprosy—we watch the dramatic success of multi-drug therapy, the striking cures it produces, and the hope it reawakens in individuals and communities. These scenes make it clear that, if resources are made available, the war against leprosy can be won.

### **Audience**

General public, public health officials

*Further enquiries*

Distribution + Sales, WHO, 1211 Geneva 27, Switzerland.