

## Teaching Materials and Services

### **International course on Rehabilitation and Prevention of Impairment and Disability (RPOID) Management and Skills module**

For many years now a much needed and very successful international course on Rehabilitation and Prevention of Impairments and Disabilities (RPOID) has been conducted in Pokhara, Nepal. The international faculty are very experienced in clinical leprosy and the rehabilitation of persons affected by leprosy.

#### RPOID MANAGEMENT COURSE

The next RPOID Management course will aim at teaching concepts in rehabilitation and POID, approaches to rehabilitation, rehabilitation and POID management, including monitoring and evaluation of activities in these areas. The course will be based on the concepts and terminology used in the International Classification of Functioning, Disability and Health (ICIDH-2) published by the WHO.

For a limited number of participants, an opportunity will be offered for additional in-service training during the week(s) following the management course. The participants will be assigned on a one-to-one basis to a tutor who will guide them through a self-learning programme.

Available topics include institutional rehabilitation, CBR, expanding the services of a leprosy hospital to serve people with other rehabilitation needs, agricultural rehabilitation, statistics and information systems, footwear, prosthesis and orthoses, physiotherapy and occupational therapy. These placements will be available strictly by arrangement prior to the course only.

*Dates:* February 4–17, 2002 (2 weeks) (+optional week(s) if pre-arranged)

*Target group:* Managers of rehabilitation and/or POID programmes, senior hospital staff, senior leprosy control staff and doctors and therapists with managerial responsibilities for RPOID activities.

*Venue:* The Green Pastures Training Centre in Pokhara, Nepal

*Course fees:* \$175 per week (including board & lodging)

#### RPOID SKILLS COURSE

The RPOID Skills course aims at RPOID-related assessments, such as nerve function assessment, psychosocial assessment, ADL assessment, impairment assessment and socio-economic assessment, treatment and rehabilitation interventions. This course will therefore concentrate on skills acquisition. Through optional workshops the second course will offer the opportunity to study certain topics in more depth. The course will include a 1-week field trip to practice the learned skills in a real programme setting.

*Dates:* April 29 to May 24 2002 (4 weeks)

*Target group:* Physiotherapists, occupational therapists, physiotherapy technicians, social workers and field staff with responsibility for the assessment, treatment and/or rehabilitation of people needing RPOID interventions.

*Teaching/learning methods:* Lectures, group discussion, group assignments, individual assignments, practical work in small groups, problem-based learning, self-study, presentations, and simulation exercises. The teaching medium is English. Because of the complicated nature of the subject, fluency in both spoken and written English is required. Experience in leprosy work will be an advantage, but is not essential.

*Venue:* The Green Pastures Training Centre in Pokhara, Nepal.

*Course fees:* \$175 per week (including board & lodging)

#### FURTHER INFORMATION

Detailed information can be obtained from: The Training Officer, GPTC, PO Box 28, Pokhara 33701 Nepal (Tel: +977-61-24562, Fax +977-61-20430, e-mail: gptc@inf.org.np)

### **Ophthalmic Course, Karigiri, India. February 2001**

The 16th annual 5-day ophthalmic teaching module was held at the Schieffelin Leprosy Research and Training Centre, Karigiri from the 5th to 10th of March 2001. The course, which received sponsorship from Lepra and The Leprosy Mission, was designed to give instruction to medical officers on the detection, prevention and management of the ocular complications of leprosy by means of a series of lectures and clinical and surgical demonstrations, augmented by videos and a field trip. Teaching included formal didactic presentations on the basic anatomy, physiology and pathology of the eye with a special emphasis on leprosy: in addition there were lectures on the pathogenesis and treatment of corneal ulcers, lagophthalmos, ocular inflammation, rehabilitation, epidemiology and the global aspects of blindness in the disease.

Preference was given to problem-based clinical instruction concentrating on the identification of sight-threatening complications of the disease, their prevention and management.

The course was attended by 15 participants working in India, and was organised by Dr Sheena Koshy of Karigiri, with the assistance of members of the Staff of the Centre. Mr Timothy ffytche from Moorfields and the Hospital for Tropical Diseases, London and Dr. Kirsteen Thompson from Glasgow were invited as members of the Faculty.

The Director of Karigiri, Dr P. S. S. Sundar Rao, is to be thanked for his continued support for this important and popular contribution to teaching.

### **London School of Hygiene & Tropical Medicine**

The London School of Hygiene & Tropical Medicine was founded by Sir Patrick Manson in 1899. An institute of state medicine, to be called the School of Hygiene, was recommended in 1921, and a united School was established in 1924. The new London School of Hygiene & Tropical Medicine was opened in its present building in Keppel Street, a gift from the Rockefeller Foundation, in 1929. At that time, the term 'hygiene' was not restricted to its current meaning of 'cleanliness' or 'sanitary science', but was used in the wider sense of the establishment and maintenance of health—now more usually described as 'public health'.

The London School of Hygiene & Tropical Medicine is the University's major resource for postgraduate teaching and research in public health and tropical medicine, as well as the leading postgraduate medical institution in these subjects in Europe. It has international standing with a staff that has unique multidisciplinary and international experience. The School trains future senior academics, researchers, policy-makers and practitioners in the international medical and public health community worldwide.

The mission of the School is to contribute to the improvement of health worldwide through the pursuit of excellence in research, postgraduate teaching, advanced training and consultancy in international public health and tropical medicine. As Britain's national school of public health, the

School's mission is to make a major contribution to the improvement of the health of the British public. As a major academic centre for public health in Europe, the School's mission is to play a leadership role in regard to public health research and teaching throughout Europe. As the premier institution worldwide in the field of tropical medicine and public health, the School's mission is to continue to advance and promote these subjects and maintain its position as an international centre of excellence.

The diversity of LSHTM's students is exceptional. The 750 Internal students come from 95 countries, and staff come from 35 nations. School alumni are now working in more than 140 countries; many former students hold prominent positions in health ministries, universities and international organisations throughout the world.

For further information about the London School of Hygiene & Tropical Medicine please refer to the following website: <http://www.lshtm.ac.uk/prospectus>

### **Tropical Medicine Research Awards for scientists from developing countries; The Wellcome Trust, London, UK**

The Wellcome Trust has a long-standing interest in tropical medicine research and offers a number of awards to encourage the development of sustainable research expertise to address diseases of particular significance in tropical and developing countries. Studies of infectious or noncommunicable diseases are equally acceptable.

#### *Research Training Fellowship for Scientists from Tropical and Developing Countries*

These awards are intended to provide training and research experience for applicants from tropical and developing countries. The training can take place at international centres of excellence in any country of the developing world, in the UK or the Republic of Ireland, but a substantial period of research should be undertaken in the applicant's home country.

#### *Eligibility*

Applications are invited from postdoctoral basic scientists, medical, dental or veterinary graduates of up to 6 years' post-qualification research experience 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 diseases of regional significance to their home country.

#### *Funding*

Awards will be for a maximum of 4 years, nonrenewable, and will include a stipend/salary appropriate to the countries in which the candidates will be studying/working as well as project dedicated costs and travel expenses. 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.

#### *Research Development Awards in Tropical Medicine*

These awards are to enable clinical (medical, veterinary or dental) and non-clinical researchers from developing countries to return to their home institution and establish a programme of research with continued collaboration and support of a UK sponsor.

### *Eligibility*

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.

### *Funding*

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 and funds for exchange visits.

Applicants for each of these awards are accepted throughout the year. Further information on the awards, including details of the application procedure can be obtained from the Wellcome Trust website: [www.wellcome.ac.uk/international](http://www.wellcome.ac.uk/international) or from:

#### **The Tropical Medicine Programme**

#### **The Wellcome Trust**

**183 Euston Road**

**London NW1 2BE, UK**

**Tel +44 (0)20 7611 8409**

**Fax +44(0)20 7611 7288**

**E-mail: [tropical@wellcome.ac.uk](mailto:tropical@wellcome.ac.uk)**

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

### ***A new Atlas of Leprosy***

The *Atlas of Leprosy* was first published in English in 1981 and revised in 1983. In response to widespread and continuing demand, it was reprinted on 10 occasions between 1984 and 1997, with distribution to virtually all leprosy-endemic countries worldwide. Chinese, Spanish, French and Arabic translations were published in 1986; Portuguese and Indonesian in 1990. In total 38,000 copies of the English edition have been printed and an additional 23,000 copies in the translations.

The original aim was to provide high quality colour pictures as an aid to recognition and diagnosis. This new *Atlas of Leprosy* maintains this objective, whilst incorporating some changes in contents and format. The original Atlas contained a section on histopathology of leprosy, which has been removed. Almost all the photographs, originally from the Philippines, have been replaced with patients from India and South East Asia, since about 75% of the remaining world problem of leprosy is found in those areas.

In the face of diminishing prevalence in most parts of the world, opportunities to see leprosy patients and acquire clinical skills, including observation, will diminish. With the inevitable change from specialized leprosy programmes to integration with general health services, it will become more important to supply peripheral health care workers with appropriate information, including written and illustrated material on the diagnosis and treatment of leprosy.

It is hoped that this new *Atlas of Leprosy* will contribute not only to the Strategic Plan, 2000–2005 for the Final Push towards the Elimination of Leprosy, recently published by the World Health Organisation (CDS/CPE/CEE/2000.1), but also to our continued efforts, for many years beyond the year 2005, until we reach A World Without Leprosy.

### **Scholarship Guidelines for the Dick Rees' Memorial Fund**

In honour of the late Dick Rees, Lepira has decided to set up a training fund for those working in the field of leprosy. This fund will incorporate monies donated in his memory. Dick Rees was a leading

researcher in the field of leprosy over a period of 25 years. He began his medical research career working on TB at the National Institute for Medical Research at Mill Hill, London but gradually switched to research into leprosy. One of his major contributions to the effective treatment and cure of leprosy was his demonstration of primary and secondary drug resistance to existing drug treatments. This led to the development of multi-drug therapy by WHO in the early 1980s. He was made chairperson of Lepra's (The British Leprosy Relief Association) Medical Advisory Board in 1963 and was appointed Head of the Medical Research Council's Laboratory for Leprosy Research in 1969. Here he developed a source of live *M. leprae* bacteria by setting up a colony of infected armadillo. It is from this source that the latest research on the genome sequencing of the leprosy bacillus has been derived. Last October Dick Rees died at the age of 81. His scientific abilities and commitment to the cause of leprosy will be missed by all in the field of leprosy, particularly those working at Lepra and WHO. Even after his retirement in 1982 he continued to work for both organisations, influencing and inspiring many to bring about a world without leprosy.

#### CIRCULATION OF GUIDELINES

This set of guidelines will be made available to all ILEP members and Leprosy Training Institutions. It will be advertised in *Leprosy Review*, *International Journal of Leprosy*, *Indian Journal of Leprosy*, CBR Journals and on the Internet. The target group for the scholarship are leprosy workers in the field who have had limited training opportunities.

#### APPLICATION PROCESS

##### *Amount available*

£20,000 will be available each year. This may be split between a number of candidates. Selection will be based on the merit of the applications; making the best use of this limited amount of funding. Each award will be sufficient to cover the costs of the training selected, the travel and living costs for the duration of the training and where justified, additional costs to facilitate access.

##### *Scholarship criteria*

- Candidates should preferably be working in countries where leprosy is endemic.
- The training selected should enhance their ability to contribute to the field of leprosy.
- Candidates should have a commitment from their employer that they will release them for the duration of the training and keep their job open for them on their return.
- Candidates agree to any bond arrangements stipulated by their employer.
- The training selected normally should be no longer than 6 months.
- The training selected normally should be at the closest venue that offers the level of training, qualification and recognition sought by the candidate.
- The selected candidates will produce a report at the end of the training to indicate its value in relation to their expectations as outlined in their application.

##### *Equal opportunities*

Consideration will be given to those who have justified additional costs which would facilitate their participation in their preferred training (for example child care costs).

#### APPLICATION DETAILS

Applications should include:

1. CV of candidate
2. Details of the training or course selected:
  - Description of training, or course name.
  - Objectives, i.e. knowledge and practical skills to be gained by end of training, or course content.
  - Venue.
  - Pre-requisite training or qualifications.
  - Cost of training.
  - Estimated cost of travel/accommodation and living expenses and where necessary, justified additional costs to facilitate access.
  - Duration.
3. Covering letter from candidate indicating: their career goals and how the training selected will enhance their ability to contribute to the field of leprosy and thirdly, why they should be considered for the award.
4. A letter of recommendation from their current employer, indicating their willingness to release the candidate if they are selected for the award and agree to keep the job open for the candidate and stipulate any bond arrangements they would like to make.
5. A reference from another employer or tutor.
6. A letter of invitation or acceptance from the host of the training or course.

Prospective candidates for the award should apply in writing to: Doug Soutar, Lepra, Fairfax House, Causton Road, Colchester CO1 1PU, UK (Fax: +44 1206 762151; e-mail: Doug\_Soutar@lepra.org.uk)

#### TIMING

Applications with all the above attachments can be sent to Lepra at any time throughout the year. All applications will be assessed at the end of February each year. Successful candidates will be notified within 3 weeks of their selection for the award.

### **Technical Guide: Sputum Examination for Tuberculosis by Direct Microscopy in Low Income Countries. Fifth edition 2000**

Copies of this Guide, now in its Fifth Edition, are now available, free of charge in reasonable numbers, from the International Union Against Tuberculosis and Lung Diseases, 68 boulevard Saint Michel, 75006, Paris, France. The Preface, by Dr Adalbert Laszlo, Ottawa, Canada, reads as follows:

A technical guide for sputum smear microscopy, based on one initiated in 1969 by Dr J. Holm, the then Director of the International Union against Tuberculosis, was first published in 1978 by the IUAT as the *Technical Guide for Sputum Examination for Tuberculosis by Direct Microscopy*. The guide was included in the third and fourth editions of the IUATLD's *Tuberculosis Guide for Low Income Countries*. It was designed to be a simple reference standard for the collection, storage and transport of sputum specimens and for the examination of sputum smears by direct microscopy. It was meant to address the needs of health care workers in low income, high prevalence countries which represent the bulk of the global tuberculosis caseload.

More than 20 years have elapsed since its first publication, and the guide has remained unchanged throughout that time. Today, tuberculosis is one of the main causes of death from a single infectious agent among adults in low income countries, where it remains a major public health problem. The basic tool for TB diagnostic services, i.e. sputum smear microscopy, has not changed in its technical details in spite of major advances in modern diagnostic technologies. However, the context in which it is applied, the National Tuberculosis Programme, has been refined to a considerable extent in the last 2 decades.

The field use of the guide over the years has revealed omissions and inaccuracies that needed to be addressed. Furthermore, biosafety and quality assurance aspects of sputum smear microscopy were not

sufficiently well covered in the previous edition. It was therefore felt that the IUATLD Technical Guide needed revision so it could better reflect its public health essence and keep up to date with modern TB control strategies. This document was carefully revised by members of the *Bacteriology and Immunology Section* of the IUATLD, by directors of the *WHO/IUATLD Supranational TB Reference Laboratory Network* and by other distinguished professionals in the field of tuberculosis control.

## WHO. The 'Blue Trunk' Library Project

At a recent meeting of the *Health Information Forum* (HIF) of INASP-Health hosted by the *British Medical Association* in London, Irene Bertrand of the *WHO Library and Information Networks for Knowledge* organised an exhibition of the Blue Trunk Libraries, a 'WHO project for health districts'. A summary of the present situation and progress reads:

The Blue Trunk Library project was developed by the WHO Library to provide basic health and medical information to district health teams in developing countries. Each 'ready-to-use' mini-library consists of 100 books on medicine and public health together with three journal subscriptions and is contained in blue metal trunks to ensure easy transportation and protection. This project is funded at country level, by international organizations, aid agencies and NGOs.

Approximately 833 Blue Trunk Libraries have already been ordered and dispatched to 34 countries in the world and 300 BTL 'keepers' in health district centres have been trained.

One year after the project was launched, an evaluation showed that the Blue Trunk Library did respond to a basic need by district health personnel and that they had a positive impact on the delivery of health services.

**Price:** US\$ 2000

**Contact:** Edith Certain, Library and Information Networks for Knowledge, World Health Organization, 1211 Geneva 27, Switzerland. Tel: +41 22 791 20 61. Fax: +41 22 791 41 50. Email: [certaine@who.int](mailto:certaine@who.int)

The cost is obviously considerable and the idea would not work without careful attention to preliminary training on the use of these books and journals and the identification of a reliable 'keeper'. Nevertheless, there is already evidence that the Blue Trunk concept, originally developed as 'bibliothèques bleues' for French-speaking countries in Africa, is 'delivering the goods', at least to district level, better than anything previously attempted. A 'Red Malaria Trunk' is under development in Southern Africa.

## Biology of Disease Vectors Course

The following article appears in the February 2001 issue of *TDR News*:

Since its inception in 1991, the training course on the Biology of Disease Vectors (BDV) has been supported annually by TDR in partnership with, and under the leadership of, the MacArthur Network on the Biology of Parasite Vectors. The Howard Hughes Medical Institute has also become a co-sponsor.

The BDV course trains highest quality students in molecular, genetic and quantitative approaches to the study of disease-transmitting insects. The course's main objectives are to 1) train a new generation of vector biologists and provide current medical entomologists with a foundation of modern molecular techniques; 2) recruit molecular biologists from other research areas into the field of vector biology; 3) establish a global network of scientists to facilitate collaborative investigations and to enhance progress in the field.

Initially, the course was taught at the Colorado State University in the USA. More recently, it has been hosted in a variety of international venues (Greece, Mali, Brazil and the Czech Republic) to provide easier access for students from regions where vector-borne diseases are endemic.

The course is advertised internationally and attracts hundreds of applicants each year, of which approximately 35 outstanding students are selected. The students come from around the globe, including a significant number from countries where vector-transmitted diseases are a major problem. Students are typically advanced Ph.D. students, postdoctoral fellows, and established investigators aiming to increase their skills in vector biology or redirecting their careers from other areas. Some 40% of participants are women. As a rule, 20 world-renowned scientists from leading institutions are chosen to give the lectures and supervise the laboratory work.

The BDV course has been an extraordinary success. Small class size and global expert teachers provide an unparalleled learning and networking experience. International collaborations are established and continue to grow. Course evaluations have been overwhelmingly positive. Recommendation from former students and faculty is the primary driving force for new applications. Graduates from the early courses are already emerging as leaders in the field of vector borne diseases, and a number of them have been chosen to teach in more recent courses. The BDV course is helping to train a new generation of vector biologists, who are already playing leading roles in improving the health of millions of people.

**Tuberculosis: Manual for Medical Students (Tuberculose: Manuel pour les Etudiants en Médecine). WHO and the International Union Against Tuberculosis and Lung Disease**

Those who have long advocated the production and use of a manual or textbook on tuberculosis of medical students may be surprised to learn that an excellent one exists—though in French only. It is a paperback of 149 pages, written by Nadia Ait-Khaled and Donald Enarson, published by the World Health Organisation and the International Union Against Tuberculosis and Lung Disease (IUATLD): WHO/CDS/TB/99.272. Although written mainly for medical students, the Preface indicates that it is also suitable for medical practitioners. The Acknowledgements list colleagues who have contributed to the text and content, nearly all of whom come from French-speaking Africa—Côte d’Ivoire, Guinea, Algeria, Bénin, Sénégal, and Morocco. The three main divisions of this valuable publication are entitled—Basics/fundamentals, Individual approach to tuberculosis and community approach to tuberculosis.

We have no information on the extent to which this has been distributed to French-speaking medical schools, including both teachers and students, or on any plans which may exist to translate into English or other languages. Current information on the active involvement of medical schools in improved teaching of their students seems to indicate that there is much room for improvement, despite the encouragement given, for example, in ‘Tuberculosis Control and Medical Schools’ (WHO/TB/98.236. English) and other publications from WHO and IUATLD.

**INASP-Health, Oxford, UK**

INASP-Health is a UK-based organization working to improve access to reliable information for healthcare workers in developing and transitional countries.

The programme was launched in April 1996 in response to multisectoral demands to strengthen the effectiveness of health information activities worldwide. It focuses specifically on providing a range of services to promote cross-sectoral cooperation, analysis, and advocacy among those working to improve health information access. INASP-Health promotes ‘access to reliable information for healthcare workers’ as a key development issue, as potentially the most cost-effective approach to sustainable improvement in healthcare in developing countries.

The INASP-Health programme provides an advisory and referral service for health information activities and publishes the *INASP-Health Directory*—a reference and networking tool for

organizations, North and South, working to increase the availability of appropriate, reliable, low-cost information in developing countries and countries in transition.

The Health Information Forum (HIF) was launched as an activity of the INASP-Health programme in March 1998 in response to requests for a neutral focal point in the UK for dialogue and exchange of experience and ideas among organizations involved in improving access to reliable information for healthcare workers. HIF is the only activity of its kind worldwide and has rapidly gained international recognition. The workshops have been highly popular, drawing increasing numbers of participants with successive meetings. They have engaged support and participation from the British Medical Association, Royal College of Physicians, and the World Health Organization, among others; and have attracted distinguished guest speakers from international agencies and developing countries.

The HIF-net at WHO is an email discussion for people worldwide who want to improve access to reliable information for health care workers which, currently (early 2001) is proving to be extremely successful. Further information: [majordomo@who.int](mailto:majordomo@who.int). Further information on the INASP-Health Programme generally: Dr Neil Paenham-Walsh, 27 Park End Street, Oxford OX1 1HU, England. Email: [INASP\\_Health@compuserve.com](mailto:INASP_Health@compuserve.com)