



THE INTERNATIONAL
FOUNDATION FOR DERMATOLOGY

The International Foundation for Dermatology (IFD)

The International Foundation for Dermatology (IFD) was established over 25 years ago by the International League of Dermatology Societies (ILDS), the organisation that provides the global forum for the world's dermatology societies by, for instance, organising the World Conferences of Dermatology or through formal links with the World Health Organisation. The Foundation is now based in London in the offices of the League, where we have a part time administrator and volunteer staff. The IFD was developed in response to the recognition that, in many parts of the world, there was little care available for patients with skin problems, often because there were no, or too few, dermatologists or where the local health care depended on health care workers with little training in the management of skin disease. This unsatisfactory situation was compounded by the fact that, in these same areas, skin disease was often very common and usually among the top three most frequent reasons for an individual to seek medical help. So from its outset the Foundation was faced with a challenge to develop new approaches to reach the maximum number of patients utilising clinical or nursing help appropriate to the local conditions and health services.

The chief operating objective of the International Foundation for Dermatology is to improve dermatological care in underserved areas of the developing world, but this remit covers not only skin disease but also sexually transmitted diseases and leprosy. The concept of dermatological care is broad as, in addition to the management and control of common diseases, it also includes recognition of conditions that present with skin signs and symptoms including those with serious implications for health; so early recognition of disease states such as HIV or onchocerciasis through their skin presentations and knowledge of pathways for care that are followed in these diseases form part of the work of the IFD. **The intention is to promote the provision of better services in areas where skin or sexually transmitted diseases are both common and poorly managed through lack of trained personnel or resources, frequently both.** To place this work in perspective, all this is set against national backgrounds of health where the AIDS pandemic, a rising tide of chronic disease such as diabetes as well as poverty dominate all health care initiatives and also where endemic disease such as onchocerciasis or lymphatic filariasis is common and may present with signs and symptoms in the skin. Skin disease often appears a small player in this big league of international health, yet because so little attention has been paid to the alleviation of this problem skin disease often dominates the pattern of illness at village or community level because it is so common. Poor treatment exacerbates the problem because it fails to alleviate the problem and has a wider impact on continuing ill health as well as affecting local microeconomics through erosion of household budgets.

In considering how best to accomplish these aims, **the Foundation has focussed on two activities in particular, education and training and the assessment of dermatological need.** The latter is important as it informs on the range of skin diseases that are common at community level, as well as their impact, and helps to identify possible routes of improvement. The first project of the IFD focussed on the establishment of a training centre in Sub-Saharan Africa.

The Regional Dermatology Training Centre or RDTC, in Moshi, Tanzania was created in partnership with the Tanzanian Ministry of Health and the Good Samaritan Foundation. The principle objective of the Centre is the care of skin disease seen in the locality together with training leaders of health care at front line level, usually senior clinical officers or nurses, through a two year University based Diploma course; a second training scheme (Master Medical) provides for a four year specialist training in dermatovenereology for junior doctors which is now a training pathway recognised for specialist accreditation by several African countries. In the current intake, there are two new dermatology trainees from Malawi; when they complete training they will be the first and only dermatologists in that country. The Diploma course has trained over 260 senior clinical officers from over 15 different countries. The students have also performed health service research projects as part of their training and these provide a unique insight into prevalence, need and demand for health care at community level. With time other facilities such as a library, a pharmaceutical compounding unit, a student hostel, and accommodation for visiting teaching faculty have been added. The first Principal of the Centre was Professor Henning Grossman, and he was succeeded by the current Principal, Professor John Masenga. Together they have established a service and training programme covering all aspects of dermato-venereology, helped by visiting teaching faculty and a strong and expanding local team, which has allowed the development of specific initiatives such as a regional albino programme. The latest project is an inpatient ward, which is linked to other facilities such as a plastic surgery and burns unit. In addition the centre focuses on problems specific to the region. One example is the care of patients with albinism and the prevention of early and aggressive squamous cell carcinomas of the skin and other skin cancers through, surveillance in outreach clinics, teaching and provision of sun protective materials including a locally produced sun screen, Kilisun.

A different programme in Mali, based on the support of French speaking doctors or nurses at primary care level has targeted training for primary health care schemes with the support of the national government and this initial phase of education covering training different regions of the country, has now been completed. This work initiated by Dr Antoine Mahé and now continued under the guidance of Dr Ousmane Faye has strengthened the care of skin disease in the country and also provided valuable research into the methods of training used, based on an algorithmic approach to diagnosis and management. Further options current under review is the development of a regular but short Francophone training course for community management of skin problems.

In Mexico, under the guidance of Dr Roberto Estrada and colleagues, a similar approach has been developed for the education of primary care teams, which is run throughout the state of Guerrero in Southern Mexico with the support of the regional health department. Again research carried out by this group has provided a unique insight into the risk and prevalence of skin diseases in poorer countries. No model works in every environment and so these local groups have tried to adapt initiatives to the most practical and effective in each environment. Both the latter programmes are based on short periods of training of one or two days. There are other differences. For instance, in Mexico rural health care is often delivered by newly qualified doctors, pasantes, and these become the focus for training. This year the scheme is being extended to other states such as Chiapas.

We are currently helping another programme in Cambodia together with a German dermatologist, Christoph Bendick, who has spent the past 20 years in the country and who has developed a diploma course in dermatology for local general medical officers and; Christoph, with his colleague local dermatologist Sitheach Mey, is currently in the process of developing a new training scheme for specialists together with the national university in Phnom Penh. The IFD has provided support for a needs assessment survey and for dermatological training in Cambodia.

The IFD's work includes support of other initiatives such as training in community dermatology (Patagonia) and needs assessment for skin care (North India). The scheme in Patagonia is run by Isabel Casas and it focuses on improving the care of local indigenous patients. Each project throws up its own problems. In this case severe photosensitivity is a common problem in the indigenous communities of Central and South America from an early age and therefore teaching about sun protection is an important part of the work that can be delivered in local schools.

None of these schemes would have been possible without the work and dedication of a large number of individuals, who work voluntarily, and the enormous assistance, both in kind and through financial donations, given by dermatology societies; the Foundation's role has been to initiate, where appropriate, support, advise and help in ways that suit each programme.

While these training initiatives have provided a bedrock for the work of the IFD, with time other lines have been developed to strengthen the overall goal to improve the care of patients with skin disease, including advocacy and needs assessment and links with other organisations with interest in health work in poor regions. One such project is a link with *Médecins sans Frontières* where volunteers in remote areas can seek advice and support for the care of patients with skin problems using a system established through the University of Zurich. Likewise, in partnership with the World Health Organisation (WHO), we are helping to produce guidelines for the care of patients with skin disease who are HIV positive in resource poor areas. We have also established an alliance for the promoting the control of scabies as an endemic infection together with an international group of paediatricians and infectious disease physicians. Then dermatologists in the steering group are Olivier Chosidow, Claire Fuller and Rod Hay. We have worked with WHO to establish scabies as a recognised neglected disease. Other key alliances are with the Global Alliance for the Elimination of Lymphatic Filariasis and Footwork (Podoconiosis); the dermatological component of both programmes centres on sustainable methods of care of lymphoedema and prevention of skin infection. In furtherance of this work, **we produce the Community Dermatology Journal**, which provides a key step in helping to promote continuous education for all involved in the care of patients with skin problems and as a forum for discussion of dermatological issues relevant to the care of patients in low income countries. This is available without charge on line or through distribution.

Most of our current funding comes from dermatology societies together with invaluable contributions from industry and individual donors. This help we acknowledge with gratitude. The IFD has designed and printed its own fund raising materials, which are being used to generate the support for the work described here and to widen the programmes.

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