

prophylaxis policy adopted in the USA may lack optimum effectiveness.

We apologise for the erroneous comment in the introduction of our paper about the use of an hepatitis A attenuated live vaccine (instead of the actual formalin-inactivated vaccine); an erratum to this effect was sent to *The Lancet* soon after the publication of the paper.

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- 1 Mosley JW, Reisler DM, Branchott D, et al. Comparison of two lots of immune serum globulin for post-exposure prophylaxis of infectious hepatitis. *Am J Epidemiol* 1968; **87**: 539–50.
- 2 CDC. Hepatitis surveillance report no 65. Atlanta: CDC, 1996.

## Helsinki Declaration and Thailand

Sir—In your April 17 editorial<sup>1</sup> you discuss plans to rewrite the Declaration of Helsinki. However, the declaration, in neither its current form nor proposed revision, states that research should respond to the needs of people who take part in clinical trials.

Many people with HIV/AIDS in Thailand have participated in clinical trials sponsored by foreign research institutions. Between December, 1997, and May, 1998, two support groups of people with HIV/AIDS investigated the needs of trial participants in three hospitals in Bangkok. Before the investigation, focus-group discussions were held. Concerns identified were the need for information and for fairness to trial participants. 100 individuals who were in clinical trials were then recruited from outpatient departments to complete a questionnaire, and their satisfaction with the different kinds of information they received ranged from 52% to 83%. The questions and answers are shown in the table.

20 participants who had completed the questionnaire agreed to take part in interviews to find out whether trial participants were getting a fair deal. All interviewees felt that taking part in a clinical trial was the only way they could increase their life expectancy, although the maximum time during which the interviewees received drugs was 12 months. Two participants were receiving one drug (ritonavir) free but had to pay for another (zidovudine). Another participant had started free treatment with ritonavir but after

Question	Yes	No/ unsure
Do you know how the drugs you are taking work?	67	33
Do you know how long you will take the drugs?	68	32
Do you think you are getting good care during the study?	73	27
Did you receive information about the results of investigations performed on you during the study?	83	17
Do you have enough information about what will happen when you stop the medication?	52	48
Do you have enough information about how to monitor what is happening to your body?	53	47
Do you have enough information about the overall progress of the study?	56	44

### Responses to questionnaires

4 months was asked to pay for it at a cost of US\$375 per month; he was a taxi driver who earned about \$300 per month and had to sell his taxi to continue taking the drug.

The provision of information and ensuring a fair deal for trial participants are ethical practices that should be agreed internationally. It should also be standard practice for sponsoring institutions to identify the needs of potential participants by consulting community members before beginning research projects. Until now, this practice has not been implemented in Thailand. The inclusion of such principles in a rewritten Declaration of Helsinki could help trial participants in developing countries.

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- 1 Editorial. Declaration of Helsinki—nothing to declare? *Lancet* 1999; **353**: 1285.

## Modern health services versus traditional *engozi* system in Uganda

Sir—A traditional health insurance system, known as *engozi*, has been established for at least 100 years in the districts of Bushenyi, Kabale, Kisoro, and Rukungiri in southwestern Uganda. The system provides care for individuals who are ill and unable to support themselves, and for their family members. *Engozi* also extends to families with pregnant or breastfeeding mothers, to elderly people who need care, and provides burial ceremonies

for its members. Its rules are strict. Every mature and able-bodied community member is obliged to take part. Those who do not comply with its legal system risk paying a fine or even incarceration.<sup>1,2</sup>

The *engozi* members contribute funds for health care to individuals who do not have enough savings to cover their medical requirements; if necessary, they provide transport for patients who need hospital treatment or traditional healers. They decide who shall take care of the patient's children or elderly relatives and who shall cultivate the patient's fields. The system ensures that members get health care, food, and social support sufficient to maintain their dignity. An *engozi* group may be comprised from ten to 50 households. Membership is mainly determined by kinship (belonging to the same clan) or neighbourhood.<sup>3</sup>

In these districts there are public-health facilities (albeit inadequate), for example in Bushenyi and Rukungiri districts where malaria and HIV/AIDS are rampant, the *engozi*s have disappeared or been reduced to groups, known as *twezikye*, which assist by meeting the burial costs. By contrast, in Kabale and Kisoro districts, where rural public-health facilities are almost non-existent, the *engozi* system remains strong.

In Uganda, the establishment of public-health services has raised expectations that "the government will provide" and thus led to the decline of the *engozi* system. However, with an inadequate annual health budget of only US\$6 per person (or half the target of US\$12 for low-income countries),<sup>4</sup> the government health services have never yet succeeded in meeting the needs of the rural communities. In rural areas, ways are needed to integrate the government-sponsored public-health services with the traditional *engozi* health and social-services system, improve the health status of the communities rather than undermining it.

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- 1 Dorwin C, Alvin Z. Social sciences paperbacks: group dynamics research and theory, 3rd edn. London: Redwood Press Ltd, 1970: 95–109.
- 2 Keesing RM, Strathern AJ. Cultural anthropology—a contemporary perspective, 3rd edn. Orlando, Florida: Harcourt Brace College Publishers, 1998: 288–301.
- 3 Haviland W. Anthropology, 8th edn. Orlando, Florida: Harcourt Brace College Publishers, 1997: 610–11.
- 4 World Development Report. Uganda: social sectors. A World Bank country study. Washington DC: World Bank, 1993.