Appendix

The Integration of Leprosy Control with General Health and Social Services

PREAMBLE

It is the natural evolution of specialized health services, called into being to deal with a particular problem, ultimately to be integrated into the general medical services of a country. What has already been the case with malaria control could at the proper time also be the rightful way ahead for the leprosy control programme, and then be both conducive to leprosy control and in the best interests of patients.

Undertaken precipitately, for administrative reasons only, and without due regard to the issue involved, integration could however be damaging to the best interests of patients, detrimental to leprosy control, and destructive of the progress in leprosy control achieved during the past 15 years.

The Twelfth All India Leprosy Workers' Conference gave considerable thought to this matter. After due consideration, a Committee of experienced leprologists and administrators was appointed to clarify and stress the issues which must be regarded if the integration of leprosy control work with the General Health Services is to be successful. Their findings are here presented, endorsed by the Conference, and offer outlines of the measures considered necessary if integration is to be promoted successfully without affecting the quality of the Leprosy Control Service.

Leprosy control work does not consist simply in the distribution of dapsone tablets. It involves on the one hand the comprehensive care and treatment of patients, with adequate record-keeping for assessment purposes, and on the other hand the enlightenment and protection of the general public through all that is involved in case finding and health education.

Integration means that leprosy takes its place, along with other communicable diseases, in the daily routine of every hospital, dispensary, and health centre, not only in respect of treatment, but also, as appropriate, in respect of case finding, case holding, domiciliary care and rehabilitation. It follows that the entire Health Establishment, from the Director of Medical and Health Services down to junior nurse and basic health worker, must ultimately become interested in leprosy and concerned in its control, and where personal contact with the disease is concerned, be competent in its recognition and basic treatment, and also ready to pursue the compassionate approach which alone wins the acceptance by the general public of leprosy sufferers as people like themselves. A revolution in popular thought is involved.

Recommendations

A . GENERAL POLICY

(1) Sufferers from leprosy should be accepted for treatment at all hospitals, dispensaries, and primary health centres without discrimination.

(2) Sufferers from leprosy should also be accepted without discrimination at general hospitals at Taluq, District, and other levels, and be treated for whatever disease made their admission necessary, especially when referred by doctors in charge of Control Units and S.E.T. (Survey, Education and Treatment) Centres. Necessary directives should be given in respect of both these measures.

(3) In hyperendemic areas (prevalence greater than 10 per 10,000), the work of Leprosy Control Units should continue, but no new Units should be created.

(4) In areas of lower prevalence (less than 10 per 10,000) existing leprosy control units should be replaced by a suitable number of S.E.T. Units, and adequate medical and non-medical supervision should be ensured.

(5) In areas where leprosy control work has not yet been established but there is nevertheless need for it, the S.E.T. unit has an essential rôle in the first place in breaking the ground and preparing the way for an integrated service.

(6) While most medical needs of leprosy patients should be catered for at general hospitals, there remains a residue of cases needing highly specialized diagnosis and care, including intensive physiotherapy to prevent deformity. For these, referral hospitals are needed, which can also be valuable centres for teaching. It is noted that most of the leprosy colonies are trying to become referral hospitals, and it is hoped that this process will be speeded up. In this rôle of referral and teaching centres, Voluntary Agency hospitals have an important part to play.

B. ORIENTATION AND TRAINING

(7) It is most essential to sustain the programme of integration by the orientation and training of all Medical Officers at all levels. A start should be made with Medical Officers in charge of S.E.T. Units, 6-day programmes (Monday to Saturday) being organized, utilizing all centres, whether run by Government or Voluntary Agencies, where suitable facilities can be offered.

(8) Workshops in leprosy for the benefit of Senior Medical Staff from District Medical Officer/District Health Officer and Deputy District Medical Officer/ District Health Officer level up to Director's level are also regarded as essential.

(9) Importance needs constantly to be given to the training in leprosy of medical students. Leprosy should be regarded as a part of general medicine, and training in it needs both to be emphasized and undertaken only by those who are fully competent.

(10) Short educational courses in leprosy should be arranged for Senior Administrators and Social Leaders engaged in all other community activities.

(11) Ultimately, more effective training and orientation in leprosy must progressively be envisaged for non-medical grades of general health and technical staff, including health visitors, sanitary inspectors, laboratory technicians, and physiotherapists.

(12) *Health Education:* Much more effective education of the general public is essential if progress is to be made towards integrating leprosy into the Health and Social Services. Both urban and rural populations must be reached. The object must be to encourage patients to seek sound medical advice and treatment in the early stages of their infection. Only with enlightened and sustained effort will the fear of leprosy melt away and the unique status of this disease gradually disappear from the minds of the people.

C. ADMINISTRATION

(13) It is essential for the State Leprosy Officer to continue to function, his work however becoming increasingly more that of Leprosy Consultant, related to the offering of advice, the organization and carrying out of advanced training in leprosy, and the inspection of medical units.

(14) This officer and his assistant need to be given the status of official inspecting officers, responsible not only for visiting specific leprosy units, but also for inspecting the leprosy activities of general medical units.

(15) Senior Medical Officers, from District Medical Officer/District Health Officer upwards, should ensure that Medical Officers of general hospitals, District Hospitals, Taluq dispensaries and Primary Health Centres are treating patients without any discrimination.

D. SOCIAL ASPECTS

(16) It must be emphasized that the integration of leprosy into the Social Services is as important as its integration into the Health Services.

E. PILOT STUDIES

(17) In order to gain experience in all aspects of integration, a pilot project is recommended in each State, whereby full integration is initiated on an experimental basis in one or two Districts.

(18) For the above purpose it will be necessary to organize suitable training courses which can be effective in preparing *all grades* of health staff for participation in a fully integrated health service. The subsequent assessment of such training, and of the usefulness of junior grades of worker, is essential.

(19) In pilot integrated projects it is also necessary to include the rehabilitation of handicapped leprosy patients along with other handicapped people.

F. CONCLUSION

We conclude on a note of caution. Malaria was controlled by simple mechanical procedures capable of being applied by health workers of junior grade, and without appreciable social complications. In leprosy, the situation is not at all comparable. Deeply entrenched social attitudes militate against leprosy control, and are inherited by medical and health workers just as much as by other people. The psychological effects of these on the patient, as well as the depressing experience of the disease itself, tend to lead to a diminished capacity of the patient to co-operate. Without his co-operation, there is no progress. The way of approach is thus all important. That is why so much emphasis must be placed on health education and adequate safeguards. We sincerely believe that integration is the right way ahead, but this must come in stages, and only after adequate preparation.

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