

CONFERENCE ON LEPROSY TRAINING IN AFRICA
Africa Hall, Addis Ababa, March 1979. Report and Recommendations.
ALERT, P.O. 165, Addis Ababa, Ethiopia

The objectives were as follows:—

1. To determine the views of delegates on the extent to which the International Training Centres (The Institut Marchoux, Bamako, The Institut de Leprologie Appliquée, Dakar and ALERT) had met the needs for appropriate training in leprosy of health personnel of all cadres in the countries represented.
2. To identify the difficulties and constraints faced by leprosy control programmes, in particular the problem of secondary Dapsone resistance and their effect on the content of training programmes.
3. To determine how best training in leprosy to an appropriate level of competence, can be incorporated in the teaching programme of all cadres of health personnel, including both medical students and primary health care workers, with particular reference to the requirements for such training implicit in a policy of integration.
4. To define the levels of training to be given by international, regional and national training centres in order to meet the needs for the various cadres of specialized personnel required, by an integrated health care programme.

In order to meet these objectives the assistance of WHO and of ILEP was requested and obtained, and delegates were invited from both the training centres and the Ministries of Health of a number of African countries.

And the recommendations:—

Recognizing the need for increased training in leprosy particularly in the light of the adoption of the policy of integration by many countries and the spectre of mycobacterial resistance to treatment with DDS, this Conference, meeting in plenary session, makes the following recommendations:—

1. That appropriate training in leprosy for all cadres be an integral part of the schools of public health, nursing and other paramedical staff including primary health care workers, and that postgraduate specialized training in leprosy, which will include public health training should be given for certain

cadres including supervisors and medical officers, and be recognized by the award of an appropriate diploma.

2. That leprosy training programmes be based on the work to be done by the trainees after completion of the course (principle of training by instructional objectives) and that existing programmes adapt their activities so as to give priority to assisting in the provision of cadres of trainers in leprosy for medical training centres generally.
3. That leprosy workers at all levels accept the principle of integration and participate in its application, as they have opportunity, so as to ensure that its potential benefits are realized and its dangers avoided.
4. That basic and general health workers accept their responsibility for leprosy patient care and leprosy control and involve themselves in this work.
5. That close co-ordination and co-operation between leprosy and tuberculosis work and workers should be encouraged.
6. That interchange of information and ideas between countries of Africa with similar problems and different public health and cultural systems should continue and be further developed.
7. That people with appropriate expertise should work together to develop and evaluate techniques for the diagnosis, management, recording and follow up of leprosy patients, suitable for use in integrated health care programmes.
8. That the assistance of WHO and other appropriate organizations be sought in the implementation of these recommendations especially by those engaged in: (a) the development of educational methods; (b) the development of simplified techniques; (c) the setting up of a means to continue inter-country consultation.
9. That a permanent working group be set up to foster the adoption of these recommendations.