

Leprosy and the community

We are extremely grateful to Dr H W Wheate, Secretary to the Medical Commission of ILEP, for the following report.

THE NATIONAL LEPROSY TRAINING CENTRE, WAU, SOUTHERN SUDAN

In the Southern Sudan, after the conclusion of the Civil War in 1971, the Government was faced with the tremendous task of reconstruction. Like much else, health services had been severely disrupted, hospitals and dispensaries destroyed and personnel dispersed or lost. Although there were no exact figures, it was known that leprosy prevalence was higher in the South than in other parts of the country. It was also recognized that the return and resettlement of refugees, as well as the movement of large numbers of the population associated with the work of reconstruction would be likely to increase the risk of transmission of the disease, and that this, in its turn, would lead to increased disability and invalidity and so to a reduction in the net benefits of this reconstruction to the community at large. From the beginning, therefore, the Government sought the assistance of WHO so that leprosy control would be an integral part of its health care delivery planning.

It was clear from the outset that considerable financial aid from international and non-governmental agencies would be required to re-establish even a modest basic health service and that one of the priority needs would be for the training of the personnel required at dispensary and health unit level. The conception of a rural leprosy control programme, based on a referral hospital and training centre which, being a practical example of the basic principles of community health could provide appropriate training in leprosy for the health personnel of the whole country, was readily accepted both by the Government and the German Leprosy Relief Association, which undertook to finance the construction and to run the Centre for an initial period of two years.

The practical difficulties were immense. There was no local source of building materials and the only reliable means of communication with the capital, Khartoum, was by air. Accordingly, it was decided to bring in the necessary supplies from Kenya and to carry out the work with local labour, supervised by expatriate volunteer technicians. Inevitably, there were delays and frustrations, but slowly all the interdependent parts of this comprehensive, self-sufficient unit, were completed and in November 1979 the Centre was officially opened – though, of course, work both in the hospital and in the rural leprosy control area had already started before this.

The Centre is about 20 km from the town of Wau and occupies an area of 6 sq km, part of which has been developed as farmland to provide food crops, fruit and vegetables for the hospital. There are well-constructed houses for the staff, including six for senior staff families. The hospital complex comprises administrative offices, an out-patient department, wards with 50 beds, and ancillary services (X-ray, operating theatre, physiotherapy department, laboratory and pharmacy). There is a separate building for the hospital kitchen and laundry and extensive workshops to ensure regular maintenance of both buildings and transport, and one for orthopaedic appliances and footwear.

The training unit is adjacent to the hospital and comprises 2 lecture rooms, library, canteen and accommodation for 30 students.

The Leprosy Control Programme is being developed in coordination with the Primary Health Care Programme in the Bahr el Ghazal province and provides an important learning experience for the village health workers now in training. Of the other health problems in the area, onchocerciasis is one of the most important. A special effort is being made to develop an area around Wau as a teaching and demonstration area which will not only provide examples of all types of leprosy and of its complications but will also provide practical lessons in the integration of leprosy control into a Primary Health Care programme.

The first training course was held in April/May 1980 and was a four weeks' orientation in leprosy for tutors at nursing schools and senior medical assistants responsible for refresher and in-service training. This was followed by a week's Seminar for Assistant Commissioners of Health, in which representatives from the Headquarters, Ministry of Health, Khartoum, and from the University of Khartoum also participated and at which the policy and the training programme were fully discussed. The plans agreed included participation in the post-graduate DPH course, brief orientation courses for medical students, courses for tutors at nursing training schools and refresher courses for serving personnel of the existing leprosy programmes. Some of these courses will be in Arabic. Visiting consultant lecturers will be invited to assist at some courses as necessary.

The construction of the National Leprosy Training Centre at Wau has been a very expensive and very time-consuming project, but the cooperation established between all parties concerned argues well for its future and for its potential contribution to the basic health services of the Sudan.