Instruction on the spot, with a minimum of transport to centres where the conditions and facilities might be far superior to those of real life in the village, was thought to be important, but it was recognized that there might be difficulties in teaching the basic clinical signs of leprosy and its adverse reactions, in the absence of a suitable group of patients.

On the matter of leprosy in relation to other diseases, it was thought that leprosy should usually be brought into PHC after it had been established and shown to work for various other diseases or services, and that – with some exceptions – it was unlikely that leprosy could initiate PHC. The importance of supervision was discussed at some length, with the conclusion that its most significant component would probably come from ‘district’ level, but that it might be necessary to enlist personnel devoted almost exclusively to the supervision of PHC, in view of the usually heavy workload of those already working in district hospitals. Participants agreed that some element of vertical or specialized expertise would be needed in leprosy for many years to come, probably from district level upwards, and that there would be a continuing need for referral centres, able to diagnose, treat and generally manage all aspects of complications in leprosy.

The meeting ended with a discussion on the magnitude of the task created by the aim of health for all by the year 2000, in the area of medical and para-medical education and the provision of suitable health learning materials. It was thought that appropriate education, together with the necessary change of attitude, might well take 10 years. Meanwhile, it was important to collect a great deal more data on the integration of leprosy, and other diseases of similar importance, in those areas of the world which are practising, or claim to be practising, PHC. Indeed, perhaps the most important upshot of this meeting was the realization that there should now be available much more information on the effectiveness (or otherwise) of some aspects of PHC, including experience with leprosy.

NON-GOVERNMENT ORGANIZATIONS GROUP ON PHC; DECEMBER 1981, GENEVA

This was held on 4 December 1981 at the Ecumenical Centre in Geneva and co-ordinated by the Christian Medical Commission, with Dr Stuart Kingma as Chairman. Apart from UNICEF and WHO, the participants included a representative (Mr Bert Zielhuis from Amsterdam) of the International Federation of Anti-leprosy Associations. The Agenda included – ‘The role of NGO’s in formulating strategies for health for all by the year 2000’; Progress report on the Health Resources Group for PHC: PHC team leadership training by WHO; Health education; Pharmaceutical supplies to developing countries and UNICEF development of education kits (Address for copies of the minutes is not clear, but application could be made to CMC, 150 route de Ferney, 1211 Geneva 20, Switzerland.).

ILEP AND PHC: REPORT ON AD HOC WORKING GROUP NO. 6 – BONN, 11TH DECEMBER 1981

Inventory of PHC Projects With a Leprosy Component

In response to an enquiry to all ILEP Member-Associations, details were obtained from a total of 21 projects, providing either PHC, comprehensive health care or community health services of which leprosy control was a component. There were 9 in Africa, 2 in South America, and 10 in Asia. Defining PHC as ‘characterized by community participation, employment of village health workers, and integration with social and economic development’, projects combining PHC and leprosy control were identified as follows:

1. In Africa: Tanzania, Sierra Leone, Nigeria, Mali and the Sudan. Only in the Sudan is the PHC project fully integrated with leprosy control.
2. In South America: the village of Vila Nova, Sao Luis province, Brazil, comprises 2,200
inhabitants and was formed by ex-patients discharged from a custodial type leprosy colony. There are 5 primary health workers and 400 leprosy patients.

(3) In Asia: 1 programme in Bangladesh, and 4 in India were identified as combining leprosy control and PHC.

Memorandum on Leprosy Control and PHC

This memorandum points out that the goal of health for all by the year 2000 entails the provision and training of some 6 million new health staff, including 850,000 physicians and 1.15 million village health workers. All these personnel will require some training in leprosy, if leprosy patients are to obtain a reasonable share of the service.

ILEP recognizes that the PHC approach may enhance the effectiveness of leprosy control measures in a variety of ways, such as by contributing to the accessibility and utilization of the leprosy service, and to better patient compliance. At the same time, ILEP can support PHC programmes, for example, by assistance with staff training and motivation, and by appropriate health education methods.

ILEP Member-Associations have a long experience in establishing both community participation and co-operation with governments and others in the leprosy campaign. They wish to extend this field of co-operation to all organizations concerned with all health care delivery programmes, especially, for example, tuberculosis control, and with development in general. At the same time, in communities where leprosy is of limited importance, leprosy control should not be imposed upon a PHC programme, as this may have the effect of increasing the popular stigma against the disease and its sufferers. The memorandum concludes with an excellent summary of definitions and explanations of PHC, formulated by the WHO, including its distinction from Basic Health Services.

THE TRAINING AND SUPPORT OF PHC WORKERS. PROCEEDINGS OF THE INTERNATIONAL HEALTH CONFERENCE, JUNE 1981

This is a 318-page paperback, giving a very full account of this conference, under the following main headings: 1, The selection, training and support of PHC workers; 2, training; 3, what PHC workers are; 4, strengthening of training; 5, increasing their ability to act effectively; 6, management and supervision; 7, increasing technical support; 8, programme support; and 9, review of experiences with different forms of programme support.

Published by the National Council for International Health, 2121 Virginia Avenue, N.W. Suite 303, Washington DC 20037 (This Council also handles a range of other publications on various aspects of PHC; the information co-ordinator is Virgil E McMahan.).

MORE TECHNOLOGIES FOR RURAL HEALTH; PROCEEDINGS OF THE ROYAL SOCIETY OF LONDON


This wide-ranging discussion took place on 1st and 2nd November 1979 under the following main headings – Rural water and sanitation; Agriculture and nutrition at village level; Methods, equipment and techniques for rural health care and their evaluation; Drug supplies, management and manufacturing for local needs; Rural health care looks to the future.

The account in print runs to no fewer than 182 pages and should be studied in the original by all concerned with rural health.