

**ILEP AND PHC: REPORT ON AD HOC WORKING GROUP NO. 6 – BONN,
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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.