LEPROSY AND PRIMARY HEALTH CARE WORKERS

Sir,

In *Leprosy Review*, **53,** No. 3, dedicated to Leprosy and Primary Health Care, many thoughts have been expressed by a variety of authors. Although posts for the primary, village or community health worker (PHW) have been established in only a few countries to date, one gathers most authors agree that where PHWs have been shown to function efficiently it would be worth trying to involve them in leprosy work as well.

However, one wonders whether the PHWs could manage the many tasks various people would like to put on their shoulders. Certainly all authors agreed that support and supervision of the PHWs would be essential. I suggest that unless this condition is indeed fulfilled, the integration of leprosy work with the general work of the PHW should not be attempted, since it might well prove to be counterproductive—a case of throwing the bathtub away with the baby to save water.

If one agrees that the PHW's role in leprosy control should remain basic, one could suggest as tasks:

1 To refer anyone with a suggestion of clinical leprosy to the nearest health centre for examination, diagnosis, classification, registration and prescription for treatment.
2 To record and issue drugs according to prescription, regularly, to registered leprosy patients; to encourage and supervise drug compliance.
3 To recognize and refer to the nearest health centre complications, reactions and suspected drug allergies/toxicities.
4 To trace defaulters and encourage them to return to the fold.
5 To educate the community and leprosy patients on leprosy.

Staff at the nearest health centre should be able, prepared and willing not only to deal with most of the patients referred by the PHW, but also to visit the PHW from time to time to see which cases have not been referred. The question arises as to which staff should visit the PHW in order to monitor their work with respect to leprosy.

It is possible the medical assistant or nurse/midwife of the nearest health centre (dispensary?) could undertake this if they have the time, transport, energy and inclination. However, even though leprosy may feature on the training curriculum of medical assistants and nurses and might be included on refresher courses, it is my experience that general health personnel show little aptitude in the careful examination of patients suspected to have clinical leprosy, or in the diagnosis or classification of the disease.

I think most of your readers will agree that the diagnosis of leprosy is easy except when it is not easy, and then it is very difficult indeed. This poses a dilemma: one should only register and treat a patient as having leprosy when the diagnosis is virtually certain, but not miss the diagnosis of early leprosy either. To handle this dilemma in an acceptable manner one requires time, skill and

experience in leprosy to a degree rarely available to general peripheral health personnel. For the diagnosis and classification of leprosy and the initiation of treatment, one needs a person skilled and experienced in leprosy who can afford to concentrate on that one job at that moment. If one thinks of adopting the multi-drug regimens as recommended by the WHO Study Group (Geneva, October 1981), the classification should be very accurate.

A person with the capability to supervise PHWs with respect to leprosy might be the district tuberculosis/leprosy coordinator (DTLC) as exemplified in the Tanzanian National Tuberculosis/Leprosy Programme. It will be of great interest to learn how successful the DTLCs are in the leprosy aspect of their work. In Malaŵi it is possible that leprosy control assistants who have a minimum of 2 years training in leprosy could be groomed into DTLCs. However, except in cases of outstanding excellence their relatively junior position in the medical hierarchy may be a problem. For this reason the former Malaŵi Government Dermatologist/Leprologist (Dr V Gooskens) suggested the creation of district dermatology/tuberculosis/leprosy clinical officers, but unfortunately no clinical officers can for the moment be made available for training in this specialized task.

In conclusion it would appear unwise to consider incorporating leprosy control work into a primary health care system until PHC has become well established in a country or a part of a country.

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