COMMENT: TRAINING IN LEPROSY: THE TRAINING NEEDS FOR AFRICA, AND THE ROLE OF LARGE TRAINING INSTITUTIONS

Sir,

We would like to offer some additional comments following the Editorial by Dr A. C. McDougall on *Training in Leprosy*.[1] We think that the debate so keenly urged by Dr McDougall is already under way. Future strategies for leprosy training are seriously being discussed by many of the leading training centres and their funding and operational partners across the world. ALERT, the All-Africa Leprosy and Rehabilitation Training Centre, has been providing training in the field of leprosy for over 30 years. Following the introduction of multiple drug therapy (MDT) during the nineteen eighties, ALERT experienced a steady increase in trainees which peaked in 1991. At the same time, it was realized that the dramatic decrease in leprosy prevalence as a result of MDT would necessarily lead to strategic changes, and hence to changes in training needs.

Vertical programmes are no longer seen as either necessary for effective control or cost effective. At the same time, the focus of control programmes is moving from a mainly clinical to a more public health oriented perspective. The integration of leprosy control into primary health care will result in a shift from training leprosy specialists towards training general health workers at different levels of the professional hierarchy, for whom leprosy will not be a full-time preoccupation. As mentioned by Dr McDougall, many programmes have recognized the need to train general health staff. It is thought this type of training should be organized locally within the programme. Thus, the role of the large training institutions should be to train the trainers.

Since 1992, ALERT has been offering Training of Trainers Courses. At the same time, a rapid decrease in the number of trainees was observed. Initially it was thought that this decrease was a result of the success of decentralizing the training towards the local programmes. Unfortunately, this does not seem to be the case. There has been a steady decline in the interest for the Training of Trainers Course, and in 1995 it had to be cancelled due to lack of participants. In addition, the type of trainees coming to this course did not correspond to the profile ALERT had hoped for: instead of senior staff at the regional or national level with clear human resource development and decision-making responsibility, most participants worked at the peripheral level, training being only one of their many tasks. Thus, the ALERT Training of Trainers Course did not seem to correspond to the training needs of African programmes. Not only the Training of Trainers Course, but other courses have been attracting fewer and fewer participants since 1991. This was happening not only at ALERT, but also at other leprosy training centres like Karigiri.[2] Dr McDougall speculates about possible reasons: irrelevant courses; unsatisfactory course quality; lack of cases for demonstration; shift in funding agencies' interest?

In order to find some answers, ALERT decided to try to assess the training needs for Africa in the field of leprosy, and the role of training institutions like ALERT, by sending out a questionnaire, to be followed by a workshop and country visits. We would like to present the results of our questionnaire. Although they mainly focus on Africa and ALERT, many of the issues raised by Dr McDougall are addressed, and we think some general conclusions relevant to leprosy programmes worldwide may be drawn.

A total of 92 questionnaires were sent out to all ILEP members (21), to 20 African National Leprosy Control Programmes, to 33 ILEP representatives in Africa and to various international organizations and nongovernmental organizations (18), as well as a few individuals, involved in leprosy work and training. In spite of obvious mail delivery problems, 30 replies were received, an overall response rate of 33%. For the National Programmes, the response rate was 50%. Apart from general comments from ILEP members and other organizations, we received specific replies from 16 countries, 12 of them anglophone.

It is clear from the replies that many leprosy programmes, following the dramatic reduction in prevalence after the introduction of MDT, have sought new ways to preserve the efficiency and efficacy of leprosy control work. Of the 16 countries who provided data, only 3 still run a purely

leprosy programme. In 1, leprosy is combined with dermatological services and in 12, leprosy is combined with tuberculosis. In 6 of these, the combined programme is integrated in the primary health care infrastructure. This change in programme organization results in changing needs for training as well. Indeed, 13 countries (81%) would like to redefine their training priorities according to the reorientation of the programme.

Two main trends emerge from the replies to the questionnaires:

1. Towards building up the local training capability within the programme.

All programmes already organize local training courses. However, 11 out of 16 expressed the need to improve their teaching expertise. The 8 anglophone countries among these 11 would like ALERT to assist them, notably in the fields of training needs assessment, curriculum development, training materials production and course facilitation. It should be pointed out that this is not a totally new trend. The Training of Trainers Course, mentioned above, was already an attempt to address these issues. As the course was not successful, it may be that a different kind of service is more appropriate. Instead of Training of Trainers courses at ALERT, the respective programmes might be better served by visits by consultant experts. ALERT has considerable expertise available, and it may be useful in future to promote this alternative approach to local capacity building. In situ consultancy services have been provided recently to China, Myanmar, Nigeria, Uganda and Chad, and such advisory and consultancy services should be a major growing point for ALERT in the future.

It should also be mentioned that 10 out of 16 countries complain of a lack of training materials. This is a surprising observation, since so many books and brochures in various languages are available through TALMILEP (Teaching and Learning Materials in Leprosy), often free of charge or at modest cost. Could it be that many programmes are not aware of the available materials? Or do they lack access to them? Or do the available materials not correspond to the needs of the programmes? It may be worthwhile for TALMILEP to look into this matter.

2. Towards a more flexible and diversified training programme at ALERT.

The role of large training institutions has often been questioned. However, as Dr McDougall points out, such institutions have been quite successful in the past in achieving their set objectives. From the replies to the questionnaire, it emerges there should also be a role for ALERT as a training institution in the future, but offering different types of courses. Most programmes would like to send trainees for shorter courses dealing with combined leprosy–tuberculosis control programmes, which should pay particular attention to programme management, supervision, epidemiology, statistics, IEC (information, education and communication) and health education materials production. This seems to confirm the recommendations of the Workshop on Training at the 14th International Leprosy Congress in Orlando in 1993.

It is a little worrying though that very few programmes mention the need for training in clinical leprosy. As the prevalence of leprosy will hopefully continue to decline, leprosy workers everywhere will see fewer and fewer cases, and it will be very difficult to maintain the necessary diagnostic and therapeutic skills. This will be the case especially when leprosy control is integrated into primary health care, and many health workers will be confronted with only a few leprosy cases annually. Although the number of prevalent cases is also dwindling rapidly at large programmes like ALERT, the number of newly detected cases still remains constant and many patients are followed for care after cure. Thus, such large programmes may turn out to be the most suitable option to preserve the necessary expertise. The need for this expertise is clearly stressed in the questionnaire replies. A centre like ALERT is needed to provide specialist training to physiotherapists, surgeons, laboratory technicians, eye care workers etc.

Thus, many of the reflections made by Dr McDougall are confirmed by our questionnaire. ALERT has adapted its training programme accordingly. New courses on Social Rehabilitation, Training Methodology, Prevention and Management of Disabilities, and Information, Education and Communication (IEC) have been scheduled, as well as a basic leprosy and tuberculosis course for administrative staff. In 1996, the courses will be shorter, and the traditional courses for

physicians, supervisors and programme managers will focus on combined leprosy–tuberculosis programmes. All will have modules dealing with health promotion, programme management, supervision and evaluation. A module dealing with clinical aspects will be included as well. In addition, the trainees will be given the opportunity to choose individual training options related to their specific needs and interests. The in-service training will also be organized in a more structured way. This will allow for better planning, tailor-made to the needs of the trainee, and more efficient evaluation and follow-up both for the trainee and the training supervisor. In this context, special attention will be paid to Prevention of Disabilities (POD), particularly focusing on home-based and self-care family support groups, and Preventive and Rehabilitative Surgery (PRS), leading to effective low-tech, field-based strategies for ulcer management.

Some of these changes have already been introduced, in a limited way, in 1995. It also transpires that the number of trainees in 1995, for the first time in several years, has jumped up considerably. This, hopefully, indicates that we are on the right track. ALERT could capitalize on its expertise by linking up with other institutions and expert individuals, and thus become the focal point of a network providing training expertise in leprosy and other, carefully defined, diseases to Africa and the world.

Even if the goal of 'elimination of leprosy by the year 2000' is reached, leprosy will not have disappeared, and the need for constant vigilance, and thus, continuous training, will remain for many years into the next century.

ALERT
PO Box 165
Addis Ababa, Ethiopia

G. GROENEN, N. ALLDRED & J. NASH

References

[1] McDougall AC Editorial. Training in leprosy: does the current strategy need revision? *Lepr Rev*, 1995; **66**, 89–95.

[2] *Schieffelin Leprosy Research and Training Centre*, Annual Report, April 93 to March 94.