Editorial

INTEGRATION OF LEPROSY SERVICES

This Special Issue of Leprosy Review on Integration is particularly appropriate in its timing. The process of integrating leprosy control into general health services is already implemented in some countries, or is well underway or being planned in many others. Indeed, the process is one which is widely presented as an essential prerequisite for the successful elimination of leprosy as a public health problem.¹ It has been increasingly argued that with declining prevalence and shortened treatment regimens, general health care staff could and should be able to manage leprosy without a significant increase in their workload. Integration may strengthen the ongoing decentralization processes within the health services. Successful integration of leprosy services could also be an important demonstration of operational capacity to achieve similar goals in other disease specific campaigns. But, as with any major change, there are challenges and many questions. What will it mean for the quality of care of people affected by leprosy? And what will it mean for leprosy workers and those organizations whose focus has traditionally been only leprosy? Will lessons be learned and taken into account? Or will the rhetoric of elimination and its inherent target-setting blind us to the potential loss of rigour in achieving sustainable control and maintaining quality of care?

This issue on integration has attempted to revisit and refresh the theory and practice of how effective and sustainable leprosy control can be achieved through its integration with the general or primary health care system. The experiences recounted provide some very clear pointers and key elements required for success. In the process of successful integration we need to consider the following:²–⁶

- Active participation of all key stakeholders.
- Careful planning.
- Adequacy of existing general health service infrastructure.
- Simplification of procedures.
- Establishing clear roles and responsibilities.
- Good communication.
- Effective health education and IEC activity to promote self reporting of leprosy.
- Task oriented training.
- Realistic time frames.
- Bolstering of commitment and ownership of strategy.

Many readers will be well versed in the evaluative methodology of the SWOT analysis, which encourages a review of Strengths, Weaknesses, Opportunities and Threats in any programme. When considering the process of integration of vertical leprosy control into
general health service provision, this methodology could prove equally useful. Strengths include the existing commitment, experience and structures developed over many years of strong vertical leprosy control programmes at governmental and non-governmental levels. These are elements that should not be lost. Weaknesses are inherent in any vertical structure when one considers longer term sustainability and these indeed are part of the rationale for integration. But some of the specializations of verticality may also need to be maintained such as future provision of referral services from regional centres of excellence. It will be important that these should not be thrown out with the demise of national programmes. Care needs to be given to how social, economic and physical rehabilitation services can also be integrated so that those affected by leprosy do not remain isolated by the health and welfare services that are their right. Opportunities are manifold—integration can bring effective treatment closer to the patient, can lessen stigma and can certainly strengthen both the capacity and capabilities of general health services—but only if the planning and preparation is thorough. And what of the threats? Health is a political and economic issue and the world of leprosy control is no stranger to this fact. In the push to reach targets it is sometimes easy to underplay the prerequisites noted above and to lose sight of the patient as a result. Care must be given to considering how leprosy control can be sustained in situations of low endemicity and how surveillance systems can guard against leprosy becoming a re-emerging disease of the future.

In an integrated setting, the importance of information, education, and communication work and health education/social marketing will undoubtedly be increased. A key question for those supporting leprosy control will be to consider whether new or different skills and staff are required and how this can be achieved.

The change from a vertical to an integrated programme is far from easy. The process must be carefully planned and must be appropriate to the local situation. There is however, no single formula for successful integration. The way forward requires that the approach be holistic and systemic, taking account of all aspects, reviewing all relevant systems and addressing these, with all stakeholders.

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