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Pre-Congress Workshop V – Integration

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Introduction

The workgroup met to discuss the following issues:

1. Leprosy situation in the world
2. The concept of integration: are there substantial differences worldwide?
3. Integration of leprosy services in general health services as a strategy to reach elimination
4. Experiences of integration in Africa, India, Americas (Brazil) and Western Pacific
5. Drugs distribution as an essential activity for leprosy integration and sustainability in general health services.

LEPROSY SITUATION

New case detection was about 250,000 in the year 2006. During the last 4 years there has been a 20% reduction in new case detection each year. Most of the reduction is attributed to the reduction of new cases in India.

OPERATIONAL DEFINITION OF INTEGRATION

There is no universal definition of integration. The general understanding of integration is that the diagnostic and treatment services to leprosy patients are to be provided by the general health services. This should be supported by the referral services, especially management of

POD and other complications. Provision should be made for physical or social rehabilitation for disabled leprosy affected people on an integrated basis rather than on a special basis.

QUALITY OF SERVICES DURING AND AFTER INTEGRATION

Diagnostic and MDT services through general health services are of acceptable quality. Challenges still remain in areas such as POD, drug logistics and reporting, particularly when new case detection falls to very low levels.

SUSTAINABILITY OF INTEGRATION

Sustainability remains a matter of great concern, despite the fact that confidence in the general health services remains high. At low levels of endemicity, it is difficult to maintain quality in diagnosis and priority to leprosy activities.

Recommendations

(1) Training of GHS staff is a continuous process and there is a need to develop a more standardised curriculum for use at the national level.
(2) There is a definite need to design a methodology to validate the epidemiological situation in different areas (e.g. in urban and rural areas).
(3) There is a growing need for the redeployment of leprosy vertical staff into other general health services like TB, HIV and community services where appropriate.
(4) The availability of MDT at an appropriate level of general health services, to improve patients' access, remains a key element for the effective integration of services.
(5) Patients' access to MDT needs to be flexible to improve compliance. For example, more than one month's treatment should be offered to patients when requested.
(6) Innovative approaches to MDT delivery should be promoted, e.g. postal delivery to individual patients in areas of low endemicity or absence of effective medical services. This method has been used successfully for some drugs in Brazil (HIV & diabetes drugs). This applies also to IEC and the training of general health service staff, using internet based tools (e.g. distance training and medicine).
(7) Regular monitoring and periodic evaluation exercises should be carried out using appropriate methodologies, to ensure MDT services are of high quality.
(8) Leprosy should be included in the curriculum for Medical, Nursing and Paramedical courses.
(9) In view of the fact that leprosy is decreasing in many parts of the world, a core of expertise needs to be maintained at the referral level.
(10) Governments, NGOs and communities should work together closely to implement the integration process.