EDITORIAL

An overview of training and development needs

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Maintaining leprosy expertise

With the reducing prevalence of leprosy worldwide, some health workers in low endemic countries see less than one new case a year. They are losing the essential skills for the management of leprosy. In the context of a declining disease burden, fewer resources and, most importantly, declining clinical expertise in leprosy, capacity development assumes a greater importance.

As more leprosy control programmes are integrated into primary health care services, they need the necessary capacity to manage leprosy and its complications. National leprosy expertise will only be maintained if endemic countries and their partners invest in long-term human resource development. Adequate training of staff, an effective referral network and supportive supervision are essential for timely and effective care.

WHO has developed a Capacity Development Strategy designed to help countries to analyse their training needs and address the political will to maintain learning at a high level. WHO suggests that we identify suitable institutions and establish training programmes for national-level experts, including dermatologists and trainers. However, how do we solve the problem of lack of expertise at the grass roots level? How do we help community health workers or local medical officers to manage leprosy in their contexts? For a start, we need appropriate training and learning materials (and methods) for different categories of health personnel. In Nigeria, Netherlands Leprosy Relief have assisted the National Leprosy Control Programmeto develop ‘suspect and refer’ training for all health workers. Only those workers in centres known to have active leprosy cases receive additional training on confirming diagnosis, giving MDT, managing complications, and so on.

We may also need to extend our training beyond health personnel, and include, for example social workers and community development workers. In many countries where the
faith-based communities are influential, the leprosy programme can include faith leaders in ‘suspect and refer’ training.

Diversification of training

According to the Enhanced Global Strategy, capacity building “involves equipping the health staff with the right knowledge, skills and understanding to enable them to function effectively”. What are the right knowledge, skills and understanding that leprosy workers need in 2012 and beyond? We need an understanding, not just of clinical issues, but wider disability issues, development topics and the human rights approach. We need skills not in being prescribers of medication, therapy and other treatment, but in being facilitators who help people affected by leprosy and their families and communities to help themselves. We need to understand the strategy of community based rehabilitation, and be able to network and collaborate with other rehabilitation programmes.

Thinking ‘outside the box’ can help us reach more people who might need leprosy training, for example, speaking about leprosy at international and national conferences (skin diseases, ophthalmology, CBR, development, human rights, etc.) Multi-disease collaboration is also a good way to raise leprosy awareness among health workers. For example, ILEP members are involved in the ‘Legs to stand on’ initiative, and attended the recent workshop on Neglected Tropical Diseases (NTDs).

In low-endemic countries, can we make use of technology to aid diagnosis and follow up, data collection, case-holding and the reporting of complications? The Leprosy Mission is piloting using SMS messages in Mozambique. With the availability of technology even in low-resource settings, the use of social media, online seminars (webinars) and other online resources could be exploited. Leprosy Review is available online; it is a useful tool for so many people worldwide. However, with most material only available in English, there is a great need for accessible material in other languages if we are to meet the needs of those in endemic countries.

References

5 Modules for the training of general health workers in leprosy control. Federal Ministry of Health, Nigeria.
9 http://www.mhealthalliance.org/