



*Training programmes aiming at **decentralising** and **integrating** leprosy surgery into the general health care systems.*

*Roland Kazen, Asrat Mengiste,
Emmanuel B M Mwandu,
Ataklitie Baraki*

The situation in AFRICA

- Very few specialists in surgery.
- Even fewer surgeons with knowledge in reconstructive, hand, and orthopaedic surgery.
- Most surgery performed by general practitioners.

WHERE ARE THE PATIENTS?

- **HIGH PROPORTION OF THE NEW PATIENTS ARE DISABLED AT ONSET OF TREATMENT**
- **BACKLOG OF PATIENTS WITH SEVERE DISABILITIES**
- **ACCUMULATION OF CASES**

NERVE

DAMAGE

CHINESE EXPERIENCE

POD ONLY: 30% reduction

POD + PRS: 60% reduction

PREVENTATIVE AND

REHABILITATIVE

SURGERY

FOR LEPROSY VICTIMS

Definition:

“The prevention and treatment of disability, using surgical techniques”

The role of PRS

PRS TO BE AN INTEGRAL PART OF LEPROSY MANAGEMENT

LM = LC + POD + PRS + SER

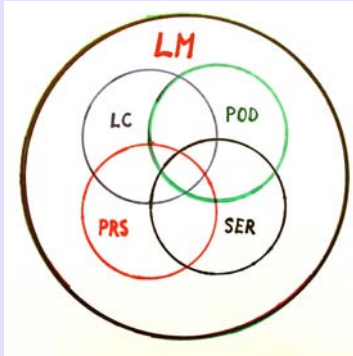
LM =
Leprosy Management

LC =
Leprosy Control

POD =
Prevention Of Disability

PRS =
Preventative and
Rehabilitative Surgery

SER =
Socio-Economic
Rehabilitation



➤ *Heal the plantar ulcers*

➤ *Upgrade the foot soles*

➤ *Solve the
biomechanical errors
causing the ulcers*

**To heal an ulcer may not
be too difficult....**

**....but to upgrade a
foot sole may be very
complicated and
demanding in some cases.**



...and to solve the biomechanical error causing ulcers may demand experience from therapists as well as patient compliance.



Where do ex-leprosy patients belong?

- **To the leprosy control programmes?**
- **To the general health sector?**

Patients in an area where little is going on in terms of POD and PRS

GO IN HIDING!

They only come out if there is service that they trust.

WHAT IS SO SPECIAL ABOUT AFRICA?

- Very few specialists in surgery.
- Even fewer surgeons with knowledge in reconstructive, hand, and orthopaedic surgery.
- Most surgery is performed by general practitioners.

Many countries do not have any functioning leprosy institutions. If there is need for surgery, where can it be done?

In Nigeria, when states have been divided into two, the leprosy institution has been given to one of the states.

In the middle of 1990s a training programme was tried in the North of Nigeria. A selected surgeon got PRS-training in ALERT.

After training he was visited twice a year by the PRS-surgeon in ALERT, and given further on the job training.

(cont.)

Together with the external facilitator courses were held for 5-6 surgeons / GPs at the time over a time of 8 working days.

During that time the 'neurologically impaired foot and hand were studied.

A number of patients were selected, around 30-35, and the trainees were given hands on training on those patients.

After the training period the trainees, who were selected from both leprosy and general units were to go home and start performing minor, septic surgery in their home units. (cont.)

(cont.)

After this training the national facilitator was expected to visit the trainees at regular intervals and work together with them.

At the same time a referral system was developed for patients in need of more advanced surgery, either performed by the national facilitator or by him/her and the external facilitator at the next visit.

Parallel with the development of the PRS-programme, a POD programme was developed.

(cont.)

(cont.)

The philosophy of this training programme is to make preventative and rehabilitative surgery available to patients as near to the patient as possible, and preferably in the general health care system,

As far as possible utilising the existing resources and ideally only adding training.

The training of a national facilitator to continue the training programmes would make the programmes sustainable.

TANZANIA

Since the start of those programmes, some more countries have requested training programmes in PRS:

- *The Northwest of Nigeria, (Sokoto)*
- *Sudan*
- *Uganda*
- *D. R. of Congo*

How these programmes will be shaped depends entirely on the infrastructure of the area, and the need.

The planning should be preceded by a

NEEDS ASSESSMENT

The impact of the programme should be measured.

Each programme should endeavour to work and network with all possible resources within the fields of rehabilitation (CBR, handicap programmes etc.) and education (teaching programmes, medical schools).

For East Africa AMREF is a very important partner.

**A PESSIMIST
SEES A
PROBLEM IN
ALL
POSSIBILITIES**



**AN OPTIMIST
SEES A
POSSIBILITY IN
ALL PROBLEMS**

