



From Global Strategy to National Action: Workshop for Health Service Managers in Charge of Leprosy Control Programmes

Session 8 **Integration and referral**

Topic: Integration and referral, the game rules



Session 8: Integration

Integration means that the day-to-day patient management, recording and reporting is the responsibility of general health staff.

It does NOT mean that specialist expertise is no longer required.



Session 8: Integration

Role of peripheral health staff:

➤ Diagnose leprosy

or:

Suspect leprosy

➤ Provide MDT in non-complicated cases



Session 8: Integration

Basic principles for successful integration (WHO):

- Every health facility to provide MDT on all working days
- ≥ 1 trained staff member in each facility
- Sufficient MDT drugs, free of charge, available
- IEC materials available for patient and family
- Treatment register available
- Referral systems accessible, known to peripheral staff



Session 8: Non-urgent Referral

1. Diagnosis of leprosy
2. Suspected relapse
3. Stable disability fit for intervention
4. Non-medical referral (CBR, social worker)
5. Unrelated health problems

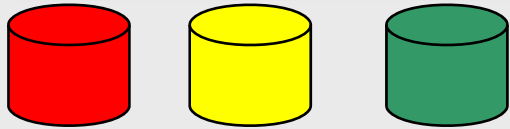


Session 8: Urgent Referral

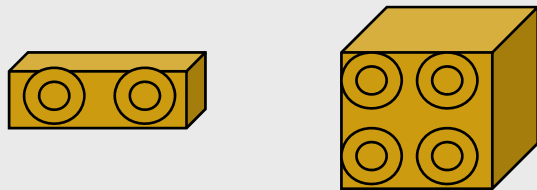
1. Severe leprosy reactions:
 - Severe RR;
 - RR overlying major nerve trunk)
 - Neuritis, silent or not;
 - ENL reactions.
2. Severe hand or foot infections;
3. Eye involvement (loss of vision, painful red eye, lagophthalmos, reaction in facial patch)
4. Serious drug reactions



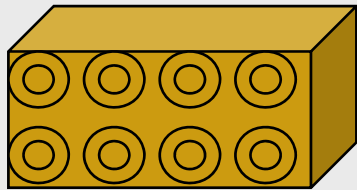
Legend for resources:



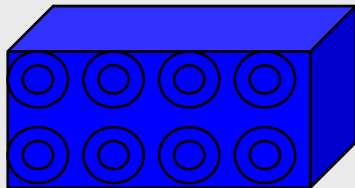
Level 1 Peripheral Units



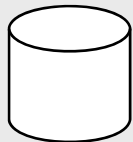
Level 2 Referral Integrated Units



Level 3 Referral Specialized Units



NGO-sponsored specialist hospital



Transport: 4 x 4 vehicle