

QUALIFICATION OF HEALTH PERSONNEL

EDITORIAL

Concerning endemic diseases such as leprosy, the training of people involved in its control is of utmost importance and is the key point to achieve this goal.

The educational objectives related to Hansen's disease have already been defined, as well as the Job description of the health team, the strategy for training, the available resources such as practical experience, published material, audio-visuals, the methodology of training, the evaluation process, the duration and contents of these courses and also the needs for recycling and the production of a guide to leprosy control which is the base source for training. In the other hand, it is well accepted that a successful control of this disease needs a priority inclusion of leprosy as part of the curriculum of medical schools, nursing schools and other educational institutions devoted to health sciences

However, in the practical point of view things are no so clear as they seems to be in the theory.

Leprosy is a problem of developing countries and the control actions faces many operational and technical problems. Among the operational one can mention the difficulties to make leprosy a priority disease in some countries due to other existing Important endemic diseases; a weak health structure to meet the operational needs of PQT; lackage of resources to drug supply; lackage of an adequate plan to introduce PQT; difficulties to refer patients with clinical complications; lackage of health education towards the patients concerning basic aspects of PQT resulting that they hardly accept to finish the treatment after the regular doses; lackage of laboratories for bacilloscopy and poor training of health personnel.

Brazil is huge a country where the regional variations should be taken in account on the development of control activities and therefore, in the proposal to train health personnel. One example is the Amazonian region with a high prevalence of the disease and enourmous difficulties to reach patients and the industrialized southeast region with a well settled health structure but with the highest absolute number of cases in Brazil.

The International Center for Leprology promoted its third and last course of specialization in hansenology in 1938. Apart from some courses held in Minas Gerais, no other initiatives in this issue have been developed since then. Thus, the lackage of high qualified personnel to deal with leprosy control was soon felt. In this sense, the specialization course that was held in 1942 represented an important step. Afterwards, other courses were held in Rio de Janeiro, São Paulo and Ceará with the participation of key people in the area. However, the main idea was that these courses could overcome the constraints of other activities in the control of leprosy with the aim that the attending doctors could draw these new concepts to their own professional activities. After that, the most recent attempt was based in a package of basic books on leprosy to be used In medical schools. In fact, this package contained not only a good quality leprosy text book but also included directives concerning the time of each module, pedagogical strategies and scientific posters. This initiative was quite encouraging because involved university professors but, in the other side, they were happening at the same time, difficult to coordinate and, at some extend, farfrom the objective to insert these knowledges in the operationalization of health

services

In the early 70's the actions of leprosy control started to move from the vertical system to be absorbed by the general health system all over Brazil. This was followed by dispersion of specialists in leprosy to different areas and there were not also replacement of retired doctors. At the same time, the universities did not followed this modification in the health policy and the services of our main health units were put in a secondary order. All this was aggravated by the lack of specialized assessors at the regional level and only a few were available at the national level. Thus, the real care of leprosy patients at that period was undertake by 33 old and out of date colonies.

Among this uneven condition arises the Instituto Lauro de Souza Lima which since the early 60's was dealing with training of health personnel in leprosy. Since then it has steadily increased its training activities reaching 12 annual courses among then 4 on hansenology, 4 in prevention of disabilities and 4 in physical rehabilitation. The participants are mainly doctors, nurses, physical therapists and other health personnel. A part from that, the Instituto receives medical and nursing school students These activities have been steadily increasing to an average number of 1200 students each ear. They came mainly from all parts of Brazil and also from Portuguese speaking countries In Africa such as Angola, Moçambique, Guine and Cabo Verde and also from other countries in the world.

In march 1976 a National Conference for Evaluation of Leprosy Control was held in Brazilia and this conference was idealized in Bauru and a new policy for the control of leprosy in Brazil aroused with especial emphasis in the training of personnel.

In the early 80's the National Division for Sanitary Dermatology implemented a new policy for human resources at a national level mainly by supporting the training of personnel by the local Health Secretariats and also the promotion of courses in a macro-regional basis in order to qualify references centers at this level. This goal would be achieved by a National Course of Specialization In Leprosy and could be complemented by an international training with support of PAHO.

In 1983 it was found that, besides the Instituto Lauro de Souza Lima, many states had centers with potential to became a reference, deserving financial and technical support This was the case of Fundação Oswaldo Cruz in Rio with potential for training in laboratory methodology, the Centro Alfredo da Mata in Manaus with a vast experience in

the operationalization of leprosy control in the amazonian set, the state of Paraná with knowledge in promoting prevention of deformities in health units and the state of Rio Grande do Sul with an important experience in data collecting and processing.

Unfortunately, all this effort could not be extended due to lackage of funds. The economical crisis in the country had a negative influence in the control activities. There were lackage of funds and low salaries and therefore an exodus of technicians to other areas.

The introduction of PQT in Brazil was an encouraging factor to the qualification of health personnel. This regimen as recommended by WHO was introduced in 1986 in demonstration units with an annual evaluation of its effectivity. This proposal included a deep modification in the bases of the general health services dealing with leprosy control and also qualification of personnel to face the need of supervised doses. In this sense, it aroused that the training only in technical aspects of leprosy would be insufficient and that there was a need to make health personnel aware of the importance of these modifications. Thus, a new pedagogical technique was introduced, participative and including new educational material. In these trainings there were the participation of doctors, nurses, supervisors and auxiliary personnel.

From 1986 to 1991 many courses were promoted. Didactic material was produced including slides, tapes and a manual of leprosy to be used in medical schools. Regarding the interaction with the universities, many seminars were promoted in a macro-regional bases specifically to teachers of the leprosy related areas (dermatology, neurology, preventive medicine and infectious diseases). Students of these areas also participated. The same sort of integration has been implemented in nursing, physical therapy and occupational therapy schools.

Concerning POT, many courses are been

held in Brazil at this time, mainly in the Reference Centers.

From the national experience regarding qualification of health personnel, some aspects could be stressed:

- to qualify personnel in all levels at any cost, since the top positions of decision in the leprosy control programme are in charge of people well qualified and motivated;

- it is very important that the NGOs and the Ministry of Health have a common path of work;

- the importance of the Reference Centers in the qualification of personnel;

- the need for a rational use of the available resources with the definition of priority levels;

- the need for some new element that could draw some impact in the Inefficient control programme; this element is PQT. The use of PQT offered the patients a treatment more efficient, more rational and in a shorter period. This lead to more compliance. Moreover, PQT lead to deep modification in the structure of the existing programmes and also the need for qualification of personnel.

CONCLUSION

With the introduction of MDT and the possibility of new therapeutic scheme more efficient, we reach a point in the control programme where the qualification of personnel is of utmost importance. Therefore, the endemic countries should congregate its efforts in this sense. They should organize themselves according to their cultural and linguistic affinities and, coordinated by WHO, to utilize their potentials in the field of qualification of personnel by means of exchanging their experiences, joint production of educational material, development of References Centers and a better use of the existing ones. They should also take profit of the available resources from their own governments and those coming from NGOs.

Father Damian, in Molokay, to improve care to patients was used to ask those in better conditions to help those In a worse situation. This is an elementary fact that no one should forget.

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