Plus, even in areas where health services coverage is reportedly high, access to leprosy services remains far from satisfactory. Service providers are not sufficiently proactive and awareness about the disease and its curability is quite low.

This is seen in the trend of leprosy in a number of high-burden countries. While prevalence reduction was very rapid in the initial years after reaching high MDT coverage, the rate of decrease has slowed down considerably in recent years.

New cases continue to be detected, mainly from areas where MDT had been introduced more recently. New cases are also being detected in other areas in significant numbers, due to such reasons as re-registration of old patients and over-diagnosis of leprosy among individuals with only doubtful evidence of the disease, both resulting from the pressure to maintain high levels of case detection.

### Sustained Interest Needed

Achieving leprosy elimination will depend upon the following factors: sustained interest, advocacy and political commitment at the global, regional and national levels; strengthened support by partners; and the continued intensification of the integration of leprosy work within the mainstream of general health services.

This should make it possible to ensure that all or nearly all leprosy patients are identified in time and treated with MDT, and that patients are accepted within their communities.

In some areas, leprosy elimination may take longer, in spite of the best efforts being made. This is largely a result of the late start of MDT implementation, unusually high prevalence levels to begin with, and certain unknown epidemiological factors. However, this is likely to apply only in certain limited areas and not likely to influence the global picture.

*Checking MDT at a Primary Health Center in Nagpur, Maharashtra*

Thus the overall prospects for reaching the leprosy elimination goal appear to be quite bright provided we continue to sustain our commitment, identify problem areas and situations and intensify our efforts as required. ❑

*Dr.S.K.Noordeen is former WHO Director for the Action Program on the Elimination of Leprosy and Chairman of the Leprosy Elimination Alliance, Chennai, India*

# Union Minister Committed to the Cause

*WHO Special Ambassador Yohei Sasakawa found a ready audience when he called on Union Minister for Health and Family Welfare Sushma Swaraj on a visit to India last November.*

Mr. Sasakawa began the meeting by outlining his mission to eliminate leprosy and advance the human rights of people affected by leprosy. Mrs.Swaraj responded enthusiastically, saying she takes a keen interest in leprosy issues that goes beyond her formal responsibilities as health minister.

"I believe Mahatma Gandhi when he said that if you want to approach God, you must serve leprosy patients. These people are the most deprived, the ones who have suffered most—not just physically from the disease but also mentally, because they have been rejected by society."

Mrs. Swaraj, who was appointed health minister in January 2003, recalled how her first contact with leprosy-affected people was at the age of 25, when she contested a local assembly election in her home state of Haryana. There was a colony of 90 patients nearby, and she made a point of getting to know them. "In addition to the medical help that the doctors provided, I would visit them every Sunday to socialize and dine with them," she said.

At this colony and at another in South Delhi, she persuaded leprosy-affected people to stop begging for a living and allow the government to care for them. Although she could not persuade their families to take them back, she did help to arrange marriages between them and organize educational opportunities for their children.

"I can assure you that this cause is very dear to me. I am acting out of conviction," she told Special Ambassador Sasakawa. "We must achieve the goal of leprosy elimination by 2005." ❑