

from the treatment list. Clearly, it will be necessary to conduct a review of patients to track down anyone who might have been overlooked in the changeover.

Maharashtra (November 12-19)



A woman learns how to weave at Shantivan Nere, Maharashtra

In the central Indian city of Wardha in the state of Maharashtra is the Sevagram Ashram where Mahatma Gandhi lived from 1936. Gandhi regarded leprosy as a challenge to humanity and was associated with the disease for over 50 years. He once said, "Leprosy work is not merely medical relief; it is transforming the frustration of life into the joy of dedication, personal ambition into selfless service." This place is home to the Gandhi Memorial Leprosy Foundation. Established in 1951, the foundation focuses in particular on education and health training programs in areas where the prevalence rates are especially high. When the foundation began its work, the prevalence rate in Wardha District was 233 per 10,000. Since the introduction of MDT, it has dropped to 3.4 per 10,000.

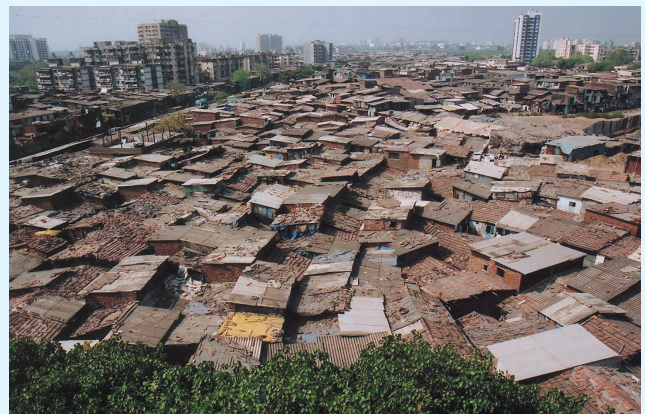
I visited Mumbai from November 16 for four days. Maharashtra has a population of more than 100 million, of whom 42% live in cities, and the rest in 42,000 villages scattered all over the state, many of them in areas that are extremely difficult for the health services to reach. In 1981, the prevalence rate for the whole of Maharashtra was 62.4 per 10,000, but today the figure is down to 2.75. There remain three barriers to elimination: the inaccessible tribal regions and remote areas, the slums that account for 65% of the urban population and the difficulty of keeping track of the movements of people in border areas.

The state is currently promoting a special action plan to address these difficulties. I was very encouraged by my meeting with Chief Minister of State, Shri Sushilkumar Shinde, who told me that both he and the chief secretary have taken it upon themselves to form a committee consisting of state representatives from

education, labor and industry as well as representatives from NGOs to tackle leprosy problems in the state. I also received assurances from State Governor, Shri Mohammed Fazal, and State Health Minister, Shri Digvijay Khanvilkar, of their firm intention to work toward the elimination of leprosy, and verified that the state government is committed to this goal at the highest level. The strategy drawn up by the health ministry has been well formulated, and all that remains is for it to be implemented.

Mumbai is home to Asia's biggest slum, Dharavi. Some 600,000 people from all over India live here, and the population density is as high as 60,000 per square kilometer. The Bombay Leprosy Project has been working here since 1979. In 1983, the prevalence rate in the slum was 22.4 per 10,000; by August 2002, it had dropped to 0.7 per 10,000. This dramatic decrease is thanks to the devoted efforts of project members. This NGO not only seeks out and treats patients; it helps in the socio-economic rehabilitation of leprosy-affected people who have made a complete recovery, with support from local companies offering vocational training.

To clear up society's misunderstandings about leprosy, it is vital to involve the non-leprosy community. I visited the Maharashtra Chamber of Commerce to meet with the president and other officers and ask for their support in disseminating correct information on leprosy to their members. I also had the opportunity to address the oldest Indo-Japanese association in India about my mission. Afterward some young ladies in the audience asked questions such as, "Is it true that leprosy is hereditary?" or "Is it true that leprosy is dangerous because it's a communicable disease?", and I realized that ordinary people still know far too little about leprosy and that much more needs to be done to educate the non-leprosy community.



Dharavi, the biggest slum in Asia

It goes without saying that strong political will, the commitment of all people from central government