

affected by the disease as her problem. I urged them to put Bihar at the head of the movement to eliminate leprosy from India.

For the second half of my stay I visited Patna District and Gaya District. In both, the PR has dropped to 4-5/10,000 but elimination activities are still needed. First I visited the Masaurhi primary health center, which serves a population of 200,000. Under it are two more health centers and 26 sub-centers. Health workers and community health workers (anganwadi workers) who discover new patients refer them to the primary health center. Each sub-center sees about 10-15 new patients a month. Thanks to early diagnosis and prompt commencement of treatment, there are almost no cases of deformity.

Next I went to Gaya to visit the regional hospital. Here I met the district magistrate, the head of the hospital and about 30 front-line health personnel. I thanked them for their efforts and promised to come and celebrate their success when elimination was achieved.

I also visited Bodh Gaya primary health center. There are 21 sub-centers, and a total of 95 leprosy patients registered. Here, too, I was told there were no cases of deformity.

I concluded my stay in Bihar by calling on Chief Minister Rabri Devi, and her husband Laloo Prasad, the former chief minister and now Union railways minister. Both showed keen commitment toward elimination and promised me their continued support.

### GOA (SEPTEMBER 29-OCTOBER 2)

At the end of September I visited the Indian state of Goa to attend a two-day India Health Secretaries Meeting for Leprosy Elimination sponsored by the World Health Organization. The conference discussed strategies to achieve elimination by the end of 2005, and was attended by officials of 11 out of 15 high endemic states.

The occasion was significant because of the senior level of the Indian government representatives attending — Shri J.V.R. Prasada Rao, Secretary (Health), Ministry of Health & Family Welfare; Dr. S.P. Agarwal, Director-General of Health Services; and Ms. Rita Teotia, Joint Secretary (Health).

With just over a year to go, it was important to have these top officials convey the government's determination to eliminate leprosy in front of the representatives of the endemic states. Further, it was an opportunity for government and state officials spend time together, affirm their common resolve and discuss concrete strategies.

I am also hopeful that state health secretaries and their representatives will have been inspired by the example of other states and gone away

with a renewed sense of purpose to bring down the prevalence rate in their own states.

For my part, I said that I was prepared to travel to India as often as necessary until elimination was achieved, and stressed that I stood shoulder to shoulder with the Indian people. For the first time, I wore Indian national costume.

While in Goa, I visited two teenage boys currently being treated with MDT. One was diagnosed early because his mother had some knowledge of leprosy symptoms and had him checked when she discovered a patch. Later his cousin was also found to have leprosy.

One boy doesn't mind taking MDT but the other is reluctant because he's afraid it will make his skin turn dark. I told him this would only be temporary and encouraged him to take his MDT like his cousin. I was reminded how important it is to explain treatment and reaction to patients.

I also visited a state-run leprosarium established in 1934 by Dr. Froilano de Melo when Goa was a Portuguese colony. Set in some 60 acres amidst coconut palms, jackfruit trees and mango trees, it has plentiful greenery. At one time it had as many as 280 occupants but today has only 18 (11 women and 7 men), whose average age is between 70-80. It stopped accepting patients two years ago, and there is talk of eventually turning the complex into a hospital for HIV/AIDS or other diseases.



Visiting the Leprosaria Central in Goa

Nowadays, many of its buildings have fallen into disrepair, but the wards in use appeared clean and well-run by the staff of seven nurses. The residents all wore uniforms and engaged in a variety of pursuits including electrical repairs, carpentry and painting. I was told they are content, but I sensed the loneliness of their isolated existence in their faces. One elderly lady has been living there since the age of 12. In beautiful Goa, it was all the more painful to encounter people long recovered from the disease but unable to return to society, and I renewed my determination to end the discrimination that permits this to happen. ■



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