

secretary, Shri S.P. Aggarwal.

For a big city, Delhi has its share of health problems, battling diseases such as HIV/AIDS, TB and polio, in addition to leprosy. Migratory and floating populations from other states pose a particular challenge. When cases of leprosy are discovered among them, this results in a significant amount of re-registration or duplicate registration of people who have been registered once already and treated. Delhi NCT has a PR of 3.92/10,000, but despite the challenges it faces, Shri Aggarwal assured me Delhi NCT was committed to achieving elimination.



A magician shows how to cure leprosy (top) as an appreciative audience looks on (above).

Just before leaving Delhi I made a brief visit to the Flame of Fire Leprosy Center, a colony largely made up of people from Karnataka State. Established 15 years ago, the colony hopes to set up a rehabilitation program to make residents socially and economically independent without recourse to begging.

Delhi's state leprosy officer had arranged for me to see a performance of a magic show used to educate people about the disease. Using a bag to represent a hospital and a polka dot handkerchief to represent a leprosy patient, the magician placed the handkerchief in the bag along with some MDT. Then, reaching into the bag, he pulled out a white handkerchief, representing a cured patient. Easy to understand and entertaining too, the show impressed me as an effective way to communicate an important message to hidden patients in areas where other media don't reach.

SOUTH AFRICA (JANUARY 30 - FEBRUARY 4)

From India I traveled to Johannesburg to attend the African Leprosy Congress. The four-day conference was organized by the International Leprosy Association with the support of the South African government, WHO, ILEP, and others.

Great progress has been made in fighting leprosy in Africa, and it was gratifying to see so many nations at the congress. But there's still plenty to be done as Africa is home to most of the world's remaining leprosy-endemic nations.

I told the opening ceremony that I believed this meeting was a truly historic occasion in the long history of leprosy, in that the first session of an ILA congress was to be devoted to the theme of leprosy and human rights. Moreover, of the 273 registered conference participants, 29 were recovered persons attending as part of a 40-strong delegation from IDEA — the International Association for Integration, Dignity and Economic Advancement.

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This signals to me that as we draw near the goal of eliminating leprosy as a public health problem, the work of eliminating social discrimination — an initiative in which recovered persons have a central role — is now set to begin in earnest. In that sense, this congress represented a clarion call for ending discrimination.

Prof. Yozo Yokota, the Japanese member of the UN Sub Commission on the Promotion and Protection of Human Rights, was one of the speakers. He briefed the congress on the preliminary report he is preparing on leprosy for the Sub Commission, and later heard testimony from recovered persons about their experiences.

On the sidelines of the conference, I met with a group of health officials coordinating the national elimination programs in the six African countries yet to achieve elimination — Angola, Central African Republic, Democratic Republic of Congo, Madagascar, Mozambique and Tanzania. Listening to their accounts, it became apparent that in addition to operational factors such as re-registration and misdiagnosis common in other endemic countries, in some cases they must also contend with problems beyond their control such as regional disputes, displaced persons and war. Hearing this, I resolved to make more visits to Africa to offer encouragement to these countries for reaching the elimination goal. >>