



Bunaken Island, North Sulawesi (left); Bharat Mata Kusht Ashram, Haryana State (middle, right), where an old dwelling reminds of times past

institutions that seemed to symbolize different phases of the fight against leprosy. The Daya Leprosy Hospital has 220 beds but almost three-quarters of them are empty. Now that MDT is readily available, I feel there is no longer a need for a specialist hospital such as this today.

The National Leprosy Training Center, by contrast, has an important role to play in improving the quality of services. To date, some 3,000 leprosy officers, 1,500 doctors and 1,000 medical students have received training here. By nurturing human resources and acting as a national knowledge base on leprosy, I'm sure it has a key role to play in sustaining Indonesia's fight against the disease.

INDIA (DECEMBER 14-19)

According to 2004 statistics published by the WHO, 64% of the world's leprosy patients are to be found in India. While the actual number of cases has come down dramatically, those affected by the disease still face severe social discrimination, and might be considered a "leprosy caste." For at least some of these people, shunned by family and friends, their home becomes a self-settled colony.

At the start of 2005 I proposed that a survey be carried out of all such colonies, and that a conference of colony leaders be held. By the time this conference took place in December, the results indicated there were 630 colonies across the 23 states and union provinces surveyed so far. While many residents survive by begging, some are engaged in enterprises such as weaving, carpentry and small-scale manufacturing as a means to make a living.

I visited several such colonies, in the Delhi area and in the state of Rajasthan, during my

seventh and final visit of 2005 to India last December.

I went first to Satya Jeevan leprosy colony located at Lajput Nagar in Delhi. Once it consisted of tents pitched along the side of the road, but now the colony residents live in brick buildings. Eighty households made up of 230 people live here. While the majority of them survive on begging, in recent times the number of people making a living by selling water to passers-by or working as rickshaw drivers has been increasing.

It was here I met a 14-year-old girl, both of whose parents once had leprosy. Previously she had attended school in the area, but when it came out that her parents had had leprosy, she was bullied by her classmates and eventually had to leave. She hasn't been to school for more than a year, but fervently wishes to return to her studies. There were other children in a similar situation, and I promised to assist in building a school at the colony.

Next I visited another colony, Bharat Mata Kusht Ashram, in Haryana state. Established in 1973, it is home to some 300 people today. What is special about this colony is that the residents have formed a cooperative association and have built the economic foundations of a community that doesn't rest on begging.

Over 120 residents are engaged in weaving and other occupations, and donate a portion of the profits to the cooperative. This money is used to purchase feed for the chickens and cows the colony keeps; to pay for doctors to come and visit; and to help support those with severe disabilities.

The following day I flew to Jaipur in Rajasthan. Jaipur is the founding place of the NGO known as Sarthak Manav Kushthashram

Leprosy LEXICON

● Treatment completion rate (cure rate)

Ensuring that all new patients who start multidrug therapy complete the full course of treatment within a reasonable period of time is an important component of leprosy control. Treatment completion means that a patient with paucibacillary leprosy completes 6 monthly doses within a 9-month period, and a patient with multibacillary leprosy completes 12 doses within 18 months. Treatment completion rate can be used in the field as a proxy for cure rate, which require an additional examination.