## **THE SPECIAL AMBASSADOR'S JOURNAL, 2002**

In December 2002, I visited several areas in India and Bangladesh. During my travels, I became aware that the media's grasp of leprosy is surprisingly limited. It was news to many of those I talked to that India has the largest number of patients in the world. This reinforced my conviction that education is absolutely vital.

## **Uttar Pradesh, India**

Uttar Pradesh is one of the most highly endemic states of Northeastern India, as well as the state with the largest population — 166 million. Elimination activities here are



Yohei Sasakawa and Chief Minister Mayawati

being promoted spiritedly with the dedicated efforts and energetic leadership of people in the government, private organizations and a wide variety of NGOs. This system is coordinated by Leena Nandan, the newly assigned project director. I visited the Unnao district (population 2.7 million), where I went to community health centers, as well as villages where health workers are conducing detection campaigns. In these villages, I met with several patients receiving MDT. I also met several eminent political leaders, including Chief Minister Mayawati, who all showed a keen interest in the leprosy problem and promised their commitment to the elimination effort. At a press conference attended by some sixty journalists from local newspapers, TV and radio stations, I explained the current state of leprosy elimination around the world, in India and, most specifically, in Uttar Pradesh. As a result, articles appeared the next day in twelve newspapers (three English and nine Hindi).

I discussed several issues with the Project Director Leena Nandan, including the need to come up with a simple way to reach schools, thus enabling students to find early signs of the disease simply by checking the skin of family members. Later, I learned from Ms. Nandan that leprosy elimination was being given top priority by the state. Following this, the project people immediately designed an illustrated chart of the human body in order to facilitate detection. The chart is distributed to primary school children. Children take the sheets home, bring them back the next day, and the data is then evaluated at a Primary Health Center.

## **Bangladesh**

In Bangladesh, I met with the Minister of Health and observed leprosy elimination activities in Dhaka. This work is being jointly conducted by the government and The Leprosy Mission, Bangladesh. They are making continuous efforts toward the early detection of leprosy in women and children. Even though the target has been met, the need for vigilance never ceases.

## Bihar, India



Anganwadi Workers in Bihar

In Patna, the capital city of Bihar, I attended a briefing lead by a state leprosy officer and WHO state coordinator. It was reported that, though the leprosy elimination activities in Bihar had a late start, the number of patients is markedly fewer than it was in 2001.

There was also a report on the Communication for Behavioral Impact, or COMBI, program, which was conducted in three districts of Bihar on an experimental basis. I next went to the district of Jahanabard, one of the districts where COMBI is being conducted, where I had a meeting with the district magistrate and an allfemale group of social workers known as Anganwadi Workers. They are cooperating with COMBI and promoting awareness at local levels. In general, the reports and our own observations indicate that the elimination efforts in Bihar are gradually getting on track, although there still exist numerous problems to be overcome. In fact, the very possibility of elimination by 2005 was questioned by reporters. Nevertheless, the firm commitment expressed by top political leaders and others in the government is cause for a certain amount of optimism.