Donations from India (1) can be sent directly to
MAITRI Leprosy Centre
PO Box 32, Bodhgaya
Gaya District
Bihar 824 231

Donations from abroad (2) can be made on-line through www.fpmt.org/maitri, by credit card or by cheque in
favour of FPMT Inc., specifying “for MAITRI Charitable Trust”,
and sent to
FPMT International Office
1632 SE 11th Ave
Portland, OR 97214-4702
U.S.A.
Ph. no. (1) 503-808 1588
Fax no. (1) 503-232-0557
E-mail fpmtinfo@fpmt.org
Website www.fpmt.org

or (3) to the account of Associazione Amici di MAITRI –
ONLUS (Association Friends of MAITRI), set up by MAITRI
in Italy: UniCredit Banca, IBAN IT 81 F 02008 02228
000100431762, Cod. BIC SWIFT: UNCRITB1VE0, Branch:
TS CSR ITALIAB.
Please contact
Dr. Elisabetta Vivoda
Tel. no. (39) 328 8843209
E-mail amicidimaitri@gmail.com

For further information please contact
Adriana Ferranti
Director
MAITRI Leprosy Prevention, Treatment
& Rehabilitation Centre
PO Box 32, Bodhgaya
Gaya Distt, Bihar 824 231
India
Tel. + Fax (91) 631-2200841
E-mail ferranti@vsnl.com
director@maitri-bodhgaya.org
Websites www.maitri-bodhgaya.org (Eng., It. Fr. Es.)

Please Note : (1) Donations made by Indian tax payers are tax
deductible, (2) donations made by US tax payers are NOT tax
deductible, as MAITRI Charitable Trust is not registered in the USA,
(3) donations made by Italian tax payers to the association are tax
deductible.

International fundraising approved
by the FPMT International Office
What Lies Ahead

“In 1982 [...] WHO MDT was enthusiastically supported by leprosy treatment programmes and implemented worldwide almost without exception.[...] Naysayers to WHO MDT on whatever basis were considered pessimistic heretics.” (“The chemotherapy of leprosy: and interpretative history”, Editorial by Drs R.H. Gelber and J. Grosset, Leprosy Review, No. 3, September 2012).

The soul searching essay by two leading leprologists highlights the errors and omissions made by WHO for 25 years in pursuing a treatment that could not be a cure for patients with high concentration of bacilli (BI) that might eventually lead to deformities. The ultimate outcome would be perpetuating the image of the “leper” so entrenched in the psyche of all peoples around the world. Counting on the fact that such patients are a minority among cases, the stress has then been put on assuring compliance with the therapy, thus shortening the duration of the treatment, rather than searching an effective cure.

From 2 years in 1982 the MDT came down to 1 year in 1998 and finally to 6 months in 2002, when integration of leprosy treatment in the system of government health services was implemented all over the world with the intent of bringing leprosy in the fold of the diseases treated at primary health centres. This implied the drastic diminution of the load of leprosy cases, which would inevitably lead to the announcement that “leprosy had been eliminated in the country”. And predictably in 2004 India announced just that.

In 1999 we (NGOs) were told by WHO that follow-up of MB (multi-bacillary) cases, i.e. the infectious ones, was not required anymore, so ultimately all those patients at risk of relapsing, thus becoming infectious again, were left to themselves. And quite predictably the occurrence of deformities has continued unabated and the incidence of leprosy has been increasing.

What next? The conclusion of our two leprologists is that “our work is not over. [...] We must be reminded that our primary responsibility is to treat leprosy patients early and effectively and not to attain bureaucratic elimination goals.

“[...] Leprosy chemotherapy development remains a considerable concern, while worldwide the number of leprosy clinicians and researchers has diminished greatly, and fundamental tools used to properly evaluate leprosy patients [...] are almost nonexistent. Thus the stage for leprosy to reemerge is surely set. Our best wish is to be wrong.”

Their disheartened words should be read as an appeal to the international community of researchers and NGOs to continue the fight. MAITRI has never stopped.