

FOR THE Elimination OF Leprosy

- Leprosy is curable
- Free treatment is available
- Social discrimination has no place



"I had one motto: just keep going": Evelyne Leandro discusses her experience of leprosy and how it changed her life. (see Opinion, p.4)

MESSAGE

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A New UN Resolution

It was in 2003 that I visited Geneva to call on Dr. Bertrand D. Ramcharan, who was then the acting UN High Commissioner for Human Rights. My purpose was to urge the United Nations to take up the issue of the discrimination and stigma faced by people affected by leprosy and their families—a human rights problem on a huge scale that history had overlooked for so long.

Dr. Ramcharan frankly acknowledged that the UN apparatus had not addressed this issue and graciously advised me on how to find a way. That meeting was the catalyst for the historic UN General Assembly resolution on elimination of discrimination against persons affected by leprosy and their family members adopted unanimously by 192 countries in December 2010.

The 2010 UN resolution, which was submitted by the Japanese government and co-sponsored by 84 countries, was accompanied by Principles and Guidelines that list specific actions for eliminating discrimination. Seven years later, at its 35th session in June 2017, the UN Human Rights Council adopted another resolution sponsored by the

Japanese government, this time mandating the appointment of a special rapporteur on elimination of leprosy-related discrimination.

The role of this special rapporteur is to verify and report on progress made and measures taken by states for the effective implementation of the Principles and Guidelines and to suggest improvements, should they be necessary. The close cooperation between the Japanese government and those of us in the non-governmental sector has been instrumental in getting us to this point.

I will say it again, but the discrimination and stigma associated with leprosy is an issue that was long ignored. This discrimination stretches far back and is deep rooted, but we are now on the way to ending this history of injustice.

I am very hopeful that the report to be prepared by the newly mandated special rapporteur will show that countries are effectively implementing the Principles and Guidelines that they endorsed when they adopted the UN resolution in 2010.

— Yohei Sasakawa, WHO Goodwill Ambassador

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Leprosy and Human Rights

A quick refresher course on UN resolutions on leprosy and where we go from here.

At its 35th session in June, the UN Human Rights Council adopted Resolution 35/9 on elimination of discrimination against persons affected by leprosy and their family members. It was submitted by the Japanese government and cosponsored by 50 countries.

Haven't there been similar Human Rights Council resolutions in the past?

Yes. The Council previously adopted resolutions at its 8th, 12th, 15th and 29th sessions in 2008, 2009, 2010 and 2015, respectively. In addition, the UN General Assembly adopted Resolution 65/215 in December 2010.

Why the need for so many resolutions?

They represent an ongoing process that began when the UN decided to investigate leprosy as a human rights issue, which continues as it seeks ways to have states and other actors effectively implement measures to end discrimination.

When was this issue first taken up by the UN?

After a visit to Geneva by the Goodwill Ambassador in 2003 (*see* p.1) and follow-up actions, in August 2004 the Sub-Commission on the Promotion and Protection of Human Rights assigned Professor Yozo Yokota to prepare a working paper on discrimination against persons affected by leprosy. A year later he was appointed special rapporteur and asked to conduct a survey and produce a comprehensive study.

What happened next?

In 2006, Professor Yokota presented a preliminary report and was asked to continue. But that year, the Commission on Human Rights and its Sub-Commission were dissolved. They were replaced by the Human Rights Council and an Advisory Committee.

What became of Professor Yokota's report?

Although never submitted, the report, which included Principles and Guidelines to end discrimination, recommended that the Human Rights Council continue to study the issue. When the Council resolved to take up the issue in 2008, the report provided a platform for the Advisory Committee's investigations.

How did the Human Rights Council become involved?

In 2007, The Nippon Foundation appealed to Japan's Ministry of Foreign Affairs to pursue the issue. The following year, the Japanese government announced that ending leprosy-related discrimination was now an important plank of its diplomacy, appointing the foundation's chairman, Yohei Sasakawa, as the Japanese government's Goodwill Ambassador for the Human Rights of Persons Affected by Leprosy.

The Japanese government has since taken the lead in sponsoring all five Human Rights Council resolutions to date, as well as the General Assembly resolution.

How have the various Human Rights Council resolutions differed from one another?

Resolution 8/13 (2008) pointed out that the issue of leprosy is not only a matter of medicine or health but also one of discrimination that can give rise to a clear violation of human rights. It called on governments to take measures to eliminate discrimination and requested the Advisory Committee to formulate a draft set of Principles and Guidelines for the elimination of leprosy-related discrimination and submit it to the Council by 2009.

Resolution 12/7 (2009) requested the Office of the High Commissioner for Human Rights (OHCHR) to collect the views of governments, NGOs, persons affected by leprosy and others regarding the Principles and Guidelines, and requested the Advisory Committee to finalize them by taking these views into account.

Resolution 15/10 (2010) expressed appreciation to the Advisory Committee for finalizing the Principles and Guidelines, encouraged governments and others to give them due consideration, and invited the UN General Assembly to consider the issue of leprosy-related discrimination.

And this the General Assembly duly did in December 2010?

Correct. Resolution 65/215 noted with appreciation the Principles and Guidelines and encouraged governments to give them due consideration in the formulation of their policies, and for other actors to do the same. Sponsored by the Japanese government, cosponsored by 84 countries and adopted without a vote by 192 countries, it represented a historic achievement.

So why was there a need for the Human Rights Council to revisit the issue again five years later?

As is apparent from the language, i.e., in the way governments are "encouraged" to give the Principles and Guidelines "due consideration," the General Assembly resolution is not a legally binding document. Those who had worked hard for the resolution felt more needed to be done to ensure that the Principles and Guidelines were put into practice, and took steps to see that they did not end up as just words on paper.

Steps such as?

Among other initiatives, The Nippon Foundation organized a series of five international symposiums on leprosy and human rights between 2012 and 2015 to promote awareness of the General Assembly resolution and encourage implementation of the Principles and



The Principles and Guidelines have been translated into several languages. This Bahasa Indonesia version was published in 2014.

Guidelines. Following the first symposium in Brazil, it also established an International Working Group to make recommendations on implementation and on a mechanism to monitor the activities of states.

How much were these reflected in the 2015 resolution?

Resolution 29/5 mandated the Advisory Committee to undertake a study reviewing the implementation of the Principles and Guidelines, and any obstacles in the way. It was asked to submit a report to the Council at its 35th session in June 2017 containing practical suggestions for their wider dissemination and more effective implementation.

What did the report recommend?

There were two key recommendations. One was to establish a specific and dedicated mechanism within existing UN human rights machinery to follow up, monitor and report on progress made by states in the effective implementation of the Principles and Guidelines. The other was to encourage the OHCHR in cooperation with states, relevant international organizations such as WHO as well as concerned NGOs, to organize seminars, conferences and side events on leprosy and leprosy-related discrimination.

What's in the new resolution?

Resolution 35/9 mandates the appointment, for a period of three years, of a special rapporteur. He or she is tasked to follow up and report on progress made and measures taken by states for the effective implementation of the Principles and Guidelines; to identify, exchange and promote good practices; and to report annually to the Human Rights Council, starting from its 38th session. The resolution also encourages states and all relevant stakeholders to participate actively in seminars, as recommended in the Advisory Committee report.

What happens next?

The Council is now calling for applications to fill the position of special rapporteur and expects to announce the appointment at its 36th session in September. The work undertaken by the special rapporteur over the coming years will be extremely important. In particular, the visits to countries of his/her choice will represent a real opportunity to refocus attention on the issues that remain, and for all stakeholders to come together and lend their support to the special rapporteur so as to achieve effective implementation of the Principles and Guidelines. ■

GIST OF THE PRINCIPLES AND GUIDELINES

Principles

- People affected by leprosy and their family members should be treated as people with dignity and are entitled to all human rights and fundamental freedoms

Guidelines

- (General) States should promote, protect and ensure the full realization of all human rights and fundamental freedoms of all persons affected by leprosy and their family members without discrimination on the grounds of leprosy.
- (Equality and non-discrimination) States should recognize that all persons are equal before and under the law.
- (Women, children and other vulnerable groups) States should pay special attention to the promotion and protection of the rights of women, children and other vulnerable groups who have or have had leprosy.
- (Home and family) States should, where possible, support the reunification of families separated as a result of past policies and practices relating to leprosy.

- (Living in the community and housing) States should promote the enjoyment of the same rights for persons affected by leprosy and their family members as for everyone else, allowing their full inclusion and participation in the community; they should enable them to choose their place of residence and ensure they are not obliged to accept a particular living arrangement because of their disease.
- (Participation in political life) States should ensure that persons affected by leprosy and their families enjoy voting rights, the right to stand in an election and to hold public office, on an equal basis with others.
- (Occupation) States should encourage and support opportunities for vocational training.
- (Education) States should promote equal access to education.
- (Discriminatory language) States should remove discriminatory language from government publications.
- (Participation in public, cultural and recreational activities) States should promote the equal enjoyment of the

rights and freedoms of persons affected by leprosy and their family members as enshrined in the Universal Declaration of Human Rights and international human rights instruments to which they are party, and promote access on an equal basis with others to public places.

- (Health care) States should provide persons affected by leprosy with free or affordable health care of a standard on a par with that provided persons with other diseases.
- (Standard of living) States should recognize the rights of persons affected by leprosy to an adequate standard of living, and should take appropriate steps to safeguard and promote that right.
- (Awareness-raising) States should formulate policies and plans of action to raise awareness of and foster respect for the rights and dignity of persons affected by leprosy.
- (Development, implementation and follow-up) States should consider creating or designating a committee to address activities relating to the human rights of persons affected by leprosy.

Life after Leprosy

Leprosy and its treatment affect people in different ways, but life must go on.

I believe some people already know, but it is always good to remember: leprosy is curable. And because leprosy is curable, a normal life after leprosy is possible; at least, it should be.

I was diagnosed with multibacillary leprosy in January 2012. Following my diagnosis, I experienced many ups and downs, several immunological reactions and various complications. At the beginning, I was desperate. Even as an informed person, I had to confront the age-old image we have of leprosy as some kind of punishment: what had I done wrong in my life to deserve this disease?

Nothing, of course; but I was ill, and this was the turning point. I had leprosy and nothing could change this fact. All I could do was follow the treatment and hope for an end. I had only one motto: “Just keep going; you will make it!”

Unfortunately, people affected by leprosy are impacted by the disease in many different ways. There is the stigma, the pain and the often-forgotten side effects of the treatment, which can also cause deep depression, as happened in my case. Without proper treatment, this can still be an issue, even after the cure.

I took multidrug therapy until May 2013. But I had to take corticoids until January 2015. The last reaction I had was in December 2014. Now I have almost the same skin as before the disease; only small scars remain. My left elbow and right knee are still numb; that is all.

Despite everything, I should consider myself as one of the lucky ones. I was already living in Germany when I became ill. I have access to a pretty good health system that maybe I would never have had access to in Brazil, where I come from. Plus, I did not have to deal so openly with the stigma of the disease.

After I was cured, I decided to publish the diary I kept during the whole treatment process in the form of a book.* I decided to use my experience to raise awareness. More than that, I wanted to show people

that there is life after leprosy. I was proud of myself. I managed to keep going.

Many things have changed since then. I became more informed, contacted some organizations that work in the field, and got to know interesting people. This was also the beginning of my public life. I did not stop with the book. I do educational work, visiting schools, universities and NGOs in Europe to talk about neglected diseases. I do presentations, give interviews and write articles. Without experiencing this disease, I believe I would not have discovered the meaning of my life.

My book has already been published in German, English and Portuguese. In Brazil, it is being distributed for free among people affected and NGOs. Currently, I am working for a German aid organization, which supports projects in more than 90 countries around the world. I am a member of the Advisory Board of the Austrian Leprosy Relief Association and support the work of the International Federation of Anti-Leprosy Associations. I keep going.

SOCIAL COMPONENT

When we talk about leprosy and other NTDs, we should also consider the social component. In some communities, a person affected can barely find work and participate in society; he or she is ostracized. This and the disease itself can lead to a deep depression, a life without dignity, and oblivion. If health professionals, supporters and advocates understand this dynamic, however, it should be possible to break this vicious circle.

When I was being treated, it was very important to me to be perceived as a human being.

I can see the situation both from the perspective of a person affected and from the perspective of NGOs. One of my goals is to spread the message that we should make life after leprosy possible—not only with medicines or hospitals, but by empowering people, giving them voices, fighting stigma and discrimination, and enabling a participative approach.

When I was being treated for leprosy, it was very important to me to be perceived as a human being, as a person with feelings, who is able to decide about her own life and path. We need to put people first. People affected need a chance to be part of the decision-making process about what happens to them.

It may be complex, but it is not impossible. ■



AUTHOR:

Evelyne Leandro

Evelyne Leandro is the author of *The Living Death: The struggle with a long-forgotten disease*.



The author signs copies of the Portuguese edition of her book on a trip home to Brazil earlier this year.

FOOTNOTE

* See Book Review, Issue #85

Building Awareness to End Stigma

JCI National Organizations in four countries work to change attitudes toward leprosy.



Students at St. Antony's Higher Secondary School at Thanjavur, Tamil Nadu, hold up their certificates at the end of their course on leprosy.

When Junior Chamber International (JCI) endorsed the 2016 Global Appeal to End Stigma and Discrimination against Persons Affected by Leprosy, it presented an opportunity for JCI's young active citizens to undertake projects that could contribute toward ending discrimination in countries where leprosy still exists.

JCI Brazil, JCI India, JCI Indonesia and JCI Nigeria took up the challenge. With the support of The Nippon Foundation they explored ways of focusing attention on the issue of leprosy-related stigma and changing the way that the public tends to think about the disease.

JCI Brazil shared information on leprosy with members at both national and local events, including its National Convention in October 2016 that was attended by nearly 400 participants.

It realized many of its members were either not previously aware of leprosy or lived in areas where it is not a major concern. It then looked at how they could have a positive impact at the local level on ending the stigma that people affected by leprosy face.

For this, JCI Brazil partnered with the nonprofit organization MORHAN and developed a variety of marketing materials, such as signs, shirts and buttons, to provide members with the tools to help create awareness in the community.

As JCI Brazil learned more about leprosy, it found that many remote parts of the country are still struggling to get access to medication and health care. JCI Brazil is now working with local partners to create an additional project to help provide health care in areas where it is most needed.

FOOTNOTE

* JCI India's trainers have reached over 28,000 students at nearly 200 schools. Many students have gone on to create their own projects.

** Junior Chamber International is continuing its partnership with The Nippon Foundation and will be expanding the already existing projects through August 2018.

EMPOWERING YOUTH

JCI India developed a comprehensive awareness-raising course in collaboration with the Association of People Affected by Leprosy (APAL) and the WHO. The course was designed to educate youth about leprosy and equip them with the skills to educate others.

The course focuses on understanding the disease and its treatment and also tackles human rights issues. It empowers young people to recognize the role they can play in ending discrimination by educating those in their community.

Since the start of the project, JCI India has developed 50 trainers who are now certified to administer the three-hour course at schools in six states. At the end of the course, students receive a certificate and take a pledge to end discrimination against people affected by leprosy.*

One of the initiatives taken by JCI Indonesia was to produce a documentary film. This followed research visits that it commissioned to the provinces of East Java, East Nusa Tenggara, South Sulawesi and Banten to learn about the issues that persons affected by leprosy face.

The documentary, which can be viewed on YouTube, provides a compassionate, thorough and balanced look at the lives of people affected by leprosy. It was completed after the producers received feedback from persons affected by leprosy as well as local stakeholders.

As part of its awareness-building efforts, JCI Indonesia partnered with the Health Ministry, Social Affairs Ministry, PerMaTa, Youth Makassar, several universities and all JCI local organizations throughout Indonesia. It is currently looking at developing additional projects.

MEDIA CAMPAIGN

JCI Nigeria opted to launch a nationwide media campaign to create awareness and share information about leprosy with the public. It produced several radio commercials, TV ads, billboards, social media promotions, press releases and news stories.

Many Nigerians do not know that leprosy is a curable disease, which results in unnecessary stigmatization.

In order to gain a better understanding of the day-to-day lives of people affected by leprosy, JCI Nigeria visited leprosy villages and worked to build trust with the residents. This has encouraged JCI members to consider ways of securing additional resources and developing partnerships to address the issues these communities face.

"Many Nigerians do not know that leprosy is a curable disease, and this has resulted in unnecessary stigmatization. If the public understands the disease better, people affected by leprosy will feel free to seek treatment at most general hospitals where treatment is free, instead of segregating themselves," said Olatunji Oyeyemi, 2016 JCI Nigeria President. "As young people, we can educate our peers nationwide in order to establish a society that is compassionate toward people affected by leprosy."*** ■

Meetings and More

The Goodwill Ambassador's travels take him to the United States and Europe.

UNITED STATES (April 25)

In April I traveled to the United States to take part in a one-day conference on "Health, Stigma and Human Rights" at the University of Minnesota. The event, which was organized by Professor Barbara Frey, director of the university's Human Rights Program, in conjunction with the Center for Bioethics, focused on the human rights dimensions of preventing infectious diseases, including social and economic discrimination caused by stigma.



Jose Ramirez: from isolation to advocacy

I was invited to give the keynote speech on "The Global Fight to Eliminate Leprosy and Leprosy-related Discrimination." Other speakers explored the symposium theme in relation to tuberculosis, Ebola, and HIV/AIDS; they also looked at racial disparities in access to and delivery

of health care in the United States as well as the issue of stigma in the context of infectious disease among refugees and prisoners.

Professor Frey is well versed in leprosy; she served as a member of the International Working Group on leprosy and human rights set up by The Nippon Foundation to follow up on the 2010 UN General Assembly resolution on Elimination of discrimination against persons affected by leprosy and their family members. Among the speakers were two of her former working group colleagues, Professor Yozo Yokota and Jose Ramirez.

Professor Yokota addressed protecting the international human rights of persons affected by leprosy, drawing on his past experience as a special rapporteur with the former Sub-Commission on the



With Myanmar Health Minister Dr. Myint Htwe in Geneva

Promotion and Protection of Human Rights. Jose Ramirez, meanwhile, drew on experience of another kind. As a young man, he spent several years in Carville leprosarium in Louisiana being treated for leprosy. His presentation, "From isolation to advocacy: my journey with leprosy in the United States" ensured that the symposium ended on an appropriate note with the perspective of a person affected.

SWITZERLAND (May 24-26)

In May I was in Geneva for the World Health Assembly, where I presented the 2017 Sasakawa Health Prize. This year, the prize was awarded to Dr. Rinchin Arslan for his lifelong contribution to the advancement of primary health care in Mongolia and in particular his work in combating viral hepatitis.

This was the last Sasakawa Health Prize award ceremony overseen by WHO Director-General Dr. Margaret Chan, who served as DG between 2007 and 2017 and whose support and encouragement I have always been most grateful for as WHO Goodwill Ambassador for Leprosy Elimination. My thanks to you, Dr. Chan, for all you have done.

I will do my best to contribute to further progress against leprosy under Dr. Tedros.

I look forward to working with Dr. Chan's successor, Dr. Tedros Adhanom Ghebreyesus, who kindly joined us at a luncheon to celebrate this year's Sasakawa Health Prize winner. Dr. Tedros is a former foreign minister and health minister of Ethiopia, and the WHO's first director-general from Africa. I will do my best to contribute to further progress against leprosy under his leadership.

As always, I took the opportunity to meet with health ministers and other officials from a number of countries on the sidelines of the assembly. Accompanying me this year was Dr. Erwin Cooreman, the team leader of WHO's Global Leprosy Program, whose input helped underline why it is necessary to keep focused on leprosy.

With Myanmar's health minister, Dr. Myint Htwe, I discussed the idea of holding a national symposium on ending leprosy-related stigma. In a meeting with a delegation from India, I commended the country for increasing its budget for leprosy

Standing alongside Dr. Margaret Chan at the Sasakawa Health Prize Award ceremony for the final time (right); sharing a few words with Dr. Chan's successor, Dr. Tedros (far right)



eradication and for its plans to organize a major meeting on leprosy at the end of the year.

Talking with representatives from the Democratic Republic of Congo, I praised the initiatives being taken to promote early detection of new cases, making use of the Bangkok Declaration special fund set up for this purpose following the International Leprosy Summit held in Thailand in 2013. In our meeting with the delegation from Indonesia, meanwhile, Dr. Cooreman raised concerns about the high number of child cases, and the high number of cases with grade 2 disability, saying there was a need to scale up efforts in specific provinces. I shall be traveling to Indonesia in the near future and will see for myself the efforts being made against the disease.

SPAIN (May 27-29)

From Geneva I flew to Barcelona to receive the

International Council of Nurses' Health and Human Rights Award for my work to eliminate leprosy and leprosy-related discrimination. The award was presented at the ICN's 2017 Congress, where over 130 countries were represented and some 7,000 people were in attendance.

I was extremely honored to receive this award from the ICN. The organization endorsed the 2015 Global Appeal to End Stigma and Discrimination against Persons Affected by Leprosy and is committed to easing human suffering, both mental and physical, without bias or prejudice.

I was grateful for the opportunity to speak before such a large audience about leprosy. Every occasion to spread greater awareness is important, and this award fills me with renewed determination to continue on my quest for a world without leprosy and the discrimination it causes. ■

Delivering remarks at the International Council of Nurses' 2017 Congress



LEPROSY WISH LIST

Silatham Sermrittirong and Gomes Unarat
Raj Pracha Samasai Institute,
Department of Disease Control,
Ministry of Public Health, Thailand

EQUAL ACCESS TO QUALITY HEALTH CARE

Not just in Thailand but generally speaking, leprosy is overshadowed by high-prevalence diseases such as HIV/AIDs and tuberculosis. Health officials and decision-makers do not pay it much attention, with the result that in most developing countries there are cases of misdiagnosis, delayed diagnosis and neglect of leprosy-related disability.

It is not the fault of persons affected by leprosy that they have contracted a low-prevalence, stigmatizing disease! They have an equal right to

the quality health care that those affected by high-prevalence diseases are able to access. I would like see more efforts made to ensure that they can. (SS)

SUCCESSFUL SOCIAL INTEGRATION

There is now a very low prevalence of leprosy in Thailand and we are trying to integrate leprosy colonies into the general community. It is a very big challenge to promote social inclusion, to make people affected by leprosy feel they are the equal of those outside the colonies, and to decrease stigma toward them. We have developed a model for integration; I hope it will succeed and be of interest to other countries facing similar challenges. (GU)

Do you have a leprosy wish list? Send it to smhf@tnfb.jp

New Guidelines in the Making

Shaping the future of diagnosis, treatment and prevention of leprosy.

The WHO's Global Leprosy Program is in the process of developing a set of guidelines for the diagnosis, treatment and prevention of leprosy.

A 22-person Guidelines Development Group met at the end of May in New Delhi to review developments in these areas as it prepares its recommendations.

Group members include bacteriologists, epidemiologists, health economists and national leprosy program managers, as well as persons affected by leprosy.

The initiative comes as the rate of decrease in new case numbers worldwide has slowed to an overall gradual decline over the past 10 years, from 265,661 cases in 2006 to 210,758 cases in 2015, with acknowledgment of the need for new strategies to accelerate the pace of decline if we are to complete the "last mile" of leprosy elimination.

The meeting covered four main themes: 1) Tools

that have the potential to lead to earlier and more accurate diagnoses, such as an ELISA (enzyme-linked immunosorbent assay) test for detecting leprosy antibodies or a PCR (polymerase chain reaction) assay for detecting *M. leprae* DNA in biopsies; 2) Uniform-multidrug therapy or U-MDT, a uniform 6-month treatment for all types of leprosy that would simplify diagnosis and reduce the burden of treatment on patients currently taking MDT for 12 months; 3) Methods for preventing infection or the onset of symptoms following infection, such as chemoprophylaxis with single-dose rifampicin; and 4) drug resistance.

Persons affected by leprosy represented in the group sought assurances that any recommendations made would be based on evidence of their effectiveness, and that they would not invite further stigma.

The guidelines are expected to be published later this year.

MUSEUM MILESTONE

Japan's National Hansen's Disease Museum marked a milestone recently when the aggregate number visitors reached the 400,000 mark.

Located in western Tokyo, the museum opened in 1993 as the Prince Takamatsu Memorial Hansen's Disease Museum, before being relaunched in 2007 as the National Hansen's Disease Museum.

Risa Hagiwara, a fourth-year student at the

University of Tsukuba School of Medicine, was the 400,000th person to pass through the museum's doors since 1993. She was one of 10 students visiting the museum with their professor for their social medicine course.

The museum is part of the national effort to erase the stigma associated with leprosy and restore respect for those affected by the disease. ■

FOR THE ELIMINATION OF LEPROSY

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FROM THE EDITORS

DISCRIMINATION IN HEALTH CARE SETTINGS

Resolution 35/9 was not the only document to come out of Geneva in June that was relevant to persons affected by leprosy. A joint UN statement on ending discrimination in health care settings touches on one of the barriers they sometimes confront when seeking treatment.

Recalling that a central principle of the 2030 Agenda for Sustainable Development is to "ensure that no one is left behind," the joint statement notes that discrimination in health care settings "is directed towards some of the most marginalized and stigmatized populations—the very populations that States promised to prioritize through the 2030 Agenda." Furthermore, this discrimination "serves as a barrier to accessing health services, affects the quality of health services provided, and reinforces exclusion

from society for both individuals and groups."

One of the "wishes" in Leprosy Wish List (p.7) addresses the issue of accessibility. It asks why those with leprosy should somehow be penalized for contracting a stigmatizing disease through no fault of their own.

Ending discrimination in health care settings will not bring an end to discrimination against every individual affected by leprosy, but it is an essential part of the solution. It is timely to recall these words from Global Appeal 2012 to End Stigma and Discrimination against People Affected by Leprosy, endorsed by the World Medical Association: "There are many myths and misconceptions about leprosy. As members of the medical profession, we have the first responsibility to set the record straight."