

FOR THE
**Elimination
OF Leprosy**

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



Shaking hands with Prime Minister Hasina of Bangladesh at the national conference on leprosy in Dhaka on December 11, 2019.

MESSAGE

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A Prime Minister's Pledge

On December 11 I attended a national conference in Dhaka, Bangladesh on the “Zero Leprosy Initiative by 2030.” The conference came about after I proposed it during a meeting with Prime Minister Sheikh Hasina in February.

Bangladesh eliminated leprosy as a public health problem in 1998, reaching a prevalence rate of below 1 case per 10,000 population. But it still reports 3,000 to 4,000 new cases annually, the most after India, Brazil and Indonesia.

Now that many countries are giving less attention to leprosy, I believe it is essential to gain the backing of those in leadership positions if we are to move forward against the disease. Therefore, I am extremely grateful to Prime Minister Hasina for attending the conference and giving a firm commitment in front of 600 people—including district-level health officers from around the country—to achieve zero disability, zero discrimination and zero disease by 2030.

I was also deeply impressed to hear the prime minister speak at some length about the need to treat persons affected by the disease as part of

society and not to harbor negative attitudes toward them. “It is not proper to push them away,” she said.

This is a very important statement coming from someone in the prime minister’s position. I have met many people throughout the world whose opportunities in life have been limited by the stigma and discrimination due to leprosy. That is why I welcomed the prime minister’s call for inclusion. It is clear that leprosy is not just a medical issue but a social issue, and all aspects of the disease need to be addressed.

It is now for the Ministry of Health and Welfare and the relevant authorities to take concrete steps to achieve zero leprosy based on the strong resolve expressed by Prime Minister Hasina at the national conference.

In passing, a newspaper reporter asked me if it is really possible to achieve zero leprosy by 2030. In reply, I said it is not a question of whether it is possible, but whether we want to work seriously toward this goal.

— Yohei Sasakawa, WHO Goodwill Ambassador

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Toward Zero Leprosy in Bangladesh

National conference sets ambitious target championed by prime minister.

A national conference on leprosy inaugurated by Bangladesh's Prime Minister Sheikh Hasina on December 11 has focused efforts on achieving zero leprosy in the country by 2030.

Hosted by the Ministry of Health and Welfare with support from The Nippon Foundation and Sasakawa Health Foundation, the conference drew an audience of 600, including the civil surgeons in charge of health in each of Bangladesh's 64 districts.

The prime minister urged the public to discard negative stereotypes about leprosy.

In her speech at the opening ceremony, the prime minister called on health ministry officials and field-level staff to strengthen activities against the disease so as to achieve a leprosy-free Bangladesh by 2030. "I believe that we can build a leprosy-free Bangladesh much before the target 2030 if we all work sincerely in this regard," she said.

The "Zero Leprosy Initiative by 2030" calls for zero disability, zero discrimination and zero disease.

Touching on the issue of stigma and discrimination, Prime Minister Hasina urged the public to discard negative stereotypes about persons affected by leprosy.

"I would like to tell people that they're a part of our society. It is not proper to push them away. If anyone is diagnosed with leprosy, they must be dealt with sympathetically and arrangements must be made for their treatment, so that they can be cured." She also warned employers not to sack someone just because they have leprosy but instead create "a conducive working environment."

In addition to the prime minister, others addressing the conference included Goodwill Ambassador Yohei Sasakawa, Health and Family Welfare Minister Zahid Maleque, chairman of the parliamentary standing committee on the Health



The Goodwill Ambassador addresses the conference: Bangladesh reported 3,729 new cases of leprosy in 2018.

and Family Welfare Ministry Sheikh Fazlul Karim Selim and Health Secretary Ashadul Islam.

Delegates also heard from the team leader of the WHO's Global Leprosy Program, Dr. Erwin Cooreman, who reviewed the current leprosy situation and said that in addition to multidrug therapy (MDT), sound prophylaxis (preventive medicine and especially a vaccine) will be necessary to interrupt transmission and totally eliminate the disease.

VITAL ROLE OF NGOS

The conference highlighted the important role of NGO partners in Bangladesh in case detection, awareness raising, tertiary care and socio-economic rehabilitation. Over 80% of new cases are detected through the activities of NGO partners.

A Leprosy and TB Coordinating Committee coordinates the work and aligns the efforts of nine NGOs with the national program. Between them they have over 700 staff working in 57 of Bangladesh's 64 districts, and operate seven hospitals with a total of 533 beds. They have also enabled the formation of 2,219 self-help groups of persons affected by leprosy for their social and economic empowerment, and help to train health service personnel in leprosy.

Among those attending from the NGO sector was Sister Roberta Pignone, a doctor who runs the Khulna Leprosy & TB Control Project for the PIME Sisters, a Catholic religious organization. Her hospital based in the city of Khulna in the southwest of the country sees around 35 new cases a year.

Part of the challenge in Bangladesh, she said, is that not all doctors recognize the symptoms of leprosy and treat patients for other ailments, which delays correct diagnosis. Another problem is that people don't think leprosy exists any more.

"I have had patients run away when they have been diagnosed with leprosy, because they don't believe the diagnosis," she said.

With the spotlight shone on leprosy by the national conference and the government's stepped-up commitment to tackle the disease, the hope is that such issues can now be addressed. ■



Design of the conference invitation



Sister Pignone (center) and colleague (right) with Bangladesh's National Program Manager for leprosy

Getting to Know You

Bangladeshi people's organizations gather for first-ever national meeting.



Purple power: participants pose for a photo with the Goodwill Ambassador.

The sense of anticipation in the room was palpable. From across Bangladesh, groups of persons affected by leprosy had gathered in Dhaka for their first-ever national meeting, coming a day after a national leprosy conference attended by Prime Minister Sheikh Hasina at which she inaugurated the Zero Leprosy Initiative by 2030.

Organized by the Leprosy and TB Coordinating Committee (LTTC) of NGOs, with the support of Sasakawa Health Foundation, the meeting was to enable local groups to learn about each other, share experiences and explore the possibility of forming a national-level organization.

Some 55 persons affected by leprosy, many of them clad in the purple polo shirts made for the occasion, took part, together with LTTC representatives.

Although most people at this gathering had been unable to attend the national leprosy conference the previous day, it was clear how encouraged they were by the prime minister's call for everyone to work together against leprosy, and her insistence that there should be no more discrimination.

“You can become a strong force with a voice that will be heard by the government.”

“This is a good message,” said one of the participants approvingly about the prime minister's directive to employers not to sack someone with leprosy but create a conducive environment for them.

Attending the morning session, the Goodwill Ambassador told those present their help would be vital if Bangladesh was to achieve the goal of zero leprosy by 2030.

“The efforts of the health ministry alone will not be enough. From this day forward, please take a big role. You are the people who know best about the disease—better than doctors, even.”

He also encouraged them to think about developing a nationwide alliance in order to become an effective partner. “You can become a strong force with a voice that will be heard by the government,” he said.

Among NGOs represented at the conference were Lepira, the Leprosy Mission Bangladesh and HEED, the latter working closely with the tea estates found in the northeast of the country, where there is an above-average incidence of leprosy among the workers there.

Under NGO guidance, more than 2,000 self-help groups have been formed nationwide, designed to help raise the socio-economic status of members in a country where physical and social problems stemming from the disease continue long after a person has been cured.*

BASIC NECESSITIES

During the day, participants divided into groups and listed the various needs they have as persons affected by leprosy. These included nutrition, education, safe water, and sanitation.

They also pointed to problems such as lack of knowledge about availability of services, mental health issues and insufficient income, meaning that they still have to rely on begging in some cases.

One participant raised the issue of the frequent transfer of government officials, disrupting efforts by self-help groups to build rapport with them.

Set against such difficulties, self-help group members also identified the positive impact that these groups are having in terms of raising the self-esteem of members, increasing awareness of leprosy in the community, encouraging saving tendencies and teaching disability prevention.

NEXT STEPS

As moderators drew the meeting to a conclusion, the discussion turned to what happens next. Participants made clear they wanted to hold another such meeting, and that they would be interested to explore forming a nationwide organization. But as a practical first step, they identified the need to improve communication between them and get to know each better through exchange visits.

In support of the Zero Leprosy Initiative, they also pledged to search for new cases, drawing on their personal experience of the disease, and proposed utilizing the words of the prime minister in awareness-raising campaigns.

It was only a day after the national leprosy conference, but already it felt like the government's renewed focus on leprosy was beginning to have an effect. ■

FOOTNOTE

* There are an estimated 35,000 people with leprosy-related disabilities in Bangladesh needing support.

Passionate about Her Work

Bangladeshi health worker gets a boost from prime minister's speech.

Sandhya Mandal has never felt so vindicated. For the past four years, the 36-year-old community health worker from Meherpur—a rural district of Bangladesh bordering India—has been traveling 50 kilometers every day along dusty roads on an old motorbike, searching for leprosy patients who needed urgent treatment.

But in her community, instead of compliments, neighbors and relatives raised questions about her work and her character. “They ask why I come home so late and what is this ‘work’ that I really do. Some even imply that I might be doing something like prostitution,” Mandal said.

“I went from one house to another and from morning to evening I covered 40 families.”

However, Mandal—project manager at an NGO called Shalom, which works with the government to end leprosy, was now sitting in an audience of diplomats, ministers and health experts from all over the country, listening to Sheikh Hasina, her country's prime minister, at a national conference on leprosy. “Nobody can doubt me or my work now,” she said, proudly clutching the yellow invitation card she received from the organizers of the conference—her first to a national-level event.

Mandal has every reason to be in the conference: since 2015 she has searched and found over 300 new leprosy cases. In fact, in November this year, she found 10 new cases in a single day, the result of an intense door-to-door search in Gangni, a small town with a high rate of leprosy.

“We opened our database of old patients and contacted each one of them individually. We asked them if they knew anyone around them who had leprosy. Nobody could give us any concrete information, so I went from one house to another and from morning to evening I covered 40 families,” she recalled.

It was hard and Mandal did not have any time to eat or drink. But by day's end, she had found eight adults and two children who had visible signs of leprosy. She arranged for all of them to visit the TB and Leprosy Clinic (TLC) in Meherpur, a facility run by the government.

Early detection and early treatment are the key to complete cure for anyone affected by leprosy, said Mujibhur Rahman, a doctor at the TLC Meherpur. “The treatment is free. We have enough medicines. But bringing the affected ones to the treatment facility remains the biggest challenge.”

During her opening speech at the national

conference, Prime Minister Hasina asserted that Bangladesh was committed to become leprosy-free by 2030. According to Rahman, dedicated community workers like Sandhya Mandal are the key to realizing the zero-leprosy status.

“Identifying a new patient is one thing; convincing them to see a doctor is entirely different. It takes very different level of skills,” he said.

Mandal throws a little light on that skill: every time she finds a villager with a suspicious white patch with numbness, she tells him that it is a skin disease that needs urgent medical attention. “I never tell him it's leprosy because only a doctor can declare that after a test and also, if I spoke of leprosy, it would shock the person as everyone is still afraid of the disease,” Mandal said.

Mandal also counsels and provides emotional support to the person after a doctor has confirmed his or her leprosy. “Women are more scared than men because they feel their husbands will abandon them if they find out about their sickness. They are also scared of how their community would react. I tell them that they must tell their husbands but explain that it's curable. To the neighbors, they can say it is a skin disease. I hold their hands, spend time with them. It calms them and it also makes them feel confident,” she said.

INSPIRING EXPERIENCE

Listening to the prime minister has been an inspiring experience, Mandal said. At present there are not enough community health workers on leprosy. For example, in her own NGO, there are just two health workers. So, to achieve zero-leprosy in the next 10 years, Bangladesh would need many more community health workers, she said. Equipping the field workers at the rural NGOs with a motorbike would also help, as transportation remains a huge challenge in the villages.

For those doubting her work, Mandal now has an answer: “Even the prime minister has shown an interest in leprosy, in our collective work. If anyone still doesn't know why I work on leprosy for such long hours, they can ask the prime minister!” (IPS) ■



AUTHOR:

Stella Paul

Stella Paul is a reporter with Inter Press Service.



Big smile: community health worker Sandhya Mandal at the national leprosy conference.

Credit: Stella Paul/IPS

We Also Suffered

How families of Hansen’s disease patients in Japan made their case for redress.

Prime Minister Shinzo Abe (standing) receives a courtesy call from parliamentarians working to resolve Hansen’s disease issues and family members of former patients on November 26, 2019. (Credit: Official Website of Prime Minister of Japan)



“My life is full of lies. I have carried a feeling of sin on my back.” These are the words of a Japanese woman in her 70s, who long hid from her children and in-laws the fact that her parents had been in a Hansen’s disease sanatorium.

On June 28, 2019, the Kumamoto District Court in southwestern Japan ordered the Japanese government to pay damages to family members of former Hansen’s disease patients for the pain and hardship they had suffered under Japan’s past policy of compulsory isolation. After the government decided not to appeal, Prime Minister Shinzo Abe formally apologized to the plaintiffs on July 24.* Three months later, on November 15, Japan’s parliament enacted a law providing relatives with compensation of up to ¥1.8 million (US\$165,000) each.

Dr. Ai Kurosaka is a sociologist who has interviewed former Hansen’s disease patients and their families over the past 15 years. During the lawsuit she submitted a written opinion to the district court based on her research and gave testimony on behalf of the plaintiffs. According to Kurosaka, the plaintiffs approached the case as follows.

TWO TYPES OF DAMAGE

Being a class action lawsuit, the 561 plaintiffs had to show that there was damage in common to all of them. This they did by dividing the damage into two aspects: first, the effect on their social status; and second, the impact on family relations.

Concerning social status, the segregation policy stirred up fear of Hansen’s disease as a dangerous disease. This was harmful not only to patients but their family members, exposing them to different forms of prejudice and discrimination.

1. *Direct discrimination.* For example, bullying at school, social ostracism, refusal of marriage or employment.
2. *The struggle to keep the fact that a family member had the disease a secret.* Most of the plaintiffs experienced this struggle to defend themselves or their families against prejudice and discrimination.

3. *Not knowing the meaning of events occurring around them.* Some plaintiffs didn’t know that their relatives had been Hansen’s disease patients until recently. “In my childhood, classmates often jeered at me with the word ‘germ’. This happened to my younger sister too. I didn’t know why they called us that,” a man said.

The second aspect of ‘common damage’ is that they were deprived of family relationships as a result of the influence of the Leprosy Prevention Law** and segregation policy. This damage arose in several ways.

The segregation policy stirred up fear of Hansen’s disease as a dangerous disease.

1. *Physical separation from their relatives who were interned.* Families were torn apart under this situation, and many plaintiffs were deprived of their parents, siblings, children, or partners. “I was all alone. I was a Hansen’s disease orphan,” one woman said
2. *Avoiding contact through having internalized the ‘dangerousness’ of Hansen’s disease.* Just as former patients often avoided touching infants directly out of an ingrained sense of caution, although they already knew Hansen’s disease was not dangerous, family members also sometimes avoided their relatives who were patients, because of this ingrained fear.
3. *Hating or blaming their own relatives.* Discriminated against as family members of Hansen’s disease patients, they sometimes hated and blamed their relatives who were patients as the cause of their suffering.

“When I was 3 years old, my father was interned in a sanatorium, and then my mother married another man. I was brought up by my relatives. They hated me, and I grew up without knowing family love,” a 70-year-old woman told the court. “After I met my father again, I blamed him for my suffering, and I hated him as I had been hated. Now I regret how I behaved toward him, and I have deep pain about hating my own father.”

For a full account of the lives of family members of persons affected by Hansen’s disease, see Ai Kurosaka’s book *Fighting Prejudice in Japan: The Families of Hansen’s Disease Patients Speak Out* (January 2019, Trans Pacific Press). ■



Dr. Kurosaka’s book is a collection of 12 life stories that delve into the experiences of families of Hansen’s disease patients.

FOOTNOTES

* See Issue No.97, p.8

** A law concerning leprosy prevention was first enacted in 1907. It was replaced by the 1953 Leprosy Prevention Law, which was not repealed until 1996.

'I've Always Looked Up to You'

An Indian medical student talks to her father about his work in leprosy.



Dr. Baniprasad Chattopadhyay and daughter Rani Chatterjee at the 20th International Leprosy Congress in Manila in September 2019

Rani Chatterjee: I've been a medical student in Kolkata for two and a half years. I've always looked up to you for the way you have dedicated yourself to the service of humanity. Seeing the smiles of the people you served inspired me to become a doctor. What led you to choose medicine as a profession?

Dr. Baniprasad Chattopadhyay: I was from one of the most remote areas of West Bengal. In the mid-1980s, the nearest basic health care services—qualified doctors, medical stores and ambulances, and even cars and landline telephones—were at a minimum of 10 to 15 kilometers away. From childhood I have seen the suffering and helplessness of the villagers. When they fell sick, they were forced to turn to quacks and faith healers.

RC: What led you to work in the field of leprosy?

BC: After graduation, I entered government service. I was keen to serve my native village and neighborhood, so I opted for Gouripur Leprosy Hospital. Back then I had very little knowledge about leprosy and its social consequences. Also, I had no idea that there were so many patients who had been rejected by their families and society living in a hospital in the vicinity of district headquarters. As I came to know them, I saw their pain and suffering. It wasn't just physical, but social and economic too. They were isolated from their own families because of stigma and were unable to get a proper job. Part of the problem was created by society, so as a member of society I felt responsible. I saw that from the patients' perspective, their physical suffering paled in comparison to the social discrimination caused by leprosy.

RC: Is the social trauma much more difficult to manage than physical deformities?

BC: Physical disability can be managed by taking care at the individual level, but social trauma can only be managed by transforming society and changing long-standing misconceptions and wrong

beliefs regarding leprosy. This is a mammoth task, especially in rural West Bengal where the education level has much scope for improvement. But let me ask you a question: How well informed about leprosy are your contemporaries at medical school?

RC: In my personal opinion, my friends are studying leprosy just because it's part of the curriculum. There are only two or three classes and the topic doesn't come up very often in exams or in discussions. Also, as some of my teachers and fellow students are from the upper class of society, they don't really have a feeling for the impact of poverty and financial constraints on a patient's family. So, what do you think is the most important cause of stigma?

BC: Deformity is the culprit. It not only isolates persons affected by leprosy from society, but also economically cripples the family, especially if the bread earner is the person affected. On top of that, family members don't want an affected person at home for fear that the disease may spread. They are also afraid that friends and relatives will stop mixing with them.

RC: What obstacles have you faced when treating patients?

BC: The most important obstacle is financial. It is useless to advise a daily laborer to rest his limbs without considering an alternative source of income for his family. Other obstacles are late diagnosis and a lack of proper education and counselling for patients and their family members. The difficulty of getting a person affected by leprosy a bed at a general hospital for common ailments is also a problem.

RC: Do you see any signs of social change?

BC: Yes, I see rays of hope. Now people stand in the same queue as persons affected by leprosy in public settings such as banks, hospitals, shops and schools. You rarely saw this 20 years ago. Tell me, how did you find the 20th International Leprosy Congress in Manila?

RC: It was an opportunity to exchange views and learn about innovative ideas and tools. The initiatives being taken by the Global Partnership for Zero Leprosy give me confidence for the future. What is your message for young medical professionals and students regarding leprosy?

BC: I would recommend touching your patients, widening your vision beyond clinics, and practicing a happy, holistic and compassionate approach toward persons affected by leprosy. To change society, someone has to start. If you don't do your part, why should you expect someone else to take responsibility? ■

PROFILE

Dr. Baniprasad Chattopadhyay is currently a junior resident in the Department of Surgery, Bankura Sammilani Medical College, West Bengal, India. Rani Chatterjee is a 2nd Prof MBBS student at West Bengal University of Health Sciences.

FOOTNOTE

* At the 20th ILC, Rani made a poster presentation on "Assessment of Quality of Life among Leprosy Patients with Grade-2 Deformities in a Rural District of West Bengal (India)".

Reaching Out to Viewers

The Goodwill Ambassador uses his trip to Bangladesh to raise awareness via TV.

Taking part in a TV program about leprosy on Bangladesh's Channel 1 on December 11, 2019.



BANGLADESH (December 10-13)

On my recent visit to Dhaka for the national conference to launch the Zero Leprosy Initiative by 2030, I took the opportunity to do some media work. I have always regarded this as an important part of my role as Goodwill Ambassador.

I was interviewed by a number of newspaper reporters and also appeared on national television to talk about leprosy.

Among those taking part in the program on Bangladesh's Channel 1 was Health Secretary Ashadul Islam and the WHO's country representative, Dr. Bardan Jung Rana.

When called upon to speak, I talked about the national conference that had taken place earlier in the day, attended by Prime Minister Hasina. I praised the conference for setting the goal of zero leprosy by 2030 and said I hoped to see Bangladesh become a role model for other countries.

As always in such interviews, I made a point of addressing viewers directly about the importance of knowing the symptoms of leprosy and checking themselves and their families for early signs.

"Look to see if you have any discolored patches on your skin. If you or your loved ones find such a patch and there is no feeling when you touch it with the tip of a pen, there is a high probability that it might be leprosy. Take yourself to a hospital or clinic to be examined. Early detection and early treatment is the key to a complete recovery. Make it a habit to check your skin once a year."

As I find that many misconceptions about leprosy persist, I stressed that leprosy is curable, that treatment is free, that it is not a curse or divine punishment—simply another disease like TB.

Included in the goal of zero leprosy is zero discrimination, which means there must be no discriminatory legislation. Bangladesh repealed its outdated Leper Act in 2011 through the efforts of Saber Hossain Chowdhury, MP. The colonial-era legislation, which called for leprosy patients to be quarantined, dated back to a time when there was no effective cure.

While abolishing a discriminatory law does not mean discrimination disappears from society overnight, it is a necessary step, and I acknowledged Bangladesh's progress in this regard during the broadcast. ■

HISTORY

TAKEN FROM THEIR PARENTS

Japan's National Hansen's Disease Museum and Sasakawa Health Foundation hosted a two-day seminar on December 13 and 14 examining the effect of past isolation policies on the children of persons affected by leprosy in different countries.

Taking part were speakers from Malaysia, the Philippines, Portugal, Brazil and Japan, who offered different perspectives on how their lives have been impacted. Around 130 people attended the seminars over the course of two days, and heard at times raw and affecting testimony from the panelists.

In the days before an effective cure, children born to parents with leprosy were taken from them to prevent infection, but often at the expense of the children's rights.

Particularly moving was the account of Fatima Alves, who was placed in an orphanage attached to the Rovisco Pais leprosarium in Portugal. She had bitter memories of Christmas parties, where the children of staff members were considered more important and allowed to take

the presents intended for the likes of Fatima.

"Why didn't we get the presents that were meant for us? Why were we even alive? No presents. No parents. No explanations," she said.

Rosita Harun was born in Sungai Buloh leprosarium in Malaysia and sent for adoption. Raised in a loving household, she grew up not knowing her origins. Her discovery of her birth certificate led to a search for her birth parents and a joyful reunion with her father after 61 years.

Unlike in Japan, Malaysia has seen no lawsuits filed by relatives for compensation as a result of past policies that broke up families, she said, "but the government has shown support for reestablishing ties."

Dr. Arturo Cunanan, the director of the Culion Sanitarium and General Hospital in the Philippines, noted that the authorities had to consider the best

option available to them at that time. "But never again should policy be made that breaks down the social structure of families," he said.



Japanese flier for "Families Speak: Another History of Leprosy"

For a Hansen's Disease-Free World

People's organizations to participate in joint action on World Leprosy Day.

As part of activities to mark World Leprosy Day on January 26, 2020, 19 organizations of persons affected by Hansen's disease from 17 countries will be taking part in a joint campaign to raise awareness of the disease and promote social inclusion.

Hansen's disease is another term for leprosy and is the preferred choice of the participating organizations, which are using a common logo, slogan and the hashtag #WHDD2020—or World Hansen's Disease Day 2020.

The idea for the joint action grew out of a series of regional assemblies of people's organizations in Africa, Asia and Latin America/Caribbean organized by Sasakawa Health Foundation in 2019.



Details of the logo and slogan ("Hansen's Disease-Free World with Knowledge and Love") were finalized at the follow-up Global Forum of People's

Organizations on Hansen's Disease that took place in Manila in September.

Organizations have undertaken to interview at least three influential people and upload the interviews on social media, upload at least 20 messages and photos about what they are doing for World Hansen's Disease Day, and approach newspapers, radio and TV to

cover their activities and post at least one report on Facebook, Twitter and other SNS platforms.

Follow the hashtag #WHDD2020 to stay abreast of their activities. ■

LEPROSY RESEARCH INITIATIVE

The Leprosy Research Initiative (LRI) has announced a call for proposals for funding commencing in 2021, focusing on five research areas. These are: diagnostic tests; disability; operational research; stigma and discrimination; and transmission. The priority areas align with the Global Partnership for Zero Leprosy's research agenda.

Research results must be directly applicable to leprosy services or to the wellbeing of persons affected by leprosy. This year the LRI has a particular interest in studies which include specific strategies to improve the participation of persons

affected by leprosy in research and in studies which are in support of post-exposure prophylaxis (PEP) implementation.

The LRI was launched in 2013 by members of the International Federation of Anti-Leprosy Associations to support leprosy research and mechanisms to access external funding. Since 2014 it has supported more than 45 different projects spread over six continents.

Contact info@leprosyresearch.org for more information. The deadline for submitting proposals is 28 February 2020. ■

FROM THE EDITOR

INSPIRATION FOR THE FUTURE

In this issue, Rani Chatterjee, a medical student from West Bengal, puts questions to her father, Dr. Baniprasad Chattopadhyay. Although no longer working in the leprosy field, Dr. Chattopadhyay started his career at a leprosy hospital and his influence has clearly rubbed off on his daughter. Rani is not only studying to be a doctor, but also takes an interest in leprosy. In September, they attended the 20th International Leprosy Congress in Manila, where Rani made a poster presentation.

Should Rani choose to pursue a career in leprosy, what kind of challenges lie ahead? There are still unanswered questions in leprosy, as fundamental as how the bacillus *M. leprae* is transmitted. The possibility that drug resistance

will spread and deal a setback to efforts to eradicate leprosy presents a threat. Complacency and lack of political commitment may yet prove obstacles to further progress against the disease. There is also a long-term need for care after cure.

But attending the congress gave Rani hope for the future. She was encouraged by the initiatives being taken by the Global Partnership for Zero Leprosy, discussions about new diagnostic tools and research into a leprosy vaccine, and the ambitions encapsulated in "zero transmission, zero disability, and zero discrimination." For the future of leprosy work, it is important that young people see something to inspire them. In Rani's case, inspiration began at home.

FOR THE ELIMINATION OF LEPROSY

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