

# ENDING DISCRIMINATION AGAINST PERSONS AFFECTED BY LEPROSY IN LAO PEOPLE'S DEMOCRATIC REPUBLIC

Submitted for the consideration of the 12<sup>TH</sup> Pre-Session of the CRPD Committee

Submitted by:

**International Federation of Anti Leprosy Associations (ILEP)**

(The submission may be posted on the OHCHR website)

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This submission is made by the International Federation of Anti-Leprosy Associations (ILEP), a federation of 13 member associations working in leprosy-related activities in 69 countries. Its goal is zero leprosy, including zero stigma and discrimination against persons affected by leprosy and their family members. Persons affected by leprosy<sup>1</sup> play a significant role in organisational decisions through the operation of a high-profile Advisory Panel.

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1. Leprosy is a low-endemic disease in Lao PDR. Over the years since adoption of the current treatment regimen, around 15,000 persons have been cured of leprosy. It is estimated that 5,000 continue to live with disabilities due to leprosy. At least double this number have no visible physical impairments but are suffering from exclusion, stigmatisation and societal barriers to participation as a result of harmful stereotypes related to the label 'leprosy'. This stigma and discrimination affect not only individuals with personal experience of leprosy but also their family members.
2. People affected by leprosy may experience difficulties in accessing general healthcare (not specifically related to leprosy) because of stigmatising attitudes in the community and misconceptions of leprosy among healthcare staff. **In accordance with Article 25, the government is asked to ensure that healthcare staff are provided accurate information about leprosy and that persons affected by leprosy are never denied health care or health services on the basis of having experienced leprosy.**
3. The National Disability Inclusive Health and Rehabilitation Strategy and Action Plan was adopted in late 2015 and is being implemented. In the Rehabilitation 2030 conference in February 2017, the government recognised the need to fully integrate and strengthen rehabilitation in the national system. **In accordance with Articles 19 and 26, the government is asked to specify**

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<sup>1</sup> Persons with personal experience of leprosy prefer this descriptive term. The alternative term 'persons with leprosy' is rejected as being more descriptive of persons currently suffering from the disease, rather than its consequential effects in terms of disability, stigma and discrimination.

**measures to provide community-based rehabilitation programs that are accessible to where people live, including rural and remote areas, and to ensure that these programs include persons affected by leprosy and focus not just on physical aspects but on the broader issues of social inclusion.**

4. A number of leprosy settlements or colonies remain in Lao PDR. Although segregation is not government policy, a combination of poverty, fear, self-stigma and lack of awareness perpetuates the isolation of the colonies. Moreover, because of ignorance and fear of social exclusion, persons affected by leprosy are often kept hidden by family members or are compelled to live apart from other members of the community. **In accordance with Article 8, the government is asked to specify action to ensure access to social protection and support for persons affected by leprosy and to take strong affirmative action to build awareness and change negative community attitudes about leprosy. Because women and girls affected by leprosy face harsher discrimination than males, special attention should be given to protection of the rights of women and girls.**
5. Stigmatisation within the community may result from the existence of physical impairments caused by leprosy or from harmful stereotypes related to the label 'leprosy'. Stigmatisation leads to social exclusion which is disabling to persons affected by leprosy and their family members. Many persons with leprosy related disabilities are not receiving the benefits that are provided by national disability legislation. **In accordance with Articles 19 and 28, the government is asked to ensure that persons affected by leprosy are entitled to the same monthly allowances and other forms of government assistance as are other persons with disabilities.**
6. Because of old fears about leprosy, many countries retain on their statute books discriminatory legislation about leprosy even if those laws are not actively enforced. Laws may also use the terminology 'leper' which is labelling and therefore deeply offensive to persons affected by leprosy. **In accordance with Article 5, the government is asked to take steps to ensure that any legislation containing discriminatory provisions is amended or repealed.**
7. The social stigma about leprosy, medical complications such as ulceration and leprosy reactions, and the long-term disabling effects of the disease all combine to have negative effects on the livelihoods of individuals affected by leprosy and their families. Leprosy is closely associated with poverty. **In accordance with Article 27, the Government is asked to give special attention to enhancing socioeconomic opportunities for persons with disabilities, including persons affected by leprosy, in the Ninth National Socioeconomic Development Plan 2021-2025 and in the National Plan for Poverty Reduction.**
8. The UN Principles and Guidelines for the elimination of discrimination against persons affected by leprosy and their family members were adopted by the Human Rights Council in 2010. They broadly mirror the CRPD and provide a valuable roadmap for countries seeking to reduce anti-leprosy stigma and promote the human rights of persons affected by leprosy. **The Committee is asked to urge the Lao PDR government to implement the Principles and Guidelines as a significant contribution to enabling persons affected by leprosy to live with dignity.**