

LEPROSY BULLETIN

NO. 125 MARCH 2025



Breaking barriers to healthcare for persons affected by leprosy

Message from the ambassador

On Jan. 30, the date that India observes its national version of World Leprosy Day, the “Global Appeal 2025 to End Stigma and Discrimination against Persons Affected by Leprosy” was held in Bhubaneswar, Odisha, India. We launched this year’s appeal with the support of the health ministries of 55 countries, as well as nearly 100 persons affected by leprosy in attendance. Odisha is a highly endemic area. I was pleased that for the first time in the Global Appeal’s 20-year history, we were able to launch it from a location on the front line of the fight against the disease.

After the Global Appeal event, I visited Sri Lanka. The country achieved a prevalence rate of less than 1 per 10,000 population at the national level in 1995, but annually around 10% of new cases are child cases, which indicates active disease transmission in the community. Sri Lanka is one of WHO’s 23 global priority countries.

My five-day visit started in the north, in Jaffna, where I attended the Leprosy People Association’s national conference. Approximately 100 persons affected by leprosy from all over the country reached agreement that they should strongly appeal to the government to eliminate leprosy-related discrimination. I concluded my visit in Colombo, meeting with Sri Lanka’s head of state and other top government leaders. I appreciated their positive feedback on a proposal to hold a national conference on leprosy for all stakeholders before the end of the year.

I am hopeful that this year national-level conferences on leprosy will be held in Nepal and Sri Lanka and a regional-level conference will be held in Africa. I value conferences for their potential to increase motivation and stimulate action. At 86 years old, I know that the fight against leprosy is long. I will continue doing everything I can to encourage progress toward zero leprosy.

A handwritten signature in blue ink, consisting of stylized characters that appear to be 'Sasakawa Yohei'.

Yohei Sasakawa

WHO Goodwill Ambassador for Leprosy Elimination

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LEPROSY IS CURABLE. MEDICATION IS FREE. STOP DISCRIMINATION NOW.

Global Appeal 2025 to End Stigma and Discrimination against Persons Affected by Leprosy launched from Odisha, India

In 2006, WHO Goodwill Ambassador for Leprosy Elimination Yohei Sasakawa, with the support of The Nippon Foundation, launched the first Global Appeal to End Stigma and Discrimination against Persons Affected by Leprosy from Delhi, India. Since then a new Global Appeal has been issued each year, always with a launch event held around the time of World Leprosy Day in January. This year's event, co-hosted by the World Health Organization (WHO) and the Sasakawa Leprosy (Hansen's Disease) Initiative, was held in Bhubaneswar, Odisha, on Jan. 30, the anniversary of Mahatma Gandhi's death and the date on which India observes Anti-Leprosy Day.

Around 100 persons affected by leprosy from states around the country joined Odisha government representatives and other experts and advocates to highlight ongoing leprosy-related stigma and discrimination and to witness the reading of the appeal. Invited dignitaries unable to attend, including India's Union Minister of Health and Family Welfare, contributed written or recorded messages. The Global Appeal 2025 statement, which was read aloud from the stage during the event, has been endorsed by the health ministries of 55 countries.



Five persons affected by leprosy from Odisha were recognized as "champions" for their courage, perseverance, and awareness-raising efforts (Jan. 30, 2025).

According to statistics presented by Dr. Kshetra Mohan Kand, Odisha's Additional Director of Health (Leprosy), the prevalence rate of leprosy in the state is at 1.48 per 10,000 population, which is above the prevalence rate at the national level (0.60 per 10,000 population) and above the "elimination" target (less than 1 per 10,000 population). Launching the Global Appeal from Odisha calls attention to a front line in the battle against leprosy globally.

Ms. Saima Wazed, WHO Regional Director for South-East Asia, summarized the global challenge presented by leprosy in a video message: "While we have made significant progress over the last four decades in tackling the disease, it continues to affect about 200,000 people every year. More than 95% of them are concentrated in 23 countries. The transmission continues at community level, as evidenced by children affected by the disease."

Dr. Beatriz Miranda-Galarza, UN Special Rapporteur on discrimination against persons affected by leprosy and their family members, warned that "logistical hurdles, bureaucratic inefficiencies, and inconsistent funding" are delaying the delivery of essential medicines, including multidrug therapy (MDT), which is supposed to be available to all patients free of charge. Barriers to timely access "have dire consequences for persons affected by leprosy and their families, exacerbating health inequalities and infringing upon their basic human rights."

Maya Ranavare, a person affected by leprosy from the western state of Maharashtra, noted that her parents were also affected by the disease, and spoke with the authority of personal experience: "Leprosy stigma affects every facet of life – social status, employment opportunities, education, marriage, and even access to basic amenities." She identified "lack of awareness about [the importance of] early detection and treatment" as "one of the biggest hurdles we face." She called for involving "local leaders, traditional healers, and former patients" in "spreading the message that leprosy is treatable and not a curse or a punishment" so that stigma may be reduced and "early health-seeking behavior" encouraged.

The message contributed by India's Union Minister of Health and Family Welfare Mr. Jagat Prakash Nadda, read aloud at the event, similarly highlighted the importance of early diagnosis and treatment: "If leprosy is treated early, the person can lead a normal healthy life. Delayed treatment may lead to disabilities." He also recognized that "leprosy is not just a health issue; it is also a social issue. Stigma and discrimination hinder progress toward eliminating the disease and violate the rights of those affected."

Dr. Nilakantha Mishra, Odisha's Director of Public Health, identified stigma and discrimination as "the two things that hinder the early diagnosis and treatment of the patient." He explained that fear of stigma and discrimination drives people

suffering from the disease to “try to hide it away.” Removing stigma and stopping discrimination are necessary conditions for individuals to “clearly come out.”

As part of his presentation, Dr. Kshetra Mohan Kand, Odisha’s Additional Director of Health (Leprosy), shared information about actions that the state has taken to enhance leprosy control and services. Declaring leprosy a “reportable disease” has obligated private practitioners to refer cases to the local Additional District Public Health Officer (ADPHO). ADPHOs manage leprosy control activities in their district, and ensure that every diagnosed patient receives a full course of MDT. Designating Mondays as “Leprosy Day” has enabled patients to plan on receiving all leprosy-related health services on one consistent day of the week.



Mr. Mukesh Mahaling, Odisha’s Cabinet Minister of Health & Family Welfare, gave closing remarks on behalf of the state government (Jan. 30, 2025).

Mr. Mukesh Mahaling, Odisha’s Cabinet Minister of Health & Family Welfare, opened with thanks to the Sasakawa Leprosy (Hansen’s Disease) Initiative and affirmed, “We are ready here” to work toward the eradication of leprosy. The Minister recognized the efforts of local participants and encouraged them to continue fighting stigma and discrimination.

In recognition of the effectiveness of “Sapna,” the fictional 12-year-old girl developed by The Leprosy Mission Trust India as a mascot for leprosy awareness campaigns, three teenage girls were selected to read this year’s Global Appeal from the stage. The name “Sapna” means “dream” in Hindi, and it is used as part of the catchphrase *Kyunki Sapna hai kusht mukt Bharat ka* (Because the dream is of leprosy-free India). The Sapna mascot has been used in India’s National Leprosy Eradication Programme’s awareness campaigns since 2018.

WHO Goodwill Ambassador for Leprosy Elimination Yohei Sasakawa lauded the commitment of India’s Prime Minister Mr. Narendra Modi to achieve the ambitious goal of a leprosy-free world by 2030. “If we join hands and combine our efforts, the vision of a leprosy-free world is not an impossible dream. Together we can make it possible.”

In his closing remarks for the event, Dr. Takahiro Nanri, President of the Sasakawa Health Foundation, noted that in the 20-year history of the Global Appeal, this year marked the first time that the launch event was held in a highly endemic area. This choice of location facilitated the participation of a larger number of persons affected by leprosy than in the past. After acknowledging the unfortunate reality of ongoing stigma and discrimination, he ended his remarks with a pledge on behalf of the Sasakawa Leprosy (Hansen’s Disease) Initiative: “We will continue to issue the Global Appeal until we have realized our vision of a world where no one suffers from leprosy – a world where a Global Appeal is no longer needed.”



In the spirit of “Sapna,” a cartoon mascot for leprosy awareness campaigns in India, three teenage girls read the text of the Global Appeal from the stage (Jan. 30, 2025).

Text of the Global Appeal 2025 to End Stigma and Discrimination against Persons Affected by Leprosy

Leprosy, once feared as an incurable disease, is now treatable with modern medicine. When diagnosed and treated early, it is not disabling.

Also known as Hansen’s disease, leprosy is an infectious disease caused by the bacterium *Mycobacterium leprae* and mainly affects the skin and peripheral nerves.

Despite advances in treatment, many people with leprosy still face stigma and discrimination due to outdated stereotypes and myths. This fear of rejection often prevents people from seeking diagnosis and treatment, leaving many cases undetected.

As Ministries of Health in leprosy priority countries, we recognize that leprosy is not just a health issue—it is also a social issue. Stigma and discrimination hinder progress toward eliminating the disease and violate the rights of those affected.

We are committed to ensuring that everyone has access to healthcare services without fear of discrimination and are working toward the global goal of zero leprosy by 2030.

Together, let us raise awareness, dispel misconceptions and ensure that no one affected by leprosy is left behind.

50th Anniversary of WHO–TNF/SHF Partnership

In 1991, encouraged by the effectiveness of multidrug therapy (MDT), the World Health Assembly passed a resolution to eliminate leprosy as a public health problem by the year 2000. Ten years later, on May 16, 2001, the World Health Organization (WHO) announced that the goal of a prevalence rate of less than 1 per 10,000 population had been reached at the global level. With the dramatic decrease in the number of patients, most leprosy hospitals, sanatoriums, and isolation facilities around the world downsized, converted for other uses, or closed. With each of these changes, records and memories of those who lived and worked in these facilities have been lost.

Believing that people around the world should have opportunities to reflect on the ways that individuals and communities have responded to leprosy, the Sasakawa Health Foundation (SHF) and The Nippon Foundation (TNF) began working with WHO, the International Leprosy Association (ILA), and historical preservation experts in 2003 to create an online database of archives, sites, and oral histories. This project marked the beginning of SHF/TNF's international collaboration for the purpose of preserving the history of leprosy for future generations. Support for history preservation at the Fontilles sanatorium in Spain is one example of this ongoing international collaboration.

History preservation at Fontilles sanatorium saves a model of compassionate care



José Manuel Amorós Muñoz
Director General, Fontilles Foundation

José Manuel Amorós Muñoz graduated from the University of Valencia with a degree in Law. He has worked at Fontilles since 1995.

The Fontilles Foundation played a key role in eliminating leprosy in Spain and now collaborates internationally to bring health to people affected by neglected diseases that are both a cause and a consequence of poverty.

<https://fundacionfontilles.org/>

Fontilles, the Spanish foundation that I represent, was founded in 1902 to care for leprosy patients. From the beginning, the Jesuit priest Carlos Ferris and the lawyer Joaquín Ballester, who together had the idea to construct a sanatorium, as well as those who promoted the project and managed and ran the sanatorium after it was built, had the intention of creating a place where the sick could be adequately cared for and also feel that they had freedom to choose how to live their lives.

For seven years, the Fontilles Foundation worked on bringing the idea for the sanatorium to life in Marina Alta, a highly endemic area in the northern part of Alicante province. In 1909, the sanatorium opened its doors under the name San Francisco de Borja Sanatorium to persons affected by leprosy from all over Spain.

The sanatorium was unusual for the time in that its model of care emphasized both medical and social approaches. In size and activity it grew into the form of a small village, with more than 300 patients and its own bakery, carpentry, blacksmith, printing and bookbinding services, shoe shop, hairdresser, and so on. Economic and other connections with society

outside of the sanatorium generated a wave of solidarity with the people suffering from the disease.

Despite the success of the sanatorium's model at both caring for the sick and increasing societal compassion for the suffering of people affected by leprosy, stigma and discrimination have remained deeply rooted throughout the world.

At the Fontilles Foundation, we feel strongly that we must make known what happened to leprosy patients and learn from history so that humanity does not build irresponsible societies that are indifferent to what happens to those who suffer from illness and marginalization. We believe that governments should be involved in preserving leprosy-related history so that they gain motivation to eliminate discriminatory laws and promote social integration.

With the support of the University of Alicante and the Sasakawa Health Foundation, Fontilles has recovered, inventoried, cataloged, and digitized more than two hundred archival boxes with handwritten registration books, accounting, heritage, medical, scientific, religious, and social documents, as well as maps, plans, and medical histories of more than 3,000 diagnosed people.

A portion of the archive is being shared online through a “Fontilles and leprosy in Spain” portal established within the Miguel de Cervantes Virtual Library, the world’s largest open-access repository of digitized Spanish-language historical texts. Still under construction, when it is finished, the portal will give worldwide access to journals, images, documents, and audio recordings that present a comprehensive view of daily life at the sanatorium over the past 120 years. While all of the original documents are in Spanish, visitors to the site can choose to navigate and read explanations in either Spanish or English.

The audio recordings that will be shared on the portal are the result of an oral history project started in June 2016 to capture the voices and life stories of persons affected by leprosy still living at the sanatorium. To start, they will be a selection from nearly 60 hours of recordings completed with 18 residents. It is hoped that the scope of the project can be widened to include former residents and people who provided care. The full recordings and their transcripts are being preserved in the Archivo de la Diputación de Alicante (Archive of the Provincial Council of Alicante), along with the rest of the Fontilles archive.

In addition to the parts of Fontilles heritage that can be archived, there are, of course, the buildings of the sanatorium, some of which are still in use today. In addition to the National Reference Center for Leprosy, the infrastructure hosts the Borja Geriatric Center and the Ferrís Center for Functional Diversity. A team at Polytechnic University of Valencia’s School of Architecture studied the set of buildings in relation to the landscape both across time and in the present to develop a description of the site’s heritage value and propose preservation measures and improvements. This analysis contributes to heightened appreciation of the development of the site and all those who participated in the life of the sanatorium.

Viewed comprehensively, these various acts of preservation and development reveal that Fontilles has stayed remarkably true over time to its founding principle of dignified treatment of its residents.

Everything that has been done has been thanks to the important efforts of the people who at each moment have helped to preserve the history. The cataloging and digitization of over a century’s worth of documents and the creation of the portal hosted by the Miguel de Cervantes Digital Library could not have happened without support from the Sasakawa Health Foundation.

There are no words, nor enough space to summarize all the efforts made by Mr. Yohei Sasakawa, for all his support to the communities of persons affected by leprosy, his support

for projects that preserve the history of leprosy, his support for initiatives to transmit the lessons of leprosy to future generations, the creation of networks and websites on leprosy, and his invaluable support for Fontilles. During his visit to our sanatorium, we were able to see his extraordinarily loving attitude towards our patients, which reflects the immense humanity that he possesses.

I would like to express Fontilles’ immense gratitude to Mr. Sasakawa and the Sasakawa Health Foundation for their invaluable help and the most sincere recognition for their enormous contribution to preserving the history of leprosy.



The Fontilles sanatorium is located in a valley that keeps the buildings hidden from neighboring towns while also offering a view of the sea.



Preservation efforts have recovered, restored, and catalogued thousands of documents and artefacts from nearly 120 years of efforts to provide medical care and a supportive social environment.



The history preservation efforts honor the life stories of the residents of the sanatorium.

Too much fear of transmission, not enough awareness of invisible disabilities

As part of the Global Appeal 2025 to End Stigma and Discrimination against Persons Affected by Leprosy held in India on Jan. 30, the *Leprosy Bulletin* interviewed two persons affected by leprosy living in Odisha to learn about their experiences. Shyam Sundar Patra discovered that he had leprosy at age 14. Forced to leave his family, he eventually found his way to a colony in the capital city of Bhubaneswar, where he has been living for nearly 50 years. Sister Bimala Khajur is a religious nun belonging to the Congregation of the Sacred Hearts of Jesus and Mary and a social worker who received her diagnosis in 2023. She recently completed one year of multidrug therapy (MDT). This article highlights three themes that came up in the one-hour conversation.

Fear of transmission

When Sister Bimala Khajur received her diagnosis, her awareness of India's "save yourself and others" COVID-19 campaign was fresh and she wondered what the equivalent might be for leprosy. Fearing that she might be contagious, she followed pandemic protocol and isolated herself. Later, as she learned more and completed her MDT treatment, she grew in confidence that she would not put others at risk, and she informed them that she could be with them, hug them, and eat with them. But some people still fear transmission, and she has been prohibited from joining some meetings and programs. She wishes that she had an official document with information about stages of the disease and clear instructions about actions to take so that both she and those around her could feel equally comfortable about her participation.

Desire to keep community intact

Decades ago, when S. S. Patra found out that he had leprosy, his entire family was denied access to communal resources. To help his family, he had to leave. At first, he depended on begging to survive, but with help from a priest who advised him to cultivate a trade and gave him 500 rupees to get started, he bought a grocery shop in a leprosy colony. In the colony, he was able to marry and raise five children. All his children are now married, and his four sons are raising their families in the colony, while working outside of it.

S. S. Patra is familiar with the argument that persons affected by leprosy who have been cured should be rehabilitated and the colonies eliminated, but he strongly disagrees. He does not see breaking up the community as a solution. In his view, the main issue is land rights. The community already exists, and so what is needed is the security that would come from legal



Two persons affected by leprosy, Shyam Sundar Patra (left) and Sister Bimala Khajur, shared their experiences in interviews conducted as part of the Global Appeal 2025 to End Stigma and Discrimination against Persons Affected by Leprosy held in Odisha, India, on Jan. 30, 2025.

recognition of the right to be on the land. This security would increase the motivation of all stakeholders to improve the colony's infrastructure and services.

Downsides of linking support to visible disability

Related to the problem of lack of land rights, many people in leprosy colonies live in vulnerable (kutchra) structures. In 2021, the Odisha government decided to provide homestead land and sturdy, all-weather (pucca) houses with a latrine to eligible cured leprosy persons with 40% or more disability within two months after completion of their treatment.¹ While this decision helps a small subset of persons affected by leprosy, it does not help those who were cured long ago or those who have disabilities that are less visible. S. S. Patra described how the percentage of disability that a person is able to demonstrate also affects the amount of monthly pension payments.

Sister Bimala Khajur explained that, although she has completed her MDT treatment and does not have any visible disabilities, she is still experiencing various complications related to nerves and facial muscles. Pain and weakness prevent her from working a full number of hours.

Overall, the situation for persons affected by leprosy in Odisha has improved in comparison to the past because of MDT and access to the treatment through government hospitals. But as Sister Bimala Khajur is finding, expertise and treatments to help with reactions and complications may be lacking. At the same time that there is too much fear of transmission, there is too little awareness that the physical and emotional effects of leprosy can be invisible, and they can last long after the disease has been cured.

¹ <https://www.newindianexpress.com/states/odisha/2021/Nov/27/odisha-government-to-provide-land-pucca-house-for-cured-leprosy-patients-2388741.html> (accessed Mar. 1, 2025).

Goodwill Ambassador visits India and Sri Lanka for World Leprosy Day and Global Appeal 2025

On Jan. 29, 2025, WHO Goodwill Ambassador for Leprosy Elimination Yohei Sasakawa left Japan for an 11-day visit to India and Sri Lanka.

India

The Goodwill Ambassador first stopped in Delhi at the Japanese Chamber of Commerce and Industry in India (JCCII) to ask for the organization's support in fighting leprosy-related stigma and discrimination.

Next, he traveled southeast toward the coast to participate in hosting the Global Appeal to End Stigma and Discrimination against Persons Affected by Leprosy in Bhubaneswar, Odisha. In addition to speaking at the event, he listened to leaders of the Association of People Affected by Leprosy (APAL) who had come from all over the country to represent their various states. He also met with Odisha's governor, Dr. Hari Babu Kambhampati, and visited four nearby colonies and a hospital.

Sri Lanka

From Odisha, the Goodwill Ambassador flew south via Chennai to Jaffna in northern Sri Lanka. When he last visited the country in 2010, the scars from the civil war that ended in 2009 were still fresh, and there were 80,000 people living in refugee camps. This time, 15 years later, he was welcomed with traditional dance and music at the Jaffna Thiruballuvar Cultural Centre, where Kaveri Kala Manram (KKM) and the Leprosy People Association (LPA) were hosting their co-organized event, World Leprosy Day Remembrance & Leprosy Association National Convention 2025.

KKM, a cultural and humanitarian organization, has been involved in raising awareness of leprosy since the organization was founded by youth from villages toward the northern tip of the Jaffna Peninsula in 1998. In recent years, it has been working energetically to find new cases and eliminate discrimination in collaboration with LPA, Sri Lanka's Ministry of Health and other government agencies, politicians, religious figures, educators, the media, and various local community-based organizations (CBOs).

LPA was established in 2016, and it currently has 578 members in six branches. The association supports persons affected by leprosy to speak up for themselves and participate actively in society.

After Jaffna, the Goodwill Ambassador traveled toward Colombo, the country's capital. On the coastal outskirts of the city near the Ratmalana Railway Station, he visited



Feb. 3, 2025 – WHO Goodwill Ambassador Yohei Sasakawa joins members of the Leprosy People Association (LPA) on stage to take a commemorative photograph at the World Leprosy Day Remembrance & Leprosy People Association National Convention 2025 at the Jaffna Thiruvalluvar Cultural Centre in Sri Lanka.

a community of around 2,500 households that is home to many persons affected by leprosy. The community receives support from the Alliance Development Trust (ADT), which is active mainly in central and southern Sri Lanka. Most people in the community make a living from fishing, and the Goodwill Ambassador was introduced to a man who formerly had difficulties securing employment because of leprosy-related disabilities. He overcame these difficulties with the help of a donated boat. His wife also contributes to the independence of persons affected by leprosy in the area by leading a self-help group of around 30 people.

ADT is a nonprofit organization established in 2000 for the purpose of supporting vulnerable communities. In the health sector, the organization is focusing on the prevention and treatment of infectious diseases, including leprosy, and is



Feb. 6, 2025 – At an Alliance Development Trust (ADT) facility in Colombo, Sri Lanka, WHO Goodwill Ambassador Yohei Sasakawa joins a self-help meeting and learns about a member's physical condition and medical situation.

supporting the socio-economic rehabilitation of affected persons. During this visit, the Goodwill Ambassador joined a meeting of a self-help group formed and maintained with the support of ADT. The group gathers regularly to exchange information and assist one another in seeking solutions to medical and social issues that they face in daily life.

The Goodwill Ambassador concluded his visit to Sri Lanka with meetings with the President, Prime Minister, Minister of Health, Minister of Foreign Affairs, and Minister of Women and Child Affairs. At these meetings, the Goodwill Ambassador proposed holding a national conference to accelerate the progress toward zero leprosy and asked for the government's cooperation. The positive responses that he received gave him hope for future collaboration.

In remembrance of Fichrin Hidayat, a true fighter for persons affected by leprosy in Indonesia

With deep sorrow, the *Leprosy Bulletin* announces the passing of Fichrin Hidayat, a person affected by leprosy and participant in the Sasakawa Leprosy (Hansen's Disease) Initiative's Young Scholar Program. Fichrin was only 19 years old. The *Bulletin* is grateful to Hasan Basri, Fichrin's friend and fellow Young Scholar, for writing the following tribute.

↳ Contributed by Hasan Basri



Fichrin Hidayat (2005–2024)

Fichrin was one of four participants in the Sasakawa Leprosy Initiative's Young Scholar Program in Indonesia, along with myself, Kasmawati, and Yusniati. Fichrin and I lived together in Makassar for three-and-a-half months, sharing accommodation, experiences, and stories. Of all my friends, Fichrin was the one I was closest

to. Every evening after the activities, we would engage in intense discussions and talk about our dreams, struggles, and challenges. Fichrin had already finished multidrug therapy (MDT) treatment a while ago, but he suffered from frequent recurrent reactions.

I admired Fichrin's spirit and determination. One evening I asked him, "Fichrin, aren't you ashamed of your condition?" The reactions were making his skin blister and the treatment, Clofazimine, had dramatically changed his skin's color. Physically, he was weak, but still he answered in a way that astounded me: "Mas (older brother) Hasan, can I be honest? I am here because I want to become an accountant and I want to join the fight of my friends who share the same fate. This program gives me the opportunity to achieve this." I realized then that Fichrin was a person full of sincerity. He kept going, bearing the wounds on his body, fighting the stigma attached to him, and whenever he felt strong enough, he continued to learn, support his peers, and inform local communities about leprosy.

But Fichrin is now gone forever. He passed away on Dec. 22, 2024. This news broke our hearts, and we lost a passionate fellow activist. We don't know if reactions were the main cause of his passing, or if there were other factors, but it is clear that he passed away in a heartbreaking condition. This loss made us reflect on how hard he struggled and on how little attention is paid to conditions like his.

Fichrin is not the only one who has died from a leprosy-related cause. In 2024, six people died in PerMaTa South Sulawesi* support areas. This should be of serious concern to government and leprosy support organizations. Recurrent reactions that are not treated properly pose a serious threat to persons affected by leprosy and can even cost their lives.

Goodbye, Fichrin. Your body may be gone, but your spirit will live on in our hearts. It will become one with our fight for the rights of those affected by leprosy. We will ensure that your struggle was not in vain.

* PerMaTa South Sulawesi is a people's organization by and for persons affected by leprosy.



From left, Yusniati, Kasmawati, Fichrin, and Hasan – participants in the Sasakawa Leprosy (Hansen's Disease) Initiative's Young Scholar Program – practice doing internet searches at a training venue in Jonggaya settlement, South Sulawesi Province, Indonesia, on Aug. 19, 2024.

**SASAKAWA
LEPROSY**
HANSEN'S DISEASE
INITIATIVE

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