

LEPROSY BULLETIN

NO. 130 MARCH 2026



Getting to elimination requires approaches from all angles

Message from the ambassador

This year, 2026, will be my 25th as WHO Goodwill Ambassador for Leprosy Elimination. During this quarter-century, I have visited 127 countries and devoted more than 3,700 days to activities promoting the elimination of leprosy.

India, Brazil, and Indonesia detect approximately 80% of all new cases of leprosy reported annually. I began this year with a commitment to encourage high-level conferences in these countries. A high-level conference brings decision-makers together and creates the conditions necessary for the formulation and implementation of effective strategies. I believe that conferences like this are an essential part of the effort to eliminate leprosy worldwide.

In January, I met with Indonesia's President Prabowo Subianto and Minister of Health Budi Gunadi Sadikin. They agreed to hold a national leprosy conference, to be attended by the president. In February, I traveled to India, where I discussed the elimination of discriminatory laws against leprosy with Minister of Law and Justice Arjun Ram Meghwal, and exchanged views on holding a state-level conference in Uttar Pradesh, where leprosy is endemic. Then, in March, I participated in a national high-level conference on leprosy in Brazil. Based on an agreement with President Luiz Inácio Lula da Silva, who visited Japan last year, the conference included in-depth discussion of concrete measures to be taken.

I turned 87 in January, but my aspirations have not changed since those of my younger days. I will continue to work with all my might according to my motto – solutions are to be found in the same place as the problems – so that no one suffering from leprosy is left behind.

Yohei Sasakawa

WHO Goodwill Ambassador for Leprosy Elimination

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3rd Global Forum Oversight Committee

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Yurani Granada

3rd Global Forum Oversight Committee

Francilene Mesquita

3rd Global Forum Oversight Committee

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3rd Global Forum Oversight Committee

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

VIEWPOINT



Dr. David Blok
Assistant Professor, Erasmus School of Social and Behavioural Sciences
Erasmus University Rotterdam

Dr. Blok has contributed to leprosy research by developing and evaluating intervention strategies using infectious disease transmission models, combined with epidemiological and economic approaches, to better understand disease dynamics and inform decision-making for control strategies.

Modeling insights into the impact of SDR-PEP

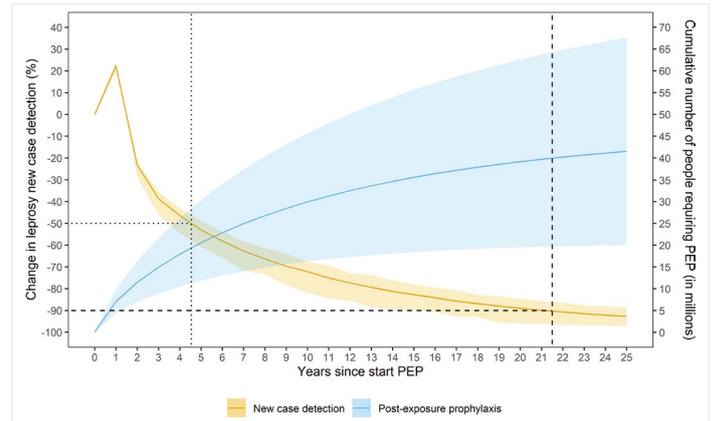
Editor's note: As a modeler, Dr. Blok uses computer simulations to explore “what-if” questions for leprosy programs. By combining real-world data with mathematical models of how leprosy spreads in families and communities, he can estimate how many infections are still hidden, project how many new cases might appear in the future, and test how much different strategies – such as SDR-PEP, earlier diagnosis, or new diagnostic tools – could speed up progress towards interrupting transmission.

Evidence indicates that single-dose rifampicin (SDR) reduces the risk of developing leprosy among contacts by approximately 60%. SDR starts working immediately by killing the bacteria that cause leprosy in people who have been exposed. This helps prevent early infection from developing into disease. However, this benefit is not immediately reflected in the number of new leprosy cases reported in the community because of the disease's long incubation period. It takes time before the protective effect becomes visible in overall case numbers.

SDR as post-exposure prophylaxis (SDR-PEP) is administered alongside intensified contact tracing and active screening. As a result, the number of reported leprosy cases may initially increase. This rise is typically attributable to the detection of a backlog of undiagnosed cases in an area. After this transitional phase, a more rapid decline in the number of new leprosy cases is generally observed compared with routine program scenarios without preventive intervention.

The impact of SDR-PEP increases progressively over time. As more contacts are screened and administered SDR-PEP, the cumulative preventive effect strengthens, leading to a faster decline in new leprosy cases. With sustained high coverage, this approach accelerates the reduction in incidence and supports earlier interruption of transmission.

Global modeling suggests that consistent, high-coverage implementation of combined contact screening and SDR-PEP worldwide could reduce observed cases by up to 90% within approximately 22 years. Achieving such impact would require screening and providing SDR to an estimated 40 million contacts of index patients worldwide over the next two decades.



Projected change in new case detection and cumulative number of people requiring post-exposure prophylaxis over 25 years. Reproduced from Taal AT, Blok DJ, van Brakel WH, de Vlas SJ, Richardus JH. Number of people requiring post-exposure prophylaxis to end leprosy: A modeling study. *PLoS Negl Trop Dis*. 2021;15(2):e0009146. doi:10.1371/journal.pntd.0009146.

In reality, the impact of combined contact screening and SDR-PEP varies substantially across countries and settings. A key determinant is the number of contacts screened per index case (the first diagnosed person in the setting). Higher contact coverage leads to greater preventive impact. For example, during the multi-country leprosy post-exposure prophylaxis (LPEP) project, it was shown that districts with a high number of contacts included (>20 contacts per index patient) would yield the highest reduction in the number of new leprosy cases. This means that both household contacts and neighbors should be included.

Also, the level of endemicity influences outcomes. In highly endemic countries such as India, a larger number of contacts are identified, screened, and deemed eligible for SDR, resulting in a greater absolute reduction in cases compared with lower-endemic settings.

Furthermore, the impact is larger if the routine leprosy program is strong, which implies that there are fewer undiagnosed clinical leprosy patients in the community. Undiagnosed patients continue to contribute to transmission, making preventive interventions less efficient. At the same time, the introduction of SDR-PEP can strengthen program performance. By promoting active contact tracing, improving surveillance, and increasing community engagement, SDR-PEP can help reinvigorate routine services and contribute to greater program efficiency and impact over the longer term.

VIEWPOINT



Dr. M. A. Arif
International public health consultant

Dr. Arif is a preventive medicine and public health specialist with extensive experience in leprosy control in India. He has played a major role in testing the feasibility of implementation of SDR-PEP in Dadra & Nagar Haveli, and he contributed to the World Health Organization's guide for SDR-PEP.

Field studies support implementation of SDR-PEP for interruption of transmission

Studies on the use and impact of single-dose rifampicin (SDR) as post-exposure prophylaxis (PEP) have been and are being carried out under routine national programs in many countries, including India, Nepal, Indonesia, and Cambodia. Drawing upon these studies and my experiences in India, I have summarized some key findings below.

Following the success of the COLEP study (the first large-scale study of SDR-PEP in an endemic setting), a feasibility study of implementation and acceptance of SDR-PEP was carried out in Dadra & Nagar Haveli (D&NH), India. All contacts of cases detected from April 1, 2013, to March 31, 2018, were included to be screened and given SDR-PEP. Qualitative data were collected to find out acceptance/rejection and challenges faced by community and health care staff.

A total of 30,295 eligible contacts of 1,662 new cases detected over the five-year period received SDR. No untoward effects or complications were reported. SDR-PEP was well accepted by 99.3% of individuals, and there was no hesitation in swallowing one capsule of rifampicin.¹

Auxiliary Nurse Midwives (ANM) were asked about whether the project had increased their workload. They answered that it had, but they see the increase as temporary; they know that SDR-PEP will lead to fewer cases in the future. Their response upholds the conclusion of a 2017 study: "PEP can be integrated into different health systems without major structural and personal changes, but provisions are necessary for the additional monitoring requirements."²

The effectiveness of providing SDR-PEP to eligible contacts was assessed by the decline in the number of cases over the five-year period: 261 (2018–2019); 200 (2019–2020); 144 (2020–2021); 109 (2021–2022); 92 (2022–2023). The

prevalence rate declined in corresponding years from 3.25 (2018–2019) to 0.96 (2022–2023) per 10,000 population.³

Also in India, there is an example of the effectiveness of a "blanket approach" in which SDR-PEP is administered, with consent, to the entire healthy population of a community, instead of establishing eligibility according to contact tracing. In 2017, the district leprosy officer of Varanasi, Uttar Pradesh, decided to initiate this approach after two patients were diagnosed with multibacillary leprosy in the district hospital and subsequent village-wide screening identified 12 additional new cases. All healthy residents above two years of age, a total of 156 out of 172 persons, were given SDR. In six years of follow-ups, there were no new cases of leprosy found in this village.⁴

In Nepal, a retrospective cohort study looked at the effectiveness of SDR-PEP when implemented under routine program conditions. Two areas, one with SDR-PEP and one without, were compared. In a follow up of 74 months, districts where contacts received SDR-PEP showed around 72% reduction in case detection compared to areas where SDR-PEP was not used.⁵

To address challenges related to availability of rifampicin and in drug formulations, WHO has initiated the supply of rifampicin alongside MDT in more than 40 countries. The current context provides a timely opportunity to introduce systematic contact management for early case detection and protection of those at highest risk through SDR-PEP administration.

Based on the studies introduced in this article and other available evidence, SDR-PEP can be considered a promising intervention that can and should be implemented within routine leprosy control programs, at least to begin with in low-endemic areas.

¹ Richardus JH, Tiwari A, Barth-Jaeggi T, Arif MA, et al. Leprosy post-exposure prophylaxis with single-dose rifampicin (LPEP): an international feasibility programme. *Lancet Glob Health*. 2021;9(1):e81–e90. doi:10.1016/S2214-109X(20)30396-X.

² Tiwari A, Mieras L, Dhakal K, et al. Introducing leprosy post-exposure prophylaxis into the health systems of India, Nepal and Indonesia: a case study. *BMC Health Serv Res*. 2017;17:684. doi:10.1186/s12913-017-2611-7.

³ "Innovations/Best practices under NLEP in Dadra & Nagar Haveli." Unpublished report. Available at: [https://www.nitforstates.gov.in/public-assets/Best_Practices/Compendiums/Leprosy%20Eradication%20Initiatives%20DNHDD%20_%20Best%20Practices%20%20\(1\).pdf](https://www.nitforstates.gov.in/public-assets/Best_Practices/Compendiums/Leprosy%20Eradication%20Initiatives%20DNHDD%20_%20Best%20Practices%20%20(1).pdf). Accessed February 20, 2026.

⁴ Singh R, Agarwal A. Experience with administering single-dose rifampicin as post-exposure prophylaxis (SDR-PEP) for leprosy through blanket approach in Uttar Pradesh, India. *Indian J Lepr*. 2024;96:159–161. Available at: <https://nlrindia.org/wp-content/uploads/2024/07/changing-perception-and-improving-knowledge-on-leprosy.pdf>. Accessed March 24, 2026.

⁵ Banstola NL, Hasker E, Mieras L, Gurung D, et al. Effectiveness of ongoing single-dose rifampicin post-exposure prophylaxis (SDR-PEP) implementation under routine program conditions—An observational study in Nepal. *PLoS Negl Trop Dis*. 2024;18(12):e0012446. doi:10.1371/journal.pntd.0012446.

Members of the 3rd Global Forum's Oversight Committee are working to promote rights-based approaches and meaningful participation

In July 2025, with facilitation support from the Sasakawa Leprosy (Hansen's Disease) Initiative, organizations participating in the 3rd Global Forum of People's Organizations on Leprosy/Hansen's Disease, held in Bali, Indonesia, established a global level Oversight Committee. The committee's mandate is to monitor the existence and implementation of national and international policies and to hold governments, donors, pharmaceutical companies, and intergovernmental agencies accountable.

The organizations outlined their idea for the committee in a letter of commitment, where they pledged to create "an oversight committee composed by persons affected by leprosy/Hansen's disease who represent organizations of persons affected by leprosy/Hansen's disease from all regions." The committee's responsibilities include

systematically collecting information about the progress of the implementation of the commitments and recommendations of the Global Forum and reporting to organizations of persons affected by leprosy/Hansen's disease.

To form the Oversight Committee, participating organizations sorted themselves into three regions (Asia, Africa, and the Americas) and elected two members from each region. Since then, the six committee members have held discussions based on the Global Forum's three outcome documents, as well as their extensive knowledge about the reality of persons affected by leprosy in their respective countries, to set priorities and generate an action plan for the first year (2025–2026). In the following reflections, they present the impact they expect to have, as well as what they expect from leprosy stakeholders.



Maguette Ndiaye
Chairperson of the Global Forum's Oversight Committee
 Region: Africa (Senegal)
 Organization: ASCL/MTN

The Oversight Committee defends the human rights of persons affected by leprosy (Hansen's disease) and ensures their dignity, protection against discrimination, and full social, political, and economic participation. As chairperson, I provide leadership to the committee by ensuring transparency and effectiveness. I represent the Oversight Committee at the Global Forum and oversee the annual activity plan, while preserving the committee's independence and embodying the voices of persons affected by leprosy. The committee advocates with authorities to defend fundamental rights in areas such as employment, education, housing, freedom of movement, and equality before the law. It also advocates for early diagnosis, free access to quality treatment, and rehabilitation with respect for patients' informed consent. Its work aims to eliminate discriminatory laws and ensure the active participation of persons affected by leprosy in the development of public policies. The committee adopts a holistic approach integrating medical, social, economic, and legal dimensions. The committee transforms society by enabling persons affected by leprosy to move from victim status to full citizens enjoying their fundamental human rights.



Maya Ranavare
Vice Chairperson of the Global Forum's Oversight Committee
 Region: Asia (India)
 Organization: APAL

As a member of the Global Forum's Oversight Committee, my expectation is that the committee will serve as a strong ethical and moral compass, ensuring that the voices of persons affected by leprosy remain central to all decisions, actions, and global strategies. The committee should actively promote meaningful participation, transparency, and accountability, while safeguarding the dignity, rights, and lived experiences of affected communities. I hope it will challenge stigma and discrimination by influencing policies, programs, and narratives at national and international levels. The impact I would like to see is a shift from charity-based approaches to a rights-based, community-led movement, where persons affected by leprosy are recognized as leaders, experts, and equal partners. Through constructive oversight, advocacy, and collaboration, the committee can help bridge gaps between institutions and communities, strengthen trust, and ensure that global commitments translate into real, measurable improvements in the lives, inclusion, and well-being of persons affected by leprosy worldwide.



Brima Kpeh
Secretary of the Global Forum's Oversight Committee

Region: Africa (Sierra Leone)
 Organization: NAPAL

As Secretary of the Oversight Committee representing persons affected by leprosy worldwide, my expectation is that the committee will be a credible, principled, and accountable voice for those whose lived experiences should shape global policy and practice. The committee should ensure that the perspectives of persons affected by leprosy are meaningfully integrated into decision-making processes at all levels – global, regional, and national – rather than treated as symbolic participation. I expect the committee to strengthen transparency, promote rights-based approaches, and advocate for the elimination of stigma and discrimination, in line with global commitments such as those outlined by the World Health Organization and the United Nations. The impact I hope to see is measurable: improved inclusion in policies, increased access to services, strengthened organizations of persons affected, and greater dignity, equity, and social justice for our community worldwide.



Francilene Mesquita
Communication Manager of the Global Forum's Oversight Committee

Region: the Americas (Brazil)
 Organization: MORHAN

The Oversight Committee of the 3rd Global Forum has been working collectively over the past six months in monthly online meetings to implement its action plan. We began by sharing the three outcome documents from the forum with persons affected by Hansen's disease and decision-makers. As the communication manager, I would like to emphasize that committee members worked hard to translate summaries of the documents into Portuguese, Spanish, Hindi, Indonesian, and French to make them accessible to the representatives of organizations of persons affected by Hansen's disease who participated in the 3rd Global Forum. In addition, we wanted to facilitate the efforts of the organizations to disseminate the summaries widely in their home countries and beyond. Our goal is for all persons affected by Hansen's disease to be able to read the documents, see their needs reflected in this collective set of rights-based demands, feel included, and collaborate in monitoring actions where they live, thereby actively and meaningfully participating in community and public life.



Yurani Granada
Deputy Secretary of the Global Forum's Oversight Committee

Region: the Americas (Colombia)
 Organization: FELEHANSEN

One of my main expectations is that all persons affected by Hansen's disease around the world will become aware of the Oversight Committee's existence and feel that it is their own space – accessible and representative – where they can raise their voices with confidence and be listened to with empathy, love, and understanding. I aspire for each person to feel supported, empowered, and respected, and for dialogue regarding their human rights to be promoted in a shared language of justice, dignity, and equality. I also hope that the committee's impact will transcend borders and gain global recognition from governments and partner organizations, prompting effective responses to the needs and problems of those living with this disease. I trust that we can work together to build a world free of stigma and discrimination, where inclusion, respect, and opportunities for all prevail.



Al Kadri
General Assistant of the Global Forum's Oversight Committee

Region: Asia (Indonesia)
 Organization: PerMaTa

I expect the Oversight Committee to play a strategic and inclusive role in strengthening the voice, capacity, and leadership of communities of persons affected by leprosy. The committee should serve as a bridge between affected communities, governments, technical partners, and donors, ensuring that policies and programs are grounded in lived experience and real needs. By promoting meaningful participation, transparency, and accountability, the committee can help ensure that persons affected by leprosy are not only beneficiaries but also key decision-makers in initiatives that concern their lives. The impact I hope the committee will have is a tangible improvement in dignity, access to quality health services, social inclusion, and protection of human rights for persons affected by leprosy and their families. Ultimately, the committee should contribute to reducing stigma and discrimination, strengthening community-based organizations, and accelerating progress toward the elimination of leprosy with a person-centered and rights-based approach.

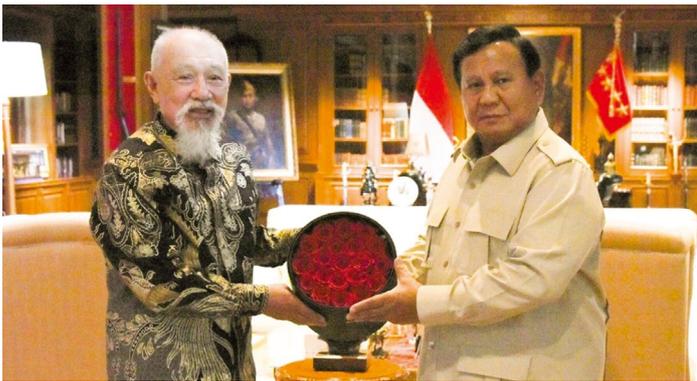
Meeting with Indonesia's President and Minister of Health

WHO Goodwill Ambassador for Leprosy Elimination Yohei Sasakawa met with President of Indonesia Prabowo Subianto and Minister of Health Budi Gunadi Sadikin at the president's private residence on Jan. 16, 2026. The opportunity to meet at the private residence of a head of state is rare, and the Goodwill Ambassador was grateful for the honor.

The discussion touched upon the actions of India and Brazil, the two other states that, along with Indonesia, constitute the top three leprosy-endemic countries in the world. The Goodwill Ambassador shared that under the leadership of Prime Minister Narendra Modi, India is pursuing a robust strategy accelerating case detection, digital surveillance, and post-exposure prophylaxis to reach the target of zero new cases among children by 2027. He also explained that President of Brazil Luiz Inácio Lula da Silva agreed to co-organize a national high-level conference on leprosy (held in Rio de Janeiro, March 12–14, 2026).

The Goodwill Ambassador welcomed President Prabowo's agreement to hold a national conference in Indonesia as well. With this development, full-scale efforts towards leprosy elimination in all three major endemic countries are expected to move forward with sustained momentum.

The Goodwill Ambassador also conveyed his intention to increase the frequency of his visits to Indonesia to six times a year, a proposal to which the President gave his full support.



The Goodwill Ambassador was honored to be invited to the private residence of President Prabowo Subianto to discuss initiatives to accelerate progress toward a leprosy-free Indonesia (Jan. 16, 2026).

On Jan. 15, 2026, the Goodwill Ambassador joined Minister of Health Budi at the Ministry of Health for a panel discussion titled "Ending Leprosy Without Stigma." The Minister told the audience, "Leprosy is not a curse. This disease is caused by bacteria, is very difficult to transmit, and takes a long time to spread. Most importantly, leprosy can be cured with medication."

The Minister also pointed out that when leprosy is stigmatized, those with symptoms may experience fear or shame and hesitate to reveal their condition, resulting in a delay in the

start of treatment. He stressed that the provision of accurate information is the key to breaking down stigma and accelerating the fight against leprosy in local communities.



WHO Goodwill Ambassador Yohei Sasakawa joined Minister of Health Budi Gunadi Sadikin for a talk event titled "Ending Leprosy Without Stigma" on Jan. 15, 2026, at the Ministry of Health in Jakarta.

Roundtable discussion with Queen of the Belgians

On the morning of Jan. 29, 2026, in Brussels, before the launch event for the Global Appeal to End Stigma and Discrimination against Persons Affected by Leprosy, the Goodwill Ambassador – together with a delegation that included persons affected by leprosy from India, Indonesia, and Brazil – took part in a roundtable discussion with Her Majesty Queen Mathilde of the Belgians. The Goodwill Ambassador drew attention to the ongoing reality of new infections and human rights violations around the world. He asked for the support of the international community and the Queen to eradicate discrimination through education and the dissemination of correct knowledge.

A message from the Queen was later read out at the launch event by Dr. Jean-Pierre Baron Schenkelaars, former President of the Damien Foundation: "I warmly welcome the Global Appeal 2026, which unites key actors around dignity, inclusion, and the fight against leprosy-related stigma. By linking health, education, and equality, this Global Appeal reflects the spirit of the Sustainable Development Goals and deserves my full support."



Her Majesty Queen Mathilde of the Belgians (center) with participants in a roundtable discussion she hosted at the Royal Palace of Brussels on Jan. 29, 2026, before the launch of Global Appeal 2026. © Palais Royal – Loan Silvestre

Global Appeal 2026 focuses on education's role in ending leprosy stigma and discrimination

The Global Appeal 2026 to End Stigma and Discrimination Against Persons Affected by Leprosy was launched on Jan. 29, in Brussels, Belgium, at an event co-hosted by Education International and the Sasakawa Leprosy (Hansen's Disease) Initiative, in partnership with the Damien Foundation. Approximately 80 participants gathered for the event, including persons affected by leprosy, educators, policymakers, health professionals, and civil society representatives.

Education International is a global union federation of 375 member organizations, representing more than 33 million teachers and education support personnel in 180 countries and territories. Dr. Mugwena Maluleke, the federation's president, declared in his speech: "We are here because we believe education is liberation. We believe education has the transformative power to dismantle misconceptions, challenge prejudice, and build inclusive societies where every student and every educator can thrive."

Mr. Takashi Kajiwara, Vice President of Education International and President of the Japan Teachers' Union, spoke of the role of science education in reducing fear of "invisible things," such as the bacillus that causes leprosy: "If we can scientifically understand the invisible and respond appropriately, we can surely break away from meaningless stigma and discrimination."

Ms. Maguette Ndiaye, Chairperson of the Oversight Committee of the 3rd Global Forum of People's Organizations on Hansen's Disease, asserted, "People affected by leprosy deserve respect, dignity, and the same rights as everyone else. They deserve to go to school, work, and live normally in their communities."

Ms. Pascale Barnich, General Manager of the Damien Foundation, noted that education can reinforce exclusion, and so it is important to instead develop it as "a key lever for creating societies where differences are a strength and drivers for a more just world."

Mr. Yohei Sasakawa, WHO Goodwill Ambassador for Leprosy Elimination, emphasized that when barriers to access are removed and teachers share accurate knowledge, "schools can become places where discrimination ends."

At the conclusion of the ceremony, a declaration expressing the concerns and intentions of participants in Global Appeal 2026 was read from the stage by Ms. Bimla Kujur, a person affected by leprosy from India, together with Dr. Maluleke.



Ms. Bimla Kujur, representing persons affected by leprosy, reads the Global Appeal 2026 declaration together with Dr. Mugwena Maluleke, President of Education International.

Global Appeal 2026 declaration

Leprosy, also known as Hansen's disease, is an infectious bacterial illness that primarily affects the skin and peripheral nerves. Although it is curable, persons affected by leprosy and their families continue to face stigma and discrimination in many parts of the world.

Addressing the misconceptions that perpetuate this injustice requires the transformative power of education. Education plays a crucial role in shaping the values of future generations, and the right to quality education is a precondition for equity, inclusion and social justice.

As the global voice of teachers, Education International is committed to advancing education that fosters critical thinking, challenges prejudices and eliminates all forms of discrimination, within schools and across society.

Equipping teachers and education personnel with accurate knowledge of leprosy and supporting them to share this information with students can help reduce fear and misunderstanding. Such education also fosters empathy and strengthens respect for human rights.

Schools also serve as vital community hubs for health promotion and disease prevention. Promoting awareness and screening can help to identify early signs of leprosy, enabling timely treatment and reducing the risk of disability and stigma.

Education trade unions also have a vital role to play. Through training, campaigns and collaboration with health and education authorities, unions can empower educators to become champions of inclusion and health.

As educators, we will use our collective voice to promote knowledge, empathy and action, working toward a society in which the dignity of all individuals is upheld.

In honor of Martha Cecilia, who dedicated her life to vulnerable people

Contributed by Lucrecia Vásquez Acevedo, legal representative of FELEHANSEN



Martha Cecilia Barbosa Ladino

Martha Cecilia Barbosa Ladino lived a life defined by love, service, and unwavering commitment to others. She was a daughter, sister, life partner, mother, grandmother, aunt, and loyal friend whose kindness and strength touched everyone who knew her. She dedicated her career

to public health, human rights, and the inclusion of vulnerable populations, especially persons affected by Hansen's disease (leprosy) and persons with disabilities.

Through her work with the German Leprosy and Tuberculosis Relief Association (DAHWA), first as Technical Secretary for Colombia and later as Director and Legal Representative for Latin America, she led community-based rehabilitation initiatives that restored dignity, reduced stigma, and created sustainable change in multiple countries.

She was also a visionary leader within Colombia's National Federation of Associations of Persons Affected by Hansen's Disease (FELEHANSEN), where she strengthened people's organizations and empowered local leaders in regions such as Huila, Santander, and Meta. Her work extended beyond institutions, sowing hope, autonomy, and collective resilience in communities that had often been invisible.

Internationally, Martha Cecilia represented Colombian organizations in global forums, giving voice to those who are rarely heard and advocating for more inclusive and equitable health policies. Her courage and empathy shaped programs and institutions and transformed lives.

Though her passing leaves a profound absence, the values she embodied continue to inspire. Martha Cecilia Barbosa Ladino's legacy endures in love, service, and the countless lives she touched.

Lawyer and activist Doddy Agustinus Tumadduk passed away in Indonesia

Contributed by Al Kadri, chair of PerMaTa Indonesia



Doddy Agustinus Tumadduk

With deep sorrow, we announce the passing of Doddy Agustinus Tumadduk on Dec. 27, 2025, at the age of 46. He was laid to rest at the Panaikan Christian Cemetery in Makassar, South Sulawesi, Indonesia.

Trained as a lawyer, with both S.H. (Bachelor of Law) and M.H. (Master of

Law) degrees, Doddy dedicated his life to defending the rights of marginalized communities in Indonesia and even globally. Throughout his career, he consistently supported often-overlooked groups, particularly persons affected by leprosy.

Beyond his work as a lawyer, Doddy was actively involved in empowering vulnerable communities. He was known as a

warm, humble individual with a strong commitment to social justice and a dignified life for all. He also served as a Board of Trustees member of PerMaTa Indonesia, an organization focused on empowerment, advocacy, and fulfillment of rights for leprosy-affected communities.

The dedication, time, and ideas he shared made him a respected and beloved figure among fellow activists and the communities he served. His passing leaves a profound sense of loss, yet also a lasting legacy of humanity that will continue to inspire and be carried forward.

His family expresses gratitude for the prayers, support, and solidarity from friends and fellow advocates. May the service and dedication of the late Doddy be a source of everlasting blessings.

**SASAKAWA
LEPROSY
HANSEN'S DISEASE
INITIATIVE**

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