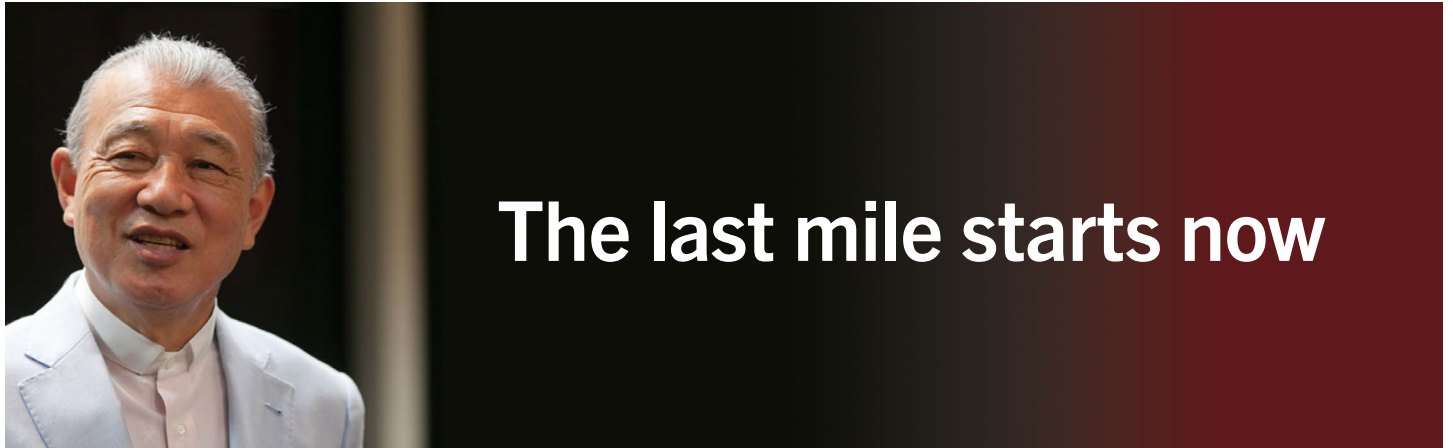


LEPROSY BULLETIN

NO. 131 JUNE 2026



Message from the ambassador

At this year's World Health Assembly, WHO Director-General Dr. Tedros Adhanom Ghebreyesus said in his opening address on May 19: "I would also like to recognize the leadership of Mr. Yohei Sasakawa, who is celebrating 25 years as a WHO Goodwill Ambassador for Leprosy Elimination – our longest-serving Goodwill Ambassador, and still running strong."

Twenty-five years ago, when I accepted this role, I resolved to show how "Goodwill Ambassador" could be more than a ceremonial title. I made three rules for myself: 1) go to the front lines to learn about problems firsthand; 2) directly approach national leaders to mobilize governments; 3) work with the media to disseminate information widely. Over the past 25 years, I have dedicated 2,654 days to this work, met with 1,812 dignitaries at the ministerial level or higher, and visited 127 countries.

Although progress has been made, the fight for a leprosy-free world is not over. In 2021, during the COVID-19 pandemic, I launched the Don't Forget Leprosy campaign with the slogan "Leave no one behind." This year, I am continuing the campaign with a new slogan: "The last mile starts now."

The new slogan is inspired by a Japanese proverb about how the last part of a journey is the hardest: "A person who would go 100 miles should consider themselves halfway at the 99th." If we think of ourselves as being at the 99th mile now with leprosy, then we need more effort than ever to reach our goal. I sincerely ask for your continued cooperation as we strive together to achieve a leprosy-free world.

Yohei Sasakawa

WHO Goodwill Ambassador for Leprosy Elimination

Contributing to this issue:

Nikita Sarah

Head of Advocacy and Communication
The Leprosy Mission Trust India (TLMTI)

Dr. Mahoutondji Yves Thierry Barogui

Regional Advisor for Leprosy and Other Skin
NTDs, WHO African Region

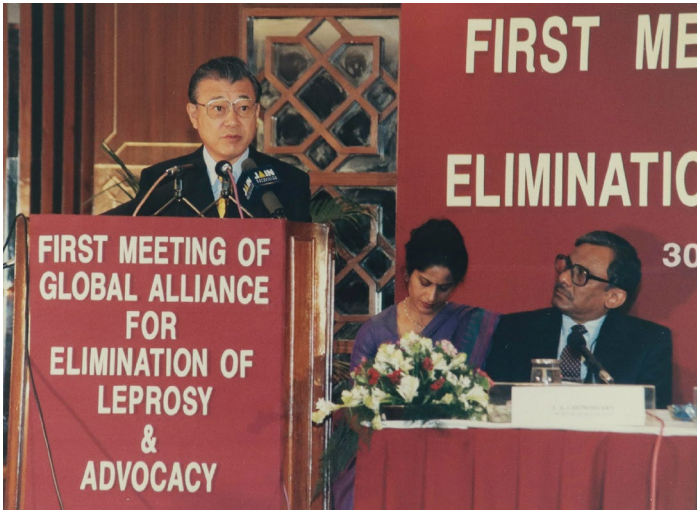
Muh. Ryan Rifaldi

Member of PerMaTa South Sulawesi
Gowa branch

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

Reflections on 25 years of taking action as the WHO Goodwill Ambassador for Leprosy Elimination

This year is the 25th anniversary of Yohei Sasakawa's appointment as WHO Goodwill Ambassador for Leprosy Elimination. To mark the anniversary, Dr. Takahiro Nanri, President of the Sasakawa Leprosy (Hansen's Disease) Initiative, interviewed Mr. Sasakawa in Tokyo on May 28, 2026.



Yohei Sasakawa was appointed to the role of WHO Goodwill Ambassador for Leprosy Elimination in 2001. He is the World Health Organization's longest serving Goodwill Ambassador.



Takahiro Nanri: As the Director-General of the World Health Organization, Dr. Tedros Adhanom Ghebreyesus, mentioned at the recent World Health Assembly, you are WHO's longest-serving Goodwill Ambassador. When this role was offered to you 25 years ago, why did you decide to accept it? What did you hope to accomplish?

Yohei Sasakawa: At the time, the general concept of a goodwill ambassador – for any organization – was that of a celebrity who would show up to events when asked. However, I thought that the issues related to leprosy were of such magnitude that I had to get involved in generating solutions. I wanted to establish a new model of a goodwill ambassador who goes out into the field and takes action.

Nanri: Your record over the past 25 years shows that you followed through on being a goodwill ambassador who takes action rather than waiting for invitations. Could you give us an example of a principle you developed for yourself to guide your decisions about which actions to take?

Sasakawa: My guiding principles for this role are often tied to the distinct nature of leprosy as an ancient, highly stigmatized disease. For over 2,000 years, no matter where in the world leprosy has emerged, individuals affected by the disease have been subject to severe prejudice and discrimination. In my view, of all the diseases, only leprosy has such a consistent and deeply rooted stigma, and humanity should not tolerate this situation. However, it is also true that, from a public health perspective, the number of cases is relatively low.

National health ministries naturally focus their attention on diseases with high patient numbers, such as malaria, HIV/AIDS, and tuberculosis. Once I accepted that I would not be able to draw attention and resources to leprosy based on numbers, I had to think about other paths. I realized that focusing on awareness raising among people at the very top of national leadership could lead to changes in budget allocation and new or strengthened programs. This strategic approach became a fundamental part of how I take action as a goodwill ambassador. I always try to meet with each country's highest-ranking officials as often as possible so that they are thinking about leprosy when making decisions about resources and policies.

Nanri: I have some data here: 2,654 days of activity, 1,812 meetings with ministers and higher-ranking officials, and visits to 127 countries. When you think back over these meetings with top-level officials, is there anything in particular that stands out to you?

Sasakawa: The first thing that comes to mind is the surprise of leaders when I share facts with them about leprosy in their country. Many of them had not given the disease much thought and had underestimated or not known about the number of their country's residents who are affected. Also, their questions reflect the unfortunate fact that correct knowledge about leprosy is not widespread. I have often received questions like "Isn't it highly contagious?" One president said to me, "You say you are going to a leprosy hospital tomorrow, but is that really safe? Leprosy scares me."

I always tell the driver to keep the windows closed and speed up when my car goes by a leprosy-related hospital.”

I also think about how some top-level officials still use the terms “leper” and “leprosy” when they want to characterize something negatively. This kind of usage comes up in various ways; for example, equating political opponents with leprosy or telling people that they will get leprosy if they do not work hard. Using leprosy as a negative metaphor reinforces prejudice and undermines efforts to eliminate stigma and discrimination against persons affected by leprosy. Whenever I learn that a public figure has used “leper” or “leprosy” in this way, I send an official letter explaining why such usage is discriminatory and asking them to contribute to the fight against stigma by choosing their words more carefully. I have been encouraged that usage of the term “leper,” which is always wrong because it reduces a person to their disease, seems to be declining.

Nanri: I’ve had the opportunity to be present at some of your meetings with leaders of various countries, and each time I noticed that you seem to be very skilled at winning people over. The meetings never feel like just formalities, and some of the meetings result in strong statements of intention or commitment, such as “Let’s eliminate leprosy” or “We should immediately launch leprosy screening efforts.” Because these statements are coming from prime ministers and presidents, they have the potential to set policies and programs in motion. Is there a particular trick to winning people over when you meet with heads of state?

Sasakawa: There’s no secret to it. Rather than trying to win people over, I’ve always placed the highest priority on speaking the truth sincerely and without pretense.

Nanri: I assume that the value that you place on speaking the truth is related to the fact that you have also made a point of visiting the villages and other places where persons affected by leprosy are living. More than anyone else in the world, you have seen a wide variety of leprosy-related situations firsthand. What led you to make these visits part of your work as goodwill ambassador?

Sasakawa: These visits derive from my personal philosophy. I believe that if you go to where the problem is, you will find the solution. I do not agree with staying in an air-conditioned office far away and trying to figure out everything through documents. Especially when it comes to persuading others, I believe there’s a significant difference between an intellectual understanding gained through reading versus the awareness that comes from actually visiting a place and talking directly with the people who are affected. I am sure that some of my ability to persuade comes from leaders being able to feel that I have directly witnessed certain situations.

Nanri: You’ve seen many different locations where there are cases of leprosy over the years. Is there one in particular that stands out in your memory?

Sasakawa: No, one does not stand out to me more than another. Each person affected by leprosy has gone through experiences that the rest of us can’t even begin to imagine. Leprosy is just a disease. The kind of suffering that I see because of the stigma should not be happening.

Nanri: Considering all of the various problems associated with leprosy, how would you characterize the current state of humanity’s fight against the disease?

Sasakawa: To be honest, we’re only halfway there. The data does not accurately reflect the number of people who have the disease. Stigma and discrimination continue. For a while, I thought that if I worked hard enough, leprosy and issues related to the disease could be ended within my lifetime. Now I see that this might not happen. I need to count on other people to carry on the work and achieve the goal.

Nanri: Related to involving others, during the COVID-19 pandemic, you launched the Don’t Forget Leprosy campaign, and this year you are continuing the campaign with the additional slogan “The last mile starts now.” This idea of the “the last mile” has long been important to you. Could you explain what you mean by this and why it is especially relevant now?

Sasakawa: I use the phrase “the last mile” because it is somewhat poetic and easy to remember in English, but I am actually thinking about a Japanese proverb that measures distance in a traditional unit called *ri* (*hyaku-ri yuku mono wa kujūku-ri o motte nakaba to su*). A relatively literal translation would be “One who would go 100 *ri* is halfway at the 99th.” The point is about the amount of energy that it takes to complete the last part of a journey. Instead of saying to oneself “I’m almost there,” it is important to maintain focus and keep going as if one were only halfway. So I hope that people hearing “The last mile starts now” do not get caught up on a certain meaning of “last mile” and instead think about it as a reminder that precisely now, when the number of cases has dropped and we feel the end is in sight, we need to keep up our energy, stay committed, and work together so that we actually reach the goal.

Nanri: Finally, from the perspective of the WHO Goodwill Ambassador for Leprosy Elimination, what is one thing that you would like everyone to know about leprosy?

Sasakawa: Despite all of my efforts to raise awareness over the past 25 years, I am still finding that most people do not have an accurate understanding of leprosy. We need to spread correct information so that people know that this is not a scary disease. To help people understand, I often point out that I have touched thousands of patients with my bare hands and never acquired leprosy. This is a way to share the fact that leprosy is one of the least contagious infectious diseases. We need to keep finding ways to share facts in simple ways to reduce fear.

VIEWPOINT



Nikita Sarah
Head of Advocacy and Communication
The Leprosy Mission Trust India (TLMTI)

For over 15 years, Nikita Sarah has been developing multi-pronged strategies to address structural causes of exclusion and marginalization of persons affected by leprosy. Her leadership role expanded in 2026 when TLMTI began its tenure as the coordinating entity for ILEP India.

Advocacy and strategic litigation for eliminating discrimination in law: Lessons from India

For decades, laws in India described leprosy as an “incurable” and “virulent” disease. These fear-laden words and discriminatory provisions institutionalized discrimination by permitting leprosy to be used as a ground for divorce, restricting participation in public life, disqualifying individuals from standing for election, and even legitimizing segregation. Such laws violated constitutional guarantees of equality and dignity, reinforced harmful social attitudes, and perpetuated fear and exclusion.

Importance of timing

An opportunity for change emerged in 2014, when the Government of India initiated a review of obsolete laws. Recognizing the opportunity, The Leprosy Mission Trust India (TLMTI), supported by members of the International Federation of Anti-Leprosy Associations (ILEP), persons affected by leprosy, and legal experts, intensified efforts to advocate for the repeal of discriminatory legislation.

Engagement with the 20th Law Commission of India led to the landmark repeal of the Lepers Act 1898 and the submission of Law Commission Report No. 256, *Eliminating Discrimination Against Persons Affected by Leprosy* (2015), which acknowledged widespread legal discrimination faced by persons affected by leprosy.

Along with the Report, the Law Commission proposed draft legislation called the *Eliminating Discrimination against Persons Affected by Leprosy (EDPAL) Bill*. As proposed, the EDPAL Bill moves beyond repealing discriminatory provisions to affirm commitment to principles of equality, affirmative action, and access to healthcare, education, employment, housing, and social protection. Importantly, it aligns with India’s obligations under the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the UN Principles and Guidelines for the Elimination of Discrimination against Persons Affected by Leprosy and Their Family Members.

Role of strategic litigation

In 2014, Mr. Pankaj Sinha, an advocate, filed a writ petition in the Supreme Court, drawing attention to discrimination meted

out to persons affected by leprosy and calling for rehabilitation and inclusion. In 2017, the Vidhi Centre for Legal Policy filed a Public Interest Litigation (PIL), challenging 119 discriminatory provisions in Union and State laws and compelling governments to review laws and by-laws discriminating against persons affected by leprosy.

Together, these petitions reframed discrimination against persons affected by leprosy as a constitutional and human rights concern rather than merely a medical issue, bringing national attention to the need for legal reform.

In its 2018 judgment, the Supreme Court directed the Union and State Governments to ensure rehabilitation, end discriminatory practices, and integrate persons affected by leprosy into mainstream society. The Court acknowledged that leprosy is curable and that continued discrimination has no scientific or constitutional basis.

In a subsequent 2025 hearing, the Supreme Court criticized the persistence of discriminatory provisions, describing them as “embarrassing” in a modern constitutional democracy.

Value of a broad approach

In addition to working through the courts to change existing laws, TLMTI and the Vidhi Centre for Legal Policy worked toward the establishment of new law by supporting a Member of Parliament, Mr. K.T.S. Tulsii, in drafting a Private Member’s Bill on the rights of persons affected by leprosy. Although the Bill was not passed in the Parliament, its introduction generated important discussion and sensitized parliamentarians to the existence and impact of discriminatory laws affecting persons affected by leprosy and their families.

Partnerships with organisations of persons affected by leprosy, Disabled Persons’ Organisations (DPOs), legal think tanks such as the Vidhi Centre for Legal Policy, and media institutions helped humanize the issue and amplify lived experiences.

The Unwanted (2017), a documentary produced by NDTV in collaboration with TLMTI, challenged public

misconceptions and shifted narratives from fear and exclusion to dignity and inclusion.

Framing discrimination against persons affected by leprosy in the broader context of human rights helped to gain the attention of India's National Human Rights Commission (NHRC). In 2022, the independent statutory body issued an advisory on the identification, treatment, rehabilitation, and elimination of discrimination against persons affected by leprosy; identified 97 discriminatory Union and State laws; and urged their amendment alongside stronger measures for awareness, rehabilitation, and inclusion.

Momentum builds over time

In combination, the various efforts helped to accelerate legal reform. In 2019, the Parliament passed the *Personal Laws (Amendment) Act*, removing leprosy as a ground for divorce across several personal laws. This marked a historic victory for equality and dignity.

In 2025, the Supreme Court directed the Union and States to identify and repeal outdated laws that continue to discriminate against persons affected by leprosy. Emphasizing that leprosy is completely curable, the Court observed that continuing to classify it as an incurable disease or lifelong disability entrenches unconstitutional stigma and undermines human dignity. The Court further instructed all Chief Secretaries and Law Secretaries to establish state-level committees to comprehensively review laws, service regulations, municipal by-laws, and civil statutes containing discriminatory references to leprosy. States were also directed to submit reports detailing such provisions and the steps being taken towards their repeal or amendment.

Several states have amended or repealed discriminatory provisions related to marriage, education, civic participation, and local governance. However, there is still work to be done. Advocacy efforts continue to encourage states to review municipal laws, cooperative society regulations, and employment-related rules that still contain discriminatory references.

Summary of lessons learned

First, evidence-based advocacy matters. Rigorous legal research and documentation were essential in identifying discriminatory provisions and building a compelling case for reform.

Second, strategic litigation can accelerate policy change. Judicial interventions not only compelled governments to act but also established discrimination against persons affected by leprosy as a violation of constitutional rights and human dignity.

Third, partnerships are critical. Collaboration between civil society, persons affected by leprosy, legal institutions, media,

and government agencies created a broad-based movement that was difficult to ignore.

Fourth, storytelling and public engagement are indispensable. Humanizing lived experiences helped shift public discourse and build wider support for reform.

Finally, legal reform must be accompanied by implementation and accountability. Although progress has been made, discriminatory provisions remain in several laws and regulations. Continued monitoring, advocacy, and political commitment are therefore essential.

India's journey demonstrates that eliminating discrimination is not only about changing laws; it is about transforming systems, institutions, and mindsets. It also shows how sustained advocacy, strategic litigation, partnerships, and public engagement can together drive meaningful legal and social change.

Timeline of legal reform in India

2007–2010 India ratifies the UN Convention on the Rights of Persons with Disabilities (UNCRPD). The UN Human Rights Council adopts Principles and Guidelines on eliminating leprosy-related discrimination, providing an international framework for reform.

2014 Government of India launches a major review of obsolete laws. Advocate Pankaj Sinha files a writ petition in the Supreme Court, drawing attention to discrimination against persons affected by leprosy and seeking rehabilitation and inclusion.

2015 The 20th Law Commission issues Report No. 256, *Eliminating Discrimination Against Persons Affected by Leprosy*, and proposes the EDPAL Bill to safeguard rights to equality, healthcare, education, employment, housing, and social protection.

2017–2018 Vidhi Centre for Legal Policy files a PIL challenging 119 discriminatory provisions across central and state laws. The Supreme Court recognizes leprosy as curable, condemns discrimination as unconstitutional, and directs governments to ensure rehabilitation and inclusion.

2019 Parliament passes the *Personal Laws (Amendment) Act*, removing leprosy as a ground for divorce across several personal law statutes.

2022–2025 The National Human Rights Commission and the Supreme Court push for systematic review and repeal of discriminatory laws, while states begin amending provisions on marriage, education, civic participation, and local governance.

Goodwill Ambassador visits Indonesia and attends 79th World Health Assembly

Conference preparations in Indonesia

On April 29, 2026, WHO Ambassador for Leprosy Elimination Yohei Sasakawa visited Indonesia as part of the preparation process for the country's first national conference on leprosy. During his stay, he met with Coordinating Minister for Human Development and Cultural Affairs Pratikno and Minister of Health Budi Gunadi Sadikin to exchange views on the direction of the national conference and future awareness-raising strategies.

The Goodwill Ambassador also met with members of the Indonesian Leprosy Study Group (KSMHI), one of thirteen study groups operating under PERDOSKI, Indonesia's national professional society of dermatology and venereology specialists, which has branches throughout the country. The discussion reaffirmed the important role that dermatologists play in promoting the early detection, proper diagnosis, and treatment of leprosy. Participants shared thoughts about how the study group could cooperate with the national conference and considered ways to strengthen future collaboration.

Current plans call for a three-day event to be held in Jakarta next month, July 8–10. President Prabowo Subianto is expected to attend, as well as other government officials, medical professionals, educators, religious leaders, and social welfare experts.

To strengthen outreach to the younger generation, new awareness-raising activities, such as collaboration with social media influencers, are being considered.



WHO Goodwill Ambassador Yohei Sasakawa shakes hands with Indonesia's Coordinating Minister for Human Development and Cultural Affairs Pratikno at the Ministry's headquarters in Jakarta (April 29, 2026) after discussing plans for the country's first national conference on leprosy.

79th World Health Assembly

The Goodwill Ambassador participated in the 79th World Health Assembly, held in Geneva, Switzerland, May 18–23, 2026. He met with WHO Director-General Dr. Tedros Adhanom Ghebreyesus, WHO regional directors, and senior health officials from 16 global priority countries – including India, Brazil, and Indonesia – to exchange views on strengthening international cooperation toward realizing a world free of leprosy.

This year's Assembly marked the 25th anniversary of Yohei Sasakawa's appointment as WHO Goodwill Ambassador for Leprosy Elimination. Reminding everyone that despite 25 years of effort approximately 170,000 new cases are still reported annually and that stigma and discrimination persist, he appealed to health ministers from around the world to intensify leprosy elimination efforts according to the guiding principle of the United Nations' 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs): "Leave no one behind." He also used the occasion to announce a new slogan for the Sasakawa Leprosy Initiative's Don't Forget Leprosy campaign: "The last mile starts now."

The new slogan is based on a Japanese proverb about how the last part of a journey is the most difficult. The Goodwill Ambassador wants to emphasize that humanity is now in the "last mile" when we all must give continued attention to both medical and social aspects of the disease and work together to realize a leprosy-free world. *For more about the slogan, see the interview with the Goodwill Ambassador on pages 2–3.*



WHO Goodwill Ambassador Yohei Sasakawa and WHO Director-General Dr. Tedros Adhanom Ghebreyesus (right) show an updated Don't Forget Leprosy campaign banner with the new slogan "The last mile starts now" following a meeting held during the 79th World Health Assembly in Geneva (May 19, 2026).

REPORT

Africa Leprosy Conference: Working-level meeting on leprosy elimination

Contributed by Dr. Mahoutondji Yves Thierry Barogui, Regional Advisor for Leprosy and Other Skin NTDs, WHO African Region

The WHO African Region has made progress in eliminating leprosy (Hansen's disease) as a public health problem in almost all member states. However, the Region still has pockets of on-going transmission and continues to carry a significant burden of the disease.

The continent as a whole accounts for over 10% of the global leprosy burden. Of the 23 global priority countries designated by the World Health Organization (WHO), 13 are in Africa (9 in the African Region and 4 in the Eastern Mediterranean Region). Although WHO-recommended multidrug therapy has contributed to an over 30% reduction in registered prevalence over the past decade, transmission continues. In 2024, 19,171 new cases were reported, with 15% presenting with grade-2 disabilities at diagnosis, reflecting ongoing delays in case detection. The identification of 1,400 cases among children – 8% with visible disabilities – further confirms continued transmission. These trends underscore the need for renewed commitment and coordinated action to accelerate leprosy elimination in Africa.

On Feb. 26–27, 2026, the Sasakawa Leprosy (Hansen's Disease) Initiative, in collaboration with WHO, convened the

Africa Zero Leprosy Conference in Brazzaville, Republic of Congo. The working-level meeting brought together government representatives and non-state actors to strengthen collaboration and reinvigorate elimination efforts across the continent.

Among the invited non-state actors were people's organizations led by persons affected by leprosy. These organizations play a vital role in advocacy, stigma reduction, and community-level engagement. The involvement of persons affected by leprosy in meetings that inform decision-making is essential for ensuring inclusive, patient-centered, and responsive elimination efforts.

Conference participants developed recommendations aligned with the theme "Building a healthier Africa, together!" The recommendations focus on four priorities: strengthening political commitment and domestic financing; promoting patient-centered, continuous care with meaningful participation of affected persons; adopting a rights-based, stigma-free approach; and enhancing partnerships among governments, implementing partners, and affected communities. These recommendations will be shared with the national health ministries of Africa's 13 global priority countries.

REPORT

High-Level National Conference on Hansen's Disease in Brazil

Contributed by Dr. Alice Cruz, Program Advisor on Human Rights Issues, Sasakawa Health Foundation

A three-day high-level national conference on the theme of intensifying efforts to rid Brazil of Hansen's disease took place in Rio de Janeiro, March 12–14, 2026. Co-organized by the Brazilian Ministry of Health and the Sasakawa Leprosy (Hansen's Disease) Initiative, the conference was the result of an agreement made a year ago at a meeting between President Luiz Inácio Lula da Silva and WHO Goodwill Ambassador for Leprosy Elimination Yohei Sasakawa. The conference gathered nearly 350 participants, including government officials, legislators, public health managers, specialists, clinicians, and persons affected by Hansen's disease.

Opening speeches from Goodwill Ambassador Sasakawa, Minister of Health Dr. Alexandre Rocha Santos Padilha, Minister of Human Rights and Citizenship Macaé Evaristo, and Director of the Pan American Health Organization (PAHO) Dr. Jarbas Barbosa da Silva Jr. expressed strong commitment towards eliminating Hansen's disease in Brazil, with deep consensus around the need to intensify

efforts. They called for a multisectoral approach, sustained by an unwavering spirit of cooperation and collaboration, that includes the fulfillment of the human rights of persons affected by Hansen's disease.

The second and third days were dedicated to discussions of challenges and how to speed up the timeline for overcoming them. Topics included concrete measures and responsibilities for implementation; steps for improving access to early diagnosis and treatment at the local level; and consideration of regional differences in endemicity. Persons affected by Hansen's disease and their organizations led discussions about elimination of discrimination. Information was shared about innovations in prevention, diagnosis, and care as well as capacity-building initiatives for healthcare workers.

To channel the momentum generated by the conference, participants signed a Letter of Rio de Janeiro, which set forth priorities to be adopted by all stakeholders.

In memory of Indonesian advocate Rahmawati

Contributed by Muh. Ryan Rifaldi, member of PerMaTa South Sulawesi, Gowa branch



Rahmawati (1990–2026)

With deep sorrow, we announce the passing of Rahmawati on March 7, 2026, at the age of 36. She has been laid to rest at Kalelempae Public Cemetery, Gowa Regency, South Sulawesi, Indonesia. Her passing leaves profound grief among her family, friends, community, and all

who knew her and experienced her kindness.

Rahmawati was affected by leprosy and dedicated her life to advocating for the rights of fellow persons affected by leprosy at the local, national, and global levels. Although she only completed elementary school, lack of formal education never hindered her spirit and determination to continue learning, growing, and helping others to create positive change.

She was known for supporting vulnerable communities,

especially those affected by leprosy. She consistently provided encouragement, motivation, and hope to those in need. Her humility, patience, dedication, and warm heart made her a beloved figure to many.

Rahmawati served as the chairperson of PerMaTa South Sulawesi and as the coordinator of a YDTI–PerMaTa South Sulawesi project supported by Misereor and the Sasakawa Health Foundation. Through these roles, she was involved in various empowerment programs, community support initiatives, and advocacy efforts for persons affected by leprosy. She was also known for her willingness to assist others in her community, including helping with civil administrative matters.

Rahmawati's passing leaves deep sorrow, but also a lasting legacy of humanity that will continue to live on and inspire future generations.

Africa Zero Leprosy Conference



The Sasakawa Leprosy (Hansen's Disease) Initiative, in collaboration with the World Health Organization, convened the Africa Zero Leprosy Conference, held Feb. 26–27, 2026, in Brazzaville, Republic of Congo. The working-level meeting brought together government representatives and non-state actors, including organizations of persons affected by leprosy, from nine countries to strengthen collaboration and reinvigorate elimination efforts across the continent.

National High-Level Conference (Brazil)



Nearly 350 government officials, legislators, public health managers, specialists, clinicians, and persons affected by Hansen's disease gathered in Rio De Janeiro, Brazil, for a national high-level conference on Hansen's disease, March 12–14, 2026. Participants included Macaé Evaristo, Minister of Human Rights and Citizenship of Brazil (fourth from right) and Dr. Jarbas Barbosa da Silva Jr., Director of the Pan American Health Organization (PAHO) (third from left).

See articles on page 7.

**SASAKAWA
LEPROSY
HANSSEN'S DISEASE
INITIATIVE**

WHO Goodwill Ambassador's Leprosy Bulletin No.131

Publisher Yohei Sasakawa
Executive Editor Takahiro Nanri

Editorial Office 5th Floor, Nippon Foundation Building,
1-2-2 Akasaka, Minato-ku, Tokyo 107-0052 Japan
Tel: +81-3-6229-5377 Fax: +81-3-6229-5388
leprosybulletin@shf.or.jp

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