WHO GOODWILL AMBASSADOR'S

LEPROSY BULLETIN

NO. 132 AUGUST 2026

Indonesia speaks up for active case finding

Message from the ambassador

From July 8 to 10, the Republic of Indonesia and the Sasakawa Leprosy (Hansen's Disease) Initiative co-hosted the country's first national conference on leprosy. The event brought together Coordinating Minister for Human Development and Cultural Affairs Pratikno; Minister of Home Affairs Tito Karnavian; Minister of Health Budi Gunadi Sadikin; government representatives from all 38 provinces; health officials; and persons affected by leprosy. The final day gathered over 400 participants, including researchers and representatives from international and local non-governmental organizations.

Government representatives from each of the 38 provinces pledged to strengthen efforts to combat leprosy, and a plan was announced to establish an inter-ministerial task force. Minister of Health Budi declared that Indonesia will aim to increase the number of registered new cases per year from the current number of around 14,000 to 37,000. It is assumed that these additional cases already exist, but have not yet been diagnosed. Setting a target number is expected to strengthen early detection efforts.

As the WHO Goodwill Ambassador for Leprosy Elimination, I have consistently conveyed the message that an increase in the number of new cases is proof that leprosy control measures are being implemented effectively, but until now there has never been an instance where a minister in charge of a nation's health policy has set specific numerical targets and encouraged active detection of new cases. If Indonesia – which has the third-highest number of new cases in the world – can demonstrate a pioneering model for early detection and early treatment, the ripple effect should greatly contribute to accelerating efforts in other countries as well.

Yohei Sasakawa
WHO Goodwill Ambassador for Leprosy Elimination

Contributing to this issue:

Papa Mamadou Diagne
President, ASCL/MTN

Bill Simmons
President & CEO, Hope Rises International

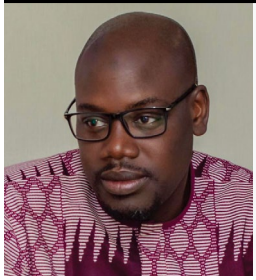
Dr. Prima Yosephine BT Hutapea
Director of Communicable Diseases
Ministry of Health, Republic of Indonesia

Arnold Putra
Multidisciplinary artist

Harashta Haifa Zahra
Miss Supranational 2024

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

VIEWPOINT



Papa Mamadou Diagne
President, Association Sénégalaise Contre la Lèpre et les Maladies Tropicales Négligées (ASCL/MTN)

Papa Mamadou Diagne has been affected by leprosy since 2009. As president of ASCL/MTN, he is involved in advocacy for rights and access to care, awareness-raising for social and environmental behavior change, education and training, and development of individualized rehabilitation plans for empowerment and inclusion.

ASCL/MTN's experience with the repeal of a discriminatory law in Senegal

In 1976, Senegal's Law 76-03 established *villages de reclassement social* (VRS) to isolate persons affected by leprosy and block transmission of the disease. Despite the advent of multidrug therapy (MDT), which made leprosy into a curable disease, the law remained in place for 47 years. It was finally repealed in June 2023.

The repeal of this discriminatory law represents a major step forward for human rights and the fight against stigma in Senegal. This achievement was the result of a collective advocacy effort led by persons affected by leprosy, our organization – the Senegalese Association Against Leprosy and Neglected Tropical Diseases (ASCL/MTN) – public authorities, and various partners. ASCL/MTN's goal now is to ensure that this legal victory brings about tangible improvements in the lives of affected persons.

ASCL/MTN's role and strategies

Defending the rights of persons affected by leprosy is central to ASCL/MTN's mission. We have conducted advocacy efforts based on dialogue with government officials; members of parliament; the General Directorate of Social Action (DGAS); civil society organizations; and technical and financial partners, including, most notably, DAHW Senegal. We have also organized awareness campaigns through the media and highlighted the testimonies of those affected to demonstrate the real-life consequences of discriminatory law. This participatory approach, which involved persons affected by leprosy and other stakeholders as active contributors, helped to mobilize broad support for reform.

Even with broad support, however, the process encountered several obstacles. Persistent stigma surrounding leprosy, the emergence of new leprosy cases in certain villages, limited knowledge of the disease, and the complexity of legislative procedures slowed progress. The limited resources of organizations representing persons affected by leprosy also posed a challenge. To address these challenges, we prioritized strong alliances, ongoing awareness-raising efforts, and constructive dialogue with decision-makers. The perseverance and direct involvement of persons affected by leprosy and their family members were crucial.

The experience taught us that legislative change is a long-term process that requires patience, lobbying, unity, and collaboration. Those who are directly affected must be at the center of advocacy efforts, as their voices lend credibility to the actions taken. We encourage organizations facing discriminatory laws to document the impacts of these laws, build strategic partnerships, and maintain ongoing dialogue with authorities.

After the repeal, toward inclusion

The repeal of the law sent a strong message in support of equality and dignity. It helped to reduce institutional discrimination and strengthened recognition of the rights of persons affected by leprosy. However, challenges remain. Social stigma persists in some communities, and access to employment, social services, and economic opportunities remains limited for many affected individuals and their families.

To address these challenges, ASCL/MTN continues its efforts to raise community awareness, strengthen the capacity of persons affected by leprosy, promote their economic empowerment, and monitor the implementation of reform. A recent significant development is the government's 2026–2030 Resilience Programme for Communities Affected by Leprosy (PRCAL), which aims to build resilient, inclusive, and supportive communities in the former VRS. Developed by the DGAS, through its Directorate for the Promotion and Protection of Vulnerable Groups (DPPGV), the program has a budget of more than 7 billion CFA francs. In July 2026, the DGAS convened a national participatory scoping workshop to develop relevant plans and frameworks. We will continue to work with the authorities and our partners to ensure that PRCAL and related initiatives translate into genuine, sustainable inclusion.

ASCL/MTN's experience in Senegal shows that repealing a discriminatory law is an essential step, but that it must be accompanied by concrete actions to change attitudes and ensure the effective exercise of rights. At ASCL/MTN, we remain committed to ensuring that no one affected by leprosy is subjected to discrimination and that all can participate fully in society.

VIEWPOINT

Bill Simmons
President and CEO
Hope Rises International

Hope Rises International, formerly American Leprosy Missions, trains, supports, and equips Christian partners to provide long-term, holistic care to persons affected by leprosy and related neglected tropical diseases (NTDs). Bill Simmons has been the President and CEO of the organization since 2010.

https://www.hoperises.org

LepVax has potential to both prevent leprosy and protect nerves

Leprosy is curable, and the medicine is free. Yet every year more than 170,000 people are newly diagnosed, and that number has barely fallen in a decade. Today's cure, multidrug therapy (MDT), kills the bacteria that causes the disease, stopping active infection. But nerve damage that is already established when treatment begins may be permanent, making the success of MDT in preventing disability heavily dependent on the timing of diagnosis. Likewise, although a patient becomes non-contagious within just a few days of starting MDT, close contacts can be exposed or infected during the period before diagnosis. In other words, MDT is a valuable tool, but it is not enough by itself to eliminate leprosy. To make progress against the disease, we need more tools. Hope Rises International believes in the potential of LepVax, the world's first vaccine designed specifically for leprosy, to become a safe and effective tool.

A leprosy-specific vaccine

Traditional vaccine development for leprosy has not been possible because the bacterium that causes the disease, *Mycobacterium leprae*, cannot be grown in a laboratory petri dish or culture. The next-best solution has been to use the BCG vaccine developed for tuberculosis. *M. leprae* and *M. tuberculosis* are closely related mycobacteria, and BCG offers some cross-protection. However, the protection is partial, variable, and wanes over time.

Genome sequencing of *M. leprae*, completed and published in 2001, opened new ways to design a vaccine without needing to grow the bacterium in the lab. Using reverse vaccinology, LepVax researchers identified four *M. leprae* proteins that could stimulate a protective T-cell response. They joined the genes for these proteins into a single engineered protein called LEP-F1, and then mixed it with GLA-SE, an ingredient that helps to trigger a strong immune response. The kind of vaccine that they created – made from specific, purified parts of the pathogen's genome – is called a "defined subunit vaccine."

Compared to vaccines made from a weakened or killed whole bacterium, like BCG, subunit vaccines are more targeted and less likely to trigger unwanted responses from the immune system. As a subunit vaccine, LepVax has unique potential to improve immune protection while also helping to prevent damage to nerves.[1]

Studies and testing

In a laboratory study of armadillos infected with *M. leprae*, 3 of 24 armadillos vaccinated with LepVax developed sustained nerve damage (12.5%) compared to 21 of 24 unvaccinated armadillos (87.5%). This suggests that, in armadillos at least, vaccination after infection helps to protect nerves from injury.

In a safety study of healthy United States-based adult volunteers with no history of travel to leprosy-endemic countries, LepVax proved safe and well tolerated.[2]

The next stage in safety testing will take place in Brazil. It is important to test in a leprosy-endemic country because participants may have prior exposure to mycobacteria that could influence immune responses. Researchers want to confirm that the vaccine remains safe and immunogenic in the kind of population where it will matter most.

Hope for the future

The free, effective cure we have today, MDT, does its work after leprosy takes hold. A vaccine like LepVax would make the fight against leprosy less dependent on the timing of treatment. It has the potential to prevent leprosy from taking hold, in effect interrupting transmission, and to protect the nerves of infected persons even before diagnosis. LepVax is not ready to be used yet – there are still many trials that must happen to ensure safety and efficacy – but we know enough to make those trials worth pursuing.

[1] "Our studies demonstrate that BCG vaccination precipitates nerve damage in *M. leprae*-infected armadillos. . . . In direct contrast, immunization with LepVax reduced and significantly delayed nerve damage." M.S. Duthie, M.T. Pena, G.J. Ebenezer, et al., LepVax, a defined subunit vaccine that provides effective pre-exposure and post-exposure prophylaxis of *M. leprae* infection, *npj Vaccines* 3, no. 12 (2018), https://doi.org/10.1038/s41541-018-0050-z.

[2] M.S. Duthie, A. Frevol, T. Day, R.N. Coler, et al., A phase 1 antigen dose escalation trial to evaluate safety, tolerability and immunogenicity of the leprosy vaccine candidate LepVax (LEP-F1 + GLA–SE) in healthy adults, *Vaccine* 38, no. 7 (2020): 1700-1707, https://doi.org/10.1016/j.vaccine.2019.12.050.

REPORT

Indonesia mobilizes provincial leadership to accelerate leprosy elimination

Contributed by Dr. Venkata Ranganadha Rao Pemmaraju and Yuta Takashima, Sasakawa Leprosy (Hansen's Disease) Initiative

In July, Indonesia's first National Leprosy Conference was convened in Jakarta to translate national policy into subnational action, a necessary step considering that provincial and district governments manage key budgets and regulatory instruments. Endorsed by President Prabowo Subianto, the conference brought together ministers, governors, heads of provincial health offices, leprosy supervisors from all 38 provinces, delegations from 12 priority regencies and cities, civil society organizations, implementation partners, and representatives of PerMaTa, an organization of persons affected by leprosy. By mobilizing provincial leaders, strengthening multisectoral coordination, and placing dignity and inclusion for persons affected by leprosy at the center, Indonesia demonstrated renewed national commitment to the leprosy elimination effort.

Leprosy transmission persists despite major gains

Indonesia remains one of the three most leprosy-endemic countries in the world, reporting about 15,000 new cases annually over the past five years. Although the country achieved "elimination of leprosy as a public health problem" as defined by WHO in 2000 and has cured more than one million people through multidrug therapy, continued transmission remains a major concern. In 2024, Indonesia detected 14,698 people with active disease, about 90% of whom had multibacillary leprosy. More than 1,000 children were diagnosed, indicating ongoing transmission in communities. The burden remains concentrated in endemic hotspots – particularly in Papua, West Papua, Gorontalo, North Maluku, Maluku, and North Sulawesi – while several other provinces have reported rising case numbers.

Delayed detection leads to disabilities, which are permanent. Mainly occurring in hands, feet, and eyes, some of the disabilities are visible (grade 2 disabilities), and others are not, but still cause impairment, such as sensory loss in eyes, hands, and/or feet. In Indonesia, nearly 900 people were identified with grade 2 disabilities, reflecting gaps in early diagnosis, declining diagnostic capacity among health workers, limited public awareness, and stigma that discourages timely care-seeking.

Sasakawa's advocacy sparks renewed momentum

The renewed momentum follows sustained advocacy by Yohei Sasakawa, WHO Goodwill Ambassador for Leprosy Elimination. With his encouragement, Indonesia's Minister of Health advanced targeted plans for high-endemic districts. Joint field visits to high-burden areas helped to reinforce the need for active case finding, stronger local accountability, and campaign-style interventions to reach communities earlier.

National conference aims for action

Discussions focused on early detection and treatment, institutional accountability, and stigma reduction, as well as stronger inclusion of persons affected by leprosy in social protection systems, health insurance, poverty support programs, and civil administrative records. Participants also emphasized the contribution of ministries beyond health in correcting misconceptions, improving awareness, and addressing social barriers that delay diagnosis and treatment.

Plans were announced for the establishment of a National Leprosy Elimination Task Force with five workstreams under a multisectoral approach. The Task Force is expected to bring together ministries responsible for health, education, coordination, religious affairs, and social affairs to integrate medical, social, and economic interventions that support prevention, treatment completion, rehabilitation, and dignity.

The conference also recommended timely access to all levels of health care, a Presidential Instruction on the Acceleration of Leprosy Elimination, and a Ministry of Home Affairs decree directing governors to make the Leprosy Control Programme a local government priority. Recommendations on social inclusion included livelihood support, business start-up assistance, and assistive devices to promote independence among persons with disabilities.

Responding to the joint call of Goodwill Ambassador Sasakawa and the Minister of Health, provincial governors signed a declaration reaffirming their commitment to make leprosy elimination a priority. The declaration commits provinces to equitable access to health services, education, employment, and social services, while promoting inclusive, safe, stigma-free, and discrimination-free communities for persons affected by leprosy and their families.

Indonesia's renewed push marks a shift from national ambition to provincial accountability. By linking early detection, treatment, social protection, and inclusion, the country is strengthening the foundations for a leprosy-free future in which no person affected by the disease is left behind.

Indonesia's National Leprosy Conference raises hopes for coordinated action

From July 8 to 10, 2026, Indonesia held its first National Leprosy Conference in Jakarta. A wide range of stakeholders – including relevant government ministries, local governments, persons affected by leprosy, and NGOs – participated, and more than 400 people attended the high-level session on the final day. The conference demonstrated a commitment by society as a whole to work together to eliminate leprosy, and the governments of all 38 provinces expressed their commitment to achieving this goal.

To promote active case finding, Minister of Health Budi Gunadi Sadikin announced the introduction of a system to recognize health centers that identify a large number of new cases and expressed his view that an increase in the number of new cases should be seen as evidence of successful early detection. In addition, Minister of Home Affairs Tito Karnavian emphasized the role of local governments, stating that the 38 provinces would move forward with issuing gubernatorial decrees, formulating action plans, and securing the necessary budgets and personnel.

Yohei Sasakawa, WHO Goodwill Ambassador for Leprosy Elimination, emphasized, "In Indonesia, a vast and decentralized country, it is essential that not only the central government but also provincial governments and local authorities take the initiative in this effort." He also noted that it is important for diverse sectors – including not only healthcare but also education, religion, and the media – to collaborate in order to disseminate accurate information throughout society. In this context, he described the conference's greatest achievement as bringing together a wide range of stakeholders in one place to demonstrate a shared commitment to the elimination of leprosy.

During the conference, the Goodwill Ambassador held separate discussions with delegations from 12 regencies and cities designated by the government as priority response areas. They discussed case-finding efforts and local challenges. The Goodwill Ambassador emphasized the importance of paying close attention to skin patches on children on a daily basis and ensuring they receive prompt medical attention if any abnormalities are detected.

On July 11, he visited the Jongaya Colony in Makassar, South Sulawesi, together with Minister of Health Budi. One man living in the colony spoke through tears about the reality that, despite having recovered from his illness, he could not return to his hometown because he was not accepted by his family or the local community. The Goodwill Ambassador was once again struck by the importance of creating a society where such people can return to their hometowns with peace of mind. Minister Budi promised that the man would be helped.

Members of PerMaTa South Sulawesi, a people's organization of persons affected by leprosy, called for the establishment of an appropriate medical system to address leprosy-related reactions. Minister Budi instructed local health centers and hospitals to strengthen their diagnostic and treatment capabilities.

The National Conference marked an important milestone along the way to leprosy elimination. Going forward, it will be essential to translate the commitments made by the national and local governments into concrete action. The Goodwill Ambassador will continue to visit Indonesia, engaging in ongoing dialogue with the national and local governments as well as organizations of persons affected by leprosy, to monitor the implementation of the commitments made at the conference, support the elimination of leprosy, and contribute to the realization of a society free from discrimination.

Representatives of Indonesia's 38 provinces announced that they would issue gubernatorial decrees and formulate action plans to strengthen efforts to eliminate leprosy and end discrimination (July 10, 2026).

Goodwill Ambassador Sasakawa and Minister of Health Budi visited Jongaya Colony in Makassar, South Sulawesi, to hear directly from persons affected by leprosy (July 11, 2026).

REPORT

Dr. Prima Yosephine BT Hutapea, M.K.M.
Director of Communicable Diseases
Ministry of Health, Republic of Indonesia

Dr. Prima is a physician and public health official with more than two decades of experience in disease control, immunization, and public health surveillance. She is committed to strengthening Indonesia's national health system and enhancing the country's public health resilience.

Accelerating leprosy elimination in Indonesia through early detection, collaboration, and stigma reduction

Leprosy remains one of Indonesia's neglected tropical diseases that requires sustained attention. Although the disease is curable with free treatment, delayed diagnosis and persistent social stigma continue to hinder elimination efforts. To address these challenges, the Ministry of Health of the Republic of Indonesia, in collaboration with the Sasakawa Health Foundation, implemented the Acceleration of Leprosy Elimination Program across five priority areas (Tangerang Regency, Bekasi Regency, Brebes Regency, Sampang Regency, and Jayapura City) from January to March 2026. The program demonstrated that integrating early detection with community empowerment can significantly improve case detection.

The program's success was reflected in the outcomes of Active Case Finding (ACF) and Family Self-Screening. A total of 68,733 contacts were screened, resulting in the identification of 428 new leprosy cases, and 55,752 individuals (81.1%) received chemoprophylaxis to prevent disease transmission. Furthermore, 96.78% of targeted households returned their self-screening forms, highlighting strong community participation in supporting early detection.

Another key achievement was the strengthening of human resource capacity. Through On-the-Job Training (OJT), 502 healthcare workers and 386 community health volunteers received training on early detection, diagnosis, referral, and leprosy case management. This capacity-building initiative established a solid foundation for delivering high-quality screening and patient care.

Beyond medical interventions, the program also prioritized stigma reduction. World Leprosy Day 2026 featured educational campaigns, including a TikTok video competition that produced 137 submissions, of which 84 met quality standards and three were selected as winners. A journalism competition received 35 articles, and a webinar on stigma elimination engaged 1,000 participants through Zoom and 100 viewers through YouTube. These campaigns strengthened awareness among teachers, religious leaders, healthcare workers, and communities that they have a role to play in promoting the message that leprosy is curable.

Despite these achievements, several challenges remain, including community reluctance to participate in screening due to stigma; inadequate implementation of chemoprophylaxis; and insufficient funding for campaign material distribution, particularly in Papua. These challenges highlight that eliminating leprosy requires not only effective health interventions but also cross-sector collaboration, stronger logistics, and continuous public education. With sustained commitment from the government, healthcare professionals, community volunteers, civil society organizations, and development partners, Indonesia has an excellent opportunity to achieve leprosy elimination while fostering a healthier, more inclusive, and discrimination-free society.

Active Case Finding and Intensified Case Finding in Sampang District, East Java Province, Indonesia (February 2026).

Active Case Finding and Intensified Case Finding in Tangerang District, Banten Province, Indonesia (February 2026).

NEXT GENERATION

Arnold Putra
Multidisciplinary artist

Arnold Putra is a multidisciplinary artist whose creative work has attracted international attention. Inspired by Yohei Sasakawa's long-standing commitment to ending leprosy and related discrimination, he is taking part in awareness-raising activities and exploring how his creative voice can contribute to positive social change. Through this engagement, he seeks to support greater understanding, dignity, and inclusion for persons affected by leprosy.

Ending social and economic exile must be our generation's gift to the world

As an artist and documentarian, my work observes the human form, not only in its independent anatomy but its placement within our social architecture. At Indonesia's first National Leprosy Conference in Jakarta this July, I was asked to speak about young people and stigma. I offered the room a confession: My generation did not invent the fear of *kusta* (leprosy), but we have been complicit in perpetuating it. We inherited it from our grandmothers' words, in schoolyard jokes, in the empty seat beside a classmate no one would touch. What makes our inheritance different is that we are the first generation to receive this fear after the cure already existed. The medicine has been free in community health centers for longer than most of us have been alive. Our fear is not information. It is simply a habit.

Fortunately, my generation specializes in being intentional about habits. When we like a tradition or cultural form, we promote it: We made batik fashionable again and carried our dangdut and koplo music onto global playlists. When we decide something old no longer serves us, we stop giving it our attention and participation. That is our intention for stigma. Through a digital movement that changes who holds the camera, so that images are co-authored by persons who have experienced leprosy, we will replace sensationalized pity with portraits of dignity. We will reframe early detection as an act of love between generations. A young person bringing an elder for a skin check will become a demonstration of care like checking a family member's blood pressure.

A field visit a few days after the conference taught me what the podium could not. I met a father who had completed treatment years ago. Although cured and unable to transmit the disease, he was rejected by his own family upon returning home. The bacterium was defeated by months of free medication; the banishment has lasted decades. My mentor, WHO Goodwill Ambassador Yohei Sasakawa, teaches that leprosy is two diseases: the infection that science has conquered and the social disease of stigma. He compares the fight to a motorcycle: the front wheel is the cure, the back wheel is ending discrimination. I watched the Minister of Health respond to the father with a promise to help him go home and experience acceptance. The cure ends the disease; only society can end the exile.

The exile is multifaceted. Exile from family and community is one type. Exile from workplaces is another. Almost no workplace will knowingly hire a person who has had leprosy. Cultural work to change habits and reduce stigma must be accompanied by structural change. Provincial governments could voluntarily create alternative hiring pathways in public services and state-owned enterprises. Municipalities could offer tax incentives or prioritized licensing to companies with documented inclusive hiring. Corporate leaders could adopt medical evaluation protocols that decouple a past, treated infection from employment eligibility. Economic exile will end when public policy, business practice, and local markets are structured so that a past diagnosis of leprosy no longer closes the door to livelihood opportunities.

The cure was the previous generation's gift to the world. Ending social and economic exile must be ours.

Multidisciplinary artist Arnold Putra was one of four speakers at the Influencer session at Indonesia's first National Leprosy Conference, held in Jakarta, July 8–10, 2026.

REPORT

Harashta Haifa Zahra
Miss Supranational 2024

Harashta Haifa Zahra was crowned Miss Supranational 2024. That year, she joined leprosy awareness-raising activities in South Sulawesi, meeting persons affected by the disease and working with PerMaTa Indonesia to challenge stigma. She continued her advocacy at the 2025 ILA Congress in Bali and recently participated in Indonesia's National Leprosy Conference as a guest speaker.

https://www.instagram.com/harashta

A journey of awareness, empathy, and support

My journey with the leprosy awareness community began in Makassar, South Sulawesi, in 2024. At that time, I joined activities aimed at raising awareness about leprosy, and I came with the hope of learning and contributing in my own way. However, what stayed with me most deeply was not the campaign itself, but the opportunity to meet and interact with people who had experienced leprosy.

Meeting persons affected by leprosy and listening to their stories gave me a different perspective. Behind the word "leprosy," which is often associated with fear and misunderstanding, there are people with dreams, families, experiences, and hopes just like everyone else. I realized that one of the biggest challenges faced by persons affected by leprosy is not only the disease itself, but also the stigma and discrimination that can follow them. That experience in Makassar became the beginning of a meaningful journey for me.

In 2025, I had the opportunity to continue this journey through the International Leprosy Congress in Bali. Being part of an international gathering allowed me to see how many people from different backgrounds and countries are working toward the same goal: creating a world where persons affected by leprosy can live with dignity and without discrimination.

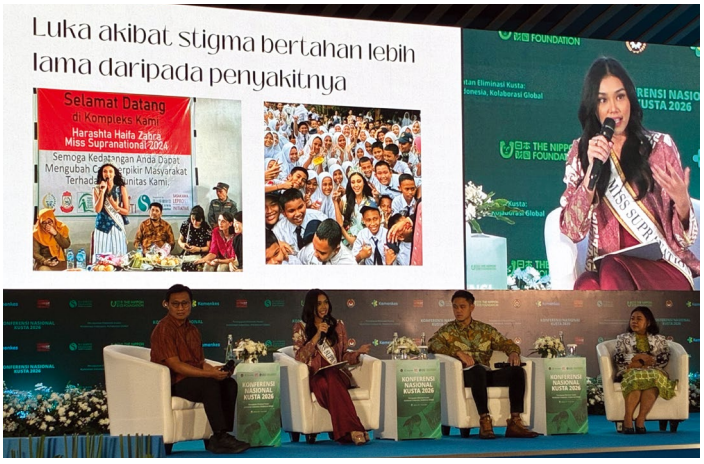
It was inspiring to meet people who dedicate their lives to awareness, advocacy, research, and community support. More importantly, it reminded me that meaningful change begins when we are willing to listen and understand.

This year, I had the opportunity to continue being part of this journey once again in Jakarta for Indonesia's first National Leprosy Congress. Every time I meet members of the community, I am reminded that awareness is not something we create through one event or one campaign. It is an ongoing effort. It requires consistency, empathy, and the courage to challenge misconceptions that have existed for generations.

Looking back at my journey starting from Makassar in 2024, to the International Leprosy Congress in 2025, and then to this year's activities, I feel grateful for everything I have learned from the community. I have come to understand that supporting persons affected by leprosy is not about seeing them through the lens of their illness. It is about seeing them as individuals, listening to their voices, respecting their experiences, and standing beside them.

I hope that my involvement, even in a small way, can contribute to raising awareness among young people and encouraging more people to learn about leprosy. We can all play a role in creating a more inclusive society, one where no one is defined by a disease or left behind because of stigma.

For me, this journey is not yet over. I hope to continue learning, sharing, and using my voice to support persons affected by leprosy and to remind others that awareness begins with empathy. Sometimes, making a difference starts with something as simple as meeting someone, listening to their story, and choosing to stand beside them.



At Indonesia's first National Leprosy Conference, held in Jakarta, Miss Supranational 2024 Harashta Haifa Zahra spoke at the Influencers session about raising awareness of leprosy among young people (July 9, 2026).

SASAKAWA LEPROSY HANSEN'S DISEASE INITIATIVE

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