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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development****Visit to Angola****Report of the Special Rapporteur on the elimination of discrimination
against persons affected by leprosy and their family members*, *****Summary*

In the report on her visit to Angola from April 28 to May 10, 2022, the Special Rapporteur on the elimination of discrimination against persons affected by leprosy and their family members, Alice Cruz, explores issues related to Angola's progress in eliminating leprosy-related discrimination and stigma, as well as the challenges faced by Angola in this regard. Cruz also offers constructive recommendations on relevant areas, including national anti-discrimination policies, resource allocation, collection of data, access to justice, disability rights, as well as the need to strengthen the health care system and international cooperation, in order to sustain efforts and achieve systemic change.

* The summary of the report is being circulated in all official languages. The report itself, which is annexed to the summary, is being circulated in the language of submission only.

** The present report was submitted after the deadline in order to reflect recent developments.

Annex

Report of the Special Rapporteur on the elimination of discrimination against persons affected by leprosy and their family members on her visit to Angola

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I. Introduction

1. The Special Rapporteur on the elimination of discrimination against persons affected by leprosy (also known as Hansen's disease) and their family members, Ms. Alice Cruz, undertook an official visit to Angola from April 28 to May 10, 2022.
2. In accordance to Human Rights Council resolution 44/6, the Special Rapporteur assessed both progress and challenges with regard to the implementation of the Principles and Guidelines for the elimination of discrimination against persons affected by leprosy and their family members, which accompany resolution 65/215, adopted by the United Nations General Assembly in 2010.
3. More specifically, the Special Rapporteur aimed at understanding the multidimensional dimensions of living with leprosy in a country that is one of the 23 World Health Organization's (WHO) global priority countries for the disease. Such classification is based upon the country's status regarding new case detection, age, gender and disability. The Special Rapporteur also endeavored to contribute with constructive recommendations to improve the human rights situation of individuals affected by the disease in Angola. At her discretion as an expert on the subject, the Special Rapporteur henceforth uses the term Hansen's disease instead of leprosy.
4. During her visit, the Special Rapporteur met with central, provincial, and municipal government representatives in the cities of Luanda and Benguela, as well as with the Office of the Ombudsman. She also met with the United Nations resident coordinator and country team, as well as with the representatives of United Nations agencies at the country level (World Health Organization, Focal Point for Neglected Tropical Diseases, United Nations International Children's Emergency Fund, and United Nations Development Programme). The Special Rapporteur consulted the most prominent scholars and experts in the fields of public health, history and social sciences with the support of the Catholic University of Angola; law and healthcare experts; members of civil society organizations; and union representatives of medical doctors and nurses. She listened carefully to the members of the Association for the Reintegration of People Affected by Leprosy (ARPAL), the Evangelical Solidarity Association (SOLE) and from churches engaged in fighting leprosy and supporting individuals affected by it. In addition, the Special Rapporteur visited: in Luanda, the Funda Health Center (a former leprosarium) and the Tuberculosis and Leprosy Dispensary; in Benguela, the Calosobekua Health Center, and the Alto Esperança Health Center. During the field visits, she met with representatives of central and provincial governments, healthcare workers, and persons affected by Hansen's disease and their family members, the majority of which undergoing medical treatment for Hansen's disease. She made every effort to assess the intersectional dimensions of the problems and challenges raised by persons affected by Hansen's disease and to give all stakeholders a voice. She also endeavoured to make the visit an opportunity for interdisciplinary dialogue and exchange of knowledge, aiming at building bridges between different stakeholders and fostering more effective responses to health disparities and discrimination.
5. The Special Rapporteur expresses her appreciation to the Government of Angola for the invitation to visit and assess the country. Hers was the first visit of the Special Procedures of the Human Rights Council to Angola since the Special Rapporteur on the human rights of migrants visited the country back in 2016. The Special Rapporteur appreciates the willingness of Angola to interact with the United Nations Human Rights System. She also thanks the United Nations Resident Coordinator's Office for their assistance and, in particular, the team of the Office of the High Commissioner for Human Rights for their outstanding support. She is particularly grateful to persons affected by Hansen's disease and the organizations supporting them for their extremely valuable inputs. She listened to persons affected by Hansen's disease with great respect for the challenges they face and suffering they endure, but also with great admiration for their resilience and willingness to survive and support their peers.

II. The epidemiology of Hansen’s disease in Angola

6. Hansen’s disease, globally known as leprosy, remains a matter of great concern in Angola. The country is listed as one of the 23 global priority countries for Hansen’s Disease by the WHO.¹ In 2005, Angola reached the milestone of eliminating Hansen’s disease as a public health problem, that is to say, it achieved the number of less than 1 case of the disease for every 10 thousand inhabitants. Such an achievement resulted from a successful field campaign to distribute medical treatment in all provinces, which was largely implemented with external funding.

7. The target of eliminating Hansen’s disease as a public health problem is frequently misinterpreted as eradication, which often results in negative consequences for the population that remain exposed to transmission and keeps suffering the cumulative impacts of the disease, disability and discrimination associated with it. In the case of Angola, the negative impacts of achieving the elimination target include: decrease of the political will to fight the disease; decline of the expertise to properly diagnose and treat the disease; loss of international funding. The loss of international funding for tackling Hansen’s disease had a profound impact on civil society organizations ‘work for raising awareness and fighting harmful stereotypes about Hansen’s disease.

8. According to WHO data, in Angola the new case detection rate is around 600 to 800 per year. In 2021, 797 new cases were registered. As the Special Rapporteur has been calling attention to,² global case detection dropped dramatically due to the COVID-19 pandemic. In 2020, official WHO data recorded only 422 cases in the country.

9. Considering underreporting and late diagnosis, both manifestly evident in Angola, official epidemiological data must be read with caution in the country. Data collected by the National Leprosy Programme suggests that the number of existing cases is probably much higher than the number of registered cases. The number of registered cases has remained constant around 1,000 for the past 20 years. Luanda, Kwanza Sul, Huíla, Moxico, Huambo, Malange, Cuando Cubango, Benguela, and Bié are the most affected provinces.

Table 1. Epidemiological Data – 2022

Population	32,097,671
New cases	797
New cases in children	93
New cases in women	197
New cases with G2D	115
G2D in children	93
G2D in women	54
Multibacillary new cases	681
Paucibacillary new cases	116
Reentries	146
Dropouts	202
Cured	437
Total	1,785

Source: National Leprosy Control Program

¹ See WHO, Global leprosy (Hansen’s disease) update, 2021: moving towards interruption of transmission. Available at <https://www.who.int/publications/i/item/who-wer9736-429-450>.

² See the report “Disproportionate impact of the coronavirus disease (COVID-19) pandemic on persons affected by leprosy and their family members: root causes, consequences and the way to recovery”, A/HRC/47/29.

10. According to WHO, the proportion of children (less than 15 years of age) in new cases was 11.7% in 2021, which is not only very high but also deplorable.³ New cases among children are an important indicator of ongoing transmission. The number of new cases with irreversible physical impairments at the time of diagnosis was 187 in 2021. In almost a quarter of the new cases, diagnosis is only done when the person has already developed long-term physical impairments. New cases with irreversible physical impairments at the time of diagnosis are an indicator of late diagnosis, but also of ongoing transmission at the community level. The considerable number of hidden cases in the country may very well lead to an increase in transmission and disability in the long term. In 2021 alone, according to data from the WHO (and which must be read with caution given the impact of the COVID-19 pandemic on new case detection), 72 children were late diagnosed with impairments in either hands, feet, or eyes.⁴

11. The Special Rapporteur has been calling attention to the limitations of the medicalized approach of the WHO grading system for assessing and measuring leprosy-related impairments. Such a system misuses the concept of disability (as provided for in the Convention on the Rights of Persons with Disabilities), while only measuring physical impairments.⁵ Furthermore, not only visible, but also invisible and psychosocial impairments, as well as discrimination itself, can be deeply disabling. Specifically in Angola, persons affected by Hansen's disease, due to general barriers for accessing education, have to perform physically demanding labour in order to sustain their livelihoods, which, with time, can aggravate invisible physical impairments to the point of the former becoming not only visible, but also irreversible.

III. Legal and institutional framework

A. General

12. The Special Rapporteur welcomes Angola's efforts to enact a comprehensive legal framework for advancing human rights in the country. Important constitutional norms, legislation, programmes, and strategies committed to the core principles of equality, non-discrimination, and human dignity are in force in the country. The domestic legal framework is favourable for the effective implementation of the principles and guidelines for the elimination of discrimination against persons affected by Hansen's disease and their family members. However, important challenges regarding the execution and implementation of such a legal framework endure and have yet to be tackled.

13. The principle of non-discrimination is established in the country's Constitution. Same principle provides the basis for fundamental rights established in the country's legal framework. Articles 22 and 23 of the Constitution (2010) recognize the principles of universality and equality in relation to the enjoyment of fundamental rights and freedoms. Article 23 specifically provides that no one, regardless of origin, sex, race, ethnic identity, color, disability, place of birth, religion, political, ideological and philosophical beliefs, educational level, and economic, social condition or profession can be harmed, privileged, or deprived of any right.⁶ Importantly, the new Penal Code (2020) includes discrimination as a relevant circumstance for the determination of the sentence (Article 71), for the aggravation of the penalty in the crime of threat (Article 170), and criminalizes and punishes discrimination on several grounds (including illness and disability), in its Article 212

³ Available at https://apps.who.int/neglected_diseases/ntddata/leprosy/leprosy.html.

⁴ Id. Ibid.

⁵ See A/77/139.

⁶ See the concluding observations (2019) by the *Committee on the Elimination of Discrimination against Women*, CEDAW/C/AGO/CO/7, para. 11(b): "The definitions of equal rights and non-discrimination in articles 21 (h), 22 (3) (b) and 23 of the Constitution of the State party do not comprise a comprehensive definition of discrimination in line with article 1 of the Convention."

14. In addition, Article 12 of the Constitution guarantees the country's respect for, and application of, the principles contained in the Charter of the United Nations and the Charter of the Organization of African Unity, whereas Article 13 establishes that international law, once ratified, becomes part of domestic law. Article 13 of the Constitution is of the essence to clarify Angola's obligation to enforce international law and norms that are provided by the international treaties that were ratified by the country, many of which are embodied in the principles and guidelines.

15. Angola is a State Party to seven core International Human Rights Treaties: the International Covenant on Civil and Political Rights;⁷ the International Covenant on Economic, Social and Cultural Rights;⁸ the Convention on the Elimination of All Forms of Discrimination against Women;⁹ the Convention on the Rights of the Child;¹⁰ the Convention on the Rights of Persons with Disabilities; the Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment; the International Convention on the Elimination of All Forms of Racial Discrimination.

16. An important landmark was the establishment, in 2020, by Presidential Decree No. 100, of a national human rights strategy. The National Strategy for Human Rights and its Action Plan has equality and non-discrimination as one of its structuring axes. One of its main goals is to carry out actions for the respect of people belonging to vulnerable groups. The National Strategy aims to strengthen Human Rights mechanisms at the local level, through Human Rights Committees. For the implementation of the strategy, a Provincial Committee has been established in all 18 Provinces, 163 Municipal Committees, and more than 50 Communal Committees. The committees are responsible for organizing actions to promote and protect human rights.

17. The government's medium-term strategic framework on human rights aims at ensuring the autonomy of the Angolan State to identify, punish, and remedy human rights violations. An Office of the Ombudsman has national jurisdiction and legal authority to pursue people's claims against abuses or violations from public officials or institutions.

18. Progress has also been made regarding the protection of groups that live in vulnerable situations and are structurally discriminated against. The National Policy for Gender Equality and Equity was established by Presidential Decree No. 222/2013. The Law for the Protection and Integral Development of the Child was enacted in 2021. And Law No. 10/2016 establishes general rules to promote accessibility for persons with disabilities, whereas subsequent Presidential Decrees regulated on: a) reservation of vacancies and procedures for the hiring of persons with disabilities, with 4% of vacancies in the public sector and 2% in the private sector; b) Intervention Strategy for Social Inclusion of Children with Disabilities; c) grants for students with disabilities and a Policy for the Person with Disabilities. Importantly, Law No. 6/1998 approves a benefit for persons with disabilities, and Decree No. 6-E/1991 established the National Rehabilitation Institute, whose mission is the development of a national policy for the rehabilitation of persons with disabilities.

19. The right to health and social protection is guaranteed in the Constitution, which determines the duty of the state to promote and guarantee the necessary measures to ensure everyone the right to medical and health care, as well as the right to assistance in childhood, maternity, disability, old age, and in any situation of inability to work (Article 77). The country has the Basic Law of the National Health System (Law No. 21-B/92 of August 28), a National Health Policy (Presidential Decree No. 262/10 of November 24), and the National Program for Municipalization of the Health System. Solidarity, equity, ethics, cultural identity, and gender equality are the core values of the National Health Policy. Universality, quality, humanization, freedom of choice, accountability, and an intersectoral approach are the basic principles for health interventions. An Ethics and Humanization Office, responsible

⁷ See the concluding observations (2019) by the *Human Rights Committee*, CCPR/C/AGO/CO/2.

⁸ See the concluding observations (2016) by the *Committee on Economic, Social and Cultural Rights*, E/C.12/AGO/CO/4-5.

⁹ See the concluding observations (2019) by the *Committee on the Elimination of Discrimination against Women*, CEDAW/C/AGO/CO/7.

¹⁰ See the concluding observations (2018) by the *Committee on the Rights of the Child*, CRC/C/AGO/CO/5-7.

for the ethical and humane quality of health care, is linked to the Ministry of Health. Presidential Decree No. 253/20 approved the National Policy on Traditional and Complementary Medicine as a tool that can be incorporated into the national health system.

20. The Basic Law on Social Protection (Law No 7/04 of October 15, 2004) structures a system for social protection, whose scope still doesn't integrate people who are excluded from the formal work market, which is quite an important gap in a country where the majority of the population works in the informal economy. Still, several non-contributory programmes are in place, notwithstanding the fact that they seem to be dependent on external donors. One of such programmes is a cash transfer scheme called KWENDA aimed at supporting families living in vulnerable situations. Another one is the APROSOC, which is also a cash transfer scheme for children under 5.

21. While a forceful legal and institutional framework seems to be in place, important barriers that hinder the population's effective enjoyment of human rights remain. The gap between law in books and law in practice is without a doubt a major challenge for the country as a whole, but it is also one that severely impacts the enjoyment of fundamental rights by persons affected by Hansen's disease and their families.

B. Institutional framework for fighting Hansen's disease in Angola

22. Angola has a Leprosy National Programme, which falls under the Ministry of Health. Such programme is decentralized and implemented in the 18 provinces of the country. The programme's activities are planned and coordinated at the central level and a health information system is periodically fed, ensuring epidemiological data on the disease. The National Program is based on the WHO's 4 strategic pillars: (a) implementing integrated interventions, especially in endemic areas; (b) scaling up disease prevention together with integrated active case detection; (c) managing the disease and its complications, and preventing disabilities; and (d) combat stigma and ensure that the human rights of affected persons are respected. Multi-drug therapy is received free of charge from the WHO and distributed to patients also free of charge in the public healthcare system.

23. During the course of the Special Rapporteur's visit, it was possible to assess the National Leprosy Programme both from the perspective of Ministry of Health and persons affected by Hansen's disease. One of the negative consequences of Angola having reached the milestone of eliminating Hansen's disease as a public health problem has been a reduction in the pace and investment in the implementation of the National Leprosy Programme. Because of that, the transmission of the disease has intensified, as well as the number of people with Hansen's disease related impairments and disabilities, including among children.

24. Other challenges faced by the National Leprosy Programme are: (a) the low coverage of the healthcare system and services, which heightens out of pocket expenses for persons affected by Hansen's disease who need to travel long distances to access both diagnosis and treatment; (b) the inefficiency of the primary level of healthcare to timely detect new cases (c) the scarcity of healthcare workers with expertise to diagnose and properly treat the disease; (d) the lack of referral services to manage complications and Hansen's disease reactions, as well as to guarantee mental healthcare and rehabilitation; (e) the high rate of treatment drop-out; (f) the lack of networking and collaborative work with civil society, especially for outreach and awareness-raising activities.

IV. Remaining challenges: Hansen's disease mirroring the gap between law in books and law in action

A. The health system and universal health coverage

25. According to the national Strategic Plan for Neglected Tropical Diseases 2017-2021, the percentage of the population exposed to the risk of neglected tropical diseases, including children below 14 years old, is 47.3%, which is a very forewarning number.

26. The epidemiology of Hansen's disease in the country is a marker of important gaps in the healthcare system. The Special Rapporteur witnessed how a considerable number of people are late diagnosed and experience the worst forms of the disease and its consequences. The meetings with persons affected by Hansen's disease allowed the Special Rapporteur to understand first-hand how difficult and gruelling being rightly diagnosed with Hansen's disease can prove to be, since people can be misdiagnosed for too long before they are correctly diagnosed with Hansen's disease.

27. The lived experience of persons affected by Hansen's disease demonstrates how health information about Hansen's disease, including its symptoms, treatment, and the rights of those affected by it, is very limited. The Special Rapporteur also witnessed with concern that in order to be properly diagnosed, individuals seem to undertake a pilgrimage through several healthcare units, where the majority of the healthcare workers lack both the expertise and the means to make, and corroborate, a Hansen's disease diagnosis.

28. Testimonies indicate a prolonged waiting period during which individuals resource to self-diagnosing and self-medicating to deal with what are initially mild symptoms and that later on evolve to more severe manifestations of Hansen's disease. Usually, correct diagnosis is only received once such a pilgrimage leads the individuals to randomly find healthcare workers who have the adequate expertise to properly diagnose the disease. But then another personal struggle begins, now to secure the necessary means to access and remain on treatment, while dealing with Hansen's disease reactions, ulcers, impairments, discrimination, as well as its economic consequences.

29. Late diagnosis is indeed a matter of great concern in Angola.¹¹ Late diagnosis represents a failure of the State Party's duty under Article 12 of the International Covenant on Economic, Social and Cultural Rights and points to important failures in the healthcare system, in particular on what regards primary care and healthcare coverage. In addition, late diagnosis of Hansen's disease comes with great economic losses for the country, especially when it affects children and young people, as is the case in Angola, and when anti-discriminatory policies and disability rights are not duly enforced.

30. According to WHO, early diagnosis and complete antibacterial treatment with multi-drug therapy – a combination of rifampicin, clofazimine, and dapsone – remain the most effective strategies for tackling Hansen's disease. Multi-drug therapy is provided free of charge to all detected Hansen's disease patients in accordance with WHO recommendations and through an agreement between the pharmaceutical company Novartis and WHO, which began in 2000 and was recently extended to 2025. The company produces the multi-drug therapy components in India, and WHO manages its distribution to other countries. Still, the drugs can only be sent to countries when the former ones report on new case detection. If data collection fails at the country level, problems in supply are to be expected.

31. One of the greatest challenges in the medical care of Hansen's disease is reactions, which cause great physical and mental suffering. Hansen's disease reactions frequently occur during and after antibacterial treatment. They are also associated with nerve damage, which is the main cause of physical impairments. Hansen's disease reactions may require prolonged treatment, sometimes for several years. Unlike multi-drug therapy, most of the drugs used for treating Hansen's disease reactions are not provided to countries free of charge. They include steroids and thalidomide – the latter being well-known for its teratogenic effects and risks to sexual and reproductive health. Despite being curable with multi-drug therapy, if not detected early and treated, Hansen's disease can become a chronic disease that demands a continuum of medical and psychosocial care, which includes rehabilitation, reconstructive surgery, the provision of assistive devices, and psychosocial support. Such a continuum of medical and psychosocial care should be fully addressed by effective referral within national healthcare systems.

¹¹ Even the limited data officially collected in the country about the experience of Hansen's disease, such as the survey on Inclusion, Participation and Stigmatisation in Luanda and Benguela undertaken by the National Leprosy Control Programme in 2017, corroborates how serious late diagnosis is in Angola.

32. Information gathered during the Special Rapporteur's visit revealed with great concern that the healthcare system in Angola is not prepared to treat Hansen's disease reactions and that many times steroids are not available free of charge to people who need them. Many people suffering from Hansen's disease reactions are only being given guidance on self-care and wound care and that nerve damage is running free in the country without any medical care.

33. Rehabilitation, reconstructive surgery, the provision of assistive devices for protection and assistive devices for the facilitation of activities of daily life, as well as psychosocial support are major gaps within the healthcare system. In the specialized healthcare units visited by the Special Rapporteur, it was possible to verify the lack of resources and of qualified personnel to guarantee rehabilitation and psychosocial support. The supply of adapted shoes, orthoses, prostheses, and other protective and assistive devices for patients was in short supply, and this service was dependent on external donations.

34. The evidence that the healthcare system in Angola is not duly prepared to diagnose nor properly treat Hansen's disease deserves attention. The healthcare workforce seems to be both insufficient and unprepared to properly diagnose and treat the disease. The country presents great disparities on what concerns healthcare coverage, which at the moment is more advanced in urban than in rural areas. Most of the urban population has greater geographic proximity to healthcare services, while for most of the rural population health services are located at a long distance from home. Transportation is a key issue for guaranteeing that healthcare is accessible in the country.

35. Angola has a National Health System in which services are provided free of charge through a pyramidal system of 3 levels of health care. At the primary care level, services are provided by health centers and units, municipal hospitals, infirmaries, and doctor's offices. At the secondary care level, general and single hospitals provide healthcare services. At the tertiary care level there are central hospitals and specialized hospitals.

36. During the meetings with medical doctors and experts in public health, it was pointed out to the Special Rapporteur that the national health system is still precarious on what concerns service delivery and healthcare workers are usually overloaded. Important challenges at the municipal level of the health system were also referred to, with significant consequences on what regards access to healthcare by rural and peripheral populations.

37. The government of Angola has made significant efforts to decentralize the administration of the national health system, which is commendable. However, there seem to be concerns on what regards the administration of budget, which not always prioritizes the more pressing problems faced by the local populations. Furthermore, decision-making on public expenditure doesn't seem to be always aligned with central planning. There are also concerns about transparency of local budgeting. Experts in the field point to the need of improving mechanisms for social control of health policies, transparency in the management of resources, and access to information in order to ensure accountability of policy-making and budget management.

38. Health coverage is still clearly far from being sufficient in all areas. A more significant effort in terms of budget allocation, as well as guarantees on community's participation and accountability are clearly required. More so to tackle diseases related to poverty, such as Hansen's disease and other neglected tropical diseases. In a country that is still mainly affected by transmissible diseases, primary care duly equipped with efficient infrastructure and adequate human resources is of the essence and should be the priority. The need to increase public funding in order to build a sustainable path to achieving universal health coverage, with the strengthening of Primary Health Care and better distribution of healthcare workers has also been pointed out by the WHO, as well as the by the monitoring of the results achieved so far.¹² It is alarming that resources allocation to public health programmes, such

¹² See WHO. Contribuindo para a melhoria da saúde em Angola. Relatório Bianual 2018-2019. [Contributing to the improvement of health in Angola. Biannual Report 2018-2019] Available at <https://www.afro.who.int/sites/default/files/countries/Angola/Relat%C3%B3rio%20Bianual%20da%20OMS%20em%20Angola%202018-2019.pdf>.

as Hansen's disease and other neglected tropical diseases, may not be meeting the international commitments made by the government in 2001 at Abuja.¹³

39. The lack of strategic vision about the importance of developing outreach activities, in particular the promotion of health literacy, and consequently the lack of investment and allocation of resources in this area, worsens the already concerning limited options of the population to access early diagnosis and treatment of Hansen's disease. Detection and service delivery end up being taken over by civil society organizations and by the humanitarian work of the churches, which is hardly sufficient to ensure universal access. Difficulties in carrying out the work of early detection, health education, and dissemination of health information about Hansen's disease in the communities were reported by representatives of civil society. The concern with community mobilization ends up weighing heavily on civil society organizations and churches, which, in turn, lack the resources and structure to ensure a large-scale intervention in this area.

40. It is important to mention the role that community health and development workers (*ADECOs*) could play in outreach activities, in order to reinforce and multiply prevention activities, active case detection and health education. Although not acting directly in the provision of health services, *ADECOs* can play a significant role through health promotion activities, encouraging good practices, and reinforcing multisectoral and intersectoral approaches with attention to the specific situations of women, children, and persons with disabilities in the communities.

41. The meetings and discussions held during the Special Rapporteur's visit pointed out that the role to be played by *ADECOs* in strengthening the bridge between healthcare services and communities is yet to be explored and enhanced. This work, however, can only be done with strategic vision, greater investment in the integration and coordination of actions between State, civil society, and communities, proper budget allocation, training, and decent working conditions. Also noteworthy in this field is the work carried out by traditional doctors. The conditions for greater integration between biomedicine and traditional medicine in Angola are promising, including the recent enactment of a law that recognizes the importance of traditional medicine. This integration is valuable to ensure an integral vision of care for persons affected by Hansen's disease, as well as to implement active case detection and enable the timely treatment of the disease within a multidisciplinary healthcare perspective.

42. According to the Committee on Economic, Social and Cultural Rights, health facilities, goods and services must be culturally appropriate, i.e. respectful of the culture of minorities, peoples and communities.¹⁴ Likewise, healthcare services should take into account traditional preventive care, healing practices and medicines. The healthcare workforce should also be properly trained to recognize and respond to the specific needs of vulnerable or marginalized groups.¹⁵ Hansen's disease is a disease that requires continuous self-care practices and provision of key health information. Accessibility and acceptability of healthcare services is crucial, especially in an internally diverse country, such as Angola. It is up to the Angolan State to ensure that healthcare services are culturally appropriate to the country's cultural diversity. Healthcare workers should be prepared to respond to different groups and communities, especially taking into account linguistic diversity. The Special Rapporteur was able to ascertain how the requirement of Portuguese as an official language in healthcare facilities constitutes a heavyweight barrier to the access of individuals from diverse cultural groups to the Angolan health system.

43. Hansen's disease is part of a set of diseases that seriously compromise the development of the most vulnerable people, but also of the country as a whole. To truly guarantee the inclusion of such populations in the country's development goals, additional efforts are needed. Better coordination between the different levels of the State's administration, as well as the establishment of priorities that truly reflect the local populations' needs, are fundamental. Overcoming the multiple obstacles and barriers for

¹³ See <https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf>.

¹⁴ CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), Par. 12 (c).

¹⁵ Id. Ibid. Par. 27 and 37.

guaranteeing the highest possible standard of physical and mental health for the people who need it the most is a sine qua non condition for the full compliance of the Angolan health system with the principles established by General Comment No. 14 of the Committee on Economic, Social and Cultural Rights, namely Availability, Accessibility, Acceptability, and Quality of health services.

B. Formal, institutionalized and interpersonal discrimination

44. There is no formal discrimination against persons affected by Hansen's disease in Angola, meaning that there are no laws and/or regulations in force that discriminate directly against this group of people. Notwithstanding, incidents of discrimination resulting from the application of laws that appear neutral at face value against persons affected by Hansen's disease were reported to the Special Rapporteur and should be duly monitored. Situations of indirect discrimination or institutionalized discrimination at the administration of the State and State's services, like healthcare, social protection, or even at the State's justice system should also be properly monitored and addressed.

45. Institutionalized discrimination is usually inseparable from ongoing interpersonal discrimination. Social isolation, constant exposure to insults, rejection within the family and marital relationships, denial of the right to have a proper burial, difficulties in accessing public services, education, and keeping jobs or being admitted to new ones are common situations faced by those affected by Hansen's disease and some of their family members. Restrictions regarding adequate and non-discriminatory care in healthcare facilities are an element that deserves to be highlighted because it seriously harms the therapeutic process, the self-esteem of individuals and their health and well-being. Discrimination in healthcare services is many times at the root of treatment drop out, but also of the internalization of stigmatization and self-isolation.

46. During her visit, the Special Rapporteur received reports of incidents of discrimination faced by persons affected by Hansen's disease, which include: a) children being excluded from school and education on the grounds of Hansen's disease due to bullying from their peers; b) discriminatory practices by school teachers due to lack of information about the disease; c) abandonment by the family, marital rejection, and neglect of children affected by Hansen's disease; d) children forced to interrupt school activities due to Hansen's disease reactions and lack of reasonable accommodation in schools; e) refusal of health workers to admit or treat affected persons at health facilities because they have Hansen's disease; and f) loss of employment, denial of employment opportunities, or inability to perform work because of adverse reactions to drugs, disease's complications, and lack of assistive and protective devices, as well as of rehabilitation.

47. Women, being themselves affected by Hansen's disease or family members of persons affected by Hansen's disease, suffer intersections between Hansen's disease related stigma and gender-based discrimination and oppression. In addition to facing more severe situations of rejection and discrimination within the household and family, as well as at the community level, women who are family members of affected individuals are also the ones who bear the hardest consequences of discrimination against their family members. As family members of persons affected by Hansen's disease, women bear the burden of accumulating caregiving tasks with the responsibility for the social and economic costs of the disease. They also suffer the same rejection and isolation that targets their family members, especially when the individuals affected by the disease are either their husbands or their children.

48. A harsh punitive isolation falls upon individuals affected by Hansen's disease, especially women, as one of women affected by Hansen's disease living in the Funda Health Center explained to the Special Rapporteur:

"As soon as the disease had contaminated my whole body, the neighbours started saying "It contaminates. You don't deserve to stay here in the neighbourhood, you have to stay away" When I was at my family home, I stayed isolated and they pushed the plate on the floor with a stick to give me food. Since I went out for seeking medical treatment, I haven't see my family members anymore and until this day".

49. Due to being affected by Hansen's disease and having developed physical impairments on their hands, persons affected face difficulties in the civil registration services to obtain national identity cards, which can compromise their enjoyment of some of the rights provided for in the *International Covenant on Civil and Political Rights*. Even though formally civil registry services have other forms of identification besides fingerprints that can be used to serve those affected by Hansen's disease, such as photo and signature; in practice, the service provision must guarantee these people an environment free of discrimination and culturally adequate. The experience of individuals affected by Hansen's disease concerning systematic discrimination in public services makes them fearful of facing intimidation and/or contempt from public officials.

50. During her visit, the Special Rapporteur personally witnessed the lack of adaptability in healthcare services and facilities, as well as the persistence of harmful stereotypes among individuals working as public servants. The Special Rapporteur heard several times public servants referring to persons affected by Hansen's disease as "lepers", which violates Guideline No. 9 of the principles and guidelines that prohibits discriminatory language, including the term "leper" or its equivalent in any language or dialect.

51. Harmful stereotypes about Hansen's disease are still widely believed and lead to discriminatory practices. There are, at least, two different harmful stereotypes about leprosy. One of such stereotypes conveys the idea that Hansen's disease is a curse related to sorcery and/or the ancestors and one that no traditional healer can heal. Another harmful stereotype in place has its origins in the biblical misconceptions that, together with incomplete biomedical information, spur the fear of contagion, which leads to separation and segregation.

52. It is worth noting that the introduction of the biomedical notion of transmission, together with the purely pharmaceuticalized approach to curing Hansen's disease and stopping transmission has contributed to a change in mindsets in Angola that somehow enhanced discrimination against individuals affected by Hansen's disease. The Special Rapporteur heard very interesting reports about people originally not being discriminated against at the community level, and about the provision of safety nets by the family, based on traditional values of solidarity.

53. Such might very well be a good practice for eliminating discrimination on the grounds of Hansen's disease, but unfortunately it has been suppressed by biomedical conceptions. By not being properly accompanied by health education, biomedical conceptions and practices have enhanced stigmatizing meanings and harmful stereotypes about Hansen's disease as a dangerous and highly contagious disease, which could not be farer from the true. An important gap concerns the absence of strategies to restore dignity and promote inclusion of those affected by the disease in relevant government programmes and policies.

54. The elimination of harmful stereotypes is without a doubt a key area for action, and one which calls for integrating civil society organizations and groups, especially groups of persons affected by Hansen's disease, into health education and promotion activities. Accountability and engagement in public affairs, as a fundamental mechanism for people living in vulnerable situations (and whose needs are frequently overlooked) to defend their interests, is also of the essence and manifestly lacking.

55. Several norms of international human rights law provide that non-discrimination is an immediate and cross-cutting obligation. General Comment No. 20 of the Committee on Economic, Social and Cultural Rights and General Comment No. 6 of the Committee on the Rights of Persons with Disabilities clarify that tackling discrimination is a cross-cutting obligation of immediate realization and is not subject to progressive realization. Guideline No. 1 of the principles and guidelines affirms that States should take all appropriate legislative, administrative, and other measures to modify, repeal, or abolish existing laws, regulations, policies, customs, and practices that discriminate directly or indirectly against persons affected by Hansen's disease and their family members.

56. The government should double its efforts to effectively prevent, monitor, investigate, punish, and remedy discrimination and human rights violations against persons affected by Hansen's disease and their families. Although Angola has a legal and institutional framework for punishing discrimination, monitoring and mediating situations of rights violations and

abuses, it is worth noting that there are no official records of discrimination cases in the courts or other types of complaints filed by persons affected by Hansen's disease or their families to the Office of the Ombudsman or other relevant bodies.

57. This means that ensuring access to justice for persons affected by Hansen's disease and their families will not be real nor effective if the government does not act proactively. The enactment of harmful stereotypes about the disease and other stigmatizing and discriminatory practices, attitudes, and behaviours at the family level, in the community, and in the State institutions themselves, denies citizenship rights and the enjoyment of opportunities on a equal basis with others to those affected by Hansen's disease. The lack of a proactive policy to promote the human rights of these individuals, with strategies for ensuring the right to access to information, as well as awareness-raising activities aimed at educating both the general public and public officials and servants is a major gap on what concerns the enforcement of human rights for persons affected by Hansen's disease and their families.

58. Judicial and other State mechanisms with legal authority for defending and promoting human rights are not physically, economically, socially, and culturally accessible to persons affected by Hansen's disease and their families. Provincial Human Rights Committees don't seem to guarantee accessibility to, and to effectively promote the human rights education of, persons affected by Hansen's disease. Human rights education in general, and as part of the national human rights strategy, needs to be enhanced. Efforts to ensure access to justice for persons affected by Hansen's disease must also consider the context of legal pluralism in the country. Religious, customary, indigenous and community leaders and justice systems are key for guaranteeing dignity, inclusion and human rights to persons affected by Hansen's disease at the community level. Same players should be actively involved in a proactive approach to ensuring both rights and remedies to persons affected by Hansen's disease and their family members.

59. While epidemiological data on Hansen's disease may not be entirely reliable, disaggregated data (not only by demographic, environmental, socioeconomic, and cultural variables, but also by the various grounds of discrimination recognized in international human rights law) is manifestly lacking. There is no systematic data about discrimination, human rights violations, and standard of living on what regards persons affected by Hansen's disease and their family members. Indeed, it is a matter of concern that data on incidents of discrimination and human rights violations of persons affected by Hansen's disease are not collected and analysed by the State in a systematic way.

60. In general, the efforts to produce updated and disaggregated demographic and socioeconomic data must be intensified. As an example, the last census in the country dates back to 2014. Furthermore, there is no integrated information management system able to build a database on the demographic, socioeconomic, and cultural variables that allow for understanding the situation of persons affected by Hansen's disease in order to support and strengthen public policies aimed at ensuring an adequate standard of living for these individuals.

61. The interest expressed by the Office of the Ombudsman to the Special Rapporteur of integrating the promotion and defence of the rights of persons affected by Hansen's disease in this body's overall work represents a valuable opportunity for establishing a good practice for fulfilling the data gap and informing evidenced-based policies, as well as enabling accountability.

C. Discrimination and substantive equality

62. In its General Comment No. 20 on non-discrimination in economic, social, and cultural rights (art. 2, para. 2, of the International Covenant on Economic, Social and Cultural Rights), the Committee on Economic, Social and Cultural Rights acknowledges that economic growth has not, in itself, led to sustainable development, and individuals and groups of individuals continue to face socio-economic inequality, often because of entrenched historical and contemporary forms of discrimination. The Committee determines that in order for States parties to "guarantee" that the Covenant rights will be exercised

without discrimination of any kind, discrimination must be eliminated both formally and substantively.

63. World Bank projections indicate that, in 2018, almost half of the Angolan population lived on less than \$1.90 per day per person, thus below the international extreme poverty line.¹⁶ According to the national multidimensional poverty measure, the Angola Multidimensional Poverty Index (*Índice de Pobreza Multidimensional de Angola – IPM-A*, in Portuguese), which considers four dimensions (health, education, employment, and quality of life), 54% of the Angolan population lived in multidimensional poverty in the period 2015-2016.¹⁷ Angola ranks 149 (out of 182 countries) on the Human Development Index and has a score of 0.36 on the Human Capital Index (one of the lowest in the world). Angola has a Gini coefficient of 0.51 – one of the highest in Africa.¹⁸

64. Structural inequality contributes to the dehumanization¹⁹ of persons affected since discrimination on the grounds of Hansen’s disease is clearly intersecting with the limited enjoyment of economic and social rights, such as an adequate standard of living, decent work, education, and social protection, among others.

65. Limited enjoyment of these rights also contributes to the social determinants of Hansen’s disease and other neglected tropical diseases, usually framed as WASH – water, sanitation, and hygiene. Data on the evolution of anti-poverty policies and the progress achieved in ensuring clean water and sanitation in the country are not up to date and call for greater attention.

66. The WHO and UNICEF Joint Monitoring Programme for Water Supply and Sanitation recorded, based on household surveys, that access to improved water sources in Angola has advanced from 36% in 1990 to 50% in 2008 (38% in rural areas). With respect to sanitation, the Programme estimated that progress in access to sanitation between 1990 and 2008 was from 25% to 57% (18% in rural areas).²⁰ Key aspects of health promotion are related to poverty reduction and ensuring a minimally adequate standard of living, as established in the International Covenant on Economic, Social and Cultural Rights, which was ratified by Angola.

67. While the vast majority of persons affected by Hansen’s disease live in poverty and extreme poverty, the disease brings with it a silent worsening of general living conditions, leading to job losses, denial of decent education and work opportunities, and disruption of family, community, and social ties. The worsening of health conditions also leads to additional costs associated with the disease, such as transportation costs related to treatment, expenses for medication to treat reactions, ulcers and other complications, and expenses associated with impairments and disabilities.

68. Testimonies collected during the Special Rapporteur’s visit emphasize that the experience of the disease results in the perpetuation of the condition of economic and social disadvantage, compounded by Hansen’s disease-specific discrimination and stigmatization. The Special Rapporteur had witnessed in loco how people under treatment invariably lack the means and resources to cope with the disease in such a manner that ensures their autonomy. The lack of State’s social protection makes these people dependent on their families or charity organizations. Such goes against the provisions of article 19 of the Convention on the Rights of Persons with Disabilities on living independently and be included in the community.

69. In situations where the disease has resulted in the rupture of community and family ties, the condition of isolation faced by individuals affected by Hansen’s disease is even more

¹⁶ World Bank (2021a) Angola Macro poverty outlook (October 2021).

¹⁷ See Government of Angola. 2030 Agenda for sustainable development. Available at https://sustainabledevelopment.un.org/content/documents/286012021_VNR_Report_Angola.pdf.

¹⁸ World Bank, 2020, Angola Poverty Assessment.

¹⁹ On the concept of dehumanization see the Special Rapporteur report “Stigmatization as dehumanization: wrongful stereotyping and structural violence against women and children affected by leprosy”, A/HRC/41/47.

²⁰ See Government of Angola. 2030 Agenda for sustainable development. Available at https://sustainabledevelopment.un.org/content/documents/286012021_VNR_Report_Angola.pdf.

serious. The Special Rapporteur could see how, due to discrimination, many persons affected by Hansen's disease, and sometimes their family members, come to live isolated from their families and communities inside or nearby old Hansen's diseases sanatoria, without enjoying basic services and a minimum standard of living.

70. Importantly, Guideline No. 5 of the principles and guidelines for the elimination of discrimination against persons affected by Hansen's disease and their family members, regarding living in the community and housing, affirms that States should identify persons affected by Hansen's disease and their family members living in isolation or segregated from their community because of their disease, and should give them social support, but also that States should always consult with the people on matters regarding reintegration into the community and in case people prefer to remain living in former Hansen's disease's hospitals, States should always strive to improve living conditions in those same places.

71. Persons affected by Hansen's disease rightly call for a more active role from the State in ensuring a minimum standard of living, far beyond the sole provision of pharmaceutical treatment. One individual:

"The first thing we need is treatment; the second thing we really need is food. In the state that we are here, we really need help because our family already abandoned us. Regarding treatment, they treat us very well, but what we really need is food because we are really bad here in the health center"

72. The enforcement of disability rights in Angola is of the essence to promote substantive equality for persons affected by Hansen's disease in the country. The fundamental rights enshrined in the Convention on the Rights of Persons with Disabilities are still not duly enforced in the country, despite the fact that the Convention was ratified by Angola and that several laws to protect persons with disabilities were enacted. Persons affected by Hansen's disease do not enjoy accessibility, rehabilitation services, reasonable accommodation, and support, which also compromises their rights to live independently and be included in the community. Also, they do not enjoy social protection benefits that could support their active citizenship and transition to the formal work market.

73. Decisions, policies, and programmes aimed at recognizing and guaranteeing the human rights of affected persons and their family members must have the principle of human dignity as main standard. It is up to the State to ensure an enabling environment for persons affected by Hansen's disease and their family members can develop their full potential, enjoy the highest degree of protection and have recognized their role of powerful agents of change, as stated by the Guideline No. 8 of the principles and guidelines for the elimination of discrimination against persons affected by Hansen's disease and their family members.

D. Shrunk civic space and lack of options for promoting an active citizenship

74. Civil society organizations have been developing their intervention strategies in a very restricted civic space. The Angolan government has not yet fostered a politically stimulating environment for critical and dissident voices to speak up. The same can be said about participation rights and oversight of government actions by civil society. Such contributes to most organizations and activists avoiding issues of governance, transparency and democracy, including oversight and accountability of public institutions and civil servants.²¹

75. The Angolan State accommodates a diversity of interests and agents in a multifaceted structure, which is fragmented into several layers of authority and where it is difficult to identify clear responsibilities. This labyrinthine State makes it difficult for civil society to strategize avenues to make their demands heard, as well as to call for transparency and accountability in public management. In an extremely unequal country where the lack of substantive equality is a pressing problem, a very limited civic space generates even more serious restrictions on the civic and political participation of people living in vulnerable

²¹ See CMI Report (2006). Civil Society in Angola: Inroads, Space and Accountability. Available at <https://www.cmi.no/publications/2411-civil-society-in-angola-inroads>.

situations. Structurally discriminated against groups, such as persons affected by Hansen's disease and their families, who already face multiple barriers to claiming minimal standards in their enjoyment of human rights, will struggle even more to find the means to exercise an active citizenship and participate in public affairs and in all matters that impact their lives.

76. Besides the limited civic space, there are no strategies in place that could enhance a greater synergy and cooperation between State's actions and the work of civil society organizations dedicated to supporting persons affected by Hansen's Disease. This reality is further compromised by the large deficit of actions aimed at promoting the civic participation, engagement, and active citizenship of persons affected by Hansen's disease. An active civil society, with meaningful participation of persons affected by Hansen's disease and their family members, is a key element for achieving strategic goals around stopping the transmission of Hansen's disease in the country and guaranteeing human rights to those affected.

V. Conclusions and recommendations

A. Conclusions

77. The normative and institutional framework of the Angolan State is qualified to protect, promote and fulfill the rights of persons affected by Hansen's disease and their family members. *De facto* discrimination against affected persons and their family members persists in harmful attitudes, practices, and behaviours. The persistence of harmful stereotypes that are not systematically tackled by the State contributes to the reproduction of discriminatory practices that contaminate the performance of institutions and the behaviour of State officials. Structural barriers blocking access of persons affected by Hansen's disease and their family members to economic, social, and cultural rights act as powerful social determinants of the incidence of Hansen's disease in the country. Pressing issues to be addressed with urgency include: data collection for informing evidenced-based policies and enabling accountability; monitoring and evaluation mechanisms; proper budget allocation at the national and subnational levels, with targets, indicators and benchmarks; guarantees to the right to participation. Mechanisms that can ensure accountability, transparency, and access to information, as well as physically, culturally, and economically accessible channels for filing complaints and referring them to the relevant authorities, as well as for ensuring effective access to justice and remedies are critical to ensure equality to persons affected by Hansen's disease, including an equitable access to State's services and to a minimally adequate standard of living. Gender, age, and disability intersect with Hansen's disease-related discrimination, producing specific restrictions for women, children, older persons, and persons with disabilities regarding their enjoyment of the rights to non-discrimination, equality, dignity, health, education, work, accessibility, reasonable accommodation and support, independent living and inclusion in the community, and for overcoming poverty and violence. These groups need targeted interventions for empowerment, capacity building, and safety net generation. Such strategies require that policy-making is supported by a qualified collection of disaggregated data, taking into account demographic, environmental, socioeconomic, and cultural variables. Policy-making must also always ensure the meaningful consultation of persons affected by Hansen's disease, their family members and representative organizations.

B. Recommendations

78. **The Special Rapporteur recommends that the Government:**

(a) **Make every effort to combat pervasive substantive discrimination, considering both the social determinants of Hansen's disease and the systemic roots of discrimination. Develop policies that include redistributive measures that should be aimed at ensuring a minimum standard of living, and stigma-reduction strategies. These efforts should also include guarantees for the autonomous development and independent living of persons affected by Hansen's disease and their family members,**

with special measures in the areas of education and vocational training, decent work, and social protection;

(b) Duly recognize persons affected by Hansen's disease and their family members as rights holders and not as an object for charity, and ensure their participation in relevant policy-making processes. Civic space should be respected and the work of the organizations of persons affected by Hansen's disease duly enabled;

(c) Ensure that sufficient public resources are mobilized, allocated, and effectively utilized to fully implement the human rights of persons affected by Hansen's disease and their family members. The intersectional dimension of discrimination should be considered with the implementation of special measures to attend to the situation of women, children, older persons, and persons with disabilities. Guarantee sufficient resources to sustain expertise on Hansen's disease in the country and to ensure high-quality research and teaching at medical schools on Hansen's disease;

(d) Enhance systematic data collection, disaggregated not only by demographic, environmental, socioeconomic, and cultural variables, but also by the various grounds of discrimination recognized in international human rights law, and with full respect for the principles of participation and privacy. Data should be made transparent and people's right of access to information should be fully guaranteed;

(e) Approve legislation to officially change the name of the disease to Hansen's disease, in order to prohibit discriminatory language and to fight against persisting harmful stereotypes;

(f) Enforce access to justice and human rights literacy for persons affected by Hansen's disease and their family members; Make existing complaints mechanisms accessible to persons affected by Hansen's disease, or establish complaints mechanisms at the primary healthcare services and former sanatoria and/or communities; Provide information through primary healthcare services on the rights of users, on the principles and guidelines, and on the WHO guidelines for strengthening the participation of persons affected by Hansen's disease in Hansen's disease services; put in place a robust human rights education strategy in close cooperation with civil society, traditional leaders and healers, and especially women;

(g) Duly enforce the rights enshrined in the Convention on the Rights of Persons with Disabilities; Develop a national plan for the implementation of the principles and guidelines for the elimination of discrimination against persons affected by Hansen's disease and their family members in close consultation with persons affected by Hansen's disease and their family members and their representative organizations. The National Plan should be part of the National Human Rights Strategy;

(h) Ensure that the health system is capable of guaranteeing for all persons affected by Hansen's disease and their family members in all regions of the country: availability of good quality health services; accessibility without discrimination; physical and economic accessibility; accessibility of health information; active and informed participation of individuals and groups of persons affected by Hansen's disease in decision-making processes about health policies and programmes; monitoring and accountability mechanisms on the performance at all levels of the administration of effective, transparent and accessible health programmes designed to ensure early diagnosis of Hansen's disease, prevention of impairments, and sustainable reduction of new cases among children; and education of the health workforce on the rights of persons affected by Hansen's disease and their family members;

(i) Give special attention to strengthening the healthcare system and universal healthcare coverage, giving priority to primary healthcare; Implement the four pillars of the WHO Global Leprosy Strategy (2021-2030) with proper budget allocation at the national and sub-national levels, with targets, indicators, and benchmarks that can enable monitoring, evaluation, and accountability;

(j) Prioritize primary prevention through multisectoral policymaking and action, and to that end, fight poverty and diseases of poverty, such as Hansen's disease,

through redistributive policies and the establishment of minimum core obligations of social and economic rights with regard to vulnerable groups as a matter of priority, with the necessary accompanying institutional arrangements and allocation of resources; and provide a universal basic income for persons affected by Hansen's disease, including those living in former Hansen's disease hospitals;

(k) Involve communities as co-producers of health and partner with persons affected by Hansen's disease in order to strengthen peer-to-peer counselling, as well as family-based counselling; Promote mental healthcare for persons affected by Hansen's disease, but also their family members, under a recovery-based paradigm and through services that are ethical, respectful, culturally appropriate, gender-sensitive, and empowering to individuals;

International Cooperation

79. The Special Rapporteur recommends that the Government give continuity to, and enhance cooperation with, the Special Procedures of the Human Rights Council to advance key areas in the country, especially those related to substantive discrimination; And uses its leadership in international forums, such as the African Union and the Community of Portuguese Language Countries, for eliminating discrimination on the grounds of Hansen's disease through joint action.
