

*EDITORIAL*

**Immigration and human rights in leprosy**

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The World Health Organisation in the early 1990s set its goal as ‘the elimination of leprosy as a public health problem by the year 2000’.<sup>1</sup> With multiple drug therapy freely available, over 15 million people have been cured since the 1980s and the elimination goal of less than one case per 10 000 population was reached at a global level by 2000 and all but a small number of countries had achieved the target by 2005. From 2006 to 2010 the WHO Global Leprosy Strategy<sup>2</sup> rightly focused its attention much more towards reducing the burden of leprosy and ensuring the quality and sustainability of control activities. This enabled much more focus to be given to the issues of equity, social justice and human rights and indeed these continue to be prominent in the recent WHO Global Leprosy Strategy for 2011–2015 adopted by 44 National Leprosy Programme managers in New Delhi, India in April 2009.<sup>3</sup> The promotion of human rights and social justice in dealing with people affected by leprosy remains vital in addressing the persistent problems of stigma and discrimination suffered by people affected and their families.

In many developed countries leprosy is only encountered among people coming in from endemic countries either as migrant workers or as immigrants. Public health considerations are often brought to bear on States’ policies regarding health care of migrant workers and the admissibility of new immigrants. It is in relation to this that we find in many countries leprosy is still regarded as a notifiable disease the identification of which can have a direct impact on the rights of migrant workers and potential immigrants.

During the lead up to the 2008 Olympic games in Beijing, the Chinese authorities issued a decree indicating that people affected by leprosy would not be allowed to enter the country.<sup>4</sup> A vigorous and concerted lobby resulted in this ruling being withdrawn. However, a brief internet search revealed that a number of other countries also had policies in place citing leprosy as grounds for refusal of visas and for the inadmissibility of migrants or immigrants. Countries listed as having such discriminatory rulings included Barbados, Hungary, Iraq, Namibia, the Philippines, Russia, Taiwan, Thailand, South Africa, the United Arab Emirates, United Kingdom and USA.<sup>5</sup>

In recent WHO meetings of Leprosy Programme Managers from the Eastern Mediterranean region it has been reported that in some countries migrant workers diagnosed with leprosy are routinely deported or at best, offered one round of MDT before being sent home. It is unlikely that there is follow up of those cases on their return to their home countries and there is a clear disincentive to workers to disclose or even present early symptoms.

In countries such as the United States and the United Kingdom there is a clear focus on the presumed public health risks when considering issues of admissibility. In the United Kingdom, government guidelines to referees considering applications for entry advise as follows: *'The referee should normally recommend refusal if. . . applicants suffer from pulmonary tuberculosis, leprosy, trachoma, a mental disorder, senility, conduct disorder (e.g. alcoholism, drug addiction, serious sexual aberration, etc) or any disease, physical defect, bodily deformity or fits of any kind which would prevent them from supporting themselves or their dependents.'*<sup>6</sup>

It is reported that '. . .the UK Department of Health is working on Health Protection Regulations which will replace the Public Health Act. This will have a clause allowing local authorities to apply for a court order to detain someone with any disease/condition that poses a risk to public health (e.g radiation contamination or any unforeseen new infectious disease), not just limiting it to notifiable diseases. Leprosy will remain a notifiable disease.' (Personal Communication).<sup>7</sup>

In the USA as of January 4, 2010, HIV is no longer defined as a communicable disease of public health significance.<sup>8</sup> Therefore from that date, an alien infected with HIV is no longer inadmissible to the US. However, the list of communicable diseases of public health significance still includes *'leprosy, infectious'*.

Leprosy is easily treated and is curable. The WHO Technical Advisory Group on Leprosy as recently as April 2009, stated that *'in public health terms, it is reasonable to conclude that a leprosy patient's infectiousness becomes negligible after starting multidrug therapy (MDT).'*<sup>9</sup> It would appear that the notifiability of leprosy and related immigration laws are based on grossly outdated public health considerations and are increasingly at odds with many human rights conventions. Perhaps this is an issue on which some concerted lobbying needs to be undertaken to ensure that leprosy related discrimination is genuinely consigned to the history books.

## References

- <sup>1</sup> World Health Assembly Resolution WHA44.9, declaring commitment to eliminate leprosy as a public health problem by the end of 2000 – achieving a prevalence of less than one case per 10 000 population: <http://www.who.int/lep/strategy/wha/en/index.html>
- <sup>2</sup> Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities (Plan Period: 2006–2010): [http://www.ilep.org.uk/fileadmin/uploads/Documents/WHO\\_Publications/gstrat130605.pdf](http://www.ilep.org.uk/fileadmin/uploads/Documents/WHO_Publications/gstrat130605.pdf)
- <sup>3</sup> Enhanced Global Strategy for Further Reducing the Disease Burden Due to Leprosy (Plan Period: 2011–2015): [http://www.searo.who.int/LinkFiles/GLP\\_SEA-GLP-2009\\_3.pdf](http://www.searo.who.int/LinkFiles/GLP_SEA-GLP-2009_3.pdf)
- <sup>4</sup> [http://www.danwei.org/2008\\_beijing\\_olympic\\_games/six\\_types\\_of\\_foreigners\\_not\\_we.php](http://www.danwei.org/2008_beijing_olympic_games/six_types_of_foreigners_not_we.php)
- <sup>5</sup> [http://www.smhf.or.jp/e/news/033\\_08.html](http://www.smhf.or.jp/e/news/033_08.html)
- <sup>6</sup> UK Visa Entry Guidance, Chapter 24, Annex 1, Section on Objectives and Criteria for Medical Recommendation.
- <sup>7</sup> Personal communication.
- <sup>8</sup> <http://www.nytimes.com/2009/10/31/us/politics/31travel.html>
- <sup>9</sup> Report of 10th Meeting of the WHO Technical Advisory Group: [http://www.ilep.org.uk/fileadmin/uploads/Documents/WHO\\_TAG\\_Meetings/TAG10rep.pdf](http://www.ilep.org.uk/fileadmin/uploads/Documents/WHO_TAG_Meetings/TAG10rep.pdf)