Oral submission by International Federation of Anti-Leprosy Associations (ILEP)

to CRPD Committee: CRPD General Comment on Article 27

March 2021

Madam chair

People affected by leprosy are stigmatised and often denied the right to work as a result of attitudinal barriers in the workplace. ILEP welcomes the action by the CRPD Committee to develop a General Comment on Article 27 and, because of the uniqueness of some of the barriers facing persons affected by leprosy, ILEP asks the Committee to consider including specific reference to leprosy in its General Comment.

ILEP supports the Committee’s call for States parties to modify and repeal discriminatory laws and policies. Worldwide we know of 130 published laws that discriminate against people affected by leprosy, and 25 of these – 22 in India – relate to employment. These laws typically bar persons affected by leprosy from obtaining work permits and employment licenses, and from holding certain types of jobs. These laws need to be repealed without delay.

Regarding Article 27(b), ILEP draws the Committee’s attention to the fact that people affected by leprosy are liable to harassment in employment settings simply through their previous experience of leprosy being revealed. That is all it takes, even if there is no residual sign of the disease.

Regarding Article 27(f), ILEP has a large body of experience on the empowering effect of self-help groups focused on livelihoods for people affected by leprosy and other disabilities. Our written submission provides details of the many positive effects. Still, ILEP agrees with the Committee that persons with disabilities including leprosy are overrepresented in the informal employment sector and as such their rights are not acknowledged.

Regarding Article 27(d), our experience is that vocational training can have a powerful impact for people affected by leprosy, especially since discrimination has often blighted their time at school. ILEP agrees with the Committee’s concerns about the lack of vocational training opportunities for persons with disabilities including leprosy. We point out that, although enrolling people affected by leprosy into mainstream vocational training programmes may be the preferred option, it often is not possible due to low educational attainment and anti-leprosy prejudice.

Vocational training on its own is not enough. The attitudinal barriers are so great that even when fully trained and certificated, people affected by leprosy may not be employed. In line with Article 27(e), ILEP would welcome an additional interpretive comment stressing the importance of placement programmes and advocacy with employers. Many employers, reflecting attitudes in the community, discriminate against potential employees from leprosy-affected backgrounds. Therefore, vocational programmes need to be accompanied by determined advocacy among policy-makers and employers to remove these attitudinal barriers that prevent so many people affected by leprosy from obtaining jobs, and assert their right to move into work and to stay in work.

Finally, regarding Article 27(h), ILEP wishes to state that affirmative action programmes need to be accompanied by well-planned programmes for employer and community awareness. ILEP notes positively the Committee’s recommendation of special programmes that target persons with intellectual and psychosocial disabilities as well as other marginalised groups of persons with disabilities, and asks the Committee to explicitly state that these marginalised groups include people affected by leprosy.

Thank you