******

PALAIS DES NATIONS • 1211 GENEVA 10, SWITZERLAND

www.ohchr.org • TEL: +41 22 917 9000 • FAX: +41 22 917 9008 • E-MAIL: registry@ohchr.org

***UN Special Rapporteur on the Elimination of Discrimination Against Persons***

***Affected by Leprosy and their Family Members, Alice Cruz***

**Questionnaire**

**for the thematic report to the Human Rights Council (44th session, June 2020)**

* Consultations with persons affected by leprosy, their family members and their organizations are strongly encouraged.
* Responses should be precise and be between 500-1500 words. Supporting documents can be attached.
* Please submit the completed questionnaire electronically to srleprosy@ohchr.org **no later than 30 November 2019**, using the email title: “Submissions to the Questionnaire”.

1. Please provide information on measures, including laws, affirmative policies and public-private partnerships, taken to ensure elimination of discrimination de facto and de jure and of harmful stereotypes of groups living in vulnerable situations. In particular, please provide detailed information on:

(a) measures taken to ensure poverty reduction, economic empowerment, accessible participation to decision-making, and equitable access to public goods and services (health, education, justice) and

(b) the target groups for each measure planned or taken.

2. Please provide information on measures, including laws, affirmative policies and public-private partnerships, taken to ensure non-discrimination, equality and dignity of persons affected by leprosy and their family members and aimed at guaranteeing this group’s accessibility to public goods and services, alongside the full inclusion at all levels of society. Please identify State bodies, institutions or organizations implementing them.

*Your name and contact information, including email address:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Do you give consent to make your response public through the OHCHR webpages or the Special Rapporteur’s report to the Human Rights Council?* Yes ( ) / No ( )