

Leprosy and the Status of Persons Affected By Leprosy in India: Need for a Change

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Abstract

Leprosy is one of the oldest known diseases, but remains misunderstood in all its aspects including its etiology, causation, means of transmission and curability. Although Leprosy may cause irreversible disabilities, with advances in medicine, it is now a completely curable disease that can be rendered non-infectious early on in treatment itself, through Multi-Drug Therapy (MDT), which in its first dose itself kills 99.9% of the Leprosy bacillus and renders the infection non-contagious and non-virulent.

Under Section 13(1)(iv) of the Hindu Marriage Act, 1955, Section 2(vi) of the Dissolution of Muslim Marriage Act, 1939, Section 10(1)(iv) of the amended Indian Divorce Act, 1869, Section 27(g) of the Special Marriage Act, 1954 and Section 18(2)(c) of the Hindu Adoption and Maintenance Act, 1956, Leprosy affecting either spouse constitutes a ground for divorce, annulment of marriage or separation without forfeiture of maintenance. One of the main objectives behind the inclusion of these provisions under the relevant legislations has been to restrain the spread of the infection of Leprosy to the unaffected spouse.

In 2010 the United Nations (UN) General Assembly unanimously adopted a Resolution on the Elimination of Discrimination against Persons affected by Leprosy. This Resolution recognized and strongly urged nations to abide by the Principles and Guidelines for the Elimination of Discrimination against Persons affected by Leprosy adopted by the UN Human Rights Council in 2010. The United Nations Convention on the Rights of Persons with Disabilities, 2007 (UNCRPD) also promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities. India has signed and ratified the UNCRPD, and is also a member of the UN General Assembly that unanimously passed the Resolution on the Elimination of Leprosy. Being part of the UN General Assembly, India has the obligation to suitably change or repeal its laws in order to promote affirmative action towards persons affected by Leprosy and their family members need to take note of the contemporary needs of such persons and address all aspects of their well-being in order to promote their holistic development and inclusion into society.

Keywords: Lepers Act; affirmative action towards persons with leprosy; disability; rights of disability

A. Introduction of Leprosy

Leprosy or Hansen's disease is one of the world's oldest diseases. Ancient Hindu scriptures make specific references to leprosy, while Ayurvedic texts of the 6th Century BC note the symptoms of leprosy.¹ The ancient Manusmriti also discusses

leprosy while laying down rules and regulations governing marriage.² Thus, India has the Lepers Act, 1898. However, in spite of its ancient history, leprosy as a disease is largely misunderstood; in all its aspects including its etiology, causation, means of transmission and curability.³ The disease of leprosy is triggered by the causative agent *Mycobacterium Leprae*, a bacillus which was first discovered by a Norwegian doctor, Gerhard Armauer Hansen, in 1873.⁴

An untreated person suffering from leprosy can spread the infection through the passage of air.⁵ According to sources, more than 85% of persons affected by Leprosy are non-infectious and do not spread leprosy. While over 99% of the world population has natural immunity or resistance to Leprosy.⁶ Persons affected by leprosy, exhibit symptoms of pale and reddish skin, numbness of hands or feet or loss of feeling in a patch of skin.⁷ The incubation period of leprosy ranges from five years to as long as twenty years.⁸

Leprosy has been largely known to be a human disease where the human body is the principal reservoir of *Mycobacterium Leprae*.⁹ If not treated early, leprosy can lead to Grade I (i.e. sensory impairment, or muscle weakness without contractures) or Grade II (i.e. visible impairment, muscle atrophy, or bone absorption of shortening or contractures) deformities.¹⁰ The disease of leprosy has two main varieties - lepromatous and non-lepromatous.¹¹ The persons falling under the lepromatous variety comprise about 15-20% of persons affected by leprosy.¹² The lepromatous variety is a severe form of leprosy that causes easy spread of infection when left untreated or inadequately treated.¹³ Up to 80-85% of cases of leprosy are non-lepromatous or of non-severe variety, where the infection is feeble, and does not spread easily to others.¹⁴ In India the vast majority of persons affected by leprosy, are of the non-lepromatous variety.¹⁵ A majority of leprosy-affected beggars also fall within this category.¹⁷

B. The Prevalence of Leprosy in India

Several attempts have been made in India thus far, to uplift the status of persons affected by leprosy and their family members through concerted action. One such attempt was made by Dr. Shivajirao Patwardhan, a Homeopathic doctor who founded the "Jagdamba Leprosy Mission" or Tapovan in the Amravati district of Maharashtra in 1950. He devoted his whole life for leprosy patients.¹⁸ Tapovan is considered to be one of the finest and most comprehensive treatment and rehabilitation complexes for leprosy patients.¹⁹ Dr. Patwardhan undertook great struggles in dispelling the canards associated with the disease of leprosy and was successful in improving the living conditions of several persons affected by leprosy.²⁰

Another sterling endeavour for the upliftment of persons affected by leprosy was undertaken by Baba Amte (Murlidhar Devidas Amte) in Warora, Maharashtra. Baba Amte started working for those struck by leprosy outside Warora, immediately after his marriage.²¹ He set up 11 weekly clinics around Warora and later started "Anandwan", a self-contained ashram for persons affected by leprosy and their family members.²² Baba Amte's Anandwan was registered in 1951 and since then has grown considerably in light of grants and land given by the Government.²³ Anandwan today consists of two hospitals, a university, an orphanage, a school for the blind and

technical wings.²⁴ It is now a self-sufficient unit, where more than 5,000 people are dependent for their livelihood.²⁵

In addition to the aforementioned efforts by individuals, several efforts have also been undertaken by the Government to tackle the concerns of persons affected by leprosy. In this regard, an appeal for the integration and empowerment of persons affected by leprosy had been made to governments at the Central and State level by the Rajya Sabha Committee on Petitions in their Hundred and Thirty First (131st) Report.²⁶ & the Hundred and Thirty Eighth (138th) Report.²⁷ Through these Reports, the Committee made several pertinent recommendations that sought to do away with the marginalisation and stigmatisation attached with persons affected by leprosy and that strived to make the legal framework in India more responsive to their needs.²⁸

The Law Commission of India recognized that the Lepers Act is completely out of sync with the modern understanding of leprosy and its treatment through Multi-Drug Therapy (“MDT”).²⁹ As a result of its observations, the Commission recommended repealing the Act for being in violation of Article 14 of the Constitution, owing to the forcible exclusion and segregation of persons affected by leprosy under the Act.³⁰

The Law Commission in its Second Interim Report No. 249 also acknowledged that India is a member of the UN General Assembly that unanimously passed the Resolution on the ‘Elimination of Discrimination against Persons affected by Leprosy and their Family Members, 2010’ (A/RES/65/215) (“UN Resolution on Persons affected by Leprosy and their Family Members”).³¹ The Lepers Act, as mentioned in the Second Interim Report, goes against the spirit of this Resolution and therefore required immediate repeal in consultation with States, which continue to apply it within their respective territories.³²

As of 2014, India accounts for 58% of the new leprosy cases in the world, leading the list of countries that have reported high figures of leprosy infection globally.³³ As per the 1985 records of the WHO, India had estimated 7,30,540 of its citizens to be affected by leprosy. Although leprosy may cause irreversible disabilities, with advances in medicine it is now a completely curable disease that can be rendered non-infectious early on in treatment itself. It can be cured through Multi-Drug Therapy (MDT), which in its first dose kills 99.9% of the leprosy bacillus and renders the infection non-contagious and non-virulent.³⁴

After a sharp decline till 2005, the detection or incidence of leprosy has not shown much improvement.³⁵ It is, however, pertinent to mention that the recent draft of the National Health Policy, 2015 endeavours to carry on the efforts of the Government to fully eliminate leprosy in India through an integrated approach towards “communicable diseases”.³⁶ Nevertheless, this does not extend to repealing discriminatory legislation and introducing new protective legislation, which is the subject matter of this Article. An early detection of the disease along with its immediate treatment via MDT can save infected persons from irreversible deformities.³⁷ As per several surveys and studies conducted on persons affected by leprosy, it has been noted that a major obstacle in the upliftment of persons affected by leprosy is the social stigma associated with it.³⁸

C. Response of Indian Judiciary to the Status of Persons Affected by Leprosy

The Supreme Court in *DhirendraPandua v. State of Orissa*³⁹ adds to the long-standing notion of leprosy being an incurable and infectious disease requiring segregation and special treatment. In the aforementioned case, the criteria for selection of persons to civic offices under Sections 16(1) (iv) and 17(1) (b) of the Orissa Municipal Act, 1950 was discussed. The two Sections disqualified persons affected by leprosy from occupying civic offices under the said Act. The Supreme Court noted that although modern scientific developments now have a cure for leprosy, few studies demonstrated that nearly 10% of the patients continue to harbour viable persisters of the disease, despite two years of regular therapy.⁴⁰ The Court further noted that in light of available sources, it was evident that despite various measures at the relevant time, reactivation of leprosy could not be completely ruled out and was dependent on a multiplicity of factors.⁴¹ In the light of its findings, the Court upheld the disqualification of the petitioner by observing that the legislature in its wisdom has rightfully retained the provisions in the statute that bar persons affected by leprosy from occupying civic offices, as there is a reasonable concern of the disease being contagious.⁴²

It is pertinent to mention here however, that the Supreme Court observed in its discussion in the aforementioned case, that the notion about leprosy was undergoing a drastic change. The observation was made in the light of the recommendation made by the Working Group on Eradication of Leprosy, appointed by the Government of India, because of which several State Governments and Union Territories had repealed the antiquated Lepers Act, 1898 and similar State Acts that provided for the segregation and medical treatment of persons affected by leprosy.⁴³ The Court stated that, keeping in view the research conducted on leprosy along with professional inputs, the legislature may perhaps seriously reconsider its stance of retaining provisions in statutes that discriminated against such persons.⁴⁴

The need for better treatment for the persons affected has also been recognised by Courts, in instances where they have been segregated or discriminated against. For example, in a recent order in the case of *PankajSinha v. Union of India*,⁴⁵ the Supreme Court noted that even though leprosy, as of today is curable, on account of the lack of empathy shown by the concerned authorities, it still continues to be a stigmatic disease in the society. The Court also held that such stigmatisation affects human dignity and the basic concept of humanness.⁴⁶

In the case of *Maharashtra State Road Transport Corporation v. UttamShatrughanRaserao*,⁴⁷ the employment of the complainant was terminated as he was considered to be unfit to work. The complainant suffered from leprosy and was considered to be in a poor condition to work in any post offered by the establishment authorities. However, the Bombay High Court dismissed the arguments advanced by the establishment authorities and held that since leprosy is now curable, persons suffering from the disease need to be treated and rehabilitated instead of being shunned.⁴⁸ The Court finally extended the grant of benefits in favour of the complainant in light of the clarifications issued by the establishment, wherein employees whose services were terminated on account of their permanent disability were entitled to a supplementary gratuity.⁴⁹ In the case of *DhirendraPandua* as well, the Court took cognizance of the changing notions regarding leprosy and called upon the legislature to consider changing the legislations applicable to persons affected by

leprosy in the light of scientific developments that had found an effective cure to the disease.⁵⁰

Considering these legislative and judicial patterns and as noted above in *DhirendraPandua*, the law applicable to persons affected by leprosy in India is obsolete as it adheres to specific standards of treatment and segregation that are no longer applicable to such persons, especially in the light of the recent compelling developments in science and the discovery of MDT, which has emerged as a reliable and suitable cure for leprosy.

Thus, a strong case can be made out for the need for legislative intervention in amending, modifying and/or repealing relevant provisions under various legislations that discriminate against persons affected by leprosy and seek to segregate them from the general public.

D. International Efforts in Addressing the Concerns of Persons Affected by Leprosy and Their Families

The United Nations General Assembly unanimously adopted a Resolution on the Elimination of Discrimination against Persons affected by Leprosy⁵¹ (“UN Resolution on Leprosy”) on 21st December 2010. This Resolution recognised and strongly urged nations to abide by the Principles and Guidelines for the Elimination of Discrimination against Persons affected by Leprosy and their Family Members⁵² (“Principles and Guidelines on Leprosy”) adopted by the United Nations Human Rights Council (“UN Human Rights Council”) in 2010. On 3rd July 2015, UN Human Rights Council unanimously adopted the Resolution on Elimination of Discrimination against Persons Affected by Leprosy Toward Society Free of Leprosy-Associated Misconceptions and Discrimination.⁵³

The Resolution, the Principles and Guidelines substantiate the need for amending and repealing laws applicable to persons affected by leprosy and call on governments to pursue measures to end the discrimination of such persons.⁵⁴ Specifically, they call on governments to modify, repeal or abolish existing laws, regulations, policies, customs and practices that discriminate, directly or indirectly, against affected persons and their family members.⁵⁵ Family members of such persons are included within the ambit of the Resolution, the Principles and Guidelines on leprosy, in order to promote the understanding that leprosy is no longer an easily communicable disease and is in fact curable through the MDT. The family members of persons affected by leprosy are exposed to discrimination and segregation on account of their association with such persons.⁵⁶

The Principles and Guidelines on leprosy, list out several measures for improving the living conditions of affected persons. . These measures include treatment of such persons and their family members with dignity, and on an equal footing with other members of society as provided for under international human rights instruments including the Universal Declaration of Human Rights (“UDHR”), International Covenant on Economic, Social and Cultural Rights (“ICESCR”), International Covenant on Civil and Political Rights (“ICCPR”) and the Convention on Rights of Persons with Disabilities. As per the Principles and Guidelines, persons affected by

leprosy and their family members cannot be denied the right to marry, the right to procreate children and the right to adopt. Persons affected by leprosy and their family members are required to be given the same rights as everyone else with respect to (1) citizenship and identity documents; (2) recruitment policies; and (3) education and training in any field.

The Principles and Guidelines also call upon States to uphold the dignity of persons affected by leprosy and their family members, through the repeal, amendment and modification of legislations to suit the needs of such persons and to ensure equality and non-discrimination of such persons through prohibitions and specific measures. The States are also asked to pay special attention to women, children and other vulnerable groups affected by leprosy, while implementing its programs for the benefit of persons affected by leprosy. Access to healthcare, promotion in standard of living, participation in political, cultural and recreational activities and reunification with family along with community living are also guaranteed under the Principles and Guidelines for the benefit of such persons and their family members. The key measures for the enforcement of the Principles and Guidelines include legislative interventions and awareness building initiatives that promote the inclusion of persons affected by leprosy and their family members into mainstream society.

The United Nations Convention on the Rights of Persons with Disabilities, 2007 (“UNCRPD”) also promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities.⁵⁷ The UNCRPD does not specifically deal with persons affected by leprosy or their family members, but provides the framework for tackling their concerns through equal opportunity measures, awareness programs and prohibitions against segregation and discrimination on the basis of their disability.⁵⁸

India has signed and ratified the UNCRPD, and is also a member of the UN General Assembly that unanimously passed the Resolution on the Elimination of Leprosy.⁵⁹ Being part of the UN General Assembly, India has an obligation to suitably change or repeal its own laws in order to make them more amenable to the present-day needs of the persons affected by leprosy in light of the UN Resolution that specifically calls upon the member nations to abide by the Principles and Guidelines on leprosy adopted by the UN Human Rights Council. In this regard, Article 51⁶⁰ and Article 253 of the Constitution of India⁶¹ play an important role in entrusting the Parliament of India with the requisite power to operationalise this change or repeal the discriminatory laws discussed above, as necessary. Article 51 deals with India’s obligation to promote international peace and endeavour to uphold its international obligations and commitments. Since the eradication of leprosy is an undisputed international commitment, the State is obliged to take all measures to ensure its fulfilment. In this regard, the *non-obstante* clause under Article 253 needs to be read along with Entry 14 of List I of Schedule VII of the Indian Constitution (Union List)⁶², which vests the Parliament with legislative competence to make laws in furtherance of India’s international commitments, irrespective of whether the subject-matter in question falls in List II of the Seventh Schedule of the Constitution, i.e. within the legislative competence of the States. Thus the Union of India has both the obligation as well as the competence to enact a comprehensive law eliminating discrimination against persons affected by leprosy which is a key step in the eradication of the stigma associated with the disease in the country. This is now an

urgent need when one considers that it has been five years since the adoption of the UN Resolution on the Elimination of Leprosy and no definitive action has been taken by the Government of India in the interim.

E. Practices in Other Countries in Relation to Persons Affected by Leprosy

Being a communicable disease, leprosy was segregated by other Countries of the world also Viz. South Africa, Australia and Pakistan implemented legislations that were similar to the Lepers Act, 1898 in India, to enforce compulsory segregation of leprosy patients.⁶³ Japan set up leprosaria under the Leprosy Prevention Law of 1907, to segregate all leprosy patients and place them separately in such leprosaria.⁶⁴ In 1907, Philippines also imposed a legal responsibility on the Director of Health to compulsorily segregate such persons.⁶⁵ The laws of Malaysia, Brahmas, Republic of Korea, Egypt, Singapore and Myanmar also sanctioned the isolation of such persons for quite some time.⁶⁶

In the addition to the practice of segregation, Singapore prohibited persons affected by leprosy from travelling by public transport under its Railways Act of 1906, while Thailand required aliens to submit along with their application, a recent medical certificate from a physician attesting to the fact that the alien was not of unsound mind and not suffering from leprosy under its Alien Occupation Law.⁶⁷ Persons affected by leprosy were further denied national identity cards in the State of Angola, while the children of such persons were denied from attending public schools in the villages of China for many years.⁶⁸

However, the stigmatisation and ostracisation of persons affected by leprosy through such laws and practices started to diminish after the late 1990s, when the world community took note of the discriminatory spirit of such laws and decided to curtail their implementation in their individual jurisdictions.⁶⁹ To this end, several countries redrafted their legislations and policies to make them more amenable to the needs of persons affected by leprosy and to ensure that the basic rights of all such persons were statutorily guaranteed to them.

F. Conclusion Suggestions and Recommendations:

In the light of the foregoing discussion which handled the issue threadbare by delving deep into all its intricacies, the Researcher gives her unstinted support to the recommendations of the *Law Commission of India in its 256Report* (on 7th April, 2015)⁷⁰, examines the specific provisions that directly or indirectly discriminate against persons affected by leprosy and therefore require immediate repeal, amendment or modification in order to make their application more amenable to the present-day developments in the treatment of leprosy.⁷¹

1) Personal Laws :

Under Section 13(1)(iv) of the Hindu Marriage Act, 1955⁷², Section 2(vi) of the Dissolution of Muslim Marriage Act, 1939⁷³, Section 10(1)(iv) of the amended Indian Divorce Act, 1869⁷⁴, Section 27(g) of the Special Marriage Act, 1954⁷⁵ and Section 18(2)(c) of the Hindu Adoption and Maintenance Act, 1956⁷⁶, leprosy affecting either spouse constitutes a ground for divorce, annulment of marriage or separation without forfeiture of maintenance. One of the main objectives behind the inclusion of these

provisions under the relevant legislations has been to restrain the spread of the infection of leprosy (given that it is a communicable disease) to the unaffected spouse. However as noted above in this Report, leprosy is no longer an incurable disease and can be treated by MDT, which in its first dose itself kills 99.9% of the leprosy bacillus and renders the infection non-contagious and non-virulent.⁷⁷ On account of this, the Researcher recommends that an infection of leprosy affecting either spouse should not *by itself* constitute a ground for divorce, annulment of marriage or separation. The need for repeal of these provisions has been recognised by the Rajya Sabha Committee on Petitions in its Hundred and Thirty-First Report⁷⁸ and in its Hundred and Thirty-Eighth Report.⁷⁹

2) **The following Laws be modified or amended:**

a) **The Legal Services Act, 1987**

After sub-clause (d) of Section 12, the following sub-clause shall be inserted, namely *(dd) a person who suffers from, or has previously suffered or has been cured of Leprosy; or*⁸⁰

b) **The Motor Vehicles Act, 1988**

After the first proviso to Sub-Section (4) under Section 8 of the Act, the following proviso shall be inserted, namely:

*1) Provided further that the licensing authority shall not refuse to issue a learner's licence to a person affected by Leprosy, who has been certified by a registered medical practitioner, as having either been cured of Leprosy, or as having been administered with the first dose under Multi-Drug Therapy, with continuing treatment for Leprosy being provided.*⁸¹

3) **Measures for Affirmative Action**⁸²:

1. **Duty To Undertake Measures** - Without prejudice to the generality of the obligations, the appropriate government shall undertake all measures specified in this Article.
2. **Health-Related Measures** - The appropriate government shall undertake the following measures relating to healthcare, for all persons affected by leprosy and members of their family, that shall include but not be limited to:
 - a. Implementation of awareness programmes for all persons affected by leprosy that emphasize the importance of an early treatment through Multi-Drug Therapy, to reduce chances of any kind of disability as a result of Leprosy;
 - b. Formulation of guidelines and protocols for addressing the healthcare needs of all persons affected by leprosy;
 - c. Access to healthcare facilities that include reconstruction surgeries, and services for all persons affected by leprosy, to improve the health status of, and respond to the needs of all persons affected by leprosy;
 - d. Humane treatment of all persons affected by leprosy by health care providers;
 - e. Adoption of policies, and programmes for education and training of healthcare professionals, to enable them to deliver the highest attainable standard of healthcare to all persons affected by leprosy and members of their family;

- f. Protection of all persons affected by leprosy and members of their family against unethical or involuntary medical procedures or research, including in relation to vaccines, treatments or microbicides for terminal or such other diseases; and
 - g. Providing medical and psychological treatment and counselling for all persons affected by leprosy and members of their family, to assist them in overcoming their trauma suffered on account of their disability, physical attributes or any other form of their association with leprosy.
- 3. Measures Related To Ownership And Title –**
- a. The appropriate government shall make efforts to provide security of tenure, title and ownership of property for all persons affected by leprosy and members of their family living in leprosy colonies.
 - b. No person affected by leprosy or members of his family shall be removed or evicted from the existing leprosy colonies without prior sanction of Central or State Commission of Leprosy, as the case may be, and without being rehabilitated and adequately compensated.
- 4. Measures Related To Social Welfare –** The appropriate government shall undertake the following measures relating to social welfare, for all persons affected by leprosy, and members of their family, that shall include but not be limited to:
- a. Formulation of special financial packages that are designed for providing means of livelihood and adequate housing for persons affected by leprosy and their family members, during and after the treatment;
 - b. Formation and establishment of a Community-based Rehabilitation forum;
 - c. Promotion of schemes for neighbourhood support and security;
 - d. Access to social security and other social protection measures, including employment benefits, parental leave, unemployment benefits, health insurance or other social insurance, family benefits, funeral benefits, pensions and benefits with regard to the loss of support for spouses or partners as a result of illness or death on account of leprosy, and poverty reduction strategies and programmes; and
 - e. Enforcement of social programmes, including support programmes, to address factors relating to discrimination of the affected persons that increase their vulnerability to isolation, homelessness and mental trauma.
- 5. Measures Related To Education And Employment -** The appropriate government shall undertake the following measures relating to education and employment for persons affected by leprosy, who have either been cured of leprosy, or who have been duly certified, by a registered Medical Practitioner, as having been administered with the first dose under Multi-Drug Therapy and is continuing treatment for leprosy, and members of the family of any person affected by leprosy, that shall include but not be limited to:
- a. Implementation of educational programmes that impart education and training that is directed at development of personalities, talents, and mental and physical abilities of persons, to their fullest potential, and responds to their needs; and
 - b. Access to employment and advancement opportunities, in all areas of public service, including all levels of government service and employment in public institutions.
- 6. Other Measures -** The appropriate government shall undertake the following other measures in the interest of all persons affected by leprosy and members of their family, that shall include but not be limited to:

- a. Enforcement of social awareness programmes to dispel misconceptions surrounding leprosy and disseminate information in respect of its treatment through Multi-Drug Therapy;
 - b. Enforcement of special programmes for addressing discrimination, prejudice and other social factors that undermine the health of persons affected by leprosy because of their disability, physical attributes; and
 - c. Implementation of training and awareness-raising programmes in all establishments and institutions, including but not limited to schools and hospitals, to raise awareness regarding the needs of those affected by or associated with the disease.
- 7. Participation In The Formulation Of Policies** - Persons affected by leprosy shall be entitled to participate in the formulation of policies affecting their welfare.
- 8. Administration** –
- a. The Central Government shall within 12 months of the coming into force of these recommendations, by notification, constitute a Central Commission on Leprosy, to monitor the compliance of the provisions in respect of all establishments for which the Central Government is the appropriate Government, and to make recommendations to the Central Government, for the proper implementation of this recommendations.
 - b. State Governments shall, within 12 months of the coming into force of these recommendations, by notification, constitute a State Commission on Leprosy, to monitor the compliance of the provisions in all establishments for which the State Government is the appropriate Government, and to make recommendations to the State Government, for the proper implementation of these recommendations.⁸³

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³² Law Commission Report No.256 on “Eliminating Discrimination Against Persons Affected by Leprosy” <http://lawcommissionofindia.nic.in/reports/Report256.pdf>

³³ Annual Report of the International Federation of Anti-Leprosy Associations (2012 – 2013), available at http://www.ilep.org.uk/fileadmin/uploads/Documents/Annual_Reports/annrep13.pdf, accessed on 24th January, 2014

³⁴ Shigeki Sakamoto (*Supra note 5*); See also Eighth Report of the WHO Expert Committee on Leprosy, WHO Technical Report Series (2012), available at http://www.searo.who.int/entity/global_leprosy_programme/publications/8th_expert_comm_2012.pdf, accessed on 24th January, 2014; Report of the tenth meeting of the WHO Technical Advisory Group on Leprosy Control, WHO Regional Office for South-East Asia (2009), available at http://www.searo.who.int/entity/global_leprosy_programme/publications/10th_tag_meeting_2009.pdf, accessed on 24th January, 2014.

³⁵ NLEP – Progress Report for the year 2013-14, Central Leprosy Division, Directorate General of Health Services, available at <http://nlep.nic.in/pdf/Progress%20report%2031st%20March%202013-14.pdf>, accessed on 24th January, 2014.

³⁶ <http://www.mohfw.nic.in/showfile.php?lid=3014>

³⁷ Hundred and Thirty-First Report on the ‘Petition Praying for the Integration and Empowerment of People Affected by Leprosy’, Rajya Sabha Committee on Petitions (2008) (“131st Report on Leprosy”).

³⁸ Hundred and Thirty-Eight Report on the ‘Action Taken by Government on the Observations/Recommendations contained in its Hundred and Thirty-First Report on Petition Praying for the Integration and Empowerment of People Affected by Leprosy’, Rajya Sabha Committee on Petitions (2010) (“138th Report on Leprosy”).

³⁹ AIR 2009 SC 163

⁴⁰ *Ibid* at Para 19-21

⁴¹ AIR 2009 SC 163, at Para 19-21

⁴² AIR 2009 SC 163, at Para 27-29

⁴³ AIR 2009 SC 163, at Para 30-31

⁴⁴ AIR 2009 SC 163, at Para 30-31

⁴⁵ Supreme Court Order dated 28 November, 2014, Manupatra citation: MANU/SCOR/51230/2014.

⁴⁶ *Ibid*

⁴⁷ 2002 (4) BomCR 68

⁴⁸ *Ibid* at Para 4

⁴⁹ 2002 (4) Bom CR 68, at Para 4

⁵⁰ *Dhirendra Pandua v. State of Orissa* (n 69) at Para.30-31

⁵¹ UNGA res. 68/215, Sixty-Fifth Session, UN Doc. A/RES/65/215 (2010)

⁵² UNHRC res. A/HRC/15/30 (30 September, 2010).

⁵³ <http://www.nippon-foundation.or.jp/en/news/pr/2015/18.html>, accessed on 4th September 2015

⁵⁴ *Supra note 53*

⁵⁵ *Supra note 53*

⁵⁶ Strategic Framework for Reduction of Stigma & Discrimination, NLEP, available at <http://nlep.nic.in/pdf/Stigma.pdf>, accessed on 25th January, 2014

⁵⁷ UN Doc. A/61/611 (2006)

⁵⁸ *Ibid*

⁵⁹ Data provided to the Law Commission of India by The Leprosy Mission Trust India (TLMTI) (on file with the Law Commission).

⁶⁰ Article 51 of the Directive Principles on State Policy under Part IV of the Constitution reads as:

The State shall endeavour to— (a) promote international peace and security; (b) maintain just and honourable relations between nations; (c) foster respect for international law and treaty obligations in the dealings of organized peoples with one another; and (d) encourage settlement of international disputes by arbitration;

⁶¹ Article 253 of the Chapter on Relations between the Union and the States under Part XI of the Constitution reads as:

Notwithstanding anything in the foregoing provisions of this Chapter, Parliament has power to make any law for the whole or any part of the territory of India for implementing any treaty, agreement or convention with any other country or countries or any decision made at any international conference, association or other body.

⁶² Law Commission Report No.256, Chapter VII, Para.7.8, (*Infra note 71*)

⁶³ Shigeki Sakamoto, “Requests Addressed To The Advisory Committee Stemming From Human Rights Council Resolutions: Elimination Of Discrimination Against Persons Affected By Leprosy And Their Family Members”, UN Human Rights Council, Doc. No. A/HRC/AC/3/CRP.2 (31 July, 2009).

⁶⁴ Shigeki Sakamoto (*Ibid note 64*).

⁶⁵ Shigeki Sakamoto (*Ibid note 64*).

⁶⁶ Shigeki Sakamoto (*Ibid note 64*).

⁶⁷ Shigeki Sakamoto (*Ibid note 64*).

⁶⁸ Shigeki Sakamoto (*Supra note 64*).

⁶⁹ Shigeki Sakamoto (*Supra note 64*).

⁷⁰ Law Commission Report No.256 on “Eliminating Discrimination Against Persons Affected by Leprosy” available at <http://lawcommissionofindia.nic.in/reports/Report256.pdf>

⁷¹ *Ibid note 71*, Chapter VII, Para.7.1

⁷² **Section 13. Divorce-**(1) Any marriage solemnized, whether before or after the commencement of the Act, may, on a petition presented by either the husband or the

wife, be dissolved by a decree of divorce on the ground that the other party- (iv) has been suffering from a virulent and incurable form of leprosy;

⁷³**Section 2. Grounds for decree for dissolution of marriage.**—A woman married under Muslim law shall be entitled to obtain a decree for the dissolution of her marriage on any one or more of the following grounds, namely: (vi) that the husband has been insane for a period of two years or is suffering from leprosy or virulent venereal disease.

⁷⁴**Section 10 - Grounds for dissolution of marriage.**- (1) Any marriage solemnized, whether before or after the commencement of the Indian Divorce (Amendment) Act, 2001, may, on a petition presented to the District Court either by the husband or the wife, be dissolved on the ground that since the solemnization of the marriage, the respondent: (iv) has, for a period of not less than two years immediately preceding the presentation of the petition, been suffering from a virulent and incurable form of leprosy

⁷⁵**Section 27 Divorce.**— Subject to the provisions of this Act and to the rules made there under, a petition for divorce may be presented to the district court either by the husband or the wife on the ground that the respondent-(g) has been suffering from leprosy, the disease not having been contracted from the petitioner;

⁷⁶**Section 18 Maintenance of wife-** (2) A Hindu wife shall be entitled to live separately from her husband without forfeiting her claim to maintenance— (c) if he is suffering from a virulent form of leprosy;

⁷⁷Law Commission Report No.256, Chapter VII, Para.7.2, (*Supra note 71*)

⁷⁸ Hundred and Thirty-First Report on the ‘Petition Praying for the Integration and Empowerment of People Affected by Leprosy’, Rajya Sabha Committee on Petitions (2008) (“131st Report on Leprosy”).

⁷⁹ Hundred and Thirty-Eight Report on the ‘Action Taken by Government on the Observations/Recommendations contained in its Hundred and Thirty-First Report on Petition Praying for the Integration and Empowerment of People Affected by Leprosy’, Rajya Sabha Committee on Petitions (2010) (“138th Report on Leprosy”).

⁸⁰Law Commission Report No.256, Chapter VII, Para.7.11, (*Supra note 71*)

⁸¹Law Commission Report No.256, Chapter VII, Para.7.11, (*Supra note 71*)

⁸²Law Commission Report No.256, Annexure, Chapter IV, (*Supra note 71*)

⁸³Law Commission Report No.256, Annexure, Chapter IV, (*Supra note 71*)