**Leprosy-affected persons in Paraguay**

1. Through relations with international organizations via the Internet. (1 person)

(2 persons) had no prior knowledge

2. None

3. The measures taken do not comply with the principles and guidelines but are actions of the leprosy program and some of NGOs. They are about raising awareness and informing the general population in some localities and training of medical personnel.

4. No action has been taken. In theory, the freedom to choose where to live is assured. However, in practice there may be difficulties.

5. The most common term is leproso (leper). Popular myths: it is believed to be highly contagious, that it makes parts of the body fall off; that it is a curse or punishment from God, that it is incurable, that it is hereditary, and that affected persons should be isolated. Myths about treatment: bathing in bleach and / or other chemicals, drink frog juice, etc.

6. In very specific treatment issues affected people and their families are consulted, trained and accompanied in the best case. In general, those affected have little participation in the decision-making process that plans and implements policies and actions related to them.

7. In theory all enjoy these rights, yet they often do not know about them and / or others oppose the affected persons exercising these rights.

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9. No particular measure has been taken.

10. No particular action has been taken.

11. We are not aware that there is a national action plan developed and adopted. Nor do we know whether a national committee has been established.

12. We do not know if the government attempted to implement the Principles and Guidelines. The potential barriers would be ignorance (in many cases, of the government officials and the general public) about the disease, about the principles and guidelines, and about human rights in general. In addition, there is not really a clear concept and political will for participation of those affected and their families.

13. First, the Principles and Guidelines would have to be distributed to the general populations and especially to those affected by leprosy and their families. The government should convene representatives of the people affected and their families along with representatives from different sectors: Human Rights, Justice, Labor, Health, community and religious leaders etc. These people should agree about the national plan of action and establish a national committee to oversee the implementation of that plan. The UN should send international observers to visit countries and see what is being done and put some pressure on governments for them to enforce the Principles and Guidelines.

14. The national leprosy program has been dedicated to facilitate the training of health professionals regarding leprosy. They have also done some information campaigns in the media. But in many cases the personnel dealing with persons affected by leprosy and their families is not able to do so humanely and without discrimination.

15. Dismissal from work, family abandonment, attempted expulsion of the house or the neighborhood, insults, abuse, arrest, imprisonment and isolation, discrimination in the workplace and attempt to expel children affected from school, abuse in a public health service, mistreatment and discrimination leading the affected person to suicide.

**Health worker with NGOs**

1. Vaguely, not in detail, in previous years in the meetings of the National Leprosy Program they had been socialized and I had some knowledge of that resolution.

2. I have no knowledge of the mechanisms used by state agencies to disseminate the resolution

3. There is little or nothing being done in terms of promoting awareness to the issue of discrimination against persons affected by leprosy and their families. I know of no action undertaken at National Level Plan

4. I know of no plan of action at national level

5. Mother tongue = Leproso (leper)

Guarani = Mbaasy tuicha

English = Great Disease

Guarani = Mbaasy va`i

English = Ugly Disease

6. There are norms and protocols of care established by the Ministry of Public Health are implemented as appropriate and informed on them but persons affected are not given the a power of decision.

7. Discrimination is not very strong, which in most cases this type of discrimination is not observed, people affected by the disease of leprosy enjoys all the rights equal to other unaffected people, rather there at some rather familiar level, cultural and popular discrimination or self discrimination.

8. I know of no plan of action at national level

9. I know of no plan of action at national level

10. I know of no plan of action at national level

11. I know of no plan of action at national level

12. The misinformation of the people responsible for the implementation of the Principles and Guidelines for the elimination of discrimination against persons affected by leprosy and their families

13. A wide campaign of distribution and information at all levels of the population

14. I know of no plan of action at national level

15. Discrimination against people with leprosy in my country, is based on the tradition transmitted through folk customs, such as using the word leprosy as something derogatory offensive, among households with certain knowledge of the disease and self discrimination.

**Felehansen president of Colombia (Federation of associations of affected persons )**

1. The National Federation of people affected by leprosy in Colombia, was unaware of the existence of the guidelines and elimination of discrimination against persons affected by leprosy and Families

2. The Colombian government has had no mechanism for translating these principle and guidelines

3. The government of Colombia is articulating public policy with disabilities to promote awareness of those affected and their families.

4. The Colombian state has done nothing to discrimination against persons affected by leprosy and their family. Only that which manifests the constitution of 1991. With the fundamental rights of Colombian citizens.

5. In Colombia the word leprosy is known, and as myth is that people with leprosy should be isolated until they die not to infect other healthy people.

6. The Colombian government does not share in the decisions to this social group, in terms of political, rights etc. Only a leprosy program is implemented in order to have a database

7. The Colombian government guarantees the rights and duties of citizen participation, without having a specified decree for people affected by leprosy

8. The Colombian government has not established any rule that favors people affected by leprosy and their family.

9. The Colombian government has not taken any action in this regard, to promote human rights of people affected by leprosy and their family

10. In Colombia there is no discrimination of language for people affected by leprosy.

11. In Colombia there is no national committee where the principles and guidelines are put into practice.

12. Colombia has been the obstacle has always been the self interests of the country's political leaders

13. First disseminate the principles and guidelines for all citizens to know

Establish national and international committees.

Raise awareness and promote the principle and guidelines.

Strengthen the Hansen disease program of Colombia

Hold meetings, conferences nationally and internationally each year

14. In Colombia there is still no concrete measures to eliminate discrimination against persons affected.

15. Three years ago at the convention of the rights of people with disabilities in the city of Bogota was discriminated against a person affected by leprosy, without naming some more persons.