

# Propositions

## Accompanying the Dissertation

### Applying geospatial methods in leprosy prevention and control

1. The geographical distribution of leprosy is heterogeneous, and clusters of leprosy patients are mainly prevalent in areas with low socioeconomic status. [this thesis]
2. In leprosy, the number of people requiring preventive treatment for leprosy can be a useful proxy of the “population at risk”. [this thesis]
3. Variations in the geographical distribution of leprosy indicators, such as incidence and grade 2 disability, are most pronounced at the smallest administrative level. [this thesis]
4. Spatial analysis is best used in combination with local leprosy expert consultation for optimal interpretation and application. [this thesis]
5. Spatial analysis can help to identify areas endemic for multiple infectious diseases to enable use of combined approaches. [this thesis]
6. NTDs are still “neglected” as they continue to affect the world's poorest and most vulnerable populations, lingering at the bottom of the global health agenda of policymakers, pharmaceutical companies, and funders. Dr Tedros Adhanom Ghebreyesus, WHO Director-General
7. The link between public health and geography is crucial, as the transmission of infectious pathogens depends on human mobility dynamics. (Wilson, 2010)
8. Health equity is closely connected with spatial accessibility to health care and the availability of healthcare resources. (Sabokbar, 2021)

9. An integrated NTD mapping approach to target preventive chemotherapy is logistically feasible and cost-efficient for certain NTDs but not for leprosy. (Pelletreau, 2011)
  
10. The diversion of global health programmes towards COVID-19 at the expense of NTDs is a major concern. (Hotez, 2021)
  
11. “Je moet gewoon niet te diep nadenken. Dan klopt alles.” Herman Finkers