

Leadership Team Meeting Teleconference

3 July 2019

Participants

Leadership team members and guests

- Bill Simmons (Chair), President & CEO, American Leprosy Missions
- Jan van Berkel, Chair Executives Group, Leprosy Research Initiative
- Erwin Cooreman, Team Leader, WHO Global Leprosy Programme (observer)
- José Ramirez, President, International Association for Integration, Dignity and Economic Advancement (IDEA)
- Venkata Ranganadha Rao Pemmaraju, Technical Advisor, WHO Global Leprosy Programme (observer)
- W. Cairns Smith, Emeritus Professor of Public Health, University of Aberdeen
- Geoff Warne, CEO, International Federation of Anti-Leprosy Associations (ILEP)

Secretariat

- Jessica Cook, Communications Director, Global Partnership for Zero Leprosy
- Courtenay Dusenbury, Secretariat Director, Global Partnership for Zero Leprosy
- Andie Tucker, Communications Specialist, Global Partnership for Zero Leprosy

Invited but unable to attend

- Alice Cruz, UN Special Rapporteur (observer)
- Christine Fenenga, Operational Excellence Coordinator, Global Partnership for Zero Leprosy
- Zaahira Gani, Project Manager, Novartis Foundation
- Roch Christian Johnson, President, International Leprosy Association (ILA)
- Anil Kumar, Deputy Director General (Leprosy), Ministry of Health and Family Welfare, Government of India
- Takahiro Nanri, Executive Director, Sasakawa Health Foundation
- Benedict Quao, Program Manager, National Leprosy Elimination Program of Ghana
- Mark Alexandre Rogers, Novartis Pharmaceutical (observer)
- Bart Vander Plaetse, Deputy Director FAIRMED; member of ILEP ITC (Chair, Operational Excellence working group)

I. Welcome from Leadership Team Chair Bill Simmons**II. Communications update (Jessica Cook)**

- Upcoming events: We're coordinating a side event at the upcoming WHO ESPEN meeting in Addis Abba, Ethiopia. Benedict Quao and Geoff Warne are leading the session on our country model and will lead a Q&A. We're also looking forward to ILC and NNN. AT ILC we'll have a booth and a session on the country model. At NNN we'll potentially have sessions on the country model and a session on partnerships.

III. Research Agenda Manuscript (Cairns Smith)

- Lancet publication: We have two options with The Lancet. We can submit a commentary, which is a limited format, or submit as a personal review, which allows for greater length. To submit a personal review, we need to first submit a pre-submission statement outlining what we're going to do. Peter Steinmann, Courtenay Dusenbury and I are working on drafting this, and hope to submit to Lancet next week. Pending that, we would produce the paper. We've contacted Leprosy Review and they're willing to publish the detailed sub-group reports in their journal, hopefully in September in time for ILC.
 - Bill: What is the timeline for turnaround from The Lancet?
 - Cairns: We're probably looking at two or three weeks of turnaround.

IV. Resource Mobilization Update (Courtenay Dusenbury)

- United to Combat board request for members: United to Combat brings together groups working in NTDs to form a common platform for action. GPZL participated in the creation of their new framework last year, a process led by Wim van Brakel of NLR. We have heard that Dr. Mwele Malecela at WHO headquarters is interested in moving the framework forward in the future. We've had conversations with United to Combat about their reorganization. They're moving away from being led by a small group to broader representation with a board and an advisory group. They're looking for board members with international recognition that can help raise funds for the organization. They're also looking for advisory group members that are representative of the different disease groups to advise on strategic direction. We recommend that the GPZL not nominate a board member, but we encourage member organizations to nominate someone if you have someone in mind. We recommend that the GPZL nominate someone for the advisory group. We'll send you a form next week to get your input on who this should be, then we'll submit as the partnership. We'll be looking for senior scientists with long standing experience in leprosy for this position, ideally someone who also has a strategic bent and is able to think strategically about leprosy funding.
 - Erwin: If Dr. Mwele Malecela wants to use United to Combat frameworks, we should work together to keep from duplicating effort.
 - José: I have someone in mind who is a social scientist, but I don't think the position allows for travel support.
 - Courtenay: I think the partnership would find a way to support travel for this person.
 - Geoff: I understand that leadership team members can push forward candidates as nominees for United to Combat board members, but you mentioned in your summary

- they're looking for people of international stature and that can help with funding— can you help me understand what the primary criteria would be?
- Courtenay: The role of this board is to raise the profile of the group and raise funds.
 - Jan: Are you thinking of nominating one candidate for the advisory board from leprosy, or more than one?
 - Courtenay: The description says they're looking forward one representative of the major partnerships, but I don't see why we couldn't put forward more than one candidate. These nominations are due August 2nd.
- WHO NTD Strategy: This is a strategy that's being put together at WHO headquarters by Dr. Mwele Malecela. I was interviewed by the McKinsey consultant last week about the strategy. During the call I suggested we collect additional comments from the leadership team and pass them on to McKinsey. They're proposing a new integrated strategy at the national level. I told them we're fully supportive of integration at all levels, but that it takes a lot of resources to make this happen. If they want to implement this, we need to talk about how resources can be raised to keep disease groups from having to compete for funding. I told them many members of the partnership think that the leprosy program would be advantaged by being more closely aligned with the WHO headquarters.
 - Jan: This is a positive development. Are we connected to the WHO's roadmap and national plans?
 - Courtenay: They're planning to refine this series of ideas and then bring the concept to the World Health Assembly in the spring. We have the opportunity to work with them to stay in alignment.
 - Jan: I spoke with Christine about how we're positioning the roadmaps that we're creating in the country model because there's a risk that people could conflate the two.
 - Courtenay: We need to think about our language to be more specific about what the partnership is doing and how it integrates with the WHO.
 - Erwin: When we can work together with other programs it should always be encouraged. In some countries the commonalities are stronger across leprosy and disability, or other non-NTD programs, than with the NTD programs. We should not prioritize integration with NTDs over other non-NTD groups.
 - Geoff: The challenges of leprosy can go beyond the limits of what ministries of health are typically involved with. Another thing to bear in mind is the timeline—it says the next round of targets will be finalized by 15 July. Were you able to talk about this timeline?
 - Courtenay: I believe the timeline is aggressive and could potentially be extended.
 - Erwin: I mentioned that I want to have a discussion from our partners before finalization. I will share the targets with you to have the opportunity to comment. Treat it as a work in progress. There are only one or two key targets in this document.
 - MacArthur 100 Million & Change: We've sent out the first draft of this proposal for feedback from IDEA and TLMI. They'll be sharing this with the relevant ILEP members to get feedback. We'll send our second draft around to the leadership team the week of 8 July and the third around 20 July.

- Brazil GPZL representative: We've been working with Mauricio to get a new nominee for the leadership team from Brazil. The experts that have been nominated have not been available. In Brazil it's more common for someone outside of the ministry of health, but still a formal advisor to the minister, to be nominated. We're having conversations about what a board member needs to do and we're hoping to come back to you next week with a list of nominees.
- Julie Jacobson funding activities and next steps: We've sent you an update on our work plan. We've tried to link research aims to long term and short-term funding opportunities. We've prioritized our sub-group topics by how soon we think we'll approach funders about these opportunities. The resource mobilization group will attempt to address the needs of the research group and the operational excellence working group. As we go along we'll continue to search for funding to keep meeting research needs. We plan to discuss these priorities at the end of this year and use something similar to this format moving forward.
- We're planning to co-host a meeting in November with the Leprosy Research Initiative (LRI) to develop a protocol for PEP.
- We have stigma as a priority in our resource mobilization plan because it's relevant to our work on PEP, so we're working to develop ideas around stigma reduction to pair with PEP proposals. We're also prioritizing diagnostics and the development of an economic case for leprosy reduction. We suggest that mapping and modeling should be a priority. We also want to prioritize seeking funding for activities related to case finding by linking them to other funding opportunities like PEP.
 - Jan: This is evidence that the partnership is fulfilling its mission to align the community and raise funds.

V. Nepal Mission Update (Erwin Cooreman, Dr. VR Pemmaraju)

- Dr. VR Pemmaraju: Nepal has gone through various levels of discussions. We've settled on a terms of reference, and we have a schedule for the review. We've asked for more clarity on the tools we're going to use, and we're going to talk about this on the first day of the review. We will see next week how the tools are contextualized in country.
- Erwin: The lesson learned from the planning of this mission is that we should start with a round table with all partners to keep everyone on the same page and prevent communication gaps.
- Courtenay: We thank everyone and look forward to next week.

VI. Operational Excellence Working Group (Jessica Cook)

- Toolkit: The communications team has worked with consultant web designers to build the technical architecture for the toolkit and is starting to upload the tools to the website now. We're working with an editor to streamline the best practices to make them accessible and reader-friendly for country managers. We hope to have a lot of the tools uploaded by the end of August and we'll launch the toolkit publicly at the ILC.

VII. Updates and comments from Leadership Team members

- Jan: Are we not discussing concept note of working group two?
 - Jessica: Christine Fenenga is on her way to Nepal right now, but she did mention in her notes that the Operational Excellence Working Group will be shifting its role from creating best practices to providing technical support. Christine thinks the 10 groups will

consolidate into 2 to 3 groups. This is outlined in the concept note and I'm sure Christine would welcome your feedback.

- Bill: Let's table this item until August when Christine can join the conversation.
- Courtenay: Our commentary was accepted by Leprosy Review and will be published in September. We just heard yesterday from the NTD Support Center that its funding announcement will come out in a few weeks and will include operational research for leprosy.
 - Bill: Last year three ILEP members received funding from this call. This could be an even greater opportunity this year.
- Closing remarks from Bill: I attended the UN Human Rights Council side event in Geneva last week. Geoff represented the partnership and the leprosy community well in his comments. Taka was also there. 15-20-member states attended and made prepared remarks. I made a few remarks in closing for the partnership. It was well-attended, the partnership was well-represented, and some of our core goals around stigma were made more visible to the global community.

Meeting adjourned.