

Leadership Team Biannual Conference

19 - 21 October 2020

Participants

Leadership team members and guests

- Bill Simmons (Chair), President & CEO, American Leprosy Missions
- Geoff Warne, CEO, International Federation of Anti-Leprosy Associations (ILEP)
- Erwin Cooreman, Team Leader, WHO Global Leprosy Programme (observer)
- Benedict Quao, Program Manager, National Leprosy Elimination Program of Ghana
- Mauricio Lisboa Nobre, Consultant to Brazilian Leprosy Program
- Arielle Cavaliero, Global Franchise Lead, Leprosy, Novartis
- Roch Christian Johnson, President, International Leprosy Association (ILA)
- Takahiro Nanri, Executive Director, Sasakawa Health Foundation
- Jan van Berkel, Chair, Executive Group, Leprosy Research Initiative
- Gangadhar Sunkara, Senior Global Program Clinical Head, Novartis
- Rao Pemmaraju, Technical Officer, WHO Global Leprosy Programme (observer)
- Amar Timalina, President, International Association for Integration, Dignity and Economic Advancement (IDEA) Nepal
- W. Cairns Smith, Emeritus Professor of Public Health, University of Aberdeen
- Maarten van Cleeff, Former Director of Challenge TB project, KNCV (guest)
- Mathias Duck, Chair of ILEP Panel of Persons Affected by Leprosy
- Alice Cruz, UN Special Rapporteur (observer)
- David Ross, CEO, Task Force for Global Health
- Nienke Veldhuijzen, Technical Officer, Leprosy Research Initiative (LRI)

Secretariat

- Bill Gallo, Secretariat Director, Global Partnership for Zero Leprosy
- Andie Tucker, Project Manager, Global Partnership for Zero Leprosy
- Mondie Tharp, Project Manager, Global Partnership for Zero Leprosy
- Pamela Jenkins, Senior Financial Analyst, Global Partnership for Zero Leprosy
- Caroline Cassard, Communications Specialist, Global Partnership for Zero Leprosy

Invited but unable to attend

- Mark Alexander Rogers, Senior Global Program Head Neglected Tropical Diseases, Novartis
- Rekha Shukla, Joint Secretary, Ministry of Health and Family Welfare, India

19 Oct: Country Programs

Bill Gallo, Andie, and Mondie present on country programming.

Question 1: Should we initiate the application process at the end of 2020 and select a new country cohort for 2021?

- **Bill Gallo:** This is where we want to hear from you all. Let's look at the situation that Andie and Mondie have laid out regarding country implementation. We are in regular contact with National Leprosy Programme Managers (NLPMs). For engagement, there is reliance on other parts of the ministries of health to ensure that leprosy activities can take place.
- **Mauricio:** I think we can only increase the number of countries when we have some experience. We have a theory and ideas for national programmes, but we need to know if these ideas work in the field. I think we need to have some experience with countries before we think about increasing the number of countries to support.

I see the COVID-19 impact on leprosy programmes. But I am missing some data on leprosy. For example, How many cases of leprosy does each country have? What are their main problems/barriers in leprosy programmes? I know you have those data, but for us as a LT, it is important for us to have a better idea of each country's situation.

- **Bill Gallo:** My understanding from what you're saying is that before we can assess how to move forward, we really need a command and understanding of the current tool for each country. Beginning with Ghana, we have to determine how best to implement the appropriate tool.
- **Andie:** I agree with Mauricio. This information was from February and March, as we were selecting our country partners. We will need to revisit with our NLPMs to ensure that the picture we created at that time is still accurate, so that we can make decisions based on data. Thank you, Mauricio, for bringing that up.
- **Erwin:** We learned this morning that WHO travel restrictions will likely be in place for another 6 to 9 months. If we wait until countries reopen to take further action, then leprosy will be completely off the agenda. In many countries, ministries of health are addressing COVID-19. As the situation relaxes and people go back to their jobs, there is an opportunity to pick up the leprosy programmes again. But once the vaccine is

available, everybody will be involved in distribution, and other programmes will be shelved.

We have an opportunity coming up to engage more directly with countries. We'll have to provide much more remote support and give countries clear instructions and do close mentoring with counterparts in the countries.

- **Bill Gallo:** We would like to hear more about how the Global Leprosy Programme is adapting because you are all focused on country efforts. I look forward to working closely with you.
- **Arielle:** To what extent can we engage with them remotely? When it comes to the Zero Leprosy tool, it would be helpful for a brief explanation of what the model is, and that it has different phases. That very question was asked of Tanzania. What are the opportunities we can have if we unpack the phases of the tool? There seems to be some appetite for doing the first part of the work remotely. It might be to the benefit of the group if we get a quick update on the phases and status of the model. Is it ready to be rolled out?
- **Bill Simmons:** Some of us, like Mauricio, work locally every day. We have to reimagine what it means to do work like this. The partner landscape is significant in many of these contexts. Partner assessment and building plans might be remote, but the actual implementation would be driven by those who are present every day.
- **Taka:** I agree on the points by Mauricio and others. I don't think this is good timing for us to think about new partners. I think we can focus on working with the current countries that we have identified. Many national governments think that the Partnership is a new donor. Many African countries expressed this in their applications. Their governments do not have a leprosy budget. I think for this point we should concentrate on the countries we have just identified.
- **Geoff Warne:** In the 2020 cohort, there were countries in which the level of intensity of what GPZL was going to do were different. In creating a balance, that has to be kept in mind. In terms of a new country cohort for 2021, I think when we saw the 2020 list, we also saw the 2021 list. It sounds to me like we would need to have a new approach. The approach has been managed by an overseas person going to the country. If that's not possible, how can we change the approach with counterparts present?

- **Maarten:** Would it be possible not to do everything from the GPZL Secretariat, but to ask members of our Partnership who already have offices on the ground (WHO, ILEP) to assign a member to a country and check in every quarter to be more proactive from the country point of view?
 - **Andie:** As the country model stands right now, after the country review, creation of the roadmap, and consultation with the ministry of health, we ask them to appoint a point person. People move and change within the political system. We want to establish a stable point of contact. In Nepal for example, Mr. Himalaya from NLR is appointed by the NLPM in the country. That could be a way to engage in that way.
 - **Maarten:** Yes, like you mentioned. If a country needs extra support, this can be mediated through this contact person.

Consensus: GPZL will continue with the 2020 country partners and will not select new 2021 country partners.

Action items: Gather more information from 2020 NLPs about current situation on the ground in each country to better understand how to move forward.

Question 2: Should we bring in an expert to help refine our country model, integrate it with the WHO NTD Roadmap and create an action template?

- **Bill Simmons:** This question assumes that there is a deficit outside of our capacity. What is this helping us achieve, and can you help us define 'expert'?
 - **Bill Gallo:** Related to monitoring and evaluation, and the action plan template, there had been discussion about areas where consultants could help build and refine our current model.
 - **Andie:** Here are our country model tools, on this next slide. Some of you spoke with Courtenay about this before her departure. The purpose was to look at pieces of the model that were implemented there, to look at the successes and the ways they could be improved. We would then take the model to its next step through the development of an action plan template and an M&E plan. Those are components that we don't have and that will be needed in the future. These are the different components. The tools in pink are tools we have implemented in our

two countries, but could use examination and revision. The tools in white are tools that we don't have that will be necessary for the continuation of the country projects.

- **Bill Simmons:** Is the Secretariat in favor of bringing in an expert?
 - **Bill Gallo:** We felt that would be helpful. Mondie's focus is going to be on carrying out country work in the meantime. If we need to continue to complete these final two phases of the tool, we thought it would be good for a consultant to assist.
 - **Andie:** An external voice would help us understand what other groups are doing and what's effective. In February and March, Christina and I began landscaping action planning processes in other NTD groups to understand what they were doing and what was effective. We have a few templates that we were looking at from Trachoma, for example. But I think that we could learn from someone from the outside who has inputs on good practices.
- **Bill Simmons:** The Secretariat is making this suggestion. Does anyone have concerns about bringing in a consultant on this topic?
- **Arielle:** I am in support. There was a caveat which is helpful to understand. There was a discussion about a consultant who is an expert in their own right. But there was also a discussion about engaging with a small group of three to five folks from the leprosy community. So there would be a working group. It would be helpful to clarify. Andie and Bill: From your thinking, would we hire a consultant to do a deep dive on existing material and craft the missing components, or would we use a similar model from the past, with an expert as a focus point within a small working group?
 - **Andie:** To ensure that the products are as useful as possible for us and the broader community, we need to check to make sure they make sense on the ground. A small working group could be a useful approach.
- **Cairns:** How would this country model relate to what the NLPs do? They would do something similar to this with the ILEP members in-country. How does it relate to the programme in-country?
 - **Andie:** Those are the questions we asked when we did the 2020 country partner review. The goal is not to impose this over the NLPs. The goal was to bring the

strength of our Partnership and our tools to something that the NLPs are doing. In Ghana, we would be able to support planning that would fit into the broader strategic planning within the MoH to strengthen the leprosy programme.

- **Benedict:** We have 3 plans being developed right now. We have an NTD master plan, which has been updated, and we have a consultant that has been engaged to do that. At the same time, we have the health system sector plan, which will be updated next year. The process has started. After we come up with a roadmap, we'll have a leprosy-specific one that draws from the bigger plans. It fits into the programming and won't duplicate anything we're trying to do in the country.
- **Geoff Warne:** If you have a working partnership between an external consultant and people with knowledge of the leprosy world, then you have a great deal of expertise. It's a great learning experience for those involved. If the consultant comes in and goes away, a learning opportunity is lost. One question that's been asked is, How does a Zero Leprosy roadmap fit in with the NTD and general roadmaps of the country?
- **Taka:** I support the country model tools themselves. How are the laws of the Partnership and WHO differentiating?
 - **Pemmaraju:** We directly support the country programme where capacities are available. In other cases, where the capacities are not available, we engage local consultants. In this case, the local consultants engage with the National Leprosy Programmes, develop the national plans, and support implementation. We will work with WHO country offices. Communication has to be strengthened in this area so there are no conflicts.
 - **Benedict:** WHO respects the sovereignty of nations and provides guidance. WHO doesn't try to force its way through. Countries may resist WHO. When countries have engaged the GPZL, based on the TOR, MoU, and agreement in place, it lets us directly help. If we have the GPZL model, it allows us to help the country better and assure the outcomes.
 - **Arielle:** To unpack the dynamics between countries, WHO, and GPZL, the takeaway is: If there is a certain level of engagement which GPZL can move forward should a country be interested, that's fantastic. We should also see as an opportunity to what extent can we further the guidelines/standards that are coming out of WHO, so that there's a complimentary dynamic. For me, the Zero

Leprosy country model offers a chance to reflect on the current normatic guidelines and the new innovations, and then have a hands-on approach to lifting the current programme to be on trajectory to zero leprosy.

It was mentioned earlier by Bill Gallo, but the more that WHO and GPZL have the forum to exchange on the content that's being developed, the better. Thank you for helping bring clarity to the different dynamics at play.

- **Mauricio:** I think that GPZL was created to bring new help to countries. It's not about making them follow guidelines. The most important thing is to discuss with them and try to understand their problems. They know their country guidelines. The question is, why don't they implement those guidelines? What happens in the real world? GPZL needs to offer a more personal approach to each country and try to lead them in those problems. From my point of view, the main objective of the GPZL is to find the problems within the country. It's a country-to-country experience with individual help.
- **Bill Gallo:** Thank you everyone for your excellent input. We look forward to continuing to hear your thoughts. Our goal for the coming year is to do everything we can to work closely with our 2020 country partners to implement the country model, in light of what's going on globally. Along the way, we will be sure to tailor the model to meet the needs of the current situation and of the countries themselves. The week of October 26, there will be a call with NLPMs, and we are also working with Ghana on implementation.
- **Bill Simmons:** Any last questions?
 - **Geoff:** An announcement: Brent Morgan has been appointed as the new president, or chairman, of ILEP. He is the chief executive of the Leprosy Mission International.

Consensus: Bring in a consultant to work on the country model. The consultant should work with a consultative group of representatives from our partner organizations.

Action items: Rethink the country model for remote implementation, with a focus on working closely with our implementing partners in country.

20 Oct: Budget and Governance

Pam, Bill, and Andie present the budget.

- **Bill Gallo:** Thank you for joining us for day two. I apologize for a lot of content in a short time yesterday. Our CEO at the Task Force for Global Health, Dave Ross, will be joining us tomorrow for about 15 minutes. He will talk about some of the activities at the Task Force and how they can support some of the work of the Partnership. Today we will talk about the budget.
- **Jan:** We need more information about the 2020 expected expenditures and how the figures were derived. What will we spend through the end of the year?
 - **Pam:** These numbers include two new hires (Bill and Mondie). We also looked at costs of bringing in two consultants to help with the country model and budgeting, which we will get to.
 - **Bill Gallo:** We are now fully staffed for the first time in several months. That will change our rate of spending.
 - **Andie:** These numbers are also from the end of August, a month and a half ago.
- **Maarten:** Roughly a third has been spent so far. The funding from ILEP and Sasakawa were lower than expected. I thought that these 3 entities provide funding for specific activities.
- **Ganga:** It looks like the budgets are not being used equally. About half of ILEP has been used, and only a small part of Novartis funding has been used.
 - **Bill Gallo:** In the past, the budgets were done separately. We are going to propose a more consolidated budget that would require coordination from a smaller working group with each of the donors.
 - **Bill Simmons:** The budget was tied closely to activities. It was an activities budget, not a pooled budget. Sasakawa funding is an April 1 funding, so it's behind the others. The approach that the donors have agreed is that we would take a pooled budget approach. This is what Bill Gallo will walk us through today.

- **Arielle:** Reconciliation of expenses is something we do. Bill, how does the budget and the insights that we have here correspond to an update around the planned activities versus actual activities?

- **Bill Gallo:** The next slides will cover that and we'll get input from the team.

Question: Would we like to bring together a smaller LT group to draft a work plan and a budget? The final product would be one consolidated budget and not three individual budgets and work plans.

- **Bill Simmons:** We're going to be operating with an estimated budget for country implementation until we know what the reality is on the ground and what the cost might be. This involves landscape analysis and gap analysis. That's where the bulk of unexpended and to-be-expended funds would be.

The unknown part is what is the cost of the work, to move forward with country implementation. Identifying the landscape and the needs in each country is still the work that we need to do. From David Blok's modelling with Ghana, we would know the exact cost to achieve our objective, and that would determine the investment. That's where the bulk of expended and to be expended funds would be.

- **Bill Gallo:** As we work through these exercises, we will get a better grip of where the countries are at. The Ministries of Health have to be at the center of this. This is the key to success.
- **Mauricio:** I feel a little bit frustrated, and we as a team are a little frustrated because we can't start our real work with countries. This is because of the COVID19 pandemic. But I feel frustrated as well because when we look to the donors for example, we still have the same donors that we've had for ages. I think this is frustrating because we still were not able to get new donors for our new project. When we talked about the budget at the end of last year, I remember that the biggest part of the budget was for the new country projects. I was very happy because despite increasing the budget related to 2019, the biggest part would be for countries. We see that we couldn't start our work, but we will spend 50% of the budget. We need to keep an eye on the percentage that goes to administration because as I saw from the table, it will be about 50% without starting the country projects. We have to keep an eye on this because I think the most important part of the work is the country support and for those who experience HD.

- **Bill Gallo:** I would see resource mobilization going toward the countries. They need to build that capacity within themselves, whether to allocate their funds through their ministry. Building their capacity to mobilize resources is more important than building GPZL's resources.
- **Ganga:** We need the cost for country implementation before we can diversify our funding. If we know how much budget we will accrue in the future, then we can start asking other organizations.
- **Arielle:** For me the GPZL model offers clarity and granularity at a country level: building that in-country capacity to mobilize resources to ensure that we're getting what we need from an advocacy standpoint. We underestimate the importance of advocacy as an important part of shifting countries toward a zero leprosy programme. Part of the budget is for product development as well as administration. But we can't forget the third pillar of our work: research.

Consensus: Moving forward, the total budget will be built together, instead of each donor having a separate budget.

Action items: We will convene the donors as a small group to develop and draft budget and work plan by early December.

Cairns, Geoff, and Arielle lead the governance discussion.

They proposed expanding the LT to include more NLPs as well as forming a smaller working group. They proposed adding the following to the charter: approval of the work plan, approval of the budget, and selection of the Secretariat Director. They advocated for a strong relationship between the LT and working groups, which lack leadership and are not driving activities.

- **Jan:** The LT should bring their resources to the table. The Secretariat is a supporting mechanism. I agree with having a smaller team that would focus on that and expanding the LT.
- **Bill Simmons:** It would be helpful to think about the roles of the LT as both individuals and as an organisation.

- **Ganga:** We have to tie the hands to the bigger mission. While I admire this approach for a leaner group, each member of LT should help drive a task. I support the proposed addition to the charter.
- **Taka:** I think the points are consistent with the roles of the Secretariat, the LT, and the working groups. But we should not forget about the members. We have 500 members. It's crucial that those members can contribute to the Partnership and have ownership. How can we engage them and expand membership?
- **Bill Simmons:** We have 2 unfilled roles on the LT: 2 representatives, 1 from partner members, and 1 from affiliate members. We've lost engagement because we've lost leadership. Sending communications to those groups is not the same as engagement from our LT.
- **Arielle:** To the extent that we can further develop Research Agenda prioritisation and validation of the GPZL country model tool, we will have the fuel to garner the engagement with members. We stalled. The working groups are a mechanism for engagement. When we come together in March, we'll have concrete mechanisms to engage with our members. I think there is a lot of momentum to be gained between what we can achieve between now and March.

Consensus:

- The LT agreed to the changes proposed to the charter.
- Two new LT members should be added in March from 'members' constituency.
- The governance small group will continue their work with the help of an external consultant.

Action items:

- Update the charter.
- Open up applications for the remaining two LT positions and think about who will replace Cairns in March should he decide to not stay on the LT.

Update from Erwin on the Global Leprosy Programme Consultation:

- **Erwin:** We can't have an in-person 3-day meeting. This is replaced in a reduced version. Instead of only 15 or 20 countries around the table, everyone is now invited to participate

globally. The consultation is an opportunity to hear from partners and affected persons. Will be 4 days/2.5 hours each session. There is a special slot for GPZL. This can help increase visibility and can be linked to country roadmaps to zero leprosy.

- **Arielle:** How do the GLP strategy and NTD roadmap work together?
 - **Erwin:** Leprosy is separate for historical reasons and at the request of country partners. They wanted visibility for leprosy within the larger NTD strategy. Also, a separate strategy allows for a customized approach and attention. There should not be any discrepancy.

21 Oct: Research Agenda Prioritisation

David Ross, CEO of the Task Force for Global Health, shares updates.

- **Bill Simmons:** I introduce David Ross, the CEO of the Task Force for Global Health (TFGH). He will help us think about the Partnership and how it fits into the Task Force.
- **David Ross:** Good morning everyone. I want to offer my comments of support on behalf of the TFGH. We are extremely pleased that Bill Gallo accepted the role of Secretariat Director. Bill has years of public health experience and experience on the ground. He is rapidly coming up to speed with all of the issues before you, getting to know the TFGH leadership team and other programmes at the TFGH.

I want to thank Courtenay for her role. On very short notice, she took the idea of the Partnership and brought it to life. In her post-GPZL role, she has begun leading our Congressional liaison efforts and will support US efforts for leprosy. Over the past years we have begun to commission an advocacy firm, in DC, to help us influence continued funding for global health.

Our planning has led us to think about leveraging our resources across our programme areas. I also want to stress that since you presented your overarching strategy about a year and a half ago, we began discussing how the TFGH can be visible and active for the cause of zero leprosy. Also as we build cross-cutting strengths to support data and diagnostics, GPZL could lean on that capability.

- **Jan:** We've come a long way. Congratulations with the launch of the Health Campaign Effectiveness programme. When you talk about integration, we welcome such movements.
- **David Ross:** Everyone in this business is learning a lot. My comments to the Gates Foundation would be that we all have a lot to learn from this. We are learning a lot from the leprosy community. I'm thrilled to help by being your advocate. We will try. We will be at the front of the table, advocating the case.
- **Bill Simmons:** We are concerned with the social aspects of the disease and morbidity of the disease. That's what I love about the community of leprosy organizations and GPZL. I see faces of people the day who care about the whole person.

Cairns and Nienke present the Research Agenda Prioritisation process and outcomes.

- **Cairns:** When the Partnership was born, three streams of work were identified. The current tools and approaches that we have are insufficient to achieve zero leprosy. We need a research stream that looks at the innovations necessary to achieve our long term goals. In 2018, experts identified a list of key research areas. The next phase was to prioritise that list. Nienke, Arielle and I have picked up this work in the past several months.
- **Nienke:** We considered 2 approaches. The leprosy field has seen 2 research priority exercises. The LRI used the Delphi Method. The ranking is repeated until consensus is reached. The context in which prioritisation was done is in line with the NTD Roadmap and the GPZL Action Framework. The first category asked, Should we do it? The second category asked, Can we do it and what will it take? The third asked, Does it benefit from an integrated approach?
- **Cairns:** We see consistency of findings using multiple methods. We are prioritizing big research needs, but there is no ongoing work. I think that developing an action plan liaising with resource mobilization is a key next step for us.
- **Arielle:** I would like to thank Nienke for taking the charge. We had a lot of back and forth about navigating the ambiguity. The credibility of the outcome of prioritisation was related to how we would do that and I think we have achieved that. I would foresee us as a Partnership to be able to stand behind this methodology. This type of consensus is

very powerful, and I think it's a big milestone. But it's also the very beginning. We have to translate this prioritization into action. This three-pillar strategy, one being research, we're just getting started. The next step is critical. We have to hold ourselves accountable and see in March again how far we've gone.

- **Bill Simmons:** I'm excited about the potential to see the gaps in current research.
- **Cairns:** We have engaged Julie Jacobson over this, and one key is the importance of packaging for understanding donors' priorities and selecting the right piece of research.
- **Jan:** The next challenges are the landscaping and the gap analysis. The Partnership has the potential to mobilize groups of researchers and find the capacity to fund big, bold proposals. There is a lot of coordination ahead.
- **Mauricio:** I'm excited about this presentation. I think these should be published and shared with different researchers. Many of us around the world are asked to give an opinion about ideas for research and I think this list is very useful to help researchers around the world to not only have our own ideas, but also these global ideas and prioritisation.
- **Arielle:** How can the prioritisation be championed beyond this forum? Mauricio touched on one: publication. But we would appreciate other ideas on how we can showcase this level of consensus.
- **Maarten:** It's good to have 2, 3, or 4 studies done to influence policy. I think we have to map out and reach out to potential donors, not only Gates.
- **Nienke:** For the gap analysis, we could start next week to develop the methodology and reach out to researchers to get insights of ongoing research. A gap is not a gap if there is one study, but the one study is not enough to answer the questions. It will have to be a comprehensive review. We could have that by the end of next year and then start working on the implementation plan.

Action Items: Begin landscaping of current research.