

Leadership Team Meeting: Governance 2

2 September 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
- W. Cairns Smith, Emeritus Professor of Public Health, University of Aberdeen
- Jan van Berkel, Chair, Executive Group, Leprosy Research Initiative
- José Ramirez, President, International Association for Integration, Dignity and Economic Advancement (IDEA)
- Maarten van Cleeff, Former Director of Challenge TB project, KNCV (guest)
- Mathias Duck, Chair of ILEP Panel of Persons Affected by Leprosy

Secretariat

- Bill Gallo, Secretariat Director, Global Partnership for Zero Leprosy
- Andie Tucker, Project Manager, Global Partnership for Zero Leprosy
- Caroline Cassard, Communications Specialist, Global Partnership for Zero Leprosy

Invited but unable to attend

- Mauricio Lisboa Nobre, Consultant to Brazilian Leprosy Program
- Takahiro Nanri, Executive Director, Sasakawa Health Foundation
- Alice Cruz, UN Special Rapporteur (observer)
- Arielle Cavaliero, Global Franchise Lead, Leprosy, Novartis Pharmaceutical
- Roch Christian Johnson, President, International Leprosy Association (ILA)
- Mark Alexander Rogers, Senior Global Program Head Neglected Tropical Diseases, Novartis
- Rekha Shukla, Joint Secretary, Ministry of Health and Family Welfare, India

I. Welcome: Bill Simmons

- **Bill Simmons:** We welcome Bill in his first Leadership Team meeting for the Global Partnership for Zero Leprosy (GPZL).

II. Introduction of Bill Gallo

- **Bill Gallo:** Thank you, everyone. I am excited and looking forward to this new journey, for me and my career, and to work closely with you all on an incredible mission. I am looking forward to joining as the Secretariat Director officially at the beginning of October. The CDC has been kind enough to release me so that I can begin working for GPZL next week.

I have been with CDC for 33 years in a variety of roles. Most recently at the Office of Insular Affairs, I was Deputy Director. I also worked primarily with the US affiliated Pacific Islands and also with our Center for Global Health with the Greater Pacific Region. I spent 11 years in Hawaii essentially as a CDC liaison to the islands in the Pacific. I provided senior-level leadership to health officials on cross-cutting issues related to their CDC portfolio and tried to optimize CDC assistance to the islands internally across our CDC centers and also with different partners that work in the region. That was where I had my first opportunity to interact with the Global Partnership for Zero Leprosy.

I worked closely with the Marshall Islands and Micronesia, two countries that are still experiencing leprosy. I was able to be marginally involved with some widespread screening activities that were focused on TB active case-finding but also involved leprosy. I met with our friends at the Sasakawa Health Foundation and have interacted with Courtenay on a number of occasions and tried to help connect with CDC on subject-matter expertise.

Prior to that, I was with our Center for Global Health, working in Kenya for about five years as Deputy Director for our CDC operation. It is a \$50 million operation that spans multiple programmes at CDC, including HIV research and treatment as well as malaria. Numerous studies are ongoing as well as emerging infections programmes and influenza surveillance. Before that, I was working on domestic assignments in immunizations, HIV, and STD.

After 33 years at CDC, I am retiring. I'm very excited. I have had the honor of knowing some folks at the Task Force for Global Health and have had the chance to meet some of you all. If anyone has any questions, please let me know.

III. Recap of Break-out discussion 1: Andie Tucker

- **Andie:** This meeting is a continuation of the conversation we started on 13 August. I will give a small recap of the outcome of that meeting and each group's high-level ideas. We looked at what specific leadership team knowledge, skills, attributes, influence, and characteristics are needed to achieve our goals, and then asked ourselves, do we have the knowledge, attributes, and influence to achieve these things? If not, what is lacking? We discussed this in the areas of 1) Research Agenda, 2) National Programmes, 3) Resources and Advocacy.

Group 1:

- **Research Agenda:** This group thought that we could have a more robust human rights approach to disability by including someone who is in that field: a health worker or representative that works at the sub-level instead of just at the higher level. Especially for the research agenda, we could have more national programme and expert participation, such as people working in disability, because they are using the WHO Guidelines.
- **National Programmes:** Additional NLPMs and experts could be helpful.
- **Resources & Advocacy:** More conversations with persons affected so that we can bring successful organisations together in some way. We also talked about a strategy of ownership and capacity building for persons affected. Building a stronger voice for organisations of persons affected.

Group 2:

- **Research Agenda:** We need people who can illustrate strategic thinking about fitting into country systems and linking with academic networks, such as universities, especially in the Global South.
- **National Programmes:** We need to broaden our coverage into regions that aren't currently represented. Indonesia was mentioned.
- **Resources & Advocacy:** Relationship building with donors, strengthening our perspective of what donors want, and strengthening academic involvement, with the emphasis on increasing representation from outside our current sphere.

Group 3:

- **Research Agenda:** Increased scientific input from the scientific community, such as bringing in speakers, for example, Cairns from the scientific community.
- **National Programmes:** We need to be open to specific challenges per country. We need to encourage countries to analyse their challenges and how they can achieve the goals toward zero leprosy. We need to encourage them by listening to the people in the field and learning about the barriers to success.

- **Resources & Advocacy:** We should consider a subgroup structure for the representation of persons affected on the LT. We want to advocate for big entity donors to not only focus on the five PC-NTDs but to include the whole community of NTDS, including leprosy. We should consider the portfolio of funding we are looking at, to make sure it is balanced with large and small grants, and the different donors we are interested in.

Those were the major outcomes of the three breakout groups in the 13 August meeting. During this conversation, we will build upon that previous conversation to discuss the roles and responsibilities of your organization in meeting these objectives and needs. How do we each contribute as members of the LT to ensure success in the areas of the three objectives?

IV. Discussion 2: Roles and Responsibilities of the Leadership Team

- **Bill Simmons:** We're not trying to reach the end of discussion today. We're beginning that discussion to understand what this group feels is important considerations. We will go around to make sure everyone has input. We will start with Geoff Warne.

LT members discussed the first question concerning the research agenda, national programmes, and resources mobilisation and advocacy:

Question 2.1. We have a common vision of success. Moving forward, what is the role and responsibility of you as a Leadership Team member in ensuring success for each of the shared three objectives?.

- **Geoff:** I have to separate myself as a LT member from me as CEO of ILEP, but there is a lot of crossover between those roles.

Research Agenda: When it comes to research, one of my roles on the LT is advocating for the GPZL Research Agenda as the consensus research agenda for the leprosy world. This is important for my role because I am involved in various networks with different ideas about research priorities. I need to maintain that the GPZL Research Agenda has been the consensus agenda. Secondly, I will continue pointing to LRI as the main research coordinating agency within GPZL.

National Programmes: When it comes to country partnerships, I see my role as advocating with various networks, including country networks of ILEP, advocating for the formation of national partnerships for zero leprosy, and then talking about in-country partnerships. In-country partnerships have to involve all partners and stakeholders. That's not necessarily in practice in all countries.

Resources and Advocacy: I see my role as mobilizing the resources or assets that ILEP members have: communications functions, and institutional funding, efforts toward grant-writing, and advocacy at the Office for Recognition of Human Rights, which Alice Cruz also has a lead in. I've only talked about my individual roles and responsibilities. I will talk about ILEP later on.

- **Erwin:** I can communicate the viewpoint of the GPZL and the LT to other partners.

Research Agenda: You mentioned having consensus in the leprosy world. Do we really represent the leprosy world? We have the major partners, but it doesn't mean 100 percent. We must be careful to say that we have a consensus on these things. We must take into consideration that there can be divergent views that may work against us. We need to show what the majority of the people think rather than pretending it's a consensus.

National Programmes: I can contribute by advocating for partnerships in-country. I can contribute because we come in contact with many partners, particularly with national governments. We can see if they subscribe to the agenda and plans of GPZL. We will advocate for our national counterparts in countries, and also within the organization as a member or as an observer.

- **Bill Simmons:** You often say that you can't be a member, yet in many other partnerships like this I see WHO as a full, voting member. In the paper I shared about other global partnerships and the challenges around governance, there is a lot of description of WHO as a member, not an observer. I would love to discuss this further, outside of this discussion.
 - **Erwin:** When the Partnership was set up, we were told by senior management and Geneva that for legal reasons, WHO can only be a member of the Partnership if it is on the request of the World Health Assembly. But if it is a partnership organized by third parties, the maximum we can do is observe.
 - **Bill Simmons:** Maybe we have a new assignment for Taka. We can come back to that.
- **Benedict:**

Research Agenda: This year we were going to develop the research and implementation protocols for a number of areas like PEP. That is one way I can be more directly involved, to bring the Program Manager perspective.

National Programmes: We have done well with the GPZL toolkit, but we need to operationalize it. That's an area that fits into my strength. I can see how we can link the knowledge, expertise, and best practices with program managers. I can give technical advice on the spot when they need it.

Resources & Advocacy: I've been able to reach out to other program managers mainly on the African continent. That is one area that I can do more in. I can continue to be an advocate for GPZL and bring tools and best practices to conferences and informal platforms.

- **Cairns:**

Research Agenda: One of the vital links is advocacy with the researchers themselves. We need to interest funders with innovative and exciting potential research projects. It's important to work with researchers themselves to come up with innovations to excite the donor community with great potential. We need to work closely with the research community to come up with innovative proposals using new technology.

National Programmes: In my view, the primary responsibility for national programs belongs to governments, through National Leprosy Program Managers (NLPMs). We need to be careful that we are working with them and with the WHO, and not trying to do the work for them, or take away responsibility. We need to work closely with governments. When you look at the spending on leprosy programs, there is not much from NGOs. The big spenders are governments. These are substantial sums of funding. I think that's a primary element: we have to have an excellent relationship with NLPMs and ministers of health because they are the prime movers in all of this.

Resources & Advocacy: We have to be careful in assuming that existing donors will continue to be donors. A lot of them like to diversify into new areas that are attractive. We need to work with them to keep them on board so that they are continually motivated to prioritize leprosy when there are a lot of other competing health challenges.

- **José Ramirez:** My role is quite simple: to be the advocate for persons who have experienced Hansen's Disease (HD). Being an advocate is different from being a spokesperson. There is never an international spokesperson for HD because there are so many different organizations throughout the world. The main thing is to be able to provide some sensitivity, compassion, understanding, and education about the world of HD.

I served as the chair of the WHO Guidelines on leprosy in Manila several years ago. The outcome was twofold. One was to make sure that the organizations that were dealing with HD understood that we are also strong advocates on research and in terms of making sure that institutionalization is not resurrected.

In the latter, we've made a lot of headway. I saw on the expert committee, the biggest message from those of us who had experienced HD was, "No more institutionalization." That part of the research is the weak part that we have not been able to grasp on the LT. As far as the organization that I represent, my main role is to address empowerment. The willingness on our behalf to be a part of existing global organizations is something that we need to adhere to in order to have a movement forward and fully address empowerment.

My role on the LT and my role in IDEA are intertwined. IDEA is the only international organization for persons affected, but it is not the only organization that exists at the national level.

On a personal note, I've always strived to connect with program managers who have their own views. I've listed in my correspondence what I perceive are their usual priorities, but I think that a goal is to unify them into the partnership—to not only help those of us who have experienced HD, but also the Partnership as a whole. Eventually, we would have a global impact when everybody's on the same page.

- **Jan:** I see my role as a LT member representing Leprosy Research Initiative (LRI). I also see my role as working to strengthen the effectiveness of the LT. I think it would be helpful to develop an executive board to support implementation, the Secretariat, the LT, and GPZL as a whole.

Research Agenda: As Chair of the executive group of the LRI, I like to reflect on this year so far. The Research Agenda did not become part of the annual plan and the budget, so we advocated together with Novartis and Cairns Smith on the need to further invest in the prioritisation of the Research Agenda. We succeeded. The LRI is assisting by involving our technical officer to assist GPZL. I realize that it took us about half a year to get to this prioritisation process.

Thinking about governance, it will be helpful to have a sort of intermediate small body like an executive board to drive the Secretariat forward. I'd be happy to further think along that line. I see it as my role, together with those involved in the Research Agenda, to assist and prepare decisions by LT regarding the priorities, research, and further defining the role of GPZL toward the research community.

There is no natural and spontaneous consensus in the research world. We would need a small group within the LT to drive it forward and prioritize the Research Agenda and its implementation.

National Programmes: It's challenging to connect national researchers and national partnerships on research mobilization. LRI has its own fund, which is not very big. It's about 1.5 million euros a year. But we have the potential to develop joint calls with bigger donors, which we have done successfully before. I would love to develop thinking about that that to be a sort of provider of seed funding in bigger goals that can be answered by bigger donors.

- **Maarten:** When I looked into the Stop TB Partnership, WHO is a member of the national leadership team. WHO is a full board member there. I don't think there's any problem with that. For the roles, it's not clear. What is the role of a LT member versus a member? The LT has a very specific role. As mentioned on the website: The LT provides strategic directions, oversight, and guidance to the Partnership.

We have to think about those roles and how we make strategic directions. Do we review it every year? How do we maintain proper oversight? Do we do that ourselves, or do we ask the Secretariat to do that for us? We also have to think about all the guidance in the Partnership to reach the zero leprosy targets. Also, is there a role between leadership members and the Secretariat? Do we have a role toward the Secretariat to play? I have more questions than answers, but these are my observations.

- **Mathias:** I have more questions. I'm not on the LT.

National Programmes: How can we increase the collaboration of National Leprosy Programs with organizations of persons affected? Some countries have one strong organization of persons affected. These organizations need to be strengthened through capacity building. How is this happening and who will see to it?

LT members discussed the second question concerning the research agenda, national programmes, and resources mobilisation and advocacy:

Question 2.2. Moving forward, what is the role and responsibility of your organization to each of the three objectives to ensure they are successful?

- **Bill Simmons:** This discussion is not only about oversight. In my view, the individual LT members bear some responsibility for exercising this. Even if it were to assign part of its duty to a smaller group, the LT doesn't remove the responsibility to the mission.

One of the roles we have as individual LT members is a governance role. To exercise this duty, we need a clear understanding of the role. I don't want to take on the question of what is your organization going to sign up for today. Rather, let's further tease out the responsibility of each of the organizations that we represent. What is your organization's responsibility to the Research Agenda, national programs, and advocacy for resource mobilization?

- **Geoff:** ILEP's agenda features learning events and innovations like the ILEP conference happening in a few weeks. We have the Technical Commission, which we are currently recruiting.

Research Agenda: ILEP's Technical Commission identifies research needs from a country perspective and supports the translation of research into implementation at the country level. Regarding research, Infolep is not ILEP, but it is an organization funded by a number of ILEP members and it's an important repository for research information.

There's also the question of technical bulletins, which come out of research fundings. The production of those bulletins supports implementation. For example, there are Stigma and Mental Health Guides.

Country Programmes: Because ILEP members are present in many countries, we have assets that we can leverage. One asset is credibility with NLPs and governments. Another is connections with local partners and networks. We can leverage our familiarity with how things work in-country. These are assets that ILEP members can offer GPZL.

Resources & Advocacy: ILEP has the ability to mobilize think tanks and pools of advisors when it comes to solving technical issues or approaching challenges of zero leprosy in a particular country. We have credibility because we have had feet on the ground to support the implementation of zero leprosy plans.

ILEP members have experience in program cycle management, from the theory of change right through to monitoring and evaluation. ILEP members have experience managing projects with donors, and they can bring that to GPZL. There is a deal of accumulated experience in grant writing. ILEP members can do more for the mobilization of local resources. As Cairns rightly said, in many countries the majority of funding comes from governments. But in some countries, this funding is inadequate. That's an area where ILEP members can support: mobilization and keeping leprosy on the agenda at the country level.

- **Bill Simmons:** This is an excellent list of resources and assets. With those resources, what is the responsibility that ILEP has to ensure that we reach our objectives?
 - **Geoff:** The responsibility is to make those resources available. ILEP is committed to GPZL. ILEP members are well aware that they have been in existence for a long time, but they cannot solve the problem of zero leprosy on their own. As Bill Simmons has said, the work of the Partnership is the work of its members. This only works if there is a willing collaboration taking place.
 - **Bill Simmons:** That's a subtle nuance. It's not just making resources available, but ensuring that it's coordinated.
- **Erwin:**

Research Agenda: Regarding research, we have a hands-off approach. We try to influence the research agenda for the benefit of leprosy. Our normative guidance for countries should be evidence-based. It's in our own benefit that research addresses both global needs and country needs. Because we are an organization of members which are countries, we have a role in ensuring that the research serves the needs of country programs. We should make sure that we promote the short-term and long-term needs of programs and overall global leprosy control—not only the operation itself but also the fundamental research.

We cannot only depend on the research already working together with research institutes in Europe or America. We have a duty to help build research capacities in member countries. We should do mapping of what Institutes are available that can support addressing the research gaps in countries and institutes within countries where leprosy is a problem. We should promote bringing together these various partners to bridge programs within ministries of health and research institutes within the countries. This is a role for country-level offices and regional or even global offices.

National Programmes: We realized the limitations of institutes and governments. I think we have come to understand that partners can make a valuable contribution. It's good to find the strengths and weaknesses of different stakeholders and bring them together to get the best possible support for countries. We are supported more institutionally through these frameworks. In WHO, we have this framework for engaging with non-government actors. Because GPZL is under the Task Force for Global Health, it is one of them. This is at the institutional level, and it translates to better collaboration at the ground level.

Resources and Advocacy: As for donors, WHO is not a donor. Our own income is very limited. But we do have some voice in convincing donors in supporting the needs of leprosy control programs in various areas. We can talk with donors to generate money. WHO is more successful in convincing donors to give money to governments. There, we can have leverage at the higher level.

- **Bill Simmons:** Are you suggesting that WHO can play a role in facilitating SWOT analysis at the country level? What can the Global Leprosy Programme (GLP) make possible?
- **Erwin:** GLP is actually WHO. We cannot act as GLP only. It's one organisation, so we have to work together within our office at three different levels of the organisation. We can play a bridge because we represent national governments, as they are our members, but we could talk to other partners and bring them together to support programs in a holistic way.

- **Benedict:**

Research Agenda: The NLPM is the final output of whatever we are doing. You have the superstructure and the substructure. We have talked about linking with research institutes. Cairns spoke about advocating to researchers directly. NLPMs in-country should be able to identify institutions and researchers and be able to directly engage with them on behalf of GPZL. This depends on what structure we agree on for the representation of NLPMs on the LT, whether we have a second-level with different regions. Those representatives will be key in streamlining action.

National Programmes: NLPMs will be the key coordinators in this area, to ensure that we move toward zero leprosy.

Resources & Advocacy: We want countries to mirror what we are doing on a global level, which is to have partnerships. For me, the natural leader around which country partnerships will thrive is motivated and committed NLPMs who will link various partners involved in leprosy, as well as the government within which his or her office stands. But this will largely depend on the structure we decide on.

- **Bill Simmons:** Can NLPMs represent GPZL to other countries? Does it make sense for one of the roles of the NLPM on the LT to be to advocate for GPZL to other NLPMs? For example, in Cote d'Ivoire, does it make sense for Benedict to play a role in representing GPZL as we start talking with Cote d'Ivoire?
 - **Benedict:** Yes, there are obvious advantages because we are in the same region. NLPMs tend to identify with each other, so LT members who are NLPMs can act as links. We will need a platform so that NLPMs can communicate their views.
- **Cairns:** I don't represent an organization, so I am happy to pass.
 - **Bill Simmons:** Institutions of higher learning and research institutes are absent from the LT. If there was a role in the LT for academia, what would it be?

- **Cairns:** It's important to recognize that a lot of the key institutes are in the geographic South. We tend to rely heavily on European and North American institutes, but we have to realize that a lot of the key institutes are in India, Brazil, Indonesia, and the Philippines. These academic institutes have a lot of potential. They have access to patients and the opportunity to do research.

- **José:**

Research Agenda: Research commences with a literature review. Without a literature review, you're not able to make comparisons and find resources. There are so many individuals who have experienced HD. In Manila, by looking at research, we identified that there are a lot of individuals who have gone through academia. Persons who have experienced HD have a PhD in life. They may not have an MD or a doctorate degree. There are many resources out there that have not been tapped into. The research often starts at the academic level. Persons affected can help in the form of mentorship. We all have people that inspired us; there are individuals that exist in the community that can enrich research. They have something to offer.

Resources & Advocacy: Funding has been an issue because it has been interpreted as begging for money. In reality, it is needed to help others. There is a great deal of wealth in the HD community in the form of knowledge and contacts. We can be resourceful. There is a research paper on the resiliency of persons who have experienced HD. The final thing I believe we need is the voice of a woman, Mauricio and I have discussed a person who is capable of voicing not only the issues that women have experienced but also who has the academic and community credentials to be able to contribute to research. Without the voice of a woman, the focus will continue to be on medicine.

- **Jan:**

Research Agenda: The deliveries of LRI include promoting evidence to be the basis of our interventions and programs. Apart from the research funding, we have a tradition of bringing researchers together in our Spring meeting. We promote the networking of researchers, the exchange of progress reporting within the research community. We also want to contribute to bringing researchers together to work on bold research projects and develop proposals to donors to fill in the gaps in our understanding of leprosy and various aspects of the disease and its consequences.

We have a small project going to look into the question of how we can further promote the participation of persons affected in research. We are making our technical expertise available for the process of prioritization of the Research Agenda and planning how GPZL can further implement the Agenda.

National Programmes: Our priority is to promote funding proposals from relationships based in endemic countries. We have taken a couple of initiatives to train and strengthen the capacity of research in endemic countries by offering proposal writing workshops for the publication of research findings.

Resources & Advocacy: Strengthening research capacity at the national level is one of our priorities in advocacy. When you are in research funding, you want to contribute to the evidence base of our programs and further increase the effectiveness of programs at the national and international levels. It's a challenge to select research proposals in such a way that you make a maximum optimum contribution, that the final findings are relevant at the program level. We still have to learn that. In a partnership like this, we have to gain insights on what research is needed and how it can contribute to the effectiveness of leprosy programs.

V. Discussion about learnings and capturing key points: Bill Simmons

- **Bill Simmons:** In the question of what our organizations can do, after three years we are moving to the next stage of the partnership. There is an awareness of the Partnership in my organization, but there is not a sense of immediacy of how to collaborate and partner.

When program staff is developing a new project or they're thinking about how to respond to the fact that the programs are relaunching but morbidity management is not a part of that agenda, they start to develop those responses on their own. That's the way they have been accustomed to; they might reach out to a smaller network. If it was an ILEP member, they might reach out to another ILEP member.

It's not yet in the DNA of all our representative organizations to immediately think of how to engage inside the Partnership. We have a responsibility to adopt the Partnership as our framework for action. It will take intentional work over the next several years to fully adopt.

Maybe I am only speaking for my organization, but I suspect that others find themselves in a similar situation where there are executives who are on leadership teams like this or a few involved in working groups, but it may not go much deeper than that inside organizations. LT members must ensure that the Partnership framework is adopted as the mechanism to work together.

- **Mathias:** Speaking from the ILEP panel, we have done advocacy and even contributed to the Research Agenda. Jan says that there is research on how the participation of persons affected can work within the research. We're constantly trying to establish and strengthen relationships with persons affected and advocating for the participation of persons affected. It would be good if we could have some more structure to that.
- **Maarten:** The leprosy community feels a renewed sense of urgency to accelerate progress through collaboration. That is why we are sitting here. I'm not representing an organization. But if I were, I think the organization has outward responsibility, to incorporate the Partnership's ideas, tools, and mission in the organizations and its projects. We also have a responsibility to feed the Partnership with good practices and ideas for collaborative exchange.
- **Andie:** I want to circle back to what Cairns said about working with key institutions in the Global South. I'd like to add that to the resource mobilization and advocacy column, because we know from our conversations with Julie Jacobson from the NTD Support Center, that that is what donors are really looking for: strong evidence of collaboration with learning institutions in the Global South. That's a strength for our Research Agenda and for helping us to raise money for these kinds of projects.

VI. Concluding remarks: Bill Gallo and Bill Simmons

- **Bill Gallo:** I'm encouraged to hear the LT coming together and clarifying their individual roles in advancing these goals. I've learned a lot from this discussion. Thank you for including me. I look forward to the future and working closely with you all.

- **Bill Simmons:** I will be in Atlanta next week to meet with Bill Gallo, Andie, and Caroline. We will discuss carrying these two meetings forward. We will invite you to respond in smaller groups to try to coalesce this. You can look forward to hearing from the Secretariat as they facilitate that process. I appreciate everyone making it today. Your contribution was invaluable. Thank you very much. We will talk to you all in October.

VII. Written submissions:

- **Mauricio:**

Research Agenda: The LT should develop strategies to follow up on research development. A summary of LRI proposals, their progress, and results can be periodically shared among LT members (every 6 months?). It is also important to keep in mind that not all researchers are granted by LRI. Then, it is important to develop tools to narrow the relationship with the Leprosy Scientific Community as a whole. There is a possibility to add new members as Bill suggested when proposed to invite Milton Moraes from Fiocruz (or other researchers) to take part in the Leadership Team.

To provide periodic updates to the whole group is quite important, for example, INFOLEP already publishes a monthly update, but it would be welcome to have a selection of the most important papers to share with the Leadership Team. We could also consider having specific meetings where key people could be invited to summarize progress on Leprosy research.

Our role is to stimulate researchers looking for new scientific tools to identify the population at risk for leprosy and to detect untreated cases, especially through early diagnosis; projects investigating new and more effective drugs to treat the infection, leprosy reactions, and especially to avoid nerve damage.

National Programmes: The LT must keep a good and close relation with countries supported by GPZL. It is crucial to understand the problems they face for leprosy control. I think it is important to provide technical support in loco to help them to decide which tool can be more useful to each country and which problems they face to use such tools. The LT should closely monitor countries' progress while GPZL supports them.

Resources & Advocacy: It is the responsibility of LT members to contribute continuously to projects and ideas to enable resource mobilization objecting to help supported countries to progress toward zero leprosy. It is also our responsibility to discuss the allocation of those resources according to specific needs. There should be a budget specifically destined to increase advocacy and human rights in supported countries.

Financial resources are crucial to achieving all the GPZL objectives. They are essential for researchers, countries, and patients. I believe the best way to get resources is by collecting good experiences and collecting successful histories. To tell donors that leprosy control is important is not as strong as showing them that it was achievable in a given country or area, with the help of proposed strategies.