

Leadership Team Meeting

4 February 2021

Participants

Leadership team members and guests

- Alice Cruz, UN Special Rapporteur (observer)
- Benedict Quao, Program Manager, National Leprosy Elimination Program of Ghana
- Erwin Cooreman, Team Leader, WHO Global Leprosy Programme (observer)
- Gangadhar Sunkara, Senior Global Program Clinical Head, Novartis
- Geoff Warne, CEO, International Federation of Anti-Leprosy Associations (ILEP)
- Linda Hummel, Chair of Executive Group, Leprosy Research Initiative (LRI)
- Maarten van Cleeff, Former Director of Challenge TB project, KNCV (guest)
- Mathias Duck, Chair of ILEP Panel of Persons Affected by Leprosy
- Mauricio Lisboa Nobre, Consultant to Brazilian Leprosy Program
- Takahiro Nanri, Executive Director, Sasakawa Health Foundation
- Wim van Brakel, Chair, ILEP Technical Commission (ITC)

Secretariat

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

Invited but unable to attend

- Amar Timalina, President, International Association for Integration, Dignity and Economic Advancement (IDEA) Nepal
- Arielle Cavaliero, Global Franchise Lead, Leprosy, Novartis
- Bill Simmons (Chair), President & CEO, American Leprosy Missions
- Rao Pemmaraju, Technical Officer, WHO Global Leprosy Programme (observer)
- Rekha Shukla, Joint Secretary, Ministry of Health and Family Welfare, India
- W. Cairns Smith, Emeritus Professor of Public Health, University of Aberdeen

I. Welcome: Takahiro Nanri

- **Takahiro Nanri:** We have one topic on the agenda today. We invite the Secretariat to present the concept of seed funding, and then we will discuss it.

II. Seed Funding

- **Bill Gallo:** We need to think about seed funding because we will be going through the road-mapping- and action-planning processes. We want to assist countries in jump-starting their new action plans, but we don't want them to rely on seed funding which is not guaranteed for the future.
- **Mondie Tharp:** The original seed funding concept came up during the development of the country model. Seed funding would fall after the action plan. The seed funding is designed to supplement (not supplant) work to support the implementation of countries' zero leprosy road maps. *See slides for information on eligibility, use, and discussion questions.
- **Taka:** We won't reach conclusions on each of these questions today. Today we can share ideas.
- **Maarten van Cleeff:** I have a few questions. We have to discuss the 'why,' not only the 'how.' In The Global Fund to Fight AIDS, TB, and Malaria, we call it 'catalytic funding' for strategic areas. What is meant by 'seed funding'? Is it to be added on top of a government programme or is it part of a current programme?
- **Erwin Cooreman:** To me, 'seed funding' means a seed to drive something new. There should be regular funding that would take it over. With seed funding, there is no commitment to continue it forever. For leprosy, that's \$40 000 to \$50 000 a year. For leprosy, this is a large amount. But for ministries of health, it's very small. Larger countries may have little interest from their senior ministry, while the leprosy programme may be interested.

The workload required to apply for a small grant is heavy: proposal development, monitoring, etc. We should look to what else is available in countries outside of our partners. For countries with multiple external funding sources, it could be good to have a table showing who funds what to avoid overlap. We could allocate funds to those who are deprived of funding from other partners. Many partners have their own set of rules and salary scales. This may create disparity in-country. We should reinforce what is there and not try to compete with partners.

- **Linda Hummel:** (Chat) I echo that. The MoH should be very involved but for the MoH the size of the grant/contract would be small to manage. The ILEP members could play a role as partners in the seed funding management process.
- **Bill:** The seed funding should be non-recurring, to jumpstart the action plan. Is it to catalyze or fill in gaps. Some comments mentioned a matching scheme. They look at a hybrid formula, as Mauricio mentioned in advance, where you might have to start with some sort of formula or range. There would be a request that allocated funds not necessarily equally due to issues related to population and disease burden.
- **Wim van Brakel:** Have you examined other programmes, like The Global Fund, that have done similar things?
 - **Bill Gallo:** We've learned about grant programmes at the Task Force. We haven't identified anything close to what we're talking about here. We should look into it more.
- **Linda:** MoH is very involved but for the size of the grants, the ILEP partners could play a role. I'd be happy to supply some input after the meeting on the documents provided.
 - **Maarten:** (Chat) On the 'how': Keeping the NLP /MOH as the captain of leprosy control is good and they could do that as an 'Implementing partner" while another institute already in place (e.g. an ILEP organization) could act as the 'Principal Recipient' of the grant.
- **Ganga Sunkara:** \$535 000 between 11 countries is peanuts. I don't know what impact that would make. If we leave it to the governments to submit proposals, I'm not sure they will apply. Governments are distracted by the pandemic. We need to create an intermediary mechanism with these funds rather than wait for proposals from governments who apply to big grants anyway. Instead of opening it to all countries, why don't we pick those 2 or 3 countries where we can get to zero leprosy faster?
- **Bill:** Our country work is scheduled where everybody isn't doing action planning at the same time. We would receive proposals in different orders. How do we decide how much is left at the end if we want everyone to have the funding opportunity? If we narrow our focus to give more funding to fewer countries, what does that accomplish as far as sustainability?

- **Geoff Warne:** If you look at the core of the sustainability framework (NTD Road Map), national health systems need to be able to manage and fund NTD interventions without substantial external resources because external resources aren't stable or reliable. The road map looks to donors like us to not fund programmes but to invest in technical assistance that will support sustainability. Is there a costed, budgeted NTD master plan? Our leprosy plan would have to fit into the master plan. Are there regular investment cases for domestic funding to go into that master plan? If funds aren't already pooled, how will they work toward funding?

Most of the areas in which the seed funding could go seem like recurring costs. In some countries, 50 000 will not go far for recurring costs, and those funds will need to recur. Afterward, the 50 000 is gone and where will it come from?

I see two exceptions: 1) what Mondie described as the development of intervention packages and 2) the action plans, which are the trigger for investment decisions. In my mind, the action plan also shows where the money will come from. There will be ongoing activities like contact tracing. But there will also be shorter-term investments for capacity building. That's where GPZL can contribute.

I don't think this is a formula issue or an equity-based issue. It's a need-based issue: the burden and the poverty. It's better to have a good action plan and make a decent grant toward an activity that will boost or build sustainability rather than complicate it with formulas for relatively small amounts of money.

- **Linda:** (Chat) The aspect of a costed master plan strikes me as very important.
- **Mauricio Nobre:** This is an important moment for the Partnership. In the last 3 years, we were in a theoretical level of discussion. Now we're at a more practical level. The money is not a lot. I'm used to budgets in Brazil. I think it's important that the money is easy to use. A lot of times when you give money to the MoH, the bureaucracy is so high that you plan programmes and can't access the money. We need to hear from each country.

For example last year I had a similar budget to have the MoH help us help three states with leprosy control. In one state, they had the budget to train professionals but not for campaigns or materials.

Sometimes countries need a very simple thing but they don't have that money from their own MoH, and that's an opportunity for GPZL to step in. I think it's important for GPZL to be a partner to the country. It's a starting point for us to learn from the countries.

For example in one state: We discussed it would be important to pay for a municipal meeting to discuss leprosy. This meeting with MoH was very important. In the beginning, it was not planned in our project, but it was very important.

- **Wim:** (Chat): Funding in-kind, e.g. by making technical expertise available, is also a very good suggestion!
- **Alice Cruz:** I agree that capacity building and sustainability are key issues. And as Mauricio said, the money needs to be easy to use. The needs-based programme can be important to answer questions raised here. Flexibility is important because it's a small investment for countries.
- **Benedict Quoa:** From the country's perspective, we agree that seed funding is necessary. We can't create a dependency state. As we finalize our action plans, there will be a need for concrete activities to ensure those plans come to life. I think that's where seed funding can be applied. I think a process where there is engagement from our side and the country's side will create more trust and build a better foundation for the long-term. There's some flexibility as to where the funding will go. But we should agree that it's a critical activity that's in the action plan. Let's look at flexibility and not a one-size-fits-all approach. We don't want to impose from outside. We want the countries to trust what we are doing.
 - **Wim:** (Chat) A useful purpose to spend money on would be an in-country meeting to discuss how the leprosy elimination road map would be funded from a longer-term perspective.
 - **Linda:** (Chat) Is there a way in which we could provide the seed funding need- based, as several speakers suggested, and also focus on the countries where the most impact can be achieved, as Ganga suggested?
 - **Geoff:** (Chat) Yes Wim. I think that the identification of funding sources would be part of the action plan. GPZL is prepared to invest \$20,000 in the formulation of the country's action plan.
 - **Andie Tucker:** (Chat) A note about action planning: part of the process will be an alignment of partners around funding priorities, in addition to programmatic priorities. Partners in-country should support the priorities of the action plan with their funding, which will contribute to the sustainability of the plan.

- **Maarten:** If this is to support national plans, then the national leprosy programme should be in the lead. If I compare this funding with the Stop TB Partnership, they also have funding called TB Reach. It's there to fund innovative, new ideas that are strategically sound. This could be a simple idea to allocate relatively small funds in comparison with entire programs. You don't need just the NTD managers but you can also do that through local, smaller NGOs.
- **Bill:** I'm still getting used to a very unique health program in comparison with the programmes I'm used to working with. I'm hearing different categories of use for the funding. There are ideas about not using the money for programming but rather as a tool to mobilize resources. Should this be used to leverage more funding once the action plan has been developed? I also like the idea of something innovative and new. The other category we've discussed is one-time investments for capacity building, which would have an impact in the future.

Are national leprosy programmes consistent and on-going, or are there surges in activity and longer periods with little activity?

- **Mauricio:** We need to learn from the different situations in each country. We should help them to develop their action plan because they will present the proposal but we could discuss it with them. This is our main function: to allow countries to discuss their problems with experts. I don't think we should have a formula for all countries. We should learn from them.
- **Benedict:** Since the turn of the last century, integration was a big issue. After we achieved the elimination of leprosy as a public health problem, leprosy was not taken up by the primary care system. The health system has to be in a state where it can support that. The leprosy program should be able to ensure that the health system is doing that. Providing policy, support tools, monitoring, and ensuring that the supply chain functions is continuous work. It's a continued effort to make sure the health service can provide what is needed.
- **Wim:** Although we focus on leprosy elimination, particularly PEP implementation, we also need support for disability and psychosocial services. These are not campaign activities but should be built into routine services. PEP should be built into routine active case finding and screening that is needed for years to come.

- **Geoff:** (Chat) I think it will be a mix of (a) increased domestic funding, hopefully, a response to a very good investment case produced by GPZL alongside the action plan (b) re-targeted funding from the existing donors e.g., ILEP (c) funds for other NTDs that are now going to be pooled (according to the NTD Roadmap) and some of the pooled funding can be applied to leprosy eg, along with other Skin NTDs.
- **Maarten:** (Chat) Or even use the funds (as well) to establish: National Leprosy Zero Partnerships, to achieve a stronger combined country effort towards End-Leprosy.
- **Geoff:** (Chat) Yes good point Maarten. I think that's the sort of gap that would become evident when the action plan is developed.
- **Erwin:** Seed money should be a demonstration of a new tool that then convinces a programme or government to expand it to other parts. It's not the same as catalytic funding. Catalytic funds are small but can open up other domestic funds. The seed funding could also be used to develop a proposal to a larger donor or integrate leprosy into a larger health systems proposal, or fill critical gaps, as Benedict said. Who should receive the money? It should go to who is best placed—not necessarily the government. But the programme manager must remain in control of the money even if it doesn't go through their hands.
- **Bill:** There could be competition between a need within a particular country and a desire to provide seed funding that follows a logical sequence of activities that GPZL is engaged in—road mapping, action planning, and technical assistance for resource mobilization. Do we want to use this seed funding to be a natural successor to these activities? Or do we want to go through the action planning process and see what else each country needs? One of my concerns is if the funding isn't in the hands of the government, then there is a lack of accountability for the outcomes and results.
 - **Geoff:** (Chat) Bill rightly mentioned resource mobilization too. This is important because some countries think that the GPZL is going to bring them money - much more than \$50,000! So this thinking about seed funding needs to go along with looking for both domestic and additional external funding towards lower-resource countries.
- **Taka:** Thank you, all. This is an important issue and we will need to come back to decide. The Secretariat will create a concept note with key things we need to decide before the next meeting. I have experience engaging in similar work. I will share my inputs later by email. We

are budgeting half a million dollars for 11 countries. Do you plan to have a similar budget for the following year?

- **Bill:** Right now we're looking at 2021 only. We have funding that was not used in 2020.
- **Andie:** Right now the carry-over funds are designated for seed funding.