**Minutes of meeting of Global Partnership for Zero Leprosy (GPZL) Leadership Team**

**Held by Zoom on 2 February 2023**

**Attendees:**

*Steering Committee (SC)/Leadership Team (LT)*

Bill Simmons (Chair)

Arielle Cavaliero

Benedict Quao

Takahiro Nanri

Geoff Warne

*Other LT members*

Lucrecia Vasquez Acevedo

Linda Hummel

Berta Mendiguren

P. Narasimha Rao

Mauricio Nobre

Gangadhar Sunkara

Jordan Tappero

Amar Timalsina

Emmy van der Grinten

*GPZL Secretariat*

Bill Gallo

*ALM Staff*

Kelly Parks

*Invited but unable to attend*

Alice Cruz (UN Special Rapporteur)

Vivek Lal (WHO GLP Team Leader)

Faustino Pinto (LT member)

Deanna Hagge (LT member)

**Presentation by Bill Simmons, GPZL Chair**

The meeting had been called to discuss the new direction for GPZL. Bill Simmons (BS) welcomed attendees and explained the background. He described a ‘healthy frustration’, evident at Hyderabad in November, about the lack of progress of GPZL over its first five years towards our goals which are very broad. On this basis the SC decided to review the strategy to make GPZL more focused and more effective.

The SC considered that, although the current GPZL Secretariat has done good work, continuing to house GPZL at the Task Force for Global Health (TFGH) would not be ideal for supporting this new and more focused approach. Another concern was the lack of delivery of the initially perceived benefits of being housed at TFGH. BS had visited TFGH on January 4 to notify its CEO and COO and the Secretariat Director that the intention is to support the core GPZL Secretariat budget through to June 30 and then dissolve the current version of the GPZL secretariat. BS referred to other ‘slimmed down’ secretariat models that would enable donor resources to be more focused on implementation rather than secretariat support. However no decision had been made about what a new GPZL secretariat would look like.

The SC, along with David Addiss from the Task Force, had then met in Rome to discuss what GPZL should do to ‘move the needle’ towards zero leprosy in a more focused way. Key contextual factors included the impact of WHO’s upcoming guidance on criteria for achieving zero transmission (based on the recommendations of the Task Force on Criteria for the Elimination of Leprosy, or TFCEL), and the impact of the WHO Skin NTDs strategy on GPZL’s zero-leprosy focus. The SC acknowledged that other similar NTD programs have struggled for as much as decades to achieve their goals in spite of having the tools and partnerships to get the work done.

The meeting in Rome led to proposals, which BS presented, for:

1. A new value proposition: ‘GPZL convenes stakeholders, links expertise, empowers and leverages the collective strengths of our members to interrupt transmission of leprosy’.
2. A new, more focused goal: ‘Accelerate the interruption of the transmission of leprosy’.
3. New objectives to support the goal: 1) Align and accelerate research 2) Support the implementation and scale-up of existing and new tools 3) Promote sustainable commitment and impactful investment.

BS commented that a narrowed focus on zero transmission is consistent with the first two elimination phases identified by the TFCEL. It does not diminish the importance of activity towards the reduction of disability and stigma, which would continue to be the focus of many GPZL partners.

The next steps will be three 90-minute remote sessions in February to develop strategies and tactics for each of the new objectives. The SC would also meet to address the future structure including the shape of a future secretariat. The time in Valencia would be used to establish milestones, KPIs, an execution and deployment plan, and a call to action. This would be followed by remote check-ins to monitor progress, and execution of communication plans.

**Comments by other SC members**

*Geoff Warne* acknowledged that writing down goals and objectives is relatively simple, but the work is substantial and difficult. He emphasized the major challenges in resourcing and program integration, and noted the SC’s recognition that success must include a focus on India, Brazil and Indonesia.

*Benedict Quao* underscored the need to show impact after 5 years of GPZL’s existence, and emphasized the need to move toward integration and mainstreaming leprosy into the overall health system.

*Arielle Cavaliero* reaffirmed the importance of moving from evidence to policy, working with countries and integrating with the NTD world. She also stressed the need to highlight and document the work and products that GPZL has produced.

*Takahiro Nanri* commented on the remarkable diversity of the leprosy community which David Addiss had described as both our strength and our weakness. After five years of a broad-spectrum strategy, the need now is to focus and avoid overlap. While interruption of transmission would be the priority, we should still address stigma and discrimination, but in a different way.

**Other LT member comments**

*Gangadhar Sunkara* agreed on the need to address the 3 highest incidence countries, and stressed the importance of GPZL facilitating similar country level partnerships. It should be our role to help jump start efforts like PEP and take steps to ensure such tools are implemented globally. He proposed a GPZL endpoint of (say) December 2030 to create an even stronger focus for our time and attention.

*Amar Timalsina* agreed that GPZL is not currently able to cover everything. People’s organisations will take the responsibility to lead on stigma and discrimination, but may need support to do so.

*Jordan Tappero* reminded the LT that GPZL is not alone in its frustration at not achieving more. Of the entire NTD community, only one disease program met its 2020 goals, and looking at the ambitious 2030 Roadmap goals, he speculates similar results. He supported a narrower focus on interrupting transmission, but warned that resource mobilization in global health is exceptionally challenging at present. He expressed concern about the lack of a plan to transition from the current secretariat structure from July 1.

*Mauricio Nobre* pointed out that much of GPZL’s action has been at the top level (national plans, high level meetings) but political leadership changes regularly and there is often disconnect between top-level decisions and what happens in the field. We need more focus on local levels, including monitoring and reporting processes that provide assurance about whether implementation is actually happening.

*Emmy van der Grinten* pointed out that resource mobilization is not mentioned in the value proposition. TB has the Global Fund to help take implementation to scale, but leprosy does not. BS commented that the third objective could have come under the other two objectives as a means to an end, but at present was kept distinct so that attention on it is not lost.

*Berta Mendiguren and Linda Hummel* both mentioned that their organizations are going through similar reflection/planning exercises. Their thinking about successes/challenges related to program integration (Anesvad) and consideration of a more focused approach (NLR) could help our process.

*Narasimha Rao* expressed the need to have more, low-priced tools available in the field and the importance of early diagnosis as a key to success.

There was a positive acknowledgment of the SC’s direction of travel as regards strategy and structure. LT members were asked to make themselves available for as many as possible of the planned 90-minute Zoom workshops to clarify strategies and tactics within the three objectives. Further decisions will be made at the LT meeting in March.