

Global Partnership for Zero Leprosy (GPZL) Strategy 2024 – 2026

Preamble

The Global Partnership for Zero Leprosy (GPZL) is a coalition committed to ending leprosy, also known as Hansen’s disease. GPZL convenes stakeholders, links expertise, and empowers and leverages the collective strengths of our members towards the ultimate goal of zero leprosy: zero infection and disease, zero disability, zero stigma and discrimination.

GPZL’s primary roles to advance towards zero leprosy are:

- To convene expertise and influence.
- To build and strengthen links.
- To advocate nationally and internationally.
- To mobilize resources.

GPZL does not directly implement projects or programs.

GPZL works closely with the World Health Organization towards its goals as set out in the NTD Road map 2021-2030 and the Global Leprosy Strategy 2021-2030. GPZL recognizes the ownership of national leprosy programs by their governments and includes national program representatives in its decision-making structures. GPZL also endorses the full participation of persons affected by leprosy in its strategies, decision-making structures and activities.

For the period 2024-2026, without losing the wider long-term vision of zero leprosy, the GPZL Leadership Team has chosen to focus primarily on objectives related to zero transmission of leprosy. It believes that this focus is warranted considering the current momentum, within WHO and at country level, towards interruption of transmission. The 2024-2026 strategy is set out on the following pages. This strategy will be reviewed and may be amended in the light of achievements and new evidence.

**Global Partnership for Zero Leprosy (GPZL)
Strategy 2024 – 2026**

Value proposition

GPZL convenes stakeholders, links expertise, empowers and leverages the collective strengths of our members towards the ultimate goal of zero leprosy.

Long term vision

Zero leprosy: zero infection and disease, zero disability, zero stigma and discrimination.

2030 targets

<i>Targets</i>	<i>Evidenced by</i>
GPZL works in collaboration with partners towards WHO 2030 targets: <ul style="list-style-type: none"> • Number of countries with zero new autochthonous cases: 120 • Number of new cases detected: reduction of 70% from 2019 baseline 	WHO reports against 2030 targets

Objectives for 2024-2026

- Facilitate the implementation and scaling-up of existing and new tools to interrupt transmission.
- Align and accelerate research with a focus on zero transmission.
- Prioritize people and their rights in our zero leprosy efforts.

2026 targets

<i>Targets</i>	<i>Evidenced by</i>
<ul style="list-style-type: none"> • Selected countries implementing integrated active case-finding and PEP nationwide, with persons affected by leprosy actively involved in planning and implementation. 	<ul style="list-style-type: none"> • Sample of implementation units with active case-finding, contact tracing and PEP in line with WHO technical guidance. • Available data on contact tracing and PEP implementation • National technical working groups in place with representation of all relevant stakeholders including persons affected by leprosy.
<ul style="list-style-type: none"> • One or more diagnostic tests demonstrated to meet TPP specifications for (a) asymptomatic <i>m leprae</i> infection in household and familial contact; and (b) confirmatory diagnosis. • Commitment by one or more funders towards commercial production of diagnostic tests for <i>m. leprae</i> infection and confirmatory diagnosis. 	Documentary evidence of both outcomes collected and summarized by Secretariat.

Objective 1: Facilitate the implementation and scaling-up of existing and new tools to interrupt transmission.

Actions and deliverables by 2026

<i>By 2026 we will:</i>	<i>Evidenced by</i>
Strategy 1: Collaborate with WHO to convene international and in-country stakeholders to align on deployment and scale-up of tools to interrupt transmission.	
1.1. Identify barriers to optimal implementation of existing and new tools to interrupt transmission.	Task group report by June 2024 on significant barriers and responding action plan endorsed by Leadership Team.
1.2. Link global, regional and national resources and expertise for best practice sharing, and globally disseminate successful practices and outcomes.	a. Symposia in four WHO regions, in association with WHO Global Leprosy Programme, bringing together key informants and program managers. b. Record of publications and other dissemination of symposia outcomes.
1.3. Advocate in selected countries for political commitment to full-scale PEP implementation both among contacts and in targeted, at-risk communities.	a. Individualized advocacy plans adopted for each country in collaboration with national partnerships for zero leprosy. b. Regular reports showing countries' status of implementation. c. Documentary evidence of GPZL advocacy and support to countries to provide data on contact tracing and PEP implementation to WHO.
1.4. Support development of economic case for investment in scale-up of tools to interrupt transmission.	Credible, evidence-based investment case in place as basis for advocacy at all levels.
1.5. Lobby to ensure stable supply and donation of drugs for PEP implementation.	Drug supply adequate to meet all requests from countries, shipped and distributed in time to implement PEP in line with WHO technical guidance.
1.6. Work with 10 selected countries to increase effectiveness of in-country supply chain management for MDT.	Evidence of supply chain systems enabling prompt access to MDT by patients in all parts of each country.
1.7. Convene thinktank to explore and advise how current thinking on innovative financing can be applied to the zero transmission agenda.	Thinktank report received and used as basis for action plan both globally and at country level.
1.8. Advocate, together with WHO NTDs Programme, for new WHA resolution on leprosy elimination.	WHA resolution by 2025.
1.9. Collaborate with WHO Global Leprosy Programme to increase visibility of leprosy and leprosy elimination within WHO NTDs Programme and WHO regional programmes.	a. Secretariat report on related actions in line with annual milestones plan. b. Evidence of perception among WRs of close alignment between GPZL and WHO.
Strategy 2: Work with country governments and international and local partners to map leprosy and bring deployment of tools to interrupt transmission to scale nationally.	
2.1. Promote the use of real-time mapping tools by governments and support government and partner initiatives for mapping of leprosy sub nationally.	Web-based subnational-level maps published for selected countries in line with WHO Leprosy Elimination Monitoring Tool guidance.

2.2. Provide technical support for development of MOH protocols and national guidelines for implementation of tools to interrupt transmission.	All selected countries include integrated active case finding and PEP within the national health plan and guidelines.
2.3. Mobilize support for the introduction and scale-up of tools to interrupt transmission, integrated where appropriate into skin NTD programs.	All selected countries implement targeted integrated active case-finding and PEP nationwide in line with WHO technical guidance.
2.4. Provide technical support to countries and to national partnerships for zero leprosy to address regulatory barriers and obtain local stakeholder buy-in for deploying tools to interrupt transmission to scale nationally.	Supported countries have overcome local barriers to scale-up of tools to interrupt transmission nationally.
2.5. Promote zero transmission investment case to international and domestic donors and government ministries.	Secretariat report on advocacy actions in line with annual milestones plan.
2.6. Globally disseminate learnings and successful practices in mapping and deployment of zero leprosy tools to scale.	Record of publications and other dissemination of learnings and successful practices.

Objective 2: Align and accelerate research with a focus on zero transmission.

Actions and deliverables by 2026

<i>By 2026 we will:</i>	<i>Evidenced by</i>
Strategy 3: Work together with LRI and in collaboration with WHO to build consensus on, and mobilize resources for, critical research to interrupt transmission.	
3.1. Complete and maintain landscape analysis of ongoing and upcoming zero-transmission research projects, covering all relevant specialties.	Baseline landscape analysis published.
3.2. Build consensus on priority unmet research needs related to interruption of transmission, covering all relevant specialties.	a. Update previous LRI/GPZL work on zero transmission research priorities. b. Build consensus among stakeholders around priority unmet research needs related to interruption of transmission and publish results.
3.3. Participate with LRI to build a research community involving all relevant specialties ¹ with a focus on critical research areas for impact towards interruption of transmission.	a. Consensus list of zero transmission research partners. b. Research communities dedicated to transmission interruption research in place in selected endemic countries.
3.4. Position GPZL as global point of reference for research towards all aspects of zero transmission, particularly translation of research into implementation.	Web-based database of completed, ongoing, and upcoming research towards zero transmission.

¹ Relevant specialties include (but are not limited to) epidemiology, leprosy control, immunology, microbiology, diagnostics, mapping, prophylaxis, one health, medical anthropology, basic science to develop new and effective methods to understand and interrupt transmission, and the lived experience of persons affected by leprosy.

3.5. Collaborate with WHO in bringing relevant research findings to the attention of the WHO Guidelines Review Committee.	WHO review of leprosy guidelines (scheduled for 2024) includes reference to latest relevant research findings.
Strategy 4: In collaboration with LRI, steer researchers, investors and developers on the path towards zero transmission research and development priorities aligned with WHO NTD Roadmap.	
4.1. Design clear, actionable zero transmission research roadmap and related workplans.	Roadmap published; workplans designed by research stakeholders convened by GPZL working group, and adopted by Leadership Team.
4.2. Convene expert group, with multi-disciplinary experience and including representation from organizations of persons affected by leprosy, to collect and discuss the evidence generated from the research projects focused on interrupting transmission and identify routes to translation and implementation.	a. Annual expert group symposium linked to LRI or COR-NTD conferences. b. Annual global status report published.
4.3. Mobilize, support and seek funding sources for research into interruption of transmission in line with the priorities, roadmap and workplans	a. Funding cases developed for each major category of priority research and used as basis for funding advocacy. b. Record and timeline of interactions with funders and developers maintained by Secretariat.
4.4. Ensure publication of 3 diagnostics use cases, TPPs and related reports.	List of publications.
4.5. In line with the GPZL Diagnostics Roadmap and in engagement with WHO DTAG, assess degree of alignment between available diagnostics technologies and the TPPs and advocate and mobilize resources for further research and optimization of those most closely aligned.	Diagnostics Working Group report on related actions and achievements.
4.6. Bring to completion the deliverables of the three research workshops held during 2022 and 2023.	a. Secretariat report on completed outputs including funding cases. b. Record of proposals to potential funders and responses.

Objective 3: Prioritize people and their rights in our zero leprosy efforts.

Actions and deliverables by 2026

<i>By 2026 we will:</i>	<i>Evidenced by</i>
Strategy 5: Promote a person-centred approach to leprosy services in endemic countries.	
5.1. Support establishment of, and maintain ongoing relationship with, national partnerships for zero leprosy in selected countries including representatives of persons affected by leprosy.	a. National partnerships for zero leprosy established and functioning, in line with WHO Global Leprosy Strategy. b. Data on composition of national partnerships for zero leprosy.
5.2. Set and advocate for global standards for the prioritization of people and their rights in the journey towards zero leprosy.	a. Charter of rights and responsibilities of persons affected by leprosy in the health system developed by organizations of persons affected by leprosy.

	b. Documentary evidence of advocacy by GPZL based on Charter principles.
5.3. Build capacity of organizations of persons affected by leprosy to drive a zero leprosy agenda within countries.	Documentary evidence of sustainability demonstrated by country-led organizations to move forward zero leprosy agenda in countries.
5.4. Review global status of research into social determinants of leprosy and develop action plans for related advocacy.	Report on completed research and advocacy program.