ILEP Members’ Assembly
Greenville, 20th March 2019

Annex 8 — CEO Report

Expected outcome of session:
Members receive CEO report
Members advise CEO on

a) Priority focal areas for CEO to September 2019 (Section C)

b) The challenges and opportunities for closer engagement on human rights issues with the OCHCR and what this requires of the ILEP Office and of ILEP Members (Section B)
## Vision
A world free from leprosy

## Mission
To work together to stop leprosy, to prevent disability and break the stigma resulting from leprosy

### Strategic Goals: What the ILEP Federation aims to achieve:
1. We will work together and with other partners to stop the transmission of leprosy.
2. We will work together and with other partners to prevent disabilities from leprosy.
3. We will work together and with other partners to promote inclusion of people affected by leprosy

### Enabling Actions: How the ILEP Federation will achieve these Strategic Goals
1. We will improve ILEP collaboration to achieve our Strategic Goals.
2. We will work in partnership with others to achieve our Strategic Goals.
3. We will raise the profile of leprosy and its consequences to achieve our Strategic Goals

### Operational Aims: How the ILEP Office will facilitate this strategy:
1. ILEP Office will facilitate effective governance of the ILEP Federation.
2. ILEP Office will coordinate the Federation to monitor achievements and promote learning in the attainment of the ILEP strategy at national and global level.
3. ILEP Office will lead the development of policy, advocacy and communication initiatives in collaboration with the Members.

This report contains four sections.

Section A is an updated report of achievements framed around the Operational Aims in the 2018 workplan which (by consent of the Board) has been carried over to 2019.

Section B gives some more detail about the developing connections and opportunities with WHO and OHCHR (Office of the High Commissioner for Human Rights). I will expand on this in Greenville, especially on the need for active commitment and involvement by ILEP Members.

Section C talks about my expected focal areas for the next six months.

Section D looks at a number of external developments over the past six months that may be significant to ILEP.

### A. Achievements against Operational Aims
### ILEP Operational Strategy: Workplan 2019

**Report to Members’ Assembly: March 2019**

<table>
<thead>
<tr>
<th>Strategic Objectives</th>
<th>Indicators and Outputs</th>
<th>Current developments</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>Reflections/Comments</th>
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<tbody>
<tr>
<td><strong>Operational Aim 1: (Governance): ILEP office will facilitate effective governance of the ILEP Federation</strong></td>
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<tr>
<td><strong>1.1 ILEP’s governance bodies are effectively overseeing and guiding the Federation</strong></td>
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<td>Planning for CEO Summit, Members Assembly and related meetings in Greenville (March 2019) is well advanced.</td>
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<td>We will continue to ensure that the key strategic topics take priority in the MA agenda and that adequate time is devoted to them.</td>
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<td>Decision made to hold the second 2019 Members Assembly in Manila on the Tuesday immediately before the ILC.</td>
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<td>No plan for an ILEP conference/learning event in 2019. We will plan for this in 2020: mental health a possible topic.</td>
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<td>Board meeting schedule as normal. Review of MA actions register added to normal Board reporting.</td>
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<td>All Greenville participants received visas except Paula (ITC) whose passport had expired without time to replace</td>
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<td>Enrolment of ITC within the GPZL Operational Excellence advisory group, and involvement of ITC in the WHO Post 2020 targets (at GPZL request) have given ITC a clearer role, though there is still some uncertainty in its GPZL engagement.</td>
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<td>ITC agenda for Greenville is active and forward looking but there is still not a workplan as such: in the current context it is not a priority.</td>
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<td>ILEP Office engaging actively with the Stigma TEG</td>
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<td><strong>1.2 ILEP’s Advisory Bodies are providing feedback to the ILEP Federation</strong></td>
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<td>Follow up with ILC organisers to clarify dates and location</td>
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<td>Preparations for March CEOs meeting and MA and connected meetings</td>
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<td>MA related meetings in Greenville, followed by GPZL Leadership Team</td>
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<td>MA follow-up and initial preparation for Manila Meetings</td>
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<td>Continued ITC engagement with Operational Excellence Working Group</td>
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<td>ITC meeting: 7 out of 8 ITC members are attending.</td>
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<td>Stigma TEG meeting</td>
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<td>The closer connection with the Operational Excellence Working Group and the Post-2020 work have given ITC something to engage in more purposefully. However CEO continues to watch this space and respond to any concerns.</td>
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<td>ILEP Office has expressed concerns about the target audience for the new stigma guide and how it will be promoted, and is actively engaging with and, as possible, supporting Wim van Brakel as he leads the Stigma TEG.</td>
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### 1.2.2 Panel has a clear workplan in support of the ILEP strategy and Triple Zero campaign

- Panel has (and continues to) forge a role for itself as a key player and initiator in self-advocacy by persons affected.
- Mathias heads DMDI inclusion group (NNN).
- Panel members participating in regional and global forums of persons affected, organised by SMHF

#### Ongoing work
- Ongoing work on participation policy and other topics from Panel and MA meetings
- Second response to Macron’s spokesman’s misuse of ‘leprosy’

#### Panel meets
- DMDI meeting and Stigma TEG meeting (Mathias)

- Mathias has been working hard to get more engagement from the Panel between meetings and this seems to be improving, but there are limits on how much can be done in the available time.
- Work on the Social Inclusion Framework has stopped but will be picked up by CEO in 2019 with the Panel and ILEP Member personnel who undertook to lead on different aspects.
- Discussions with Panel and GPZL over the Macron issue have shown that, although improving, we are weak at responses in the public arena, both in central leadership and in Member response. This will be discussed at Greenville.

### 1.3 ILEP has produced and is delivering a new Membership Strategy

#### 1.3.1 Membership matters, including new strategy, is followed up

- No action to report

#### MA opted to retain status quo. The wider membership-base of the GPZL means that ILEP can focus on its core role as membership organisation for INGOs working in leprosy

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### Operational Aim 2: (Coordination) ILEP office will lead improved coordination with ILEP Countries and Partners

#### 2.1 ILEP office monitors and reports on progress against the Strategy

- Following agreement at MA, ILEP Annual Report for 2018 will be designed slightly differently without ILEP Office gathering country data gathering (we will use WHO data). Port scheduled to be tabled at MA

- Follow up work on the Uniting to Combat scorecard

- Work starts on the ILEP Annual Report 2018

- Report to MA on progress against strategy. MA adoption of Annual Report.

- The main aspects of ILEP strategy as reflected in annual report will be:
  a. to show the alignment of ILEP Members in terms of strategic intent and achievement
  b. to show differences and intersections (convergence) between ILEP’s strategy and the strategies of others such as WHO and the GPZL
  c. to promote the triple zero strategy and the work being done in each of those areas by Members
2.2 Improved internal and external communications

2.2.1 ILEP maintains a well organised website and communication tools

| World Leprosy Day. Post WLD evaluation of reach and response | Comms Network meeting (2 days, Greenville) |
| Follow up actions after Greenville meetings |

WLD materials and promotion were effective, good levels of social media uptake. Website is up to date. ILEP Update (monthly) has readership of around 200. 1800 Facebook followers (up 50% since last report), 1300 Twitter followers. Continued regular meetings between comms managers of ILEP, GPZL and Novartis Foundation. Comms network and institutional fundraising group meet quarterly and are well-attended. Good response to the March 2019 comms meeting in Greenville: 7 Members plus ILEP Office attending. Post WLD evaluation of reach and response.

2.3 ILEP office facilitates country plans and reports

2.3.1 Twelve country plans have been produced and reports provided

| CEO follow up on the undertakings made at the Oct 2018 coordination meetings | Coordination workshops: Ethiopia and DRC |
| CEO follow up on the undertakings made at the Mar 2019 coordination meetings |

As reported previously, 12 country plans will not be delivered in 2018 or 2019. The coordination workshops held in conjunction with MA, and the country reviews jointly planned between WHO and GPZL, may have a better result in terms of encouraging or driving better collaboration.

2.4 Office systems and process in place to deliver on strategy

2.3.1 Office is well staffed to deliver on the strategy

| New Comms coordinator begins |
| Contract to enter new office premises July 2019 |

Well performing staff team. We expect Rosa’s replacement to deliver comparable quality and output. Lack of technical lead presents some challenges, like how best to progress the inclusion framework. Changed fiduciary (accounting firm) from 1 April to save cost and improve service. Shifting office July 2019 to reduce costs.

Annual financial statements and audit.
### 3.1 ILEP office has led an increased number of policy, advocacy and communication initiatives linked to Zero Transmission with members and partners

**3.1.1 Transmission Key Initiative: Global Partnership for Zero Leprosy is meeting its objectives**
- Completed work by Research working group but concern about delays in publication. Good progress in Operational Excellence. 190+ response to call for subgroup members. Christine Fenenga working closely with ILEP.
- 2019 MoU between ILEP and Task Force being prepared.
- Careful attention to timely and effective communication with ILEP CEOs on GPZL progress, with regular points at which ILEP Members should engage.
- ILEP Office liaison with WHO GLP and ILEP Members re participation in WHO country reviews
- First draft report of Research Working Group but no opportunity yet for Member response.
- Operational Excellence Working Group begins operation

**3.1.2 Operational Excellence Working Group**
- Consultation on TOR and composition of Advocacy and Resource Mobilisation Working Group
- ILEP Leadership team meets directly after ILEP MA.
- Agenda focused on 5 year planning and sustainability
- Regular ongoing liaison with GPZL
- GPZL remains a major focus for the ILEP Office especially CEO and Comms. Ongoing challenge to keep ILEP Members not only well informed on what the GPZL is, what it is doing, and what it achieves, but also actively engaged.
- I have lingering concerns about delays in finalising the research agenda (shared with Secretariat) and getting going on the advocacy and resource mobilisation task (now beginning to move). If we are to be in a position at end 2019 to decide whether GPZL is delivering what is expected, there will need to be momentum in donor liaison and credible prospect of new funding.

### 3.2 ILEP office has led an increased number of policy, advocacy and communication initiatives linked to Zero Disabilities with members and partners

**3.2.1 Disabilities ILEP Initiative: Determined, planned and proposed**
- Re-engagement with IDDC, esp. the UN relations subgroup
- Meetings with WHO-Disability and Rehabilitation team and NTD team
- CEO an active member of NNN DMDI working group
- Ongoing connections with CRPD Secretariat at OHCHR including proposal to brief CRPD Committee on the disabling aspects of leprosy
- Meeting with IDDC CBID group, focus on WHO engagement
- Meeting with new WHO NTD Head Dr Malecela.
- Participation in WHO Skin NTDs meeting, Geneva
- CRPD submissions (mobilised by TLMI): India, Bangladesh, Myanmar. ILEP briefing of CRPD Committee (tbc)
- NNN DMDI meeting, London
- NNN DMDI working group is a multifaceted group looking at continuum of care, MiHealth, mental wellbeing and stigma, inclusion and human rights, livelihoods. Enthusiasm for ILEP to lead the Geneva linkages.
- ILEP working closely with TLMI and Alice Cruz on disability and stigma related submissions to OHCHR.
- Excellent meeting with Dr Mwele Malecela (head of WHO NTDs).
  a. Strongly patient-centred approach
  b. Restructuring to break down silos in WHO NTDs
  c. Encouraged closer links with Skin NTDs group
### 3.3 ILEP office has led an increased number of policy, advocacy and communication initiatives linked to Zero Discrimination with members and partners

#### 3.3.1 Discrimination ILEP Initiative: Determined, planned and proposed

- Meeting with Alice Cruz, Geneva
  - Engagement in stigma guideline TEG
  - Submission for CRPD Committee sessions and UPR
  - Consultation with other NGOs skilled at UPR process

- Meeting with Deputy High Commissioner for Human Rights
  - Lobbying to ensure leprosy questions asked at CRPD sessions

- Meeting with Alice Cruz, Geneva
  - Oral submission to CEDAW Committee
  - Collation of timetables for submissions into OHCHR instruments: CRPD (disability), CEDAW (women), CRC (children) and UPR (Universal Periodic Review)

- Consultation with other NGOs skilled at UPR process

- Adoption and promotion of ILEP participation policy

- Further work on social exclusion framework

- Stigma TEG meeting, London

Momentum is building around advocacy opportunities with the various instruments of the OHCHR including Special Rapporteur role (Alice Cruz) opens doors. Members (particularly TLMI) engaging in UN advocacy. There are the bones and structure of an ILEP social inclusion framework which will be further developed with the aim of a shared ILEP approach to social inclusion. ILEP Office will continue to take a leadership role in this.

ILEP Office working on side event in Geneva in June attached to Human Rights Council meeting.

### 3.4 ILEP office has led an increased number of externally-oriented international policy, advocacy and leadership roles which enhance the work of the Federation

#### 3.4.1 ILEP has taken a leadership role with NNN and Uniting to Combat

- CEO on NNN Executive Committee and convening Sponsorship Task Group for next conference
  - Engaging more actively with NNN DMDI group (as noted above) and Skin NTDs group, and various WHO teams (also noted above)
  - ILEP Office led the design and processing of survey of Post 2020 targets

- CEO involved in NNN conference budgeting and sponsorship proposals

- NNN DMDI Group, London

Steady building up of opportunities to engage with various teams in WHO and OHCHR and with disability and human rights INGOs in Geneva. These engagements can position leprosy in the broader context of NTDs, human rights, disability, UHC.

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**Colour key**

- **On track**
- **Some concerns or delays**
- **Serious concerns or delays**
B. Developing connections with WHO and OHCHR

In October 2019 I said I expected to bring a clearer picture to this meeting of the benefits (or otherwise) of the ILEP Office being based in Geneva. This was to give time to develop connections with United Nations Geneva and see what develops from those connections.

**WHO Geneva**

I have had meetings (each around 60 minutes) with:

- Dr Mwele Malecela, Director of WHO NTDs Department. Purpose: establish a relationship, ensure a good profile for leprosy, understand her plans and intentions (see more in Section D below)
- Dr Alarcos Cieza, Coordinator, Disability and Rehabilitation. Purpose: establish a relationship, connect leprosy into the rehabilitation ‘space’, learn more about Disability 2030 and her intentions including for possible re-issue of the CBR Guidelines (see more in Section D below)
- Dr Jonathan King, scientist in charge, Lymphatic Filariasis. Purpose: establish a relationship, apply learnings from LF within WHO to leprosy, especially the post-2020 thinking, understand better the workings of WHO-NTDs Intensive Disease Management section. Jonathan is also involved with the NTD-Mental Health project (see below)
- Dr Neerja Chowdhary, technical officer, WHO Mental Health. Purpose: establish a relationship, learn about progress and intentions in the WHO Mental Health-NNN project linking mental wellbeing with NTDs, and how this fits with the ILEP Stigma Guides.
- Dr Sol Solomon, Medical Office NTDs, responsible for trachoma. Purpose: establish a relationship, get a better understanding of what leprosy can learn from, and share with, trachoma especially in the context of elimination
- Dr Dmitri Esen, who heads the MDT distribution unit

There are pending meetings with:

- Dr Gautam Biswas, coordinator of preventive chemotherapy (within NTD Department)
- Dr Kingsley Asiedu, a Buruli ulcer specialist who heads the Skin NTDs work group within the NTD Department

**Office of the High Commissioner for Human Rights (OHCHR)**

There is an increasing amount of engagement here. Some features in the last six months:

- Extended meeting with Alice Cruz (Special Rapporteur) to discuss progress with her mandate and how we are working together. Also several meetings with her Geneva based support person, YounKyo Ahn, who has many years’ experience and wide knowledge of the (sometimes byzantine) OHCHR operations
- Meeting with Harumi Fuentes, acting secretary of the CRPD (Convention on the Rights of Persons with Disabilities) Committee, and two colleagues, to discuss the workings of CRPD and various ways by which ILEP can raise the profile of leprosy with that committee
- Meeting with Kate Gilmore, Deputy Commissioner, to discuss the progress of Alice’s mandate, work out the best tactics for gaining invitations for country visits by Alice, how ILEP can help UN staff get a better awareness of leprosy as a human rights (as opposed to medical) issue, and possibilities to keep leprosy highlighted after the end of Alice’s mandate
- Half day training with UN staff working with the CEDAW (Convention on Ending all forms of Discrimination Against Women) committee in relation to submission by ENAPAL and TLMI on discrimination in Ethiopia. Followed by oral submission to Committee, lunchtime briefing and Q and A with interested Committee members, and further written replies. Successful in that leprosy focused questions are expected in the final report
• Meeting with Lutheran World Federation to learn from their approach to Universal Periodic Reviews (UPR) and propose partnership in submissions from countries of mutual interest
• Meeting with International Movement Against all forms of Discrimination and Racism (IMADR) to discuss comparability between discrimination against Dalits and against persons affected by leprosy
• Successful application to CRPD Committee to hold a lunchtime briefing on leprosy on 3 April in partnership with an Indian DPO
• Participation in midterm briefing by High Commissioner to state parties.
• Liaison with FRF over UPR submission for Madagascar and with TLMI over UPR submission for Angola (regrettably neither of these is likely to eventuate)

Coming up in April:
• Individual lobbying of selected CRPD Committee members
• Practical and logistical support following TLMI’s initiative in three submissions (India, Bangladesh and Myanmar) to the CRPD Committee
• Training program by specialist agency Info-UPR in successful Universal Periodic Reviews
• Preparation, in liaison with Alice Cruz, for leprosy side event at Human Rights Council in Geneva in June
• Scheduling and preparatory work for further submissions or lobbying in 2019/20, including development of a ‘standard’ written submission to be used when there is not enough information about the leprosy and human rights situation to make a specific submission

Observation
There is a great deal of openness, far more than I had expected, for engagement with WHO Geneva and for active advocacy and lobbying within the various treaty bodies and other human rights instruments of the OHCHR. I am not sure whether this openness is new, or whether somehow we have missed these opportunities over the years since relocating to Geneva. Particularly within OHCHR, we have been strongly encouraged to be active and persistent: too much mention of leprosy is far better than not enough. I intend to get all three of the ILEP Office staff involved in this and I predict that it will be a growing part of our work on behalf of the Members.

However, it is not possible to do this work well without the commitment and involvement of Member associations. I will speak more on this at Greenville. Organising submissions, for example, takes time and is by far the most effective when it is undertaken locally, in endemic countries. This requires the active cooperation of the ILEP coordinator. I need clarity on whether I can expect this cooperation and whether all ILEP Members will support the human rights approaches in particular.

In terms of measuring effectiveness, I am working on the premise that specific inclusion of leprosy – in the Lists of Issues, in the Committee questions, in final reports – is for the time being at least, an indication of positive impact.

C. Focal areas April-September 2019
These are included to enable the Members’ Assembly to confirm whether these should be the CEO’s priorities and what other priority focal areas ought to be added. They are not necessarily ranked in order of strategic importance.

1. Carry through the decisions made by the Members from the March 2019 CEO Summit and Members’ Assembly.

2. Maintain closer regular contact with Member CEOs – email, Skype and face to face where possible
3. Work with Members to develop coordination, cooperation and collaboration between Members especially in the context of (a) participation in WHO country reviews and (b) the development of National Partnerships for Zero Leprosy and implementation of zero leprosy strategies stemming from the work of the Operational Excellence Working Group.

4. Play a full role as ILEP representative to build GPZL:
   - as Leadership Team member
   - as core funder of the Secretariat along with Novartis Foundation
   - maintaining regular dialogue with Courtenay Dusenbury
   - maintaining active relationship with the Operational Excellence Working Group
   - supporting the establishment of the new Advocacy and Resource Mobilization group
   - engaging actively in the upcoming 5-year strategy discussions
   - participating in continuing discussion on 2030 targets and indicators for leprosy

5. Maintain and build connections and active engagement with WHO in keeping with ILEP’s official relations with WHO including:
   - WHO Global Leprosy Program
   - WHO-NTDs (director, Skin NTDs group, Intensive Disease Management (IDM) group, Preventive Chemotherapy (PCT) group and relevant disease specialists)
   - WHO-Disabilities and Rehabilitation
   - WHO-Mental Health

6. Maintain and build connections and active engagement with the various treaty bodies and human rights instruments within the Office of the High Commission for Human Rights including:
   - Special Rapporteur for Leprosy
   - CRPD (Rights of Persons with Disabilities)
   - CEDAW (Elimination of Discrimination against Women)
   - CRC (Rights of Children)
   - Universal Periodic Reviews

7. Build greater capacity for the above by connections with and training from other organisations involved with OHCHR submissions including Info-UPR and training offered by treaty body staff.

8. Support Alice Cruz in organising side event on leprosy during the Human Rights Council meetings in June.

9. Participate, as one of a team of four from ILEP, in WHO Leprosy Program Managers conference in Bangkok in April 2019. Continue to look for opportunities to engage in or ensure that ILEP is represented in any other WHO Leprosy and/or WHO NTD regional meetings.

10. Engage in the work of the Stigma Guidelines TEG ensuring a clear focus on the final product being well focused and fit for purpose and on how it will be communicated and monitored.

11. Maintain regular connection and provide appropriate support to Mathias Duck and the Panel, and Paul Saunderson and the ITC, in their work.

12. Connect more closely with the research agenda, initially through participation in Leprosy Research Initiative (LRI) meetings in April.
13. Support the ongoing professional development of Monty and a successful first six months for Aliyah.

14. Review the status of the social inclusion framework and liaise with Members to restart work on it.

15. Increase ILEP’s visibility in the Zero Disability agenda through active participation in IDDC (International Disability and Development Consortium), NNN DMDI (Disease management, Disability and Inclusion) group, and renewed efforts for appointment to meet the UN Special Rapporteur for Disabilities.


17. Participate in the NNN Executive Committee and lead the NNN Sponsorship Committee in preparation for the 2019 NNN Conference (Liverpool, October). Participate in NNN DMDI (Disease Management, Disability and Inclusion) workshop in April 2019.

18. Review the information ILEP holds on discriminatory laws and assess whether it is possible to clarifying which are active and, from that, prioritise what should be tackled.

19. Support Monty with successful transfer of ILEP Office to its new location from 1 July.

D. **External developments**

This section of the report looks at a number of external developments that have an impact on ILEP.

**NTD Roadmap**

CEOs will be aware of the work on leprosy targets and indicators for 2030, which is one of the activity streams towards the new global NTD Roadmap. ILEP was active in setting up the questionnaire which had a good response. In addition, I appreciate the 3 ILEP Members who responded to my request for direct feedback (separate from the questionnaire) about targets and indicators and I am consolidating and communicating these views to WHO GLP. It will not be easy to identify SMART targets and indicators for leprosy across the three zero range.

The new NTD Roadmap will run to 2030, the same as the SDGs. The timeframe this year includes:
- NTD Department retreat 6-8 March to consider targets
- Engagement with endemic countries/member states
- STAG (Strategic and Technical Advisory Group) meeting at the end of April
- WHO Regional Program Managers meetings during June and July
- Draft of possible World Health Assembly 2020 resolution on NTDs in 2020 in support of the proposed global NTD Roadmap, by around October

Dr Cooreman (WHO GLP) has questioned whether there should be a new global leprosy strategy from 2020. An alternative would be to embed the leprosy strategy within the NTD Roadmap.

**President Macron: ‘leprosy’ as a word to describe the evils of nationalism in Europe**

After an earlier use by the French President of the word ‘leprosy’ as a negative metaphor for nationalism in Europe, Mathias Duck coordinated an open letter signed by a large number of individuals and organisations of persons affected by leprosy. By the time it was published it was stale news, but when the President repeated the use of the word more recently, there was a quicker
response, again initiated by persons affected. ILEP supported the letter, published it on our website in French and English, and used it as a reference point for Twitter and Facebook comments. We also used President Macron’s twitter handle, as did many who retweeted the message, increasing the likelihood that it was noted by his staff and – perhaps – brought to his attention.

The event highlighted weaknesses in ILEP’s outward-facing communications and this is something we want to address, with GPZL, in readiness for the next time a business or political leader uses the word in a disparaging way. This could happen in any country, so the ILEP Office needs to know that Members are happy in principle with political leaders being challenged in this way.

**WHO NTD Department restructuring**

One of the early actions taken by Dr Mwele Malecela, the new head of the Department, is to tackle the ‘silos’ in the department by a set of new work streams including:

- Data and surveillance
- Patient care and equity
- WASH
- Communication, social mobilisation, and partnership
- Knowledge management and capacity building
- UHC, PHC and governance

I was impressed with Dr Mwele’s openness, energy and patient-centred focus and I look forward to continuing to engage productively both as ILEP and also in association with NNN.

**WHO Rehabilitation 2030**

*Rehabilitation 2030: A call for action* follows a WHO meeting in 2017 supported by ILEP Member AIFO plus CBM. Main action points included:

- Creating strong leadership and political support for rehabilitation
- Strengthening rehabilitation planning and implementation
- Incorporating rehabilitation into the health sector and Universal Health Coverage
- Building comprehensive rehabilitation service delivery models to progressively achieve equitable access to quality services
- Developing a strong multidisciplinary rehabilitation workforce

WHO-Violence and Injury Prevention (headed by Dr Alarcos Cieza) is developing guidelines on building stronger rehabilitation capability worldwide. There are some issues with the approach this department is taking, especially (a) the narrow definition of rehabilitation being used, and (b) the placing of most rehabilitation within specialist health programs rather than CBR. I understand that I will be invited to the next conference in July. Dr Cieza has no plan to revise or reissue the CBR Guidelines, issued around 7 years ago. She expressed concern over the inclusion aspect of CBR, arguing that inclusion is a UN wide issue, whereas rehabilitation fits within WHO.

Meanwhile, we expect in March to see publication of the Human Rights Committee’s paper on rehabilitation, which has been in the works for a year. It is likely to take a very different, rights-based approach. It is a necessary challenge for ILEP and other NGOs to work across these UN offices.

Geoff Warne
March 2019