

ACHIEVING A WORLD FREE FROM LEPROSY

“Together we can make a difference. We have come too far not to go further. We have done too much not to do more.”

Ta Hemi Henare



Rebti Mahto of Ankar in Nepal with her two children. She was cured of leprosy at Lalgadth hospital
Photo: Courtesy American Leprosy Missions

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Summary

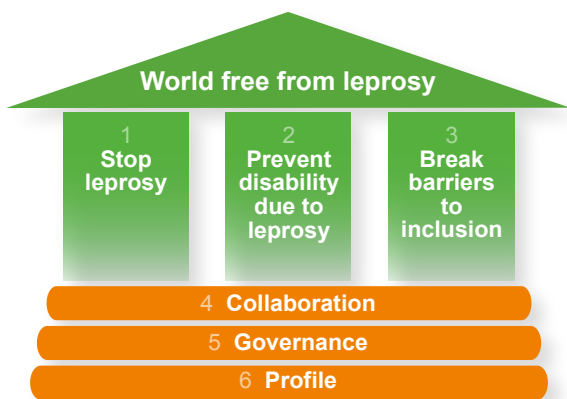
2015 is a critical year in the achievement of a world free of leprosy. The UN is agreeing new development goals, WHO a new leprosy strategy. Foundations are increasingly working on other Neglected Tropical Diseases (NTDs) with strong cross-cutting issues with leprosy. Technical innovations with strong potential to limit the transmission of the disease are being piloted.

We are determined to stem the reducing investment and attention given to leprosy. This year we are committing to a new strategy focused on results with clear goals and indicators. We will drive internal change through more strategic governance and new ways of collaborating. We will raise the profile of leprosy to win the resources and attention needed to achieve a world free from leprosy.






Rachana successfully campaigned for pensions for people affected by leprosy

ILEP will reorganise how we collaborate. We will run workshops to review country and regional collaboration and reporting. We will set up a programme Learning Network centred on ILEP’s Technical Commission, supported by an ILEP field-based facilitator and including key stakeholders. We will set up an Advocacy Network among ILEP Members, led by the CEO and based in Geneva, to work on key advocacy targets and with strategic partners. We will support this advocacy with a Communications Network that will focus on World Leprosy Day and develop a global campaign to raise the profile of leprosy. We will seek the advice of a panel of women and men affected by leprosy.



By 2018 we will see measurable progress by governments on these goals:

- 
Stop the transmission of leprosy – through early detection with equity for women and children, reducing disfiguring disability in new cases, increasing active case finding and rolling out contact management, chemotherapy based on evidence from pilots
- 
Prevent disability due to leprosy – preventing new and worsening of existing disability by quantifying the scale and nature of residual morbidity after Multi-drug therapy (MDT), addressing unmet needs
- 
Break barriers to inclusion of girls and boys, women and men affected by leprosy – through supporting strong associations of women and men affected by disability including leprosy, advocating against discriminatory laws and practices, respecting their rights, scaling up inclusion programmes, helping people affected by leprosy to enforce their rights.

<p>Our vision A world free from leprosy</p>	<p>Our mission To work together to stop leprosy, and to prevent disability and stigma resulting from leprosy</p>
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Background

This strategy was developed through a facilitated two-day Board Meeting, two rounds of individual consultations with ILEP Board members and presentations to Members. In October 2014 the ILEP Collaboration Meeting, advised by people affected by leprosy, will consider the potential impact of the strategy. The members of staff and of the ILEP Technical Commission were consulted in August 2014. Over 60 interviews and meetings were carried out with stakeholders – organisations of people affected by leprosy, WHO, Global Leprosy Programme, technical experts, Novartis, Gates Foundation, ILEP Country Co-ordinators, National Programme Managers, disability NGOs and coalitions. A list of those consulted is set out on the back page. The following themes emerged:

External challenges

- Since the campaign to eliminate the disease the leprosy situation has stagnated; the problem is seen as relatively small leading to reduced political commitment, lower priority, and reduced resources to deal effectively with the disease (see Bangkok Declaration 2013)
- The case for prioritising leprosy is not well made and lacks evidence on return on investment in stopping leprosy
- The number of cases is under reported and active case finding stopped, although it is restarting in some countries. Several million new cases may be undetected
- Many new cases of leprosy are undiagnosed, especially among women and children. Delays in detection are leading to avoidable disability
- Research has been underfunded; leprosy is not seen as an innovative area, it does not attract health professionals and skills are disappearing
- Several million people have completed treatment, but need reaction management, prevention of disability and rehabilitation. Effective prevention of disability is possible but coverage of those affected is too low
- Children, women and men affected by leprosy are discriminated against and too often stigmatised, their rights ignored
- Lack of clarity on who is leading in leprosy (WHO/NGOs/foundations) can lead to mixed messages for Ministries of Health. Some regions, e.g. AFRO, do not receive sufficient attention and support
- Direct delivery by ILEP Members can let governments off the hook

Opportunities

- Two possible game changers to stop transmission of leprosy - chemoprophylaxis and a vaccine – could, if successful, raise the profile of the disease and the attention and resources it receives
- ILEP's technical expertise is widely valued and could be leveraged. Some Members are supporting regions with seconded technical expertise
- Leprosy could learn from innovation from those working on other NTDs. Other NTD movements could learn from ILEP's holistic approach and its serious attempts to incorporate the rights and voices of people affected
- There are early signs of success in recognising disability in the UN strategic development goals
- The rising profile of the NTD agenda presents opportunities for collaboration on cross-cutting issues and intervention-based approaches
- WHO is drafting a new Global Leprosy Strategy. It regards NGOs as having a critical prevention role in endemic countries
- In some countries associations of women and men affected by leprosy are growing in strength and influence
- The recent Leprosy Research Initiative together with well-established Leprosy Review and Infollep provide a mechanism for funding and disseminating research

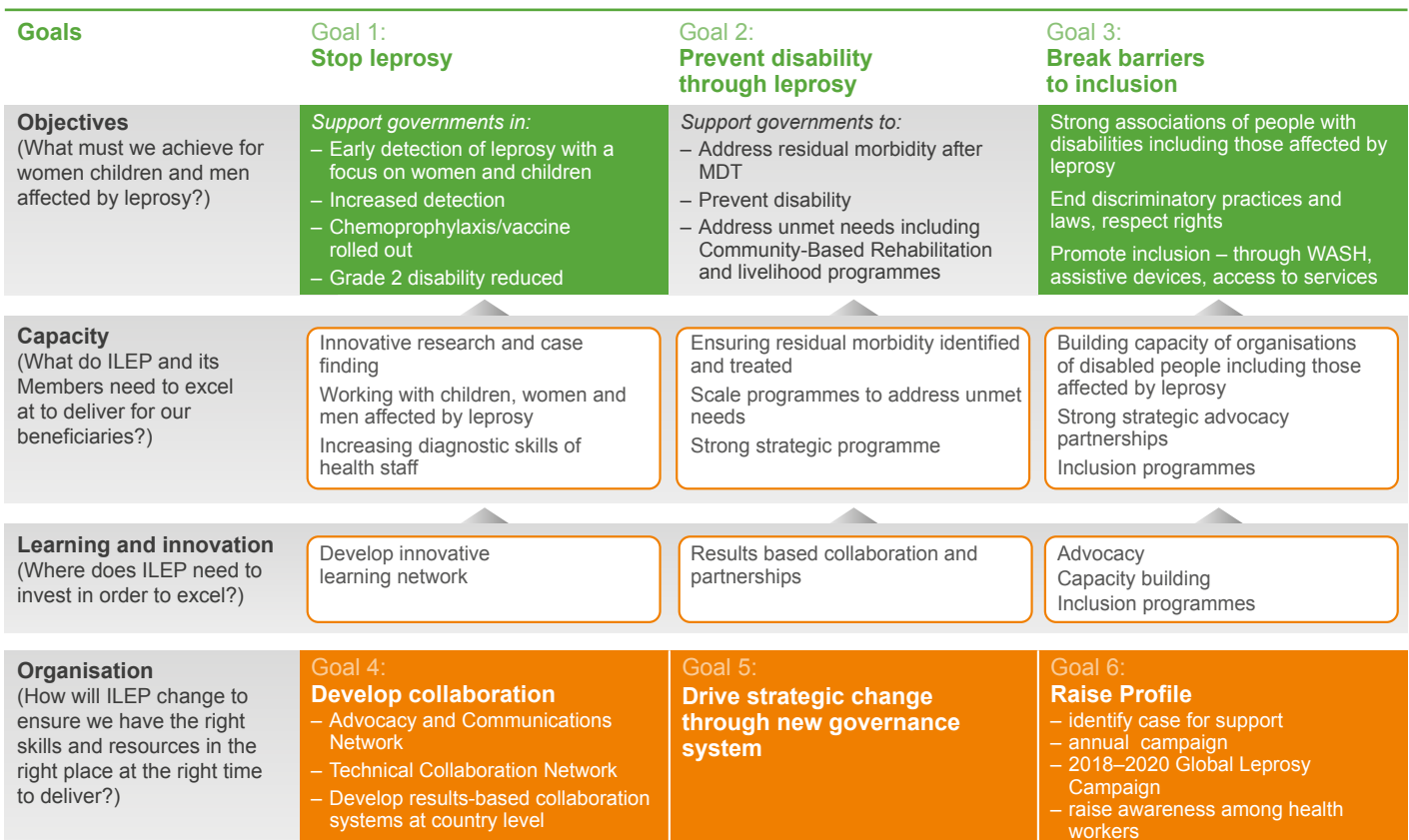
Internal issues

- Country co-ordination is a real strength, but must move from reporting to results-based strategy
- The ILEP Technical Commission is of great value, but is asking for evidence that its output is timely and well used
- ILEP is a good platform for national co-operation with government and NGOs, but some countries need to refocus on results and strategy
- ILEP is not sufficiently influential and needs to take the lead in public health strategies and research
- ILEP's Members are increasingly working in other NTDs and are finding funding for leprosy work challenging

Learning from last strategic plan

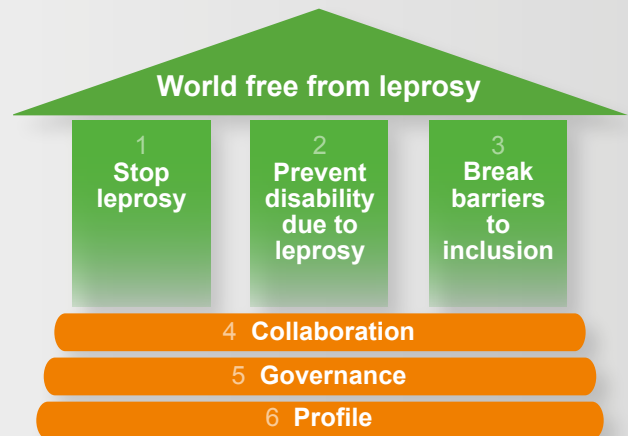
- ILEP needs to move from receiving reports to pressing for results e.g. by establishing results-based reporting at country level
- ILEP needs to lead a results-based advocacy strategy and raise the profile of leprosy
- ILEP's Board can be more strategic and would benefit from advice from women and men affected by leprosy
- ILEP needs to work more closely with WHO including policy makers and the regions

Strategy map 2015–18: How do we get there?



Goals and indicators

- ✓ ILEP will contribute to the goals and indicators through strong partnerships.
- ✓ Not all Members will work on all goals. ILEP country co-ordination will consider the most appropriate goals and actions for that country.
- ✓ “Countries” refers to countries where ILEP is working.
- ✓ Focus on results-based indicators will show whether ILEP’s theory of change is viable and whether we are putting resources in the right place. We will have a robust annual review of the strategy.



Process for developing external goals

The draft indicators below were developed in consultation with ILEP Members and the ILEP Technical Commission. The ILEP Board of October 2014 agreed the following process to finalise the goals.

In 2015 ILEP will follow the development of the WHO Global Leprosy Strategy 2016 to 2020 to ensure that our

external goals are aligned. We will run at least four facilitated country workshops to review ILEP’s collaboration model, reporting and indicators. Revised external goals and indicators which are in line with those of the WHO and workable in programme countries will be reviewed by the ITC and put to the Members’ Assembly for final decision in October 2015.

Draft indicators for external goals

1. STOP LEPROSY TRANSMISSION

- % of countries showing increased detection levels
- % of countries where chemoprophylaxis is rolled out
- % of countries with joint programmes with other NTDs
- Level of ILEP investment in leprosy research
- Number of countries where the trend of grade 2 disability¹ in new cases is decreasing
- Number of countries which provide data on the % of contacts examined
- Number of countries where grade 2 disability rates of men and women are equal
- Number of countries where age specific rate of leprosy for children per 100k of population is decreasing

2. PREVENT DISABILITY DUE TO LEPROSY

- Number of countries where figures for residual morbidity are available
- % of countries where there is an increase of people in self-care programmes
- % of countries with EHF (eye hand foot) scores are captured at Release from Treatment

3. BREAK BARRIERS TO INCLUSION

- % of countries where there is evidence that people with leprosy related disability are included in community-based rehabilitation (CBR), inclusion and livelihood programmes

- % of countries with organisations of people affected by leprosy
- % of countries with disabled peoples organisations in which people affected by leprosy are active
- % of countries where ILEP Members support organisations of people affected by leprosy in their activities including advocacy
- % of countries where advocacy by organisations of people affected by leprosy or disabled people’s organisations produces policies in line with the UN’s Guidelines on the Elimination of Discrimination against persons affected by leprosy and their families

Indicators for organisational goals

4. COLLABORATION

- % of country collaborations showing progress on indicators for goals 1 to 3
- Number of programmes and advocacy initiatives shared within regions

5. GOVERNANCE

- % of Members rating added value of ILEP highly

6. PROFILE

- % of campaign targets met

¹This could be measured on a 10 year rolling average. ILEP should also work with WHO at global, regional and country level to improve the quality of data.

Appendix 1: Action Plan 2015

Advocacy Network – led by CEO

- Identify advocacy targets and agree strategy
- Agree case for support for leprosy
- Influence WHO global leprosy strategy and open spaces for all working on leprosy to collaborate towards common goals
- Establish advocacy partnerships and increase profile of leprosy in NTDs
- Lay foundations for 2015 advocacy campaign
- Support inclusion of disability & NTDs in UN Sustainable Development Goals

Technical and Collaboration Network

- Run 4 facilitated field workshops on country collaboration and reporting results
- Set up ILEP Learning Network and distribution system for technical information
- Propose peer learning system within ILEP
- Identify regional opportunities to work with WHO

Communications Network

- Identify communications strategy, global targets and key messages
- Support members on World Leprosy Day
- Lay foundations for 2018 campaign
- Agree brand tone and approach
- Revise website

Governance

- Members' Assembly agree terms of reference for the Advisory Panel of women and men affected by leprosy
- Set up Advisory Panel
- Set up Executive Board
- Appoint CEO and set up representation in Geneva and a field country

Appendix 2: Budget 2015

Budget 2015 and 2016 Agreed by October 2014 Board (in pounds sterling)

Budget Items	Budget 2014	Budget 2015 transition	Budget 2016
Income			
Contributions from members	306,556	317,688	322,386
Other income	2,000	2,000	2,000
From the reserve	10,000	64,373	0
Total income	318,556	384,061	324,386
Expenditure			
Staff	303,591	226,900	233,950
Travelling, co-operation & meetings	21,970	33,040	33,040
Building	37,400	18,356	13,296
Office	10,950	6,842	3,800
Advocacy & communication materials	0	24,000	27,500
Printing & photocopying	3,200	1,200	1,200
Services	20,650	22,350	10,600
Depreciation charge equipment	2,000	2,000	1,000
Relocation		5,000	
Transition costs		44,373	
Total expenditure	399,761	384,061	324,386
Surplus (shortfall)	(81,205)	0	0

Appendix 3: Action Plan 2015-2018

EXTERNAL GOALS, OBJECTIVES AND ACTION PLAN 2015-2018 (Illustrative draft for consultation with ITC, Country Co-ordinators and Members, and amendment in light of new Global Leprosy Strategy)

GOAL 1. STOP TRANSMISSION OF LEPROSY

Objective A. Early detection of leprosy with a focus on equity for women and children

Increased detected levels in all countries where ILEP works, grade 2 disability rates of men and women are equal, data available on % of contacts examined, number of countries where age specific rate of leprosy per 100k of population is decreasing

Globally Advocate for gender as part of WHO's global strategy on detection (ILEP ITC, CEO and Technical and Collaboration Facilitator)

Regionally Programme learning audit and share analysis of gender balance and delays in detection at WHO Regional Meetings Advocate with the top 16 countries with the highest incidence of new cases (ILEP CEO, ITC, Infolap, Technical and Collaboration Facilitator and Country Co-ordinators)

Nationally in top 16 countries Advocate for, and programme learning, to support National Programmes to implement good practice in early detection with a focus on children and women (ILEP Country Co-ordinators) Partner with people affected by leprosy to improve effective detection

Objective B. Raise detection levels

Active case finding restarted, incidence correctly reported in the Global Burden of Disease

Reduce cases of Grade 2 disability as a percentage of new cases

Globally Ensure investment in supply of drugs for treatment (ILEP Members and CEO) Advocate for accurate reporting globally on detection levels and position leprosy within NTDs as a problem deserving of increased attention and investment (ITC, Infolap, ILEP CEO)

Regionally Advocate for increased effort on detection, produce regional reports and share programme learning at WHO Regional Meetings (Technical and Collaboration Facilitator and Country Co-ordinators)

Nationally Advocate for increased work on detection, produce country report and programme learning to support joint work with other NTD programmes on detection. Develop innovative ways to diagnose patients at the community level, raise awareness of leprosy among health workers in high endemic countries Partner with people affected by leprosy (ILEP Country Co-ordinators)

Objective C. Roll out contact management and chemoprophylaxis

Pilots rolled out by 2020, research to identify the most effective regimens, investment of approx. \$2 million per annum for 10 years secured

Globally programme learning through distribution of results of six country pilots (*ITC, ILEP Communications Network, Infolep*). Identify donors to invest in effective regimens, chemoprophylaxis and vaccines that pass pilot testing (*ILEP Members, Leprosy Research Initiative*). Advocate for research to identify most effective regimens for roll out of vaccine and full roll out of chemoprophylaxis in WHO’s Global Leprosy Strategy (*ITC, ILEP CEO*)

Regionally Share programme learning on active contact tracing, vaccines and chemoprophylaxis (*Technical and Collaboration Facilitator*)

Nationally Support national programme learning on active contact tracing roll out of chemoprophylaxis and vaccines. Partner with other relevant NTD programmes where possible (*ILEP Country Co-ordinators*)

Objective D Research fund for innovative leprosy research
Research fund of \$10 million per annum

Globally Prepare economic case for investment in leprosy research (*ITC /CEO/ILEP communications*). Commission innovative leprosy research (*ITC, Leprosy Research Initiative, Members*)

GOAL 2. PREVENT DISABILITY INCURRED THROUGH LEPROSY

Objective A. Quantify scale and nature of residual disabilities and actions needed at diagnosis after MDT

Figures for residual morbidity available in all ILEP countries, correctly reported in Disability Adjusted Life Years, Eye Hand Foot scores captured at release from treatment, increase of people in self-care programmes.

Globally Advocate for access to morbidity data from WHO, estimate morbidity for each country (*ITC and ILEP CEO*). Partner with associations of people affected by leprosy (*ILEP CEO*). Identify treatments for neuropathic pain. Support global research networks on reactions

Regionally Advocate for morbidity data to be analysed at regional meetings (*Technical and Collaboration Facilitator*)

Nationally Support the National Programme to ensure that nerve damage is recognised, inflammation is treated, steroids are available at health posts and information available for patients on reactions. Use health education to increase the number of patients practising self-care (*Country co-ordination*)

Objective B. Address unmet needs

Unmet needs identified and incorporated into NTD agendas, innovative CBR and livelihood programmes rolled out

Globally Partner with other NTDs to identify cross-cutting unmet needs. Communicate through an annual then global campaign for ILEP Members to secure investment from donors in programmes for people affected by leprosy (*ILEP CEO, Communications Network, Members*)

Nationally Support mapping of unmet needs. Identify programmes and partnerships with disability organisations to address unmet needs. Secure government support for investment for livelihood and CBR programmes. Programmatically partner with organisations of people affected by leprosy and with other NTD organisations to find new solutions and scale existing quality programmes (*ILEP Country Co-ordinators*)

Objective C. Research

Fund for innovative research on preventing reactions and disability

Target additional £10 million over four years

GOAL 3. BREAK BARRIERS TO INCLUSION

Objective A. Support associations of girls and boys, women and men affected by leprosy to enforce their rights

Strong associations of people affected by leprosy influencing policy and practice in all ILEP countries, disabled peoples organisations in which people affected by leprosy are active,

Globally Open spaces in policy debate for organisations of disabled people including people affected by leprosy (*ILEP CEO, Communications Network, Members*)

Regionally Open spaces for organisations of disabled people including people affected by leprosy in regional leprosy and disability fora

Nationally support capacity strengthening of associations of disabled people including women and men affected by leprosy

Objective B. End discriminatory laws and practices

Social inclusion of children women and men affected by leprosy

Globally Advocate with disability organisations for women, children and men affected by leprosy to be included in reports to, and guidance by, the Committee on the Rights of Persons with Disabilities. Advocate for barriers to inclusion to be incorporated in the work of NTD programmes. Advocate for barriers to inclusion to be included in WHO Regional Meetings. Share programme learning on overcoming

stigma and exclusion (*Technical and Collaboration Facilitator*). Use World Leprosy Day to advocate with children, women and men affected by leprosy against discriminatory laws and practices (*Communications Network*)

Nationally Advocate for breaking barriers to inclusion as part of each national programme. Joint programme learning with disability organisations and other NTDs. Use World Leprosy Day to advocate with children women and men affected by leprosy against discriminatory laws and practices. Programmatically partner with organisations of people affected by leprosy and with other NTD organisations to find and share solutions and communicate to overcome stigma (*ILEP Country Co-ordinators*)

Objective C

Scale up programmes to assist inclusion e.g. accessible water and sanitation, assistive devices, access to schools, services, and social protection. Girls and boys, women and men with leprosy related disability are included in Community Based Rehabilitation, Inclusion and Livelihood programmes.

Regionally compare and share good practice (*Technical and Collaboration Facilitator*)

Nationally work with boys and girls, women and men affected and duty bearers to include disabled people, and those affected by leprosy, in health and social provision

ORGANISATIONAL GOALS

GOAL 4. DEVELOP COLLABORATION

Objective A Develop a Technical and Collaboration Network

Technical and programme learning is shared resulting in innovation improved programming

Within ILEP Members clarify roles, responsibilities and deliverables of ILEP Member initiatives - country co-ordinators, ITC, Temporary Expert Groups, Infolep, *Leprosy Review*, ILEP website, Leprosy Research Initiative. Encourage collaboration in identifying funding opportunities and joint applications. Set up a peer learning system (*ITC, Technical and Collaboration Facilitator, Infolep*)

Externally identify the key programme learning and co-ordination opportunities with National Programmes, Global Leprosy Programme, WHO Regional Offices, others working in the field of NTDs and disability and with people affected by leprosy. Identify key contact points and systematic sharing of learning (*ITC, Technical and Collaboration Facilitator and Country Co-ordinators*)

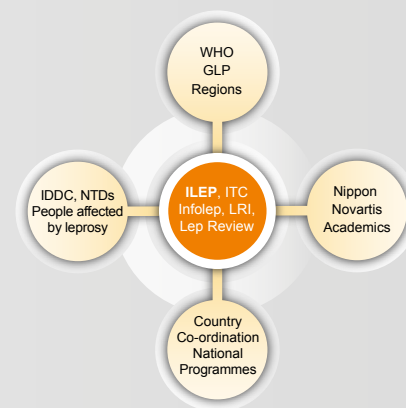
Advocacy strategies and targets identified to meet Goals 1 to 3

Within ILEP Members set up an Advocacy Network with systems for sharing information and identifying those responsible for regular liaison with key partners and targets (*ILEP CEO, ILEP Members' CEOs*)

Outside ILEP Identify added value opportunities for joint advocacy with other organisations active in NTDs, disability and development to advocate for goals 1 to 3 (*ILEP CEO, ITC, ILEP Members' CEOs*)

Results-based strategic country co-operation

Run workshops in pilot countries to identify and roll out effective ways of working towards and reporting on goals 1 to 3. Review financial reports at country level. Identify how to support implementation of the Bangkok Declaration and WHO Leprosy Strategy by sharing technical expertise, results and objectives (*Technical and Collaboration Facilitator and Country Co-ordinators, Heads of Programme of ILEP Members*)



Objective D Develop and maintain partnerships

Partnerships developed to meet goals 1 to 3

Stakeholders Jointly convene stakeholder meeting to develop co-operation on approaches to leprosy and raise the profile of the disease

WHO Official relations agreement with WHO leads to enhanced co-operation, input into strategy and support from ILEP, ILEP Members contribute to regional meetings, evidence of good co-ordination with national programmes, evidence of ILEP encouraging learning between national programmes (*ILEP CEO, Technical and Collaboration Facilitator, ITC*)

People affected by leprosy ILEP Members collaborate in countries and regions to strengthen capacity of organisations of boys and girls, women and men affected by leprosy to mainstream leprosy and disability in development programmes and to bring the voices of people affected by leprosy to global policy fora. ILEP Members collaborate with children, women and men affected by leprosy to ensure that their rights are respected in programmes (*ILEP CEO, Technical and Collaboration Network Facilitator, ITC*).

Neglected Tropical Diseases identify key partners working in other NTDs, develop joint actions where there is clear added value and learning, identify point people for these partnerships (*ILEP CEO, Technical and Collaboration Facilitator, and ITC*)

GOAL 5. GOVERNANCE

Drive strategic change through new governance system

Objective A. Members' Assembly focus on strategy and results.

Members' Assembly agendas redrafted

Members' Assembly agrees strategy, budget, Bye-Law changes and job description of CEO and elects Executive Board to supervise implementation

Objective B Board is advised by persons affected by leprosy

Set up Advisory Panel of persons affected by leprosy and evidence their impact on ILEP policy and practice

GOAL 6. ORGANISATION – PROFILE

Raise profile to increase support for a world free of leprosy

Health systems increase attention on leprosy, necessary resources are available and skills of health workers developed

Objective A Identify case for support

Write case for supporting increased attention on NTDs in UN post-2015 sustainable development goals, leprosy in NTD policy making and among development actors (*CEO*)

Objective B Invest in partnership for leprosy

Convene stakeholder conference with key partners to identify how to raise the profile of the disease

Objective C Clarify ILEP brand

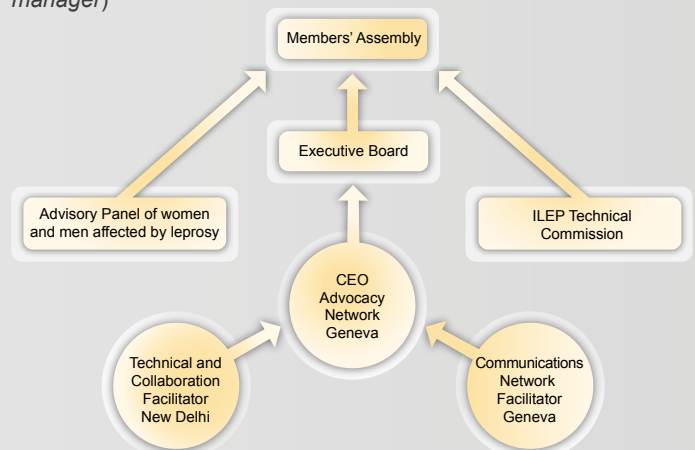
Agree key ILEP messages, review website purpose and look and link with Infolep

Objective C Roll out leprosy campaign

Set up Communications Network, identify targets and key messages

Trial collaboration on a key campaign around World Leprosy Day in 2016 and 2017 aimed at raising awareness among health workers and communities and support from policy makers

Roll out a global campaign in 2018 (*CEO and Communications manager*)

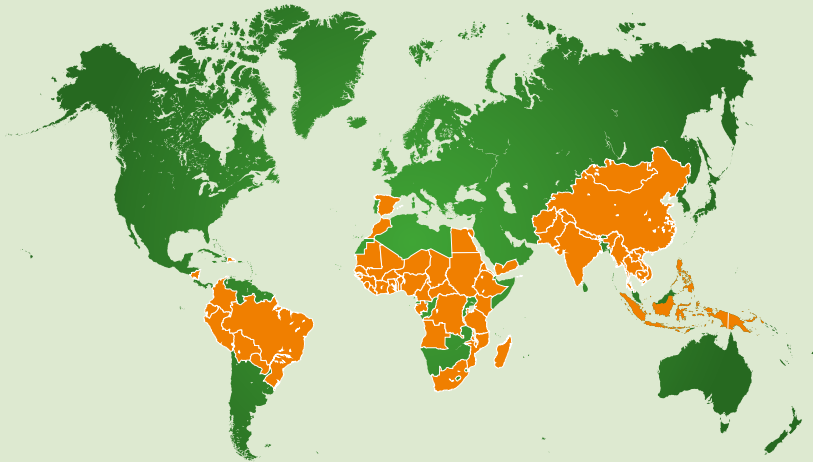


About ILEP *International Federation of Anti Leprosy Associations*

- **Leprosy is curable** and ILEP is working for a world free from leprosy.
- We are a Federation of 14 international non-governmental organisations. We support a Technical Commission of world experts on leprosy. Members co-ordinate their work in 63 countries, where they spend some \$60 million on 700 projects and over £1 million per year on leprosy research.
- Together we are stopping leprosy. Every two minutes one more person is diagnosed and starts treatment for leprosy.
- Together we are preventing disability due to leprosy. Millions of people around the world are still disabled by leprosy, which left untreated causes nerve damage and disfigurement of the face and limbs; lack of sensation can lead to injury and blindness.
- Together we are fighting the stigma of leprosy, which can cause people affected and their families to be shunned and excluded from everyday life, their rights ignored.
- Members work with girls and boys, women, and men affected by leprosy, with Ministries of Health and the World Health Organization; with Novartis, which is providing anti-leprosy drugs for free; The Nippon Foundation and other philanthropic trusts; with NGOs and governments and with the support of some 500k individual donors.

ILEP was founded in 1966. Its Members are: *American Leprosy Missions (USA)* <http://www.leprosy.org/>, *Associazione Italiana Amici di Raoul Follereau (Italy)* <http://english.aifo.it/>, *Austrian Leprosy Relief Association (Austria)* <http://www.aussaetziggen-hilfswerk.at/>, *Damien Foundation Belgium (Belgium)* <http://www.damienfoundation.org/>, *Deutsche Lepra-und Tuberkulosehilfe (Germany)* <http://www.dahw.de/>, *FAIRMED (Switzerland)* <http://www.fairmed.ch/>, *Fondation Raoul Follereau (France)* <http://www.raoul-follereau.org/>, *Fontilles (Spain)* <http://www.fontilles.org/>, *Lepra (UK)* <http://www.lepra.org.uk/>, *Mãos Unidas P. Damião – Portugal (Portugal)* <http://www.maos-unidas.pt/>, *Netherlands Leprosy Relief (Netherlands)* <http://www.leprastichting.nl/>, *Sasakawa Memorial Health Foundation (Japan)* <http://www.smhf.or.jp/e/>, *Secours aux Lépreux – Leprosy Relief Canada (Canada)* <http://www.slc-lr.ca/en/> and *The Leprosy Mission International (UK)* <http://www.leprosymission.org/>.

ILEP is working in 63 countries



The countries where ILEP Members are working are highlighted in orange: Afghanistan, Angola, **Bangladesh**, Benin, Bolivia, **Brazil**, Burkina Faso, Burundi, Central African Republic, Cambodia, Cameroon, Chad, **China**, Colombia, Comores, **D.R.Congo**, **Côte d'Ivoire**, Dominican Republic, East Timor, Ecuador, Egypt, **Ethiopia**, Gabon, Ghana, Guinea, Guinea Bissau, Haiti, **India**, **Indonesia**, Kenya, Laos, Liberia, **Madagascar**, Mali, Mauritania, Mongolia, Morocco, Mozambique, **Myanmar**, **Nepal**, Nicaragua, Niger, **Nigeria**, Pakistan, Papua New Guinea, Paraguay, Peru, **Philippines**, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Spain, **Sri Lanka**, **S. Sudan**, **United Republic of Tanzania**, Thailand, Togo, Uganda, Vietnam, Yemen Countries in bold are those with over 1000 new cases reported in 2012.

List of consultees

- Mr Bill Simmons, President & CEO ALM, ILEP Board Member
- Mr Jose Manikkathan Varghese, AIFO Representative India
- Mr Matthias Wittrock, Managing Director, ALRA, ILEP Board Member
- Mr Burkhard Kömm, CEO DAHW, ILEP Board Member
- Mr Koen van den Abeele, CEO DFB, ILEP Board Member
- Mr René Stäheli, Director FAIRMED, ILEP President
- Mr Michel Récipon, President FRF, ILEP Board Member
- Mr José Manuel Amorós, Fontilles General Manager, ILEP Board Member
- Ms Sarah Nancollas, CE Lepra, ILEP Board Member
- Mr Jan van Berkel, Executive Director NLR, ILEP Board Member
- Mrs Maryse Legault, Director, ILEP Board Member
- Professor Etsuko Kita, Chair Board, SMHF, ILEP Board Member
- Dr Piet Both, Advisor to the General Director, TLM
- Ms Hiroe Soyagimi, Member, Board of Directors, International Programmes, SMHF
- Nao Hoshino, Team Leader of Leprosy Programme, SMHF
- Mr Geoff Warne, General Director TLM, ILEP Board Member
- Mr Maurizio Maldini, Director, AIFO
- Francesca Ortali, Head of Projects, AIFO
- Dr Giovanni Gazzoli, Projects Department, AIFO
- Dr Antonio Giovanni Farris, AIFO, about to become ILEP Board Member
- Mr Platini, member of the AIFO Board
- Professor Cairns Smith, Professor Emeritus Public Health, Aberdeen University, Chair ITC
- Dr Paul Saunderson, Medical Director ALM, Editor Leprosy Review
- Dr Marcus Virmond, President International Leprosy Association
- Ms Sarah Hull, IDDC Co-ordinator
- Dr Mohammed Aleem Arif, CEO NLR Foundation, ILEP Co-ordinator India
- Mr Duane Hinders, NLR Country Representative, ILEP Co-ordinator Brazil
- Mr Francois Carbonez, Policy Advisor, International Disability and Development Consortium EU Task Group Co-ordinator
- Ms Mary O’Friel, Administrative Co-ordinator, International Association for Integration Dignity and Economic Advancement
- Dr Ann Aerts, Head, Novartis Foundation
- Professor Judith Justice, Associate Professor Medical Anthropology and Health Policy, University of California
- Ms Caroline Harper, CE Sightsavers
- Mr Ken Gibson, CE, Leprosy Mission Ireland
- Dr Julie Jacobson, Senior Program Officer, Gates Foundation
- Dr Aung Kya Jai Maug, Country Co-ordinator Bangladesh DFB and
- Rev Matthew Halder, TLM Country Leader Bangladesh
- Mr Peter Derrick, Executive Director effect hope
- Mr Dave McComiskey, President CBM
- Mr Peter Ackland, CEO International Agency for the Prevention of Blindness
- Ms Ann-Sophie Lois, Head of Advocacy Plan UN Office Geneva
- Dr C M Agrawal, Deputy-Director General (Leprosy), Ministry of Health and Family Welfare, Government of India
- Dr Edith Roset Bahmanyar, Novartis Global Program Head-Malaria and Leprosy
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- Dr Hiroki Nakatani, WHO Assistant Director-General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases
- Dr Dirk Engels Director of the Department of Control of Neglected Tropical Diseases
- Dr Hugh Cross, Program Director Asia, ALM and Country Leader Nepal, TLM
- Linda Lehman, Technical Director Programs, ALM
- Mr Tadesse Tesfaye, Managing Director, Ethiopian National Association of People Affected by Leprosy