



Fédération Internationale des Associations contre la lèpre
International Federation of Anti-Leprosy Associations
Internationale Vereinigung der Leprahilfswerke

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5th Meeting of the ILEP Technical Commission

Tuesday 6th – Wednesday 7th December 2005

London, UK

MINUTES

Chair: Dr Pieter Feenstra (PF)

Present: Dr Guido Groenen (GG), Mr Ernst Hisch (EH),
Professor Baohong Ji (BJ), Dr Padebattu Krishnamurthy (PK),
Dr Diana Lockwood (DL), Dr Paul Saunderson (PS)
Guest – Dr Vijay Pannikar (VP), Team Leader, Global Leprosy
Programme, World Health Organization (WHO)

Secretariat: Ms Susan Lord (SL) (Tuesday only), Ms Rebecca Marcenac (RM) and
Mr Andrew Clark (AC) (Wednesday only)

The Chair welcomed everyone to the Meeting. Apologies had been received from Dr Montserrat Pérez (MP) for her absence.

1 Approval of the Agenda

The Agenda was approved with some changes and clarifications.

2 Points arising from the Minutes of the previous Meeting

4.3.1 The decision as to whether ILEP should issue a directive on A-MDT had been postponed from the June meeting for a decision to be made at this meeting: The Chair concluded that this issue is included in the Global Strategy Document and will have to be spelled out in the operational guidelines.¹

All other points arising from the previous minutes were covered by the Agenda.

3 Follow-up of Action Points arising from the Minutes of the previous Meeting

All Action Points had been completed except for Action Point to Item 6.1: *MP to produce a first draft on guidance on the use pentoxifyline.*

Action Point: SL to contact MP to prepare advice on pentoxifyline

¹ WHO Global Strategy for further reducing the leprosy burden and sustaining leprosy control activities (plan period: 2006-2010) WHO/CDS/CPE/CEE/2005.53.

4 Update of Plan of Work (see Appendix 1)

4.1 Monitoring of epidemiological trends

4.1.1 Advise on the monitoring of epidemiological trends and validation of data

The Discussion Document (DD) *Monitoring of epidemiological trends of leprosy and the validation of data* has been prepared by PK and distributed to the Federation and the wider leprosy community as a preliminary response to the request for advice, and inviting further comment to develop more definitive advice. This, and the other Discussion Documents prepared by the ITC, will contribute to the production of the Operational Guidelines.²

SL described the procedure for the distribution of Discussion Documents (DDs). They are sent as electronic attachments to; the named Heads of Members, Member's Head Offices, ILEP Representatives, and the Technical List that includes medical/technical advisors. The DDs are posted on the ILEP website, and notification with a hyperlink is sent to Salvatore Noto's Leprosy Mailing List.

It was agreed that the ITC should continue informing Noto's mailing list about DDs, but that when required the ITC should also try to actively encourage comment from programme managers and known experts. The comments already received on the various DDs were noted. The Chair decided that discussion of these comments was not required at this meeting as they would be discussed during the preparation of the Operational Guidelines.³ The DDs will remain on the ILEP website until 1 month before the Global Forum.⁴

It was decided that GG's document on the suggested format of annual leprosy reporting should be added to the DD.

Action Point:

SL to remove DDs from ILEP website on April 7th.

GG will write an introduction to his document. [Completed]

SL will add GG's document to the DD [Completed]

4.2 Quality of Diagnosis

4.2.1 Produce advice on how to make the validation of diagnosis a component of leprosy control

The DD *Ensuring the accuracy of diagnosis of leprosy in routine control programs* has been prepared by PS and distributed as previously described for DDs (see 4.1.1)

4.3 Appropriate strategies for treatment

4.3.1 Review evidence on MB relapse rates after MDT, particularly after 12 month MDT.

A DD on *Review of evidence on MB relapse rate after MDT* has been prepared by BJ and distributed as previously described for DDs (see 4.1.1)

4.4 Prevention of Disability

4.4.1 Produce guidelines on POD including advice on organisation of self-care groups.

Learning Guide Four: Prevention of Disability in Leprosy by Hugh Cross, Margaret Mahato and Paul Saunderson.

SL explained the reasons why the publication of this guide had been delayed, then described the future production and distribution plans. It was noted that this Guide will generally be printed in the regions where it will be used; it cannot be warehoused in the UK. However, it may still be necessary to print in Europe and ship to Africa as transport within Africa is expensive and/or unreliable.

² The Operational Guidelines will be complimentary to the Global Strategy Document and are being produced by WHO in collaboration with the ITC, Programme Managers and Technical Experts.

³ The Operational Guidelines are being drafted by Dr Paul Saunderson for discussion at a Global Forum to be held April 18th-20th.

⁴ The Global Forum comprises invited experts including the ITC and the WHO Technical Advisory Group (TAG) as well as Programme Managers and other technical experts.

Because of the upcoming meeting on *Consensus Development of Prevention of Disability (POD)* to be held in September, where decisions on recording and reporting procedures in (POD) will be made, it was decided that printing of the Guide will be delayed until after this meeting to allow for inclusion of material from this meeting. The electronic version of the Learning Guide will be posted on the ILEP website in its present form. The Learning Guide will be used as a resource for the consensus meeting.

Action Point:

SL to prepare a printing/distribution plan in advance of the September meeting to ensure efficient distribution of the Guide as soon as it is ready.

SL to post the Learning Guide on website as soon as possible and provide copies for the Consensus planning meeting.

4.5 Community Based Rehabilitation/SER

4.5.1 Produce guidelines on how to assess the impact of CBR, including review of B3 indicators.

Explore and promote the involvement of people affected by leprosy.

EH reported that all invited members for the Temporary Expert Group (TEG), convened to provide advice on these topics, had accepted. Member funding had been obtained for all of the members. The first meeting will be held in late March at NLR. It was suggested that the WHO Disability and Rehabilitation department (WHO-DAR) should be invited to suggest a member for inclusion in the CBR-TEG so that advice from the TEG will be in line with WHO thinking.

Action Point:

Invite WHO-DAR to suggest a member for the TEG [Completed, and WHO-DAR member now included in TEG].

EH also reported on his visit (with Wim van Brakel and SL) to WHO-DAR to explore the possibility of obtaining WHO endorsement for the CBR Technical Guide (see 4.5.2). At this meeting, WHO-DAR mentioned that the Director General of WHO has been asked to prepare a world report on rehabilitation in time for the World Health Assembly (WHA) in 2008, and that this provides an opportunity for ILEP to cooperate with WHO to produce leprosy disability data for inclusion in the report. VP said that he would be happy to facilitate this cooperation and would be willing to request national data.

Action Point: EH to discuss cooperation on the WHO Rehabilitation report at the CBR-TEG meeting in March, and with interested parties at the planning meeting in February at CEBU of the Consensus Development on Prevention of Disability Conference.

4.5.2 Provide advice at field level on how to meet the needs of people affected by leprosy through CBR

Progress has been made towards obtaining WHO endorsement for the *Technical Guide on Community Based Rehabilitation*. Amendments will be made to the Guide, with ongoing advice from WHO-DAR, to achieve this goal. It is hoped that the WHO endorsed Guide will be published during summer 2006.

Action Point:

EH, SL and editorial group to liaise with Dr Chapal Khasnabis from WHO-DAR to amend the text.

4.6 Health Education/IEC

4.6.1 Review the evidence for effective IEC and identify appropriate methods, if possible giving advice on training methods in this field.

PS reported on this meeting at the Center for Disease Control and Prevention (CDC) in Atlanta. They have a lot of experience in HIV and health promotion, as well as working in Africa. PS will include 2 or 3 of these people in the TEG-IEC as well as representatives from the Members requesting advice on this topic. It was suggested that Thomas van Stamm and

Dr Masih be considered for inclusion in the TEG. The TEG will not meet; communication will be by email.

PS mentioned that there is a lot of published material on this topic and that the TEG would look widely to find information that can be used in leprosy.

Action Point:

PS to set up this TEG and start research. To report back at October ITC meeting.

4.7 Training, and Teaching and Learning Materials

4.7.1 Collect information and prepare a resource on existing training and learning resources

The meeting agreed that insuring that there is adequate provision of teaching and learning materials is a core responsibility of the ITC: Leprosy remains a priority to ILEP in the integrated setting, but not to others.

DL mentioned that there is a need for lecture material and that the textbooks by Hastings and Bryceson are now out of print. VP emphasised that the sustainability of quality leprosy services requires that good training material is kept readily available. The meeting discussed whether there is a need for an updated textbook, and the Chair requested GG and SL to prepare a proposal on this. DL mentioned that Reviews are often very helpful for training purposes.

Action Points:

GG, SL to prepare a proposal regarding the need for a revised textbook

DL is to gather recent reviews on leprosy to be hosted on, or linked to, the ILEP website.

SL reported that the Technical Publication CD was very popular, and it would be interesting to know how much it is being utilised in the field.

4.7.2 Identify any gaps in this information and ascertain whether there is a need for these to be filled. Develop a framework to meet these needs.

The Grid of essential texts prepared by GG & SL with input from technical experts was reviewed. In the areas of POD, CBR and rehabilitation it is complete, but in some clinical/scientific areas there is still a need for titles. It was mentioned that specific book chapters rather than entire books may be more appropriate to cover some subjects. The availability of the suggested material is to be ascertained as any suggested material must be easily obtainable.

Action Point:

GG, SL to contact experts for suggestions for material and to investigate the availability of titles.

4.8 Organisation and Quality of Services

4.8.1 Advise on monitoring of the quality, coverage, and effectiveness of leprosy services in the field

The DD on *Coverage of leprosy services* had been prepared by PK and disseminated as preliminary advice for comment.

BJ mentioned that he was concerned that although vertical programmes had been abolished, nobody in the general health services was taking over their responsibilities and that therefore the quality of diagnosis is declining. Over-diagnosis may be as high as 40% in some places, and that if diagnosis is carried out by peripheral workers, the quality of diagnosis will be necessarily low.

PK mentioned the advantages and risks of integration, namely, increased coverage, access and reduction of stigma as advantages, and loss of quality in diagnosis and management as

possible risks. Capacity building is important but there must also be good supervision supported by an adequate referral system.

The Chair agreed that these are very important issues for inclusion in the Operational Guidelines.

VP made a presentation covering the Quality of Services.

4.8.2 Advise on effective urban leprosy control

The document on *Urban leprosy control* prepared by PK will keep its special status among the DD group due to its different purpose, which is to act as a repository for comment and information on urban leprosy control. It will, therefore, remain on the ILEP website for an extended length of time

4.9 Research

4.9.1 Ensure regular review of basic research, applied and operational research, and identify research priorities, including a timely update on evidence-based and best practice approaches in leprosy.

The question of the usefulness of the Research Directory was raised. DL said it was interesting to see what research was being done and how it was being funded. VP said it was interesting to see what was being done in the field but that we should note that the named investigators are not from developing countries and that this is thought inappropriate sometimes. It was explained that only the name of the principal investigator is included, and that there are investigators from developing countries involved in research.

It was agreed that when possible the country where the main part of the research is being done should be mentioned.

VP suggested that perhaps ILEP could review research jointly with WHO. Gaps in the current research agenda may be identified during the Global Forum discussions on the Operational Guidelines.

Action Point:

SL to add the principal research site to the directory.

4.9.2 Identify research activities by ILEP Members and match activity with research priorities.

It was decided items 9.2 and 9.3 of the plan of work were too ambitious and that the ITC should react to requests by Members on an ad-hoc basis as with the following requests from Mr Rens Verstappen (NLR), Professor Cairns Smith (LEPRA) and Dr Paul Saunderson (ALM).

a) Request from NLR for advice on rolling out the *M.leprae* lateral flow test for leprosy control.

The material provided by NLR was thoroughly discussed and the conclusion was that it was premature to consider the application of the lateral flow test as a tool for leprosy control programmes. However, the ITC fully endorsed plans for follow-up of contacts in Brazil and Nepal to further investigate the possibility that the antibodies detection may be used to identify the contacts with a greater risk of developing leprosy.

Action point:

BJ to report back to NLR on behalf of the ITC [Completed]

4.9.3 Promote and increase capacity for research and advise on the development of research studies

a) Request from Professor Cairns Smith for the ITC to debate the need for significant investment to develop new tools for leprosy eradication.

b) Request from Dr Paul Saunderson for discussion on the COLEP study, and probable funding from the US Government to scale up funding for the control of neglected diseases.

These two topics were discussed by the ITC and it was agreed that initiatives such as IDEAL⁵ that arose from the WHO/TDR working group on leprosy are well funded and working well.

4.9.4 Inform ILEP Members and field workers on outcomes and implications of important research.

It was suggested that a 500-word description of recent research results that have implications for the field is included in Leprosy Review.

a) Recommendation sought by the INFIR group for ILEP to fund an International Workshop on Neurological Aspects of Leprosy.

The meeting supported the idea of such a workshop, believing that future research into priority areas in leprosy needs to be coordinated and driven forward by groups such as IDEAL and SYNAPSE that combine specific technical expertise relating to the field under study with networking, communication and advocacy skills. The meeting made some specific suggestions; that one specific ILEP Member becomes the organiser of the meeting, that the group go further than producing a report by also setting research priorities and developing research proposals, and that it look into the possibility of including ENL research within their remit.

Action points:

DL will write the 500-word description as an editorial in Leprosy Review.

PS to reply on behalf of the ITC to Wim van Brakel of the INFIR group. [Completed]

4.10 Miscellaneous

4.10.1 Develop and apply systems to monitor the use of ILEP publications

The Questionnaire drafted by GG as a possible tool to monitor the use of ILEP publications had been introduced in a trial by ITC members, and then rolled out in November to ILEP Representatives to obtain more feedback. Although only a limited amount of feedback had been obtained so far, it was felt that the feedback looked promising and that the project should continue. More responses will be sought, and when there is a response indicating that a publication has been used, further information will be requested as to the publication's usefulness.

Action points:

SL to obtain more responses and follow up when appropriate.

5 Issues related to the Collaboration between ILEP and WHO

5.1 Preparation of Operational Guidelines

Dr Paul Saunderson, a member of both the ITC and the WHO Technical Advisory Group (TAG) will draft the Operational Guidelines with advice from members of the ITC, TAG, Programme Managers and other experts. The draft document will be thoroughly discussed at the Global Forum in April and published in the summer. PS had prepared a document for the meeting on suggested areas to be covered by the Guidelines.

It was agreed that it is necessary for the Operational Guidelines to be an official WHO document endorsed by the highest WHO authority in a similar way as the official WHO document on tuberculosis control.⁶

⁵ Initiative for Diagnostic and Epidemiological Assay for Leprosy

⁶ Global tuberculosis control: surveillance, planning, financing. WHO report 2005. Geneva, World Health Organisation (WHO/HTM/TB/2005.349)

5.2 Coordination of data collection

It was agreed ILEP and WHO should coordinate their data collection in the future but that for this year the same process as previous years will be followed.

5.3 Report from WHO AFRO Meeting / Report from the Sasakawa Memorial Health Foundation Meeting

The Chair reported that the outcome of the discussions at the AFRO meeting on the AFRO strategy⁷ had been positive, but it has been reported that in a subsequent draft of the strategy document the concept of elimination goals has been reintroduced. The Chair will protest if necessary after having seen the latest version.

PF, PS and Dr Sunil Deepak have attended their last meeting of the Advisory Board to SMHF as this has now been disbanded. There are concerns that the SMHF is still advocating sub-national elimination targets in contradiction of the WHO Global Strategy, and the meeting proposed that ILEP should write or meet with Mr Sasakawa to explain their concerns about this issue.

The issue of multi-drug therapy (MDT) supply was discussed in the context of the uncertainty of how long Novartis will continue to fund it. It was decided that the need for ILEP to guarantee an additional supply of drugs would be discussed later in the week with Dr Lorenzo Savioli, Director, Control of Neglected Diseases, WHO. [This was done, and Dr Savioli said he was confident that Novartis would be willing to supply as much MDT as was required]

6 Other Issues

6.1 Request from NLR for advice about the ICF Core Set for leprosy.

It was agreed that the International Classification of Functioning, Disability and Health (ICF) has provided an extremely useful framework for discussing issues of impairment and disability in leprosy. In principle, therefore, the ITC supports the further development of this framework through work on a Core Set for leprosy. While the ITC itself has neither the funds nor the organizational structure to play a role in coordinating such an effort, the Temporary Expert Group on Community-Based Rehabilitation (CBR-TEG) will discuss this matter at its next meeting in March. Coordination of funding would have to be taken up by an ILEP Member in the usual way.

Action point:

ITC to respond more fully to NLR after the March CBR-TEG meeting

6.2 Request for recommendation from the ITC for ILEP Members to fund the *International Journal of Leprosy* (IJL)

The consensus was that the ITC cannot recommend ILEP Members continue supporting the IJL. Factors that contributed to this decision were that there has been a drop in the amount of leprosy research, the same information is published in other journals with a higher impact factor and that the two journals dilute the small amount of specific research that is being published.

Action points:

The ITC to report their conclusion to Members [Completed]

PS will request a one-off contribution for a final issue of the IJL to be produced. [Completed, and agreed]

⁷ WHO/AFRO/Leprosy Elimination Programme Managers' Meeting, Brazzaville, Congo, 27-29 June 2005 for discussion of the WHO/AFRO Strategy to maintain the quality of leprosy services when cases become rare.

6.3 Request from the ILA for a joint ILEP/ILA/WHO Forum on Leprosy at the time of the next International Leprosy Congress

The support of ILEP Members for the International Leprosy Congress (ILC) should be on condition that it focuses on sustainable leprosy services and not elimination. The Congress' contents should be based on the Global Strategy. Mention should not be made of elimination, and ILEP and WHO should be involved in planning the sessions. At a later stage, after the Global Forum on the Operational Guidelines, it will be decided whether there is a need for a joint ILA/ILEP/WHO forum at the time of a possible ILC.

7 Any other Business

The Chair requested that VP be specifically asked by the Secretary for topics he would like to be put on the Agenda in advance of the next meeting.

8 Date and place of next meeting

A joint meeting of the ITC and the WHO-TAG will take place in Aberdeen on April 21st after the Global Forum. There may be a separate meeting of the ITC prior to this joint meeting. The next full meeting of the ITC will be on the afternoon of October 2nd, and the full day October 3rd at the ILEP Secretariat in London.

Appendix 1

Minutes December 2005 version

ILEP TECHNICAL COMMISSION PLAN OF WORK 2004-2008

Prepared by Susan Lord , Secretary (SL)



Pieter Feenstra , Chair (PF), Guido Groenen (GG), Ernst Hisch (EH), Baohong Ji (BJ), Paddebattu Krishnamurthy (PK),
Diana Lockwood (DL), Montserat Perez (MP), Paul Saunderson (PS). Vijaykumar Krishnamurthy (VP) cc Doug Soutar

<i>Activity</i> Advice requested by Members	<i>Frequ</i> <i>ency</i>	<i>Product*</i>	<i>Working</i> <i>Method</i>	<i>Lead</i> member	<i>Date</i> <i>due</i>	<i>Present status/notes</i>
1. MONITORING OF EPIDEMIOLOGICAL TRENDS						
1. Advise on the monitoring of epidemiological trends and validation of data	Continu ous	Discussion Document (DD) to be produced by ITC		PK	complet ed	DD temporarily on ILEP website, to be removed before Global Forum in April. Publicised to Noto's mailing list inviting comment.
		Operational Guidelines (OG) to be produced by WHO/ITC/Programme managers/experts			June 06	Preliminary draft of Operational Guidelines being produced by PS with input from DD and comments received. GGs document on the suggested format for leprosy reporting added to DD (26/1)
2. QUALITY OF DIAGNOSIS						
1. Produce advice on how to make the validation of diagnosis a component of leprosy control	Once only	Discussion Document (DD) to be produced by ITC		PS	complet ed	DD temporarily on ILEP website, to be removed before Global Forum in April. Publicised to Noto's mailing list inviting comment.
		Operational Guidelines (OG) to be produced by WHO/ITC/Programme managers/experts			June 06	Preliminary draft of Operational Guidelines being produced by PS with input from DD and comments received.
3. APPROPRIATE STRATEGIES FOR TREATMENT						
1. Give advice on the implementation of A-MDT	Once only	No need for specific directive from ITC as covered by the WHO Global Strategy prepared in conjunction with ILEP.			Comple ted	BJ's Madagascan study will provide extra information when completed

* Report, Letter, Technical Bulletin, Technical Guide, Guidelines, Learning Guide, Minutes of ITC Minutes etc

** TEG, Workshop, email correspondence, website forum, individual output of Member, Discussion report etc

<i>Activity Advice requested by Members</i>	<i>Frequ ency</i>	<i>Product</i>	<i>Working Method</i>	<i>Lead member</i>	<i>Date due</i>	<i>Present status/notes</i>
2. Review evidence on relapse rates after MDT, particularly after 12 month MDT	Once only	Discussion Document (DD) to be produced by ITC		BJ	comple ted	DD temporarily on ILEP website, to be removed before Global Forum in April. Publicised to Noto's mailing list inviting comment. Preliminary draft of Operational Guidelines being produced by PS with input from DD and comments received.
		Operational Guidelines (OG) to be produced by WHO/ITC/Programme managers/experts			June 06	
3. Give advice on the availability and utility of prednisolone as loose drug or Prednipacs	Once only	Advisory Paper published and distributed to Members. Permanently posted on ILEP website		MP DL PS		Completed (see minutes Dec '04).
4. Give advice and seek information on clofazimine supply and distribution	Once only	Advisory Paper published and distributed to Members. Permanently posted on ILEP website		MP DL PS		Completed (see minutes Dec '04).
5. Give advice on thalidomide availability, use and monitoring.	Once only	Existing guidelines remain valid but specific advice can be given on request.		DL		Completed (see minutes Dec '04). SL to check if TLMI would like additional advice.
4. PREVENTION OF DISABILITY						
1. Produce guidelines on POD including advice on organisation of self-care groups	Once only	Learning Guide produced by Hugh Cross /Maragaret Mahato/ Paul Saunderon		PS	Website January Printed book Decemb er	Publication of Learning Guide behind schedule due to SL workload. Decision to publish present version of the Guide on the ILEP website in January but to wait until a final version is produced after the CEBU mtg in September before printing (see mins for further info)
5. COMMUNITY BASED REHABILITATION/SER						
1. a) Produce guidelines on how to assess the impact of CBR, including review of B3 indicators b) Explore and promote the involvement of people affected by leprosy	Once only	Guidelines Revised B3 form	TEG (CBR Impact Assessment)	EH		TEG members appointed (including WHO member). 1 st meeting March 29/30 Amsterdam. Agenda to be prepared and any pre-meeting tasks assigned (EH, SL)
2. Provide advice at field level on how to meet the needs of people affected by leprosy through CBR	Once only	Technical guide	TEG ((CBR Guide Editorial Board) Consultation of external reviewers	EH (Chair)		Meeting held with WHO-DAR Geneva Nov 24 th . WHO endorsement possible with amendment of text. Writing group to work closely with WHO-DAR to complete draft. Editorial suggestions to be sent to DAR by end of February for discussion at March 29 meeting.
6. HEALTH EDUCATION/IEC						
1. Review the evidence for effective IEC and identify appropriate methods, if possible giving advice on training materials in this field.	Once only	Technical Bulletin?	TEG . Work to be conducted through email.	PS (Chair)	Dec '06	PS met with CCG in August.. TEG-IEC might comprise 2 members CCG, Thomas van Stamm and Dr Massih

<i>Activity</i> Advice requested by Members	<i>Frequ</i> <i>ency</i>	<i>Product</i>	<i>Working</i> <i>Method</i>	<i>Lead</i> member	<i>Date</i> <i>due</i>	<i>Present status/notes</i>
7. TRAINING, AND TEACHING AND LEARNING MATERIALS						
1 Collect information and prepare a resource on existing training and learning resources a) international training courses and b) teaching and learning materials	Once only	Database of international training resources to be hosted on ILEP website	Contact international training centres for information on courses and texts. Also contact experts in various disciplines.	GG		Calendar of Training Courses on ILEP website being continually updated but information hard to obtain from some training centres. Catalogue also on website.
2 Identify any gaps in this information and ascertain whether there is a need for these to be filled. Develop a framework to meet these needs.		Framework/plan to develop required training and learning resources.		GG		Grid of essential texts prepared but certain areas require additional input <i>eg</i> sample chapters Need to check that all recommended texts are available.
3 Regular review of training and learning materials resource.	every 2 years	Review database. Recommendations for further training and learning resources.	In collaboration with WHO	GG		GG/SL to prepare a proposal on whether there is a requirement for an updated textbook on leprosy
8. ORGANISATION AND QUALITY OF SERVICES						
1. Advise on monitoring the quality, coverage and effectiveness of leprosy services in the field including (a) diagnosis and treatment (MDT) (see section 2. Quality of Diagnosis) (b) the components of PoD: (c) physical rehabilitation; and (d) CBR	Continu ous	ITC Minutes. Advisory Report to Members	DD prepared by PK. Operational Guidelines (OG) to be produced by WHO/ITC/Program managers/experts	PK		DD temporarily on ILEP website, to be removed before Global Forum in April. Publicised to Noto's mailing list inviting comment. Preliminary draft of Operational Guidelines being produced by PS with input from DD and comments received.
3. Advise on effective urban leprosy control	Once only	Document on ILEP website, and will add extra projects that are submitted and approved by PK		PK		Prolonged posting on ILEP website to act as repository of information on urban leprosy control
4. Advise on how to sustain effective leprosy control after 2005	Continu ous	Joint WHO/ILEP Global strategy and accompanying Operational Guidelines		PF		PS/VP editorial in Lep Rev. Sept 05. Operational Guidelines mtg April 18 th - 21 st

<i>Activity</i> Advice requested by Members	<i>Frequ</i> <i>ency</i>	<i>Product</i>	<i>Working</i> <i>Method</i>	<i>Lead</i> member	<i>Date</i> <i>due</i>	<i>Present status/notes</i>
9. RESEARCH						
1. <u>Ensure regular review of</u> - basic research - applied and operational research - identification of research priorities, including a timely update on evidence-based and best practice approaches in leprosy. Closely monitor possible initiatives by other organisations.	every two years			BJ DL		Explore whether ILEP could review research jointly with WHO. It may be expected that during the GF discussions on the operational guidelines gaps in the current research agenda will be identified.
2. Identify research activities by ILEP members and match activity with research priorities	Continu ous	No specific product as the ITC will respond to requests from individual Members on specific topics.	ITC will produce advice and report back appropriately to the Member	DL BJ		Requests for advice on a number of topics has been given (see ITC Minutes for further information) Request from NLR on the ICF coreset has been referred to the new CBR-TEG
3. Promote and increase capacity for research and advise on the development of research studies	Continu ous					
4. Inform ILEP Members and field workers on outcomes and implications of important research	Once only			DL		Annual multilateral on research topic. Review to be published in Leprosy Review
5. Review and simplify current ILEP research information system.	Once only	Advice completed		DL BJ	Comple ted	New simplified directory on website. Currently updated annually when funding information available, but can be revised continually. Principal research site will be included.
10. MISCELLANEOUS						
1. Develop and apply systems to monitor the use of ILEP publications	Once only		Questionnaire	GG		Evaluation questionnaire put on website and publicised in ILEP newsletter. Note sent to ILEP reps asking if they would keep them in mind when visiting the field. Will have collated information for a report for the October ITC meeting (SL)
2. Be responsible for the technical content of the ILEP website	Continu ous	Website	Links to be checked every 3 months	PS SL		Links last checked 10/05 (SL) All links working.
3. Monitor ILEP B forms	Annually		Select the outliers on the identified indicators and inform Members.	AC PF		Members informed February.