



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

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## 4<sup>th</sup> Meeting of the ILEP Technical Commission

Tuesday 7<sup>th</sup> – Wednesday 8<sup>th</sup> June 2005

London, UK

### MINUTES

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**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 Montserrat Pérez (MP),  
Dr Paul Saunderson (PS)  
Guest – Dr Vijaykumar Pannikar (VP), Team Leader Global Leprosy  
Programme, World Health Organization (WHO) (Wednesday only)

**Secretariat:** Ms Susan Lord (SL)

The Chair welcomed everyone to the meeting. Apologies had been received from Dr Pérez for her absence from Tuesday afternoon's meeting.

#### 1) Approval of the Agenda

As the Minutes had already been approved electronically it was agreed that Agenda item 2 in the future would become Points arising from Minutes of the Previous Meeting. This item would cover points that were not to be covered under Agenda item 3. Action Points of the Previous Meeting.

#### 2) Approval of Minutes of Previous Meeting

It was agreed to make some changes to the procedure of review and approval of minutes: The first draft will be prepared by the Secretary and Chair and sent to Members, usually within a month. The ITC Members will have three weeks to review and respond, and all comments will be circulated to all members. A final draft will be prepared by the Secretary and Chair and sent to the members for approval. If any of the requested changes to the first draft have not been incorporated, an explanation will be provided. The final draft will be put on the website and circulated to Members after explicit approval has been obtained from all members. If, after the best efforts of the Secretary to obtain explicit approval, this is not forthcoming, the Chair will decide at what point to publish the Minutes.

### **3) Points arising from the Minutes of the 3<sup>rd</sup> Meeting of the ILEP Technical Commission, December, Hyderabad, India**

#### *10 Drug Issues.*

It is noted that Novartis has agreed to continue supplying MDT free of charge.

#### *11 Issues related to Collaboration between ILEP and WHO*

##### *11.1 Association Française Raoul Follereau (AFRF) proposal for a Global Technical Forum on Leprosy Control.*

Addition to the Minutes. It was decided that the decision to convene a Global National Forum would be delayed until the June 2005 Meeting. The Commission could not support a forum at this time as the process for discussion about the future leprosy control strategy had already been initiated between ILEP and WHO and it would not be appropriate to hold a global forum until these discussions have progressed.

##### *11.2 Data Coordination*

WHO will continue to collect leprosy related statistics from national programmes based on the Global Strategy 2006-2010. WHO will share statistical data with ILEP and coordinate in the collection of information. Data collection issues should be included in the Operational Guidelines to be prepared in the coming months.

##### *12 International Leprosy Association (ILA) African Leprosy Congress, 31 January – 3 February 2005*

PS reported that there was a significant and very welcome contribution by people affected by leprosy at the ILA African Leprosy Congress. There were some good presentations and good research reported at the meeting. SL reported that ILEP Technical Publications had been well received and that the CD containing the publications in all their translated languages was very popular. There still appears to be a strong need for publications in French and Portuguese in Africa.

##### *15 Any other Business*

It is noted that SEARO and WPRO are still preparing the bi-regional strategy document for sustaining leprosy services in Asia and the Pacific following on from their meeting in early December 2004.

### **Follow up on Action Points of the Meeting, December 2004 that are not covered by the current meeting's agenda.**

#### *5 Organisation of Services*

##### *5.1 Technical Bulletin on Leprosy in Urban Settings*

PK has had contact with Dr Dinesh Jain but he is still awaiting further clarification. Editorial comments have been received from the ITC. The introduction will be written and the publication put on the website, and publicised within the next few months.

#### *6 Clinical and Research Issues*

##### *6.1 Review of ILEP Research Information System*

Completed.

##### *6.2 Leprosy in Dermatology Research; Professor Ryan's Letter*

SL has written to Professor Ryan on behalf of the Chair, and received a paper on *Leprosy and the General Health Services of India: prospects for greater integration* by way of a reply. DL will ask Professor Ryan for his suggestions for collaboration. PK will discuss this paper with ILEP Representatives in India because of its extensive Indian context.

#### *8 Training*

##### *8.1 Progress of the Training Database*

Completed and being regularly updated.

### 9 Teaching and Learning Materials

#### 9.2 Collaboration with Infolep

SL has discussed wording of Infolep information supply with Jiske Erlings of Infolep.

### 10 Drug Issues

#### Drug Supply Paper

Notified posting of Advisory Paper is now on ILEP website.

#### 10.2 Thalidomide use in India

We are still awaiting TLM South Asia Research Guidelines. DL has been consulted by TLMI on the content of their new Guidelines which are currently being prepared.

### 13 Leprosy in the Broader Context

Chair responded to TLMI on the issue of the connection between poverty and leprosy.

### 14 Technical Q & A Session

SL informed ITC members of their attendance requirement for the June meeting.

## 4) Update of Plan of Work

These Minutes should be read in conjunction with *Appendix 1. ILEP Technical Commission Plan of Work 2004-2008*, which lists the questions (listed as tasks) the ITC has been asked to look at by the Members and the method that the ITC has chosen to address these requests.

During this meeting a decision was made to collaborate with WHO on the preparation of *Operational Guidelines* to complement the ILEP endorsed WHO publication, *Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities (plan period 2006-2010)*. Some of the documents currently being produced by the ITC will serve as inputs into these joint WHO/ILEP *Operational Guidelines* to be published early in 2006. It was therefore decided that these documents, when amended in line with the directives of the meeting, should be called *Discussion Documents*. These will not be ITC endorsed published documents but they will be sent to Members for comments and have notified placement on the ILEP website encouraging comment from a wider audience.

### 4.1 Monitoring of epidemiological trends

#### 4.1.1 Document Monitoring of epidemiological trends of leprosy and the validation of data by Dr Padebattu Krishnamurthy

Input from the ITC had been incorporated into this 2<sup>nd</sup> draft of the paper. Further minor amendments were requested by the meeting and will be incorporated by the author. The revised document will be a *Discussion Document* (see above for explanation). This document will then be used as input for the Operational Guidelines.

#### **Action Points:**

- Amend document (PK)
- Put on website for comment (SL)

### 4.2 Quality of Diagnosis

#### 4.2.1 Document Ensuring the Accuracy of Diagnosis of leprosy in routine control programs by Dr Paul Saunderson.

The first draft of this paper had been extensively reviewed by the ITC in January prior to its presentation at the TAG meeting. There were further comments from the ITC at this meeting and it was agreed that extra details need to be added. This document can be seen as a sub-document to the

document mentioned under Agenda Point 4.1.1 above. This will also be a web-based *Discussion Document* for input into the Operational Guidelines.

**Action Points:**

Amend document (PS)  
Put on website for comment (SL)

**4.3 Appropriate strategies for treatment**

**4.3.1** Although not included for discussion on the Agenda, BJ requested that there be a directive from ILEP on A-MDT. As the Global Strategy states that Accompanied MDT is only an option for corrective action for a certain category of patients who are unable to visit the health facility regularly, it was felt that it might not be necessary for ILEP to give a further directive. However, the decision is postponed until the next meeting of the ITC.

**Action Points:**

Note for possible inclusion on December's agenda (SL)

**4.3.2** Document Review of Evidence of MB relapse rate after MDT by Dr Baohong Ji.

The first draft of this paper was reviewed previously by the ITC and comments sent to the author. The WHO TAG continues to keep relapse rates on their Agenda as it is part of the indicator of treatment management. There are currently prospective studies being done in CEBU and Rio, and an 8-year study is being undertaken in Bihar. DL commented that it would be more useful if relapse rates were given in person years. This will be a *Discussion Paper*.

**Action Points:**

Amend as necessary (BJ)  
Put on website (SL)

**4.4 Prevention of Disability**

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

The final draft of the Guide was presented to the meeting having been circulated electronically in advance. A number of small revisions were suggested, in particular that the patient card should be simplified.

The Guide was endorsed by the ITC with these minor revisions and will proceed to publication.

**Action Points:**

Prepare a draft layout for discussion with Hugh Cross on July 12<sup>th</sup> (SL)  
Proceed to publication (SL)

**4.5 Community Based Rehabilitation**

**4.5.1** Task 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

EH reported that the Editorial Group responsible for the CBR Guide had been asked for their advice on this task. They had agreed that there is a great need for evidence of the effectiveness of CBR and that robust indicators are required. The utility of the participation scale also requires assessment. CBR training would be included in the ToR of the TEG, which will also look at ways of exploring and promoting the involvement and participation of people affected by leprosy in projects and programmes.

The meeting agreed to put forward the proposal to the Standing Committee to form a TEG to be coordinated by GLRA , and, if approved, that Wim van Brakel, Huib Cornelje, P.K.Gopal, Jose Manikkathan, Johan Velema and Angelica Piefer be invited by EH to form the TEG. Member sponsors should be approached before invitations are issued. Interaction will be via an internet platform arranged by GLRA after a meeting in September/October to fine-tune the ToR and set up the future way of working through the internet platform. The group will be kept small and experts invited when required.

**Action Points:**

SL to put forward recommendation to September's SC meeting.

EH to arrange sponsorship of the prospective members of the TEG, then to send out invitations and arrange a meeting.

**4.5.2 Manuscript Technical Guide: Community Based Rehabilitation: Meeting the needs of people affected by leprosy**

A dummy of the CBR Guide was presented to the meeting, and comments concerning the layout and text were noted.

The meeting discussed the response of Dr Chapal Khasnabis, Technical officer, Disability and Rehabilitation (DAR) Team, WHO, to the ITC's request to endorse the CBR Guide. He had replied that he would be unable to endorse the book because of the different approach to CBR taken by WHO. In particular he commented that a CBR programme needs to address the issue of poverty, which is frequently a major obstacle in the process of rehabilitation. This topic is missing from the ITC Guide and, in addition, he thought it a little too medical.

The Chair suggested that perhaps Peter Nicholls could include a section that would incorporate the issues required for WHO endorsement.

EH stressed that he would not like to delay the publication of the Guide any further as it was being funded by a number of Members, and they were anxious to see the book published. The Chair said that the endeavour to obtain WHO endorsement should not delay publication of the book for longer than about a month. Subsequent to this discussion, Dr Sunil Deepak agreed to visit Dr Khasnabis with EH with a view to identifying specific additions that would satisfy WHO endorsement requirements.

**Action Points:**

Dr Deepak and EH to visit Dr Khasnabis.

**4.6 Health Education/IEC**

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

PS reported that he had taken up contact with the Centers for Disease Control and Prevention (CDC) in Atlanta and will be visiting them in July. They have a lot of experience in Africa, which is where we require the expertise. PS will convene a TEG that will correspond by email to develop this issue further.

**Action Points:**

PS to visit the CDC and identify suitable members for the TEG

**4.7 Training, and Teaching and Learning materials**

**4.7.1 a) Website Resource Training Catalogue and Calendar**

It was reiterated that ILEP should provide an up-to-date list of international training courses. GG reported that he had had a disappointing response from training centres to his message requesting feedback on usability of the web-based calendar and accuracy of content.

**Action Points:**

Continue to update calendar and improve usability (SL)

b) Task Collect information on existing learning resources and ascertain whether there is a need for additional items

The previous meeting had decided that a list of essential texts in leprosy should be drawn up for the use of ILEP Members. GG had produced a tabular grid to aid in determining which type of texts would be appropriate for which audience, for example, whether a medical specialist and/or primary health worker would be interested in a particular book on PoD. The grid had been circulated previously to the ITC and input had been received, mainly of ILEP books. It was agreed that the grid could be simplified, and this was done in the meeting.

**Action Points:**

Prepare edited grid and put already suggested titles in the boxes (SL)

Send to ITC and experts for their further input (SL)

**4.8 Organisation and Quality of Services****4.8.1 Document Coverage of leprosy Services by Padebattu Krishnamurthy**

The first draft of this paper had been reviewed by the ITC and the present document had been prepared taking into account their comments. This paper will, after amendment, be put on the website as a Discussion Document.

**Action Points:**

Amend document (PK)

Place on website (SL)

**4.8.4 Task Advise on how to sustain effective leprosy control after 2005**

(See also Agenda Item 5)

The *Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities 2006-2010* was presented to the meeting by Dr Vijaykumar Pannikar, Team Leader Global Leprosy Programme, WHO (VP) and the Chair. It was accepted that there are some inconsistencies in the document and that there is a need for the Operational Guidelines, to translate the strategy into practical advice for the field, to be produced as quickly as possible. These Guidelines will be produced cooperatively between WHO and ILEP. VP said that there may be a need for a review of the Global Strategy in 3 years time.

The ITC recommended endorsement by ILEP. VP said that it was important that ILEP supports the current document to encourage the WHO Regional Offices and the countries to follow the Global Strategy.

**Action Points:**

Circulate Global Strategy document to Members and put on ILEP website (SL).

**4.9 Research****4.9.1 and 4.9.4 Task Ensure regular review of research. Inform ILEP Members and field workers of outcomes and implications of important research**

DL led the discussion. It was agreed that once a year a research group should be invited to give a presentation to the Membership on their research. It was agreed that the INFIR group would be invited for December 2005.

It was also agreed to prepare a brief description/presentation (500 words) of recent research results that have important implications for the field and the way researchers are looking at the unanswered questions in leprosy research.

VP suggested that operational research is an area in which ILEP and WHO could collaborate. This is particularly timely after 20 years of MDT.

**Action Points:**

Chair to inform the SC of the ITC's recommendation to invite a multilateral on research each December meeting (SL)  
 Invite INFIR to give presentation in December (SL)

**4.9.2 and 4.9.3 Task Identify research activities by ILEP Members and match activity with research priorities. Promote and increase the capacity for research and advise on the development of research studies.**

The meeting decided that it was probably not within the remit of the ITC to identify research activities by ILEP Members and match activity with research priorities, or to advise on the development of research studies. This will only be done on specific requests of Members. New research topics will continue to be monitored for overlap with existing research to avoid duplication of effort.

**4.10 Miscellaneous**

**10.1 Task Develop and apply systems to monitor the use of ILEP publications**

GG had produced a questionnaire, to be filled in by people visiting field projects, asking about the availability and use of ILEP materials. The meeting recommended that in addition to the ILEP titles, the National Guidelines of each country should be included as a control as this book should be available at every project centre. For the same reason, the *New Atlas of Leprosy* should also be included as this a very popular book.

ITC members themselves will trial the questionnaire, taking it with them on their visits to the field between now and the December meeting. They will also forward the names of some of their colleagues who will be going on field trips and might be willing to take part in the trial.

**Action Points:**

Optimise the layout of the Questionnaire and add the new titles (GG/SL)  
 Request ITC Members to submit their travel itineraries so that they can be reminded to take the Q on trips (SL)  
 Provide names of colleagues who will be visiting the field (ITC)  
 Feedback to be collated and presented at December meeting (SL)

**5) Issues related to collaboration between ILEP and WHO**

**5.1 How to follow up on progress made so far**

VP put forward the four key areas of collaboration:

1. Joint documentation on the key issues mentioned in the Global Strategy
2. Maintain regular dialogue and communication especially through joint meetings of the TAG/ITC, which may take place more frequently than once per year.
3. Give clear, joint messages to National Programmes; the Chair of the ITC, Dr Feenstra, and WHO Team Leader of the Global Leprosy Team, WHO, Dr Pannikar, will soon be publishing a joint editorial in *Leprosy Review*.
4. Arrange joint visits to confirm to the field that WHO and ILEP are speaking with one voice.

The ITC recommends that work on the joint formulation of the Operational Guidelines should start as soon as possible. The Team leader of the Global Leprosy Programme, the Chair of the TAG and the Chair of the ITC should meet at their earliest convenience to discuss key issues such as how to improve the quality of diagnosis, data collection and composition of indicators, definitions of treatment outcome approaches in integrated programmes (including capacity building, training and supervision) for areas in conflict and those areas whose conflicts have only recently been resolved e.g. developing joint projects in the Congo (this has already

been done with TLM in Chad), and how to arrange joint evaluations by WHO and ILEP Coordinators. Moreover, they should set the agenda for the joint TAG/ITC meeting. The members of the ITC will be kept fully informed on all matters discussed.

The Chair invited the ITC to send in their ideas of what topics they thought should be included in the Operational Guidelines. Recent information produced by ILEP such as the Learning Guide can be used as inputs as well as the Discussion Documents mentioned in this meeting.

It was suggested that an International Technical Forum comprising TAG and ITC members, other international partners and key programme managers might be convened to look at the final draft of the Operational Guidelines.

The move towards producing a joint international data set was advisable. The Chair mentioned that the evaluation of ILEP currently underway would probably report on data coordination aspects of the Federation. VP mentioned that WHO will continue to collect information from all countries and that ILEP might be able to validate the data at the local level. He emphasised that the information will be made available to ILEP.

It was recommended that WHO and ILEP should work towards capacity building, improving the flow of information, and improving supervision of programmes.

**Action Points:**

VP will initiate a meeting between the Chairs of the TAG and ITC  
ITC will submit their ideas for topics to be covered in the Operational Guidelines

**5.2 WHO/ AFRO/ Leprosy Elimination Programme Managers' Meeting, Brazzaville, Congo, 27 June to 29 June, 2005**

Previous to this meeting, ILEP had invited its Members to comment on the WHO/AFRO *Strategy to maintain the quality of leprosy services when cases become rare*. The responses from the Members, including those of BJ on behalf of AFRF, were discussed.

It was agreed that it was absolutely essential to do whatever could be done for this WHO /AFRO regional strategy document to be brought in line with the WHO global strategy. Towards this end, the Chair will represent ILEP at this meeting and will give a presentation on behalf of ILEP supporting the Global Strategy.

**6) Other Issues**

**6.1 Request for guidance on the use of pentoxifylline**

TLMI requested guidance on what is the place of pentoxifylline in the management of ENL. DL and MP agreed to give advice on behalf of the ITC.

**Action Points:**

Produce advice on the above DL, MP

**7) Any other business**

**8) Date of next meeting**

The next meeting of the ITC will be on the afternoon of Tuesday 6<sup>th</sup> and all day Wednesday 7<sup>th</sup>, December 2005 in London.

# ANNEX 1: 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

To be circulated regularly 4 times per year with the agenda and the minutes of the June and December ITC mtgs

<i>Activity</i>	<i>Frequ ency</i>	<i>Product</i>	<i>Working Method</i>	<i>Lead</i>	<i>Date due</i>	<i>Notes</i>
<b>1. MONITORING OF EPIDEMIOLOGICAL TRENDS</b>						
1. Advise on the monitoring of epidemiological trends and validation of data	Once only	Input into ILEP/WHO Operational Guidelines	Discussion Document	PK		Discussion document to be placed on website in July.
<b>2. QUALITY OF DIAGNOSIS</b>						
1. Produce advice on how to make the validation of diagnosis a component of leprosy control	Once only	Input into ILEP/WHO Operational Guidelines	Discussion Document	PS		Discussion document to be placed on website in July
<b>3. APPROPRIATE STRATEGIES FOR TREATMENT</b>						
1. Give advice on the implementation of A-MDT	Once only	Guidelines	In dialogue with WHO/TAG	BJ		
2. Review evidence on relapse rates after MDT, particularly after 12 month MDT	Once only	Input into ILEP/WHO Operational Guidelines	Discussion document	BJ		Discussion document to be placed on website in July
3. Give advice on the availability and utility of prednisolone as loose drug or Prednipacs	Once only	Notified website advice		MP DL PS		<b>Completed</b> (see minutes Dec '04).
4. Give advice and seek information on clofazimine supply and distribution	Once only	Notified website advice		MP DL PS		<b>Completed</b> (see minutes Dec '04).

\* 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</i>	<i>Frequ ency</i>	<i>Product</i>	<i>Working Method</i>	<i>Lead</i>	<i>Date due</i>	<i>Notes</i>
5. Give advice on thalidomide availability, use and monitoring.	Once only	<sup>3</sup> Existing guidelines remain valid but specific advice can be given on request.		DL		<b>Completed</b> (see minutes Dec '04).  Awaiting copy of TLM South Asia Research Guidelines before formal response can be made.
<b>4. PREVENTION OF DISABILITY</b>						
1. Produce guidelines on POD including advice on organisation of self-care groups	Once only	Learning Guide		PS		Hope to publish by end of 2005
<b>5. COMMUNITY BASED REHABILITATION/SER</b>						
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	<b>TEG</b> (CBR Impact Assessment) Internet platform	EH		Members of TEG approved by ITC. TEG formation to be put to SC in September for approval.
2. Provide advice at field level on how to meet the needs of people affected by leprosy through CBR	Once only	Technical guide	<b>TEG</b> ((CBR Guide Editorial Board) Consultation of external reviewers	EH		
<b>6. HEALTH EDUCATION/IEC</b>						
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?	<b>TEG</b> ; use outcome of stigma research workshop KIT (Dec '04) as input	PS		PS will visit Centre for Communicable Diseases in Atlanta this summer.
<b>7. TRAINING, AND TEACHING AND LEARNING MATERIALS</b>						
1. A) Collect information and prepare a resource on existing training and learning resources (international training courses and teaching and learning materials). B) 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.	Once only	A).Database of training resources.  B).Framework/plan to develop required training and learning resources.		GG  GG		Calendar of Training Courses on ILEP website being continually updated. Catalogue also on website.  Essential texts in leprosy being prepared.
C) Regular review of training and learning	every 2 years	Reviewed database.		GG		In collaboration with WHO

\* 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</i>	<i>Frequency</i>	<i>Product</i>	<i>Working Method</i>	<i>Lead</i>	<i>Date due</i>	<i>Notes</i>
materials resource.		Recommendations for further training and learning resources.				
<b>8. ORGANISATION AND QUALITY OF SERVICES</b>						
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	Continuous	Input into ILEP/WHO Operational Guidelines	Discussion document on <i>Coverage of Leprosy Services</i>	PK		Discussion document to be put on website in July.
2. Deleted from Plan of Work						
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		Will be placed on website during summer 2005
4. Advise on how to sustain effective leprosy control after 2005	Continuous	Operational Guidelines	ITC/TAG meetings	PF		
<b>9. RESEARCH</b>						
1. <u>Ensure regular review</u> of - 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.	Continuous			BJ DL		
2. Identify research activities by ILEP members.	Continuous	Web-based Research Directory				

<i>Activity</i>	<i>Frequency</i>	<i>Product</i>	<i>Working Method</i>	<i>Lead</i>	<i>Date due</i>	<i>Notes</i>
3. Promote and increase capacity for research advise on the development of research studies	Continuous	Advice cancelled				It was decided that this task is outside the remit of the Commission. However, they will be happy to respond to any specific request from a Member.
4. Inform ILEP Members and field workers on outcomes and implications of important research	Continuous	Annual multilateral on chosen research topic. Brief overview of ILEP funded research on website.		DL		
5. Review and simplify current ILEP research information system.	Once only	Advice completed		DL BJ		SL implementing new simplified system.
<b>10. MISCELLANEOUS</b>						
1. Develop and apply systems to monitor the use of ILEP publications	Once only		Questionnaire	GG		Questionnaire to be tested during next 6 months
2. Be responsible for the technical content of the ILEP website	Continuous	Website	Links to be checked every 3 months	PS SL		.Last checked June 1st
3. Monitor ILEP B forms	Annually		Select the outliers on the identified indicators and inform Members.	AC PF		Members informed February.