

**13th ROLL BACK MALARIA PARTNERSHIP  
BOARD MEETING**  
Hosted by Ethiopia's Ministry of Health – Addis Ababa  
28-29 November 2007

## **DECISIONS POINTS & NEXT STEPS**

### **Agenda item 1: Consensus calendar**

1. Draft agenda adopted
2. Minutes of the 12<sup>th</sup> Board Meeting adopted
3. WHO withdrew its request for a 2<sup>nd</sup> seat
4. The Board approved the creation of a non-voting seat for UNITAID

### **The following Next steps and Challenges were noted for 2008**

### **Agenda item 2: Malaria Landscape Overview**

#### **Report card & Management report**

1. Improve quality of malaria data for improved (real time) progress tracking
2. Expanding the landscape to include countries outside of Africa (i.e. Asia and Latin America)
3. Expanding SUFI planning and operations to all 45 Malaria Endemic Countries in Africa
4. Move towards or maintain outstanding performance scorecards
5. Build upon and bring the success of Round 7 to Round 8
6. Challenge of Drug Quality Assurance:
  - WHO, UNICEF and GFATM to develop consensus criteria for drug quality standards in time for the GFATM Portfolio Committee meeting in March 2008 to consider.
  - Follow-Up on RBM Board letter to GFATM Board regarding drug quality standards as the current response is unsatisfactory.
  - Create Task Force with WHO, UNICEF and GFATM on drug quality standards for input into GFATM Portfolio Committee in March 2008
7. Securing more resources from more sources, including national funding
8. Intensify advocacy to fight for RBM Partnership representation on GFATM board and/or enhanced presence in GFATM Board meetings as delegation members
9. Intensify constituency communications and regular Board presence beyond Sub-Saharan Africa (esp. Asia, Lat. Am).
10. Commission a paper to estimate how malaria specific interventions (ITNS through EPI & ANC) can strengthen health systems
11. Coordinated support and action: One Global Malaria Business Plan
12. Provide Board meeting with an "Action Taken" report outlining how Board Decisions have been taken forward.

### Harmonization Working Group Report (HWG)

1. Endorsement of timeline and deliverables laid out in the HWG workplan
2. Needs assessments for countries receiving GFATM Round 8 support to be rolled out in January 2008
3. Chair of the EC to develop a plan that includes:
  - Operationalizing the Malaria Implementation Support Team (MIST) through a combination of virtual and co-located team members;
  - Defining linkages with existing RBM structures and support teams;
  - Identifying and securing additional resources.
4. HWG to work to fill budget gaps.

### Update on Research & Product Development

1. To learn lessons from the Measles Partnership
2. MMV to consider developing a single dose drug and to reduce the number of drug categories based on age

### **Agenda item 3: Harmonized Work Plan 2008**

1. Requested the submission of a budget regarding use of firmly pledged funding prior to adoption of WP priorities and targets. (Annex A).
2. Endorsed the harmonized workplan with its objectives / targets and budget envelop
3. Approved the budget of firmly pledged 2008 resources (Annex A) of US\$ 13 million in support of mainly SRN and Secretariat workplans as well as the kick-starting of the Harmonization Working Group's needs assessment.
4. Activities, budgets and funds raised for the Working Groups to be presented to the EC on a rolling basis for approval when funding becomes available.
5. EC has responsibility to fill the financial gap: to create donor subcommittee to mobilize funding to close the US \$ 20 million resource gap and to report to Board before the next meeting (May 2008).
6. Frontload capacity building of endemic countries for the next six months to achieve better scale up
7. Create a stronger budget review process at each Board meeting that includes regular cost reporting, fundraising status of the partnership and upcoming activities to be financed.
8. Incorporate elements of rolling, multi-year budget requirements and commitments
9. Encourage partners to do multi-year budgeting process to enable forward planning
10. Demonstrate clearly how financial flows from the funders to the activities of the HWP will take place
11. Create a succinct value-added proposition of the RBM partnership to endemic countries, e.g., what can the RBM partnership do that the individual donors cannot do?
12. Create a clear communication plan, value proposition of the RBM partnership and extract key elements of this plan to use as a fund raising tool for new donors
13. Identify with Board members WP components that fit the Board member's institutional mandates
14. MAWG will support Secretariat by developing donor / constituency specific value propositions in support of fund raising.

#### **Agenda item 4: Global Malaria Business Plan**

1. Commissioned the creation of one Global Malaria Business Plan, to cover all countries affected by malaria and all human types of malaria.
2. Tasked the EC to review the process, timeline and governance mechanism for development of the plan, especially the governance mechanisms for the Leadership Council.
  - o EC will draft the TORs for the Leadership council and the expert advisors to be circulated to the Board for final approval.
3. GMBP development to be undertaken concurrently with the operationalization of RBM support structures to support SUFI country operations.
4. Ensure sufficient focus on health systems strengthening, M&E, pharmaco-vigilance and access issues
5. Link the plan with the efforts of the broader global health community, especially around health systems strengthening
6. Ensure the plan reinforces and supports the current momentum to scale up for impact in many countries
7. Build the plan bottom-up based on country plans and with input from on-the-ground partners
8. Identify criteria characterizing the transition from control to elimination
9. Create a shared results framework and clear metrics to measure the impact and benefits of global activities
10. Ensure that the focus on all countries with malaria does not reduce resources to countries with high morbidity and mortality in Africa
11. Include a communication strategy to be used by partnerships to express the overarching strategy and link to current control efforts
12. Focus on prioritization of partnership activities to ensure best use of limited resources available
13. Provide a timetable to the partners on the work to expect in the coming months

#### **Agenda item 5: AMFm**

1. Endorses the design of the AMFm as outlined in the executive summary of the technical design submitted by the AMFm Taskforce
2. Declares its support for the creation of an Affordable Medicines Facility for malaria (AMFm) to be implemented in accordance with the agreed technical design
3. Invites the GFATM to consider taking on full responsibility as AMFm manager at its earliest convenience, for the implementation of this facility in accordance with the agreed design principles
4. Decides to re-configure the AMFm Task Force to address the implementation challenges in a timely manner, in accordance with the terms of reference attached herewith (Annex B)
5. Encourages interested donors to hold consultations with the Task Force to secure financing for the AMFm.
6. December 2007: First meeting of the AMFm Task Force to develop work plan
7. April 2008: Expected acceptance by GFATM to take on the management of the AMFm

### **Agenda item 6: Performance Subcommittee**

The existing Subcommittee outputs to be included into GMBP development process

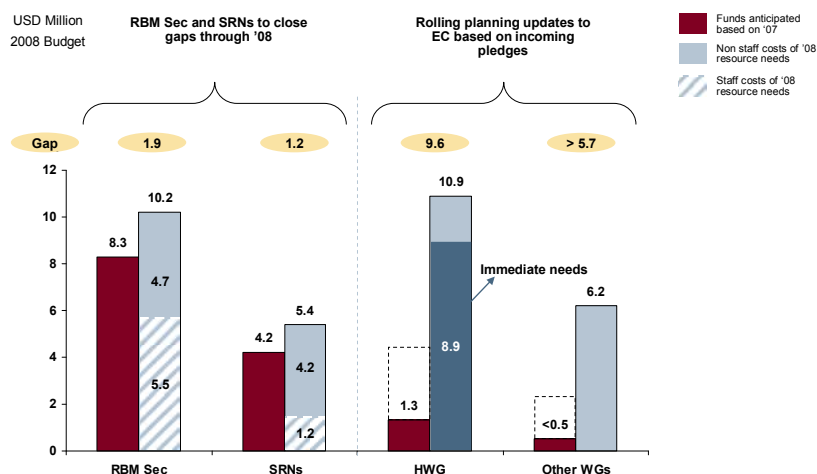
### **Agenda item 7: Forum 2010**

EC to propose membership of the Board Forum 2010 Organizing Subcommittee, including the identification and description of the purpose and objectives of a 2010 RBM Forum

*The 14<sup>th</sup> RBM Partnership Board meeting will be held on the 15 & 16 May 2008 in Geneva (Switzerland).*

Annex A: RBM Board Meeting\_Budget need vs funded\_291107.ppt

**Funds anticipated Vs. Workplan Requirements**



Source: RBM partnership work plans

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**HWG Needs & Gaps**

	Needs	Found*
Support to Global Fund Rounds (7 & 8)	2.9 M	1.75 M
Needs Assessment/ Country Support	4.5 M	2.5 M (25 cty)
MIST (6 mths)	1.5 M	-

\*Exploratory Commitments/Pledged

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## **Annex B:** Terms of Reference for Reconfigured AMFm Task Force

### Roles and Responsibilities:

- Address outstanding questions from partners around each of the five implementation challenges
- Work with Global Fund as it performs its due diligence to develop a business plan for submission at the May 2008 14<sup>th</sup> RBM Partnership Board meeting
- Develop work plans and identify resources needed to prepare for launch of AMFm
- Organize consultations with endemic country civil society, private sector and government representatives (West Africa, East Africa, Asia)

### Membership:

- Representation: WHO, UNICEF, World Bank, Gates Foundation, Global Fund, UNITAID, CHAI MMV, Private Sector, Endemic Countries (3 including 1 from Asia), UNF, NGO, bi-lateral, HWG, PSM WG
- Co-chairs: RBM Executive Director, DFID

### Ways of Working:

- Action-oriented with emphasis on timely deliverables of good quality
- Sub-groups will be formed to address specific issues; sub-group membership will not be confined to membership of the AMFm Task Force. Membership will depend on willingness and ability to make a clear contribution
- Role for RBM working groups on several issues, in particular key role for the Harmonization Working Group (needs assessment and planning for technical assistance) and the PSM Working Group (local manufacturing and forecasting)

### Timeline:

- December 2007 – April 2008
- Review and update terms of reference after the Global Fund Board decision