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RBM Board Meeting – Geneva, 14-15 May 2009

Minutes of the Sixteenth RBM Partnership Board Meeting

Ramada Park Hotel, Geneva, Switzerland
14 – 15 May 2009

Attendance

Chair

Malaria Endemic Countries	Ethiopia

Vice-Chair

NGOs:	Northern Johns Hopkins University Centre for Communications Programs

Voting Members

Foundations:	Bill & Melinda Gates Foundation
Malaria Endemic Countries:	Brasil; Cambodia; Cameroon; India; Mali; Nigeria; Uganda; Zambia
Multilateral Development Partners:	UNDP; UNICEF; WHO; the World Bank
NGOs: Northern -	Malaria Consortium
Southern -	Society for Family Health - Nigeria
OECD Donor Countries:	France; United Kingdom; United States of America
Private Sector:	Sanofi-Aventis; Vestergaard-Frandsen
Research & Academia:	Columbia University Mailman School of Public Health

Non-Voting Ex Officio Members

Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria
Executive Director, RBM Partnership
Executive Secretary, UNITAID
The UN Secretary General's Special Envoy for Malaria

Meeting purpose

The May 2009 Board meeting served to generate consensus on how the RBM Partnership can best work towards ensuring that the maximum number of countries meet universal coverage targets by 31 December 2010. A Special Ministerial Session organized for the morning of Day 2 was designed to engage high-level representatives of endemic countries in a discussion on country progress towards the 2010 targets, challenges and bottlenecks faced, and proposed solutions.

Call to order – Day 1

The Chair, Dr Tedros A Ghebreyesus, called the 16th RBM Partnership Board meeting to order.

Welcome

The Chair welcomed RBM Partnership Board members and delegates to the 16th Board meeting. He noted that delegation members continue to be a great strength of the Board, and that the Board would aim to capitalize on their presence. He welcomed new colleagues on behalf of all Board members including: Gerhard Hesse, new alternate for the Private Sector; Mary Ann Lansang, new alternate for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); Patrice Debré representing France; Esther Tallah, new alternate for the Southern NGOs; and Sabine Beckmann, who will represent UNDP as a Board member. He also welcomed representatives from the Organization of the Islamic Conference (OIC) and from the United Arab Emirates as observers.

Opening remarks

The Chair focused the meeting on the 2010 targets outlined in the GMAP. These are ambitious targets, and Board members have an opportunity at this meeting to generate consensus on how the RBM Partnership can best work towards ensuring that the maximum number of countries meet the targets by 31 December 2010; within the next 595 days, in fact. As the deadline is fast approaching, the RBM Partnership needs to work towards a common high-level understanding on how progress towards meeting the targets is to be reported. He noted that Board members are meeting in a rapidly-changing environment, where the financial crisis and emergence of H1N1 make their work to keep malaria control high on the global agenda even more pressing. Much has been achieved since the Abuja Declaration, but more needs to be done.

The Special Ministerial Session on Day 2 of the meeting would enable Board members to hear directly from African Ministers of Health about how their countries are progressing towards meeting 2010 targets. Challenges and bottlenecks would be identified and addressed very candidly. The Chair requested that Board members from other regions bring their perspectives to the table during the discussion. The excellent progress towards 2010 targets in Brasil and the final push in many Asian countries, for example, are an inspiration to all.

The GMAP encourages a results-oriented mindset, and this meeting should accordingly focus on concrete strategies and actions to maximise progress.

As this was his last meeting as Board Chair, he thanked all Board members for their support during his term. He has presided over a truly exciting time with the development and eventual launch of the GMAP. He feels privileged to have worked with the Board, and wishes the best of luck to the incoming Chair.

Board procedures

The Board Vice-Chair, Dr Matt Lynch, noted that the Board had a quorum and recalled the Board operating and voting procedures as outlined in the by-laws.

Adoption of the agenda for the 16th Board meeting

The proposed agenda was adopted with the proviso that adequate time should be allocated on Day 2 for the election of the new Chair.

Adoption of the minutes of the 15th Board meeting

Minutes of the 15th RBM Partnership Board meeting were adopted with an amendment to page 9 where the request for a Financier's Forum concept paper, which had been withdrawn, will be deleted.

Attention was drawn to the late circulation of the 15th Board meeting minutes (although it was acknowledged that a summary of Board decision points had been sent as an immediate follow up to the meeting). A request was made that the RBM Secretariat commit to a timely circulation of the 16th Board meeting minutes (within 10 days).

Action taken report

Presentation summary

The Executive Director reviewed the action taken on issues arising from the 15th Board meeting.

- The Financier's Forum is operational and has met periodically, most recently in March 2009.
- The WHO and the RBM Secretariat jointly with MERG are working on a proposal to strengthen country level M&E capacity. Board members are requested to support fund raising efforts.
- The Case Management Working Group (CMWG) will be re-activated following consultation between RBM, WHO, Centers for Disease Control and Prevention (CDC) and Malaria Consortium.
- Creation of the Operations Research Working Group (ORWG) was postponed.
- Following further Executive Committee (EC), WHO Secretariat and GFATM consultations, a new proposal for the GFATM – RBM Partnership Memorandum of Understanding (MOU) has been drafted and submitted to the 16th Board meeting for approval.
- 2009 Harmonized Work Plan core and optimal budgets with targets were approved via electronic vote by the Board on 12 December 2008. Fundraising activities are ongoing and new opportunities have been created.
- The EC endorsed the draft objectives, framework and roadmap for the 2010 – 2011 Work Plan and options for re-naming it. These are submitted to the 16th Board meeting for adoption.
- A Finance Committee (FC) has been created and will submit reports to the 16th Board meeting for provisional adoption. Note the removal of the audit function from the terms of reference for this committee, as audit is the responsibility of the WHO Secretariat as host organization.
- The updated Operating Framework has been posted on the RBM website. The independent evaluation results will likely prompt further updates.
- Under the lead of the Performance Subcommittee: the terms of reference of the independent evaluation have been drafted and adopted by the EC; financiers have been identified; a competitive tender organized; and Dalberg appointed. Interviews started this week. The proposed strategic Board retreat where members will address the evaluation findings and recommendations will be discussed during the 16th Board meeting.
- Further consultation on the draft Conflict of Interest Policy and Procedures document has taken place with the Private Sector constituency, the WHO Secretariat and the RBM Secretariat under the leadership of the EC Chair. Revised documents are submitted to the 16th Board meeting.
- The AMFm workstream of the Harmonization Working Group (HWG) led by the Clinton Foundation and PSI, the Monitoring and Evaluation Reference Group (MERG) and the Procurement and Supply Chain Management Working Group (PSM), are contributing to the implementation of the newly-launched Affordable Medicines Facility – malaria (AFMm). The RBM Executive Director represents the Partnership on the GFATM AMFm Ad Hoc Committee.

- A Board Subcommittee has deliberated regarding the organisation of a Forum 2011. A proposal for an alternative 'High Level Event' has been developed and submitted to the 16th Board meeting.

Discussion summary

- The Chair's excellent leadership in the process of formulating concrete decision points and ensuring follow through was noted.
- The development of the proposal for strengthening country level M&E capacity was welcomed, and Board members requested more details when these become available.
- A request was made that efforts to re-activate the CMWG be maintained.
- A clarification was made regarding the current 'pilot' status of the AMFm. An evaluation of this pilot phase will be required ahead of a wider 'launch'.

Decision reached:

- The Board took note of the Action Taken report.

Executive Committee report

Presentation summary

The EC has met six times via conference call since the 15th Board meeting. Key actions have been to:

- Guide the process to establish the RBM Finance Committee (FC) and review its 2008/9 reports. The EC Chair extends thanks to the FC Chair and members for their excellent work;
- Develop the agenda for the 16th Board meeting and support the preparation of pre-reads. There was agreement for a specific focus on the 2010 targets, and an aim to engage high-level representatives of endemic countries during the meeting, resulting in the Special Ministerial Session organized for the morning of 15 May 2009;
- Work with the Performance Subcommittee to establish terms of reference for the independent evaluation and implement the tender and contractor-selection processes;
- Work with the Private Sector constituency and the WHO Secretariat on revisions to the Conflict of Interest Policy and Procedures document;
- Work with the GFATM Secretariat, the World Bank, the WHO Secretariat and the RBM Secretariat on revisions to the GFATM – RBM MOU;
- Provide guidance on RBM Work Plan framework development and review of drafts. Three Work Plan objectives have been endorsed by the EC and forwarded to the 16th Board meeting.

Discussion summary

- Thanks were expressed for the intensity of work undertaken by the EC, and their important contribution in 'bridging the gap' between Board meetings so that momentum is maintained on key issues.
- The Southern NGOs representative to the EC requested a review of the methods used for communication between EC members. A suggestion was made to explore, for example, the methodology used by the Alliance for Malaria Prevention (AMP) which seems to function well.
- It was also noted that a timely sharing of the agendas for EC meetings and feedback on EC discussions would be appreciated by other Board members.

Decision reached:

The Board took note of the Executive Committee report.

Executive Director's report

Presentation summary

The Executive Director noted that a final draft report incorporating comments and input from the 16th Board meeting would be prepared ahead of the 17th Board meeting. Today's report aimed to highlight the major successes and challenges emerging since the 15th Board meeting.

Procurement of long-lasting insecticidal nets (LLINs) continues to grow, and efforts to accelerate the supply and distribution of nets and improve their utilization have now become a major focus. Efforts to finance the additional 40 million nets needed must continue. Procurement of ACT is increasing, but this increase may be slowing. ACT coverage is still low and use of monotherapy remains widespread. Addressing these problems should be the focus for collective thoughts and efforts. Many countries have only recently adopted intermittent preventive treatment as a recommended regimen for pregnant women (IPTp), but only some countries have achieved relatively high levels of coverage. IRS use is progressing, but countries face problems procuring insecticides.

Additional countries, e.g. Zambia, that have committed to accelerated malaria control are reporting significant impact and progress towards meeting 2010 targets. New ACTs and nets are being pre-qualified and WHOPES recommended, respectively. New funding initiatives such as the AMF-m and the Malaria Capital Campaign are coming on line. Major commitments have been made to strengthen capacity to scale up for impact in the Democratic Republic of the Congo and in Nigeria.

However, many challenges and bottlenecks remain as the 2010 universal access deadline comes into view. The Executive Director reminded Board members that these challenges will be developed further during the 16th Board meeting, but listed: closing financial gaps, weak information systems, weak and/or multiple operational plans, the variable reliability of RDTs, emerging resistance to both artesunate and pyrethroids, health system human resource gaps and the need to involve NGOs and community members more actively in a shared approach to malaria control, as a number of key challenges for the Board's consideration.

She noted that malaria elimination is now firmly on the global agenda and that new tools are being developed to support countries in this phase.

This period has seen increased political commitment, and financial commitments appear to be holding up in the face of the global financial crisis. However, efforts to expand the donor base to address GMAP funding gaps, promote donor alignment to increase aid effectiveness, and document success in making the money work, remain essential advocacy and financing challenges for 2010 and beyond.

A midterm review of the 2009 Harmonized Work Plan shows over 50% of targets on track and, barring any setbacks, achievable by the end of 2009. The Executive Director focused on the targets facing difficulties and the one target that would not be met. Concerns relate to Target 1.3 where delayed funding (hopefully to be resolved in July) has affected support to ensure Sub-Saharan African (SSA) countries maintain their funds (including GFATM Phase 2 renewals). Lack of funding to cover operational costs has affected the timely provision of technical and implementation support to SSA countries (Target 1.5) and the functioning of the Sub-Regional Networks (SRN) in (Target 1.8). The fragile economic environment is affecting efforts to reduce the global financing gap by 25% (Target 2.2). However, high-level advocacy has resulted in new donor opportunities and policy successes such as the integration of the GMAP objectives into the European Union Programme for Action to Confront HIV/AIDS, Malaria and Tuberculosis 2007-2011. Despite major efforts by the HWG, it was not possible to meet the April 2009 deadline set for an accelerated signing of GFATM Round 8 grants. On Target 5.1, the proposal deadline for the AMFm has been extended to give pilot countries more time to put together their applications. The LLIN facility is not launched, but work is ongoing and six campaigns are scheduled by the end of the year. Finally, on Target 6.2, difficulties in achieving consensus on certain topics have resulted in delayed information sharing to the Board and delayed implementation by the Secretariat.

She concluded that greater acceleration of all RBM Partnership efforts is absolutely paramount if universal coverage is to be achieved by the end of 2010 and millions of lives are to be saved.

Discussion summary

- Board members congratulated the Executive Director on her comprehensive report and presentation which raised both hopes and concerns.
- The real danger that GFATM Round 9 grants will not be signed in time to contribute to countries' efforts to meet 2010 targets needs to be acknowledged, given the current average of 300 days from grant approval to signature.
- It was noted (following an analysis of a number of randomly-selected GFATM applications) that there appears to be no evidence of a link between the length of time to grant signature and implementation rate to excuse the lengthy process.
- With such delays between proposal submission and grant signature, there is a danger that proposals will no longer be valid by the time funds are released.
- Based on the recent HWG experience of working with countries to accelerate Round 8 grant signatures, the HWG Co-chair reported that the current signature process is complex, involves numerous stakeholders at country level, and may simply take time to get right. The HWG and GFATM will embark on a lessons learnt exercise before proposing any action aimed at accelerating the Round 9 signature process.
- The GFATM representative to the Board reinforced a shared commitment to accelerate grant signature.
- It was noted that the inclusion of less experienced dual-track financing principle recipients in Rounds 8 and 9 may create an additional bottleneck.
- GFATM were congratulated on the extraordinary contribution Round 8 funding will make to countries' abilities to meet the 2010 targets, and also on the flexibility and quick response shown in facilitating the processing of the Nigerian proposal as soon as funds became available.
- The Board welcomed the GFATM Board's approval of the joint seat on the Board for the RBM and Stop TB Partnerships and UNITAID. This will be an excellent opportunity better to understand and influence the GFATM process.
- The efforts of ACT and LLIN manufacturers and artemisinin suppliers rapidly to scale-up capacity were noted. A request was made that countries ensure timely placement of orders in order to make best use of the capacity now available.
- Board members noted the emergence of resistance to artesunate, pyrethroids and DDT. The lack of capacity at country level to monitor this issue and the lack of a clear role for manufacturers in monitoring resistance to their products were identified as urgent problems. The widespread use of artemisinin monotherapy, low penetration of ACTs, and concomitant use of pyrethroids on nets and for spraying must be addressed. (See call for the creation of a resistance Task Force during the key challenges session on Day 2 of Board deliberations, p. 27.)
- Board members recommended engagement with other relevant sectors e.g. agriculture and the academic community in developing guidance on resistance issues.
- The strategic message from the Office of the UN Secretary General's Special Envoy for Malaria in the face of the threat of emerging resistance was to accelerate research into alternatives and accelerate implementation with what is available before it becomes useless.
- The issue of rapid diagnostic test (RDT) quality and reliability, especially under African conditions, was recommended for further consideration.
- Progress on intermittent preventive treatment in infants (IPTi) was noted.
- Board members highlighted the importance of cross-border action and regional approaches for elimination phase countries. A request was made for presentation of data by endemic zone in future meetings.
- Cameroon highlighted the issues faced in the Central African Sub-region, where countries are falling behind in the effort to meet the 2010 targets. No success for Cameroon in GFATM Rounds 7 and 8 means

that Round 9 funding is essential if they are to have any hope of catching up. He thanked RBM Partners for their support and requested further commitments to the region. Board members recognized the difficulties in the Sub-region and proposed that coverage data might also be presented regionally at the next Board meeting to highlight regional differences.

- The need for capacity building at country level, whether for M&E, procurement, expansion of technical cadres such as entomologists, was widely noted as a key support role of the RBM Partnership. Technical assistance and capacity building should, however, be organized with the absorption capacity of the country in mind.
- Board members noted that new global initiatives linking disease control and broader systems strengthening approaches are needed. A proposal was made that the RBM Partnership become more involved in discussions on the interface between malaria control and systems strengthening and more engaged in health systems strengthening.
- The importance of donor alignment, reinforcement of the common commitment to the principle of the 'Three Ones' and efforts to avoid fragmentation of effort at this crucial stage were emphasized.
- Board members requested a comment from the Executive Director regarding support to the RBM Secretariat. It was noted that there was a huge workload involved in responding to and supporting the various RBM Mechanisms and that it was essential to ensure that the Secretariat has adequate capacity to continue to support the Partnership.
- Board members were also interested to understand more about the issues around consensus building that have delayed preparation of EC and Board materials on occasion.
- The UN Secretary General's Special Envoy for Malaria emphasized the continuing importance the Secretary General places on achieving universal coverage by 2010.
- The UNICEF representative offered support with interpretation and messaging to countries wishing to use data from the 'Malaria and Children: Progress in Intervention Coverage' report which was published on behalf of the RBM Partnership by UNICEF with GFATM funding on World Malaria Day 2009.
- A request was made that the independent evaluation take a close look at the issue of individual and collective accountability to deliver on universal coverage 2010 among RBM Partners, and make clear recommendations for mechanisms to track Partner accountability going forward.
- UNITAID, UNDP and World Bank detailed their support for malaria control.

Response summary

- The Executive Director thanked Board members for their acknowledgements and all Partners for their work and support.
- She noted that Day 2 would focus on challenges and bottlenecks and that some of the issues raised by Board members e.g. resistance were already scheduled for further discussion.
- All the available coverage figures highlight the problem in the Central Africa Sub-region. The Sub-region does not have many Partners currently, and there is a need to explore with Partners whether they would be willing to move in and provide support.
- RDT concerns are noted, and she suggested a special session on RDTs at a future meeting.
- Time is required for the necessary consultations and consensus building which ensure that Partners are on-board with documents prepared for the Board and EC. However, there is room to review the processes and levels of consultation.
- She identified a disconnect between Partner expectations and Secretariat resourcing, and noted that recent resourcing issues have led to increased staff turnover and loss of institutional memory. The FC Chair noted that there is a need to review resourcing.
- Following up on the tremendous work of the HWG Co-chairs on GFATM challenges and bottlenecks, she proposed that these issues must be taken up on an official basis between the RBM Partnership Executive Director and Board members and GFATM.

- She confirmed that the RBM Partnership Executive Director will represent the Partnership on the GFATM Board, but requested input from Board members to ensure that appropriate back-up and support mechanisms are agreed and put in place.

Additional summary

- The Vice-Chair introduced members of the independent evaluation team from Dalberg. He requested that all Partners be open, straightforward and informative during interviews as the evaluation will play an essential role in strengthening the Partnership and its structures and mechanisms.
- The importance of timely, quality data for tracking progress towards universal coverage was emphasized. Household surveys will be important in tracking actual utilization. The MERG is working on universal coverage indicators and tracking processes.
- The Chair concluded by noting that Board members had highlighted both internal country challenges and external ones. He considers internal challenges especially problematic and would urge all Partners to focus on efforts to improve implementation rates by making best use of the considerable resources currently available, in particular the extremely welcome GFATM Round 8 funds. There may be a need to re-engineer the GFATM process in the longer term, but in the immediate term he suggests looking for 'quick wins' such as working on the parallel procurement processes proposed by Malaria No More.

Decision reached:

- The Board took note of the Executive Director's report.

Financial report

Presentation summary

The Finances Committee (FC) is operational, and met twice prior to the 16th Board meeting. The Secretariat revised all reporting formats as per FC recommendations. Thanks to the work of FC members, the WHO and the Private Sector constituency who provided expert guidance, and the RBM Secretariat, full year 2008 and Quarter 1 2009 financial data, including a breakdown of data by the six Work Plan priority areas, can be presented today. These financial statements have been reviewed by the EC and are submitted for provisional adoption at the 16th Board meeting. While not yet completely satisfied with the systems in place, the FC Chair believed they are a significant step forward. They allow for the best possible representation of available data and increased transparency. Recommended next steps for the FC were also included for the Board's approval.

Board members were referred to the accompanying financial data (see presentation at http://www.rollbackmalaria.org/partnership/board/meetings/ppt/16pbm/16thBoardDay1.pdf). The complete 2008 financial summary was shown in Table 1. The data had been certified by the WHO Chief Accountant, but is currently unaudited. Table 1 indicated an overall under spend in 2008. In the FC Chair's opinion, a balanced income and expenditure overall would have been preferable. Table 2 showed 2008 financial data broken down over the six Work Plan priority areas. Table 3 showed projected 2009 income, and Table 4 detailed the actual income for Quarter 1 2009, according to the data currently available on the WHO accounting system. Table 5 outlined the Quarter 1 2009 spend across the six priority areas. Expenditures and encumbrances were included. An 81% spend was achieved.

These reports did not include financial contributions to the RBM Mechanisms and special projects that are not channelled through the WHO accounts, but are channelled directly to the Mechanism or through other Partners. However, these donor contributions were acknowledged, and this data should be available for the next Board meeting.

Discussion summary

- General congratulations to the FC and the RBM Secretariat for the excellent progress made.
- Note that 2008 accounts will be audited during the upcoming WHO 2008/9 biennial audit.
- The RBM Secretariat will use a shadow system for financial tracking, at least while the new WHO system settles down. This will be particularly important to allow access to 'real time' cash flow information.
- Board members requested that trend analyses be included in future reports to the Board. This was agreed, and FC members have requested that the RBM Secretariat provide monthly cash flow/balance statements going forward.
- Staffing implications for full financial reporting should be assessed and discussed further, particularly as WHO Management Support Units have recently been dismantled and as the WHO Chief Accountant strongly recommends that RBM take on a qualified accountant.
- From the projected income report, it can be seen that most resources are committed for Quarter 3, causing concerns, particularly regarding staff costs. Making the projected income report available to Board members will support informed decisions with regard to staffing issues.
- Request for all partners that provide direct support to WG, SRN and special projects to report this to the RBM Secretariat. This would enable acknowledgement of Partners' contributions, monitoring of total spend across priorities and facilitate WG/SRN accountability.
- Query as to whether WG can be expected to report on funding without administrative support.

Decision reached:

- **The Board adopted provisionally** the unaudited Financial Statement for the RBM Partnership Secretariat and SRNs – 2008 (Table 1) as certified by the WHO Chief Accountant;
- **Took note** of the income projected for 2009 (Table 3) and the actual income for Quarter 1 2009 (Table 4);
- **Took note** of the provisional statement of income and expenditures for Quarter 1, 2009 (Table 5);
- **Requested formally** that all partners provide to the Secretariat, as 2009 progresses, information on contributions to support core RBM Mechanisms (Working Groups, Task Forces, Sub-regional Networks) that are not channeled through the WHO accounts but are channeled directly to the Mechanism or through other Partners.

Next steps approved:

- The Secretariat will **prepare monthly reporting** to the Finance Committee including: (i) income and expenditure statement; (ii) cash flow statement; and (iii) balance sheet including accounts receivable and accounts payable;
- The Secretariat will use a template for a "**shadow system**" for monitoring income and expenditure until the GSM Oracle-based system is fully validated for accuracy, comprehensiveness, and real time access;
- The Secretariat will include in the report for Quarter 2 2009 a **breakdown of staff** by type of contract and the proportion of staff costs to overall activity for each area of work;
- The Secretariat will develop a note concerning procedures relating to **WHO audit results** in case changes in data are needed.

Additional 'next steps' based on discussions approved:

- Shadow system to be expanded to include direct contributions to RBM Working Groups or other Mechanisms and special projects outside the RBM funds within WHO;
- Budget template to be developed to provide budgetary information for proposals that are submitted to the Board for decision;
- Financial reporting of income and expenditure to include notes explaining significant variances (between projected budgets/actual expenditures and expenditure shifts between priority areas);
- A template will be developed to better understand and present the timings of income and expenditures.

Conflict of Interest Policy and Procedures

Presentation summary

The proposed Conflict of Interest Policy and Procedures document (COI) was presented to the RBM Board's 15th meeting in New Delhi and has subsequently undergone further review and revision under the guidance of the EC, the Private Sector constituency and the WHO Secretariat. Progress has been made, but consensus has not been reached on the representation of industry through 'umbrella associations' as provided in principle g) of the proposed policy and procedure document.

The WHO Secretariat has advised that principle g) is consistent with WHO policy and aims to ensure that: (i) partnership boards and mechanisms can benefit from the knowledge base and views of the overall industry concerned; (ii) the risk of representation of individual company interests (rather than the views of the group as a whole) is minimized; and (iii) partnerships are not associated with certain individual companies over others (thereby contributing to their objectivity and independence).

Some partners, including from the Private Sector constituency, have expressed concerns about the suitability of principle g) to the RBM Partnership. Comments in opposition to principle g) include the following: (i) principle g) singles out the Private Sector constituency and industry for representation through umbrella associations if possible, but does not propose the same principle for other constituencies that may have conflicts of interest with regard to budget and programming issues; (ii) principle g) impinges on the Private Sector constituency's ability to determine its own representation in Partnership mechanisms and activities, which is not the case for other constituencies; (iii) principle g) is inconsistent with another important principle in the COI policy, that any partner may have a conflict of interest; (iv) principle g) risks imposing barriers to making private sector expertise available in the subject areas of greatest concern to the RBM Partnership (e.g. finance, supply chain management) since individual companies bring on-the-ground and other experience that industry associations lack; (v) principle g) may jeopardize individual company involvement in and commitment to the Partnership.

The Board was requested to review the revised RBM Partnership COI document, including the current state of consensus on principle g), and endorse the document as submitted or as amended following Board discussion and decision.

Discussion summary

- The WHO Secretariat maintained their preference for representation of the Private Sector constituency via umbrella organizations, and the private sector remained of the opinion that it is unfair to single out one constituency in terms of additional measures to mitigate potential conflicts of interest.
- The Private Sector constituency reported on their procedures for Board representation which have been specifically designed to reduce potential COI. All members of the Private Sector delegation sign a COI declaration and all talking points are brought to the meeting with consensus. It was also pointed out that the private sector is rather diverse and that it is not a simple matter to identify a suitable umbrella organization as the latter primarily focus on a specific industry e.g. pharmaceuticals, pesticides.
- The WHO Secretariat insisted that their lead must be followed on this issue as the RBM Secretariat is hosted by the WHO and bound by a statutory relationship.
- The Private Sector constituency reported that according to advice from their legal teams, the COI document and principle g) would not be legally binding. In this case, approval or otherwise can and should remain a Board-led decision.
- RBM Board members expressed strong support for the principle of universality and the need to recognize that any constituency could potentially face a conflict of interest issue.
- Two aspects of reputational risk were raised: (1) the risks run by cutting principle g) from the document and (2) the risks arising from being seen to delay further on finalizing this issue.

- Board members raised the need for clarifications on COI procedural issues e.g. the criteria for voluntary abstention, the process to be followed if a Board member contravenes this policy.
- It was recognized that private-public partnerships have entered a new phase. Above all, the COI debate should be framed in terms of creating trust and confidence among Partners who have all committed to common goals and who, in practice, through the RBM Partnership have developed and are modelling increasingly productive and transparent working relationships.
- It was noted that WHO COI policy is currently under review and that the RBM COI document and discussion represent the cutting edge of an ongoing debate. The WHO requested further time for consultation on the document with RBM Partners and the WHO Secretariat legal team.
- Overall, the feeling prevailed that it was more important to get this document right than timely.
- Despite remaining issues, Board members remained committed to the introduction of the COI policy and to finalizing it as soon as possible.

Decision reached:

- Initiate an exchange (during the Board meeting) between the WHO Secretariat and the Private Sector;
- If issues can be resolved overnight, proceed to a Board vote on Day 2. Otherwise, pass this issue to the EC supported by the RBM Secretariat for resolution by 31 July 2009 through a continuing consultative process and an electronic Board vote;
- WHO Secretariat and Private Sector constituency representatives requested to report back to the Board on Day 2 (see follow up on p. 23).

GFATM – RBM Partnership Memorandum of Understanding (MOU)

Presentation summary

At its 15th meeting, the Board approved an updated MOU and requested that it be finalized in consultation with the EC. Under the leadership of The World Bank, consultations were held with partners, in particular WHO, to address continuing concerns and to finalize the MOU. This process resulted in the following main changes to the MOU:

- Greater emphasis that the MOU is between the RBM Partnership as a whole and GFATM;
- Provision of an unambiguous and comprehensive definition of the Partnership (see MOU, p.2);
- An emphasis that the core functions of the Partnership, its structures and Mechanisms are convening and coordinating;
- Removal of references to standards, norms and policy setting;
- An acknowledgement that the RBM Partnership, through its Partners, provides technical assistance (TA) to malaria endemic countries.

These changes have been reviewed and endorsed by the EC and are recommended to the Board for approval. If approved, the MOU will be forwarded to the GFATM Secretariat for their final approval.

Discussion summary

- Board members expressed broad support for the MOU.
- The GFATM representative proposed that Paragraph 1.9 of the MOU be revised to reflect the recent decision regarding the RBM Partnership seat on the GFATM Board.
- The Board welcomed the opportunity for the RBM Partnership to take up the joint seat (with the Stop TB Partnership and UNITAID) on the GFATM Board. It was recognized that this closer engagement with GFATM should provide excellent opportunities to address GFATM-related challenges and bottlenecks

identified by RBM Partners. The HWG was encouraged to make maximum use of increased access to GFATM grant implementation information in order to identify bottlenecks and efficient solutions.

- Board members were interested to know about proposed arrangements for representation on key GFATM committees and arrangements for consultation between RBM, UNITAID and Stop TB in order to ensure that best use is made of the joint seat.
- The Executive Director reported that RBM will receive a briefing regarding the role of a non-voting GFATM Board member and will then have a better idea of the RBM portfolio and workload. She suggested the creation of an RBM Board Subcommittee to follow through with these arrangements or requested that the EC would support follow up. Board members offered their support. (See follow up on p. 29 under AOB agenda item.)
- Members asked for clarification regarding the financial implications of the MOU signature process and implementation. The MOU includes around 30 tasks, including the provision of TA to countries and a responsibility to monitor and evaluate MOU implementation.
- It was agreed that the process of signing the MOU had no further budget implications, but that the financial implications of MOU implementation and the workload created by the joint GFATM seat would need to be determined and addressed going forward. However, the Board should go ahead and vote on the proposed MOU.

Decision reached:

- The Board approved the proposed revised MOU between GFATM and the RBM Partnership;
- The Board requested the Executive Director, in consultation with the Executive Committee, to finalize and sign the MOU with The GFATM Executive Director.

Budget implications:

- The Board noted that the MOU signature process had no budget implications;
- The Board agreed that the financial implications of MOU implementation would be determined and addressed going forward.

Next steps approved:

- Following approval by the RBM Board, the revised MOU will be resubmitted to the GFATM Secretariat for transmittal to its Policy and Strategy Committee and its Board;
- Any substantive revisions that may be requested by GFATM will be referred to the RBM Executive Director and Executive Committee;
- The RBM Secretariat, in consultation with The World Bank and other interested partners, will work with the GFATM Secretariat to prepare proactively for implementation of the MOU;
- Once the MOU is agreed by RBM and GFATM, and signed by their respective Executive Directors, RBM and GFATM will implement the provisions of the MOU.

Forum 2011

Presentation summary

Five RBM Forums have been held to date, with the most recent taking place in November 2005. Given the current economic climate, the decision to organize a stand-alone Forum along the lines of the large-scale events previously organized was revisited at the 15th Board meeting, and a decision was taken to create a Board Subcommittee to evaluate the proposal for Forum 2011 further. The convened Board Subcommittee gauged the enthusiasm and interest of Partners to determine how to mobilize resources. Concerns were shared regarding the financial viability and value added of a stand-alone Forum. The Board Subcommittee has

recommended abandoning the idea to organize a stand-alone Forum. As an alternative, the Board Subcommittee has recommended the organization of a 2011 Global High-Level Reporting Event (and virtually-linked meetings) on RBM Progress around 2010 targets to take advantage of existing World Malaria Day 2011 events. Quarterly print/web based reporting would start July 2009 and culminate in the final report in 2011.

Discussion summary

- General support for the alternative proposal and for a combined/unified reporting strategy.
- Given that the world will be waiting for a report on progress towards the 2010 targets, Board members considered it extremely important to agree key indicators and required data inputs, how and when data will be collected, and who will be responsible for its collection and analysis. The HWG Co-Chair reported that these issues will be discussed at the upcoming MERG meeting and that the MERG Chair aims to develop a draft 2010 targets reporting framework by the end of June 2009.
- Board members expressed concern that the proposed timeline for the event may not provide enough time for the finalization of solid, validated evidence to present success and an analysis of the way forward. As an alternative, the Chair proposed re-positioning the event to coincide with the UN General Assembly in September 2011, thereby giving an additional six months for preparation.
- The removal of the word 'reporting' from the title was suggested in order to avoid restricting the scope of the event.
- However, Board members cautioned that a high level event should retain a strict focus on a small number of key themes to ensure impact.
- It was noted that care should be taken that this event and the 2010 target reports are not interpreted as the 'end of a story'. Rather the event should be orchestrated as a 'call for action' and further resource mobilization looking forward towards 2015 and beyond.
- Board members queried how 'high-level' the event should be. If the event takes place alongside the UN General Assembly, securing the attendance of the UN Secretary General should be possible and there will be an opportunity to invite Heads of State as well as Health Ministers, thus increasing the political dimension of the event.
- It was noted that aligning the event with the UN General Assembly could also allow for a broader debate by focusing on malaria as a development issue and engaging broader political participation.
- However, the notion of inclusiveness must also be resolved. These results will be due to work at all levels and will not be possible without National Malaria Control Program teams, NGOs etc. It is, therefore, important that these stakeholders are acknowledged and able to take part in celebrations.
- Board members proposed that other events around the world during 2011, including on WMD which is now well-established globally as a day of mobilization, will allow all to be included and provide a platform for celebration and advocacy. A suggestion was made to establish a local events calendar, while watching costs and the need for organizational inputs.
- Reporting on achievements will need to be put into the context of available resourcing, in particular in light of issues with timing of GFATM Rounds 8 and 9 funding.
- The above issues to be explored further by the Board Subcommittee (with EC back-up and Secretariat facilitation), and a proposal detailing the scope, objectives, content, format and budget of the event to be submitted to the 17th Board meeting.

Decision reached (1):
- Approval in principle not to organize a stand-alone Forum.

Decision reached (2):
- Approval in principle to organize a Global High-Level Event on RBM Progress towards the 2010 targets alongside the UN General Assembly meeting in September 2011;
- Approval of a Board Subcommittee representative of RBM Partner constituencies to guide the organization of the Global High-Level Event in terms of scope, format, objectives and content as per Board recommendations;
- Subcommittee to develop a calendar of events worldwide, leading up to the Global High-Level Event;
- Request the RBM Secretariat to detail activities and budget and engage partners in creating momentum towards the 2011 Global High-Level Event.

Next steps approved:

- **Finalize reporting framework**

- Determine key outputs, outcomes, impact for reporting at the 2011 Global High-Level Event (RBM MERG, HWG and key partners)
- Determine key inputs for reporting
- Africa and outside Africa
- Country-specific reports

- **Complete report and organize event(s)**

- Organize Global High-Level Event alongside the UN General Assembly meeting in September 2011
- Plan and complete December 2010 Report
- Plan and complete quarterly updates from July 2009
- RBM-Partnership Secretariat to field team and engage partners
- Work plans developed and followed to achieve products

Progress on the 2010 - 2011 RBM Partnership Work Plan

Presentation summary
During the 15th RBM Board meeting, the RBM Partnership Secretariat was mandated to develop a two-year Work Plan based on the GMAP and its priorities in time for the 16th Board meeting. The Work Plan would demonstrate a clear articulation between the targets and outputs, and hence budgets, for 2010 – 2011.

The purpose of the RBM Partnership's Work Plan for 2010 and 2011 is to support GMAP implementation.

The proposed three key strategic objectives are extracted from the GMAP:
- Objective 1: Help countries achieve universal coverage targets for 2010;
- Objective 2: Make operational a global reporting system initially to track progress on 2010 targets;
- Objective 3: Support willing countries in efforts to eliminate malaria by 2015.

These objectives have been translated into a draft Work Plan Framework based on the 2010 – 2011 timeframe.

At the 15th Board meeting, members had decided to re-name the Work Plan because referring to it as the Harmonized Work Plan potentially created confusion with HWG planning documents.

The EC endorsed the proposed name change, concept note and Work Plan outline during its teleconference of March 4, 2009. Following this endorsement of the draft framework by the EC, the RBM Partnership Secretariat

circulated a planning matrix (based on the GMAP description of the RBM Partnership role (GMAP Part IV) in the nine priority areas) to the Working Groups and launched a participatory process whereby Co-Chairs were charged with facilitating dialogue with stakeholders to develop products and milestones addressing GMAP priorities in their respective topic areas as well as in areas of joint interest.

At this 16th Board meeting, the RBM Board was requested to: adopt the Work Plan name change; adopt the Work Plan three objectives; endorse the 2010 – 2011 RBM Partnership Work Plan framework. A 'road map' of next steps in the continuing, in-depth, inclusive consultative process aimed at finalizing the Work Plan for adoption and funding approval at the 17th Board Meeting were also outlined for the Board's consideration.

Discussion summary

- There was general support for changing the Work Plan name to the 2010 – 2011 RBM Partnership Work Plan.
- The Co-Chair of the HWG acknowledged the thinking that had led to the Work Plan developed by the RBM Secretariat being based on the GMAP structure, but HWG members reported that for operational purposes this format does not allow implementation bottlenecks to be addressed in a holistic way. It creates a tendency for fragmentation of approaches across the three objectives, and this makes it difficult for the HWG to 'fit' their current activities into the plan as it stands.
- Board members emphasized the need for the RBM WG and SRN to take the lead in the Work Plan development process, particularly in developing the detailed plan once the overall goals/overarching objectives and direction have been set by the Board. The RBM Secretariat is tasked with supporting the various Working Groups in this process.
- Board members discussed the level of priority to be placed on the elimination agenda. While some thought that all available resources should be focused on achieving 2010 universal access targets, others noted that some countries are facing the challenge of elimination at this time and should be given the support they need to keep moving that agenda forward.
- Board members noted that it would be preferable to revert to quantifying the number of countries to be supported in their elimination efforts and/or put the emphasis on support to countries 'able' to move forward rather than 'willing' as in the current draft wording.
- Board members requested that the importance of cross-border action and regional approaches for elimination interventions should be reflected in the Work Plan.
- The Work Plan should include a thorough risk analysis to ensure challenges are fully taken into account.
- A framework for financial reporting against the Work Plan should be put in place. Potential budget overlaps between objectives will have to be ironed out.
- Revisions to the Work Plan need to clarify what objectives have an end 2010 deadline, which are 2011 focused, and which will require continuous work beyond the two-year timeframe of this Work Plan.
- Board members questioned whether the three objectives were, in fact, more like goals. In which case, SMART objectives could be developed under each goal at various levels e.g. WG, Secretariat.
- With the Chair's permission, the Private Sector constituency presented an alternative structure for the Work Plan. This was underpinned by three fundamental principles: 1) the need for a hierarchical approach to objective setting, with 'universal coverage by 2010' being proposed as the overarching objective; 2) the need for specific, measurable and time-bound objective setting; and 3) the need to attribute individual and collective accountability more specifically among RBM Partners. Four underlying priority areas were proposed: making the funding work, ensuring future funding for countries, keeping malaria high on the global agenda, and ensuring quality reporting on country progress.
- Taking into account the Private Sector's alternative Work Plan structure, which Board members found worthy of further consideration, and the additional issues raised around the table, the Northern NGO constituency Board member proposed that interested Board members, WG/SRN Co-Chairs and RBM Secretariat representatives should meet at the end of Day 1 to consider revisions to the Work Plan and to provide guidance regarding next steps in Work Plan development. Representatives from Dalberg were

requested to join the meeting. There was support for this proposal from the Executive Director, who was glad to have input from the Board, and from the Chair. The Chair requested the meeting focused on laying out the broad expectations of the Board in terms of the Work Plan objectives and development process.

Decision reached:

- The Board decided that the 'Harmonized Partnership Work Plan' will be renamed and referred to as the 'RBM Partnership Work Plan'.

Decision postponed:

- The Board postponed the decision to adopt the proposed Work Plan objectives and framework pending feedback from Board members tasked with considering Work Plan revisions overnight. (See p. 23 for follow up discussion.)

Venue 17th Board meeting and retreat

Presentation summary

The RBM Board traditionally meets twice a year. A Board retreat was requested at the 15th Board meeting to discuss the recommendations of the independent evaluation in terms of the development of the 2010 – 2011 RBM Partnership Work Plan. The 2009 budget of the RBM Secretariat, as approved by the RBM Board in December 2008, was based on the assumption that a single Board meeting and a Board retreat would be organized. The Secretariat may, however, be able to realize efficiency gains and organize a second Board meeting within the approved 2009 budget, although some additional funding may be needed. Venue options for both the retreat and the proposed second Board meeting were presented with associated costs, together with a calendar of events that might affect choice of timing and/or venue.

The Board was requested to decide on the location and timing of its next meeting and retreat and approve an additional funding ceiling of 130,000 USD to allow the Secretariat to organize a second Board meeting in 2009.

Discussion summary

- The Executive Director strongly supported the need for a second Board meeting as per the agreed RBM Partnership governance process. However, the proposed SRN meetings in the 2009 Harmonized Work Plan must also be funded, so the Board may need to give some guidance on priorities.
- The Private Sector constituency proposed that, as the Board will have recently participated in the retreat, a one-day Board meeting could suffice (and no need for an information day). They further suggested a focus on two themes at the second Board meeting: the Work Plan and the independent evaluation. These themes were supported by other Board members.
- The Chair stated his support for holding the 17th Board meeting in Brasil. The November meeting in 2007 was held in Addis Ababa (Africa) and the November 2008 meeting took place in New Delhi (Asia), so November 2009 would be an opportunity to fulfil the RBM Partnership's global mandate and hold the meeting in Latin America. Brasil has made tremendous progress towards meeting the 2010 targets and this success, along with the gains made in many other countries in the region, deserve to be highlighted. Finally, the representative of the Honourable Minister of Health of Brasil had presented the Board with a formal invitation.
- Other Board members supported the option of meeting in Brasil and the opportunity to share in the rich experience of the region, but questioned the choice on the basis of cost.

- The relative costs of the various proposed venues were discussed and it was noted that meeting in Brasil was the highest cost option. It was also noted by the NGO constituencies that Brasil would be a more costly option in terms of travel for delegation members.
- A request was made to explore options to align the Board meeting with another international meeting that Board members would expect to attend as a potential cost (and time) saving measure.
- Board members confirmed the need for the Board retreat. Geneva was selected as the venue on the basis of cost.
- Board members requested clarification from the FC and the RBM Secretariat on whether projected incomes/cash flow during Quarter 3 2009 would allow for both a retreat and a second Board meeting.

More generally:

- The Private Sector constituency proposed shifting the Board meeting cycle to bring the meetings into line with the annual budget development process. They proposed meeting in March, when the focus would be on strategic issues, and in September, when the focus would be on budgetary issues. The Chair requested that this proposal be discussed further by the EC and brought to the next Board meeting.

Decision postponed:

- The Board postponed a decision on the Board retreat and the second Board meeting pending overnight clarification of the financial situation (see p. 22 for follow up discussions).

Recommendation:

- The timing of Board meetings should be reviewed by the EC and recommendations brought to the next Board meeting.

Call to order – Day 2

Special Ministerial Session

The Chair welcomed participants and thanked them for making time to join RBM Partnership Board members for this important discussion. The aim of the discussion was to identify the progress countries are making towards meeting the 2010 targets, the main challenges countries face, and proposals for ways in which these challenges can be addressed by RBM Partners.

To ensure an effective meeting, the Chair proposed the following ground rules: a results-orientated approach; frank and honest contributions; application of the Chatham House Rules to facilitate open discussion; and minutes to be unattributed. The proposal was accepted.

Participants were reminded that the meeting would follow a facilitated-discussion methodology, as previously agreed under Agenda Item N at the recent African Union Ministerial Meeting in Addis Ababa. The Chair and Vice-Chair would jointly facilitate the discussion.

A round of introductions followed. The following African countries were represented: Burkina Faso, Cameroon, Comoros, Congo Brazzaville, Côte d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Ghana, Guinea, Libya, Madagascar, Mali, Namibia, Nigeria, Swaziland, Uganda, and Zambia. In addition, RBM Partnership Board members from India and Cambodia ensured that experiences from the Asia Region could be shared and the Board member from Brasil brought a Latin American perspective to the discussion.

The Vice-Chair noted that with only 574 days left until the end of 2010, the time available to meet the 2010 universal coverage targets is dauntingly short. From the UN Secretary General's perspective, meeting the 2010

targets remains of the utmost importance. Success will mean millions of lives saved, and millions of dollars and significant human resources freed up to be diverted into social and economic development across the continent. To have reached an average of 50% universal coverage across African countries is already an amazing achievement, and would not have happened without RBM Partners and the political commitment of Ministers of Health. Nothing comparable has been reached for any other disease, so all involved have a right to feel good about progress. However, time is short and there is still much to be done.

The Vice-Chair invited the Executive Director to update participants on the malaria landscape and current status of malaria control efforts.

Presentation summary

The Executive Director presented a map showing the 109 countries worldwide affected by malaria, most of which are in Africa which is also home to the highest malaria mortality rates. She pointed out India where malaria also kills. She contrasted the African experience with that of Latin America, in particular Brasil, where malaria has been eliminated as a public health threat. She noted that, while malaria hits Africa hardest, it is an international disease and a concern for all.

She recognized that much progress has been made since 2000. The number of LLINs procured has increased rapidly. Factoring in all national and international funding, universal coverage will almost have been achieved by 2010. Funding for an additional 40 million nets is needed. Household survey data from the recent 'Malaria and Children' report published by UNICEF with GFATM funding on behalf of the RBM Partnership, indicates that most Sub-Saharan African countries covered by the report have three to five times more under 5s sleeping under nets than in 2000. While significant increases in net coverage are reported, the report data shows little increase in coverage of ACT treatment since 2000. However, a recent upsurge in procurement should contribute to closing the gap on universal access to ACT by 2010. Use of IRS is increasing, and in 2008 funding from the US President's Malaria Initiative (PMI) alone enabled 6 million homes to be sprayed and approximately 24 million people to be covered.

It is important to say that malaria elimination is on the agenda in Africa e.g. in Swaziland. The main focus of the RBM Partnership is on universal coverage by the end of 2010, but some countries have already reached this and want to eliminate.

Commitment to scale up has resulted in > 60% decreases in malaria cases in a number of countries such as Ethiopia, Rwanda, Eritrea, Sao Tome and Principe, and the island of Zanzibar. At this meeting, we heard the good news that Zambia has joined these countries. There are signs of a clear positive trend, and it is hoped that more countries will report significant progress in the near future.

However, challenges are legion and include: development of unified operational plans, strengthening health information systems and supply chain management, building human resource capacity in endemic countries, improving the reliability and supply of RDTs, addressing resistance, reducing use of monotherapy and ensuring the proper use of all commodities.

Strong leadership and continuing advocacy are essential. The African Union has led the way by placing malaria control firmly on their agenda. Recent support from President Obama and other Heads of State has provided encouragement and hope.

Financing from GFATM, PMI, UNITAID, World Bank, The Gates Foundation, France, the UK and other countries is allowing for significant progress, but more is needed; GMAP indicates needs of USD 5.8 billion this year and next to reach targets.

In conclusion, much has been achieved, but now is the time to accelerate action.

Discussion summary

Overall, there was a positive mood among Ministers regarding country progress towards the 2010 targets, with the majority stating that they were on track. There were, however, a number of countries with less optimistic projections. Ministers identified an extensive list of challenges and bottlenecks still to be faced. They shared their own experiences and approaches to meeting some of these challenges and proposed solutions. RBM Partnership Board members and other participants also contributed. The discussion is summarised below.

Challenges	Options for addressing challenges
Governance of large-scale, complex malaria programmes	- Strengthen political commitment to, and local ownership of, the fight against malaria - Design/share experience of innovative governance mechanisms - Accept that these may not follow existing public sector governance models - Promote a high-level, inter-ministerial mode of problem solving - Ensure participation of all partners (local and international, public, civil society and private sectors) in governance mechanisms - Incorporate new skills/models from e.g. the private sector
Planning and coordination challenges due to the scale and complexity of the African context e.g. population size, geographical size, weak infrastructure, multiple climate zones in one country, seasonal factors (both in terms of spikes in malaria incidence and access issues during rainy seasons), cultural, religious, socio-educational-economic diversity, and the need to integrate implementation of multiple malaria control tools	- Support countries to develop quality strategic and operational plans - Request donors to buy-in to a single operational plan (principle of the 'Three Ones') - Support country capacity building for planning, coordination, programme management and reporting - Use multiple mechanisms to 'reach every household' - Support operations research to increase understanding of the African experience
Closing the funding gap: 40 million additional LLINs major target for immediate resource mobilization. World Bank Booster Programme Phase II and recent European Community commitments will contribute to this shortfall	- Expand in-country donor base rapidly e.g. engage private sector and faith-based organisations/institutions, use debt relief gains - Continued advocacy at all levels of the RBM Partnership to expand international donor base
Addressing the lengthy GFATM grant signature process: procurements based on Round 8 grants pre-requisite for meeting targets in many countries. If Round 9 signature process also averages 300 days (from approval to signature), 2010 procurements will be jeopardized	- Explore parallel procurement/net guarantee process proposed by Malaria No More and UNITAID - Make operational front-loading option and more widely available - Build on 'lessons learnt' from RBM Partnership attempt to accelerate signing of GFATM Round 8 in time to streamline Round 9 process if/where possible. Private sector proposes acceleration of grant signature by requiring timely LFA reports and streamlining of inter-agency paper flow - World Bank Booster Programme Phase II now on-line has the advantage of rapid turnaround of requests (e.g. 3 months for one recent large grant)
Dealing with funding disbursement delays	- Need cohesive, consistent financial support

Ensuring periodicity of funding e.g. ensure funds in place ahead of rainy season	- Timing 2009/2010 campaigns crucial. Resources must be in place ahead of rainy seasons - PMI has sought approval of 'early' funding for 2009 for countries where rains come early in the year. Model for 2010
Delivering on LLIN coverage: many Ministers reported that they have secured funding for the nets they need to achieve universal coverage by 2010. However, there is a concern that with so many countries placing orders at the same time (following GFATM Round 8 signatures) orders will not come through in time	- GFATM Round 8 grant signatures as soon as possible to enable procurement - Get orders in on a timely basis to enable manufacturers to manage required turnaround times - Nets bulky items to be shipping around the world and time-consuming business. RBM Partnership to advocate for international manufacturers to set up local manufacturing base where skills available - Finance additional 40 million nets
Addressing low coverage/ penetration ACTs: many Ministers were concerned about their country's ability to meet 2010 universal coverage targets for appropriate, timely treatment of malaria	- GFATM Round 8 grant signatures as soon as possible to enable procurement - Acceleration GFATM Round 9 signature/disbursement of funds to allow additional procurement in 2010 - AMFm to increase access to low-cost, high-quality ACTs, especially in the private sector - Increase investment (e.g. in human resources and infrastructure) to increase formal health service coverage. Some Ministers can get ACT to 100% of health posts, but this does not currently translate into 100% population coverage - Develop public health insurance - Implement community-based management of malaria • The Private Sector constituency reported a joint approach to ensuring access to raw materials. Sufficient raw artemisinin has been secured to meet 2009 demand and much of 2010 demand for ACT manufacture • Local manufacturers do not meet quality controls for inclusion in AMFm. Therefore, concerns regarding the effects on local manufacturers in countries joining the AMFm were voiced. Need for capital investment to upgrade local facilities and technical assistance to support local manufacturers to work through this process. Ministers to consider approaching institutions specializing in support for private sector development. Arguments based around the need to maintain artemisinin as a global good might merit attention. Countries could proceed on a regional basis
IRS	- Most countries present were using IRS and some concerns were raised regarding financing and scale up
IPT in pregnancy	- Two Ministers specifically mentioned the importance of IPT in pregnancy
Exploring environmental management approaches	- Launch of an environmental management/hygiene initiative to be considered - Combined spraying/ITN/RDT (case management) approach to be considered - Further debate on use of DDT needed (see below)
Supporting elimination	- Promote cross-border and regional approaches
Addressing the potential loss of artesunate and pyrethroids which was recognized as a concern for	- AMFm to ensure access to high quality, low-cost ACT to reduce the use of monotherapy on grounds of cost - Messages explaining the issues related to use of monotherapy to

the whole malarial control community	be more strongly communicated - Possible strong regulatory action on monotherapies e.g. one Minister has banned use of, local licensing of, and import of monotherapies in conjunction with the Food and Drugs Board - Need to build capacity at country level for monitoring effectiveness of ACTs and pyrethroids - Need to develop clear strategic guidance on how to make the best use of currently available tools while they are still effective - Need debate on use of DDT. The balance of chemical safety versus effectiveness in malaria control for DDT to be discussed in a consultation process involving environmental and malaria epidemiologists that crosses health and agricultural sectors
Promoting effective utilization of existing commodities and resources	- Use health promotion principles of community involvement and cross sector (e.g. health, agriculture, education) working to underpin BCC strategy development - Strengthen capacity to plan and implement communication for social and behavioural change strategies - Promote partnerships with NGOs, faith-based organizations/ institutions, communities and private sector to plan and implement BCC activities - Use local cultural keys e.g. music, art, sport to enhance BCC approaches - Promote community-based management of malaria - Invest in laboratory services - Identify key operations research questions around the theme of 'making the funding work' - Increase region-specific analysis and regional approaches, for example: (i) to highlight and address issues in the Central Africa Sub-Region (ii) to promote peer support processes among countries (iii) to recognize importance of cross-border work among countries working towards elimination (iv) to promote efficient investment in local manufacturing (v) to enable investment in early warning/forecasting (rain fall/climate change) systems (vi) to address issues arising from countries in conflict and post-conflict
Addressing procurement and supply chain management issues	- An analysis from the Private Sector constituency identified the following factors as vital for market efficiency: committed demand (i.e. countries to place firm orders as soon as funds available); acceleration of grant signature by requiring timely LFA reports and streamlining of inter-agency paper flow; and increased transparency in the procurement process including public opening of tender documents and clear award criteria - The Private Sector constituency also raised the possibility of monitoring and sanctioning suppliers and procurement units as a means of promoting adherence to deadlines. This would be an unusual step, but perhaps warranted as so much at stake - The Private Sector constituency and GFATM are working closely with several countries to improve forecasting of ACT needs on a seasonal basis and over a number of years. This targeted, joint-planning approach should contribute to addressing bottlenecks - Reliable financing also crucial to industry - Increase country-level capacity to procure, store, supply (particularly to rural areas) and track commodities - Promote local manufacture of drugs, nets of certifiable quality

Building human resource capacity	- Invest in building country-level capacity as specified above under each of the main challenges e.g. entomologists, forecasters, procurement and M&E specialists, programme managers - Ensure ongoing, adequate and timely funding for TA through the RBM Mechanisms - Ensure TA does not exceed a country's absorptive capacity - Make use of World Bank Booster Programme Phase II for Health System Strengthening - Mobilize NGOs, faith-based organizations, private sector, and communities to fill implementation gaps
Facilitating monitoring of progress towards 2010 targets	- Work towards a high-level agreement on a simple set of indicators and data collection tools for use at the health facility level - Build country-level M&E technical capacity - Invest in development of Health Information System infrastructure
Sustainability – looking beyond 2010	- How can Africa access and/or produce drugs, insecticides and nets in a sustainable way that keeps costs to a minimum and enables ongoing work on 2015 MDG targets and beyond to malaria elimination and eradication?

The Chair summarized the extensive list of challenges identified by session participants. A mix of internal and external challenges had been identified as requiring urgent action. He noted that some prioritization would be necessary in terms of action planning as not all the challenges identified have the same weight or immediate relevance to meeting the target of universal coverage by the end of 2010. The Chair indicated that many remaining technical challenges were related to the level of political engagement of nations with malaria problems to take energetic action to resolve barriers. He proposed that the RBM Secretariat summarize the excellent discussions and contributions, integrate any further challenges and solutions identified during the Board meeting and preceding information day during which participants had also focused on 2010, and circulate the resulting document to all participants for further enrichment.

Follow-up of Day 1 agenda items

Board meeting/retreat financing

The Chair confirmed that there was enough money in the RBM Secretariat budget for both a Board retreat and a second Board meeting in 2009. The funding available in Quarter 3 2009 would cover the costs of meeting in Brasil, if the Board retreat is held in Switzerland. Dates for the second Board meeting were discussed with reference to potential clashes. The proposed dates, 15-17 November 2009, would mean holding the information session on a Sunday, should that session be included.

Board decision reached:

- The Board retreat will be held in Switzerland in August or September (dates to be confirmed and dependent on the availability of the independent evaluation results)
- A second Board Meeting will be held in Brasil on the 15-17 November 2009 (or the 16-17 November, if a two day meeting).

Election of new RBM Partnership Board Chair

The Chair reported that the Endemic Countries delegation had met the previous evening and had unanimously selected the Honourable Minister of Health for Zambia as their nomination for next RBM Board Chair. The Southern NGO delegation had been included in this meeting and approved the nomination. A quick scan of Board members from Latin and South America and Asia indicated broad support for the candidate.

The strategic reasons, based on an analysis of the challenges to be faced by the RBM Board over the next few years, put forward in support of the candidate were summarised as follows in a joint statement from the Endemic Countries and Southern NGO delegations:

- Zambia has made inspirational progress towards meeting 2010 targets recently, but still has more work to do to ensure success by December 2010;
- Zambia's neighbours in the Southern Africa Region are at different stages on the continuum of malaria scale up, sustained control and working towards elimination. This mixed regional perspective should ensure that the concerns of the whole Partnership (not just African countries) are addressed;
- The candidate is 18 months into his appointment as Minister of Health and can also draw on past experience in government roles with responsibility for finance and procurement. With this cross-sector experience, he will be well-positioned to guide the Partnership in identifying what it will take to move different government sectors towards the RBM agenda;
- He has identified setting SMART objectives as one key to engaging others in a full commitment to the malaria agenda;
- From an NGO perspective, the Coalition of NGOs in Zambia is strong and active and the Head of the Coalition is an alternate member for the Southern NGO Constituency, so they are happy to support the nomination. (See p. 29 for election outcome.)

Conflict of Interest Policy and Procedures

The Chair requested a feedback from the WHO Secretariat and the Private Sector constituency on the discussions held the previous evening.

- The WHO Secretariat reported that clarifications are still needed on some issues. It was reiterated that the RBM Secretariat need to follow WHO policies. The WHO position was that further consultation, with the inclusion of the WHO legal team, was necessary to finalise the content and language of the policy. One month should suffice.
- The Private Sector constituency reminded the Board that this policy has repeatedly been discussed by the EC and the Board and representatives from the WHO Secretariat had been part of these discussions. They requested that the Board makes the final decision regarding the COI policy, and noted that in this context WHO is but one member. They have taken legal advice and have been advised that the COI document and principle g) would not be a legally binding principle. In this case, approval or otherwise can and should remain a Board-led decision. They do not believe that leaving out principle g) would conflict with current WHO policy. They believe that including principle g) is not necessary as it does not strengthen the policy and it threatens the principle of universality that has so far underpinned the work of the RBM Partnership Board. They put forward two options for the Board's consideration:
    1. The COI document be finalized by July and be subject to an electronic vote;
    2. Removal of principle g) and endorsement of the rest of the document at this Board meeting (with further debate on principle g) to follow and any consequent changes made to the document at a later date).
- On balance, the Board agreed that, despite general dissatisfaction with the prolongation of this debate, it would be preferable to finalise the document in its entirety and that technical legal issues and language be resolved in full ahead of a Board vote.

Decision reached:

- A firm deadline of 31 July 2009 was set for the final version of the COI Policy and Procedures to be delivered to the Board. The Board will vote on the COI document electronically. The process of finalizing the COI document will be led by the Executive Committee with the support of the RBM Secretariat.

RBM Partnership Work Plan 2010-2011 framework and objectives

The Northern NGO Board Member responsible for calling the previous evening's additional meeting on the development of the Work Plan reported that constituency representation at the meeting had been excellent and included the Private Sector, OECD, Foundations, NGOs, Multilaterals, WG Chairs, SRNs, the Board Vice Chair and the RBM Secretariat.

The group had reached consensus on an overall Work Plan direction/framework, but additional fine tuning would be needed. This framework was presented for the Board's adoption, and it was proposed that all RBM Mechanisms would need to work out how their work fits into the framework and can be developed in line with the framework.

Presentation summary

Revised Work Plan objectives and priority areas were presented with the following comments.

- The purpose of the framework was to give overall guidance that would enable RBM Mechanisms to develop more specific objectives/proposals for the Secretariat to organize and put before the Board at the next Board meeting.
- The framework allows a consistent approach towards the objectives set out in the GMAP.
- It more clearly defines deadlines with respect to 2010, 2015 and beyond.
- Objectives have been arranged hierarchically. Objective 1 is priority.
- Objective 2 aligns with the sustained control element of the GMAP, has a longer timeframe, and indicators are slightly less SMART.
- Objective 3 elimination-related activities will be supported in 8-10 countries as per the GMAP.
- Work to develop and implement the R&D agenda must be supported so that the elimination process can be rolled out.
- Four process priority areas have been set.
- The original 'strengthening capacity for SUFI' priority has been re-positioned as a process of 'full implementation of SUFI'.
- The removal of the 'ensuring functioning of RBM partnership mechanisms' priority reflects a situation where these mechanisms have matured and their support is now part of the core business/budget of the Partnership.
- To meet Partnership objectives, RBM Mechanisms are requested to develop specific, measurable and time-bound targets across the four priority areas, as appropriate.

Discussion summary

- As some countries are already working on elimination, perhaps change wording of target 1 of Objective 3 to 'Support to elimination'.
- Call for partners to take on the R&D agenda regarding elimination as developed by MalERA.
- Outputs for Objectives 2 and 3 to be stepped-up within the 2012-2015 RBM Partnership Work Plan.
- It was noted that access to ACTs and diagnostics are very much behind target. It will be critical to get the Case Management Working Group up and running. Need to focus on processes to speed up access to, and use of, ACT and RDTs.

- Three additional issues were identified for further emphasis in the 2010 – 2011 Work Plan: cross-border action and emphasis on regional approaches for elimination, resistance (WHO requested inclusion to strengthen platform for advocacy), and country-level capacity building.
- The Work Plan revisions will enable accountability to be assigned to the RBM Secretariat and Mechanisms, but means to capture the wider individual/collective accountability of Partners still need to be developed. It was proposed that the Partnership Performance Subcommittee look at a methodology for measuring partnership accountability. The independent evaluation should provide valuable input on this.

Decision reached:

The Board adopted the following objectives, priority areas, format and next steps for the 2010 – 2011 RBM Partnership Work Plan:

Objective 1 – Achieve universal coverage by 2010

- 80% of people at risk from malaria are using locally appropriate vector control methods such as long-lasting insecticidal nets (LLINs), indoor residual spraying (IRS) and, in some settings, other environmental and biological measures where appropriate based on scientific evidence;
- 80% of malaria patients are diagnosed and treated with effective anti-malarial treatments;
- In areas of high transmission, 100% of pregnant women receive intermittent preventive treatment (IPT);
- The global malaria burden is reduced by 50% of the 2000 levels: ~175 - 250M cases annually and less than 500,000 deaths annually from malaria.

Objective 2 – Sustain universal coverage through 2015

- Universal coverage continues with effective interventions;
- Global and national mortality is near zero for preventable deaths;
- The global malaria burden is reduced by 75% of the 2000 levels: ~85 - 125M cases annually;
- Malaria related MDGs achieved - halting and reversing incidence of malaria

Objective 3 – Prepare for elimination

- Provide support to elimination efforts in 8-10 countries to achieve zero transmission of locally-transmitted disease by 2015;
- MalERA to complete the elimination R&D agenda and promote its implementation.

Priority areas:

- Keep malaria high on the global agenda;
- Ensuring future funding for countries;
- Making the funding work (effective implementation);
- Ensure quality reporting on country progress.

- To meet the Partnership's objectives, RBM Mechanisms to develop targets across each of the four priority areas. Each target specified should be **specific, measurable and timebound.**

Next steps:

- **From May to October 2009** Continuous consultation with WG and SRN;
- **15 May 2009** Special Session of African Health Ministers;
- **End of June 2009** MERG to map schedule of planned surveys (DHS, MICS, MIS) and to draw up list of additional MIS required to produce global report; first findings of the independent evaluation;
- **July 2009** WHO/Sub Regional Networks (SRNs) annual planning and review meetings in all four African regions;
- **August 2009** Identify key actions required through ministerial consultation with Asian & Latin American – Caribbean countries;
- **September 2009** Independent evaluation report on optimal ways of working to implement 2010 – 2011

RBM Partnership 2010 – 2011 Work Plan; Board retreat, Operating Framework revision; Stakeholders meeting: RBM Partnership 2010 – 2011 Work Plan finalized and method of work agreed;
- **November 2009** RBM Partnership 2010 – 2011 Work Plan adopted and funding approved through the 17th Board meeting;
- **January 2010** RBM Partnership 2010 – 2011 Work Plan implementation starts.

Format:
- As per the 2008-2009 Work Plan.

Key challenges session

The Chair introduced the session plan. The aim was to focus on three key technical issues related to the development of the 2010 – 2011 RBM Partnership Work Plan: closing the implementation capacity gap, financing and resistance. Three presentations would set the scene for discussion: the Executive Director would provide a summary of the key challenges identified during the meeting so far; Jo Lines, Global Malaria Programme, WHO Secretariat (WHO/GMP), would brief the Board on insecticide resistance and its strategic implications; and Pascal Ringwald, WHO/GMP, would outline the challenges of monitoring antimalarial drug efficacy and resistance.

Key challenges presentation summary

Two complementary lists of key challenges were presented. The first list was identified by RBM WG and SRN during the information day sessions (13 May 2009). The second list was identified by participants during the Special Ministerial Session (15 May 2009) and predominantly reflected the thoughts of African Ministers of Health. The close agreement between the two lists suggests that the RBM Partnership Mechanisms in place are able to reflect the reality and concerns of on-ground partners to the Board.

Pyrethroid resistance presentation summary

The malaria community's high reliance on pyrethroids for vector control was noted. Of the four classes of insecticide approved for malaria control, only pyrethroids are approved for use on nets. Although there are other options for IRS, these are not as good e.g. carbamates are much more costly while DDT has other risks. While there are currently no clear examples of control failure, there are several cases of strong suspicion. RBM Partners must recognize that the end of pyrethroid use may be coming over the horizon, particularly as resistance has a tendency to grow rapidly. Strategically, susceptibility should be viewed as a finite resource which can used up one way or another, quickly or slowly. The question is, how can we make best use of what we have available while it is still of use? Perhaps, for example, a case should be made for reserving pyrethoids for use on nets. Now is the time to make monitoring and management of resistance mandatory, to invest in insecticide R&D in preparation for the post-pyrethroid era, and ensure that the capacity to monitor and manage this issue is present in all Ministries of Health.

Artesunate resistance presentation summary

To date, 77 endemic countries have changed their antimalarial drugs policies based on the results of therapeutic efficacy tests which the WHO/GMP has supported via its series of technical publications, a global database on therapeutic efficacy of antimalarials has been established, the GMP has reported on global monitoring, and GFATM has changed procurement policy. However, artesunate resistance has recently been detected at the Thai – Cambodia border. Strategies to overcome resistance include: (1) use combinations of medicines (ban monotherapies for the treatment of uncomplicated malaria); (2) reduce the burden of the disease (universal coverage with nets, make ACTs of good quality widely accessible, increase compliance via

use of co-formulated ACTs, improve diagnosis of the disease to avoid misuse of medicines, reduce morbidity and mortality by combining deployment of ACTs and vector control, and reduce gametocyte carriage responsible for the spread of drug resistance via use of gametocytocidal drugs); (3) closely monitor the efficacy of antimalarial medicines; and (4) develop new medicines with different modes of action to broaden therapeutic options.

Discussion summary

Resistance

- The Private Sector constituency Board members absented themselves from the discussion, declaring a potential COI. A Private Sector constituency alternate stepped in.
- It was noted that WHO normative guidance has not changed, so there is no immediate cause to disrupt plans going forward. However, there was broad agreement that the issue is critical and urgent and a shared responsibility.
- The issues of resistance to pharmaceuticals and insecticides should be seen as linked and responded to from the perspective of comprehensive malaria control.
- A comprehensive approach should include: robust monitoring at the local level to give quality, real-time data and at the global level to respond to trends; development of strategies to preserve the useful life of the technologies we have today e.g. rationalizing use of currently available insecticides, reducing use of monotherapy (a possible focus for action in 2010), ensuring countries access reliable RDTs; joint strategizing with the agricultural sector; promoting an environment that supports continuing innovation for the development of new pharmaceuticals and insecticides and their timely assessment; agreed roles and responsibilities for all RBM Partners in monitoring and managing resistance.
- With the Chair's permission, the Private Sector introduced a proposal (Option 1 in the box below) for the creation of a Resistance Task Force. An alternative proposal (Option 2) was developed on the basis of Board members' comments.
- A general preference for Option 2 was expressed by Board members.
- There was agreement that the issue is urgent so that Option 2 should be time bound. The draft strategy should be ready for the 17th RBM Partnership Board meeting.
- Option 2 will create a complementary approach with the WHO Secretariat on the technical side and RBM WG on the implementation side.
- Strategy must emphasize country-level monitoring and management of this issue. HWG to follow up with countries to encourage them to take up available GFATM M&E funds.
- Need to establish the Operations Research Working Group as soon as possible to address this issue.
- GFATM and PMI stand ready to contribute to the financing of the strategy development process.

Option 1

The Board requests the creation of a Task Force mandated to develop a comprehensive strategy for the RBM Partnership to use to address pharmaceutical and insecticide resistance by the 17th RBM Board Meeting. The Resistance Task force will be co-chaired by representatives from the HWG and the MERG.

Option 2

The Board requests the WHO to lead a consultative process involving the CMWG, the WIN WG, the MERG, the HWG and other relevant stakeholders to develop a comprehensive strategy for the RBM Partnership to use to address pharmaceutical and insecticide resistance.

Decision reached:

- The WHO will lead a consultative process involving the CMWG, the WIN WG, the MERG, the HWG and other relevant stakeholders to develop a comprehensive strategy and management solutions for the RBM Partnership to use to address pharmaceutical and insecticide resistance;
- A draft strategy should be available before the 17th Board meeting;
- PMI and GFATM will consider funding once the requirements are determined in the strategy development process.

National Strategy Applications (NSAs) and strategic plans

- The GFATM NSA process is welcome. However, many African countries do not have national malaria strategies beyond 2010 as yet. There is an ongoing need to support strategic plan development.

Operational plans

- Ahead of grant signing, countries can lay the ground work for implementation by: (1) developing a sound single operational plan (month by month, national and sub-national); (2) ensuring internal procurement procedures are in place; (3) identifying and lining up necessary external support.
- Given the high transaction costs involved in developing and reporting on multiple operational plans, can donors consider buy-in to a common plan?
- HWG considering trying to build a consensus re best practices in operational planning.

Lessons learnt re attempts to accelerate Round 8 malaria grant signing

- The HWG failed in its attempt to accelerate signature of GF Round 9 malaria grants. HWG and the GFATM will collaborate to identify lessons learnt and opportunities to increase the efficiency of the grant signing process in the future.

Comprehensive summary of implementation challenges and ways forward

- Board members acknowledged that time was short to address the many challenges identified during the three-day meeting, in particular at the Special Ministerial Session.
- The Honourable Minister of Health for Nigeria requested that a full summary of the identified challenges facing countries in meeting the 2010 targets together with proposed solutions be prepared and circulated to all Special Ministerial Session participants and feedback on the document requested.
- The Executive Director proposed that this summary document be ready my mid-June 2009 so that it can also be discussed at the upcoming SRN meetings.

Decision reached:

- The Board approved preparation of a summary report of the Special Ministerial Session for circulation to all participants.
- This document to be prepared by the RBM Secretariat by mid-June 2009.
- Feedback on the document should be incorporated into the ongoing process of 2010 – 2011 RBM Partnership Work Plan development and presented at the 17th Board Meeting.

Election of the new Chair of the RBM Partnership Board

Discussion summary

- The current Chair referred Board members to the earlier discussion (see p. 22) regarding the joint nomination by the Endemic Countries and Southern NGO delegations of the Honourable Minister of Health for Zambia as new Chair.
- The Chair asked for other nominations. None were forthcoming.
- The World Bank seconded the nomination of the Minister of Health for Zambia.
- The candidate accepted the nomination with gratitude. He welcomed this opportunity, if elected, to use all his personal energies and resources to make a difference in the very exciting and demanding run up to 2010.
- The election was conducted according to the voting procedure laid out in the RBM Operating Framework and By-laws.

Decision reached:

- The Board elected the Honourable Minister of Health for Zambia, Mr Kapembwa Simbao, as the new Chair of the RBM Board.

Any other business

GFATM grant signatures update

- The GFATM representative updated the Board on projections for the signing of Round 8 malaria grants.

Arrangements for taking up the joint seat on the GFATM Board with Stop TB and UNITAID

Presentation summary

- The need to clarify the arrangements to be put in place to ensure that RBM Partners get maximum benefit out of taking up the joint seat on the GFATM Board was raised and points needing clarification were identified.
- Decisions to be made include selection of the Board member/alternate, how the joint delegation seats will be distributed, and selection of members/alternates for GFATM committees.
- The suggested four RBM delegation seats could be allocated as follows: Executive Director representing the RBM Partnership, a member of the HWG, the Vice-Chair of the Board or Malaria Advocacy Working group (MAWG) Chair, an appropriate or alternate member to represent RBM on the Policy & Strategy Committee (PSC).
- It was noted that the UK, US, France, World Bank, Foundations, Communities – Developing NGOs are represented on the GFATM Board through their respective communities. It is also noted that the Board Chair can attend as a member of the Implementing Block (if funding is found).
- Need to ensure that RBM is represented by people with specific expertise and knowledge of the GFATM process.
- Need to designate an RBM Partnership negotiator, negotiation strategy and minimum requirements.

Decision reached:

- The Board provided mandate to the RBM Executive Director to dialogue with UNITAID and the Stop TB Partnership regarding arrangements for the approved joint GFATM Board seat.
- The Executive Director will report back to the Board.

Legal status query

- The Private Sector constituency drew the Board's attention to the lack of clarity in the RBM Partnership Operating Framework and By-laws regarding legally-binding provisions in these documents. According to a Private Sector commissioned legal advice, these two documents, and other RBM documents such as the GFATM MOU, do not constitute legally-binding engagements. The Private Sector constituency recommended that these observations be included in the Operating Framework for future guidance to partners.

Decision reached:

- These observations to be mentioned in the Operating Framework and By-laws.

Thanks to the outgoing Chair

Representatives from each of the Board constituencies took the opportunity to thank the Chair for his excellent work during his term of office. Under his leadership, the quality of Board meetings had improved, all constituencies had been brought closer together, and a results-oriented culture had prevailed. Above all he had overseen great progress towards the 2010 targets.

The Chair thanked Board members on behalf of the Government of Ethiopia and on a personal basis. This had been an incredible journey during a time of unprecedented resource mobilization and malaria control success. He was glad to hand over to a new, energetic Chair who would oversee the final push to 2010, and would be concentrating his own energies on stepping up malaria control efforts in Ethiopia.

He urged Partners to focus on promoting country ownership of the malaria control effort, on continuing the collective commitment to harmonize support to countries, and to maintaining the strength of the RBM Partnership. He will remain a RBM Partnership Board member and share in their future efforts.

Adjournment

The Board Chair adjourned the meeting.