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RBM Board Meeting

Minutes of the 19th RBM Partnership Board Meeting

Mulungushi Conference Centre, Lusaka, Republic of Zambia

6 – 8 December 2010

Attendance

Chair

Malaria Endemic Countries: Zambia

Voting Members

Foundations:	Bill & Melinda Gates Foundation
Malaria Endemic Countries:	Angola; Brasil; China; Ghana; India; South Africa; Sudan
Multilateral Development Partners:	UNDP; UNICEF; WHO; World Bank
NGOs: Northern -	Academy for Educational Development
Southern -	Cameroon Coalition Against Malaria
OECD Donor Countries:	France; United Kingdom; United States of America
Private Sector:	Novartis International AG; Vestergaard-Frandsen
Research and Academia:	University of Melbourne

Non-Voting Ex Officio Members

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

Absent with regrets

Vice Chair	Johns Hopkins University
Malaria Endemic Countries	Mali

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Acronyms & abbreviations

ACT	Artemisinin-based combination therapy
ALMA	African Leaders Against Malaria
AMFm	Affordable Medicines Fund – Malaria
AMP	Alliance for Malaria Prevention
ANC	Antenatal care
ANVR	African Network on Vector Resistance to Insecticides
APMEN	Asia Pacific Malaria Elimination Network
AR	Artemisinin resistance
AU	African Union
BCC	Behaviour change communication
BMGF	Bill & Melinda Gates Foundation
CARN	Central Africa Regional Network
CCM	Country coordinating mechanisms
CHW	Community health worker
CMWG	Case Management Working Group
COI	Conflict of interest
CSS	Community systems strengthening
DDT	Dichlorodiphenyltrichloroethane
DOI	Declaration of Interest
DRC	Democratic Republic of Congo
EC	Executive Committee
EAC	East African Community
EANMAT	East Africa Network for Monitoring Anti-Malarial Treatment
EARN	East Africa Regional Network
ECC	EARN Coordination Committee
EPI	Expanded Programme on Immunization
EXD	Executive Director
FC	Finance Committee
FIND	Foundation for Innovative New Diagnostics
FP	Focal Point
FPBF	Financial Planning and Budgeting Framework
FPC	Finance and Performance Committee
FPM	Fund portfolio manager
FWS	Finance Work Stream
GF	Global Fund To Fight AIDS, TB and Malaria
GMAP	Global Malaria Action Plan
GMP	Global Malaria Programme
GNP	Gross national product
GPARC	Global Plan for Artemisinin Resistance Containment
HSS	Health systems strengthening
HWG	Harmonization Working Group
IGAD	Intergovernmental Authority on Development in Eastern Africa
IOS	Internal Oversight Service
IPTp	Intermittent preventive treatment for malaria in pregnancy
IRS	Indoor residual spraying
IST-ESA	WHO Inter-country Support Team – East and Southern Africa
ITN	Insecticide treated nets
IVCC	Innovative Vector Control Consortium
KM	Knowledge management
KPI	Key performance indicator
LFA	Local fund agent
LLIN	Long-lasting insecticidal net
M&E	Monitoring and evaluation

MalERA	Malaria Eradication Research Agenda
MAWG	Malaria Advocacy Working Group
MDG	Millennium Development Goals
MEG	Malaria Elimination Group
MERG	Monitoring and Evaluation Reference Group
MIP	Malaria in Pregnancy Working group
MMV	Medicines for Malaria Venture
MPR	Malaria programme review
MVI	Malaria Vaccine Initiative
NGO	Non-Governmental Organization
NMCP	National malaria control programme
OECD	Organisation for European Economic Cooperation
OGAC	Office of the Global AIDS Coordinator
P&I	Progress & Impact Series
PMI	President's Initiative on Malaria
PR	Principal recipient
PSMWG	Procurement & Supply Chain Management Working Group
PWP	Partnership Work Plan
PWS	Performance Work Stream
RBM	Roll Back Malaria
RDT	Rapid diagnostic test
RM	Resource mobilization
RMSC	Resource Mobilization Sub-Committee
RMWG	Resource Mobilization Working Group
SAF	Supplemental Activity Framework
SARN	Southern Africa Regional Network
SP	Sulfadoxine-pyrimethamine
SMART	Specific, measurable, achievable, realistic and time bound
SRN	Sub-Regional Network
TA	Technical assistance
TDR	Special Programme for Research and Training in Tropical Diseases
TF	Task Force
TOR	Terms of reference
UAM	United Against Malaria
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for international Development
UNSE	Office of the UN Secretary General's Special Envoy for Malaria
UNSG	United Nations Secretary General
VCWG	Vector Control Working Group
WARN	West Africa Regional Network
WG	Working groups
WHA	World Health Assembly
WHO	World Health Organization
WHOPES	WHO Pesticide Evaluation Scheme

Board Day One

Opening remarks

RBM Chair and Honourable Minister of Health of the Republic of Zambia

On behalf of the Government of the Republic of Zambia, the Roll Back Malaria (RBM) Chair thanked all for attending. He noted that the meeting came at a critical moment in the life of the RBM Partnership as the process of reviewing progress towards the Partnership's 2010 targets on universal coverage was gathering momentum and the first publications in the Progress & Impact (P&I) Series had been produced. The agenda for this meeting included a focus on strategic issues and priority setting in the lead up to the planning for 2012 and beyond that would take place at the Board meeting in May 2011.

RBM Executive Director

The RBM Executive Director (EXD) warmly thanked the Government of the Republic of Zambia for hosting the meeting and the Vice President who had demonstrated his personal commitment and that of the Government to the cause of malaria control by opening the Board meeting. Zambia is an active RBM partner and currently Chair of the Board. Other countries can learn much from Zambia's active malaria control programme and achievement of the 2010 targets. Lessons learnt in Zambia also illustrate the challenges to be addressed in order to sustain gains. The RBM Partnership stands ready to support Zambia and other endemic countries as they develop strategic plans aimed at making best use of available tools and make specific, measurable, achievable, realistic, and time bound (SMART) malaria control investments that contribute to health systems strengthening (HSS) and align with the Global Malaria Action Plan (GMAP).

Honourable Vice President of the Republic of Zambia

The Honourable Vice President welcomed all on behalf of the Government of the Republic of Zambia. Zambia was honoured to host the Board meeting. Africa bears the brunt of the global malaria burden and it is fitting that the Board meeting is held in an African malaria endemic country. Zambia remains committed to the fight against malaria with a strong political will, increased financial resources and increased community engagement. He trusts in the RBM Partnership Board to provide the strategic direction needed to take the fight forward and believes that 'together we can roll back malaria'.

Call to order

The RBM Partnership Board Chair, the Honourable Minister of Health for the Republic of Zambia, called the 19th Roll Back Malaria (RBM) Partnership Board meeting to order.

Board procedures

On behalf of the Board Vice-Chair, the delegate of the Office of the UN Secretary General's Special Envoy for Malaria (UNSE) noted that the Board had quorum and recalled the Board operating and voting procedures as outlined in the RBM Partnership Operating Framework and By-Laws.

He proposed the setting up of a drafting committee – including volunteers from the Secretariat and from the delegations – to work on the wording of decision points ahead of their final review by the Board on the final day of the Board meeting.

He recalled the 18th Board decision regarding ad hoc resolutions which would be discussed under Any Other Business. He reminded Board members that resolutions should be provided to the Board in writing in both English and French at latest by the start of the morning session on the final day of the Board meeting.

He reminded the Board that the Declaration of Interest (DOI) Policy had come into action on 1 January 2010, and that all Board members, alternates, delegates and partners participating in Partnership mechanisms need to complete the DOI documentation on an annual basis. To date, the forms have been implemented in 12 of 14 Partnership mechanisms and 222 declarations have been received. Issues around employment and research interests have been the most common.

The Board self-assessment process was introduced. The need for Partnership accountability mechanisms had arisen out of the External Evaluation and the work of Task Force 2 and had been set out in the Accountability Framework adopted at the 17th Board. The Board self-assessment would consist of a written component and a follow up Board discussion. A self-assessment form has been developed, and Board members will be asked to

fill it in and provide feedback on its relevance and ease of use. The self-assessment process would be looked at in more detail in an agenda item later in the meeting.

Adoption of the agenda for the 19th RBM Partnership Board meeting

The agenda for the 19th RBM Partnership Board meeting (as distributed to Board members) was approved without any changes.

Adoption of the minutes of the 18th RBM Partnership Board meeting

Minutes of the 18th RBM Partnership Board meeting were approved with no requests for changes.

Actions Taken Report

Presentation summary

The EXD gave a brief overview of actions taken focused on the 11 (of 34) actions requiring additional efforts to keep them on track. WHO had seconded a person for three months to support the process of certification of the 2010 accounts. Reports from some working groups (WG) and sub-regional networks (SRN) were still needed in order to finalize 2010 WG/SRN financial and performance reports and the reporting of direct contributions and expenditures outside the RBM/World Health Organization (WHO) account. Progress had been made to mobilize resources and fund unfunded work plans, e.g. the Abu Dhabi funds, and further resource mobilization (RM) efforts were ongoing. The implementation of the Resource Mobilization Working Group (RMWG) was underway and would be discussed further during the meeting. In particular, the Board needs to discuss RMWG membership and how to ensure its sustainability and effectiveness. The identification of any budgetary implications of the RBM resource mobilization strategy would not be accomplished in 2010 as the strategy itself would not be developed in time due to delays in setting up the RMWG. Task Force 3 would report on Day Two on progress towards the development of the knowledge management (KM) strategy requested by the Board. Various actions involving the World Bank, USAID and other partners were ongoing with regard to the HSS resolution. As a follow up to the local manufacturing resolution, a consultation with African pharmaceutical manufacturers is planned for the second quarter of 2011 to be led by African Leaders Against Malaria (ALMA). Progress is being made on the requested internal RBM-specific audit.

Discussion summary

- The Private Sector noted a mismatch between the 18th Board minutes and the Actions Taken Report in that a Board request for more aggressive RM with regard to emerging donors such as China and India had not appeared in the Actions Taken Report.
- A request was made that more details on actions yet to be completed be given in the Actions Taken Report and that a section on remedial actions be included.
- It was suggested that the Partnership Work Plan (PWP) revisions document should have been provided to the Board earlier to allow for more extensive constituency consultations.

Decision point

The Board acknowledged the Actions Taken Report with the request that the action point on resource mobilization with regard to emerging donors be reinstated.

RBM mechanisms – progress and performance review

Harmonization Working Group (HWG) Report

Presentation summary

2010 had been a busy year for the HWG with the push to meet the 2010 targets. The hard work of all members, in particular of the work stream Chairs and Co-Chairs who had enabled the HWG to function in an increasingly decentralised and inclusive manner, was acknowledged. The full HWG met twice in 2010, with the most recent meeting taking place 2 – 3 December.

The performance and budgetary positions of the six HWG work streams (country strategic plan development, Global Fund to Fight AIDS, TB and Malaria (GF) Round 10 proposal development, the Alliance for Malaria

Prevention (AMP), GF grant signature support, Affordable Medicines Fund – Malaria (AMFm) support, and Nigeria/Democratic Republic of Congo (DRC) focus) were reviewed and key achievements outlined.

Five issues were raised for consideration by the Board:

- Core budget support from RBM has allowed HWG members to focus on implementation;
- The HWG relationship with the SRNs has improved dramatically. Quarterly conference calls take place. The SRNs increasingly notify the HWG Co-Chairs and the RBM Secretariat of situations where global-level/political support is required and they are increasingly using the country road maps to track progress;
- Coordination among WG remains a challenge. Proposals on how to improve WG coordination were discussed and agreed at the December HWG meeting which was attended by representatives from the Malaria Advocacy WG (MAWG), the Case Management WG (CMWG) and the Malaria in Pregnancy WG (MIP);
- GF grant signing and disbursement delays remain a critical bottleneck. Round 9 malaria grant signing is 40% slower than Round 8, despite targets set jointly by GF and RBM. Grant negotiations often see critical resources cut which hampers implementation efforts e.g. Nigeria required an additional US\$21million for nets from World Bank to make up for GF efficiency gains. Round 10 proposals are already 'lean' so good communications with GF are required to protect these budgets. It is hoped that GF reforms and improved communications between GF and HWG will lead to improved Round 10 support;
- Grant consolidation (one grant per principal recipient (PR) per disease) will be carried out for 12 of the 13 Round 10 countries in 2011 and will be mandatory for all countries beginning Round 11. A heavy workload around grant consolidation is expected. The HWG recommends provision of a 'proposal-type' support package to countries as grants will largely be re-written. The HWG is now developing a consolidation work stream. However, there is no budget allocation in the 2011 PWP for this new initiative.

The HWG proposes a dual focus going forward:

- First, long-lasting insecticidal net (LLIN) gains must be sustained. Replacement nets (approximately 120 million per year will be required costing around US\$800million per year) must be resourced and distributed to protect the remarkable gains achieved. Approximately 300 million nets have already been financed leaving a limited gap to be filled. Partnership mechanisms to sustain financing as well as diversify the funding base are required. A strong linkage between the HWG and the RMWG is recommended;
- Second, a new front focused on case management must be opened. As was done for LLINs, HWG recommends that RBM, the United Nations Special Envoy (UNSE) and RBM partners define a clear, quantified target (for 31 December 2013?) to achieve universal fever diagnosis and malaria treatment in sub-Saharan Africa on the path to near-zero deaths by 2015. Such a target could be used to galvanize implementation and increase resources.

Finally, the HWG emphasized the importance of the timeliness as well as the quantity of resources. As malaria burden decreases, increasing examples of unpredictable resource flows exposing the fragility of gains are being seen.

Discussion summary

- The HWG Co-Chair acknowledged the support provided by the Secretariat in 2010 and requested further help to strengthen coordination between the HWG and other WG and to align work plans and deliverables across the WG. He also requested the continuation of core budget support to the HWG which had freed members up to 'do the work' rather than spend their time on resource mobilization.

Procurement & Supply Chain Management Working Group (PSMWG) Report

Presentation summary

PSMWG achievements in 2010 have included: strengthening global forecasting and country quantification around artemisinin-based combination therapy (ACT)/rapid diagnostic test (RDT) scale up; resolution of country-level PSM bottlenecks with a focus on GF grant bottlenecks in seven countries; and a mapping of the artemisinin market.

Key challenges have included: lack of staff/support at the RBM Secretariat for the PSMWG; budget limitations and changing rules and guidelines on accessing funding; changing methodologies and templates for work planning and budgeting; changing targets and deliverables; real and perceived conflict of interest (COI) issues; retaining interest from previously active members due to the above; lack of Endemic Country participation in the PSMWG; and lack of cohesiveness across RBM mechanisms.

Lessons learnt include: the need to increase Endemic Country participation in the PSMWG; the value of the south-to-south approach for workshops; the need for more guidance from the RBM Board on COI issues; and the need for follow up to ensure that agreements made between mechanisms at the PWP update meeting are adhered to. From a technical perspective, ACT/RDT scale up is lagging behind and a comprehensive case management approach is needed, sulfadoxine-pyrimethamine (SP) stock outs for intermittent preventive treatment for malaria in pregnancy (IPTp) were noted, and there is a need to focus more on routine distribution and replacement of nets. PSM issues need more attention at every level.

Corrective actions proposed by the PSMWG include: increasing PSMWG collaboration with the CMWG and other mechanisms; employment of staff at the RBM Secretariat to support PSMWG; provision of more guidance by the RBM Board on COI issues; clear and common translation of Executive Committee (EC) recommendations regarding access to funding communicated directly to mechanisms; avoiding multiple work plan/budget templates and formats and changing targets; provision of clear criteria for activity prioritization and budget allocation to mechanisms; and more support for PSM issues (diagnostics, monotherapies, pharmacovigilance, supply chain management).

Discussion summary

- The Board noted that PSMWG activities are currently directed at many different targets and asked whether it would be possible for the PSMWG to take the lead on one specific target. If so, which one? The PSMWG Co-Chair considered the PSMWG to have a large input into Target B and would probably prefer to focus on that. She noted that most of the countries to which the PSMWG provided PSM planning advice signed their GF grants within 6 months.
- It is not only a lack of specific technical PSM capacity that delays grant signature but also a general low level of in-country management capacity e.g. in country coordinating mechanisms (CCM).
- In practice, the PSMWG works most closely with the CMWG and the SRNs. Most country requests for PSMWG support come through the SRNs.
- The PSMWG also worked alongside the HWG during GF proposal development. Proposals are reviewed from a PSM perspective. The PSMWG also gets involved in strategic plan development.
- It was noted that many partners are directly engaged with GF on addressing PSM bottlenecks, and that the Board should look more closely at how countries are benefitting from the work of the PSMWG.
- Board members noted that a lack of human resources and capacity was a particular problem for PSM activities at country level.
- The PSMWG hopes to have more Endemic Country members, but needs to work out who will pay the resulting expenses.
- The EXD noted the PSMWG request for further guidance around COI. She expects that the Partnership will be able to use some of the concrete examples of declarations of interest that have come up during the course of 2010 to understand better how to proceed.

West Africa Regional Network (WARN) Report

Presentation summary

The main achievements of WARN during 2010 were presented. The following major challenges were identified:

- Lack of a coordinated RM strategy in the face of funding gaps identified in country road maps;
- GF grant disbursement delays due to e.g. the inadequate capacity of some local fund agents (LFA);
- Vector resistance to insecticides in West Africa, perhaps related to the cotton industry;
- Lack of capacity for malaria products quantification;
- Insufficient human resources in quantity and quality in national malaria control programmes (NMCP);
- Taxes or tariffs on imported malaria products in some countries; and
- Inadequate domestic malaria control budgets in most WARN countries.

A number of home grown (and imported) solutions to these challenges were presented:

- Country road maps have helped in bottleneck resolution and in charting the course for commodity procurement and management, although they still do not adequately address the issue of use;
- Technical update workshops hosted by WARN e.g. on behaviour change communication (BCC) for LLINs and PSM);
- Comités de Suivi which have breathed new life into local RBM partnerships. For example, partners in Mali and Benin had pushed for officially-recognized partners groups to support national strategic plans,

manage technical assistance (TA) and monitor progress. The same approach was recommended to Cote d'Ivoire as a response to problems with GF grant management;

- West and Central Africa Parliamentarians Forum on Malaria which aims to bring members of Parliament up to speed on malaria, the evolution of donor and domestic financing for health, and the role of parliament to vote for budgets and safeguard resources;
- United Against Malaria which has brought new partners to malaria including Ministers of Sports, football federations and the private sector.

WARN offered the following perspective for the future:

- Emphasis should be placed on strengthening in-country partnerships (i.e. Comités de Suivi);
- Opportunities to share approaches and lessons learned in WARN countries and for study trips to other regions should be created;
- Countries should be supported to improve GF grant management and in implementation e.g. support CCM and other country level partners to increase their involvement in grants management and oversight;
- TA to countries for specific interventions e.g. household management of fever should be continued;
- Country-specific RM plans to cover gaps in road maps in order to achieve universal coverage should be developed.

WARN requested the Board to:

- Approve the WARN 2011 budget and provide assistance to mobilize additional resources not currently available for the implementation of the WARN action plan;
- Approve the recruitment of two additional staff to support WARN coordination activities;
- Provide assistance to develop and implement a RM strategy for West Africa;
- Support regional advocacy actions to increase domestic financing for health and malaria.

Discussion summary

- Further details on what the two extra staff members would do and where they would be located were requested. The WARN Co-Chair explained that the region had 16 countries in need of assistance, especially around coordination and monitoring and evaluation (M&E), and that the demands on WARN were high. Board members were not inclined to support a staffing increase, particularly at this time of financial crisis.
- The Board wanted to know what the main reasons for implementation delays in the region were. The WARN Co-Chair listed LFA disputes and GF bureaucracy as two major reasons, but noted that a country-by-country assessment of delays was necessary.
- The quantifiable achievements of WARN varied by country also. Road maps have been developed. Net distributions have been supported. Countries have been supported to get their grant ratings up from a C to a B or an A (through use of the road map process to identify bottlenecks, regular contact with countries and collaboration with GF through fund portfolio managers (FPM)).

The East Africa Regional Network (EARN) report

Presentation summary

The main achievements of EARN during 2010 were presented. General problems encountered had been the delay in the disbursement of some funds (e.g. EARN, GF, the US President's Initiative on Malaria (PMI)) and ensuring countries' ownership of EARN. In addition, a series of specific challenges and proposed solutions were identified:

- How to sustain gains made in malaria control
 - Advocate for more resources for malaria control
 - Encourage countries to increase malaria control investments for HSS
 - Support countries to achieve universal coverage and sustained malaria control
 - Develop malaria early warning systems and epidemics control in countries approaching pre-elimination
 - Use malaria programme reviews (MPR) for performance review and strategic re-orientation;
- How to improve management of grants and alignment of partners to national priorities
 - Improve communication
 - Improve disbursements, absorption, accountability both for countries and partners
 - Support EARN regional mechanisms for fund management and disbursement (regional host agency);
- How to decrease the threat of insecticide and drug resistance

- Work with the WHO Inter-country Support Team – East and Southern Africa (IST-ESA), the Inter-governmental Authority on Development (IGAD) in Eastern Africa and the East African Community (EAC) to establish a regional malaria insecticide and drug resistance policy and strategy;
- How to support community-based malaria control including community based case management
- Support countries to scale up malaria control at community level
- Improve the uptake/use of services and products offered for impact on morbidity and mortality;
- How to strengthen cross border malaria control initiatives
- Support countries to establish cross-border malaria control initiatives and develop a funded regional strategic plan which would promote the harmonization and timeliness of interventions.

Enabling factors and ways forward would include:

- Strong commitment of countries to malaria control as a major component of socioeconomic development;
- Dedicated, inclusive malaria partnerships that include all RBM/EARN constituencies;
- Strong in-country and sub-regional partnerships;
- Sound malaria control policies and strategies;
- The annual malaria review and planning meeting as a forum for peer review and information sharing;
- Clarification of the EARN Coordination Committee's (ECC) role in facilitating TA;
- Decentralized EARN funds for country bottleneck resolution;
- Improved road-map tracking processes;
- Establishment of regional policies for insecticide and drug resistance in East Africa;
- Strengthening of collaboration with ALMA, the African Union (AU), IGAD and EAC to harness political commitment towards malaria control from all member states and their leaders in the region.

Discussion summary

- The EXD noted that arrangements for hosting the EARN Focal Point (FP) at UNICEF were now in place and that funds for EARN activities should flow more easily in the future.
- The Board asked how many times EARN had called on the HWG and/or PSMWG during Round 10 proposal development and what changes had been made re Secretariat support. The Chair requested a move to decentralize funds. Now that road maps are in place, there should be no need to send country requests up for further decision making. She would like the Secretariat to support EARN to apply for funds direct from other potential donors. The Secretariat can also help EARN to increase country ownership of the network.
- It was noted that a regional approach to resistance management was a feature of Round 10 proposals from EARN countries. What would be the specific role of EARN? EARN are coordinating with the East Africa Network for Monitoring Anti-Malarial Treatment (EANMAT) e.g. on conducting research into resistance monitoring. The EARN roles are coordination and capacity building.
- On possible focused interventions in low prevalence countries, the EARN Chair considered it too soon to focus as most countries in the region lacked necessary data. Countries needed to strengthen information systems first to increase access to adequate country-wide data including data from the public sector.
- The Board expressed concern about the broad scope of EARN activities and asked the EARN Chair to identify the comparative advantage of EARN. The EARN Chair highlighted that EARN provides a forum where countries can share their experiences, especially at the annual review meeting, and can also facilitate cross-border collaboration.

The Central Africa Regional Network (CARN) report

Presentation summary

The main achievements of CARN during 2010 were presented. The following major challenges were identified:

- Late disbursement of GF funds;
- Drug procurement and management regulations not followed;
- ACT and RDT stock-outs in some of the countries lagging behind in achieving universal coverage;
- Lack of annual operational plans;
- Limited number of partners in many countries;
- Weaknesses in the CARN Secretariat working environment (hosting arrangements and contracts for FP and support staff);
- Addressing bottlenecks in Gabon in the light of the recent GF decision to suspend Round 5 disbursement.

Potential solutions include:

- TA to support PSM planning and the development of annual operational plans;
- Strengthening of country partnerships;
- Support for MPRs (only Angola supported in 2010);
- Establishing the conditions for a long-term, effective and efficient CARN Secretariat working environment;
- Support Gabon toward the improvement of performance and retrieval of their GF grant.

CARN priorities for 2011 include:

- Support countries that have not yet achieved the universal coverage targets through assessment missions, timely provision of experts/consultants and TAs, and high level interventions;
- Support countries in maintaining universal coverage including sustaining financing;
- Find a solution allowing for improvement of the CARN Secretariat working environment;
- Work proactively with PRs to improve GF performance.

Discussion summary

- The Board questioned the CARN role in resistance monitoring? It is in capacity building as NMCPs lack capacity in this area. Some capacity building has been achieved through a link up with the African Network on Vector Resistance to Insecticides (ANVR), but additional funds are needed.
- What should the HWG, PSMWG do for CARN? They should work towards increasing the number of partners involved in the region.
- France observed that TA networks focussing on Central Africa exist but need to be better linked with CARN.

The Southern Africa Regional Network (SARN) report

Presentation summary

The main achievements of SARN during 2010 were presented. The following major challenges and proposed solutions were identified:

- Cross-border proposals continued to fail as GF sees no added value
 - Provide support in developing an added value justification
 - Sustain engagement of GF through the HWG and RBM Board
 - Develop proposals for other donors;
- Delays in grant signing are severely affecting implementation in key countries
 - Develop a list of experts/consultants and, with additional TAs from partners, support preparations for grant signing
 - Training including for PSM. The SARN 2011 work plan includes a PSM activity for the whole region to be implemented jointly with the RBM Secretariat and the GF;
- Sustaining interest among governments, political leaders and partners in communities where malaria incidence is very low
 - Aim for high-level political engagement to keep malaria high on the agenda
 - Support RM, including for Botswana and South Africa which are not eligible for GF.

SARN priorities for 2011 include:

- Support countries that have not yet achieved the universal coverage targets through assessment missions, timely provision of experts/consultants and TAs, and high level interventions;
- Support countries moving to pre-elimination and maintaining universal coverage gains including sustaining financing and interest among governments, political leaders and partners in communities where malaria incidence is very low;
- Proactive engagement of PRs to improve PSM and GF performance;
- Addressing issues raised in the SARN independent evaluation report.

The Board was request to approve the SARN 2011 work plan.

Discussion summary

- The Board wanted to know the root causes of implementation delays in the SARN region, the quantifiable impact of SARN action on these delays, and the interaction between SARN and the HWG/PSMWG? The SARN office has only been in place since August 2010 and only now are mechanisms being put in place to identify key implementation delays and to enable monitoring of SARN's impact. Zimbabwe was the only

country to submit a malaria proposal in Round 10 and the region submitted a cross-border proposal. However, the WGs were not involved in the development of these proposals.

- The main conclusions of the SARN independent evaluation were that links with partners were not functioning well (although a FP is now in place to correct that) and that SARN should be checking that countries are monitoring GF programme implementation and that they have the capacity to do so.

General discussion on WG and SRNs

- GF proposed the need for an analysis of actual and possible synergies between SRNs and WGs around bottleneck resolution and grant signing.
- There was also a need to clarify the competences and responsibilities of SRNs in relation to those of CCMs, NMCPs, and other in-country structures within government. The EXD noted that RBM and its mechanisms always support governments to be in the 'driving seat' and that NMCP directors are usually part of the SRN.
- There was some concern about the scope of work on resistance that SRNs appear to be taking on and a request for clarity regarding what they should be doing compared with other RBM mechanisms.
- The need for a synthesis of challenges across SRNs was also expressed.
- GF noted that there was money available for operations research into the causes and solutions to implementation delays, but this was often not accessed. GF has been working with the Special Programme for Research and Training in Tropical Diseases (TDR) and Stop TB to identify key implementation research questions. Perhaps a similar exercise should take place with RBM.
- GF also highlighted that, while the malaria community is very good at raising funds, it lags behind HIV and TB in terms of implementation success. Moving forward into Phase 2 of GMAP, there will be a need for very stringent criteria for implementation success to be defined.

Decision point

The Board noted the two Working Group and four Sub-Regional Network reports.

For its 20th Board meeting in May 2011, the Board identified the following themes for further development by the Performance Work Stream of the Finance and Performance Committee:

- Relationship between the SRNs and WGs to be explored to maximize synergies;
- Relationship between the SRNs and WGs, CCMs and governments be described in order to foster more collaboration and complementarity among these entities;
- Relationship between the SRNs and other major sub-regional health entities such as UNICEF and WHO and sub-regional institutions such as SADC and ECOWAS.
- Roles of SRNs and WGs in resistance containment.

In accordance with the Accountability Framework, the mechanisms should present financial and progress reports at the May 2011 Board meeting.

Presentation of recent WHO findings and policies

The World Malaria Report 2010

Presentation summary

The World Malaria Report is a comprehensive, annual reference document charting the status of global malaria control and elimination. The principal data source is national programmes in 106 endemic countries. The 2010 report is due for release on 14 December 2010. It is completely updated from the 2009 report and updates malaria burden estimates for the entire decade 2000 – 2009.

Funding commitments for malaria control increased consistently from 2004 to 2009 but stagnated at US\$1.8 billion in 2010 which is still significantly short of the US\$6 billion required annually. Spending by national governments has risen in all WHO Regions between 2004 and 2009. Large increases in donor financing do not appear to have resulted in an overall reduction in the level of domestic financing. The highest per capita expenditure continued to be seen in countries with smaller populations at risk. Countries in the pre-elimination and elimination phases appear to spend more per person at risk of malaria than countries in the control phase.

Nearly 280 million insecticide treated nets (ITN) will have been delivered to sub-Saharan Africa between 2008 and the end of 2010; sufficient to cover 76% of the population at risk. More African households own an ITN; 42% in mid 2010 versus 11% in 2005. Household ITN ownership reached more than 50% in 19 African countries. The overall figure of 42% households owning at least one ITN is greatly depressed by big countries such as Nigeria and DRC lagging behind with coverage. However, the net deliveries to these countries end of 2010 and into 2011 are huge and will impact on the overall coverage figure. More children under 5 years of age use an ITN; 35% in 2010. However, the percentage of children using a net is still below the World Health Assembly (WHA) target of 80%. The take home message from an analysis of the relationship between the % of population sleeping under an ITN and the % with access to an ITN is that nets are used to 80% of capacity. The limiting factor for malaria control is coverage, not usage. Persons aged 5–25 years are least likely to use an ITN and there must be efforts to get rid of this dip over the next few years.

The number of people protected by indoor residual spraying (IRS) increased from 13 million in 2005 to 75 million in 2009 in sub-Saharan Africa. This corresponds to protection for 10% of the population at risk in 2009. PMI and GF have made major inputs to bring about this increase.

The percentage of pregnant women receiving a second dose of IPTp ranged from 2.4% to 62% according to eight household surveys 2007–2009. The weighted average, representing a population of 270 million, was low at 12% due primarily to low coverage rates in Nigeria. Public sector antenatal care (ANC) data show that there were a large number of countries in 2010 where more than 50% of women attending ANC got two doses of IPTp. This is far higher, except in a few countries, than the proportion of all pregnant women receiving the second dose of IPTp, indicating that increasing IPTp coverage is an HSS problem.

The percentage of reported suspected malaria cases receiving a parasitological test increased from 67% globally in 2005 to 73% in 2009. Low rates persist in the majority of African countries; less than 20% in 21 out of 42 countries which reported. A small number of countries, including Lao People's Democratic Republic and Senegal, have shown that nationwide malaria diagnostic testing can be rapidly scaled-up.

By the end of 2009, 13 African countries were providing sufficient ACT courses to cover >100% of malaria cases in the public sector. A further five African countries delivered sufficient courses to treat 50%–100% of cases. Household survey data combined with health facility data suggest that, on average, 65% of treatment needs were fulfilled for patients attending public health facilities. ACTs are still far less available in the private sector. The AFMm launch will increase availability in the private sector going forward thus getting these first-line drugs to the outlets where most people get their anti-malarials.

More than a third of 106 malarious countries (11 African countries and 32 outside of Africa) documented reductions in malaria cases of >50% in 2009 compared to 2000. The numbers of cases fell least in countries with the highest incidence rates. There is evidence of increasing malaria cases in three countries previously reporting reductions (Rwanda, Sao Tome and Principe, and Zambia) highlighting that control programmes need to be maintained even when cases have been reduced substantially. In these countries, there appears to be no one 'smoking gun' to explain the increases. The examples underline that progress on malaria control is fragile. What took 4–5 years to achieve can be wiped out in one year.

Nine countries are in the pre-elimination stage in 2010 and 10 countries are implementing elimination programmes nationwide. Morocco and Turkmenistan have been certified as free of malaria by the WHO Director-General in 2010.

The number of malaria cases is estimated to have decreased globally from 244 million in 2005 to 225 million in 2009. The number of malaria deaths is estimated to have decreased from 989,000 in 2000 to 781,000 in 2009. Decreases in malaria burden have been observed in all WHO Regions with the largest % decreases in the European Region followed by the Americas. The largest absolute decrease in estimated number of deaths has occurred in Africa.

The report contains an estimate of the number of malaria deaths 2000–2009. 91% of deaths are in Africa and 85% are in children under 5. Of countries achieving a reduction of >50% in cases between 2000 and 2009, 11 were African countries and 32 were countries outside of Africa.

The World Malaria Report 2010 provides strong evidence that a renewed global assault on malaria, under way since the turn of the millennium, has been accelerating in the last few years. Heads of state and government, major agencies and private sector representatives, faith and civil society leaders have united behind this plan

to ensure full coverage of malaria interventions by 2010 and to achieve near zero preventable malaria deaths by 2015 as a major step towards ultimately eradicating malaria.

The Global Plan for Artemisinin Resistance Containment (GPARC)

Presentation summary

The GPARC report to be published early in 2011 is a comprehensive look at a decade of drug resistance¹. The goal of the GPARC is to protect ACTs as an effective treatment for *P. falciparum* malaria. It will: define priorities to contain and prevent artemisinin resistance (AR); motivate actions and provide clear accountabilities for key stakeholders; mobilize resources to fund AR containment and prevention; increase collaboration and coordination on AR containment activities; and define governance mechanisms and indicators to assess progress. It has been developed with input from more than 100 partners across the RBM Partnership and its development has been supported by the Bill & Melinda Gates Foundation (BMGF).

The GPARC action pillars are:

- 1 Stop the spread of resistant parasites;
- 2 Increase monitoring and surveillance to evaluate the AR threat;
- 3 Improve access to diagnostics and rational treatment with ACTs;
- 4 Invest in AR-related research;
- 5 Motivate action and mobilize resources.

The GPARC includes a three-tier (I – III) definition of level of AR threat. The actions recommended under each action pillar can be customized locally based on the degree of AR threat. GPARC includes a summary of recommendations by tier. Each endemic country can evaluate its level of AR risk and apply recommendations to design a containment or prevention plan. The cost of implementing the GPARC is estimated at around US\$175million per year.

In relation to strategic planning for GMAP implementation over the next five years, a number of priority messages were highlighted. The era of the one-size-fits-all approach to malaria control is coming to an end as malaria transmission drops and new interventions are introduced. Sustaining high intervention coverage may prove more difficult than initially achieving it. Resistance to anti-malarials and insecticides is a major threat to continued success. The malaria control paradigm is shifting as countries move from lowering morbidity and mortality to reducing transmission. Fundamental changes are happening (e.g. universal diagnostic testing) and are on the horizon (e.g. vaccines 2015). Routine surveillance is critical to sustained control and eventual elimination. *P. vivax* will become increasingly important as *P. falciparum* burden drops, and is a more formidable elimination challenge.

The one thing that binds together all the above priorities is access to universal diagnostic testing which can now potentially be achieved with RDTs. From a public health perspective, widespread diagnostic testing will enable us to know where malaria is and what malaria control efforts are working. WHO now recommends confirmation of malaria through parasite-based diagnosis in all patients prior to instituting treatment (Malaria Treatment Guidelines 2010) because: malaria prevalence among fever cases is decreasing in many areas; quality-assured RDTs are now available; and parasitologic confirmation in persons with suspected malaria will improve differential diagnosis and fever management, diminish unnecessary use of ACTs and provide accurate surveillance data to manage programmes. The Senegal experience is showing that when RDTs are scaled up, the need for anti-malarial treatment drops.

Finally, the power of communities must be recognized and harnessed. If communities can know the true burden of malaria, and can see the fruits of prevention and control efforts, then the will to eliminate and ultimately eradicate malaria will never fade.

Meeting participants were urged to ‘keep their eye on the prize: a world free of malaria’.

Discussion summary

- WHO’s remark about the power of communities was welcomed. On this basis, it would be good to see future reports starting with communities rather than leaving mention of them until the end.
- WHO would like to see a focus on developing community-based transmission reduction and further discussion on how to put tools into the hands of communities.
- An analysis of resistance must be built into procurement decision making.

¹ <http://www.who.int/malaria/publications/atoz/9789241500470/en/index.html>

- A major problem is that countries do not have the capacity to do the necessary analysis on resistance e.g. an entomologist will be needed in every district as the fight against malaria becomes more granular.
- The need for more analysis of the seasonality of malaria transmission with regard to implementation was identified.
- WHO would like to gather data and put out a similar report on resistance to insecticides if funding to do so can be found.

Decision point

The Board acknowledged the WHO presentations on the World Malaria Report 2010 and the Global Plan for Artemisinin Resistance Containment.

Board Day Two

Executive Committee (EC) Report

Presentation summary

The EC Report was presented by UNICEF on behalf of the EC Chair. The EC met six times since the 18th Board meeting. Key achievements in 2010 included: drafting the agendas for the 18th and 19th RBM Partnership Board meetings and oversight of presentations to the Board; revision of the 2011 PWP; allocation of additional resources (Abu Dhabi); reallocation of US\$620,000 to the WG; selection of a knowledge management consultant; identification of a replacement for the departed Chief Operating Officer; provision of guidance on the RBM position on the proposed changes to the GF Continuation of Services Policy; expansion of the former Finance Committee (FC) into the Finance and Performance Committee (FPC) and nomination of the FPC Co-Chairs, Professor Atun and Mr Alan Court; and oversight of the 2010 Committee process.

The PWP revision process would be further improved in 2011 and a major focus for the coming year would be on strengthening coordination between the different RBM mechanisms.

Decision point

The Board acknowledged the report of the Executive Committee and expressed appreciation to the Chair and the Committee Members.

Finance and Performance Committee (FPC) Report

Presentation summary

In line with the 18th Board decision, the FPC has been implemented. The mandates of its two work streams – the Finance Work Stream (FWS) and the Performance Work Stream (PWS) – were outlined.

The PWS Chair – Professor Atun – was elected through a Board vote and other members would be confirmed on Day Three of the Board meeting. The PWS is expected to begin work in the first quarter of 2011. A first priority would be setting key performance indicators (KPI) for the 2011 PWP.

The FWS has met in person twice since the last Board meeting, has met via teleconference as needed and has had regular email exchanges. A Financial Planning and Budgeting Framework (FPBF), outlining a transparent and consultative process through which the PWP and budget can be developed, has been drafted. Arrangements have been made for the WHO Internal Oversight Service (IOS) to perform internal audit and evaluation services for RBM and the request for an RBM-specific audit has been progressed. A report from the WHO IOS on relationships between hosted Partnerships and WHO has been received. It will be reviewed by the FWS and reported back to the Board as necessary.

Reporting of parallel funding remained uneven in 2010. The FWS has asked the Secretariat to: follow up on the reporting of parallel funding in 2010; make an assessment of the contribution of parallel funding to meeting 2010 targets; and to put forward a proposal on how to improve reporting in 2011 and 2012. Four issues have been identified for further investigation: how to report separately on parallel funding as it should not appear in WHO/RBM auditable statements; the possibilities that may exist, however, for recording and tracking it

within the WHO financial system; who would be accountable for reporting; and an update on what qualifies as parallel funding.

In order to mitigate the risk of cash shortages, the FWS proposes that a part of the fund balance be kept in reserve for working capital pending the receipt of contributions. This proposal will be discussed further and, if appropriate, a report on the matter will be presented at the 20th Board meeting in May.

The FWS clarified guidelines for income and expenditure recognition.

The FWS noted the improvements and increased reliability being seen in relation to the Secretariat's monthly financial reporting together with the increasing use made of monthly reports by the Secretariat for day to day management and decision making.

The FWS has reviewed the proposed PWP/budget 2011 and recommends it with the following observations:

- The review process this year was very consultative involving all the Co-Chairs of the different mechanisms as well as the Secretariat;
- The Board should be aware that there is a proposed change to the targets and it has yet to approve the modification;
- In the future year, a different time-line for decision processes will be used and the Board will provide appropriate guidance on target setting at the May meeting;
- The FPC/FWS recommends acceptance, subject to Board approval, of the revised targets;
- The FWS has reviewed the overall budget and finds that it is within the limits of available resources and that it provides a framework for seeking some additional resources through the Supplemental Activity Framework (SAF).

The PWS will be operational as soon as possible and:

- Develop KPI for 2011 targets (within 60 days);
- Guide the GMAP implementation overview process as a basis for 2012 target setting;
- Guide target setting and develop the prioritization framework for 2012 targets;
- Suggest further improvements to performance reporting;
- Ensure that adequate performance management tools are available to and are being used by mechanisms.

Discussion summary

- A request was made for a clarification of the prioritization process used in PWP development and of the process for reallocations. These would be discussed in a later agenda item.
- A request was made for a breakdown of the 2010 WHO services bill. This would be provided at the end of the financial year.
- The Private Sector suggested that a note on the proposal for a capital reserve be added into the FPBF.

Decision point

The Board acknowledged the report of the Finance and Performance Committee and expressed appreciation to the Chair and the Committee Members.

2010 Committee Report

Presentation summary

The five Progress & Impact (P&I) Series reports launched during 2010 were presented together with details of the remaining three reports to be launched in 2011. Committee members were thanked for the enormous amount of work they had put into developing the reports. The Committee requested input from the Board on the following:

- 2011 messaging to guide the scope of the final report on 2010 targets. Should there be a continued focus on the return on investment in malaria control?
- Choice of an appropriate venue for the launch of the final report on 2010 targets e.g. September 2011 in New York City or other.
- The value of extending the P&I Series with e.g. additional country-specific reports and/or extending to 2015 to address RBM progress and impact documentation through to the Millennium Development Goals (MDG).

While the 2010 Oversight Committee membership includes all constituencies, the Committee is interested in having an additional Endemic Country member.

Discussion summary

- Board members agreed that this was an excellent and useful set of reports.
- Messaging should continue to focus on the positive returns on investment in malaria control and to highlight the need to sustain gains and protect the investments made to date. The fragility of gains should be emphasized.
- The Senegal country report had been produced to gauge reaction to a country-specific publication. It had been very well received both in Senegal and among partners and had generated interest from other countries wanting to report their own achievements. PMI have funding to produce a series of reports as part of their overall reporting process and the Committee will discuss possible collaboration.
- Upcoming reports should also feature activities in non-African countries in order to share some of the remarkable and less publicised gains being made.
- A report highlighting community engagement in the fight against malaria and/or to include community initiatives in other reports was suggested.
- To avoid a 'top heavy' perspective, endemic countries and/or SRNs should be asked to document more local initiatives for inclusion in upcoming reports.
- The reports could have a stronger focus on the future and aim to give countries guidance on what is coming next e.g. net replacement.
- Even more collaboration between agencies is needed to ensure that their various reports contain the same figures. WHO noted that the World Malaria Report is the publication of record with regard to malaria data, and that WHO does work with others on the preparation of reports to ensure alignment of data.
- The lack of data from some countries and consequent reliance on modelling for planning purposes was a concern, and a mapping of data gaps was proposed. The Board might want to encourage partners to support countries to fill their data gaps. The roll-out of RDTs and improvements in health service registration processes should also provide opportunities to improve data quality.
- It was felt that the impact of the launches of the P&I Series reports could be increased. There was also a need for a comprehensive Partnership-wide communications strategy. This strategy should enable the Partnership to position itself in the broader arena of the MDGs.
- An analysis of the spending of the Committee in 2010, including inputs from e.g. RBM, GF and BMGF would be made. The analysis would be used to estimate the cost of additional publications, and this would be reported to the Board in due course.

Decision point

The Board acknowledged the 2010 Committee Report and expressed appreciation to the Chair and the Committee Members.

The Board requested the 2010 Committee to develop a communication strategy that includes a component on outreach to target audiences outside the malaria control community (e.g. ministers of finance and parliamentarians).

The Board also requested that the 2010 Committee provide to the Board an analysis of additional reports (e.g. further country reports), with associated costs, that could potentially be produced by the Committee as follow up to the Progress & Impact Series.

Task Force 3 (TF3) Report

Presentation summary

The TF3 objective is to improve and strengthen the capacity of the RBM Partnership to identify, develop, combine and share knowledge in support of key work priority areas and mechanisms. Since the 18th Board meeting, TF3 members and an RBM FP have been confirmed, and a KM consultant has been selected. A participative, focused, applied and evaluated, iterative plan-do-review KM approach has been articulated around three stages of work:

- Stage 0 – a mapping of key knowledge areas and mechanisms at the level of the Board, the Secretariat and among the RBM mechanisms;
- Stage 1 – the selection of a KM pilot with the objective of
 - Providing practical/applied KM support to one specific knowledge area
 - Learning from doing in terms of how key mechanisms interact in relation to identification, sharing and use of key knowledge
 - Building on this learning to inform a practical/workable RBM-wide KM strategy;
- Stage 2 - the development of a RBM-wide KM strategy.

The mapping process resulted in the identification of the following KM areas: policies and strategies to reach universal coverage; resource mobilization; support of country road maps; M&E; elimination; communication and behavioural change/community systems strengthening (CSS); HSS; and the PWP. The number of priority areas to be covered by the strategy exceeded initial expectations.

At the September PWP update meeting, it was decided that the KM pilot should focus on knowledge in support of country road maps including the identification of challenges and bottlenecks and the ways in which RBM mechanisms can help resolve these. The pilot will run from December 2010 to March 2011. It should be noted that SRNs have expressed their interest in implementing the pilot findings simultaneously with the development of the RBM-wide KM strategy.

A low-cost, low-tech USB key system has been introduced and will ensure more consistent, reliable, time-effective management of, and access to, key country road map data and information.

Discussion summary

- It was noted that the Partnership still faces significant gaps in knowledge e.g. on community engagement and on working with multiple partners, and it was suggested that the KM strategy should include a process for identifying knowledge gaps and research questions.
- It would also be important to investigate the extent to which communication tools such as the P&I Series reports are being used, especially within countries, and to put forward ideas aimed at promoting the broadest possible dissemination and use of these reports.
- The KM strategy should focus on 'influential knowledge', i.e. that needed to influence policy and ministerial decision making, as well as technical knowledge.
- It should promote a dynamic knowledge-sharing process and facilitate country-to-country sharing.

Decision point

The Board:

Took note of the project progress and expressed appreciation to the Chair and the Committee Members.

Validated the proposed two-stage strategy and recommended the scope and priorities of a RBM-wide knowledge management strategy based on the mapping exercise.

Recommended that knowledge management tools and processes emerging from the knowledge management pilot (Stage 1) be implemented simultaneously with the development of the RBM-wide knowledge management strategy.

Mandated sustained leadership support and resources that match the strategic orientation and scope of the project.

Extended the timeline of the project from April 2011 to November 2011 as the Board adopted a broad and comprehensive scope for the RBM-wide KM strategy, focusing on information management among the mechanisms and the constituencies.

Executive Director's report

Presentation summary

The EXD thanked all partners for their contributions to the report. She would review the malaria landscape, the implementation of the 2010 PWP, and 2010 financial highlights.

The malaria landscape

The 2010 malaria landscape report was based on the data collated for the P&I Series, WHO and partner contributions, and on the country road maps from 47 African countries and territories. The upcoming World Malaria Report 2010 would provide additional information. Key areas to be covered were: financing; road maps to universal coverage; impact in countries; elimination; research and development; global advocacy; and strategic challenges.

Financing

Despite the difficult economic environment, commitments to malaria control have continued to grow over the past years. Funding for 2010 reached US\$2billion with increased disbursements from the GF, with PMI taking on more countries including countries outside of Africa, and with UNITAID also increasing funding levels. However, going forward, gaps between country needs and donor commitments to GF could impede future progress. Despite Round 10 malaria proposal successes, these proposals would be subject to a prioritization process due to the GF funding gap. Reliable and sustained financing is critical necessitating a better RM strategy and diversification of the donor base.

LLINs

Average LLIN coverage in sub-Saharan Africa, based on deliveries, reached 67% in 2010. Forty four per cent of nets in 2010 went to Nigeria, DRC, Ethiopia and Tanzania, and the January campaign in Nigeria which will enable the country to reach universal coverage will impact significantly on this global coverage figure. It is projected that 25 of 39 sub-Saharan African countries will achieve an LLIN coverage rate of over 80% by the end of 2010. A further five countries are likely to achieve universal coverage in 2011. However, nine countries performed below 60%. Most of these countries are in Central and Western Africa and it is important for the Board to discuss how these countries can be supported to fast track net procurement and delivery using available tools such as voluntary pooled procurement and Net Guarantee. Estimates put Sub-Saharan Africa just 20 million nets short of universal coverage.

IRS

Seventy three million Africans were protected against mosquitoes through IRS in 2009, a 24% increase over 2008. In a number of countries where IRS is the only or a key malaria control strategy, universal coverage is being achieved. Some countries are using domestic funding to increase IRS coverage, and the GF and PMI are making major funding contributions.

ACT procurement

Two hundred million doses of ACT will have been procured globally by the end of 2010. In 2005, only three countries could claim to be treating more than 50% of patients in the public sector with an ACT. Now 24 countries are reaching this target and coverage in the public sector is 100% in 14 of these countries. However, ACT coverage in Africa and in the private sector still needs to be improved. Ongoing efforts to scale up ACT use include: leveraging RBM's methodology for global forecasting; implementation of the AMFm; tackling ACT commodity stock-outs e.g. Swiss Cooperation has just announced support to the Government of Tanzania to scale up the 'SMS For Life' project.

RDTs

RDTs are proven to be successful in the field as evidenced by recent case studies from Senegal (where rapid scale-up of RDT implementation - from 90,000 RDTs in 2007 to 500,000 in 2009 - generated a dramatic drop in reported malaria cases and ACT consumption which translated into financial savings) and Cambodia (where scale up of RDT use in both the public and private sectors has been achieved in response to the emergence of multidrug resistance, inappropriate prescription practices in the private sector, and the proliferation of fake anti-malarial drugs and over-treatment of presumed malaria).

Reaching elimination

A number of initiatives focusing on elimination should be highlighted e.g. activities in the Elimination 8 (E8) countries, the Asia Pacific Malaria Elimination Network (APMEN); the Malaria Elimination Group (MEG) Asia Pacific *P. vivax* Network, and the plan put in place by China to eliminate malaria within the confines of its

territory by 2020. Two countries – Morocco and Turkmenistan – are to be congratulated for being certified malaria-free this year and elimination in Armenia is in the pipeline.

Research and development

Major research and development consortia are focusing on developing new tools e.g. IVCC (long-lasting RDT formulation); FIND (RDTs); MMV (two new ACTs submitted to the European Medicine Agency); MVI/PATH (RTS,S multi-center vaccine trial fully operational); MalERA (research agenda on malaria elimination ready for launch in January 2011).

Global advocacy

During 2010, a series of WHO policy papers have assisted in defining strategies to achieve impact and the P&I Series reports have assisted the international community in measuring impact. The Senegal country report in the P&I Series has proved inspirational and a useful advocacy tool both within Senegal and externally and RBM hopes to link with PMI to produce more country-specific reports.

Engaging high-profile leaders is critical to RBM advocacy efforts. ALMA provides a forum for African ministers to discuss tax/tariff issues and levels of domestic health funding. The United Against Malaria (UAM) campaign has proved very popular with its use of popular footballers and other celebrities to highlight malaria control messages.

Key strategic challenges for the RBM Partnership

Five challenges were highlighted for the Board's attention: insufficient and unpredictable funding; making the money work; promotion of commodity use; ACT and insecticide resistance; and strengthening health systems.

2010 PWP implementation

Underlying considerations for the PWP implementation review included that: approved targets represent expected achievements over a two-year period; the current report is a progress report as the half-way point is reached; the report monitors progress rather than results; discussions are ongoing with the FPC regarding monitoring performance; and that future PWP implementation reviews will take KPIs developed by the FPC into account.

2010 budget considerations included that: financial expenditures for all mechanisms were lower than budgeted; a large percentage of funding was shifted from the SAF to the Expenditure Budget after the May Board meeting; additional reallocations took place in August and September resulting in delayed spending; and that implementation has accelerated in the second half of 2010 and is expected to maintain this upward trend into 2011.

Seventeen PWP deliverables are on track, five are considered in need of accelerated action in order for them to be achieved by the end of 2011, and there were no deliverables off-track. The presentation focused on those deliverables where acceleration is required.

Deliverable 10: Board ensures Partnership support for all countries with resource gaps in their road-maps to obtain full funding. RM efforts have been effective for some countries. However, funds are not fully mobilized for Kenya, Mali and other countries. The RMWG terms of reference (TOR) have been adopted and membership has been partially mobilized. However, a first meeting of the WG has yet to take place. The structure and focus of the RMWG may need to be reconsidered.

Deliverable 14: Support elimination countries to mobilize resources for their elimination strategic/operational plans. Dialogue around GMAP implementation has been initiated with regional elimination coalitions. The E8 countries are developing a regional strategy to mobilize resources and RBM has supported the E8 to develop an elimination strategy and action plan. The Secretariat and RBM partners have engaged with the Malaria Elimination Group (MEG) on elimination strategies and strategies to sustain gains. There is a need to advocate for countries that are at the elimination stage to remain eligible for GF funding.

Deliverable 16: Revising, updating and disseminating best practices. Tools to conduct malaria programme reviews (MRP) and develop next generation strategic plans have been developed, tested and rolled out by WHO, MACEPA, SRNs and the HWG. These tools have been introduced to 45 countries in Africa and two countries in Asia, but there is a need to disseminate the tools further.

Deliverable 22: Develop and implement a KM plan. TF3 has recruited an external KM consultant and strategy development is underway.

2010 financial highlights

RBM is putting its funds to good use: awareness and resources have been raised; bottlenecks have been resolved; road maps have been tracked and updated; and activities among partners have been facilitated and coordinated. RBM currently has a diverse and international funding base and total donor funding in 2010 was US\$15.08million. Overall expenditures, as of the end of October 2010, amount to 59% of the approved Expenditure Budget, but are expected to reach ~80% by the end of the year. A full presentation on 2010 spending by mechanism and PWP target would be given on Day Three. With the support of the FPC, the EXD considers that the Secretariat now has good financial management tools in place.

Discussion summary

- Board members thanked the EXD for an excellent report and for her continuing hard work and leadership.
- The data contained in the EXD report should be reviewed to ensure alignment with other existing reports.
- A more in-depth section in the final report on strategies for beyond 2010 in the context of limited resources might be useful.
- BMGF requested that a note on the development of a new semi-synthetic artemisinin precursor be added into the report.
- An update from the Nigeria/DRC Support Work Stream of the HWG regarding the use of the funds now available to the two countries could be added.
- It was clear from the report that Central African countries are facing many difficulties and representatives from the region requested Board members to: (1) reaffirm their intention to work towards mobilizing new partners, including from the private sector, for the region; (2) build the capacity of local leadership; and (3) reinforce the functioning of CARN. WHO noted that in the mapping of LLIN coverage shown in the EXD report, the areas with low coverage aligned almost completely with a WHO mapping of low domestic per person investment in malaria control so that it is crucial to ensure that international resources are put into these countries.
- TF3 was requested to support the Partnership with an analysis of best practices and tools for sustained RM.
- GF emphasized the importance of countries achieving A or B1 ratings for their malaria grants to ensure continued Phase 2 funding given the current limitations on GF resources.
- Could ALMA members be encouraged to report more transparently on domestic financing arrangements i.e. to clarify what funds in which budgets (e.g. health, education) are being counted towards the 15% GNP contribution to health?
- The 2010 under spend underlines the need for KPIs to be put in place as soon as possible by the PWS, so that performance bottlenecks can be identified.
- RBM PWP resources also flow to WHO as a key implementation partner for certain PWP deliverables around M&E (AFRO) and programme reviews/strategic planning (GMP).

Response summary

- The EXD thanked Board members whose inputs had helped strengthen the draft 2010 report and noted that many ideas arising during this Board meeting would be captured in the final version of the report.
- All report data would undergo a final review as the report was finalised.
- She had taken note of the appeal from the Central African constituency and would support further Board discussions on how Partnership support to Central Africa could be strengthened.
- She acknowledged Board concerns around: putting 2011 KPIs into place as soon as possible; continuing discussions with ministers of health concerning their domestic-health-budget pledges; the need to encourage ownership of and accountability for the malaria control agenda by countries themselves (citing Ghana's analysis of the country's ability to reach universal coverage – but by 2011 and not 2010 – as an example of international partners willingness to get behind a credible country plan); and the need to look at RM best practices.

Decision point

The Board acknowledged the Executive Director's 2010 report.

Adoption of RBM Governance and Policy updates

Revisions to the RBM Operating Framework and By-Laws

Presentation summary

The first version of the RBM Operating Framework and By-Laws was adopted at the 3rd meeting of the Board in 2003. Following the 2006 'Change Process', the Operating Framework was updated to include, for example, the Memorandum of Understanding with WHO. By the 15th Board in New Delhi, necessary updates to the By-Laws had also been identified. However, with the proposal for the External Evaluation to be carried out in 2009 agreed by the Board in New Delhi, it was decided to defer adoption of an updated Framework/By-Laws until after that evaluation had been completed. Following the External Evaluation, the work of Task Forces 1 and 2 resulted in the development and adoption of the Accountability Framework and its Implementation Plan which must now also be incorporated into the Partnership's governance documents. All Board directives since the New Delhi meeting have now been synthesized into a revised Operating Framework and By-Laws. The Operating framework and By-Laws have also been streamlined to ensure that their content does not duplicate the content of the GMAP. The drafts were shared with the WHO legal team in October 2010. The Board pre-read was cleared by the EC during their November 2010 meeting.

The board is requested to:

- Approve the revised Operating Framework and By-Laws together with their annexes as contained in the documents RBM/BOM/2010/SUB.4.2 and RBM/BOM/2010/SUB.4.3 and enforce the above documents as of 1 January 2011;
- Agree to the insertion of Level One KPIs for the Partnership, as outlined in the Accountability Framework in Article 2.1.2 of Operating Framework;
- Agree that the Accountability Framework Implementation Plan adopted in May 2010 (RBM/BOM/2010/REP.6) is referenced under accountability paragraphs in the Operating Framework and annexed;
- Mandate the PWS of the FPC to establish KPIs for each PWP target and to obtain Board approval through a vote during the first quarter of 2011.

Discussion summary

- The Board recognized the huge amount of work that had gone into preparing the draft documents.
- The Private Sector expressed concern that the seamless linkage between accountability, budget and performance agreed by the 18th Board had been somewhat lost in the synthesis of changes to the Operating Framework. The delegation requested that the following be reinstated into the Operating Framework and its annexes: mention of the Partnership's high-level/impact KPIs; the need for all Partnership targets, deliverables and activities to have KPIs; the need for budgets and work plans to be linked; the intention to work towards a one-lead-mechanism per target approach; and that the setting of PWP targets and priorities should stem from the GMAP implementation overview.
- The Accountability Framework Implementation Plan should be referenced in the Operating Framework and added as an annex.
- A contradiction between the new draft and the Board-approved Accountability Framework should be resolved i.e. in the new draft the Partnership Board is accountable to the 'Partnership Forum', whereas in the Accountability Framework the Board is accountable to the 'Public'. The Secretariat confirmed that the final version would include Board accountability to the general public.
- Article 9 of the By-Laws should be revised to detail chairmanship and constituency representation per work stream and not per committee, as established by the Board decision on FPC constitution.
- In addition, a careful cross-check between the new drafts and already existing Board-approved documents should be made to ensure that all relevant text has made it into the new drafts e.g. footnotes in Annexes 3 and 4.
- The Secretariat confirmed that the draft documents had been shared with the WHO legal team, although no major constitutional changes with regard to the relationship with WHO had been added to the new draft. As such, the formal legal reviews of 2003 and 2006 still remain valid.
- It was proposed that the new Operating Framework and By-Laws be approved in interim by the Board, pending the addition of the KPIs and the changes mentioned above. Once changes were in place, the Board would vote on adoption of the documents. If adopted, the documents would come into immediate effect following the vote rather than on 1 January 2011.

- The Board requested that the Secretariat redraft the Board decision points on the adoption of the RBM governance and policy updates to take into account the Board's discussion. These would be reviewed under the Decision Points agenda item scheduled for Day Three.

Financial Planning and Budgeting Framework

Presentation summary

The Partnership still faces a number of challenges around financial planning and budgeting. There is a continuous need for improvement in financial transparency and performance management. The integration of inputs into the PWP needs to be improved, the level and timeliness of consultation and Board involvement into target setting needs to be ensured, and there needs to be further harmonization between work plans and budgets. Budget estimates by mechanisms should be based on a standardised costing model and the financial tracking and reporting to mechanisms of spending during the year need to be improved.

Moving forward, issues covered by the draft FPBF include: conducting a high-level needs assessment and GMAP Implementation Overview; implementing a structured process for consultation and approval of strategic priorities; initiating a consultative approach to activity-based work planning and budget allocations; and developing a detailed monthly reporting process involving all mechanisms.

The Board was requested to:

- Adopt the proposed FPBF as an interim process to guide the development of the PWP and budget 2012;
- Approve additional work to take place in the first quarter of 2011 to
- Fully align the FPBF with Board decisions from the 17th and 18th Board meetings, in particular, with the performance structure and accountability framework prepared by TF2
- Integrate the FPBF more closely with the upcoming work of the PWS of the FPC;
- Mandate the Secretariat to progress with a GMAP Implementation Overview as the first step towards target and KPI setting for the PWP and budget 2012–13.

Discussion summary

- Board members confirmed the need to fast track a GMAP Implementation Overview in time for the 2012 – 13 PWP and budget development process.
- The Board requested that the Secretariat redraft the Board decision points on the draft FPBF to take into account the Board's discussion. These would be reviewed under the Decision Points agenda item scheduled for Day Three.

Strategic challenges in implementing GMAP

Addressing the Malaria Financing Gap

Presentation summary

Two of the key challenges in terms of GMAP implementation are:

- Achieving universal coverage of core malaria interventions;
- Sustaining scale up and protecting the gains/investments by extending the useful life of existing tools and ensuring their timely replacement.

Funding for malaria control has been increasing year on year, but the amounts are still low when compared to the estimated cost of funding the GMAP. This is despite the evidence¹ that malaria control is a good investment and that there is a good correlation between external investment and ITN coverage² (although funding volatility hinders efficient implementation of planned activities).

A recent mapping of annual international funding per person at stable risk (to 2009) and per capita income³, indicates that investment is well targeted to risk but not as clearly targeted to per capita income/gross national product (GNP). A large group of low-income countries are seen to receive less investment and a number of middle income countries are getting relatively high amounts of funding. This indicates a need to

² Source: *RBM Progress & Impact Report Series – 2010*.

³ Source: Snow, Gething, Atun *et al. Lancet* 2010. Equity and adequacy of international donor assistance for global malaria control: an analysis of populations at risk and external funding commitments.

shift funding to countries with both high risk and low per capita income particularly as such countries have less options for increasing domestic support.

Based on this analysis, a number of areas for consideration by the RBM Board can be proposed:

- Closing the financing gaps for universal coverage;
- Continuing the scale-up and sustaining the gains achieved;
- Ensuring investments are targeted to address both biological need, equity and adequacy; and
- Optimizing investments to realize greater impact with available resources.

Investments will need to be considered on a country-by-country basis and allocations within countries will need to be thought through carefully.

Protecting malaria control gains will mean addressing the cost of LLIN replacement. According to a GF analysis, the annual cost of replacing all LLINs that will have been distributed by the end of 2011 (assuming an LLIN lifespan of 3 years) would be US\$364million. One RM idea arising from a March 2010 GF conference, which looked at the implications of LLIN scale up and how to sustain net coverage, was to pursue the 'continuity of services' approach for LLINs.

Additional challenges in implementing GMAP include:

- That external support to a large number of malaria endemic countries remains below 'adequate' levels
 - Dependency on external support
 - Need to diversify investments;
- The varied implementation success of GF-supported malaria programmes compared with TB and HIV programmes and especially in CARN/WARN. With many countries dependent on large Round 8 and Round 10 grants, the consequences of low performing grants being cut at Phase 2 would be disastrous.
- Scaling up of RDTs and ACTs
 - Managing malaria-negative children with fever;
- Measuring investments
 - Tracking of domestic contributions, especially in countries where there is an appetite for showing results and tracking their domestic contributions as a strategy to ensure investments are increased and not reduced.

In response, the Board could consider the following options:

- Developing a framework to prioritize investments to address the financial gaps – perhaps by the PWS;
- Identifying optimal resource allocation approaches to improve efficiency and effectiveness of investments;
- Seeking innovative ways to increase domestic financing;
- In support of the above, renaming the RMWG as the Resource Mobilization Sub-Committee (TOR in Annex 5 of the pre-read).

Requested Board action:

- Identify, based on the discussions at this Board session, high level priorities regarding RBM RM strategies for the period 2011 – 2015. These priorities will form the draft agenda for the first meeting of the RMWG;
- Endorse current membership of the RMWG;
- Make a call for additional members from non-represented constituencies to join the RMWG;
- Ensure that strategic RM priorities developed by the RBM Board inform policy and strategy discussions in other Boards governing malaria resources (GF, UNITAID) e.g. with regard to eligibility criteria, continuation of services policies.

Discussion summary

- As critical issues in the landscape will change over time, it was suggested that the Board produce a robust analysis of possible actions/risks in terms of increasing, sustaining and protecting gains under various scenarios to inform planning at the May 2011 Board meeting.
- Ahead of the next Board meeting, the Private Sector also suggested:
 - Setting up a Task Force to re-cost the GMAP (on the assumption that efficiency and effectiveness gains achieved through scaled up action will impact on the overall cost of GMAP implementation)
 - Fast tracking the development of a RM strategy by the RMWG;
 - Deepening analysis on possible innovative financing mechanisms; and
 - Ensuring that the GMAP Implementation Overview is completed.

- It was noted that in-country capacity to mobilize funds from varied and innovative sources is very limited. In addition, once GF proposal writing is factored in, there is often little time for other RM. Could the Secretariat support SRNs to support countries in RM?
- The EXD indicated that RBM partners such as ALMA and BMGF have started work on a sustainable finance initiative which will pilot in several countries and involve greater involvement of Ministries of Finance.
- The Board was requested to ensure that representatives from the the Latin American and Asian endemic countries are included in strategic discussions.
- Synergies between RBM and the child survival community around the ACT/RDT scale up message should be explored.
- The possible application of the GF 'continuity of services' approach to malaria should be followed up.
- Concerns regarding inadequate levels of preparedness at country level for the effects of climate change on malaria control were raised.
- Would it be possible to encourage research into further increasing the shelf life of ACT and RDT for use in remote areas? This could be one area for a public-private partnership and the Board may wish to encourage this. The Private Sector noted that significant advances in ACT shelf life are already in the pipeline. Plus the new semi-synthetic artemisinin precursor product is expected to enter the market in 2011.
- A GF/WHO meeting recently identified the problem of ensuring that health workers have the skills and treatments to deal with the differential diagnosis of fever once malaria has been ruled out with an RDT. For example: can antibiotics be rolled out to primary health care units and community health workers (CHW); what are the financial implications of rolling them out; what lessons can be learnt from the countries that have achieved a rapid scale up of RDTs?
- The importance of the seasonality of malaria should be highlighted, and more focus should be placed on the timing of receipt of resources in-country.
- PMI will participate in the RMWG.
- Is there a need for an interim target for the malaria community (post 2010 but ahead of 2015) to galvanize GMAP implementation? Would it be around case management?
- The Board requested that the Secretariat redraft the Board decision points on addressing the malaria funding gap to take into account the Board's discussion. These would be reviewed under the Decision Points agenda item scheduled for Day Three.

Insecticide resistance

Presentation summary

The main mechanisms of resistance within the four main classes of insecticide used in malaria control were outlined and a map showing their spread in Africa was shown. WHO-recommended strategies to delay resistance were outlined. Action must be immediate and pre-emptive and there must be judicious use and good pesticide management.

A major intensification of resistance monitoring is urgently needed. Decisions on targeting and insecticide selection must become contingent on local data. A common, cross-border reporting system is needed at regional level with defined responsibilities and adequate funding support. NMCPs should coordinate national-level monitoring, and all data should be reported to them as they are collected and without delay (e.g. they should not be held back for prior publication or institutional approval). Monitoring is a shared responsibility and all agencies participating in the implementation of vector control – including NGOs and contractors – should make sure that adequate resistance testing (and data reporting) is done in their target areas. Donors funding insecticide procurement should check that product choice has been informed by adequate resistance monitoring data. The WHO guidelines on monitoring insecticide resistance need to be updated urgently.

New classes of insecticides are needed together with new formulations of the currently available insecticides designed for resistance management. Methods to identify and measure 'effectiveness at delaying resistance evolution,' without waiting for the evolution to happen, are needed. Manufacturers need to know that products that are effective in this way will be favoured. One public-private partnership to support market development of new products already exists, but other institutional interventions may also be needed. Some products are under development for IRS, but prospects for new insecticides for LLINs are far less promising. Special efforts may be needed, because the insecticide represents only a very small fraction of the value of an LLIN, but a much larger proportion with other vector control products.

Compared to current practice, all alternatives (use of rotations, combinations, mixtures) involve an increase in short-term costs. In order to maintain long-term effectiveness of vector control, short-term costs will go up. In the end, these investments will almost certainly be cost-saving if the effectiveness of pyrethroids on LLINs is preserved. Developing a new class of insecticides takes ten years, and manufacturers will do it only if there are clear prospects of a market that will last for more than one decade. The major chemical manufacturers (who alone have the resources to search for new molecules) are already concerned and inhibited by the apparent instability of the public health market. They need to be reassured by realistic estimates of future costs and shown that donors remain committed.

In order to sustain universal LLIN coverage, routine distribution i.e. a net for every pregnancy and every child will be an increased priority, and modeling shows how continuous, routine distribution via the Expanded Programme on Immunization (EPI) and ANC can fill some of the gaps between fixed-interval campaigns. It would be of great value if the HWG/AMP could roll out the same toolkit approach to routine distribution as has been rolled out so successfully for campaigns. In an emergency, gaps should be filled as they are detected. It will also be necessary routinely to monitor the durability of LLINs and use this data to guide country procurement decisions so that longer-lasting nets are chosen. It should be noted that the rate at which nets wear out is highly variable: between nets in a cohort, between settings, and between LLIN products. Manufacturers need to be given clear and reliable incentives to produce more durable nets (the 7 year net?). Untreated nets in good condition give half as much protection as an LLIN.

The Board was requested to:

- Recognize that, as a consequence of insecticide resistance, decision-making for vector control must be more complex and more informed by local data and give equal or greater priority to minimizing the spread of insecticide resistance over cost;
- Endorse and assist in securing resources for a user-friendly 'principles of insecticide resistance management' document which WHO has started to work on together with ANVR, for forecasting the cost of vector control, and for updating testing methods;
- Ask the WHO Global Malaria Programme (GMP) to make proposals regarding the TOR of the proposed Insecticide Resistance Task Force (WHO Committee, Working Group) and report to the May 2011 Board meeting.

Discussion summary

- The critical role of regional collaboration in tackling insecticide resistance was recognized. This is a political issue, however, and could be one where ALMA/RBM working together could bring this information to the attention of political leaders. It was also suggested that regional economic bodies and the African Union should be targeted for advocacy.
- The Board again highlighted the need for training and capacity building at country level e.g. of entomologists without whom monitoring is almost impossible.
- Two issues important to incentivize manufacturers were put forward: (1) put in place systems that ensure countries pick the best product(s) for their situation; (2) look at measures to expedite regulatory issues re new products. WHO would be interested to hear suggestions from manufacturers on this as there is limited capacity in WHO to identify/institute change to existing regulatory mechanisms. Currently a two-step process. First the GMP needs to establish 'proof of principle'. To date guidelines for establishing proof of principle have been developed but still need to be agreed. The second step, which is the WHO Pesticide Evaluation Scheme (WHOPES) process, is currently stretched to capacity and more investment in strengthening this capacity at WHO is needed.
- Countries will need clear guidance on insecticide mapping/monitoring planning. WHO will try to prepare some interim advice perhaps working alongside the Vector Control Working Group (VCWG).
- The HWG/AMP should be requested to look at rolling out the same toolkit approach to routine distribution as they have done for campaigns.
- WHO was requested to provide a plan of action, budget and timeline for insecticide resistance mapping and monitoring ahead of the May 2011 Board meeting.
- One output of the proposed Insecticide Resistance Task Force would be a report on insecticide resistance to mirror the recently published report on artemisinin resistance.
- The Board requested that the Secretariat redraft the Board decision points on addressing insecticide resistance to take into account the Board's discussion. These would be reviewed under the Decision Points agenda item scheduled for Day Three.

Possible Partnership Priorities Beyond 2011

Presentation summary

Soundings on what meeting participants considered could be Partnership priorities 2011 – 2015 were taken during the course of the meeting by BMGF and the RBM Secretariat and were presented in order to catalyze discussions scheduled for Day Three (see p. 31).

Country priorities (for targets) for the period 2011 to 2015:

- Move beyond planning and targeting based on inputs (universal coverage) to planning for impact (e.g. measurable developments in prevalence reduction);
- Improve country response planning and optimization (e.g. improved prioritization of needs, intelligent distribution of LLINs, low prevalence countries to combine investments in malaria response with those of other tropical diseases instead of having a separate programme);
- Increase country accountability.

Global priorities (for targets) for the period 2011 to 2015:

- Set impact targets (recognizing that, with available technology, level of achievements in disease burden reduction is influenced strongly by the baseline);
- Achieve scale up (universal coverage) where this has not been achieved;
- Sustain gains and maintain universal coverage;
- Include diagnosis and case management in universal coverage targets;
- Confront insecticide and drug resistance;
- Chart a course to sub-regional and regional elimination and global eradication.

Priorities for mechanisms for the period 2011 to 2015:

- Close the resource gap (including rethinking financing policy and moving towards increasing the national financing for countries where this is viable);
- Optimize use of available resources;
- Improve coordination and synergies among RBM mechanisms including those at country level such as CCMs, NMCPs, PRs and MOHs;
- Build and maintain effective linkages between SRNs and in-country partnerships;
- Build regional and country capacity.

It was proposed that the Board would want to decide on a mechanism to take forward the discussion on priorities following the Board meeting.

Board Day Three

Financial report – 31 October 2010

Presentation summary

An interim financial report covering the period 1 January to 31 October 2010 was presented. The final 2010 financial report will be presented at the May 2011 Board. At the 17th Board meeting in Rio, a 2010 Expenditure Budget of US\$11.9million was approved together with an unfunded SAF of US\$16.15million. During the early part of the year, funding from a new donor – Abu Dhabi – allowed an allocation of US\$4.3million to the SAF in May 2010. Two further reallocations to WG were made in August and September as it became clear that two positions budgeted for the Secretariat would not be filled. Seven WG were allocated RBM funding by the end of 2010.

The overall budget implementation rate is expected to reach 80% by the end of the year. Rates have varied across the different mechanisms (Secretariat 62%, SRNs 67% and WG 37%). However, the CMWG, MIP, PSM, MAWG, VCWG and Monitoring and Evaluation Reference Group (MERG) received the majority of their budget allocations during the August and September reallocation process leaving them with limited implementation time. Among the SRNs, some under spent and some over spent, with the smaller SRNs exceeding their allocated 2010 budgets. This variance can be partially explained by budgeting inconsistencies and by the fact that Focal Points for each region were not in place for the entire year. Implementation rates across targets also varied with stronger utilization in road-map tracking (Target A), resource mobilization (Target D) and support

to mechanisms (Target H). The 177% implementation rate for road map tracking is due to the carry-over of the Office of the Global AIDS Coordinator (OGAC) funds which had been budgeted for use in 2010 to 2011.

Overall, there has been an increase in spending over previous years reflecting a scaling up of activities.

A number of challenges identified in 2010 will be addressed in 2011:

- Costing of activities will be improved and an activity-based budget will be developed;
- Many activities now have target start dates to enable better tracking and increased Secretariat support;
- Work plans and budgets are more transparently structured to monitor progress and to ensure accurate reporting to mechanisms;
- Clear guidelines have been provided to mechanisms regarding the SAF. Only the highest priority activities have been included and the FWS has set a credible ceiling for the 2011 SAF to increase its effectiveness as a RM tool.

Discussion summary

- The Private Sector acknowledged that the 2010 implementation rate had been affected by re-allocations that took place in August/September. However, as the proposed 2011 budget will be higher than the 2010 budget, is there a danger that the budget will exceed the absorptive capacity of the mechanisms? With this in mind, it is crucial that KPIs are in place as soon as possible in 2011 and used to monitor performance and inform budget management.
- The Secretariat will be monitoring expenditures very closely in the first part of the 2011. Better systems are in place for monitoring and for reporting to mechanisms. If certain mechanisms are not spending, the Board can take quick action to reallocate.
- Implementation rate and budget carry over were discussed with the mechanisms at the September PWP meeting. For 2011, budgetary slates will be cleared and new allocations will be made to each mechanism based on a full-costing of 2011 activities.

Decision point

The Board acknowledged the interim Financial Report for 2010 and expressed appreciation to the Finance Work Stream Chair and Members.

Updated 2011 PWP and budget

Presentation summary

The 2011 updating process took place over four months (August to November 2010). In September 2010, a three-day consultation involving all the RBM Partnership mechanism Co-Chairs with the purpose of harmonizing work plans across the mechanisms and updating the Partnership's work across the 2011 PWP targets took place. 2011 priorities for action were revised on the basis of the content of the country road maps⁴. A detailed review of targets, deliverables, and activities led to: updating of 2011 activities; rationalization of deliverables from 23 to 16; and the incorporation of Target G (Elimination) into Targets D, E and F. Meeting outcomes were communicated to all participants and comments were incorporated into a final version of the 2011 PWP.

A detailed activity-costing model was developed and this was used to cost 2011 activities. Detailed costs for all proposed PWP activities were sent out to all mechanism Co-Chairs who had an opportunity to review and adjust them.

The FPC met at the end of October. The first round of submissions totalling US\$27million was presented. The FWS reviewed the submissions together with the 2011 budget estimate (including expected carry over) and set a ceiling of US\$18million for the Expenditure Budget and US\$4.3million for the SAF. The budget ceiling was communicated to the mechanism Co-Chairs and they were asked to prioritise their activities in order to align with the budget ceiling. (Note that each mechanism had access to the budget estimates from all the other mechanisms for the sake of transparency.) Second round submissions totalled US\$22million. As time was short, the EC proposed the setting up of an ad hoc committee (comprising the EC Chair, the FWS Chair and the

⁴ The importance of the road map process in setting priorities and in enabling monitoring of performance over the years to come was clear and prompted the selection of support to road maps as the KM strategy pilot.

EXD) to set prioritization criteria to guide further cuts. Three criteria emerged, allowing prioritization: (1) of activities that support a core function of the Partnership; (2) of activities that address the two major strategic challenges identified by the Board i.e. financing gaps and resistance; (3) on the basis of absorption capacity demonstrated by mechanisms. The EC Chair communicated these criteria to all the mechanism Co-Chairs and asked for their assistance in a further round of prioritization. Following third round submissions, US\$800,000 still needed to be cut. As a result, it was proposed that the SAF ceiling be increased by US\$800,000. The revised 2011 PWP and budget were sent out to the mechanisms for a final round of review and comments. A final version was then forwarded by the EC to the FPC for review and then forwarded to the Board.

Benefits from the process undertaken to revise the PWP 2011 will include:

- Increased accountability as standardized work plans developed per mechanism will allow accurate and consistent reporting;
- More efficient coordination as work plans have been shared among mechanisms allowing the Secretariat to better facilitate actions;
- Building a prioritization discipline due to the enhanced structure and rigor introduced into the planning process. Activities are now based on priorities, cost, and contribution towards achieving targets;
- Greater financial transparency due to the three-dimensional structure of the budget and financial reports which will provide external and internal stakeholders with increased information.

The 2011 budget has been prepared to enable expenditure tracking in three-dimensions: by target, by mechanism and by expenditure type. The 2011 budget stands at US\$18million but includes US\$7.47million (including the OGAC funds agreed in 2010 but for use in 2011) carried over from 2010 which may not be available in future years. 2011 budget priorities include a focus on resource mobilization for GMAP and resistance management. All staff costs are now located under Target G support to mechanisms (although they were not included in the summary slide presented). Budgets for other targets are for activities only and this is expected to enhance performance monitoring.

The Secretariat budget for 2011 increases slightly over 2010 (+3%) but now includes the WHO hosting costs and new administration unit costs. Overall, the Secretariat looked for efficiency gains and their budget for activities and staff has been reduced in order to provide additional funding for other mechanisms.

The budget for SRNs has increased by 20%, but now includes costs for secretariat support and hosting costs. SRN funding is to be used reactively in response to country requests. Therefore, the overall SRN budget has been allocated to individual SRNs on the basis of how many countries are covered by each network. The amount of core funding going to the SRNs is quite small and OGAC funding makes up the bulk of the budget. While the OGAC funds must be channelled through the SRNs, it is expected that WG expertise will be used by the SRNs to provide TA and resolve GF bottle necks so that the money will enable WG to address requests from countries.

Overall, the WG budget has decreased by 7% over the total 2010 budget (Expenditure Budget plus SAF). However, reallocations were responsible for pushing 2010 WG budgets higher and it should be noted that the WGs have a much higher starting point in 2011. WG allocations have been based on the prioritization exercise and their absorption capacity. Some WG budgets have gone up and others have decreased. It was emphasized that this is a starting point. WG are obligated to report regularly and the capacity of all the WG to implement will be reviewed and this information will be presented to the EC, FPC and the Board. If some mechanisms cannot absorb the funding requested, there will be reallocations.

The budget is spread primarily across staff, travel, consultancy and direct country assistance. It was explained that the 12% allocated to 'direct financial cooperation' is essentially grant money, including amounts to countries e.g. to carry out review processes and to cover SRN hosting/staff costs.

For 2011, the SAF budget has been set at US\$5.2million and only high priority activities that could not be included in the Expenditure Budget are included. It is hoped that RM efforts among the RBM partners will result in some or all of the activities in the SAF being funded during the course of 2011.

The FWS of the FPS has reviewed the proposed PWP and budget 2011 and recommends it with the following observations:

- A consultative process was used;
- The proposed change to the targets remains but has yet to be approved;
- Future years will use a different time-line for decision processes;
- The FWS finds the budget within the limits of available resources.

The FPC/FWS recommends it for approval, subject to Board approval of the revised targets.

The board is requested to:

- Approve the revisions to the structure of the PWP 2011, including the allocation of activities under the old Target G (Elimination) into Targets D, E and F;
- Approve the RBM Expenditure Budget 2011 of US\$17,996,105
- Note the RBM SAF 2011 of US\$5,213,894 and encourage the Partnership to work towards mobilizing resources to allow implementation of the SAF.

Discussion summary

- On behalf of the Secretariat, the EXD thanked the EC, FPC and mechanisms, especially the Co-Chairs, for their commitment to the 2011 PWP and budget review process.
- Board members congratulated the Secretariat on the excellent work undertaken and progress made to promote transparency and accountability.
- Given the importance of resistance management efforts, has the VCWG been allocated enough money? The VCWG initially requested more money than it has been allocated. However, the VCWG starting budget for 2011 is 86% higher than the 2010 budget, despite the low 2010 implementation rate. Resistance management is a high priority for the Partnership and, if the VCWG steps up its implementation rate, it would be in line for additional funding if it becomes available through reallocations or new donors.
- The EXD reminded Board members that the VCWG is currently tasked as a consensus and alignment WG and does not have an implementation role. She sees it working to support WHO to carry out the normative work.
- Are there any funded deliverables/activities that would support vector control/resistance management under other targets? If so, there is a need to decide how vector control/resistance management is managed within the Partnership. It may be that the VCWG takes a leadership role and oversees implementation taking place across a number of targets.
- The CARN budget has decreased by 28% over 2010. Given what the Board has heard about the problems in Central Africa, has CARN been allocated enough money? The method for allocation of funds to individual SRNs was noted in the presentation. CARN is, however, a priority for the Partnership and could be in line for additional funding if it becomes available through reallocations or new donors. The EXD disagreed that CARN was being neglected in the budgeting process. The way to support CARN was to increase the number of partners working with countries (as will be discussed in the resolution on a Task Force for Central Africa under AOB). CARN will then be funded to coordinate.
- For future years, is there a slot in the planning process where budget assumptions can be developed and agreed by the Board? The development of budget assumptions could be made an agenda item for the FPC and this could be noted in the FPBF.
- As noted during the Day Two discussion on Governance and Policy Updates, as the 2011 deliverables have been revised to be more 'SMART', they are not as well-linked to the targets as they were. Therefore, KPIs are vital in order to keep performance on track. Could the KPIs not be set sooner than within 60 days?
- The FPBF should specify that PWP targets are set by the Board in May and informed by the GMAP Implementation Overview carried out early in the year.
- The OGAC funding is specifically for TA and GF bottleneck resolution and it will be vital to monitor and review SRN expenditures to ensure that this money is being used optimally. SRNs may look at linking in WHO TA as well as WG expertise in order to maximise impact. In general, the Board should have further discussions about how TA can best be brokered/provided to meet countries' needs. The EXD reminded the Board that the rationale for creation of the SRNs was to move country support closer to the countries themselves rather than trying to resolve problems from e.g. Geneva and Washington.
- The SRNs are heavily dependent on the OGAC funding in 2011. What happens in future years? It will be crucial to ensure that all TA commitments entered into by SRNs in 2011 can be followed through no matter what happens re OGAC funding for 2012 and beyond.
- The rationalization of Target G deliverables and activities under other relevant targets is understandable, but how does it fit with GMAP and how will it play strategically and with donors? The Private Sector would like Target G to remain, even if it does so with a 0% budget, for three reasons: Target G focuses substantial political goodwill regarding elimination; it remains open for parallel funding initiatives; and leaving the target in place means that the PWP remains true to the May Board target-setting exercise and decision.

- Does the capital reserve discussed on Day Two appear in the 2011 budget? It does not appear in the 2011 budget. It was presented to the FWS where it was agreed that more work was needed to determine the levels of reserve that might be required in different scenarios.
- The realistic ceiling on the SAF was a welcome step forward and added credibility to the budget. Aspiration is now aligned with reality in terms of RM.
- Transparency around the review process has been greatly improved, but there is still room to inform the mechanisms more effectively about how/when they should link into the budget.
- The 17th Board approved the EC to make reallocations, but the Board could re-visit this and look at other possible mechanisms.
- At the 18th Board, it was agreed that there should be a focal mechanism for each target in order to promote integration at the level of implementation. Has this been followed up? The one target/one mechanism is envisaged to apply to the 2012 programme cycle.
- The Board requested that the Secretariat redraft the Board decision points on the updated 2011 PWP work plan and budget to take into account the Board's discussion. These would be reviewed under the Decision Points agenda item scheduled for Day Three.

Board recommendations on priorities and targets for the 2012 PWP

Presentation summary

A number of possible Partnership priorities at the global level, the country level and the level of RBM mechanisms had been presented during the last session of Day Two (see p. 27) and were used as the basis for further discussion.

France proposed a structure to guide Board members in identifying priorities. On the basis of:

- GMAP;
- Current needs within countries based on scientific evidence;
- Performance of all RBM partners vis-à-vis GMAP; and
- Available resources.

Targets/priorities should be developed regarding three areas:

- Thematic area;
- Impact area/implementation within countries;
- Partnership area/global architecture.

Discussion summary

- A process for setting priorities at the next Board meeting needs to be agreed.
- The GMAP Implementation Overview is already in place as a platform for priority setting. The possible priorities generated by this discussion session can be used to illuminate the GMAP Implementation Overview process. The GMAP Implementation Overview process should be fast-tracked.
- The Private Sector identified a number of other actions needed to provide a solid basis for informed decision making at the May 2011 Board, and requested the Board to: (1) re-cost the GMAP looking at e.g. scale up efficiencies; (2) investigate innovative financing options; (3) carry out scenario planning; and (4) carry out an opportunity mapping focusing on RBM strengths, weaknesses, opportunities and threats (SWOT) and competitive advantage within the opportunity landscape. The Board did not approve the proposal to re-cost the GMAP, but did approve the proposals on innovative financing, scenario planning and opportunity mapping. The RM Sub-Committee (RMC) will take these issues forward.
- Partners should be encouraged to invest in country-data generation in order to decrease the reliance on modeling data for targets/priorities setting.
- The Board should focus where the RBM Partnership can add value and ensure that this informs priority setting.
- The following issues could be added to the list of priorities for 2012 and beyond identified earlier:
 - Linking malaria control to MDGs and more broadly to child survival issues e.g. malnutrition.
 - Ensuring community ownership of malaria control efforts e.g. roll out of the competence approach.
 - Supporting structural issues at country level e.g. human resource and supply chain management. Such efforts will be more important as countries move towards sustaining gains and are very often mentioned as a priority by ministers of health.
 - Positioning to demonstrate that malaria control can be used to strengthen health systems as has been done with EPI.

- Ensuring utilization as well as distribution of malaria commodities.
- Some Board members requested a special session of the Board ahead of the May 2011 Board meeting to discuss priorities further. However, no formal decision on this session was made. It was later proposed that administrative issues could be covered in half a day at the May 2011 Board meeting, leaving the rest of the meeting to focus on strategic issues.
- The Partnership's first critical success factor is RM and more discussion is needed to identify what action is needed between now and the May Board meeting to boost RM.
- In a hierarchy of priorities, should there be a new target equivalent to the 2010 universal coverage target set for the interim between now and the 2015 MDGs? Such an interim target would inform an overarching advocacy strategy and prioritization process for the Partnership. A target focused on RDT/ACT use might make sense based on the Board's discussions during the meeting.
- The 2010 universal coverage target has been an excellent rallying point for the international community, but in setting a new target it would be important to avoid giving the impression that net coverage is done and that its time to move on to another issue. Perhaps this is a time to focus more on reaching out and creating synergies with others around the MDGs in order to highlight the value of investment in malaria control.
- The idea that one-size-fits all in malaria control programming is no longer credible, particularly since there is so much variation now in the stages that different countries are at. Therefore, the Board should be wary of setting 'big' targets.
- WHO was undecided at this point; would an interim target be useful or would it just confuse people? The 2010 universal coverage targets covered case management as well as LLINs and we are still very far from every child sleeping under a net and very, very far from diagnosis and treatment universal coverage. On balance, he would be very, very cautious about setting new interim targets. WHO will analyze the value of interim targets and/or participate in discussions on this with other partners.
- UNICEF proposed that a Task Force be set up to define specific targets for Phase 2 of GMAP by March/April 2011. The Task Force could be led by BMGF and WHO with the active participation of Endemic Countries and other Board constituencies. The work of the Task Force would end when recommendations on targets have been submitted and any outstanding actions would be handed over to other mechanisms.
- Private Sector proposed that the Task Force should develop targets based on already identified GMAP objectives.
- If such a target is set, the Office of the UNSG Special Envoy for Malaria would like to be involved in working out how to position such a target among other competing targets globally and would aim to involve the UNSG to support the target.
- The Board requested a further discussion on possible Decision Points related to future priorities and targets during the Decision Points agenda item scheduled for Day Three.

Summary and finalization of Board decisions

Board members received a handout of decision points which had been re-drafted following earlier Board discussions. Final versions of the decision points were agreed as follows.

Operating Framework and By-Laws

Decision point

The Accountability Framework and the performance structure as adopted in November 2009 and May 2010 should be reviewed to ensure that the necessary inclusions are made in the Operating Framework.

The Board provides an interim approval to the revised Operating Framework and By-Laws together with their annexes as contained in the documents RBM/BOM/2010/SUB.4.2 and RBM/BOM/2010/SUB.4.3.

The Board requests the Secretariat to ensure that the transcription of original language is accurate and all annexes referenced in the documents are included. The Article 9 of the By-Laws should be revised to provide chairmanship and constituency representation per work-stream and not committee, as established by the Board decision on Finance and Performance Committee constitution.

The Board requests the Performance Work Stream to insert Level-One KPIs (impact goals) for the Partnership in Article 2.1.2 of Operating Framework.

The Accountability sections contained in the Operating Framework must be linked to targets and performance criteria contained in the Accountability Framework Implementation Plan adopted in May 2010.

The Board requests the Performance Work Stream to fast track the implementation of the GMAP Implementation Overview (refer to RBM/BOM/2010/REP.6, Accountability Framework Implementation Plan, pages 8 ff, as adopted in May 2010) to contribute to the development of the Targets for 2012 to be presented to the May 2011 Board meeting by the Performance Work Stream.

The Board will vote on the revised Operating Framework and the By-Laws with the above requested revisions incorporated no later than March 15 2011. Once adopted, the Operating Framework and By-Laws will be enforced with immediate effect.

Financial Planning and Budgeting Framework

Decision point

The Accountability Framework and the performance structure as adopted in November 2009 and May 2010 should be reviewed to ensure that the necessary inclusions are made in the Financial Planning and Budgeting Framework.

The revised Framework will be prepared for presentation to the RBM Partnership Board through the EC for electronic vote by the end of February 2011.

The Board gives an interim approval to the Financial Planning and Budgeting Framework, as an interim process for application in preparing the PWP and Budget 2012.

Addressing the malaria financing gap

Decision point

The Board decided to rename the current Resource Mobilization Working Group as the Board Resource Mobilization Subcommittee (RMSC) and task it to establish a resource mobilization strategy, including traditional and new donors and innovative financing methods.

The Board requested that this Committee undertakes the financial opportunity mapping (India, China, integrated financing, innovative financing) and conduct a SWOT analysis of the RBM Partnership within each financial opportunity to identify its comparative advantage.

The RMSC will provide the Board with an analysis of different resource mobilization scenarios and their consequences on GMAP implementation.

Insecticide resistance

Decision point

The Board recognized that in the future, as a consequence of insecticide resistance, vector control strategies must become more complex and more informed by local data. As well as cost, strategies should give priority to technical considerations, especially those minimizing the spread of insecticide resistance, and to capacity building in endemic countries.

The Board approved the requested budget for the Vector Control Working Group, as contained in Partnership Work Plan budget for 2011.

The Board acknowledged and accepted the offer from WHO to develop a detailed plan and budget to deal with insecticide resistance management, and the RBM Partnership will seek to support this development through its appropriate mechanisms.

Updated PWP 2011

Decision point

The Board confirmed that the targets approved in May 2010 remain in place in 2011.

The Board requests the Performance Work Stream of the Finance and Performance Committee to develop Key Performance Indicators for each 2011 target by 1 March 2011, thus tying activities to deliverables and performance.

Revised budget 2011

Decision point

The Board approved the RBM Expenditure Budget 2011 of US\$17,996,105.

The Board noted the RBM Supplemental Activity Framework (SAF) 2011 of US\$5,213,894 and encouraged the Partnership to work towards mobilizing resources to allow implementation of the SAF.

Partnership priorities beyond 2011

Decision point

The Board decided to create a Task Force chaired by BMGF and WHO to produce recommendations on specific targets, by 15 April 2011, for the second phase of GMAP implementation. The Task Force will end with the submission of a report, at which point any outstanding activities may be absorbed into other existing mechanisms. Membership also includes delegations from Ghana, UNICEF, UNSE and USA.

Board matters

Partnership Board self assessment

The RBM External Evaluation identified the need for self-assessment mechanisms to be implemented throughout the Partnership, starting with the Board. The 18th Board had adopted the proposal of Task Force 2 for a two-part Board self-assessment process consisting of a written assessment and a verbal discussion. A draft form has been developed. It was proposed that the Board adopt the form as it is, fill it out and discuss its relevance and usefulness at the next Board meeting. This proposal was accepted.

Main subject for the 2011 Special Ministerial Session

- Ministers should be informed of the chosen topic well ahead of time to ensure they have time to formulate an official position for communication at the session.
- Ministers are responsible for government policy so it was suggested that a policy-focused session would be most appropriate.
- Experience with the monotherapy resolution suggests that a clear, tight focus for the session works well.
- The Endemic Countries constituency was requested to take the lead in selecting possible topics and submitting them to the EC for a final decision.
- During the Board discussion, the following topics were proposed:
 - o Review of progress on implementation of the May 2010 Special Ministerial Session resolution on monotherapy.
 - o Health systems strengthening.
 - o A country road map review. It was suggested that an analysis of challenges/bottlenecks identified through the road map carried out ahead of the session could identify a number of strategic issues for Ministers to discuss.
 - o Community engagement, including case studies. If it is not possible to fund community representatives to attend the meeting, could SRNs bring case studies to the meeting?
 - o CHW prescribing and how legal frameworks can be addressed in order to facilitate RDT/ACT roll out to the community level.

- Cost sharing in relation to malaria programmes. Domestic resources.
- Taxes and tariffs.
- Use of DDT.

Decision point

The Board requested the Endemic Countries delegation to submit a list of possible subjects for the Ministerial Session of the 20th Board to the EC.

Election of the new Board Chair

The Board Chair reminded Board members that a new Chair will need to be elected at the 20th Board meeting. According to the election procedures, a Search Committee (consisting of two or three Board members and the EXD and Board Vice-Chair as ex officio members) should be constituted to identify candidates for the position.

The current Chair confirmed that he would not stand for re-election due to his likely commitments around the elections scheduled in Zambia for 2011. The current Vice-Chair should be consulted to ensure that he agrees to stay for another year, until May 2012.

BMGF, Northern Non-Governmental Organizations (N-NGO), USA and WHO volunteered to participate in the Search Committee.

Decision point

The current RBM Board Chair confirmed that he will not stand for a second term. A Board Chair Search Committee was formed consisting of BMGF, Northern Non-Governmental Organizations, USA and WHO.

Committee membership

Board members were asked to confirm/re-confirm their membership to various sub-committees and WG.

- Current membership of the Finance and Performance Committee - **Finance Work Stream**: Alan Court, UNSE (Chair); Marie Masurel, France; Kent Campbell, MACEPA; Ren Minhui, PR China; Maryse Pierre-Louis, World Bank; Sergio Spinaci, WHO; Mikkel Vestergaard-Frandsen, Vestergaard Frandsen.
- Current membership of the Finance and Performance Committee - **Performance Work Stream**: Rifat Atun, GF (Chair); France Agid, France; Afisah Zakariah, Ghana; Hans Berg, Shell; Kent Campbell, MACEPA; Renee Van de Weerd, UNICEF.
 - The UNSE will be part of the PWS and will confirm a name.
 - The PWS would start work with the members confirmed to date.
- Current membership of the Executive Committee: Matt Lynch, Johns Hopkins University (Chair); Koku Awonoor-Williams, Ghana; Maryse Pierre-Louis, World Bank; Renee Van de Weerd, UNICEF; Admiral Timothy Ziemer, USA; Mikkel Vestergaard Frandsen, Vestergaard Frandsen; David Brandling-Bennet, BMGF; Halima Mwenesi, Academy for Educational Development; Wilfred Mbacham, Research and Academia, Cameroon; Dr Hiroki Nakatani, WHO/Secretariat host; Awa Marie Coll-Seck, RBM EXD, ex-officio member; and Alan Court, UNSE, ex-officio member.
- Current membership of the 2010 Report Committee: Alexandra Farnum, BMGF (Chair); Suprotik Basu, UNSE; Alan Court, UNSE; Daniel Low Beer, GF; Robert Newman, WHO; Maryse Pierre-Louis, World Bank; Jessica Rockwood, Development Finance International, Inc; Rick Steketee, PATH; Elodie Genest, PATH; Craig Jagers, World Vision; and Valentina Buj, UNICEF.
 - The Latin American delegation reconfirmed its interest to be a member of the 2010 Committee.
- Current membership of Task Force 3 (Knowledge Management): Dr Mary Ann Lansang, GF (Chair); Kwame Agyarko, ALMA; Rebecca Stevens, Novartis; Kathrin Bauer, Private Sector Delegation Focal Point; Valentina Buj, UNICEF; Gabriele Fontana, UNICEF; Halima Mwenesi, AED; Samantha Bolton, WHO/GMP; and Claudia Vondrasek, WARN.
 - It was noted that Kathrin Bauer had resigned from the TF in the middle of 2010 and would be replaced by Helen Kulbicki, the new Private Sector Delegation Focal Point.

- Current membership of the Resource Mobilization Sub-Committee: Admiral Ziemer, USA; Stefan Embladt, GF; Patricia Atkinson, BMGF; Carol Medlin, BMGF; and Maryse Pierre-Louis, World Bank.
- Constituencies without nominees for the above committees will be re-contacted by the secretariat within two months.

Decision point

The Board adopted the submitted Committee memberships.

Date and venue of the 20th Board meeting

The Chair noted that the first Board meeting of the year is traditionally held in Geneva, Switzerland, on the three days leading up to the World Health Assembly (WHA). This year both GF and UNITAID have already scheduled meetings for the same three days (11 – 13 May 2011) and the Secretariat has been unable to find a suitable venue in Geneva for the RBM meeting. It is especially problematic to change the dates of the May Board meeting due to the scheduling of the Special Ministerial Session. Therefore, the Secretariat suggested that a venue in e.g. Lausanne, Vevey or Montreux be chosen. After discussions around cost and the need to keep travel times from proposed venues to Geneva to less than two hours to enable participants committed to sessions at the GF and UNITAID meetings to attend, Board members asked the Secretariat to source a venue in Montreux.

Decision point

The Board favoured holding the 20th RBM Board meeting from 11 – 13 May 2011 most probably in Montreux, Switzerland. The Secretariat will provide options to be decided upon by the EC.

Any other business

Resolution on the creation of a RBM Board Task Force on Central Africa

The RBM Board takes note of the lagging progress on malaria prevention and control in Central Africa. Analyses of malaria financing per person at risk, intervention coverage and health impact demonstrate that the countries that make up the Central Africa Regional Network (CARN) are generally far behind countries in other African Sub-Regions. There is an urgent need to address this problem if we are to succeed in reaching 2015 GMAP targets and the 2015 MDGs more generally. To facilitate this, the Board proposes the creation of a time-limited Board Task Force on Central Africa.

This Task Force should undertake a comprehensive analysis of the factors that may be responsible for the inadequate progress in the Sub-Region, including, but not limited to: financing (GF, PMI, World Bank, DFID, and other funding entities); long-term technical support (PMI, UNICEF, WHO, and other organizations); political will (high level political commitment at country level); technical issues (appropriate malaria policies and strategic plans); logistical issues; resistance (anti-malarials and insecticides); support to CARN; and health systems.

The proposed Task Force membership is: Minister José van Dunem, Angola (Chair); Alan Court, UNSE; Maryse Pierre-Louis, World Bank; Robert Newman, WHO; TBD, Academia; TBD, France.

The Task Force is encouraged to interface with relevant RBM mechanisms including but not limited to: the Knowledge Management Task Force, the Resource Mobilization Board Sub-Committee, the Harmonization Working Group, the Procurement and Supply Chain Management Working Group, the Case Management Working Group and the Malaria Advocacy Working Group. It is strongly recommended that the Task Force interfaces with other relevant entities outside of the RBM Board, including but not limited to the African Leaders Malaria Alliance (ALMA).

The initial proposed time frame for the Task Force is 12 months. A decision on whether or not to extend its mandate would be made at the December 2011 RBM Board meeting.

Discussion summary

- The TF should present a progress report to the May 2011 Board meeting.
- The TF should be monitored by the PWS.

Decision point

The Board agreed to set up a Task Force on Central Africa, chaired by Angola. Initial members to include delegates from WHO, France, World Bank, Academia, the Office of the UNSG Special Envoy. Other constituencies were invited to communicate their membership of this Task Force to the Secretariat at their earliest convenience.

It was suggested that this Task Force be monitored by the Performance Work Stream of the Finance and Performance Committee of the Board. The Task Force members will provide a progress report to the 20th Board meeting.

Resolution on scaling-up implementation of the WHO revised recommendations on universal diagnostic testing for malaria

The RBM Board welcomes the recommendations laid out in the second edition of the WHO malaria treatment guidelines (2010)[1] that prompt parasitological diagnosis is recommended, either by microscopy or by rapid diagnostic test (RDT), whenever possible before starting treatment with ACT.

Added advantages of systematic confirmation before treatment are that the inappropriate use of malaria treatments can be significantly reduced, thereby limiting drug pressure which may promote the spread of drug resistance and reduce irrational use of ACTs and costs to countries.. Reducing inappropriate drug use will diminish the number of people experiencing side effects from these drugs. Confirming cases of malaria also will greatly improve the quality of malaria case reporting, providing countries with more accurate information on malaria burden by which to monitor the success of their control programmes. In addition, use of diagnostic testing for malaria is likely to improve detection and case management of other causes of fever, particularly childhood pneumonia and diarrhoea; and other haemo-parasitological infections, when microscopy is used for diagnosis.

The scale-up of diagnostic services now has become more achievable with the advent of good quality rapid diagnostic tests (RDTs) for malaria, which can be used at more peripheral levels of the health system, including at the community level.

Two rounds of the WHO/FIND evaluation of RDTs for malaria[2] and the new WHO Information note on recommended selection criteria for procurement of malaria RDTs (September 2010)[3], provide the technical basis and practical guidance to NMCP and other stakeholders on the choice of reliable and accurate RDTs.

The RBM Partnership wishes to support the timely scaling-up of the implementation of these recommendations.

The RBM Board therefore:

1. Encourages the different RBM mechanisms and partners to give proper attention and support to the implementation of the above mentioned WHO recommendations on malaria diagnosis and treatment strategy.
2. Encourages governments to ensure that national guidance conforms to the above-mentioned WHO recommendations, including the position that malaria treatment should be preceded by biological confirmation of suspected malaria, in both the public and private sectors. In addition, governments should also ensure capacity building for quality assurance for both malaria microscopy and RDTs.
3. Calls upon the donor constituency to ensure that, within their future support for malaria case management, sufficient resources are provided for the necessary equipment and supplies and to support implementation of a high-quality malaria diagnostics services, that includes development of appropriate curricula, standard operating procedures and job aides, training and supervision of laboratory staff, clinicians and community health workers, strengthening for supply chain management, and establishing comprehensive quality assurance activities for both malaria microscopy and RDTs.
4. Encourages relevant partners to support national malaria control programmes in scaling up the implementation of the WHO recommendation to have confirmation of suspected malaria through diagnostic testing before initiating treatment with an ACT.

Discussion summary

- It was suggested that Point 2 of the resolution should specify the stewardship role of governments and their role in training personnel.
- It was also requested that the need to roll out to the community level is specified in Point 2.
- The addition of a fifth point ‘to encourage the development of guidelines on the management of fever not attributable to malaria’ was proposed.
- For some ministries of health, there will be difficult issues around e.g. access to health facilities with the capacity to carry out diagnosis and implications regarding health insurance claims to address ahead of scale up. Therefore, a note on health system readiness to implement the guidelines should be included as RDT roll out needs appropriate training, monitoring and supervision.
- It was suggested that WHO should review guidance on acceptable levels of RDT performance. Currently, donors such as GF insist that countries accept offers for all available RDTs even when countries want to choose a high-performing brand.
- It was proposed that the wording of the resolution be checked and tweaked to ensure consistency with RBM Partnership terms, that changes based on Board member inputs should be made, and then the revised resolution be re-submitted by 15 January 2011 to the Board for an electronic vote. The preamble to the resolution did not require editing.
- However, Board members agreed it was important to recognize the importance of this initiative and welcomed the willingness of the Endemic Countries delegation to articulate this policy commitment.
- The Private Sector noted that this resolution had been presented very late in the meeting and there had been insufficient time for consultation on the resolution within their delegation. BMGF agreed that, in future, resolutions on important issues need to be presented earlier and that a writing committee might be useful in ensuring that resolutions presented to the Board are not held up by editorial issues.

Decision point

The Board adopted ad interim this draft resolution and, recognizing the importance of the resolution, requested that the wording of the resolution be finalized by 15 January 2011 and then submitted to the Board for vote.

Closing remarks

The EXD expressed her thanks to all Board members, alternates and delegates for their contributions to the meeting. She thanked the Government of the Republic of Zambia for hosting the meeting and acknowledged the huge work of colleagues on the organizing committee in Zambia, particularly Mr Amadeus. She thanked the management team and staff at the Secretariat for their hard work. Most important, she thanked the Chair for his leadership and for enabling Board members to express themselves openly under his chairmanship.

Adjournment

The Board Chair adjourned the meeting.