



## MINUTES

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RBM Board Meeting

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# Minutes of the 20<sup>th</sup> RBM Partnership Board Meeting

Starling Hotel, Geneva, Switzerland

11 – 13 May 2011

## Attendance

### Vice Chair

Northern NGO

Johns Hopkins University, Global Program on Malaria

### Voting Members

Foundations:

Bill & Melinda Gates Foundation

Malaria Endemic Countries:

Angola; Brasil; China; India; Kenya; Namibia; Togo; DR Congo, South Africa; Ghana

Multilateral Development Partners:

UNDP; UNICEF; WHO; World Bank

NGOs: Northern -

Academy for Educational Development

Southern -

Friends of the Global Fund Africa

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

Executive Secretary

African Leaders Malaria Alliance (ALMA)

### Absent with regrets

Chair

Zambia

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## **Official opening**

The Roll Back Malaria (RBM) Partnership Board Vice-Chair called the 20<sup>th</sup> Board meeting to order. As outlined in the RBM Partnership By-Laws, the Board Vice-Chair would chair the meeting on behalf of the Board Chair, the Honourable Kapembwa Simbao, Minister of Health for the Republic of Zambia, who was unable to attend as he was engaged in preparations for the upcoming Zambian elections.

As this would have been Minister Simbao's final meeting as the RBM Board Chair, the Vice-Chair passed on the Board's thanks for his hard work and for his outstanding and unflagging determination to keep malaria high on the global agenda and the RBM Board operating at an optimum level. Following Minister Simbao's decision not to continue for a second term as Board Chair, a Board Chair Search Committee had been established at the 19<sup>th</sup> Board meeting to identify candidates for the position based on the RBM Bylaws, and the Board would elect a new Chair during the course of the 20<sup>th</sup> Board meeting.

The following new Board Members and Alternates were welcomed: Minister of Health (MOH) Togo, Board Member representing the Economic Community Of West African States (ECOWAS) constituency (Francophone); MOH Ghana, Alternate, ECOWAS (Anglophone); MOH Democratic Republic of the Congo (DRC), Alternate, Central African countries constituency; MOH Namibia, Board Member, Southern African Development Community (SADEC); Wilfred Mbacham, Executive Director of the Multilateral Initiative on Malaria (MIM) Secretariat, Alternate, Research & Academia; and Jon Pender, Vice President, Government Affairs at GlaxoSmithKline (GSK), Alternate, Private Sector. As of this meeting, Robert Newman, Director of the World Health Organization (WHO) Global Malaria Programme (GMP) would represent WHO on the RBM Board. A new, non-voting seat on the Board had been created for the African Leaders Malaria Alliance (ALMA). Apologies were received from Renee Van de Weerd (UNICEF) who was unable to attend and the Board was informed that UNICEF would be represented by Valentina Buj.

The 20<sup>th</sup> Board meeting would focus on identifying and addressing the key strategic challenges facing the malaria community as a basis for guiding decisions on where the RBM Partnership should invest its efforts in order to maximize implementation of the Global Malaria Action Plan (GMAP).

At the Special Ministerial Session on the final morning of the meeting, MOH from around 30 African Union (AU) countries would discuss: progress since the adoption of the call for a ban on the use of oral artemisinin-based monotherapies for uncomplicated malaria at the 18<sup>th</sup> Board Special Ministerial Session; financing for the scale up of malaria control and for the consolidation of gains made to date; and the ongoing reform process at the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and its impact at country level.

The Board was asked to approve the setting up of a Drafting Committee to review and amend Decision Points following Board discussions and ahead of a final review of all the Board decisions on the final afternoon of the Board meeting. Several constituencies had already confirmed members for such a committee: Northern Non-Governmental Organizations (NGOs), UNICEF (Multilaterals), MOH Ghana Endemic Countries), and the United Nations Secretary General's Office of the Special Envoy for Malaria (UNSE). The proposal to set up a Drafting Committee was approved and the Private Sector subsequently confirmed its representation.

The Private Sector intervened to request that the RBM Operating Framework and By-Laws and Financial Planning and Budgeting Framework that should have been circulated for electronic vote by the Board following the 19<sup>th</sup> Board meeting, be finalized and circulated within 60 days<sup>1</sup>. Any later and 2012 budget preparations would be hindered. This Decision Point was agreed by the Board<sup>2</sup>.

The Vice-Chair congratulated the RBM Executive Director (EXD) on being awarded the Legion d'Honneur by the French President. The EXD was further congratulated by Board Members who welcomed her recognition as an effective and inspirational leader in the fight against malaria and as a public health champion.

### **Adoption of the agenda for the 20<sup>th</sup> RBM Partnership Board meeting**

The agenda for the 20<sup>th</sup> RBM Partnership Board meeting (as distributed to Board Members) was approved with one change; to bring forward the election of the new RBM Board Chair to the afternoon of the second day of the Board meeting in order to have the new Chair in office for the Special Ministerial Session on the final day of this 20<sup>th</sup> Board meeting.

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<sup>1</sup> All Decision Point deadlines are calculated from Monday 16 April 2011.

<sup>2</sup> See page 38 for a full summary of 20<sup>th</sup> RBM Board Decision Points.

### Adoption of the minutes of the 19<sup>th</sup> RBM Partnership Board meeting

Minutes of the 19<sup>th</sup> RBM Partnership Board meeting were approved with no requests for changes.

### Declarations of interest

The RBM Declaration of Interest (DOI) Policy requires that all Board Members, Alternates, Delegates and partners who participate in partnership mechanisms need to complete the DOI documentation on an annual basis, and to declare any interests related to items on the Board meeting agenda. Vestergaard Frandsen (Private Sector) would not take part in the Board discussion on insecticide resistance.

### Board procedures update

On behalf of the Board Vice-Chair, the RBM Secretariat 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 recalled the 18<sup>th</sup> 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.

### Confirmation of newly-elected RBM mechanism Co-Chairs

The Board was asked to endorse the election of the following as Co-Chairs of Partnership Working Groups (WG) and Sub-Regional Networks (SRN):

Procurement & Supply Chain Management (PSM)	Prashant Yadav, Massachusetts Institute of Technology - Zaragoza, Research & Academia
Case Management Working Group (CMWG)	Franco Pagnoni, WHO, Multilaterals
Monitoring & Evaluation Reference Group (MERG)	Holly Newby, UNICEF, Multilaterals
Harmonization Working Group (HWG)	Melanie Renshaw, ALMA
Southern Africa Regional Network (SARN)	Martha Mpisaunga, Regent Laboratories, Private Sector
East African Regional Network (EARN)	Corine Karema, Rwanda Ministry of Health, Endemic Countries; Athuman Chiguzo, Kenya NGO Alliance Against Malaria (KeNAAM), Southern NGO
Central Africa Regional Network (CARN)	Election process ongoing
West Africa Regional Network (WARN)	Election process ongoing

Alan Court, representing the Office of the United Nations Secretary General's Special Envoy for Malaria (UNSE), had informed members of the Finance and Performance Committee (FPC) that he would step down as the FPC Co-Chair/Finance Work Stream (FWS) Chair. Mikkel Vestergaard Frandsen (Private Sector) had been nominated for election as his replacement by the members of the FPC/FWS and the Board was requested to endorse this nomination.

### **Discussion summary**

- The Private Sector asked for a confirmation that the election procedures outlined in the WG/SRN Terms of Reference (TOR) as revised one year ago had been followed. The EXD confirmed that this was the case.
- The Vice-Chair thanked Alan Court for his leadership over the past two years as FPC Co-Chair/FWS Chair, and acknowledged the major contribution he had made to the progress of the RBM Partnership and Board over the past few years.
- The Vice-Chair thanked all the newly-elected Co-Chairs for taking on this responsibility and workload.
- Board Members endorsed the election of the new RBM Partnership Working Group, Sub-Regional Network and Finance and Performance Committee Co-Chairs.

### Identification of expected resolutions

The Vice-Chair informed the Board that no resolutions had been received for discussion by the 20<sup>th</sup> Board.

## **1<sup>st</sup> Board Session: Sub-Regional Network and Working Group reports**

### Central Africa Regional Network Report

The EXD informed the Board that the CARN Chair was unable to attend the Board meeting and that the CARN presentation would be postponed to a later meeting. Developments in the CARN would be partially covered under the presentation of the work of the Central Africa Task Force

### West Africa Regional Network Report

#### **Presentation summary**

As of April 2011, only Cape Vert has attained universal LLIN coverage, while five countries in the region (Benin, Liberia, Senegal, Gambia and Guinea Bissau) look set to achieve universal coverage by the end of 2011. Three countries (Gambia, Guinea Bissau and Senegal) have achieved universal access to artemisinin-based combination therapy (ACT) and a further five (Mali, Burkina Faso, Guinea, Cote d'Ivoire and Ghana) are moving in the right direction. Five countries (Cote d'Ivoire, Mali, Gambia, Ghana, Guinea Bissau and Senegal) are on the right path to achieve universal coverage with rapid diagnostic tests (RDT). Only three countries (Nigeria, Liberia and Togo) are still experiencing sulfadoxine-pyrimethamine (SP) gaps.

A number of challenges were presented. Tailored financing strategies need to be developed for the WARN countries yet to achieve universal coverage and for the countries aiming to sustain gains and move towards pre-elimination. Special efforts need to be made to address financing for Niger and Mauritania, which have very large funding gaps, and to re-launch efforts in Côte d'Ivoire following the recent hostilities. Strategies to promote transparency and accountability around the use of resources need to be put in place. Country ownership of malaria-control programmes in the region needs to be strengthened along with political will and awareness. RBM mechanisms were requested to identify how best to support the two Ministers of Health (MOH) who represent the West African sub-Region.

### East Africa Regional Network Report

#### **Presentation summary**

Most malaria roadmaps in the sub-region on track and implementation bottlenecks are anticipated and addressed in a timely manner by partners. Most Global Fund grants are performing at A1-B2 with the exception of Djibouti and Uganda, where bottlenecks are being addressed. All countries, except Ethiopia, that submitted Round 10 Global Fund malaria proposals were successful. A substantial number of countries are experiencing declining malaria morbidity and mortality as result of a steady scale up of malaria control interventions. Five out of nine countries that planned to conduct a malaria programme review (MPR) are currently carrying out these processes. Rwanda has completed the MPR process and is to be congratulated as the review demonstrates extraordinary progress in malaria control. The MPRs will lead to the development of new national malaria strategic plans (NMSP). 100% of EARN countries have adopted ACT as the first-line treatment of non-severe malaria and oral artemisinin monotherapies have been banned from all public health facilities and those in the formal private sector. The Affordable Medicines Facility – malaria (AMFm) has been implemented in Kenya, Tanzania and Uganda.

A number of factors that are underpinning success in the region were identified: commitment to malaria control as a major component of socio-economic development; strong, inclusive malaria partnerships that include all RBM/EARN constituencies; sound malaria control policies and strategies; the presence of EARN as a forum for peer review and information sharing among countries; and the role of the EARN Executive Coordinating Committee in facilitating the provision of technical assistance (TA) based on partners' comparative advantages.

Strategic issues identified included.

- Use of the Global Plan for Artemisinin Resistance Containment (GPARC) to conduct regular therapeutic efficacy testing and strengthen market surveillance of counterfeit drugs as well as to strengthen drug regulatory authorities;
- Strengthened diagnosed malaria surveillance;
- Regional strategic planning to manage and control the effects of insecticide resistance;
- Ensuring that all countries have updated NMSPs by December 2011 using MPR findings and new GMAP targets as their guiding documents;

- Improving the uptake and utilization of malaria services and products;
- Strengthening in-country partnerships and alignment for better synergies in malaria control;
- Exploring innovative funding sources for countries that have achieved universal coverage and significant declines in malaria mortality and morbidity.

### *The Southern Africa Regional Network Report*

#### ***Presentation summary***

Main achievements in the past six months have included: resolving Malawi procurement and supply chain management (PSM) and Global Fund bottlenecks; resource mobilization with partners to support SARN and country activities; and dissemination of best practices, for example in logistics management, behaviour change communication (BCC), advocacy and communications, and Madagascar's 'Green Logistics' long-lasting insecticidal net (LLIN) recycling pilot project phase two results.

Strategic issues for the region include:

- Surveys to evaluate the possible impact and spread of resistance identified in Zanzibar both to other parts of Zanzibar and to mainland Tanzania;
- Sustaining the momentum of political and partnership support for low-transmission countries, including the identification of innovative financing sources;
- Cross-borders strategies to maintain malaria control funding and contain resistance to insecticides and medicines in the region;
- Improving accountability and transparency among malaria-implementing partners.

#### ***Discussion summary***

- The Board requested that each SRN provide the Board with a pre-read so that delegations can evaluate their progress and challenges and to do justice to the Board presentations in terms of knowing what questions to ask and what support the Board could offer to help SRNs overcome challenges.
- The Private Sector asked how the key performance indicators (KPI), developed by the Performance Work Stream (PWS) of the FPC, had been received by the SRNs. Had the KPI helped guide implementation and how they might be useful in planning future work for the SRN? The KPIs had 'added value' to SRN work plans and helped clarify and focus partner roles. Efforts to deliver on the KPIs have highlighted some strategic issues that now need to be addressed.
- The SRN reporting template had produced a much improved set of Board presentations. However, Board Members requested that future presentations focus more on an analysis of progress against KPIs? In fact, SRN reports do focus on KPIs, but brief Board presentations had not allowed this detail to be conveyed.
- Coverage is increasing across the sub-regions, but SRNs must ensure follow up on utilization.
- Cross-border activities, as mentioned in the SARN report, will be critical as transmission drops. WHO is working with partners to document best practice and provide guidance on cross-border activities. This guidance would be published later in 2011.
- Board Members, in general, should start to address cross-border issues in a more systematic manner.
- The SARN experience of recycling nets was of interest. Would WHO be issuing guidance on environmentally-acceptable methods of disposal?
- The Partnership should aim to ensure that SRNs can make enough TA available to countries, especially of the south – south variety, to support key activities.
- France noted that SRNs should contact French embassies in endemic countries to access funding via the 5% Initiative which aims to support TA on Global Fund issues.
- The importance of strong, in-country partnerships had been highlighted by the presentations.
- Have SRNs managed any cross-network 'fertilization'? Have they managed to reach out to other disease-specific networks? EARN and SARN did try a joint meeting, but this proved difficult to handle due to the large number of participants. Meetings between SRN Committees could be tried and should prove useful.
- Given that Central African countries bear a significant proportion of the malaria burden, success in the sub-region is vital. The Board requested an update from CARN before the next Board meeting. The EXD noted that the Board would hear more about the difficulties being encountered in Central Africa in a presentation from the Central Africa Task Force (CATF). In addition, there had been a 'marketplace' presentation on the sub-region during the morning information session.
- The Board acknowledged the SRN reports and expressed appreciation to the Co-Chairs.
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### *The Malaria in Pregnancy Working Group Report*

#### **Presentation summary**

The Malaria in Pregnancy Working Group (MIPWG) had identified the following priority areas and main deliverables for 2010 – 2011:

- Strengthening linkages for malaria in pregnancy (MIP) interventions within existing mother, neonatal and child health (MNCH) and reproductive health (RH) programmes in the context of health systems strengthening (HSS) for achieving Millennium Development Goals (MDGs) 4, 5 and 6;
- Developing a background paper on MIP disease burden and programmes in Asia to assist countries in policy and strategy development; and
- Strengthening collaboration between National Malaria Control Programme (NMCP) coordinators and their counterparts in RH.

In general, intermittent preventive treatment for malaria in pregnancy (IPTp) coverage remains low. Even in 2010, no country had reached beyond 70% coverage. Case studies in a number of successful countries, e.g. Zambia and Senegal, are in progress and the best practices identified will be mainstreamed, including into Global Fund proposal development efforts.

MIP in Asia and the Americas is currently in the same position as it was in Africa before WHO developed MIP strategies for the African Region. The MIPWG is developing a background paper on MIP burden and response in Asia and will aim to facilitate guidance to countries on strategies for addressing MIP based on their country context.

MIPWG presented the following recommendations to the Board:

- MIP can be addressed on the MNCH platform but LLIN and IPTp use are still low;
- Countries in Africa need support to ensure SP availability, close collaboration of RH and NMCP, and the development of more funding requests through Global Fund;
- Countries in Asia need strategic guidance on programming based on country burden;
- MIPWG can facilitate dialogue and guidance.

#### **Discussion summary**

- WHO needs to re-look at MIP policy and strategy from a global perspective as the existing guidance is based only on African data and needs to be updated to incorporate experience in Asia and the Americas. The Malaria in Pregnancy Consortium with Bill and Melinda Gates Foundation (BMGF) funding is generating much-needed new data. A revised policy document and country implementation guidelines could be available in 12-18 months time if the WHO/GMP could access resources to fund development of the policy. JHPIEGO stands ready to support the development of the implementation guide.
- Some countries are experiencing SP resistance and this situation needs to be better monitored. New MIP drugs may be needed.
- SP is relatively inexpensive and most governments pay for it with domestic funds. The PSMWG is working on guidance to help countries avoid SP stock outs.
- Global Fund and PMI recognize the need to fund MIP but do not see it put forward as a priority in country plans.
- The Board acknowledged the MIPWG report and expressed appreciation to the Co-Chairs and Committee Members.
- **Some donors noted how the G8 financial commitments on maternal and child health made at the Muskoka Summit could support the MIP work.**

### *The Malaria Advocacy Working Group Report*

#### **Presentation summary**

MAWG results affect achievement of: KPI 5 - brief MOH on country progress in malaria control; KPI 8 - inform Ministers of Foreign Affairs about the GMAP financing gap; and KPI 18 - indirectly help mobilize funding for the 2011 RBM Partnership Work Plan (PWP). In order to achieve these targets, the MAWG strategic approach has been adapted to focus on engaging three specific sets of decision-makers, and the MAWG organizational structure has been streamlined into four work streams. The Board provided the MAWG with budgetary support of US\$286,000 for the calendar year of 2011; the first regular funding the group received since its establishment in 2007.

Achievements have included: leading the development of messaging for World Malaria Day (WMD) and other activities; re-engaging the AU Commission on Malaria Control; engaging in malaria diplomacy e.g. at the April 2011 Oslo Malaria Conference where Jonas Støre, Norwegian Minister of Foreign Affairs defined health as a 'security Issue'; replicating parliamentary fora on malaria (following the first forum in 2010 in Mali, a second will be held in June 2010 in Zambia to be followed by others); and targeting decision makers with selected Progress & Impact Series (P&I) reports. Funding has followed function and an additional US\$200,000 has been mobilized to fund MAWG activities in the past five months.

Overcoming operational overstretch is a challenge. Some partners, including Board Members, could consider identifying potential new advocates within their own organizations who may be qualified to join the MAWG core group, and Board Members might consider participating themselves in high-level MAWG initiatives. The MAWG core group is mostly made up of representatives from the NGO and Private Sector constituencies with Global Fund currently representing the Multilaterals. Constituencies that are particularly under-represented, and invited to nominate representatives to the MAWG, are Endemic Countries, Foundations and Multilaterals.

Keeping partners on message has proved problematic in the past. Providing extensive briefing packs has not been an effective approach. The MAWG, therefore, developed a set of priority malaria messages for all malaria partners ahead of the 2011 WMD.

In summary, during the past six months the MAWG has further capitalized on its direct access to top-level decision-makers and has aimed to strike an appropriate balance between discrete advocacy and mass-publicity. An advocacy strategy is in development, and, with around twenty-five core partners committed to joint advocacy initiatives, the MAWG is well-positioned to leverage increased funding.

#### ***Discussion summary***

- Efforts to make the work of the MAWG more focused and strategic were welcomed. Going forward the work of the MAWG will be based on the RBM Partnership 2012 – 2015 targets to be agreed by the Board. The Advocacy Strategy is supported by a number of practical tools which all partners can use to ensure messaging is accurate, simple and direct.
- The MAWG has put together a calendar of events that are important for advocacy purposes and this will be shared with partners, including the 2010 Oversight Committee.
- The EXD fully supported the proposal that Board Members as well as agency heads should be more involved in key advocacy events and initiatives. ALMA could play an important role by involving Heads of State in specific advocacy initiatives, for example, in support of G8 advocacy.
- Is the MAWG planning any Global Fund advocacy considering the difficult times the Fund is facing following the recent reports from the Office of the Inspector General (OIG)? The EXD confirmed that the MAWG has included Global Fund advocacy at recent events such as WMD and has highlighted the positive results countries have achieved with Global Fund support.
- Will the Oslo Accord result in increased support to malaria from the Government of Norway, and, if so, in what way? Favourable feedback has been received following the Oslo Malaria Conference, but no confirmed increase in commitment as yet.
- The MAWG must ensure that it links with the Resource Mobilization Sub-Committee (RMSC), and that media materials and briefings consistently mention all major funding partners.
- The Private Sector is to be thanked for the additional funding that has been provided to the MAWG, e.g. to part-fund the Parliamentarians Meeting in Zambia. The MAWG will ensure that all funding over and above that received via the RBM budget will be accounted for transparently and reported.
- The Board acknowledged the MAWG report and expressed appreciation to the Co-Chairs and Committee Members.

## **2<sup>nd</sup> Board Session: Committee reports**

### ***Executive Committee Report***

#### ***Presentation summary***

During the past six months, the Executive Committee (EC) has: followed up on next steps from the 19<sup>th</sup> Board meeting; revised the RBM Board resolution on the scaling-up of WHO's revised recommendations on diagnostic testing for malaria; revised the Operating Framework and By-Laws; provided guidance to the RBM Board Committees and Task Forces; reviewed the financial reports provided by the FWS; revised the Financial

Planning and Budgeting Framework; fine tuned KPIs for 2011; reprioritized resources; analyzed SRN and WG exception reporting; identified the venue for the 20<sup>th</sup> Board meeting and main topics of the draft Board agenda including the organization of an Information Session; prepared the agenda for the Ministerial Session of the 20<sup>th</sup> Board; and reviewed draft board pre-reads with particular attention to decision points.

***Discussion summary***

- The Board acknowledged the EC report and expressed appreciation to the Chair and Committee Members.

***Board Chair Search Committee Report***

***Presentation summary***

The 19<sup>th</sup> RBM Board established a Search Committee to identify and nominate suitable Board Chair candidates and to facilitate the Board Chair election process. The Search Committee proceeded to search for strong candidates from within the global malaria community with recognized leadership and close familiarity with the RBM environment. According to the RBM By-Laws, they focused on Health Ministers who are Board Members or Board Alternates from the Endemic Country constituencies. The Committee had reported regularly to the RBM EC through the Board Vice-Chair and the RBM Partnership EXD. The Committee had selected three potential candidates and requested the EXD to contact them to investigate their willingness to run for RBM Partnership Board Chair.

The Vice-Chair confirmed that two of the nominees, Minister Kaput (DRC) and Minister Kamwi (Namibia), had confirmed in writing their availability to serve as Chair of the RBM Partnership Board. He asked each of the candidates to make a brief statement in support of their nomination. The Vice-Chair requested that Board Members and their delegations considered the candidates' presentations and curriculum vitae ahead of a vote which was scheduled for the final Board session on Day Two of the Board meeting.

**Decision Point**

The Board acknowledges the report of the Search Committee and the two candidate nominations that have been submitted for the position of incoming Chair of the RBM Board. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

***Central Africa Task Force Report***

***Presentation summary***

The 19<sup>th</sup> Board requested that a Central Africa Task Force (CATF) be set up to provide an overview of potential strategies for intensifying progress in Central Africa<sup>3</sup>, and be Chaired by the MOH Angola.

The nine countries in the sub-region have some of the lowest human development indicators in sub-Saharan Africa (SSA). LLIN coverage levels, in most of the countries, are some of the lowest on the continent. Most of these countries have the lowest financial investments for malaria per capita. Few partners are present in the sub-region. There is no permanent RBM Focal Point (FP) and CARN lacks a strong support network. WHO Inter-country Support Teams (IST) have been withdrawn. Quantification of needs (ACT, RDT and LLIN) is problematic. Health systems are weak and there is a lack of coordination mechanisms. Gaps in the nine countries for 2011 have been estimated as follows: 9.6 million LLINs of which 18% are not financed; 8 million doses of ACT of which 22% are not financed; and 11.6 million RDTs of which 40% are not financed.

The lone success story in the region is Sao Tome and Principe (ST&P) which, being made up of small islands, is having greater success with malaria control efforts. However, the recent mobilization of partners and resources to support DRC, alongside strong political will and leadership from the NMCP, is showing that significant progress can be made even in a large country in the sub-region when adequate support is available.

Progress within the CATF has been slow due a number of factors including: postponement of the CARN meeting; failure to recruit a permanent CARN RBM FP; and slow progress in determining the scale and time frames for corrective strategies acceptable to all partners.

To date the following activities have been achieved and/or are ongoing:

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<sup>3</sup> Angola, Cameroon, Central African Republic (CAR), Chad, Republic of Congo, DRC, Equatorial Guinea, Gabon and Sao Tome & Principe (ST&P).

- A consultant has been contracted by the RBM Secretariat to facilitate political and strategic support to the CATF and CARN;
- An analysis of political, managerial and high-level advocacy needs in the region is ongoing;
- A technical assessment of gaps in the region is ongoing;
- A framework to evaluate outcomes and propose strategies to accelerate progress is in development;
- The CARN meeting took place in May 2011 in Congo-Brazzaville;
- Recruitment of a CARN FP is ongoing and a host organization and office space are being identified.
- Meetings with national ministries and the other partners present and active in malaria throughout the region took place at the CARN meeting;
- A meeting of Central African ministers with interested parties to discuss expected recommendations and proposed actions to help put the region back on track towards the 2015 goals and to improve financing and partnership engagement in the region has been proposed;

Next steps for the CATF include:

- Country by country partner mapping;
- Increasing technical and logistical capacity, particularly human resources (placement of medium to long term in-country TA, strengthening partners on the ground, and attracting new partners into the region);
- Strengthening and leveraging political will to resolve bottlenecks.

The CATF requested that the Board approved the identification and election of a CATF Co-Chair, noting that Renee Van de Weerd, UNICEF, had been acting as interim Co-Chair.

### ***Discussion summary***

- Board Members congratulated the Minister on what had been accomplished to date under very difficult circumstances.
- While this is a difficult region, DRC had shown how much can be achieved when partners mobilize effectively. It will require similar and ongoing mobilization to ensure that adequate support is made available to all countries in the sub-region.
- Multiple indicator cluster survey (MICS) and demographic and health survey (DHS) research in DRC is a valuable source of evidence of the progress made. The 2010 Oversight Sub-Committee and the MAWG were requested to use the findings from country MICS and DHS more proactively for advocacy.
- A note was made that a CATF report pre-read should have been made available.
- The Board acknowledged the CATF report and expressed appreciation to the Chair and Committee Members.

### **Decision point**

The RBM Board Central Africa Task Force is requested to nominate a Co-Chair to support the Chair. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

## ***The Resource Mobilization Sub-Committee Report***

### ***Presentation summary***

The creation of the Resource Mobilization Sub-Committee (RMSC) was requested by the Board at the 19<sup>th</sup> Board meeting. The RMSC is mandated to develop a resource mobilization (RM) strategy to help fill the GMAP funding gap for 2012 – 2015.

The RMSC had undertaken a review of 2008 GMAP costing and identified a need for a top-down analysis of potential efficiency gains from available resources, including through synergies with other health priorities. An opportunity mapping with Brazil, Russia, India, China and South Africa (BRICS) as domestic and bi/multilateral aid investors was underway. RMSC had reviewed mapping on China and India and analysis was ongoing with Brazil, Russia and South Africa (which would be validated with Governments sitting on the RBM Board). The RMSC had discussed the potential for innovative financing mechanisms and the Private Sector had volunteered to lead an internal Task Force on this topic (TFIF), which had met four times in April and was ready to report to the Board.

Next steps for RMSC Members as they continued to develop the RM Strategy would include:

- Analysis of opportunities from domestic funding and aid from traditional and new donors;

- Continuation of the mapping of financial opportunities in emerging economies from other regions;
- Continuation of the work of the TFIF;
- Analysis of different resource mobilization scenarios and SWOT assessment of the comparative advantage of RMSC/RBM partners within each financial opportunity;
- Submission of the RM Strategy to the Board for approval at its 21<sup>st</sup> meeting.

***Discussion summary***

- The RM Strategy needs to be in place ahead of any major budget planning exercise, so there is a sense of urgency in terms of getting it finalized; while some members had expected that the RM Strategy would be ready for this 'strategic' Board meeting, it was recognized that there was not such indication in the decision made at the 19<sup>th</sup> Board meeting.
- In the meantime, if RMSC Members identify 'low-hanging fruit' in terms of RM opportunities, action on these can be initiated if there are no cost implications.
- There were differing opinions as to the implications for the GMAP costing review:
  - It was noted that commodity prices have dropped since the initial costing was done, and the roll out of RDTs and integrated community case management (CCM) approaches may also impact costs significantly, perhaps leading to cost savings overall.
  - It was commented that capacity building and HSS should also be included when considering costs. At this point in the fight against malaria, capacity and systems will be essential to ensure commodities are delivered, used and that their use is supervised.
- The mapping should also include African countries. There is an increasing appetite among indigenous multinationals to collaborate in the fight against malaria, as shown during a recent event organized in Rwanda by Friends of the Global Fund Africa where US\$2 million was raised in one night.
- The Private Sector recommended the formation of a task force on domestic financing based on the reasoning that (1) setting up a task force to look specifically at this issue will highlight the urgency of the need to increase domestic funding, and (2) there were RM opportunities (e.g. remittances, diaspora bonds) that could be better handled by a domestic funding task force.
- Each RBM mechanism, in particular the MAWG and the 2010 Oversight Sub-Committee, should consider what support it can lend to the process of RM.
- The timeframe for action on RM needs to be clear. What is feasible for 2015 and what will create maximum impact? What seeds need to be planted to bear fruit in 2015 and beyond?
- The need for a mechanism for contingency funding for countries finding themselves between Global Fund grants or unable to provide continuity of services for other reasons was identified. This was tried in e.g. Kenya at the time of the Round 9 failure, but Global Fund was not supportive of partners bypassing the TRP's decision. It may, however, be possible to work with Global Fund to negotiate some form of bridging option for situations where specific issues are holding up funding.
- In conclusion, the Board acknowledged the report of the RMSC and expressed appreciation to the Chair and the Committee Members.

**2010 Oversight Sub-Committee Report**

***Presentation summary***

The 2010 Oversight Sub-Committee presented progress on the RBM P&I Series and a proposal for future P&I Series reports as had been requested by the 19<sup>th</sup> Board.

Seven P&I Series reports have been published so far, including country reports for Senegal and Zambia. Three additional RBM P&I Series reports are to be released: 'Malaria Outside of Africa' and 'Progress on Malaria Elimination' for which launch dates have yet to be confirmed and 'A Decade of Progress in Malaria Control' which is to be launched in New York at the United Nations General Assembly in September 2011.

The Committee also presented a proposal for the P&I Series: 2012 – 2016 (through the MDGs). Three types of report were envisaged:

- Overview reports such as WMD reports and major progress report from Global Fund, PMI, World Bank and others. These would be strongly linked to the World Malaria Report (WMR);
- Country reports highlighting progress. PMI and World Bank have proposed supporting a number of such reports.
- Specific topic area reports e.g. reporting progress on MIP, new tool development, and use of diagnostics, drugs, and insecticides.

The P&I Series budget to date and key lessons learnt were presented to inform discussions about future reports. A budget of approximately US\$1.2 – US\$1.6 million per year for 2010 and 2011 had covered the costs for 5-6 reports (including some start-up and development costs). The support provided by BMGF will be fully expended by end September 2011. Reports have been well received (country and global), but greater focus on target audience and intended impact for products in the series is required before entering into additional reports. MAWG can play a key role here. Both technical and production staff capacity is required (and the four main stages of P&I Series report development were outlined for Board Members). An Editorial Committee is required (TOR in pre-read). This would allow for rigorous peer review of the content of the reports. It would also allow for 2010 Oversight Sub-Committee inputs to remain at an appropriate level; at present a large body of work is being carried out by a small number of people including the team at MACEPA and the Secretariat.

For 2012 and beyond, a broad 5-year work plan will be developed, carrying through the MDGs. The work plan and budget would be updated every year for the PWP. For approximately 10 reports per year (around 60% as country reports) approximately US\$1.75 – US\$2.0 million per year would be required. Some bilateral support can be expected from PMI and the World Bank for country reports, but core support will still be needed. With approval to go forward, the 2010 Oversight Sub-Committee would present an annual work plan and budget requirement to the EC in June 2011.

The Board was requested to:

- Endorse the proposal for the P&I Series for 2012 – 2016;
- Extend the RBM Board 2010 Oversight Sub-Committee life span to November 2016. A budget will be prepared for this and submitted through the regular channels for 2012 onwards. In the interim, in discussion with the FPC and the Secretariat, a budget for Q4 2011 will be prepared by June 2011.
- Approve the name change of the RBM Board 2010 Oversight Sub-Committee to: the ‘Progress & Impact Series Oversight Sub-Committee’.

#### ***Discussion summary***

- Board Members acknowledged and appreciated the BMGF’s role in financing the P&I Series. The BMGF is pleased to have had the opportunity to support the P&I Series. According to the principle: ‘what gets measured, gets done’, the Series has been important. Assuming further reports retain the same level of quality and rigor, the BMGF would like to provide further support. However, additional funding cannot be guaranteed at this moment in time.
- The reports have provided valuable ‘visibility’.
- In the context of RM, the country reports are a tool for getting the right messages to the right people in terms of expanding domestic spend. The country reports allow countries to show what they have been able to achieve and this is a very powerful advocacy/RM tool.
- The Private Sector reminded the Board of the Decision Points adopted by the 19<sup>th</sup> RBM board with regard to the 2010 Oversight Sub-Committee i.e. the Committee develop a communication strategy for the P&I Series; and that the Committee provide the 20<sup>th</sup> Board with an analysis of possible additional reports, with associated costs. The presentation had addressed the second point to some extent, but not the first.
- More planning is needed around the launch of these reports, especially in Africa, and the development of the requested communications strategy would encourage this. The Southern NGO Delegation stands ready to support the launch and dissemination of the reports, and a listing of Southern NGO delegation members and contacts is now available.
- As the 2010 Oversight Sub-Committee is requesting further investment in the report series, it would be valuable to have an impact analysis to ascertain the returns on the investment with respect to the first set of P&I Series reports. The Private Sector would make such an impact analysis a prerequisite for further investment since investment in more reports will need to be balanced with investment in other priorities. Other Board Members echoed the need for an impact analysis before proceeding with further reports. World Bank would welcome an impact analysis, but would not let this hold back the publication of additional country reports. Would the impact analysis be needed before the proposed interim budget for Q4 2011 could be agreed?
- The 2010 Oversight Sub-Committee Co-Chair identified several reasons why a Q4 funding bridge should be agreed at the Board meeting: (1) there are additional country reports scheduled for launch in Q4; (2) to avoid the disruption of cutting current staff at the end of Q3 if the same staff will eventually be needed to work on future reports; (3) it is unrealistic to expect an impact analysis by the end of June although some work could be done on analyzing how to maximize audiences for the reports. He noted that the Q4 bridge would be needed to complete the workload already mandated by the Board. As for the other elements of

the Decision Point, the Board was being asked to endorse the types of reports that could be produced in the future so that the 2010 Oversight Sub-Committee can proceed to develop detailed budgets. As such, the Decisions requested had no financial implications.

- The Private Sector could endorse the continuation of the work of the 2010 Oversight Sub-Committee if it is clear that this does not include an automatic endorsement of an additional budget.
- Board Members agreed that peer review of any future publications would be a good idea. However, WHO reminded the Board that these reports are not about collating new evidence (the role, for example, of the annual WMR). They should be more focused on ‘telling a story’, on being an advocacy tool. Therefore, additional scrutiny of the data contained in them may not be necessary.
- If more reports are to be published, could they be packaged as a piece of work and tendered? This might save 2010 Oversight Sub-Committee members a great deal of work.
- The Board acknowledged the report of the 2010 Oversight Sub-Committee and expressed appreciation to the Co-Chairs and the Committee Members.
- The Board Vice-Chair asked that the draft Decision Points be referred to the Drafting Committee for clarifications and re-presentation to the Board.

### *Task Force 3 Knowledge Management Report*

#### ***Presentation summary***

Task Force 3 on Knowledge Management (KM) presented an update on the progress of the RBM KM Strategy<sup>4</sup>. At the 19<sup>th</sup> Board meeting, the following next steps had been approved: Step 1: the interactive road map planning and tracking tool should be taken forward for development and implementation; Step 2: development of the Partnership-wide KM Strategy should be completed in time for presentation at the 21<sup>st</sup> Board meeting in November 2011.

Development of the USB key has been completed and an implementation plan is currently being discussed with the Country Support Facilitation Team and SRNs. Reaction to the tool has been positive.

To progress the Partnership KM Strategy, a Knowledge Management Steering Group (KMSG) has been formed to accelerate progress, and to provide technical input to the project. A comprehensive analysis of the current status of KM in RBM has been completed, and includes a mapping of key knowledge users, management tools, management frameworks and policies, and intensive processes and events. Based on this, key KM needs and opportunities have been identified and an intermediary draft RBM KM Strategy, including suggested KM quick wins to be implemented between August and November 2011, had been developed for review by the Board.

The following next steps for the KM Strategy are proposed:

- Conducting a more in-depth analysis of the KM needs and preferences of key RBM knowledge users through individual and group consultations, complemented with a survey analysis;
- Piloting a number of KM quick wins as part of a short-term KM Strategy and in order to learn from their implementation;
- Consolidation of the work undertaken and finalization of the KM Strategy.

It is also recommended that the KMSG be strengthened with the addition of a number of key KM users (mechanism Co-Chairs and FP) who have a keen interest in KM and are willing to pilot the implementation of some of the quick wins in their respective mechanisms, and that TF3 membership and TOR be reviewed to ensure a more consistent input and guidance of the project going forward. Finally, the full support and leadership for improvement of KM of Board Members and the Secretariat senior management needs to be ensured.

The Board was requested to take note of the project progress and approve the approach of the planned next steps, including leadership enhancement and implementation of the risk mitigation strategy, as outlined in the draft intermediate KM Strategy document.

This decision point has a budgetary implication of US\$92,000, including the required consultancy support as well as implementation of suggested systems and tools for the five-month period from June to November 2011. This amount exceeds what is currently planned for the KM activity in the 2011 PWP by US\$25,000 and therefore due consideration during the reprioritization process should be made to applying Supplementary Activity Framework (SAF) funding for this activity.

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<sup>4</sup> The Strategy is being developed in collaboration with Acceleris Consulting.

***Discussion summary***

- It was noted that the Board is asking for a great deal of detail before agreeing to proceed on some other issues, and that the KM Strategy should be subject to the same scrutiny in terms of impact/return on investment (ROI). Board Members requested clarification on what will the proposed KM Strategy will cost to set up, to manage and to operate ahead of a decision on further steps. They also wanted to know how the success/impact of the KM Strategy would be measured. In general, Board Members wanted more information on what RBM would be buying, whether it would be useful for everyone and how it would be implemented, before making a decision.
- In response, the Task Force 3 Chair reminded Board Members that the RBM External Evaluation had included a specific recommendation that a KM Strategy be developed. The Board pre-read provides detailed information about the proposed strategy and how it aims to improve communications between and among the various RBM mechanisms. Task Force 3 has consistently insisted on low-tech, implementable solutions. The US\$25,000 requested would allow Task Force 3 to complete its Board-mandated task which includes developing and costing the strategy and piloting implementation in one KM area i.e. roadmap tracking. Decisions regarding whether or not to proceed with the proposed strategy would be made on the basis of documentation to be provided to the 21<sup>st</sup> Board.
- The EXD reminded Board Members that the US\$25,000 request falls within the scope of the Budget Revision and Re-allocation Policy outlined in the RBM Planning and Budgeting Framework.
- The Board acknowledged the report of TF3 and expressed appreciation to the Chair and Committee Members.
- The Vice-Chair requested that all Board Members re-read the pre-read and see the presentation on the USB tool as an example of the KM Strategy approach, and that the draft Decision Points be referred to the Drafting Committee for clarifications and re-presentation to the Board.

***Finance and Performance Committee – 2010 Financial Report***

***Presentation summary***

The FPC report would be presented in three parts: a brief overview of the work of the PWS, a report on progress by the FWS, and a summary of the RBM unaudited financial report for the year 2010.

The PWS finalized the 2011 KPIs and these have been shared with RBM mechanisms. Implementation of the KPIs will be monitored by the PWS. Work has taken place on the GMAP Implementation Overview (IO) and results would be presented in a session on Day Two of the Board meeting. Work on the revision of GMAP targets for 2012 – 2015 had been handed over to the Task Force on Targets and Priorities Beyond 2011 (PTTF, Priorities and Targets Task Force) which would also report to the Board on Day Two of the meeting.

At the 19<sup>th</sup> Board meeting, the FWS identified its key priorities for the first half of 2011: suggest further improvements to financial reporting; address parallel funding issues; advise on the review of fees and services in relation to WHO, and guide the finalization of the RBM Planning and Budget Framework. The status update focused on actions on these priorities that were still ongoing.

On improving financial reporting, some mechanisms/partners still need to be encouraged to provide information on contributions to support core RBM mechanisms that are not channeled through WHO accounts, a budget template to provide budgetary information for proposals that are submitted to the Board for decision still needs to be developed, and reasons for delays in recording of transactions in the WHO Financial System need to be identified. It was noted that staff costs for Geneva-based employees have increased around 20% over the past year due to the weakening US dollar. Staff costs would need to be closely monitored and recruitments slowed down, if necessary. Meetings have been held with WHO in relation to optimizing hosting matters, including the fee structure, and discussions continue. The Planning and Budgeting Framework has been revised in accordance with the 19<sup>th</sup> Board decision, and is currently under review by the FWS and will be submitted to the Board within 60 days for an electronic vote. As part of FWS oversight and in the interest of prudent financial management, the FWS recommends risk mitigation in relation to exchange rate variances which includes the management of a working capital reserve.

According to the financial report, total revenue for 2010 was US\$17,178,588 with US\$1,312,542 related to previous year adjustments. Implementation rates as compared to available budget varied greatly across mechanisms with the Secretariat having 88%, SRNs 82% and WGs 55%.

The 2010 revenue of US\$17,178,558 was higher than in 2009. Overall, implementation was slow in the first months, but increased in the second half of the year. The Fund Balance at the end of the year was US\$8,946,637 and was more than at the end of 2009. Almost all of 2010 balance has been allocated in the Budget 2011. The cash position was healthy at the end of the year with US\$4,471,637 in cash being held.

Any constituency not yet represented in the PWS/FWS should consider identifying a representative. Representatives do not have to be Board Members; they can come from anywhere in the constituency. China currently represents the Endemic Countries constituency, but time zones make it very difficult to organize meetings, and it might be worthwhile the constituency considering an Alternate.

Next steps and challenges ahead were identified building on achievements:

- Continued improvements in the financial reporting processes and systems will be sought;
- Concern over delays should be raised with WHO in context of discussions around hosting arrangements;
- Increased engagement by WG Co-Chairs, SRN Co-Chairs and Focal Points and Secretariat managers;
- Revenue for 2012 is likely to be in the order of US\$14 million. Budget ceilings for 2012 will be set in the second half of the year;
- Board to approve the Planning and Budgeting Framework within 60 days;
- The FWS endorses the RBM Financial Report for the year 2010 for approval by the Board. The Board is requested to note the FWS report to the Board

#### ***Discussion summary***

- The Private Sector noted that a performance report should accompany the finance report. It was also requested that the target adjustments requested at the 17<sup>th</sup> Board be incorporated into the report.
- The Board acknowledged the report of the 2010 Oversight Sub-Committee and expressed appreciation to the Co-Chairs and Committee Members.
- The EXD thanked outgoing FPC Co-Chair/FWS Chair Alan Court for his support to the Secretariat, to the FPC and to Board Members. She informed Board Members that feedback from partners confirmed that RBM financial reporting was increasingly transparent, accurate and timely.

#### ***Executive Director's Report***

##### ***Presentation summary***

The EXD thanked all partners for their contributions to the report. The report and the presentation to the Board focused on strategic ways forward. Seven issues had been identified for discussion and key questions under each would serve to prompt and guide Board discussions.

1. Catching up with universal coverage – prevention (LLINs, indoor residual spraying (IRS), and IPTp) and case management (RDT, ACT).
  - What country-level financial and technical capacity gaps need to be filled to reach universal coverage?
  - How can RBM help to address political, strategic and operational bottlenecks?
  - What can RBM do to help reduce the gap between LLIN ownership and use?
2. Sustaining gains and reaching elimination. Results are impressive but fragile e.g. the case of Rwanda. Coverage must be maintained, health systems must be strengthened, and new tools for malaria control and elimination must be developed.
  - What incentives for decision-makers could help ensure that malaria remains a priority even when the burden of malaria has decreased?
  - How can RBM help to support the expansion of the WHO Pesticide Evaluation Scheme's (WHOPES) normative capacity?
  - How can public-private collaboration be facilitated to boost innovation?
  - How can RBM promote synergies between malaria control programmes and health systems to sustain gains?
  - How can RBM strengthen PSM systems in a cost-effective manner?
  - How can RBM encourage dialogue between decision makers from different sectors to ensure that available insecticides are preserved?
3. Enhancing performance. Available money has to be made to work harder and this will require the strengthening of country partnerships and the provision of relevant, quality, timely TA. The transparent use of malaria control resources will also maximize value for money.

- How could RBM better support country partnerships to implement the ‘Three Ones’ principle?
  - How might RBM engage with the Financiers Forum to maximize performance?
  - How might RBM work with other partners to influence market dynamics of malaria control commodities?
  - How can RBM help to maintain a pool of TA for Africa?
  - Given the resource constrained environment, should RBM consider prioritizing the countries it supports?
4. Information for strategic action. More and better information on malaria control and impact is coming from partners (WHO, PMI, UNICEF, Global Fund, World Bank, etc) and countries. Sources of information on malaria include: national statistics, DHS, WMR, RBM country road maps, malaria indicator surveys (MIS), MICS, and, very soon, the ALMA score cards. If we are to achieve near-zero deaths, we need well-maintained, centralized real-time information from the global, regional, and national levels. This option would facilitate prompt, strategic and coordinated action to implement GMAP and reach targets.
- What are the information needs of partners at the global, regional and country levels?
  - What mechanisms can RBM identify to collect and organize the information at the global, regional, and national levels?
  - What mechanisms can help to ensure follow-up action once the information system is in place?
5. Preserving the efficacy of available tools. RBM must take GPARC implementation forward. Steps must be taken to minimizing the risk of insecticide resistance, and WHO is preparing a strategy to manage insecticide resistance. More monitoring of the performance of insecticides is necessary to inform procurement decisions so that appropriate choices are made to minimize resistance.
- What mechanisms can RBM establish or identify to track implementation of GPARC and/or future plans for containing insecticide resistance?
6. Expanding the reach of the Partnership. Malaria is a global disease and RBM currently focuses on Africa where 90% of malaria deaths occur. However, strategic alliances outside Africa must also be built.
- How might RBM engage with malaria stakeholders outside the scope of the existing Partnership?
  - Should the RMSC facilitate the development of regionally-appropriate financing strategies?
7. Ensuring adequate and predictable financing. Unprecedented progress on RM has been made, but new global priorities threaten to take us back to the dark ages of malaria. The Global Fund is taking action to strengthen safeguards against waste and corruption. Countries can do more: increase their budgets for health, remove taxes and tariffs, and find new resources. The current donor base must be maintained and new donors identified. Innovative and predictable sources of funding must be secured.
- What are the financing gaps between now and 2015 to achieve near-zero deaths?
  - What are the possible untapped sources to fill the gaps in time?
  - What efficiency measures could be implemented?
  - How can donor harmonization and alignment be improved?
  - Should domestic funding be promoted as the only truly predictable source of financing?

The EXD concluded that together, partners can reach near-zero deaths by 2015. It is vital to keep up the momentum.

#### ***Discussion summary***

- Board Members congratulated the EXD and the Secretariat team for an excellent report which set a clear strategic framework for the Board meeting. Along with the WMR, it provided a solid baseline for planning.
- Three of the seven strategic issues identified, i.e. catching up on universal coverage, maintaining drug and insecticide efficacy, and sustaining programme funding, were ‘outliers’ in terms of GMAP. Universal coverage was not achieved everywhere by the end of 2010, and resistance and the financial crisis were not taken into account when GMAP was written. These issues will need to be addressed in the GMAP (IO).
- This strategic analysis highlights that the GMAP re-costing exercise must take into account the need to invest in human resource development and systems strengthening.
- The need for additional investment in cross-border initiatives should be stressed more in the report.
- Section 7 of the report on sustainable and predictable financing needs to give more credit to country efforts by ensuring that all costs, for example delivery of commodities and services all the way to the end user, including through domestic funding of primary health care services and secondary referral services, are identified.
- A few discrepancies among the figures quoted in the report for commodities procurement were noted.

- UNICEF asked that partners work towards an agreed definition for universal coverage for diagnosis and treatment in order to assist countries with quantification.
- The Private Sector proposed the equivalent of the net mapping project for ACTs/RDTs.
- ALMA informed Board Members that the scorecard tool was requested by Heads of State and other partners and will promote succinct, quarterly reporting on key indicators, bottlenecks and actions to address.
- The 'near-zero deaths from malaria by 2015' message needs to be well crafted to ensure that it is understood that this does not mean that the fight against malaria is all but won.
- More will need to be invested in work to promote synergies across diseases and with HSS.
- At this inflection point in the fight against malaria, it is important to broaden the discourse around malaria and highlight that MDGs 4 and 5 and the United Nations Secretary General's (UNSG) Global Strategy for Women's and Children's Health will not be achieved without action on malaria, and that malaria interventions are mostly being delivered through existing structures and are therefore contributing to HSS. The contribution malaria has already made to improving mother and child health and to HSS e.g. by reducing health service congestion and freeing up personnel to provide other services must be captured and communicated. Linking malaria case management with HSS, with promoting integrated management of fever as the key issue, might provide a practical/tangible opportunity to take action and demonstrate how malaria, mother and child health (MCH) services and HSS can be integrated.
- Research & Academia noted that the huge threat posed by drug and insecticide resistance needs more attention than it is currently getting. Southern NGOs also requested that GPARC be 'pushed aggressively'.
- The issue of bed net replacement needs to be discussed by the Board; are we moving towards an 'ask' for endless net replacements?
- Kenya highlighted the fragility of gains, particularly given the heavy reliance on LLINs which are essentially a temporary measure and need to be replaced on a regular basis, and the current financial crisis which makes it difficult to see where the resources for e.g. net replacement will come from. All endemic countries should be able to manufacture their own nets in order to have them available at a cheaper price. Kenya has a bill going through Parliament at the moment that should ensure malaria-specific funding and capacity building e.g. through a Malaria Institute. More investment should be made in the development of malaria vaccines which offer hope of a longer-term solution.
- Countries are concerned about the plan among environmental campaigners to push through a total ban on the use of DDT by 2020, particularly since new tools to replace such an effective tool as DDT have not been developed. How can WHO be empowered to voice the public health perspective on this issue on behalf of countries?
- At country level, how can programming be better adjusted to incorporate new tools and approaches, reflect actual challenges and/or the move towards sustaining gains and elimination? Can additional TA be provided to ensure that procurement planning includes getting commodities to villages not just as far as a state warehouse?
- Attention must turn to building capacity on the ground, especially at the district level and at the community level where the fight is now moving.
- Capacity for M&E and impact research will be crucial as countries try to keep up with new interventions and use them to their best advantage.
- Where will this local expertise come from? Is it time to revive the idea of 'malaria schools' and centres of excellence?
- France noted the 5% Initiative as an opportunity for countries to fund TA to overcome implementation bottlenecks. In addition, the EU will make 700 million Euro available for country-led development initiatives, and countries should be encouraged to include malaria in their requests for these funds. It was suggested that RBM join the Harmonization for Health in Africa (HHA) mechanism.
- Southern NGOs added that there are now several regional bodies offering TA. A mapping exercise might be useful to identify all TA sources and to ensure that regional providers are invited into RBM initiatives.
- WHO drew attention to the cuts being made to its Inter-country Support Teams (IST) and requested that partners explore how they could help maintain some of the people/capacity that will otherwise be lost e.g. much of the TA currently provided via SRNs draws on these WHO offices.
- SRNs need to be more proactive in resolving country bottlenecks.
- The need for BCC to accelerate implementation and ensure gains are sustained should be highlighted. Likewise community involvement. BCC budgets should, in many cases, be increased to reflect the role of

- BCC in demand creation, increasing local ownership and buy in, and increasing utilization. BCC messaging should be customized in order to respond to different contexts and issues e.g. seasonality.
- WHO noted that intermittent preventive treatment for malaria in infants (IPTi) is already incorporated at the policy level and that implementation guidance is in the clearance chain. A recent technical meeting on intermittent preventive treatment for malaria in children (IPTc) resulted in a positive recommendation to start the process of IPTc policy development. A policy could be ready later in 2011. IPTc involves giving a combination of SP and amodiaquine to children during seasonal transmission periods e.g. in the Sahel countries where around 60% of malaria cases are seen within a four-month transmission season and where IPTc resulted in a 50% decrease in malaria deaths. IPTc is a very exciting development. It will not be applicable everywhere and is one of the tools that will increase the demand for tailored rather than one-size-fits-all strategies.
  - WHO provided Round 10 guidance to countries and the Global Fund TRP on the combined use of IRS and LLINS, although the TRP may or may not have followed this guidance.
  - The Board acknowledged the Executive Director's interim 2011 report.

**Response summary**

- RBM and the WHO/GMP are discussing how to put in place a clearance system that will iron out discrepancies between the data included in major reports on malaria. This is important to ensure the credibility of the data and messages.
- The report and discussions have highlighted the issue of 'use' and the need to time the collection of data right e.g. in seasonal transmission areas it makes no sense to ask about use outside of the malaria season.
- Capacity building at country level is a key to success, and the EXD requested partners providing TA at country and/or regional level to ensure they link well with SRNs to ensure optimum coordination of TA.
- RBM links with the HHA mechanism through UNICEF. UNICEF is currently the Chair of the HHA and also hosts two of the RBM SRN FPs. The Secretariat will follow up with UNICEF and the SRN FPs to see how links can be improved.
- Domestic funding is a complex issue including discussions around the 15% target agreed in Abuja, efforts to decrease taxes and tariffs, and the pros and cons of sector-wide approaches. Countries are doing a lot, but many know they can do more. During the exercise to revise the costing of the GMAP, domestic funding data can be highlighted and the effects that it has on the funding gap will be seen.

### **3<sup>rd</sup> Board Session: GMAP Implementation Overview**

**Presentation summary**

At its 19<sup>th</sup> meeting, the RBM Board requested the PWS to develop a GMAP Implementation Overview (IO) and use it to monitor and report on the progress of GMAP implementation on a six-monthly basis. The data needed for the IO is to come from the RBM mechanisms and partners and data gathering is to be limited to the collation of existing knowledge and should not lead to duplication of data collection efforts. The IO is designed to provide the Board with the information necessary to set RBM Partnership strategic priorities thereby informing PWP development and target setting.

The Board had requested that the first IO be ready for this meeting in order that it could inform work on strategy development and targets for the RBM Partnership for 2012 and beyond. However, the PWS has faced challenges in generating the IO as the required information has not been made available by partners on a systematic basis. This, in turn, means that the Board will not be in a position to undertake a fully data-driven identification of strategic building blocks for use in the development of the 2012 PWP. The PWS encourages all Board constituencies and partners to put mechanisms in place to: (1) enable regular data provision; (2) reconcile the collected data; and (3) monitor and update data on an ongoing basis.

The PWS further proposes that the Board:

- Acknowledges the importance of the work undertaken by the PWS in developing the IO;
- Recognizes that the current status of the IO is preliminary and represents a work in progress;
- Recommends that the PWS continues to develop the IO;
- Requests partners to provide the necessary IO data on a regular basis, through systematized coordination of existing data, to the RBM Secretariat in order to enable the ongoing generation of the GMAP IO.

**Private Sector intervention summary**

The Private Sector delegation had discussed the IO at length, reflected on the importance of the initiative, and would propose a way forward that would allow the PWS to finalize the IO quickly so that it can be used for its intended purpose of guiding 2012-2013 PWP planning and budgeting. The data required to complete the IO dashboard had been identified and it was established that there were only three areas where data was not currently available in the public domain (on supply of ACT, RDT and IRS; on inappropriate use of oral, artemisinin-based monotherapies and on insecticide resistance). Where data is available, it should therefore be possible to complete the IO very quickly. In the cases where the data is not available, the Private Sector proposed that a Board Decision Point be developed to ensure that a means to collect this data be developed as soon as possible.

In terms of filling the identified data gaps, the Private Sector proposed that tools be created to collect the missing data, specifically it was suggested that:

- An equivalent of the Net-Mapping Project is developed for mapping supply of ACT, RDT and IRS. The United States Agency for International Development (USAID) and the UNSE should be approached to see if they would support this;
- The CMWG be requested to suggest how data could be collected on a routine basis in order to monitor compliance with the ban on inappropriate use of oral, artemisinin-based monotherapies;
- Data available within the Insecticide Resistance Work Stream of the Vector Control Working Group (VCWG) should be regularly updated and disseminated in the VCWG section on the RBM website.

In terms of actions needed to complete the GMAP IO, they proposed that:

- The Board requested the PWS not to wait for the missing data, but to go ahead and complete the GMAP IO and develop the ‘dashboard’<sup>5</sup> in the next 30 days based on the data available.
- All partners are encouraged to provide support to the PWS in providing information that is not easily accessible through public channels.
- The data not available should be available by the 21<sup>st</sup> Board meeting.

#### ***Discussion summary***

- RBM has developed the GMAP as a comprehensive blueprint for global malaria control and elimination. As such, the GMAP should guide the actions of both the RBM mechanisms and Secretariat and individual partners including countries.
- The GMAP IO aims to monitor on a regular basis what aspects of GMAP implementation are going well and where implementation is behind schedule. Using the IO, implementation gaps can be analysed in terms of known challenges and in terms of new challenges such as drug and insecticide resistance and the current financial crisis. The GMAP IO can then be used to drive RBM strategy selection and PWP development so that Partnership activities are prioritized in order to achieve the maximum impact with available resources.
- The EXD has already, for example, noted the need for some universal coverage ‘catch up’ in countries where GMAP universal coverage targets were not reached within the specified timeframe. These are the types of gap that the GMAP IO must highlight.
- The GMAP IO may also identify additional issues that need to be incorporated into the GMAP, such as resistance, accompanying measures such as HSS and other forms of capacity building, and operational research.
- New mapping tools should be developed to map use as well as supply. ‘Use’ may also be incorporated into the RBM Partnership targets for 2012 and beyond.
- Board Members wanted clarity on the extent to which the GMAP IO is a tool to guide the work of RBM Partnership mechanisms and to what extent it is a tool to guide overall implementation of the GMAP including at the country level. It is intended as a tracking tool for the RBM Partnership and its mechanisms. It should guide RBM to support countries as effectively as possible within its convening, coordinating and facilitating mandate. Incrementally, it should lead to improved Partnership planning and outcomes year on year.
- The GMAP IO can be used to encourage new actors to step in to fill the gaps highlighted.
- MIS, MICS and DHS are now happening in many countries. This valuable data should be captured to help monitor GMAP implementation. Where surveys are weak, TA should be offered.
- The Partnership needs ‘binocular’ vision, i.e. both survey and routine data.

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<sup>5</sup> For a description of the dashboard content, see p.12 of the Task Force 2 Report to the 17<sup>th</sup> Board.

- Once the GMAP IO is aligned with the RBM Partnership Accountability Framework, the roles of individual Partners in data collection will be clear. It is important to emphasize that the PWS is responsible for identifying data gaps but not for filling them.
- Board Members noted the role of the WHO/GMP in data collection and collation and wanted assurances that there would be no duplication of effort as the GMAP IO was developed.
- The WMR is produced on behalf of Member States and partners. Some data, e.g. from the supply side, may be missing, but impact data is all there. In addition, the GMP provides real-time updates on issues such as the banning of monotherapies. Some countries are putting in tremendous work and resources to report quarterly, and WHO/GMP will be collaborating with ALMA on the development and implementation of the malaria scorecard. However, increasing the amount of standardized, real-time data available will require significant financial and TA inputs. Rather than looking to create new mechanisms to collect and collate data it would be more effective to ask how the work of existing mechanisms can be supported and strengthened in this regard.
- In particular, the collection and collation of data on resistance by the VCWG should be considered an interim solution.
- Once data is available, the PWS role should be to check on what is/what is not happening re GMAP implementation at six-monthly intervals.
- What is the link between the proposed KM strategy and the GMAP IO? Perhaps the KM strategy team should first focus on developing the means to ensure that all necessary data for the GMAP IO is readily available. The Board needs to discuss KM Strategy-GMAP IO links and potential synergies further.
- How can countries be supported to increase the quality, scope and timeliness of the data they collect so that a more complete picture of GMAP implementation – progress and challenges – can be produced? Countries need to develop their own research agendas aiming to address both current issues and those that can be expected through to 2015 and beyond, and make more use of the operational research funding available through Global Fund. TA will be needed.
- A holistic global – country approach to tracking progress is needed. Countries need to know why they are collecting data and have a say in what data is collected in order for them to be committed to the process.
- Non-public sector actors should be engaged at country level and supported to increase the quality, scope and timeliness of data from the private and civil society sectors.
- In terms of developing a GMAP IO at country level, could this be done by working with national governments and strong national and international partners e.g. WHO offices?
- A definition of universal coverage for RDT/ACT will be needed in order to use the data collected on RDT/ACT supply to complete the GMAP IO. Eventually, yes. However, it is possible to produce a meaningful GMAP IO while still working with some approximations.
- The Board acknowledged the GMAP IO report of the PWS and expressed appreciation to the Chair and Committee Members.
- Board Members agreed that there was no conflict between the Decision Points proposed by the PWS and the additional Decision Points suggested by the Private Sector and requested that the Drafting Committee combine the two sets of Decision Points into one final set for consideration by the Board. If the GMAP IO is to be used to guide 2010 PWP development, it needs to be completed, with the exception of the three sets of data not currently available, as soon as possible – within 30 days.

## **4<sup>th</sup> Board Session: Objectives, targets and priorities for 2012 - 2015**

### ***Presentation summary***

At its 19<sup>th</sup> meeting, the Board created a Task Force on Targets and Priorities (PTTF - Priorities and Targets Task Force) Co-Chaired by BMGF and WHO which was mandated to produce recommendations on specific targets, by 15 April 2011, for the second phase of GMAP implementation.

The PTTF reaffirmed the overall validity and relevance of the 2008 GMAP objectives and targets. PTTF members had refined the objectives and targets in terms of what was needed to achieve the GMAP vision of a malaria-free world. Members decided to adopt a more consistent terminology of objectives, targets to achieve the objectives, and intermediate milestones. In addition, a number of priorities for the intensified effort needed to achieve the 2015 objectives were identified. A number of assumptions were factored in including: the potential impact of population growth; that RBM communicates effectively on return on malaria

investment and strategic synergy with HSS; and that funding increases from both domestic commitments and external aid.

The three objectives and their targets and milestones were shown to the Board Members.

On Objective 1 ("Reduce global malaria deaths to near zero by 2015"), discussion in the PTF had centred on whether to use 'deaths' or 'preventable deaths' and whether the target should be 'zero' or 'near zero'<sup>6</sup> deaths. The Co-Chairs clarified that the working "preventable" in the original GMAP objective which referred to 'near zero preventable deaths' had been revised as: (1) it was not clear how the concept of a preventable death could be defined, and (2) all malaria deaths are, in theory, preventable. The original GMAP objective referred to near zero preventable deaths in public health facilities, which was probably more in alignment with the WHO/World Health Assembly (WHA) goal of decreasing deaths by 75%. It had been decided that Objective 1 should cover the public, private and community sectors.

On Objective 2 ("Reduce global malaria cases by 75% by 2015 (from 2000 levels)"), target-setting focused on both scaling up and sustaining achievements and a target on development of surveillance systems to document constraints/progress was included.

On Objective 3 ("Eliminate malaria by 2015 in 10 new countries (since 2008) and in the WHO European Region"), the focus was on recognizing the progress on elimination and remaining challenges in the (WHO) European Region.

In addition, four cross-cutting priorities (areas of special attention) were identified:

1. Accelerate progress and impact in countries with the highest burden of malaria-related deaths;
2. Fully implement GPARC;
3. Develop and launch a global plan for management of insecticide resistance;
4. Revise GMAP for the years beyond 2015.

The PTF recommended that the RBM Partnership undertake a mid-term review in 2013 of the progress made in taking forward the GMAP objectives, targets and milestones, and plan for a timely review and updating of the GMAP objectives and targets in 2014 in readiness for the period beyond 2015.

The PTF requested the Board to:

- Endorse the recommendations on objectives, targets, milestones and priorities for the second phase of GMAP implementation (2012-2015);
- Request RBM Partners to use the objectives, targets, milestones and priorities as the main reference point for development of the PWP;
- Request the PWS to monitor the implementation by the RBM Partnership of the new framework of objectives, targets, milestones and priorities, and report annually to the Board.

According to the decision of the 19<sup>th</sup> Board, the PTF would end with the submission of its report and any outstanding activities would be absorbed into other existing mechanisms.

### ***Discussion summary***

- The proposed objectives, targets and milestones were 'aspirational'. The original GMAP objectives and targets from 2008 were also aspirational and had proved to be also inspirational. If there had been no GMAP, the tremendous gains seen to date would not have been made. If the Partnership does not 'ensure adequate, sustained and predictable funding', then these objectives and targets will not be met. So this kind of aspirational and inspirational target setting is needed to galvanize RM.

- Board Members acknowledged that balancing ambition and realism was difficult. In general, they were in favour of aspirational targets, believing that such targets would drive the fight forward and accelerate success. However, an alternative point of view was voiced i.e. that setting targets that could not realistically be achieved risked undermining the credibility of the malaria community, potentially setting partners up for failure.

- A number of comments were made supporting either point of view, including the following:

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<sup>6</sup> In areas where public health facilities are able to provide a parasitological test to all suspected malaria cases, near-zero malaria deaths is defined as no more than one confirmed malaria death per 100,000 population at risk.

- Countries had started to develop new strategic plans aimed at near-zero deaths following the GMAP objective. Operational plans would have to follow targets and needed to be credible working documents, so it was preferable to have targets that most countries would opt into, even if the target was a stretch for them.
- Universal access by 2010 had already been set as the target in 2008, so that there was also a credibility issue around revising the original targets down.
- After WMD 2011 messaging, it was recognized that there was now no going back on the near-zero deaths objective. If the near-zero deaths objective was already out there, a dilution of the targets would create a disconnect between the objective and the means to get there.
- Diagnosis offered a real opportunity to get to near-zero deaths e.g. in Senegal where near zero deaths had been achieved within 18 months of rolling out RDTs right to the community level. RDTs could allow countries to save millions of courses of ACT over coming years and identify a lot of fever that was not malaria and could be appropriately treated.
- In a joint presentation, Namibia and India on behalf of Endemic Countries, proposed adjustments to several of the milestones in order to provide a better balance between ambition and realism: Targets 1.1 and 2.1 would be more manageable with a milestone of 80% achievement by 2012 and 100% by 2013, and Target 2.2 would be adjusted to 'sustaining gains beyond 2013' to align with these changes. In addition, Target 2.3 should align with Target 2.1, so suggest that by 2013, 80% of malaria endemic countries have met the 2015 target on development of surveillance systems.
- If 2013 meant December 2013, that would give 32 months to get the job done, and time to react and plan.
- In many countries, there is still a great deal of ground work needed e.g. finishing the job with prevention universal coverage, strengthening procurement and supply chain management before such an ambitious approach to case management can be rolled out.
- The denominator for target 1.3 on referral of severe cases was queried especially with regard to countries where referral services were not available in all, sometimes most, areas.
- One of the main assumptions in the proposed objectives and targets concerned funding, and the question was asked whether it would be possible to present a number of scenarios based on different predicted levels of funding?
- Could a segmentation approach be used to tailor the targets to the on-ground reality in different countries e.g. not universal RDT access in 100% countries, but in a certain number of countries by an agreed date? This more nuanced approach to target setting might enable policy and decision makers to make more use of the document.
- Board Members identified a number of potential 'cross-cutting' targets e.g. on PSM and human resource capacity, a number of potential 'integration' targets e.g. to the poverty reduction agenda (highlighting population growth, housing and environmental issues), and proposed a cross-cutting milestone on BCC.
- The PTF Co-Chairs were not in favour of adding more targets or milestones. This set of objectives/targets is supposed to be high level and easily communicated. If additions are made, it will be difficult to know when to stop and difficult to keep the targets SMART. Once the high-level objectives, targets and priorities are set, other mechanisms will provide the detail on how they will be achieved. Similarly, the PTF Co-Chairs would leave work on financing scenarios to the RMSC.
- Some Board Members reiterated that the objectives, targets and milestones presented would guide RM and advocacy, but also operational implementation and asked whether it would be possible to have a high-level document based on the aspirational targets and a second working document based on more realistic targets. Overall, however, this was not a preferred option.
- GMAP revision (Priority 4) need to be brought forward as some countries needed to have timely guidance on preparing for pre-elimination/elimination, and, in general, there was a need to start preparing in time to sustain malaria control efforts beyond 2015.
- A robust communications strategy was needed to promote these objectives, targets and priorities, to help the Partnership manage expectations and target messages for different stakeholders. The MAWG Strategy could provide additional direction on messaging around the new targets.
- The targets and milestones needed to be agreed as soon as possible to be communicated to the Global Fund TRP with associated RBM Partnership recommendations to countries for Round 11. The TRP and countries needed to know 'what next' for 2012-13.
- Board Members agreed with the suggestion for a mid-term review.
- The Central Africa Constituency commented that, looking at the current baseline in Central African countries, a massive effort to mobilize additional partners and resources would be necessary if countries in Central Africa were to get close to attaining the proposed targets.

- The Vice-Chair summarized by noting that adjustments to the objectives, targets and milestones have been suggested, but it was significant that no-one had suggested changing, deleting or adding objectives; there appeared to be ‘no stomach’ to change the ‘near-zero deaths by 2015’ objective.
- As PTF Co-Chair, WHO reflected that despite differing opinions expressed during the discussion, there seemed to be an overall recognition that ‘the achievement of near-zero malaria deaths by 2015 is the only acceptable objective, and also that there was a need for better wording around assumptions, but that otherwise partners were ready to accept the document move forward.
- The Global Fund informed the Board that the Global Fund draft Strategic Framework 2012-2015 had been endorsed by the Global Fund Board and included goals expressed for malaria. Global Fund Board members had noted that these goals should have been developed with more input from partners. At that moment, the malaria inputs were very general and the Global Fund was keen to working with the PTF to ensure that the malaria inputs in the Global Fund Strategy reflect the final version of the PTF’s document.
- In conclusion, the Board acknowledged the report of the PTF and expressed appreciation to the Co-Chairs and Committee Members. It was proposed that PTF continued to work on the targets, milestones and assumptions for an additional 15 days. The final document needed to fulfil an advocacy role, inform PWP development, and provide countries and the TRP with directions for Round 11 and beyond. As such, it needed to be available as soon as possible. The Vice-Chair requested that the draft Decision Points be referred to the Drafting Committee for clarifications and re-presentation to the Board.

## **5<sup>th</sup> Board Session: Strategic issues in reaching 2015 targets**

### *GMAP funding through innovative financing*

#### ***Presentation summary***

The Task Force on Innovative Financing for Malaria (TFIF) was set up by the RMSC at its first meeting on 1 March 2011 with the aim of mapping, and assessing the potential of, innovative financing mechanisms for malaria. The TFIF defined the term innovative financing as ‘predictable, additional funding that could support GMAP implementation between 2011 and 2015’. The TFIF mapped existing innovative financing mechanisms and generated additional ideas. 132 proposals were analysed, 49 were considered in scope. The TFIF then conducted a high-level technical review of the most promising proposals, including through interviews with industry experts, and criteria were developed to filter the remaining proposals. An overview of four priority proposals was presented to the Board along with recommendations for next steps on each. For the TFIF, the malaria bond ranks as the most promising option.

<b>Final list of proposals</b>	<b>Recommendations</b>
Malaria bond	Explore malaria bond, with a special focus on an output-based bond. Identify a sponsor and analyze cost-effectiveness
Rounding up credit and debit card spending	Explore and potentially pursue partnerships for rounding up credit and debit card spending and donations via bank ATMs. Analyse overlap in the mechanisms and target groups
Donations via bank ATMs	
Cause-related marketing	Drop or de-prioritize cause-related marketing proposal as there are few industries/products with a strong linkage with malaria and funding potential might be limited due to competition and consumer fatigue

The TFIF requested that the Board endorse the TFIF recommendations regarding the development of specific business plans for: a malaria bond, rounding up credit and debit card spending, and donations via bank ATMs (possibly merging the final two), and supports the continuation of the TFIF until the 21<sup>st</sup> Board meeting at which time the TFIF will report back to the Board on the development of the specific business plans. The TFIF would then be dissolved.

This decision was not expected to have any budgetary implications for the PWP Operating Expenses Budget. If the TFIF needs financial assistance, members have committed to raising the funds, which will then be reported to the Secretariat as parallel funding.

The TFIF would like to expand stakeholder participation in the TF with expertise in the specific areas suggested in the Decision Point. In particular, the TFIF would like to request a representative from a malaria endemic country and from the World Bank.

***Discussion summary***

- The net used for mapping innovative financing opportunities – both in developed countries, but also in endemic countries - should be spread as wide as possible.
- Diaspora bonds and remittances, previously rejected by the TFIF, appealed to Board Members.
- High-burden countries such as Nigeria and DRC have large diasporas and such bonds have proved effective in other situations. Further exploration of diaspora bonds would fit well under the proposed RMSC Task Force on Domestic Funding.
- The TFIF had looked at the potential funding levels that could be generated with remittances. Mobile technology is bringing down the cost of handling remittances. However, the estimated US\$40 billion in annual remittances to SSA, assuming a 1% 'levy', would provide US\$400 million/year to be shared across all development sectors. The costs of bringing cell phone companies and banks on board would also have to be factored in. Taking this into consideration, the TFIF had decided that the overall potential for collecting money for malaria through remittances was low. However, this proposal could be re-visited.
- The TFIF should also explore potential to work with banks in Africa on the linked credit/debit card spending and ATM proposals. Two years ago, Friends of Global Fund Africa worked with Nigerian banks on World AIDS Day and were able to get HIV messages onto ATM screens. There is a level of readiness for involvement that should be taken up.
- Tax-based initiatives had been considered, but would have a high set-up cost and take time to build necessary political will. It would not be possible to have a tax only for malaria. It was commented that it would be more effective to get more countries into UNITAID and explore partnering with others who have tax initiatives already underway, such as UNITAID, and including by expanding the number of African countries that were supporting UNITAID. It was noted that malaria does not get much of the funding made available by UNITAID in some countries, and that efforts could be made to increase the malaria share of this funding.
- Proposals involving voluntary contributions proved difficult as there is a need to tangibly link brand and cause. There are few consumer products to link directly with malaria, and the possible brands such as diapers are already linked with other causes.
- Two types of malaria bond were considered. The first offered the potential to frontload money that could be available after 2015 for earlier use. The second would tie investment to a specific malaria-related result that would free up cash if it was achieved. The TFIF was leaning towards a results-based bond, such as the social impact bonds<sup>7</sup> used in the United Kingdom.
- Implementing a tax related to the information and communication technologies (ICT) boom in Africa, and promoting community health insurance and results-based financing schemes (as in Rwanda), were other possible initiatives that could be explored by a domestic funding task force.
- The question was asked as to who would be the recipient of the funds generated by an innovative financing initiative, and it was clarified that the business plans would outline who the specific holders of the money might be and the criteria for their selection.
- The Board acknowledged the report of the TFIF and expressed appreciation to the Chair and Committee Members, but the Decision Point was referred to the Drafting Committee to be adjusted to reflect the Board discussion. The proposal for the malaria bond would be taken forward, and the TFIF would be asked to re-prioritize between the credit and debit card, ATM, diaspora bond and remittances proposals and move forward to develop specific business plans for the most promising.
- The World Bank would identify a representative to join the TFIF.

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<sup>7</sup> A Social Impact Bond is a contract with the public sector in which a commitment is made to pay for improved social outcomes that result in public sector savings.

*Update on insecticide resistance strategy***Presentation summary**

A global plan for the management of insecticide resistance in malaria vectors is in development, and will aim to help secure the long-term effectiveness and public health value-for-money of malaria vector control interventions.

WHO has recently published a report<sup>8</sup> that provides the essential technical detail on how vector control practice needs to be modified to maintain effectiveness. This technical content now needs to be augmented with implementation guidelines and presented in a format modelled on the GPARC document. Further consultation on this process will take place with all RBM constituencies. The identification of consultants to carry out the work has been initiated subject to funding.

The proposed objectives of the plan include: modify vector control practice to slow down the spread of resistance (preserve susceptibility) and avoid control failure in places where resistance is present; foster new products through the development and introduction of new molecules and new technologies; and monitor the spread and impact of resistance to inform local and regional planning.

There are cost and capacity issues related to strengthening resistance monitoring at country level and also at the global level. The country capacity-building package would need to include staff training, strengthening entomological laboratories (including establishing insectaries in some settings), and creating a national monitoring plan. At the global level, one dedicated vector biologist would be needed in the GMP along with capacity at the regional level to coordinate efforts and provide/broker TA. Approximate costs are show below.

	<b>Start-up and capacity building (US\$)</b>	<b>Annual (US\$)</b>
<b>Global and regional</b>	300,000	1.3
<b>Per Country</b>	60 – 100,000	30 – 50,000

The importance of vector control for malaria control cannot be emphasized highly enough. The Global Eradication Programme in the 1960s was built on the promise of IRS and ended when IRS faltered. Unfortunately, highly-intensive vector control accelerates resistance, and resistance makes highly-intensive vector control unsustainable. Therefore, there is a narrow window of opportunity to achieve eradication once one starts down the road of intensive vector control. Current, successful malaria control efforts have relied heavily on vector control. To achieve sustainability, the malaria community will now have to go back and deal with issues like resistance that have been pushed aside during the drive to scale-up for impact.

In conclusion, the effectiveness of vector control can be saved. But it is time to give up on the ‘one-size fits all’ approach – resistance is a local issue – and the global decline in entomological expertise must be reversed. A decision on the proposed global plan for the management of insecticide resistance in malaria vectors will be taken at the upcoming 2011 WHA. Assuming a positive response, the GMP will proceed to move the plan on to the same level as the GPARC.

**Discussion summary**

- The Board has been requesting this strategy since the 16<sup>th</sup> Board meeting. Why is it taking so long? Is it a problem of resources? Can the VCWG help progress the strategy?
- The GMP went out on a limb with the publication of the GPARC by not waiting for a Member State request and this had certain repercussions. The WHA decision will formalize the request for a strategy on the management of insecticide resistance, and the resources to progress on it are now hopefully available. The process of developing the GPARC would be followed, but it will take time.
- Although the strategy document was not yet available, a large part of what countries needed to know concerning management of insecticide resistance was in the meeting report mentioned above.
- The Board was requested to note that the vector control office is currently dealing with around half of all of the technical content currently being developed under the GMP, and could consider recommending that the vector control team be strengthened.

<sup>8</sup> *The technical basis for coordinated action against insecticide resistance: preserving the effectiveness of modern malaria vector control.* WHO, May 2011. [http://whqlibdoc.who.int/publications/2011/9789241501095\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241501095_eng.pdf)

- The issue of value for money with respect to insecticide resistance is an issue for Global Fund and needs to be unpacked. If longer-term resistance issues are taken on board by countries, they may choose to add interventions. For example, the use of a pyrethroid on a net in combination with a different insecticide on the walls will act to preserve the pyrethroid for use on nets for much longer. However, such a strategy would be more costly per short-term case prevented. GMP will try and develop value-for-money guidance for the TRP and countries, but it will not be straightforward.
- It was reiterated that Round 10 guidance on dual use of LLINs and IRS from the GMP Vector Control Office was clear, but that it was not clear that the TRP had agreed with the advice. This advice will be updated, but the overarching message is: 'pyrethroids on walls and net – bad; pyrethroids on net and a different insecticide on the walls – good.'
- Every effort should be made to ensure that data or experience that might signal a problem with drug/insecticide resistance should be forwarded to the NMCP immediately.
- Larva control as a strategy is best suited to urban (densely populated) areas where mosquito breeding sites may be relatively few, squeezed into well-defined spaces between houses, and easy to target with spraying. At the other extreme, in a rural environment where breeding sites are everywhere and continuously shifting (e.g. depending where animals have left muddy hoof prints), larviciding is more difficult and targeting relatively few houses with IRS makes more sense. In semi-urban/rural sites, there is no clear cut guidance, and a decision has to be tailored to the specific context.

## **6<sup>th</sup> Board Session: Election of the new Board Chair**

The RBM Vice-Chair asked the two candidates for Board Chair to confirm their willingness to stand. Both the Honourable Victor Makwenge Kaput, Minister of Health of the Democratic Republic of Congo, and the Honourable Richard Nchabi Kamwi, Minister of Health for Namibia, confirmed that they were willing. The RBM By-Laws allow for the election of the Chair in either an open or a closed session. The EC had recommended a closed session, and Board Members agreed to this. In addition, the election could take place as an open vote or a secret ballot. The EC recommended a secret ballot, and Board Members agreed to this. The room was cleared and voting took place. The new RBM Board Chair was confirmed as the Minister of Health DRC.

The new Chair thanked Board Members for their confidence in him. He congratulated the Minister of Health Namibia for his candidature and thanked him for his pledge of support. He would be very happy to accompany the Board on the journey towards 2015, and hoped for further great achievements.

### **Decision point**

Honourable Minister Victor Makwenge Kaput from the Democratic Republic of Congo, of the Malaria Endemic Country Constituency, is elected as Chair of the Board of the Roll Back Malaria Partnership for the period commencing upon the adjournment of the 20<sup>th</sup> Board meeting and ending with the adjournment of the first Board meeting of 2013. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

## **RBM Partnership Board Special Ministerial Session**

The newly-elected Chair of the RBM Board opened the Special Ministerial Session and warmly welcomed all African Ministers of Health, their representatives and other RBM Board Members and partners in attendance. Ministers would discuss three issues: progress on the implementation of the 2010 Call to Action to ban oral artemisinin-based monotherapies (monotherapies<sup>9</sup>); sustainable financing for malaria control; and the impact of Global Fund reforms on malaria control.

### ***Implementation of the 2010 Call to Action: a ban on oral artemisinin-based monotherapy***

#### **Presentation summary**

Honourable Beth W Mugo, Minister for Public Health and Sanitation for Kenya, recalled that Africa Ministers of Health had congregated at the Special Ministerial Session of the 18<sup>th</sup> RBM Partnership Board meeting in 2010 and committed to:

<sup>9</sup> In this document, the abbreviation 'oral monotherapies' will be used for oral artemisinin-based monotherapies.

1. Implementing WHA resolution 60.18, of May 2007, urging all WHO Member States to deploy ACTs and progressively withdraw oral monotherapies from the market;
2. Actively engaging the private sector in stopping the production and marketing of oral monotherapies;
3. Supporting the local manufacture of ACTs and other malaria commodities.

In her presentation, she would report on one year of progress with regard to these commitments. WHO has recommended nine steps for countries to follow in the removal of oral monotherapies:

- Step 1 Ensure that all countries adopt WHO-recommended ACTs as first-line treatment. All 42 malaria endemic countries in the region have done so.
- Step 2 Suspension of new marketing authorizations for oral monotherapies. Thirty-nine countries in the region are no longer issuing marketing licences for these medicines.
- Step 3 Suspension of import licences for oral monotherapies. In the past year, 30 countries are no longer issuing import licences for these medicines.
- Step 4 Large-scale deployments of ACT in the public sector and communication to prescribers and consumers to move away from oral monotherapies. Thirty-eight out of 42 countries have deployed ACTs on a wide scale and have communicated to health workers not to prescribe oral monotherapies.
- Step 5 Making ACT widely available and affordable in the private sector. Today, 10 countries (four in East Africa, two in Southern Africa and four in West Africa) can say that this is done due to the implementation of the AMFm. Noting the successful implementation of the AMFm in Kenya, the Minister asked that the AMFm be extended to other countries in Africa.
- Step 6 Withdrawal of marketing authorization and of manufacturing licences for oral monotherapies. To date, 21 countries have revoked licences for marketing and or manufacturing of oral monotherapies.
- Step 7 Suspension of export licences for oral monotherapies. Seven African countries have revoked licenses for the export of these medicines.
- Step 8 Active recall of oral monotherapies from the market. This is the final process towards total elimination where regular inspections and mop-ups should take place. Eight countries are now at this stage compared with zero in 2009.
- Step 9 The complete elimination of oral monotherapies from the market. This is the process of ensuring that regulations are in place and enforced to prevent the manufacture importation or sale of oral monotherapies. Currently, only one African country has achieved this.

In 2010, no country in the African region issued any manufacturing or marketing licenses for oral monotherapies. African National Drug Regulatory Authorities are today conducting random inspections to both public and private pharmacies and health facilities to look for oral monotherapies. Community information and education campaigns on the continent have increased awareness of ACTs.

Most of the 39 pharmaceutical companies still manufacturing oral artemisinins in 2010 were in India. The Drug Controller General of India has taken decisive action and directed state drug regulatory authorities to cancel the licences of such manufacturers and stop the export of artemisinin as an oral monotherapy. Subsequently, reports from India indicate that the number of companies willing to comply with WHO recommendations is rapidly increasing.

There are still challenges moving forward. The capacity to enforce the ban or discourage illegal stocking of these medicines varies from country to country. Governments need to do more to empower national drug-regulatory authorities to clamp down on offending companies. Lack of expertise and inadequate staffing weakens the capacity of national drug regulatory authorities in Africa to comply with WHO recommendations and enforce the ban.

The Minister congratulated her colleagues on the work done so far and called on them to:

- Re-evaluate progress within their countries and commit to the total ban on the sale of oral monotherapies with immediate effect;
- Advocate politically for the strengthening of drug regulatory authorities by building capacity of personnel to enforce licensing and marketing bans and also to conduct surveillance to ensure the removal of counterfeit and substandard products;
- Strengthen procurement and supply chain management for ACTs to ensure constant availability within both the public and private sectors.

#### ***Discussion summary***

- India re-iterated his Government's commitment to the ban on oral monotherapies as a means to prevent resistance. The Government has taken decisive action to cancel all licences for the manufacture of oral monotherapies at both the national and state levels and to instruct port authorities that the export of oral monotherapies must stop. These decisions are being implemented and enforced. If any products slip through the net, India would welcome notification from countries.
- Madagascar began the introduction of ACT as first-line treatment for uncomplicated malaria in 2005 and reserved SP for IPTp. Monotherapies were banned at national level and the ban was implemented in partnership with the private sector, importers and prescribers. There are now no stocks of monotherapies left in the country. Other countries informed the meeting of their continuing commitment to implement the ban and their progress, including: DRC, Kenya, Madagascar, Namibia and Senegal.
- Training of public sector workers is essential to ensure that malaria commodities are used correctly both to provide maximum public health impact and to protect the tools at this time when artemisinin and pyrethroid resistance must be avoided. Ministers were requested to double their efforts to ensure that they have adequate numbers of well-trained staff available to implement malaria programmes.
- Pressure needs to be put on the private sector in many countries to remove oral monotherapies.
- WHO clarified that artemisinin-based monotherapy by injection as a treatment for severe malaria is still recommended.
- UNSE congratulated Ministers for taking the lead on the banning of monotherapies. So much has been achieved in a short time. WHO, RBM and ALMA have all been active on this issue, but it has been led and will continue to be led effectively by Ministers.

***Summary of discussions on related issues***

- WHO is working on guidance for countries on insecticide resistance and hope to publish this soon.
- ECOWAS Ministers of Health met recently to discuss malaria control and IRS strategy, in particular. Resistance is already present in some areas including West Africa. They considered developing a common IRS strategy to include identification of needs and funds and outline methods for working hand in hand to have more impact and avoid the emergence of resistance.
- WHO will have guidance for countries on the use of IRS, especially in Africa, available by the end of May 2011. This could underpin the development of a joint strategy on IRS use in Western Africa. The guidance would be based on IRS experience in e.g. Southern Africa and Cuba.
- WHO is also studying larviciding strategies that take into account the local environment. This is one strategy that will have to be approached on a case by case basis; with no one size fits all solution.
- Southern African countries would welcome guidance and additional TA on trans-border collaboration.
- WHO will publish a guide to best practices for trans-border collaboration.
- Ministers of Health need to work with Ministers of Finance and Ministers of Home Affairs and Immigration if cross-border initiatives are to succeed.
- Ministers expressed concerns about news that WHO regional and country capacity may suffer due to funding cuts. This would be bad news for countries that rely on this expertise.
- Senegal has shared lessons learnt from their rapid roll out of RDTs with Togo. Such South-South collaborations are immensely valuable and should be promoted where possible.

**Sustainable financing for malaria control**

***Presentation summary***

Honourable Richard Nchabi Kamwi, Minister of Health for Namibia, began by emphasising that successful malaria control does not mean that 'our job is done'. As long as a competent vector is present, malaria will re-surge if control is relaxed. Recent experiences in countries such as Rwanda and Zambia have highlighted this danger.

Sustaining malaria control will initially be as costly as scale up; resources cannot be shifted away from a malaria programme when burden drops. Malaria control in controlled, low-endemic settings should be thought of as 'vaccinating against malaria without a vaccine' and the return on investment in such countries needs to be evaluated against cases and deaths averted.

Countries need to make the case for continued funding to international donors, discover new sources and mechanisms to expand funding, and work with national governments to ensure that domestic funding is not shifted to other disease areas, to encourage them to dig deeper into domestic funding pockets, and to explore innovative country-specific solutions.

New funding sources to reduce donor dependency, such as development loans, development assistance, private sector and domestic revenue collection need to be explored along with novel mechanisms to counter unpredictability and increase efficiency, for example, debt relief, results-based financing, trust funds, budget support and risk pooling.

A number of solutions for sustainable financing are being put forward by malaria programmes:

- Cash on delivery. Define a prevalence target for national governments. If they stay below this target they get steady bulk financing;
- Tax code. Revise the tax code to provide tax breaks for private sector company support to the malaria programme;
- Solidarity funds. Consider pooled funds for purchase of antimalarials that draw contributions from a variety of sources including the private sector;
- Health insurance. Provide contributions from national or community-based health insurance schemes to support the malaria programme.

Ensuring long-term, predictable financing for malaria control is vital, and the development of country-specific, sustainable financing plans that are adopted to the local context will be important. Ministries of Finance and Health need to work together to tackle this challenge.

#### ***Discussion summary***

- The fight against malaria may be won or lost depending on the pressure exerted against resurgence. Therefore, ongoing RM is crucial.
- Resource mobilization via taxation does provide sustainable and predictable funding, but in many malaria endemic countries there is a limit to how heavily the population can be taxed.
- Given the enormous total sums of money involved, debt relief could provide RM options. Could debt repayments be ring-fenced for investment in malaria control actions that are proven to lead to cost savings?
- In order to make malaria interventions more accessible, Ministers of Health should consider working with Ministers of Finance to remove all taxes and tariffs on malaria products. Kenya has taken this step and is proud to be one of four countries that recently received an award from ALMA in recognition of this achievement. The case for removal of taxes and tariffs needs to be made in economic terms to Ministers of Finance i.e. that lost revenue due to removal of taxes and tariffs will be balanced by cost savings due to cases averted due to improved malaria control.
- Ghana is a highly malaria-endemic country and has taken steps to mobilize domestic resources to address a situation where annually more than 50% of hospital cases were malarial in origin. A national health insurance scheme has been introduced which now provides a significant contribution to malaria funding. The AMFm has had a very successful start and has reduced the cost of ACT to the level that many people can afford and that can be reimbursed through the health insurance scheme. This initiative has opened up a dialogue between the Government and the private sector and companies such as Anglo-Ashanti Gold have collaborated on malaria control interventions in some of the most affected regions in the country.
- Governments such as Malawi have the political will to work on malaria. They have put 15% of the national budget into health and malaria gets a lion's share of this. They have a zero tolerance policy on corruption and have removed most taxes/tariffs on malaria drugs and nets. However, they are still heavily reliant on partners such as Global Fund and UNICEF. Cameroon similar experience. DRC similarly highlighted the problems faced by a number of countries in the Central Africa Region, particularly those with few active international partners.
- There can be many challenges to access the funding that has been promised including many procedures and processes that need to be completed to access funds.
- At the request of the RBM EXD, the Chair of the RBM TFIF updated Ministers on the progress of the Task Force. After an extensive analysis of potential innovative financial instruments, voluntary contributions and taxes, the TFIF had identified a number of options to investigate further: a malaria bond; a diaspora bond; rounding up on credit and debit card spending; donations via bank ATMs; and a levy on remittances. Specific business plans for the malaria bond - which would have the effect of front-loading malaria financing in the lead up to 2015 - and for the most promising one or two of the other options would be prepared in time for the 21<sup>st</sup> RBM Board meeting.
- Zimbabwe advised that the RMSC engage with Ministries of Finance regarding innovative financing strategies as they are also working to develop strategies.
- At the request of the RBM EXD, the Southern NGO Board Member informed Ministers of the potential for resource mobilization emerging in the African private sector. Multinational-African companies are coming

forward and have both deeper pockets and a readiness to finance malaria programmes which has not been seen before. For example, Friends of the Global Fund Africa has worked with the Global Fund to launch the 'Gift to Africa' campaign. US\$5 million has been raised since June 2010, including US\$2 million raised in one night at a function in Rwanda. These companies are willing to contribute regionally and internationally. Their African Chief Executive Officers want to share the international platform with the BMGF and other international donors. From this experience, the TFIF has been advised to look within Africa as well as within developed countries. A new Task Force on Domestic Financing had been proposed as part of the Resource Mobilization Sub-Committee.

- Ministers strongly supported calls for domestic resource mobilization but countries would need to strengthen their capacity to do this and RBM was requested to consider providing TA on this issue.
- The RBM Board RMSC was developing a draft RM Strategy to be reviewed at the 21<sup>st</sup> RBM Board meeting which would incorporate the recommendations of the TFIF as well as other RM approaches.
- With large grants coming into countries, Ministries of Health and Finance often need TA aimed at improving systems for managing this money.
- Ministers can count on the support of the UNSE as they move forward with steps to meet 2015 malaria targets and the MDGs.

### Impact of Global Fund reform on malaria control

#### ***Presentation summary***

Professor Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, confirmed that the Global Fund was a loyal and committed RBM partner.

The Global Fund is constantly learning and evolving as an institution. During the Global Fund replenishment year in 2010, the Global Fund Secretariat presented an agenda for a more efficient and effective Global Fund, including the new grant architecture initiated in 2008/2009. At the Global Fund Board meeting in December 2010, the Board established a Comprehensive Reform Working Group (CRWG) to take this agenda forward.

CRWG output 1 is a Plan for Comprehensive Reform, based on the following nine strategic reform objectives: (1) enhanced fiduciary control and risk management; (2) improved resource allocation and increase value for money; (3) improved proposal development and review process; (4) improved grant management/reduced transaction costs; (5) improved Global Fund internal management; (6) improved partnerships and in country structures; (7) improved governance; (8) enhanced resource mobilization; and (9) increased sustainability and efficiency.

CRWG output 2 is a series of recommendations for immediate action in five selected areas: fiduciary control and risk management; value for money; the Global Fund business model; and partnerships and governance. A number of reforms relevant to the five selected areas are ongoing.

Roll out of the new grant architecture is on track and ahead of schedule. Sixty single streams of funding (SSF) agreements have been signed, including 11 in malaria e.g. Tanzania, Guinea-Bissau and Gambia. The Round 10 signing wave will drive consolidation into SSFs and approximately 100 additional SSFs are expected by the end of 2011. The new periodic-review process is ready to be applied to the first SSFs in Q4 2011. Consolidated proposals will be mandatory as of Round 11.

The country team approach (CTA) was launched in 13 high-impact countries in Q4 2010 and will change the way in which grants are managed. With CTA the Fund Portfolio Manager (FPM), finance, M&E, PSM and legal departments, and other relevant departments or individuals at the Global Fund, will be required to coordinate their interactions with countries in order to save on transaction costs and work more effectively. An additional 20 countries will have CTA in Q1 2011, and Q2 2011 will see scale up completed to a total of 46 countries. From Q3 2011 onwards, the focus will be on performance management and evaluation.

The Global Fund has been living through turbulent times in the past few months in terms of fiduciary control and risk management. As part of the reform process: fraud prevention is being strengthened with portfolio-wide risk assessment and risk-management planning together with improved monitoring of higher-risk expenditures; fraud detection is being strengthened with the adaptation of Local Fund Agent (LFA) TOR, improved tools and guidance, and strengthened Global Funds and LFA staff training and accountability; and fraud response is being strengthened with the commitment to a zero-tolerance on corruption policy which includes continued strict use of grant suspension, termination and additional safeguards, and the development of an inter-agency action plan on drug theft (bringing together partners including PMI, WHO, USAID, RBM).

Reforms are also ongoing in other areas, including: strengthened performance-based funding; strengthened Secretariat management; and in-country strengthening of CCM capacity, performance and accountability and of partnerships including the development of strategic collaboration plans in selected countries, with improved coordination of TA.

He concluded by noting that the draft Global Fund Strategy 2011 – 2016 had been approved at the recent Board meeting. It sets ambitious but realistic goals with the 2015 MDG deadline in mind, and includes seven objectives: to save 20 million more lives; to double the current rate of decline of new infections for each disease; to maximize the impact of Global Fund investments beyond AIDS, tuberculosis and malaria, particularly for women and children; to maximize value for money, increasing efficiency and effectiveness; to promote human rights and access for all; to reinvigorate the partnership especially at country level; and to sustain the gains made to date. He made a special note of the plan for counterpart financing from countries to Global Fund grants from 2012.

***Discussion summary***

- The Global Fund reform process was acknowledged and welcomed by Ministers. Ongoing Global Fund support for malaria programming was also highly appreciated.
- Much as endemic country governments commit to provide more resources, external resources will still be needed due to the sheer magnitude of the disease.
- Zambia has faced some of the turbulence mentioned by the Global Fund EXD and as a result has seen malaria cases spike. Thanks to partners, Zambia is now re-establishing the gains made previously, but this experience has highlighted the importance of constant vigilance and of predictable and sustained funding flows. Zambia appealed to all stakeholders to work towards ensuring sustained funding as bringing a programme back up again if it slips backwards is even harder than making the gains in the first place.
- Kenya and the East African Region look to the Global Fund as their major source of funding. Ministers were requested to advocate for the Global Fund and share positive experiences in order to help restore the Fund's image. Ministers should take on the responsibility to be good ambassadors for the Global Fund.
- The Organization of the Islamic Conference reminded Ministers that health is one of their key priorities adopted during their 2005 summit, and that the Organization of the Islamic Conference stands alongside other partners in support of the Global Fund.
- France and the United States of America (USA) confirmed their ongoing commitment to the Global Fund.
- The new architecture looks certain to simplify engagement processes, especially with the introduction of single-stream funding.
- The CTA will potentially save time at the country level and is a welcome initiative.
- Ministers requested a feedback on how Global Fund is working to cut down the time countries need to spend on grant applications? This is a particular burden in countries with limited capacity.
- Countries would also like to see systems put in place to speed up the release of funding so that the impact of funding decisions can be realized more rapidly on the ground.
- The link between LFAs and Country Coordinating Mechanisms (CCMs) should be clarified as situations can occur when the LFA does not include the CCM in all reporting and decision making processes. Similarly, a request was made for the link between the new Country Teams at the Global Fund Secretariat and the CCM to be clarified.
- Several Ministers mentioned their strong support for a zero tolerance on corruption/theft approach.

***Response summary***

- In the past, Global Fund has had a tendency to function in a vertical way. For example, the Secretariat would communicate with the Principal Recipient (PR) or the LFA would communicate with the PR, and the CCM - where oversight responsibility actually lies - could almost be sidelined. Reforms will change this with the introduction of a triangular relationship within which the LFA will report directly to the CCM and the Global Fund Country Team will systematically communicate with the CCM when in country.
- To speed up the process of grant negotiation, several processes will take place in parallel rather than consecutively in the future and this may save 4 – 6 months on the overall process.
- In addition, the Global Fund Board has approved new eligibility criteria whereby funding history will be taken into account. Countries will be requested not to apply for an upcoming round of funding if they applied to the previous round, unless their proposal focuses on a new thematic and/or geographical area.
- A first wave of National Strategy Applications (NSAs) has been implemented and a second wave is planned. Once a country has its national strategic plan in place, the NSA is a short, simple proposal format focusing on the budget request.

- The request from the Global Fund Board to ensure better allocation of funding in order to maximize impact is new and it is not certain yet how this will be achieved. It may well prompt countries to focus on a smaller number of interventions that can be shown to be cost-effective, evidence-based and appropriate for their specific epidemiological context. The aim will be to get the right interventions in the right place at the right time and with the right people in place. There may also be different pools of funding. Countries with the highest epidemiological need might apply to one pool. Low burden countries would apply to a different pool where interventions would be aimed at the most marginalized/vulnerable populations not the general population.
- Global Fund will work with all partners to ensure that countries in the greatest need do not suffer repeated failures as has happened in recent years, and work to mobilize partners in support of countries where the greatest impact could be achieved if adequate resources are available.
- The EXD thanked the MOH Kenya for her call for Ministers to support the Global Fund since it is true the image of the Global Fund has suffered due to examples corruption and that some governments have withheld contributions until the Global Fund has implemented financial controls and had these reviewed by an independent panel.
- He also thanked donors present – France, USA and the UK – for their support. He noted the UK's recent review of all multilateral partners and decision to invest in institutions including the Global Fund and GAVI as they are clearly making a difference.

### Concluding remarks

#### ***Presentation summary***

Honourable Steven O'Brien, United Kingdom Parliamentary Under-Secretary of State for International Development, joined Ministers of Health in congratulating the Minister of Health for DRC for his election as RBM Chair and the RBM EXD and Secretariat for organizing a valuable session. He noted the tremendous engagement and commitment shown by participants.

Tracking back five or six years, the malaria community was facing a huge challenge. However, with increased private sector engagement and the opportunities provided by nets, ACT and now RDT, enormous strides forward have been made. Now is the time to build on success and sustain gains. There is still much to do, for example tackling malaria resistance and coverage gaps in high-burden countries.

Existing tools must be protected. There must be no dilution of the recommendation to use ACT as first-line treatment. Therefore, the progress that is being made on banning oral artemisinin-based monotherapies is very important. This initiative is strongly backed by many countries, and demonstrates how efforts in one country can have an impact globally. The international community greatly appreciates the contributions made by every country. For example, the efforts of India to stop the manufacture and export of monotherapies will have a profound effect. Next steps towards enforcing the ban across the private sector are clearly going to be a big challenge.

A huge effort must be made to roll out RDTs so that fever is treated appropriately and the effectiveness of ACTs is not compromised. WHO's strong leadership on this is welcome.

Sustaining gains in countries where significant progress has been made is crucial, and making the case for continued investment will be the key on both the domestic and international fronts.

The Coalition Government in the UK has made a clear decision, to be enshrined in law, that it will reach a 0.7% gross national product (GDP) investment in overseas aid by 2013 and that this money will be ring-fenced even in the current financial climate and notwithstanding the United Kingdom's (UK) fiscal deficit. The UK wants to see other countries follow this example. Country success stories are vital to motivate the funding to sustain gains and for new-tool research and development. It was good to hear assurances from the USA and France regarding their commitments to support malaria.

The UK is making this funding commitment because 'it is the right thing to do'. However, the decision to spend money on malaria control and not on local UK issues still has to be justified to his constituents. He needs credible data to demonstrate that malaria control is good for families, communities, societies and economies, and that it will help all countries take their place in the global economy and achieve greater economic independence.

As Ministers have pointed out, there is a need for 100% transparency concerning funding in order to maintain donor confidence. Structures put in place to ensure accountability should never be confused with

‘bureaucracy’. All the goodwill built up over the past few years can be lost overnight, for example, with the publication of one story about fraud in a UK tabloid newspaper.

Namibia’s presentation on sustaining funding was timely, and illustrated the challenges to be faced by low-burden countries. To sustain gains, it is clear that resources will have to be maintained, and it was interesting to see some of the ways in which countries are working to maintain funding. In terms of the investment case, counting cases/deaths averted may be an important way forward. As the Minister cautioned, as long as there is a viable malaria vector, malaria-control efforts cannot be reduced.

The evidence of increasing South – South collaboration and sharing of lessons learnt is very heartening, as are the discussions around the influence and role of the African private sector and diasporas in resource mobilization. In addition, it was encouraging to have Partners such as the Organization of the Islamic Conference around the table.

The presentation by the Global Fund showed the institution’s commitment to make progress on a number of challenging issues, and the Fund’s intention to develop as an ‘international solidarity fund’ is to be welcomed as is the clear nine-point reform plan and five immediate action areas. Today’s meeting has thoroughly endorsed the draft 2011 – 2016 Global Fund Strategy and its aim to save 20 million more lives.

Having Ministers of Health at this session has demonstrated the importance of country ownership in the fight against malaria and has also emphasized the importance of high-level personal commitments. They can lead us to further successes in bringing down malaria morbidity and mortality, enabling societies to develop and meet the MDGs. The evidence indicates that this is doable and is something this generation can leave as a legacy to future generations.

## **7<sup>th</sup> Board Session: Outcomes**

### Outcomes of the Special Ministerial Session

#### ***Presentation summary***

A brief summary of the key points emerging from the Special Ministerial Session was presented by the Board Vice-Chair.

The ban on monotherapies:

- Clear progress in policy and regulatory steps;
- Clear progress in scaling up access to appropriate diagnosis and treatment;
- Countries still need to complete last steps and fully implement all policy and regulatory steps taken;
- Stopping the sale and export by India's ban of production and export has and will have global impact.

Sustainable financing:

- As malaria burden reduces there is a tendency for malaria funding to reduce;
- Donor malaria funding is unpredictable and often burden linked;
- Domestic financing is a central element of sustaining progress in malaria control;
- Innovative financing mechanisms need to be explored in support of domestic resource mobilization.

Global Fund reform:

- Greater emphasis on allocation of funding to maximize impact;
- Streamlining and shortening internal processes to rapidly sign grants and speed up disbursements;
- Revitalization of partnerships to ensure maximum value of Global Fund investments in countries;
- Value for money – maximize impact of interventions at the lowest cost;
- Zero tolerance for fraud and misuse of funds.

Session summary:

- Reducing bureaucracy does not equal reducing transparency and accountability;
- Need to develop domestic and regional financing strategy to sustain control achievements;
- Government leadership to ensure national regulatory authorities are empowered to implement policies;
- Partners remain committed to the Global Fund and will continue to fund malaria control;
- Country ownership and political leadership is the key to progress in the fight against malaria.

#### ***Discussion summary***

- The Special Ministerial Session had been valuable and discussions open and constructive.

- Significant progress was reported on removal of taxes and tariffs and it had been good to hear from countries that are discussing and taking action on this e.g. Ghana, Zimbabwe, Madagascar, Cameroon and Burundi.
- The progress on banning monotherapies was commended. It will be important for countries now to start looking at substandard drugs which also compromise progress.
- The RBM Partnership needs to look into the implications of the new Global Fund Eligibility and Prioritization Framework.
- Value for money is a core concept in the reforms and there will be a substantial risk to malaria funding going forward if the performance of some malaria grants does not improve.
- It was interesting that several Ministers had highlighted South-South collaboration and sharing of lessons learnt.
- Global Fund's Country Team approach had been welcomed by Ministers. Would it be possible to expand this approach to more than 46 countries and move forward quickly on this? Global Fund confirmed that the Executive Management Team would discuss the priority reforms within the next week or so, and may discuss expanding the Country Team approach more quickly. However, they are already moving fast on this.

### Identification and prioritization of 2012 – 2013 Partnership Work Plan building blocks

#### ***Presentation summary***

In order to develop a 2012-2013 PWP and budget for submission to the end of 2011 Board meeting, RBM mechanisms require high-level guidance from the Board. Such guidance communicates the Board's vision regarding where and how the currently anticipated RBM resources for the period 2012-2013 (approximately US\$14 million annually) will have maximum impact in terms of advancing GMAP implementation.

To this end, the 19<sup>th</sup> Board had requested the PWS to develop a GMAP IO, which would inform a three-year GMAP implementation plan, which would, in turn, inform the identification and prioritization of building blocks for the 2012-2013 PWP. In addition, the TFPT for the second phase of GMAP would inform 2012-2013 PWP and budget development.

Through this data-driven process, the RBM PWP, detailing activities related to its convening, coordinating and facilitating communication roles, would be directly linked to the areas of GMAP implementation most in need of support and Partnership efforts would add maximum value to the work of individual partners.

Unfortunately, the difficulties encountered in completing the GMAP IO (presented and discussed during the 3<sup>rd</sup> Session of the Board meeting) have meant that there is now some catch up to play in terms of finalizing and prioritizing the 2012-2013 PWP building blocks.

However, based on the work on the GMAP IO to date and the recommendations of the PTTF, a number of building blocks and tentative outputs for 2012 PWP had been identified: (1) financing; (2) disease control programmes; (3) commodity supply and distribution; (4) R&D; (5) advocacy; (6) programme coordination; (7) technical standards; and (8) convene, coordinate and facilitate communication.

Tentative outputs had been developed for each of the building blocks and possible RBM mechanisms/partners to oversee the incorporation of each building block/outputs into the 2012-2013 PWP had been identified. These were presented to the Board.

The next step for this Board would be to agree a process for the prioritization of building blocks and associated outputs. The PWS suggest that prioritization occurs within each GMAP milestone. This can be executed, for example, by focusing on high burden, low income countries that will benefit most from a given PWP output. Prioritization across PWP outputs (privileging certain outputs over others) was not considered a way forward as it would likely reduce the overall effectiveness of the PWP. The suggested prioritization approach is consistent with the recommendations of PTTF and of Task Force 2.

Once priorities have been set, it was proposed that each mechanism should be responsible for at least one output (linked to a PWP strategic building block) during PWP development. In the case that the number of mechanisms exceeds the number of outputs, one of the following may take place: if appropriate, an output may be divided into components and allocated to appropriate mechanisms; or some mechanisms may be merged temporarily (for 2012) into a single working group.

The Board was requested to endorse the direction of the building blocks and the associated outputs for development of 2012 RBM PWP and the proposed prioritization approach, and to endorse the accountability

for the 2012 PWP as follows: priority setting for 2012 PWP by a new committee; development and implementation of 2012-2013 PWP with targets by the Secretariat, SRNs and WGs; and monitoring of 2012 PWP implementation by the FWS.

#### ***Discussion summary***

- There was concern among Board Members that coherence and links among the many processes ongoing (to revise the GMAP objectives and targets and to develop the GMAP IO and implementation plan) had been lost and Board Members requested that a flow chart be prepared to show how the various elements linked together.
- Timing was crucial. The Board high-level guidance on 2012-2013 PWP and budget development needs to be given to mechanisms in time for there to be a process of consultation and consensus building ahead of the draft PWP being presented to the November Board. A calendar showing when the various pre-requisite elements to the PWP development process would be ready was requested.
- The prioritization step was the crucial link between the GMAP implementation plan and the RBM PWP i.e. it identified the precise aspects of GMAP implementation that the RBM Partnership would aim to support through convening, coordinating and facilitating communication among Partners.
- It was confirmed that the PWP would be developed as a practical working document that should be linked to a realistic expectation of annual RBM funding.
- The need for the six-monthly GMAP IO and rolling three-year implementation plan to ensure that the PWP is optimally linked to GMAP implementation priorities (a linkage identified as key by the External Evaluation team) was reiterated.
- The Board recalled the seven strategic directions and associated sets of questions identified by the EXD in her report and noted that they were extremely pertinent to discussions around 2012-2013 PWP and budget development.
- Research & Academia recognized the role of WHO in primary data collection and offered to work alongside the GMP to identify and fill GMAP IO data gaps. WHO welcomed this offer and was happy to take up the challenge.
- The Board discussed whether the EC would set the strategic priorities or whether a new sub-committee would be necessary. There was a general feeling that the process should not be overcomplicated, and that the setting up of extra sub-committees/task forces should be avoided if possible. The responsibility should be given to existing mechanism(s).
- Since the FPC Co-Chairs have spent a great deal of time working to put together the GMAP IO and have a clear idea of how this will inform the development of the GMAP implementation plan and subsequent development of guidance on priority setting for the 2012-2013 PWP and budgeting process, it was suggested that they be requested to complete these tasks on behalf of the Board and seek Board endorsement of their work via an electronic vote.
- Co-Chairs of RBM mechanisms could be invited to contribute to the drafting of the GMAP implementation plan and selection of PWP 2012-2013 priorities once the GMAP IO is ready.
- The FPC Co-Chairs were requested to ensure that the terminology used in reporting back on these elements and processes is consistent and clear.
- The FPC Co-Chairs were also requested to work with the Drafting Committee to put together a flow chart and calendar that made it possible for the Board to see at a glance when and how the various elements discussed would come together e.g. within 15 days the revised GMAP targets to be ready, within 30 days the GMAP IO to be ready, within 60 days the GMAP implementation plan to be ready, and within 90 days the framework for PWP development to be ready. Already it was clear that timeframes would need to be squeezed in order to allow for a meaningful PWP development process.
- The FPC Co-Chairs and the Drafting Committee would prepare a new Decision Point covering the identification and prioritization of building blocks for the 2012-2013 PWP for the Board to review.

#### **Ad hoc resolutions**

The Board Vice-Chair advised the Board that no ad hoc resolutions had been forthcoming.

#### **Summary Board decisions**

The Vice-Chair led the Board in a review of all the 20<sup>th</sup> Board meeting Decision Points<sup>10</sup>.

#### **Decision Point 1: Adoption of the agenda**

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<sup>10</sup> All timelines start Monday 16 May 2011.

The revised agenda for the 20<sup>th</sup> Board Meeting (BOM.20/2011/Inf.1) is adopted with agreed modifications. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

**Decision Point 2: Adoption of the Minutes of the 19<sup>th</sup> Board Meeting**

The minutes of the 19<sup>th</sup> Board Meeting (BOM.20/2011/Min.1) are adopted. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

**Decision Point 3: Adoption of the timeframe for completing previously-agreed actions**

Following the decision of the 19<sup>th</sup> RBM Partnership Board, the RBM Operating Framework and By-Laws and the Financial Planning and Budgeting Framework should be finalized and put forward for electronic vote within the next 60 days. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

**Decision Point 4: Confirmation of the newly-elected RBM mechanism Co-Chairs**

The Board endorses the newly-elected Co-Chairs of the following mechanisms:

PSM	Prashant Yadav, Massachusetts Institute of Technology - Zaragoza (Research & Academia)
CMWG	Franco Pagnoni, WHO (Multilaterals)
MERG	Holly Newby, UNICEF (Multilaterals)
HWG	Melanie Renshaw, ALMA (Ex-Officio)
SARN	Martha Mpisaunga, Regent Laboratories (Private Sector)
EARN	Corine Karema, Rwanda Ministry of Health (Endemic Countries) and Athuman Chiguzo, KeNAAM (Southern NGO)

This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

**Decision Point 5: Confirmation of the FPC Co-Chair/FWS Chair**

The Board endorses Mikkel Vestergaard Frandsen (Private Sector) as the new Co-Chair of the RBM Board FPC and Chair of the FWS. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

**Decision Point 6: Report of the Search Committee**

The Board acknowledges the report of the Search Committee and the two candidate nominations that have been submitted for the position of incoming Chair of the RBM Board. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

**Decision Point 7: Central Africa Task Force Co-Chair**

The RBM Board Central Africa Task Force is requested to nominate a Co-Chair to support the Chair. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

**Discussion point**

- Renee Van de Weerdt, UNICEF, had confirmed that she would agree to be appointed as Co-Chair.

**Decision Point 8: Report of 2010 Oversight Sub-Committee**

The name change of the RBM Board Sub-Committee to: Progress & Impact Series Oversight Sub-Committee is approved. TOR will be revised and submitted for electronic Board approval within 60 days. The RBM Board Progress & Impact Series Oversight Sub-Committee life span is extended to November 2016. The proposal for the Progress & Impact Series for 2012 - 2016, subject to PWP and budget review at the 21<sup>st</sup> RBM Board meeting, is endorsed. A budget will be prepared for this and submitted through the regular channels for 2012 onwards. In the interim, in accordance with the RBM Planning and Budgeting Framework, the Committee is preparing a budget for Q4 2011 for consideration by the Board by the end of June 2011.

**Decision Point 9: Report of the RBM Task Force 3 on Knowledge Management**

The Board takes note of the project progress and approves the approach of the planned next steps, including leadership enhancement and implementation of the risk mitigation strategy, as outlined in the draft intermediate KM Strategy document. As agreed at the 19<sup>th</sup> Board Meeting, the Board requests that Task Force 3 finalizes the KM Strategy, including a budget for implementation of the strategy for presentation to the Board at the 21<sup>st</sup> Board meeting. The Board reminds Task Force 3 that the KM Strategy should be developed in support of the Accountability Framework and the GMAP IO as approved at the 18<sup>th</sup> Board meeting. This decision point will have budgetary implications of US\$25,000, which will be dealt with according to the Budget Revision and Re-allocation Policy outlined in the RBM Planning and Budgeting Framework.

**Discussion points**

- WHO would like the KM Strategy to facilitate the flow of knowledge in all directions (i.e. not just between the RBM mechanisms) and would like to see how South-South learning and other knowledge flows that might not directly involve RBM mechanisms can be facilitated.
- Would the KM Strategy help disseminate information and documents produced by partners as well as that by countries and RBM mechanisms?

**Decision Point 10: 2010 Financial Report**

The Board approves the RBM Unaudited Financial Report for the year 2010. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

**Decision Point 11: GMAP Implementation Overview**

The Board acknowledges the importance of the work undertaken by the PWS in developing a GMAP IO. The Board requests the PWS to complete the GMAP IO and develop the dashboard<sup>11</sup> within the next 30 days based on the data available and disseminate them to the Board and its mechanisms. All partners are encouraged to provide support to the PWS in providing information that is not easily accessible through public channels. The Board requests the PWS to report to the Board any gaps in knowledge for which there is no data source. The Board requests the PWS to explore with partners how to develop tools for monitoring of commodity supply (ACTs, pesticides and RDTs) similar to the Net-Mapping Project, and report back to the 21<sup>st</sup> Board meeting. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

**Discussion points**

- World Bank reiterated the need to monitor capacity building and other qualitative issues in order to have a more complete picture of GMAP implementation.
- WHO drew attention to the good procurement practices documentation already available for ACTs and RDTs and coming next month for IRS on the WHO/GMP website.

**Decision Point 12: Objectives, Targets and Priorities for 2015**

The Board requests the PTF to revise the objectives, targets, milestones and priorities for 2015 (as set out in Annex 1 of its report) based on the Board's recommendations. The PTF is asked to complete the revisions and send the final text to the Board within 30 days. The PTF is asked to delay its dissolution until the 21<sup>st</sup> RBM Board meeting. This decision does not have any immediate material budgetary implications for the Operating Expenses Budget for 2011.

**Discussion point**

- The Board asked the PTF Co-Chairs to possibly complete the revision of the objectives, targets, milestones and priorities within 15 days.

**Decision Point 13: GMAP funding through innovative financing**

The Board endorses the recommendations of the TFI regarding the development of a specific business plan for the Malaria Bond.

The Board requests the Task Force to assess and prioritize the following proposals and develop business plans for the top one or maximum two priority proposals: rounding up credit and debit card spending; donations via bank ATMs (possibly merged with the above); diaspora bonds; and remittances.

This Task Force will report back to the 21<sup>st</sup> RBM Board. This decision is not expected to have any budgetary implications for the Operating Expenses Budget. If Task Force members conclude that the work will need financial assistance, they have committed to raising these funds.

**Discussion points**

- The need for a Task Force on Domestic Funding was reiterated. This task force would be set up under the Resource Mobilization Sub-Committee and follow up on mapping of opportunities for domestic RM.
- Within the credit, debit card and ATM-related proposals, potential in Africa as well as in developed countries should be explored.

**Decision Point 14: Election of the Chair of the RBM Board**

Honourable Minister Victor Makwenge Kaput from the Democratic Republic of Congo, of the Malaria Endemic Country Constituency, is elected as Chair of the Board of the Roll Back Malaria Partnership for the period

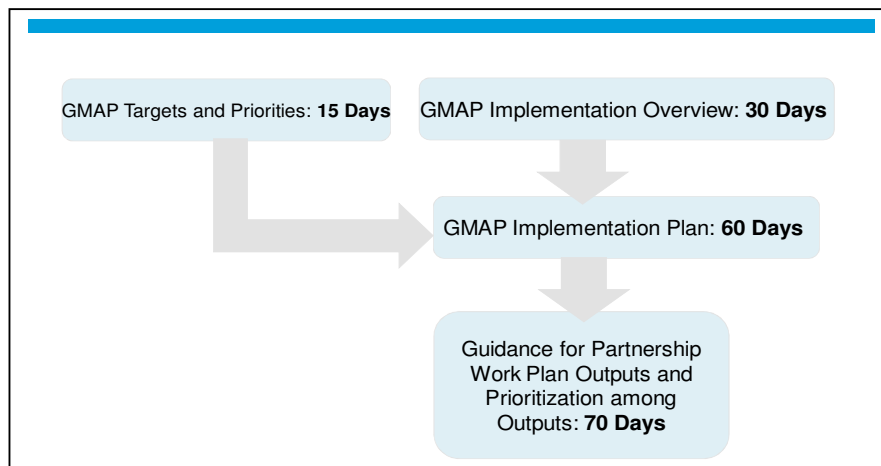
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<sup>11</sup> For a description of the dashboard content, see p.12 of the Task Force 2 Report to the 17<sup>th</sup> Board.

commencing upon the adjournment of the 20<sup>th</sup> Board meeting and ending with the adjournment of the first Board meeting of 2013. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.

**Decision Point 15: Identification and prioritization of building blocks for the 2012-2013 PWP**

The Board mandates the FPC to develop an integrated framework that links the GMAP IO and the revised objectives, targets and priorities, and to provide guidance for the 2012-2013 PWP. This process will proceed according to the timeline below. This decision does not have material budgetary implications for the 2011 Operating Expenses Budget.



8<sup>th</sup>

Board

**Session: Concluding items**

Date and venue of the 21<sup>st</sup> Board meeting

The Chair noted that the second Board meeting of the year is traditionally held in an endemic country. As the Board meeting will fall during DRC's election process, it will not be possible to follow recent precedents and meet in the Chair's home country. As RBM had held a Board meeting in every region except the Asia-Pacific Region, China and Cambodia had been approached as possible hosts. A meeting in Cambodia might be especially relevant given the current focus on resistance issues. China still needed six to seven weeks to follow up internally before a firm commitment to host could be made. Cambodia had not yet replied to the RBM request. In terms of costs, a Board meeting in Asia would cost the least, a European venue would cost the most, and the cost of an African venue would be in the middle. After consideration of all other meetings around that time, a meeting either mid-November or mid-December would be possible.

**Discussion summary**

- A mid-November meeting would not give much time to complete the draft 2012-2013 PWP and budget. A mid-December meeting may clash with the close of Global Fund Round 11 in which case the meeting would have to be pushed later in December.
- A mid-November meeting was agreed after a show of hands from Board Members, and a further show of hands indicated that Board Members preferred to have the meeting in the first half of November.
- A request was made that Endemic Country representatives be invited to arrive the day before the meeting so that they have time to prepare and improve their contributions.
- China confirmed that the government was very supportive of malaria control in China and globally and of the RBM Partnership. China hoped to get the go ahead to host the meeting from the relevant high level authorities, but would also support Cambodia to host if they stepped up in the meantime.
- World Bank noted that China is supportive of health development issues in Africa, and that the Bank and the Chinese Ministry of Health have recently undertaken a joint mission to the region. A meeting in China would potentially be good for Africa.
- The EXD asked the Board to allow an additional 42 days for the Secretariat to get a clear position from governments and then move to an electronic vote on the venue and timing.

**Decision point**

The Secretariat would inform the Board within 42 days on options for the venue and timing (early to mid-November preferably) of the 21<sup>st</sup> RBM Partnership Board meeting and the details would be decided by electronic vote.

Any other business

The Chair confirmed that there were no items to be discussed under Any Other Business.

Closing remarks

The EXD expressed her thanks to all Board Members, Alternates and Delegates for their contributions to the meeting. She thanked the Drafting Committee whose work had helped the meeting move on quickly. The interpreters had been excellent, particularly at the Special Ministerial Session. She thanked the management team and staff at the Secretariat for their hard work, in particular Pru Smith and her team for doing such an excellent job organizing the meeting. She especially wanted to thank the Vice-Chair who had essentially run this meeting and done a wonderful job. She thanked the incoming Chair for making himself available and assured him that he could count on all the Board Members for support.

Adjournment

The Board Chair congratulated Board Members on the excellent quality of their interventions during the meeting. It was a time to feel encouraged and proud on behalf of a just cause; the fight against a disease that predominantly affects the poor in developing countries. The level of debate had done justice to the level of suffering due to malaria. And this level of suffering demands even greater effort as this new front in the fight opens. He concluded by thanking Board Members for the trust they had placed in him. He hopes to be an ambassador for RBM and DRC. He will aim to harness all the expertise of the Board to the ongoing fight. With these words, the Chair adjourned the 20<sup>th</sup> RBM Partnership Board meeting.

**Annex 1: Acronyms & abbreviations**

ACT	Artemisinin-based combination therapy	MICS	Multi-Indicator Cluster Survey
AIDS	Acquired immunodeficiency syndrome	MIM	Multilateral Initiative on Malaria
ALMA	African Leaders Malaria Alliance	MIP	Malaria in pregnancy
AMFm	Affordable Medicines Facility – Malaria	MIPWG	Malaria in Pregnancy Working Group
ANC	Antenatal care	MIS	Malaria Indicator Survey
ATM	Automated teller machine	MNCH	Maternal, neonatal and child health
AU	African Union	MOH	Ministry/Minister of Health
BCC	Behaviour change communication	MPR	Malaria programme review
BMGF	Bill & Melinda Gates Foundation	NGO	Non-governmental organization
BRICS	Brazil, Russia, India, China, South Africa	NMCP	National malaria control programme
CAR	Central African Republic	NMSP	National malaria strategic plan
CARN	Central Africa Regional Network	NSA	National strategy application
CATF	Central Africa Task Force	OGAC	Office of the Global AIDS Coordinator
CCM	Community case management or Country coordinating mechanism	OIG	Office of the Inspector General
CHW	Community health worker	P&I	Progress & Impact Series
CMWG	Case Management Working Group	PMI	President’s Initiative on Malaria (US)
COI	Conflict of interest	PR	Principal Recipient
CRWG	Comprehensive Reform Working Group (Global Fund)	PSM	Procurement and supply chain management
CSS	Community systems strengthening	PSMWG	Procurement and Supply Chain Management Working Group
CTA	Country team approach	PTTF	Priorities and Targets Task Force
DDT	Dichlorodiphenyltrichloroethane	PWP	Partnership Work Plan (RBM)
DFID	Department for International Development (UK)	PWS	Performance Work Stream
DHS	Demographic and health survey	R&D	Research and development
DOI	Declaration of Interest	RBM	Roll Back Malaria Partnership
DRC	Democratic Republic of Congo	RDT	Rapid diagnostic test
EARN	East Africa Regional Network	RH	Reproductive health
EC	Executive Committee	RM	Resource mobilization
ECOWAS	Economic Community of West African States	RMSC	Resource Mobilization Sub-Committee
EXD	Executive Director	ROI	Return on investment
FP	Focal Point	SADEC	Southern Africa Development Community
FPBF	Financial Planning and Budgeting Framework	SAF	Supplementary activity budget
FPC	Finance and Performance Committee	SARN	Southern Africa Regional Network
FPM	Fund portfolio manager	SP	Sulfadoxine-pyrimethamine
FWS	Finance Work Stream	SMART	Specific, measurable, achievable, realistic and time bound
GAVI	Global Alliance for Vaccines and Immunisation	SRN	Sub-Regional Network
GFATM	Global Fund To Fight AIDS, TB and Malaria	SSA	Sub-Saharan Africa
GMAP	Global Malaria Action Plan	SSF	Single stream of funding
GMP	Global Malaria Programme	ST&P	Sao Tome and Principe

GNP	Gross national product	TA	Technical assistance
GPARC	Global Plan for Artemisinin Resistance Containment	TF	Task force
GSK	GlaxoSmithKline	TFIF	Task Force on Innovative Financing for Malaria
MERG	Monitoring and Evaluation Reference Group	HHA	Harmonization for Health in Africa
HIV	Human immunodeficiency virus	TRPTRP	Technical Review Panel Technical Review Panel
HR	Human resources	UKUK	United Kingdom United Kingdom
HSS	Health systems strengthening	UNDPUNDP	United Nations Development Programme United Nations Development Programme
HWG	Harmonization Working Group	UNFUNF	United Nations Foundation United Nations Foundation
ICT	Information and communications technology	UNICEFUNICEF	United Nations Children's Fund United Nations Children's Fund
IO	Implementation Overview (GMAP)	UNITAIDUNITAID	United Nations International Drug Purchasing Facility United Nations International Drug Purchasing Facility
IPTc	Intermittent preventive treatment for malaria in children	USAIDUSAID	United States Agency for international Development United States Agency for international Development
IPTi	Intermittent preventive treatment for malaria in infants	UNSEUNSE	Office of the UN Secretary General's Special Envoy for Malaria Office of the UN Secretary General's Special Envoy for Malaria
IPTp	Intermittent preventive treatment for malaria in pregnancy	UNSGUNSG	United Nations Secretary General United Nations Secretary General
IRS	Indoor residual spraying	USAUSA	United States of America United States of America
IST	Intercountry Support Team (WHO)	USBUSB	Universal serial bus Universal serial bus
KeNAAM	Kenya NGO Alliance Against Malaria	VCWGVSWG	Vector Control Working Group Vector Control Working Group
KM	Knowledge management	WARNWARN	West Africa Regional Network West Africa Regional Network
KPI	Key performance indicator	WGWG	Working group Working group
LFA	Local fund agent	WHAWHA	World Health Assembly World Health Assembly
LLIN	Long-lasting insecticidal net	WHOWHO	World Health Organization World Health Organization
M&E	Monitoring and evaluation	WHOPESWHOPES	WHO Pesticide Evaluation Scheme WHO Pesticide Evaluation Scheme
MAWG	Malaria Advocacy Working Group	WMDWMD	World Malaria Day World Malaria Day
MCH	Maternal and child health	WMRWMR	World Malaria Report World Malaria Report
MDG	Millennium Development Goal		
TOR	Terms of reference		