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# 15<sup>th</sup> RBM Board Meeting

Information update and Q&A on AMFm

**Pr. Michel Kazatchkine, ED The Global Fund**

New Delhi, 10 Nov. 2008



## History of the AMFm

2004	US Institute of Medicine publishes report 'Saving Lives, Buying Time'
2005 – 2006	Advocacy efforts for AMFm, notably by the World Bank
Early 2007	RBM Task Force is created to lead development of AMFm project
Nov 2007	RBM Board endorses the AMFm design and invites Global Fund to host and manage the AMFm
Dec 2007 – May 2008	RBM Task Force works on outstanding implementation challenges Global Fund Secretariat develops a business plan for the AMFm
Feb 2008	RBM Executive Committee endorses Task Force report on recommendation to Global Fund to host and manage AMFm
Apr 2008	Global Fund Board agrees to prepare to host and manage the AMFm as a new business line
May 2008	RBM Board asks Task Force to continue to work with Global Fund on outstanding implementation challenges
Nov 2008	Global Fund Board approves policy framework and implementation plan for Phase 1 of the AMFm



## *Affordable Medicines Facility – malaria*

### **Previous GF Decision Points**

#### **In November 2007, the Global Fund Board:**

- Requested the Secretariat to prepare a business plan for hosting and managing the AMFm within the Global Fund

#### **In April 2008, the Global Fund Board:**

- Agreed for the Secretariat to prepare to host and manage the AMFm as a business line within the Global Fund and established an ad hoc Board Committee to oversee the AMFm
- Agreed that the launch of AMFm should be phased, starting with a small group of countries (AMFm Phase 1)
- Requested the Secretariat to develop and present for Board decision in November 2008 the policy framework and implementation plan for managing the AMFm Phase 1
- Agreed that an independent technical evaluation of Phase 1 would determine expansion to global roll-out

## Update on progress since April 2008 GF Board

- Policy Framework and Implementation plan finalised by Ad Hoc Committee and GF Secretariat with RBM and UNITAID inputs
- Selection of 11 countries for AMFm Phase 1 launch in May-June of 2009:
  - Benin, Ghana, Madagascar, Niger, Nigeria, Rwanda, Senegal, Tanzania, Uganda – Cambodia and Kenya
- Estimate for co-payments: USD 200-250 million for Phase 1
- Estimate for supporting interventions cost: USD 100-125 million (re-programming of existing GF grants plus other donors support)
- Guidance on Reaching the Poor developed by RBM Task Force

## Highlights of AMFm Decision Point – GF 18<sup>th</sup> Board (New Delhi, 7-8 November 2008)

- Approves Policy Framework and Implementation Plan
- Reaffirms decision to host and manage AMFm for an initial Phase 1 in up to 11 of the proposed countries
- Requests Secretariat to begin preparations for launch of Phase 1 of AMFm
- Requests AMFm Ad Hoc Committee to continue to oversee pre-launch preparations
- Invites formal participation of RBM and UNITAID in the AMFm Ad Hoc Committee
- Requests independent technical evaluation to be presented for Board decision on global roll-out

# Pre-launch Framework for AMFm Phase 1 (1)

- **Country access:** countries to prepare applications
- **Market forecasting:** led by UNITAID with other RBM partners
- **Manufacturer negotiations:** in strategic partnership with UNITAID and with support from a negotiation agent
- **Co-payment setting:** with advice of Co-payment Technical Advisory Group
- **Monitoring & Evaluation:** finalization of M&E framework, including key indicators with advice from RBM-MERG
- **Governance for the pre-launch phase:** Ad Hoc Committee with appropriate expertise

# Pre-launch Framework for AMFm Phase 1 (2)

- **Governance:** Continues to be with AMFm Ad Hoc Committee with now full participation of RBM and UNITAID
- **Establishment of an AMFm Launch Team in the Global Fund Secretariat**
- **Inputs from jointly coordinated Expert Streams on the following areas:**
  - **ACT Availability and Forecasting:** supply and demand forecast needed to ensure adequate supply of ACTs for participating countries
  - **Manufacturer Negotiations:** Co-payment Technical Advisory Group
  - **Technical Assistance:** guidance to countries on applying to the AMFm
  - **Monitoring & Evaluation:** designing the monitoring arrangements, necessary OR and TORs for the Independent Evaluation

## ***Affordable Medicines Facility – malaria*** **Proposed Implementation Timetable**

<b>Dec 2008</b>	<ul style="list-style-type: none"><li>• Invitation to apply for AMFm Phase 1</li></ul>
<b>Mar 2009</b>	<ul style="list-style-type: none"><li>• Deadline for submission of AMFm applications</li></ul>
<b>Apr 2009</b>	<ul style="list-style-type: none"><li>• TRP review with Wave 6 RCC</li></ul>
<b>May 2009</b>	<ul style="list-style-type: none"><li>• Approval by Global Fund Board and AMFm Launch</li></ul>
<b>Jul 2009</b>	<ul style="list-style-type: none"><li>• Baselines collected for evaluation</li></ul>
<b>Jul 2010</b>	<ul style="list-style-type: none"><li>• Final data collection for evaluation</li></ul>
<b>Nov 2010</b>	<ul style="list-style-type: none"><li>• Board decision on global roll-out</li></ul>

# AMFm - Collective Success of a Broad Partnership

- RBM Partnership Board
- RBM AMFm Task Force
- RBM working groups, including the Harmonization Working Group
- WHO
- World Bank
- UNITAID
- DFID
- Resources For the Future

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# Back Up

## *Affordable Medicines Facility – malaria*

# Policy framework: Manufacturer negotiations

**Objective:** Reduce manufacturers' ACT sales prices and determine the level of co-payment in order to reduce the first-line buyer cost of ACTs

- **Eligibility:** Manufacturers must comply with Global Fund Quality Assurance criteria and agree not to market oral artemisinin monotherapies
- **Price negotiations:** Manufacturer prices negotiated based on competitive bids
- **Supply framework:** Non-price factors included in manufacturer negotiations and contracts (including buyer eligibility, payment of freight and insurance, taxation waivers, packaging requirements)
- **Contracts:** Define sales prices, co-payment level and supply framework
- **Responsibilities:** Negotiation agent will lead price negotiations, with guidance by the Co-payment Technical Advisory Group; UNITAID role in forecasting

## ***Affordable Medicines Facility – malaria***

# **Policy Framework: Country Eligibility**

Initial criteria recommended by WHO (yielded 25 countries; considered too many for Phase 1)

- High burden *P. falciparum* malaria
- Estimated moderate-to-high malaria mortality
- Multi-year experience with large scale deployment of ACTs

Additional criteria to further refine list of Phase 1 countries

- **ACT subsidy experience**
- **Regulatory environment (OTC status or ACTs deployed at community level)**
- **High private sector coverage**
- **Strong M&E system**

Country shortlist determined by the Ad Hoc Committee

- **Benin, Cambodia, Ghana, Kenya, Madagascar, Niger, Nigeria, Rwanda, Senegal, Tanzania, Uganda**

## ***Affordable Medicines Facility – malaria*** **Policy Framework: Country Access**

Integrated application process for AMFm Phase 1:

**Access to the AMFm co-payment mechanism**

**Funding for** supporting interventions

Applications must include:

**A budgeted plan for AMFm supporting interventions, including sources of funding**

**A statement of preparedness**

**A link with holistic national malaria control plans**

**An optional ‘advance disbursement’ request to enable rapid release of funds for supporting interventions**

## ***Affordable Medicines Facility – malaria***

# **Policy Framework: Reaching the Poor**

Applications **must explain how countries will reach the poor and vulnerable groups:**

- Information, education and communication materials
- Distribution strategies

**Countries may apply for funding for supporting interventions specifically designed to reach the poor, such as:**

- Community health workers
- Social marketing

**RBM Task Force document on promising options for reaching the poor** will be provided to applicant countries

Monitoring and evaluation **will focus on population access to ACTs, including socio-economic quintile analysis where possible**

## *Affordable Medicines Facility – malaria*

# Policy Framework: Monitoring and Evaluation

### M&E components

- In-country routine M&E
- Independent evaluation
- Operational Research

### Initial set of evaluation questions

1. Has the ACT cost to patient been reduced at point of distribution to a price comparable to that of CQ and SP?
2. Has the proportion of ACTs relative to all anti-malarial treatments increased in the public and private sectors?
3. Has the AMFm mechanism helped increase anti-malarial treatment access for the poor?

### Red flags

- Indicate a major fault or failure of AMFm Phase 1
- Derived from the M&E indicators

## *Affordable Medicines Facility – malaria*

# Policy Framework: Governance

- **Pre-launch:** AMFm Ad Hoc Committee will continue to oversee the pre-launch preparations of AMFm Phase 1 up to the 19th Board meeting
- **Phase 1:** At 19th Board meeting, the Board will decide on the governance structure for oversight of the implementation of Phase 1
  - The Committee responsible for overseeing AMFm Phase 1 implementation will oversee the independent evaluation and advise the Board on its decision to proceed to global roll-out
  - RBM and UNITAID should be members of the Committee