

13th ROLL BACK MALARIA PARTNERSHIP BOARD MEETING

Hosted by Ethiopia's Ministry of Health – Addis Ababa

28-29 November 2007

MEETING MINUTES

Meeting Objectives

The following objectives were defined for the 13th RBM Board meeting:

- Endorse the Secretariat workplan, its objectives and budget, and provide recommendations on how to close the budget gap for the full Harmonized Workplan;
- Endorse Affordable Medicines Facility for malaria (AMFm) design and its management by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM);
- Discuss and review the process that will allow the development of a Global Malaria Business Plan;
- Review performance measures; discuss and adopt progress reporting framework;
- Decide upon whether to hold RBM Forum 10 and venue and date of next RBM Board meeting.

Voting Members Present

Malaria Endemic Countries: Cambodia, Cameroon, Mali, Nigeria, Uganda, Zambia. *OECD Donor Countries:* France, The Netherlands, United States of America. *Multilateral Development Partners:* UNDP, UNICEF, WHO, the World Bank. *Northern GO:* Johns Hopkins University Center for Communication Programs, *Southern NGO:* Society for Family Health-Nigeria. *Private Sector:* GSK, ExxonMobil. *Foundations:* Bill & Melinda Gates Foundation; *Research & Academia:* Earth Institute

Voting Members Absent

Malaria Endemic Countries: India, Venezuela.

Non-Voting Ex Officio Members Present

Deputy Executive Director of the Global Fund; Executive Director of the RBM Partnership

Special Guests

Dr Margaret Chan, *Director General of WHO*, Mr Ray Chambers, *Co-Chairman of Malaria No More*, Dr Jorge Bermudez, *Executive Secretary of UNITAID*

Participant List: Attached

Opening Ceremony

Minister Tedros welcomed participants and special guests. Minister Tedros commented on the recent progress his country made in scaling up for impact and was impressed with RBM partners' growing commitment and ambition to fight malaria, specifically encouraging the goal to eradicate the scourge.

The Director General of WHO gave a keynote address which described recent global-level progress in the fight against malaria, the factors that contribute to successful results in countries, and the importance of agreeing on a single global plan for malaria control.

(http://www.who.int/dg/speeches/2007/20071128_addis_abeba/en/index.html)

Call to Order, Day One

The Chair of the Executive Committee Alan Court explained Board Procedures and announced changes in Board membership.

Consent Calendar

- Agenda for 13th Board meeting adopted without objection
- Minutes 12th Board meeting adopted without objection
- WHO withdrew its request for a second seat on RBM Board
- A non-voting seat was requested and allocated to UNITAID on RBM Board

Malaria Landscape Overview

Presentation Summary

The Malaria Landscape Report

The Executive Director's report to the Board assessed the malaria landscape today, and where and how we should be moving forward.

The coverage of LLINs has increased in most endemic countries; More countries adopted the policy of using ACTs as a first-line treatment but ACT procurement hardly reached the 2006 level. The number of countries that have adopted IRS in their national strategies for malaria control has doubled since 2003; and today almost all endemic countries recommend ITPp as a policy. The number of RBM partners has expanded; and there is evidence for impact in various countries such as Eritrea, Namibia, Swaziland, Zambia, and Zanzibar. In 2007, almost \$US 1 billion was made available to endemic countries through Round 7. However, it was noted that systematic use of interventions represented a major challenge to overcome.

The following next steps and challenges were taken for 2008:

- ☑ Securing more resources from more sources, including national funding
- ☑ Expanding SUFI planning and operations to all 45 Malaria Endemic Countries in Africa
- ☑ Controlling malaria in large endemic countries such as DRC or Nigeria
- ☑ Maintaining outstanding performance scorecards
- ☑ Building upon the success of Round 7 and achieving similar success in Round 8
- ☑ Coordinating support and action to develop one feasible Global Malaria Business Plan
- ☑ Verified data sources: Malaria Indicator Surveys

The Management Report

This Management Report described and analyzed the extent to which the Partnership as a whole and the Secretariat specifically have been able to meet specific targets and priorities that were agreed upon and approved by the Board. 13 out of 16 targets were fully met in 2007. The amount of funds received by the Secretariat was greater than USD 9.5 million; of this, 91% has been utilized. Challenges listed included building consensus among the partners, as well as human resource constraints. Dr Coll-Seck explained that most posts will be filled by the end of the year and introduced the new Chief Operations Officer. The need to expand full-time membership in Working Groups and to recruit focal points for SRNs was noted.

Discussion Summary

- Create a Task Force combining the expertise of WHO, UNICEF and GFATM to develop consensus criteria on drug quality standards in time for consideration by the GFATM Policy and Strategy Committee (PSC) meeting in March 2008.
- If the goal is eradication or elimination there is a need to expand Malaria Landscape Report beyond African countries to include Asia and Latin America; similarly, there is a need to intensify constituency communications and presence on the Board beyond Sub-Saharan Africa (esp. Asia, ie India, China, and Pakistan, and Latin America).
- Engage China more firmly in the RBM Partnership, as it is an active development partner in Africa and is a major producer of antimalarial medicines.
- Intensify advocacy for RBM representation on GFATM Board.
- Commission a paper outlining means by which malaria financing can strengthen more generally health service delivery (ITNS through EPI & ANC)
- Improve quality of malaria data for improved (real time) progress tracking
- Report should also track national internal resources (public and household) dedicated to fighting malaria, not just those from the donor community
- Need to measure economic impact as a result of SUFI
- Partnership should clearly support WHO policy of catch up, keep up, and hang up campaigns
- Systematize data collection on taxes and tariffs on malaria commodities in support of SUFI
- Develop advocacy to identify value added by the RBM Partnership in Asian and American countries

Decision Points

- Acknowledged report
- Recommendation to create Task Force combining WHO, UNICEF and GFATM to resolve the issue of drug quality
- Provide Board meeting with an "Action Taken" report outlining how Board Decisions and Next steps have been taken forward

Harmonization Working Group Progress Report

Presentation Summary

The Harmonization Working Group (HWG) Co-chairs presented the achievements of the HWG in 2007. 19 countries were supported for the Global Fund Round 7 proposal writing process at a cost of US\$ 1.9 million; the funds raised through malaria proposals to the Global Fund approximated US\$ 1.19 billion for phases 1 and 2, over the next five years. Next steps were also described that included supporting countries and working with GFATM so that signature is achieved as quickly as possible; identifying and supporting countries for Round 8; developing a "rapid response" mechanism to

support countries overcome implementation bottlenecks (Malaria Implementation Support Team or MIST); develop an Early Warning System; 45 countries identified for support in 2008.

Discussion Summary

- The Harmonization Working Group was congratulated for its success on Round 7.
- HWG efforts should be documented as an example of UN reform in action.
- The MIST as the operational arm of HWG, will be instrumental in moving towards SUFI; MIST will strengthen institutional capacity of RBM partners to provide implementation support required for SUFI.
MIST comprises of a broad range of health experts.
- It is important to underscore linkages between malaria control delivery and broader health systems issues targeting women and children; this will create opportunities to secure more resources.
- The 'Three Ones' in malaria should facilitate or be used as a pathfinder to overall health systems strengthening.
- NGOs and civil society offer valuable resources and HWG should consider involving them in its work to support countries to plan, mobilize resources and implement the response; for example staff could be co-located within NGOs. Therefore country needs assessments should include civil society capacity assessment.
- The MOU between HWG and Global Fund is being processed now and offers an excellent opportunity to develop a clear relationship and to enable joint focus on resolving bottlenecks; for example HWG may need access to Local Fund Agents to facilitate the Early Warning System.
- The example of Cambodia was discussed. Cambodia involves multiple sectors in preparing Global Fund proposals, and highlighted the necessity to build NGO and government capacity so that received Global Fund money can be spent.
- The Global Fund has identified a new category for financial support: Technical Assistance for malaria.
- There is a need to balance between a rapid signature by the Global Fund and a quality grant.
- SRNs will continue to be used as first entry points for needs assessments and Early Warning System development within countries.
- Half of the HWG budget for 2008 will go to SRNs and MIST. The HWG workplan needs more clarity on how SRNs fit in. The board was informed that SRNs are supported by Gates and PMI.
- The HWG plan and efforts for 2008 can be seen as first and necessary step of a broader plan towards malaria control, elimination and eradication.

Decisions & Recommendations

- The Board endorsed timeline and deliverables laid out in the Harmonization Working Group work-plan.
- Needs assessments for countries receiving GFATM Round 8 support to be rolled out in January 2008
- Chair of the Executive Committee to develop a plan that includes:
 - Operationalizing the Malaria Implementation Support Team (MIST) through a combination of virtual and co-located team members;

- Defining linkages with existing RBM structures and support teams;
- Identifying and securing additional resources.
- ☑ HWG to work to fill budget gaps.

Gates' Malaria Forum report

Presentation Summary

The Gates Malaria Forum outcomes were described, and the rationale for expanding the purpose of the RBM Partnership to include elimination and eradicating was explained. If the transmission cycle isn't broken, there will be a need to pay for control in perpetuity. Furthermore, partial success in malaria control is not a desirable outcome as it risks creating areas of unstable malaria where populations do not develop immunity. The importance of developing new products and tools to achieve the goal of eradication was highlighted. The cost of controlling malaria in sub-Saharan Africa, estimated at \$US 3-6 billion, is much lower than the disease's impact on the continent-- which has an estimated dollar figure of \$US 12 billion.

Discussion Summary

- BMGF was commended for the purpose and orientation of the Malaria Forum and leadership summit.
- The best way to assess the impact of malaria-control interventions is through U5 mortality.
- Need to estimate cost of controlling malaria more precisely for better credibility; and generally for more precise financing metrics.
- Need for steady, long-term financing for research and development of new tools was highlighted.
- Need for new and more donors.

Decisions

- ☑ Acknowledged report

Update on Research & Product Development

Presentation Summary

Today "Coartem" is not perfect for children and MMV has developed a more child-friendly alternative, which can be dispersed into water. Results of pilot study were presented.

Discussion Summary

- Water safety is an unresolved issue as of yet; syrup idea is a non-starter due to short half-life of ACT.
- Importance to focus on packaging as it can communicate proper use of medication.
- Need for Novartis to decide on cost differential and how volume-sensitive the cost difference is.
- Need to better understand how current tools might contribute towards achieving current targets
- R&D may be able to produce a single dose drug for mass use but it seems improbable.

Decisions and Recommendations

- ☑ Acknowledged report
- ☑ Discussions on dispersible tablets referred to WHO for follow-up

- ☑ Partnership agreed that poor quality of water will pose a threat for dispersible tablets and therefore need to find a practical solution
- ☑ To learn some lessons from the Measles Partnership--an aggressive control strategy with an imperfect intervention can dramatically reduce morbidity and mortality.
- ☑ MMV to consider developing a single dose drug, and reduce the number of age categories for drugs.

Harmonized Workplan

Presentation Summary

Alan Court walked Board meeting participants through the Harmonized Workplan.

Discussion Summary

- The Harmonized Workplan (HWP) gives confidence that RBM Partnership is professionally run and highlights its added value.
- This is not just a Secretariat workplan but a Partnership workplan developed in a consultative manner.
- HWP exemplifies needs-based budgeting rather than budget-based planning; in sum, not all proposed activities have been secured with funding.
- Most RBM donor funds are already locked for 2008; this highlights the need to find new donors to finance this ambitious plan, such as EU or other major economies.
- It is worth developing a 2-3 year rolling plan rather than a one-year plan to ensure sustainable financing.
- The financial elements of HWP require more clarity: it is not clear how the budget is divided into activities or recruitment costs; if there is overlap between SRNs and HWG budgets; or how interested donors could fund the plan.
- It was noted that in fact there is no overlap between HWG and SRN in this plan; and that interested donors can fund Working Groups or other parts of the plan directly; or that alternatively they can direct their financing through the Secretariat.
- The HWP should take into account all activities presently carried out in countries; PMI for example has operational plans in 15 countries which should be included in HWP. This would help to reduce duplication and lower overall price tag. The dollar figure for AMFm launch should also be included.
- Clear country results will have to be highlighted to prick interest of new donors. Therefore it is necessary to create a succinct value added statement of the RBM partnership to the endemic countries, e.g., what can RBM partnership do that the individual donors cannot do?
- Ask donors to give advice on how to raise the extra \$US 20 million. EC should do fundraising and should report to Board about this before the next board meeting.
- There is still a gap in understanding about how the HWP will help to achieve 2010 targets. The plan must link more clearly to 2010 and 2015 targets.
- The Secretariat provided additional information identifying i) HWP products with identified funding based on existing pledges and ii) unfunded activities.

Decisions

1. Endorsed the harmonized workplan with its targets and budget envelope
2. Approved the budget of firmly pledged 2008 resources (see **Annex A**) of US\$ 13 million in support of primarily the SRN and Secretariat workplans as well as the kick-starting of the Harmonization Working Group's needs assessment. The activities, budgets and funds raised for

the Working Groups to be presented to the EC on a rolling basis for approval when funding becomes available.

3. EC to have responsibility to fill financial gap: to create donor subcommittee to mobilize funding to close the US \$ 20 million resource gap and to report to Board before next meeting.

Next Steps / Recommendations

- Frontload capacity building of endemic countries for the next six months to achieve better scale up.
- Create a stronger budget review process at each Board meeting that includes regular cost reporting, fundraising status of the partnership and upcoming activities to be financed.
- Incorporate elements of rolling, multi-year budget requirements and commitments.
- Encourage partners to do multi-year budgeting process to enable forward planning.
- Demonstrate clearly how financial flows from the funders to the activities of the HWP will take place
- Create a succinct value added of the RBM partnership to the endemic countries, e.g., what can RBM partnership do that the individual donors cannot do?
- Create clear communication plan, value added proposition of the RBM partnership in countries and extract key elements of this plan to use as a fund raising tool for new donors.
- Identify with Board members WP components that fit the Board members' institutional mandates.
- MAWG will support Secretariat by developing donor / constituency specific value propositions in support of fund raising.

Global Malaria Business Plan

Presentation Summary

The Board reviewed the proposal of the roadmap that will allow the joint development of a Global Malaria Business Plan to guide the efforts of the RBM Partnership into the future. The Global Malaria Business Plan will be developed consensually with all RBM constituents and will integrate short, medium and long-term activities under one plan with one vision: to achieve malaria control, elimination, and eradication. The GMBP will cover all countries affected by malaria, all human types of Malaria and will encompass local, regional and global activities and plans.

Discussion Summary

- Leadership Council should include Heads of Agencies to ensure full institutional commitment to the GMBP.
- The GMBP development needs to address and include Health Systems Strengthening strategies.
- Plan should relate to aid effectiveness strategies of OECD; and should be aligned with Paris Declaration principles.
- Need to explicitly focus on access to services and commodities, or targets will not be achieved.
- Need more focus on M&E
- Need to use in-country coordination mechanisms as much as possible
- Need for substantive input from civil society groups in Latin America and Asia: need to examine how civil society involvement in developing plan can be sped up.
- Plan needs to explicitly address how to drive Health Systems Strengthening through the malaria response.

- Consult with broad group of health and economic experts to develop plan.
- 2010 targets critical first step for this plan: also important to better understand how reaching GSP target (80% coverage of malaria control interventions) will help to reduce the burden of malaria, and reach MDGs.
- Need to include strategies ensuring commodity quality standards all along the delivery chain down to the final service provider level.
- Need for R&D community to actively gear towards eradication.
- Integration effort of the plan will be very challenging.
- The plan should remain simple, a tool for communication among partners, but not at risk of failing to achieve eradication goal.
- Two generations of politicians need to be educated in issue of malaria eradication.
- Plan needs high-profile advocacy effort.
- Statistics must go beyond lives saved and describe the economic benefit of malaria control strategies.
- The relationship between Leadership Council and Board needs to be clarified.; RBM Secretariat capacity is expanded with BCG in support of developing the GMBP. This will ensure that milestones over the next 6 months will be met
- Important that plan will be well-phased; importance of a clear baseline data and targets to reach; and vital not to lose sight of the short term for the long term.
- Detail of GMBP will need to be clarified.
- World Health Assembly also needs to be involved for buy-in.
- Necessary to assess scientific feasibility of eradication before developing plan
- EC to finalize list of leaders on Leadership Council
- Need to make RBM Partnership and governance mechanisms more francophone-friendly; presence of France on board was applauded.

Decisions

1. The board commissioned the creation of one Global Malaria Business Plan, to cover all countries affected by malaria and all human types of malaria.
2. The board tasked the EC to review the process, timeline and governance mechanism for development of the plan, especially the governance mechanisms for the Leadership Council.
3. The EC will draft the TORs for the Leadership council and the expert advisers' list to be circulated to the board for final approval.
4. The GMBP development to be undertaken concurrently with the making operational of RBM support structures to support SUFI country operations.

Next Steps / Recommendations

- Ensure sufficient focus on health systems strengthening, M&E, pharmaco-vigilance and access issues
- Link the plan with the efforts of the broader global health community, especially around health systems strengthening
- Ensure the plan reinforces and supports the current momentum to scale up for impact in many countries
- Build the plan bottom-up based on country plans and with input from on-the-ground partners
- Identify criteria characterizing the transition from control to elimination



- ☑ Create a shared results framework and clear metrics to measure the impact and benefits of global activities
- ☑ Ensure that focus on all countries with malaria does not reduce resources to countries with high morbidity and mortality in Africa
- ☑ Include a communication strategy to be used by partnerships to express the overarching strategy and link to current control efforts
- ☑ Focus on prioritization of partnership activities to ensure best use of limited resources available
- ☑ Provide a timetable to the partners on the work to expect in the coming months

Affordable Medicines Facility for Malaria (AMFm)

Presentation Summary

The design and purpose of the new AMFm and updates on Tanzania's and Uganda's pilot projects were presented. Tanzania found that with a subsidy, prices of ACTs in the private sector decreased. Stocking of the medicine occurred rapidly. Placing a \$US 1 price ceiling on a dose of ACTs artificially inflated prices of the medicine in the private sector. Shopkeepers' recommendations play an important role in determining buyers' choice of medicine. Wealthier individuals tend to buy subsidized ACTs in the private sector more than the others. Uptake of subsidized ACTs has been higher among children, but, in general, drug shops seem not to be the preferred access point for caregivers of children under 5. Data and other studies indicate that they seem to be served by public/NGO health facilities.

Discussion Summary

- GFATM welcomes hosting AMFm as a new business line in adherence with proposal; AMFm Taskforce should help the GFATM to develop a business plan that focuses more on quality assurance, access to poor and prevention efforts; AMFm needs to fine tune operational design over the next two months.
- Cambodia highlighted the importance of control mechanisms when drugs are subsidized and distributed. Cambodia's NMCP signed an agreement for a malaria control project. PSI was to distribute drugs to wholesalers in cities, and the pharmacy owners would buy these subsidized drugs to sell them in provinces. But some provinces tried to cheat, with holding drugs until PSI was out of stock and sold them to far away communities for double the price. One way to avoid leakage is to have different drug brand names for the private and public sectors.
- Diagnosis of malaria should be reliable to avoid waste of ACT use and to avoid misdiagnosis of other diseases.
- AMFm should not set up parallel structures, should rather strengthen existing procurement and supply units within countries.
- Approval of AMFm concept to signing of grant should be quick.
- Zambia, a pro-poor government, is able to reach rural remote areas through Faith-Based organizations: there is no private sector in rural areas so the public sector must be strengthened; e.g. need to empower communities to assist in treatment and diagnosis of malaria in rural areas.
- AMFm can be seen as an essential tool to control, eliminate and eradicate malaria.
- It was noted that some design issues regarding access by the poor and home based care for Under 5s remain unresolved.
- All manufacturers support AMFm to ensure access; example of added value of Partnership.



- Need for a well defined communications plan not to raise expectations too high.
- Case studies come from Anglophone markets need to repeat these in Francophone markets.
- What will the impact of AMFm be on drugstore owner behaviour, taking into consideration that if drugs are bought and sold at a lower price with 40x lower margins, drugstores will need to sell 40X more drugs for the same revenue? Need strong research component to look at cost effectiveness and impact of AMFm on the private sector.
- Consensus was to take the risk and go ahead with AMFm knowing you can fine tune as you go along; to learn by doing. AMFm after all is only one part of a larger set of solutions; hard not to support AMFm when the price of ACTs is too high and AMFm succeeds in lowering prices. We can not abandon AMFm because what is alternative?
- Need to include Asian endemic country on AMFm Task Force and pilot study.

Decision Points

The Board reached consensus on the following decision points:

1. Endorses the design of the AMFm as outlined in the executive summary of the technical design submitted by the AMFm Taskforce.
2. Declares its support for the creation of an AMFm to be implemented in accordance with the agreed technical design, noting that a launch is contingent upon resolution of five implementation challenges in the following areas: (i) pharmaceutical standards and treatment guidelines, (ii) supporting interventions, (iii) developing and agreeing a business plan for managing the AMFm, (iv) supplier sourcing and forecasting, (v) resource mobilization.
3. Invites the GFATM to consider taking on full responsibility as AMFm manager at its earliest convenience, for the implementation of this facility in accordance with the agreed design principles.
4. Expresses its gratitude to the co-chairs, secretariat, including advisers, members of the RBM AMFm Taskforce and other resource persons for having successfully achieved their mandate.
5. Decides to re-configure the AMFm Task Force to address the implementation challenges in a timely manner, in accordance with the terms of reference (see **Annex B**).
6. Encourages interested donors to hold consultations with the Task Force to secure financing for the AMFm. .

Next Steps / Recommendations

- ☑ 29 November 2007: First meeting of the AMFm Task Force to develop work plan
- ☑ April 2008: Expected acceptance by GFATM to take on the management of the AMFm

Performance Subcommittee Report

Presentation Summary

As long as the RBM Harmonized Workplan is not fully funded applying performance metrics has limited usefulness. An independent evaluation of the RBM Secretariat will be required in 2008.

Decision Points

- ☑ The existing Subcommittee outputs to be included into GMBP development process

Miscellaneous

Forum RBM

Discussion Summary

Need to create subcommittee to identify purpose, objectives and outcomes of Forum 2010 as well as review cost effectiveness of achieving purpose through a Forum. Objectives might be to review progress until 2010 and the strategy for 2015.

Need to convene Forums at country level with civil society input, so that global Forum will have legitimacy from country level processes.

Decision

- The Board delegated to the EC the task of proposing membership of the Board Forum 2010 Organizing Subcommittee, including the identification and description of the purpose and objectives of a 2010 RBM Forum, to be proposed at next Board meeting in May 2008.

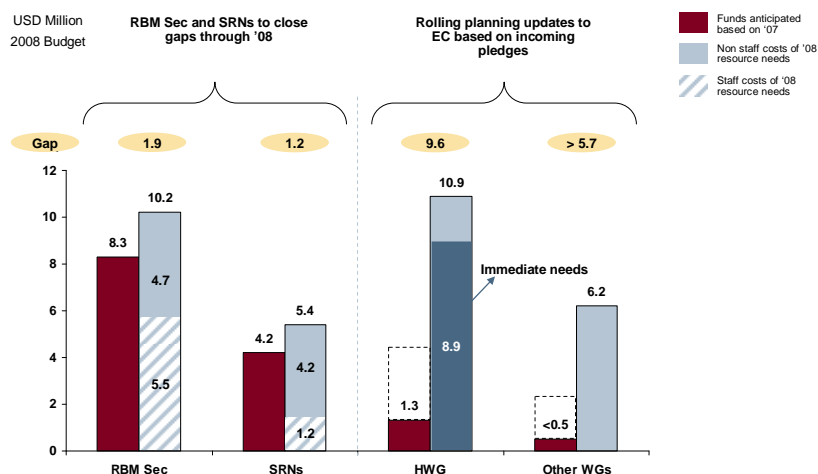
Venue and date of next Board meeting

Decision

- The Board decided to hold its 14th Board meeting 15 & 16 May 2008 in Geneva, Switzerland.

Annex A: RBM Board Meeting_Budget need vs funded_291107.ppt

Funds anticipated Vs. Workplan Requirements



Source: RBM partnership work plans



HWG Needs & Gaps

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

* Exploratory Commitments/Pledged



Annex B: Terms of Reference for Reconfigured AMFm Task Force

Roles and Responsibilities:

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

Membership:

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

Ways of Working:

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

Timeline:

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