

RBM/B14/2019/MIN.2 - **CORRIGENDUM**

Geneva, 14 May 2020

14TH MEETING OF THE RBM PARTNERSHIP BOARD

Abu Dhabi, United Arab Emirates

Sunday 17 November and Monday 18 November 2019

DAY 1

ATTENDANCE LIST

See Annex 1

I ADOPTION OF THE PROVISIONAL AGENDA OF 17 AND 18 NOVEMBER 2019 RBM/B14/2019/DP01

See Annex 2

The Board Chair welcomed the participants to the 14th Meeting of the RBM Partnership to End Malaria Board.

The Board Chair recalled that session XII would be a closed session, and requested volunteers for the committee to support drafting efforts for the Board meeting decision points. Mr Matta, Dr Reddy and Dr Staley volunteered, with support from Ms Wallace and Ms Goldman Van-Nostrand.

Noting that the pre-reads had been submitted later than stipulated in the Bye-Laws, the Board Chair requested Board approval of their acceptance. The Board unanimously accepted the pre-reads.

Decision Point 01 – Adoption of the agenda

The RBM Partnership to End Malaria Board approved the adoption of the agenda for the 14th Board meeting.

I.a. Welcome to new Board members

The Board Chair welcomed the new Board Members: Her Excellency Dr Diane Gashumba, Minister of Health of Rwanda, and Dr Marijke Wijnroks, Chief of Staff of the Global Fund to Fight Aids, Tuberculosis and Malaria.

The RBM Partnership to End Malaria Board took note of this information.

I.b. Apologies

The Board Chair noted that apologies from Dr Alonso and H.E. Dr Gashumba. The Board Chair confirmed that Dr Mpanju-Shumbusho would be acting as proxy for H.E. Dr Gashumba.

The RBM Partnership to End Malaria Board took note of this information.

I.c. Declarations of Interest – Status and update

The Board Chair recalled that the Declaration of Interest forms had been provided to all Board Members, noting that it was an annual process, and requested that these be filled out as soon as possible and returned to the Secretariat. The Board Chair asked if any Board Members had anything to declare.

The Board Vice Chair informed that Board about the change in his circumstances, as previously communicated by email, whereby he had left UNAIDS and was now heading the Global Institute for Disease Elimination (GLIDE) in Abu Dhabi.

The RBM Partnership to End Malaria Board took note of this information.

II SUMMARY OF BOARD DECISIONS AND VOTING SINCE LAST MEETING OF 8 NOVEMBER 2019

RBM/B14/2019/RP02

The Board Chair recalled that two decisions had been made electronically since the meeting in April 2019 where the Board (1) approved the Secretariat enhancements and (2) approved the nominations of the two new Board Members.

The RBM Partnership to End Malaria Board took note of this information.

III RBM SECRETARIAT AND PARTNER COMMITTEE UPDATES OF 13 NOVEMBER 2019

RBM/B14/2019/RP03

The Board Chair invited the CEO to report on the Secretariat activities since the last Board meeting.

The CEO provided the highlights of the Secretariat updates in the pre-read, in line with the strategic plan objectives in responding to changing malaria landscape, where the RBM Partnership had provided national support through the High Burden to High Impact (HBHI) approach and through Technical Assistance (TA) to 34 countries, as well as regional support to the regional malaria platforms, with Memoranda of Understanding with the Regional Economic Communities, and supporting the Cyclone Idai response.

The CEO reported that RBM helped to shape the conversation on malaria through its support to the Lancet Commission and the Strategic Advisory Group on malaria eradication (SAGme) report launches, developing thematic briefs and participating in major events such as the United Nations General Assembly, the World Malaria Day, the World Health Assembly, the AU Summit and the Global Fund Replenishment.

The CEO reported that the HBHI approach had been a success, and was embraced by countries and partners alike, and had catalysed the launches of the Zero Malaria Starts with Me campaigns (which are being mainstreamed as a component of HBHI operations), enhancing political commitment and country ownership. The CEO added that HBHI had been launched in 9 out of 11 countries, with Mali and Tanzania pending.

The CEO highlighted the scope and variety of technical assistance provided in 2019 in countries, as well as the Zero Malaria campaigns launched in 2019.

On the mobilisation of resources at the global level, the CEO stressed the importance of the Global Fund replenishment, the ongoing private sector engagement, support to countries not eligible for the Global Fund funding (such as Equatorial Guinea and Gabon), and mobilising resources for emergency situations (such as in Djibouti, Mozambique, Zimbabwe and Uganda). On the domestic financing front, the CEO mentioned support to End Malaria Funds, the Malaria Financing Task Force (also mainstreamed in HBHI), and identifying opportunities for multi-sectoral action (such as in Mozambique, Uganda and Zambia).

Finally, the CEO recalled the Secretariat enhancements, approved by the Board in October, including the hiring of Deputy CEO and the Finance Manager, conversion to fixed-term contracts for Secretariat staff, and expansion of the office space.

With regards to the key challenges for 2020, the CEO highlighted:

- The strong legitimacy of the Partnership stems from the recognition of partners for RBM as a leading entity in malaria. However, the RBM Partnership remains very dependent on those partners (which already have their own full time workplans) for the delivery of its work.
- The Secretariat remains lean, in accordance with the RBM budget.
- The ongoing management of existing partners and engagement of new partners for active participation.
- With regards to the mission and scope, the RBM Partnership is asked to deliver on an increasingly broad scope of work, and questions remain as to RBM's role on implementation.

The Board Chair invited the CRSPC Co-chairs and Partner Committee Manager to present the key achievements, noting the wide breadth of support to countries (as per countries' request) in complement of HBHI, and in particular, on resolving implementation bottlenecks in more than 40 countries and improving their absorptive capacity.

On behalf of CRSPC, **Drs Olumese, Renshaw** and **Wayessa** reported that with regards to the country resource mobilisation, CRSPC had helped to secure USD 230 million in portfolio optimisation to fill gaps. They explained that, through CRSPC support, an additional USD 360 million had been secured for Nigeria from development banks, increased domestic resource commitments for health had been obtained for Gabon, and there had been successful advocacy for Venezuela Global Fund eligibility. For emergency response, CRSPC had been able to fast track committee review for Burundi, Mozambique and Southern Africa for implementation support.

CRSPC reported on their sub-regional meetings in Africa, which remained the main forum for programs and partners, and where 44 countries and more than 40 partners were represented. CRSPC added that they partnered with APMEN/APLMA to reach Asia Pacific countries.

CRSPC presented on its priorities areas for 2020 including:

- Strengthening political accountability through End Malaria Councils and parliamentary committee engagement
- Updated programmatic gap analyses
- Continued support for national strategic plans, HBHI and Zero Malaria Starts with Me campaigns
- Support to the Global Fund application process, through its tried and tested mechanism
- Regional coordination and collaboration
- Country implementation support to address bottlenecks for ending Global Fund grants

CRSPC highlighted a few major challenges, notably the heavy workload for 2020 and gaps in resources; countries facing many conflicting priorities, and that there was continued increase of malaria cases in a number of countries, including East Africa following flooding. CRSPC confirmed that it continued to be the main face of RBM in the countries, and was working closely with partners.

The Board Chair invited the SCPC Co-chairs and Partner Committee Manager to present their update.

On behalf of **SCPC, Ms Djibo, Ms Fishman** and **Ms Scanlon** focused their presentation around three central questions.

Focusing on what the Partnership was doing to shape the malaria conversation, SCPC explained the work undertaken to shape the narrative and align partners, set the agenda and put malaria at the heart of the sustainable development discourse. SCPC highlighted that the thematic briefs that had been developed on universal health care, climate change and gender sparked conversation and shaped the direction of narrative. SCPC had prioritised speaking with one voice as the malaria community and looked to the Board to indicate which areas to further focus on. SCPC noted the launch of the World Malaria Report on 4 December 2019 which would be another key opportunity, as well as messaging workshop on malaria innovations at ASTMH.

SCPC presented their approach to working with Ambassadors and engagement with Champions. Ambassadors had been deployed strategically at key moments and their engagement had the right impact and message. SCPC had also engaged Champions at country level for a more strategic and targeted approach and would prioritise community champion engagement in 2020.

Finally, SCPC discussed the End Malaria vision and what investments it would take to transition from Roll Back Malaria to End Malaria to reflect the higher ambition of the Partnership. SCPC placed this within the context of a key decade towards 2030, and building a brand which would serve as a rallying cry for the community.

The Board requested WHO to present on the World Malaria Report (WMR), to be published by WHO, later in the meeting, noting the need for all partners to have the opportunity to work with WHO on shaping key messages for the WMR, given the importance of this annual report in benchmarking malaria progress each year.

The Board Chair invited the ARMPC Co-chair and Partner Committee Manager to present their update.

On behalf of ARMPC, **Ms Ivanovich** and **Dr Levens** highlighted their advocacy activities especially linked to the Global Fund Replenishment, and the strengthening of county engagements – India, Korea and Japan – over time. ARMPC reported that a multi-sectoral approach to advocacy had been invested in by ARMPC, making the case for business to invest in fighting malaria. ARMPC explained that they had focused on aligning global partners in advocacy and resource mobilization for innovative tools, and also discussed their support to the Francophone taskforce led by SCPC, support to civil society and the ongoing engagement with the People's Republic of China.

ARMPC highlighted the following challenges:

- The establishment of structures for partner engagement

- Slow spending, though improvement in their ability to fund work through partners had increased in the second half of the year, and a lack of consulting contracts to advance advocacy and resource mobilisation (under exploration for 2020)

For 2020, ARMPC will seek to develop partnership in non-health sectors, and sought the Board's guidance and support in identifying new donor countries and partners, and in targeting priority sectors (agriculture, energy, tourism and extractive industries).

ARMPC also discussed collaboration with other Partner Committees: the SCPC on Francophonie engagement, the Global Fund Replenishment and the United Nations General Assembly; and CRSPC on parliamentary engagement and HBHI.

The Board Chair thanked the Partner Committee Co-chairs for their commitment and taking on the work of the Partnership, and opened the floor for comments and questions from the Board.

Board Members welcomed the presentations, noting the challenges overcome and the outstanding performance of the Secretariat and Partner Committees with limited staffing, and provided the following feedback:

- Noted that though the Secretariat remained small, many significant strategic outcomes had been achieved in consultation with the community
- Supported the close partnership with the Global Fund, with increased coordination for the next funding cycle
- Noted that the 2018-2020 Strategic Plan may have been too broad, and that a continued need for the Secretariat and Partnership to prioritize their work from a strategic lens was necessary
- Need for operational matrix of who is doing what to clarify what gaps there may be, e.g. CRSPC and ARMPC
- Noting the excellent work in country support, questions on capacity strengthening at country level, and capacity of governments to participate in all meetings and conferences
- Noting the need for more health care workers, better data systems and better management linked to capacity building
- Welcoming the increased community engagement, noting that it is critical particularly in emergency and humanitarian situations when a government counterpart may not be available
- Noting the good work and clarity of progress of the Partner Committees, a request for a clear link to outcomes and impact
- Noting the Board discussion on the monitoring and evaluation process, the Secretariat was requested to urgently recruit a Monitoring and Evaluation Specialist
- Inquiring about participation by countries at the CRSPC regional meetings
- Inquiring about an update on Venezuela
- Inquiring about integration between horizontal and vertical programs in light of the focus on Universal Health Coverage (UHC)
- Inquiring about ways to promote more South-South cooperation
- Inquiring about the potential to achieve more at the Kigali Summit, particularly for an integrated approach and country ownership
- Inquiring about opportunities to share information with Ministries of Health at regional level

In reply to **the Board**, **CRSPC** explained that support for eligibility for Venezuela had been provided in the Global Fund situation room with PAHO, and that PAHO had done the comprehensive analysis, and there are funds for treatment. **The CRSPC Co-chairs** expressed the hope that in the next allocation, funds would also be allocated for vector control.

In addressing participation at regional meetings, CRSPC reported that all countries had attended – with the exception of Yemen due to security/logistical considerations – and that positive reviews had been received from the countries.

In addressing how Technical Assistance was allocated, CRSPC explained their triage system, which was based on prioritization, workplan and country malaria burden. On the matter of building capacity, CRSPC noted that the majority of their consultants were regionally based, though noting there was a high turnover rate in National Malaria Control Programme (NMCP) staff and an evolving funding model which requires ongoing Technical Assistance.

In reply to **the Board**, **SCPC** confirmed that they had strengthened partner engagement by aligning their workstream work on key events and movements, which had positive results. With regard to the collaboration among the Partner Committees, SCPC reported that before key activities/projects, decisions were made as to who takes the lead and who would bring the required expertise.

In reply to **the Board**, **ARMPC** addressed the improved integration of Advocacy and Resource Mobilization Committee and better linking with other partners. ARMPC also explained that they were addressing, in part, the Country Coordinating Mechanism engagement through capacity building by civil society and noted their partnership with the Unite group of parliamentarians to work on malaria.

In reply to **the Board**, **the CEO** agreed that while all of the work of the Partnership was part of the Strategic Plan and workplan, there was a continuing need to prioritize and focus on the strategic impact element.

For Objective 1, the CEO stated that RBM had been able to move ahead with keeping malaria high on the malaria agenda, notably, with the heads of state in public fora, and had increasingly been activating parliamentarians.

On Objective 2, the Secretariat was now aiming to develop joint workplans with regional economic communities. On the question of integration, the CEO agreed that this was a big challenge in many countries, where a common platform was needed and integration at the community level could happen. With regards to the potential overlap between Partner Committees, the CEO confirmed that strong coordination took place at the Secretariat to address this, and noted the continuous improvement of the processes overall, including understanding of UNOPS policies and procedures.

The CEO noted the end of the current Strategic Plan in 2020, and that work would begin in 2020 for the next cycle, undertaking broad consultations to feed into it.

Agreeing that some initial thoughts would be presented to the Board at its spring meeting, **Board Members** suggested aligning with the Global Fund strategy cycle, using those opportunities for consultations. It was requested that the next Strategic Plan would be presented to the Board for its approval at its meeting at the end of 2020.

The RBM Partnership to End Malaria Board took note of this information.

The Board Chair invited the CEO to present the RBM workplan and budget for 2020.

The CEO explained that the workplan and budget for 2020 had been prepared according to the strategic objectives and reflecting Partner Committee leads, including priority 1 and 2 activities and the proposed Secretariat structure for 2020.

The Board stressed the need to conduct a prioritization exercise and to reflect new and emerging issues in the new strategy development. **The CEO** noted that the new RBM strategic plan will succeed the one expiring in 2020, and that the consultation process had been included in the 2020 workplan. **The Board** requested to seek synergies with the Global Fund malaria strategy consultation process and **the Board Chair** requested the Secretariat to propose a timeline for the RBM Strategic Plan development process.

On the budget, **the COO** noted positive indications from USAID, Bill & Melinda Gates Foundation and the Global Fund regarding their contributions for 2020, with donor agreements expected to be signed in Q1 2020. During the discussion, **Board members** emphasised the need for an outcome-oriented workplan and budget based on a robust monitoring and evaluation framework. The Board also requested clarifications on: cost drivers for the 2020 budget, carryover of funds, and in-kind contributions, which were provided by **the COO**. The discussion was adjourned to allow for the presentation of the Finance Committee report.

Discussion continued on Day 2 following the presentation of the Finance Committee report by the COO. **The Finance Committee Chair** recommended the approval of the 2020 Workplan and Budget. **The Board** then unanimously approved the 2020 Workplan and Budget.

Decision Point 02 – RBM Workplan and Budget 2020

The RBM Partnership to End Malaria Board approved the proposed 2020 workplan and budget and tasked the Secretariat with its implementation, taking into consideration DP03.

Decision Point 03 – Key Performance Indicators

Based on the discussions held during the 14th Board meeting of the RBM Partnership to End Malaria, and

- **recognizing the tremendous work of the RBM Secretariat and the CEO,**
- **acknowledging the many priorities that could be the focus of the RBM Partnership Secretariat,**
- **noting the specific calls to focus efforts in order to ensure that the limited resources of the Secretariat are not overstretched,**

The RBM Board calls on the RBM CEO and the Secretariat to:

- **further refine the Key Performance Indicators (KPIs) to articulate specific, measurable goals and outcomes tied to the Board-approved workplan priorities by the next Board meeting,**
- **Based upon the prioritization exercise, corresponding changes would be reflected into the workplan and budget and the Board informed accordingly.**

V 2020 MALARIA LANDSCAPE

Dr Robb presented the 2020 Malaria Landscape, including some initial findings of the 2019 World Malaria Report (WMR). Dr Robb noted that great strides had been made in reducing malaria deaths and incidence rate since 2000. More recent stalling of progress since 2015 puts the achievement of the Global Technical Strategy (GTS) targets off track, with the notable exception of progress on malaria elimination. Dr Robb stressed the WHO Director General’s commitment to working in partnership by maximizing assets that each partner brings to the table. The WMR process already benefits from a wide variety of contributions from partners. Dr Robb further recognised that WMR was an opportunity to better define malaria challenges, and therefore aligned messaging is important.

During the ensuing discussion, **Board members** underscored the importance of full involvement of partners in the development of WMR, which would increase ownership and amplification. It was suggested that aligning global malaria community around WMR should be one of the key deliverables for the RBM Secretariat.

Board members also discussed the report’s limitations regarding the timeliness of data, noting the importance of ensuring the reliability and consistency of data used by the malaria community, as well as country ownership of data and data-sharing opportunities. Board members further highlighted WMR as an opportunity to inform the review of the GTS 2025 targets, as well as Global Fund and RBM strategies.

The RBM Partnership to End Malaria Board took note of this information.

VI UPDATE ON HBHI INCLUDING SUMMARY COUNTRY DATA DASHBOARDS OF 13 NOVEMBER 2019

RBM/B14/2019/RP04

Dr Renshaw and **Dr Robb** presented on the HBHI progress since its launch in November 2018. Following this presentation, **Mr Boslego** presented the HBHI dashboard developed by McKinsey and requested the Board’s recommendations on the use of this tool.

In reply to **Mr Daly, the Board Chair** explained that the HBHI dashboard’s purpose was to align messages and data. The Board Chair added that the dashboard was designed to be real-time and informative and all countries could be using this tool for malaria, as well as other diseases. The Board Chair requested that the data in this tool is kept “live” and added to the RBM website to be seen by all stakeholders.

The RBM Partnership to End Malaria Board took note of this information.

VII ADVANCING COUNTRY & GLOBAL DATA CAPABILITIES: MALARIA DATA CAPTURE, INTEGRATION AND SHARING

Dr Staley presented the US President's Malaria Initiative (PMI) efforts on data management and integration in collaboration with the 27 countries in which PMI operates, as well as with the Global Fund to Fight AIDS, TB, and Malaria (GFATM) and the Bill and Melinda Gates Foundation (BMGF). The collaboration currently examines the Health Management Information System (HMIS), health commodity logistics management systems, financial management systems, and climatological data from these countries with the goal to share and integrate data at the global level to inform and guide improved management of malaria programmes and financing. PMI, GFATM, and the BMGF have already aligned common cost categories to better compare and integrate financial data from the three institutions. PMI is also supporting improved data management capacity through embedding data scientists into national malaria control programmes. Dr Staley proposed that the RBM Partnership could play a bigger role in this area.

In discussion with **Board members**, identified opportunities included needs for:

- Better accumulated data from across countries to support individual country decision making, in areas where global guidance is inconclusive
- Weather forecasting for better contingency planning and response to unexpected events
- Modelling of prospective innovations and their potential impact
- Quarterly data review opportunities

The CEO confirmed that the RBM Partnership will continue to work with partners to leverage on which data were available already and act as a control tower among partners for integrating different sources of data into usable formats. He added that it was necessary to strengthen country capacity to collect quality data which can be used effectively.

Recognizing the call by Global Fund Board members, the Global Fund Executive Director, and others to find ways to present actionable data for use by the Global Fund and the wider Partnership, **the RBM Board** encouraged the Global Fund to:

- utilize RBM reports and World Malaria Report from the RBM CEO to inform decision making, and
- consider inviting the RBM Partnership CEO to provide updates to future Global Fund Board meetings.

Decision Point 04 – Data Aggregation, Reporting and Advocacy

Based on the discussions held during the 14th Board meeting of the RBM Partnership to End Malaria, and

- **recognizing the tremendous progress made by our world community in the fight against malaria, and**
- **acknowledging the critical role of data and management in driving progress,**
- **and noting discussions that took place during the 42nd Board meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria for more comprehensive and frequent use of data to inform decisions,**

The RBM Board calls on the RBM CEO to the extent feasible and appropriate to:

- **aggregate malaria-relevant data willingly shared by partners across efforts to eliminate malaria,**
- **present to the RBM Board and the broader Partnership succinct summaries of data on strategic and operational progress, challenges, and risks, and**
- **advocate for increasingly open national and international data platforms and collectively support improved data systems and capacity across the global malaria community.**

The Board takes note that this is an additional activity not reflected in the 2020 RBM Partnership Workplan and asks the CEO to provide an update on the additional human and financial resources required upon clarification of an initial Scope of Work.

VIII UPDATE ON GLOBAL FUND GRANT MAKING, COUNTRY ALLOCATIONS AND CATALYTIC FUNDING

Dr Wijnroks provided an update on the Global Fund grant making and confirmed that grants would be announced to countries on 12 December 2019. Dr Wijnroks commended the work of CRSPC in identifying gaps.

In reply to **the Board**, **Dr Wijnroks** confirmed that:

- Country allocations would be announced in December, in time for the RBM meeting in Nairobi
- Country allocations are derived from a global formula that sets aside 32% for malaria and are further refined through a process of qualitative adjustments
- RBM has a key role to play in helping countries to spend down their grants and to mobilise their necessary counterpart financing requirements

Dr Staley recommended that the CEO attend the Global Fund Board meetings on a regular basis to share the progress on the country and global data capabilities. Dr Staley also recommended that countries are asked to match the cost categories in their data funding to provide an overview of malaria financing in the same code.

IX FINANCING THE MALARIA RESPONSE OF 8 NOVEMBER 2019

RBM/B14/2019/RP05

The Board Chair thanked Dr Winnie Mpanju-Shumbusho for agreeing to chair this discussion. It was noted that one of the discussants, Dr Pedro Alonso was unfortunately unable to join the discussion due to overlapping duty travel.

Dr Mpanju-Shumbusho highlighted that the discussion would focus on RBM priorities; noting that the possibility of ending malaria derives from tremendous success over the past decades. She added that both the SAGme and the LCME reports reaffirm the vision of a malaria-free world as the ultimate goal.

Dr Mpanju-Shumbusho invited Dr Mirta Roses, as a Member of the SAGme, to offer updates on the final SAGme report release and her thoughts on its implications.

Dr Roses briefed the Board on the work and conclusions of the WHO Strategic Advisory Group on Malaria Eradication (SAGME), noting that only the Executive Summary had been released, and the full report would be launched in January 2020.

Dr Mpanju-Shumbusho also invited Sir Richard Feachem to share the work and conclusions of the Lancet Commission on Malaria Eradication. **Sir Feachem** shared the work and conclusions of the Lancet Commission on Malaria Eradication

While the two reports differed on the ability and desirability of setting a date for malaria eradication, which the Lancet Commission sets at 2050, both reports shared the same conclusions that:

- Eradication is possible and desirable
- Increased political will, greater financial investments particularly from malaria endemic countries, and new tools will be needed to reach eradication
- An aligned, country-owned, multisectoral response is a necessary precondition for success in each country that remains to eliminate malaria

The Board Chair thanked the Board Members for the excellent exchange of information and expressed the eagerness to continue discussions on this important topic during the dinner.

Decision Point 05 – Endorsement of the MPAC Recommendations of October 2019

Based on the discussions held during the 14th Board meeting of the RBM Partnership to End Malaria, and

- **recognizing the importance of the coming Global Fund grant making process,**
- **acknowledging the critical role of the CRSPC and associated activities led by RBM,**
- **noting the specific calls from country NMCPs, implementers, technical experts, and global organizations to use data to create tailored plans,**
- **further noting the WHO Malaria Policy Advisory Committee (MPAC) report of its October 2019 meeting encouraging countries to work towards universal coverage of the right mix of interventions, recognizing that the coverage of individual interventions may vary by setting,**

The RBM Board endorses the MPAC’s recommendation to support countries to develop detailed National Strategic Plans with robust stratification and tailored subnational intervention mixes, adapted to the local context and available resources to achieve national targets.

X DISCUSSION: BUILDING CONSENSUS ON RBM BOARD ROLE FOR MALARIA ERADICATION

RBM Partnership would continue to support the global efforts to increase political will, financing, and investment in innovation to reach malaria eradication. RBM strategies include both individual country efforts to establish end malaria councils and funds to raise domestic resources, as well as regional and global work with development banks and the private sector to innovate and expand malaria investment approaches to fund the most impactful interventions.

DAY 2

XI GOVERNANCE

A Finance Committee Report of 14 November 2019 RBM/B14/2019/**RP06**

The Board Vice Chair invited the Finance Committee Chair to provide an update on the Finance Committee report.

The Finance Committee Chair noted that the pre-reads in this session had been reviewed and approved by the Finance Committee, which met twice in September with a focus on the audit findings and revised Risk Log, and again in late October with a focus on previewing the draft Financial Report. Additional revisions had been requested and provided, and the Finance Committee approved the Financial Report provided to the Board. The Finance Committee Chair thanked the Finance Committee members who provided guidance and inputs, and noted that the document would now be reviewed in turn. The Finance Committee Chair requested the support of the COO in presenting the documents.

The RBM Partnership to End Malaria Board took note of this information.

B Report on audit conclusions and recommendation to add finance capacity of 4 November 2019 RBM/B14/2019/**RP07**

The Board Vice Chair invited **the CEO** who requested that the COO present the summary of the UNOPS internal audit reports conducted in 2019.

The COO presented the highlights of the pre-read and explained the measures that had already been taken by the Secretariat on the basis of the audit recommendations, including the recruitment of the Finance Manager.

The Board Members noted the audit recommendations and the measures being taken by the Secretariat.

The RBM Partnership to End Malaria Board took note of this information.

C Financial report of 13 November 2019 RBM/B14/2019/**RP08**

The Board Vice Chair invited the Finance Committee and **the COO** to present the Financial Report.

The COO presented the Financial Report, noting the improvements that had been made based on the feedback received.

The Board members inquired whether the current UNOPS procedures were influencing the implementation level of the activities planned, especially the under expenditure in certain initiatives, and discussed the importance of including outcomes for each completed activity. The outcomes shared by CRSPC were indicated as a good example. The Board also discussed the increased funding

for CRSPC activities for 2020 compared with the 2019 budget. The Board members also inquired about the timelines of the donor agreement signatures and whether that would affect the implementation of activities in Q1 2020. The Board members took note of the need to balance speed and accountability in the Secretariat operations. The Board Members discussed the Finance Manager recruitment process, resulting from the UNOPS HR procedures, and whether this was a risk to RBM financial management.

The Finance Committee Chair confirmed that the Finance Committee was confident in the steps being taken to strengthen RBM financial management, and would continue to work closely with the Secretariat while the Finance Manager is recruited.

The COO explained that the upcoming major activities and cost drivers for the 2020 CRSPC activities were supporting countries to prepare and submit their Global Fund applications. The CHOGM meeting was also acknowledged as a cost driver for the 2020 budget, as well as the implementation of staff conversions to fixed-term contracts, additional staffing, and the corresponding increase in UNOPS direct costs. The COO also provided a few insights on potential donors to the RBM Partnership, and explained the carryover calculations. The COO confirmed that UNOPS procedures were not impeding implementation, now that the initial adaptation was completed.

The Board agreed that more funding sources for RBM were needed and that prospective donors needed to be approached.

Based on the recommendations from **the Finance Committee, the Board** approved the 2020 Secretariat plan. *[Please see Decision Point 02 above]*

D Updated risk log of 8 November 2019 RBM/B14/2019/**RP09**

The Board Vice Chair introduced the updated risk log, noting it is a living document, and explaining that based on comments received at the last Board meeting, the format had been updated and endorsed by the Finance Committee at its meetings. The Board Vice Chair suggested the session be used to focus on the emerging risk, as included in the risk log, having to do with hosting.

The RBM Partnership to End Malaria Board took note of this information.

E Risk discussion: hosting (StopTB issue) of 13 November 2019 RBM/B14/2019/**RP10**

The Board Vice Chair referred to the pre-reads provided, including the comparison of the RBM and Stop TB Hosting Terms, and invited Mr Axelsson to provide an update.

Mr Axelsson provided an update on the UNOPS hosting arrangements with Stop TB, including the ongoing negotiations. Mr Axelsson highlighted the different context of Stop TB compared to the RBM Partnership, and reassured the Board of UNOPS continued commitment to hosting the RBM Partnership.

The Board members discussed how to address this risk, including what level the risk was at. The Board concluded that, based on the thorough assessment and due diligence process it undertook when choosing a host in 2016, and with the assurances of UNOPS, this risk could remain at the medium level. The Board suggested that the Secretariat maintain communications with Stop TB, as useful information for the Partnership to consider. The Board appreciated UNOPS willingness for

constructive engagement and Board members recommended a few initial improvements which could be examined, such as a clear dispute resolution clause in the Hosting Terms and flexibility on Secretariat contracts' length.

The Board created a working group on this matter, to include Mr Daly, Mr Matta, Dr Staley, Mr Sy, Mr Axelsson and the CEO, to report back to the Board at its next meeting.

The RBM Partnership to End Malaria Board took note of this information.

F	Recommendations: Update RBM Bye-laws/Hosting Terms/SOPs (including Partner Committee leadership rotation, Board size, composition and rotation, frequency/format of Board meetings, Board accountability, branding) of 13 November 2019	RBM/B14/2019/DP03
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The Board Chair introduced the proposed revisions to the RBM Bye-Laws, noting the work of the Working Group which had tackled these complex issues. The Board Chair noted that on many points, the Working Group members are well-aligned and have proposed changes to the Bye-Laws, including:

- Increasing the Board membership cap by two, from a minimum of 10 and maximum of 17, while simultaneously revisiting the timing of the Board rotation
- Increasing the cadence of Board meetings to quarterly, with at least one face-to-face meeting, with shorter Board meetings
- Housekeeping revisions to reflect the Partnership's new name

The Board members discussed the importance of increasing the Board membership from 15 to 17 and that this measure should only be taken as an interim solution for staggering the rotation, in response to some concerns about the size of the Board in comparison to the Secretariat. The Board members also agreed to revert to quarterly meetings, with an appropriate calendar of issues to be considered, to mitigate additional workload on the Secretariat. Connectivity options for Board members must also be addressed for remote meetings. The revised language to have at least one face-to-face meeting will provide more flexibility in planning.

The Board Chair then introduced other points for discussion, including constituency basis versus individual mandates, accountability mechanisms and term limits. **The Board members** agreed to revisit these issues, noting that if standing seats were to be instituted, this might have broader implications for the RBM governance structure, and we need to ensure that views and voice of affected countries are heard and taken on board as endemic countries are key partners in the fight against malaria.

The Board Chair concluded that these more complex discussions on the Bye-laws would continue through the Working Group.

Decision Point 06 – Amendment of the RBM Bye-laws

The RBM Board Bye-laws will be amended to reflect the following:

- **Section 4.3: Partnership Board Membership.**
- **The Partnership Board will increase to a maximum of 17 members.**
- **This shall be an interim measure to facilitate a staggered approach to Board rotation.**

- **Section 5.1: Convening Meetings**
- **The Board shall meet approximately on a quarterly basis, of which at least one meeting will be face to face.**

- **Naming update:**
The Bye-laws shall be updated to reflect the name of the RBM Partnership to End Malaria.

Decision Point 07 – Monitoring the Hosting Relationship

Based on the discussions at the 14th Board meeting of the RBM Partnership to End Malaria, the CEO, Secretariat team and UNOPS will work together with a Working Group of the Board to:

- **assess the risks and opportunities to the Partnership from the hosting arrangement, including any mitigation strategy and specific requests to UNOPS from the Board for improvements and flexibility, and**
- **develop a dispute resolution framework to provide a pathway to address hosting related conflicts or issues that could arise in the future.**

The CEO will provide an update on hosting arrangements, including bottlenecks or challenges, at each future Board meeting.

(The CEO, the Advisers to the Board Members, the PC Co-chairs and the Secretariat Team left the room)

XII RBM CEO PERFORMANCE ASSESSMENT – closed session

RBM/B14/2019/DP04

Minutes of the discussion are in a separate confidential record.

(The CEO, the Advisers to the Board Members, the PC Co-chairs and the Secretariat Team rejoined the room)

XIII FUTURE BOARD MEETINGS

RBM/B14/2019/RP11

The Board agreed to defer the decision on when to hold the next meeting. Board members were requested to inform the Board Chair by email which dates would be acceptable among the options presented in the pre-read:

- Tuesday 31 March and Wednesday 1 April 2020
- Wednesday 1 April and Thursday 2 April 2020
- Thursday 2 April and Friday 3 April 2020
- Monday 6 April and Tuesday 7 April 2020
- Tuesday 7 April and Wednesday 8 April 2020
- Wednesday 8 April and Thursday 9 April 2020
- Wednesday 6 May and Thursday 7 May
- Thursday 7 May and Friday 8 May

The RBM Partnership to End Malaria Board took note of this information.

Decision Point 08 – Thanking the Crown Prince Court of Abu Dhabi

The RBM Partnership Board thanks the UAE and in particular H.H. Sheikh Mohamed bin Zayed, Crown Prince of Abu Dhabi for the gracious hospitality in hosting the 14th RBM Board meeting and for his generous support to the RBM Partnership.

XIV REVIEW OF DECISION POINTS

The Board reviewed and approved the eight decision points prepared by the drafting committee.

Dr Lal proposed sending a letter of thanks to His Highness the Crown Prince of Abu Dhabi for hosting the meeting and for his support to the RBM Partnership, which **the Board** endorsed.

The Board requested that a plan for developing the 2021-2023 strategy should be available by the next Board meeting, with the final 2021-2023 strategy to be delivered before the end of 2020.

The RBM Partnership to End Malaria Board approved the eight decision points taken during the meeting and tasked the Secretariat with their publication in due course.

The RBM Partnership to End Malaria Board requested the Secretariat to prepare a letter of thanks to His Highness the Crown Prince of Abu Dhabi.

XV ANY OTHER BUSINESS

Professor Yuthavong confirmed that he would be willing to stay on the Board or resign, and that he would await guidance from the Board.

The Board Vice Chair recalled that, as per the Bye-laws, Board members had been asked, following their first term of three years whether they wished to step down or be considered for a second term

as described in the Bye-laws. All but two had asked to be considered for a second term. Rotation will be revisited in the new year to ensure staggering of rotation.

Dr Mpanju-Shumbusho stressed that it was a major risk if RBM did not listen to affected countries, and stressed that a mechanism to deepen engagement in this regard be developed as part of RBM governance. It was agreed that this important topic would be examined during the strategy review and taken forward to the Spring 2020 Board meeting.

Mr Sy informed the Board that he would be stepping down as the Secretary General of the IFRC and will take up the position of Chair of the Kofi Annan Foundation.

The RBM Partnership to End Malaria Board took note of this information.

* * *

ATTENDANCE LIST

RBM Board Members

1. **BARAKAT Maha, Board Chair**
2. **BLAND Simon, Vice Board Chair**
3. DALY Kieran
4. KAMWI Richard Nchabi
5. LAL Altaf
6. MPANJU-SHUMBUSHO Winnie
7. NISHIMOTO Ray
8. REDDY David
9. ROSES Mirta
10. STALEY Kenneth
11. SY As
12. YUTHAVONG Yongyuth
13. WIJNROKS Marijke

RBM Ex Officio Board Members

1. AXELSSON William, UNOPS

Absent With Apology:

1. ALONSO Pedro
2. GASHUMBA Diana

Alternates / Advisers

1. DE RONGHE Meg, Adviser to Kieran Daly
2. FILLER Scott, Adviser to Marijke Wijnroks
3. FOSS Yngvil, Adviser to William Axelsson
4. GOLDMAN VAN NOSTRAND Lisa, Adviser to Ray Nishimoto
5. ROBB Alastair, Adviser to Issa Matta
6. MATTA Issa, WHO Alternate
7. WALLACE Julie, Advisor to Board Chair

Invitees

1. DJIBO Yacine, SCPC Co-chair
2. FEACHEM Richard, Director of the Global Health Group at the University of California San Francisco Institute for Global Health Sciences
3. FEACHEM Neelam, Global Health Sciences Faculty Affiliate
4. FISHMAN Michal, SCPC Co-chair
5. FONTEILLES DRABEK Sylvie, MMV Legal Counsel – *partial attendance on Day 2*

6. IVANOVICH Elizabeth, ARMPC Co-chair
7. LUCARD Andrea, ARMPC Co-chair
8. OLUMESE Peter, CRSPC Co-chair
9. RENSCHAW Melanie, CRSPC Co-chair
10. WOO Hyun Ju, UCSF Analyst

RBM Secretariat

1. DIALLO Abdourahmane, CEO
2. ANGHELICI Olga, Acting Assistant to the CEO and Board Chair
3. BOSLEGO Matthew, Policy Specialist
4. LEVENS Joshua, ARMPC Manager
5. MATHIEU GOTCH Clara, COO
6. SCANLON Xenya, SCPC Manager
7. SCHIAVO Maria, Strategic Communications Analyst
8. WAYESSA Daddi, CRSPC Manager

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RBM/B14/2019/DP01

Geneva, 7 November 2019

PROVISIONAL AGENDA

14TH MEETING OF THE RBM PARTNERSHIP BOARD

Alyazia Board Room, Park Hyatt Hotel, Abu Dhabi, UAE
17-18 November 2019

Day 1, Sunday, 17 November 2019

09.00-09.10	I	ADOPTION OF THE PROVISIONAL AGENDA	RBM/B14/2019/DP01
	a	Welcome to new Board members	
	b	Apologies	
	c	Declarations of Interest – Status and update	RBM/B14/2019/RP01
09.10-09.15	II	SUMMARY OF BOARD DECISIONS AND VOTING SINCE LAST MEETING	RBM/B14/2019/RP02
09.15-10.45	III	RBM SECRETARIAT AND PARTNER COMMITTEE UPDATES	RBM/B14/2019/RP03
		<ul style="list-style-type: none">• CEO Report• CRSPC Report• SCPC Report• ARMPC Report• Board dialogue with Partner Committee Co-chairs and Managers	
<i>10.45-11.00</i>		<i>COFFEE BREAK</i>	
11.00-12.30	IV	RBM WORKPLAN AND BUDGET 2020	RBM/B14/2019/DP02
		<ul style="list-style-type: none">• Presentation including summary of available funding for workplan period	
<i>12.30-13.30</i>		<i>LUNCH</i>	

13.30-14.00	V	2020 MALARIA LANDSCAPE	
		<ul style="list-style-type: none"> • Update on the status of development and release of the World Malaria Report 2019 • Update on achievement of malaria elimination targets 	
14.00-14.30	VI	UPDATE ON HBHI INCLUDING SUMMARY COUNTRY DATA DASHBOARDS	RBM/B14/2019/ RP04
14.30-15.15	VII	ADVANCING COUNTRY & GLOBAL DATA CAPABILITIES: MALARIA DATA CAPTURE, INTEGRATION AND SHARING	
<i>15.15-15.30</i>		<i>COFFEE BREAK</i>	
15.30-16.00	VIII	UPDATE ON GLOBAL FUND GRANT MAKING, COUNTRY ALLOCATIONS AND CATALYTIC FUNDING	
16.00-17.15	IX	FINANCING THE MALARIA RESPONSE	RBM/B14/2019/ RP05
		<ul style="list-style-type: none"> • Key synergies and take-aways from the SAGME and LCME Reports • Conclusions, recommendations and implications for RBM Board action • Update on the EMC and discussion on how to optimise RBM and EMC roles and influence 	
17.15-18.00	X	DISCUSSION: BUILDING CONSENSUS ON RBM BOARD ROLE FOR MALARIA ERADICATION	
19.30-21.30		BOARD DINNER	
		THEME: Malaria 2020 Priorities	
		Sontaya Restaurant, St Regis Hotel Saadiyat Island	

Day 2, Monday, 18 November 2019

07:30-08:45	XI	GOVERNANCE	
	a	Finance Committee report	RBM/B14/2019/ RP06
	b	Report on audit conclusions and recommendation to add finance capacity	RBM/B14/2019/ RP07
	c	Financial report for adoption	RBM/B14/2019/ RP08
	d	Updated risk log	RBM/B14/2019/ RP09
	e	Risk discussion: hosting (StopTB issue)	RBM/B14/2019/ RP10
08:45-10:15	f	Recommendations: Update RBM Bye-laws/Hosting terms/SOPs (including - PC leadership rotation, Board size, composition and rotation, frequency/format of Board meetings, Board accountability, Branding) Discussion: RBM Bye-laws/Hosting Terms/SOPs	RBM/B14/2019/ DP03
<i>10:15-10:30</i>		<i>COFFEE BREAK</i>	
10:30-11:30	XII	RBM CEO PERFORMANCE ASSESSMENT <i>Closed session</i>	RBM/B14/2019/ DP04
11:30-11:45	XIII	FUTURE BOARD MEETINGS Dates & Places / Format	RBM/B14/2019/ RP11
11:45-12:00	XIV	REVIEW OF DECISION POINTS	
12:00-12:25	XV	ANY OTHER BUSINESS	
12:25-12:30	XVI	CONCLUDING REMARKS <i>LUNCH</i>	