
Meeting Notes of the 4th Roll Back Malaria Partnership Board Meeting

Geneva, Switzerland: 15 – 16 December 2016

In Attendance:

Board Members

Dr Winnie Mpanju-Shumbusho (Chair)	Mr Kieran Daly (Vice-Chair)	
Dr Pedro Alonso	Mr Elhadj As Sy	Mr Simon Bland
Prof Awa Coll-Seck	Mr Paulo Gomes	Dr Atlaf Lal
Dr Richard Nchabi Kamwi	Mr Ray Nishimoto	Dr David Reddy
Prof Yongyuth Yuthavong	Rear Adm Tim Ziemer	

Observers

Mr Armen Chobanyan (UNOPS)
Mr Armen Harutyunyan (UNOPS)

Invited Speakers

Ms Susan Byrne (Malaria No More, Strategic Communications Partner Committee Co-Chair)
Mr Alan Court (UNSEO, Advocacy & Resource Mobilization Partner Committee Co-Chair)
Ms Yacine Djibo (Speak Up Africa, Strategic Communications Partner Committee Co-Chair)
Mr Scott Filler (Senior Disease Coordinator, Malaria, Global Fund)
Dr Peter Olumese (WHO, Country and Regional Support Partner Committee Co-Chair)
Dr Melanie Renshaw (ALMA, Country and Regional Support Partner Committee Co-Chair)
Mr Benjamin Rolfe (APLMA, Advocacy & Resource Mobilization Partner Committee Co-Chair)

Board Member Advisors

Ms Sylvie Fonteilles-Drabek
Ms Lisa Goldman-Van Nostrand
Ms Kudzai Makomva
Mr Issa Matta
Mr Jason Peat
Ms Julie Wallace

Interim Support Team (IST)

Mr Jonah Grunsell (IST Lead)
Ms Annemarie Meyer (IST Convenor)
Mr Paul Miller (IST Operations)
Ms Kirsty Stephenson (IST
Communications)

Agenda:

Day 1: 15 December 2016

Executive Session

1. Welcome & Introductions
2. Adoption of Agenda
3. Board Member Recruitment
4. Hosting and Location Update
5. Finance and Resourcing
6. WHO World Malaria Report
7. Partner Committee Update
8. Strategic Communications Partner Committee Update
9. Day 1 Close

Day 2: 16 December 2016

Executive Session

10. Welcome & Reflections on Day 1
11. Board Governance
12. Global Fund Update
13. Country and Regional Partner Committee Update
14. Advocacy and Resource Mobilization Partner Committee Update
15. CEO Recruitment Next Steps
16. Closing Remarks

Day 1: 15 December 2016

1. Welcome & Introductions

- 1.1. Dr Winnie Mpanju-Shumbusho welcomed Board Members to the fourth face-to-face meeting of the Roll Back Malaria Partnership. Dr Mpanju-Shumbusho thanked the Board for their continued engagement and commitment, noting that great progress had been made since the last meeting despite a very challenging timeline.
- 1.2. Dr Winnie Mpanju-Shumbusho sincerely thanked the Global Fund for providing their offices as the venue for the meeting and for their outstanding ongoing support for the RBM Partnership.

2. Adoption of Agenda

- 2.1 Dr Mpanju-Shumbusho introduced the session and outlined the agenda for the 4th RBM Partnership Board and clarified that the minutes of the last meeting had already been approved. Board Decisions made since the previous Board Meeting and the voting record to date of all Board Members was presented. It was noted that a record will continue to be maintained and reported to ensure internal transparency.
- 2.2 The agenda for the fourth face-to-face meeting of the Roll Back Malaria Partnership was then formally adopted.

RBM/PBM04/2016/DP01 – Agenda

The Roll Back Malaria Partnership Board approves the agenda for the fourth Board Meeting of the Partnership Board.

3. Board Member Recruitment

- 3.1 Dr Mpanju-Shumbusho handed over to Mr Jonah Grunsell of the IST to provide an update to the process conducted to date for the recruitment to vacant Board seats.
- 3.2 It was confirmed that at its 3rd RBM Partnership Board meeting, the Board agreed the following requirements in their Decision Point regarding Partnership Board Member selection (RBM/PBM.03/2016/DP.8 – RBM Partnership Board Selection). This Decision confirmed at least one Board member to come from a malaria-affected country or region in the Americas, representing the geographical and economic diversity of the country / region, whether from government, civil society, multisectoral, private sector or international organizations and that applications from female nominees who meet the eligibility and skills requirements would be prioritised.
- 3.3 It was stated that the nomination process was announced to the Partnership in October 2016 and shared via the website and via email to the Partnership ListServ containing over 5,000 email addresses. A total of 17 nominations were received with 7 nominees from the Americas and 10 nominations from female applicants.
- 3.4 It was confirmed that the Board Selection Committee (BSC) would meet prior to Day 2 of the Board Meeting to review applications and agree recommendations.

4. Hosting and Location Update

Hosting

- 4.1 Dr Mpanju-Shumbusho introduced the session and noted there had been excellent progress since the last meeting with the confirmation of Hosting Terms and the transfer of funds from WHO to UNOPS. She stated that this session was designed to provide an overview of progress to-date along with update on the assessment of potential options for interim locations for the RBM Management Team. She asked Mr Paul Miller of the IST to further update the Board on progress to date.
- 4.2 It was confirmed that the IST had been working with the Board Leadership, RBM Finance, Audit, and Risk Committee, UNOPS and legal support kindly provided by Sylvie Fonteilles-Drabek of MMV to develop a set of Hosting Terms. The Hosting Terms were approved by the RBM Board by electronic vote on the 25 November 2016 (RBM/PBDP/171116/DPHT1). The IST will work with the RBM Board Leadership and the RBM Finance, Risk, and Audit, Committee to ensure the timely transfer of residual funds held at WHO in line with the Hosting Transition Plan.
- 4.3 During Board discussion, it was clarified that UNOPS will have fiduciary responsibility – but RBM Management team will authorize payments, which will be executed by the UNOPS finance team. The practicalities of operationalizing the hosting terms will be clarified in the Hosting Standard Operating Procedures (SOPs) including the relationship between the CEO and management team and the UNOPS finance function. Following the discussion, it was agreed that as part of this there will be an illustration summary tree of these relationships developed to share with the board to ensure clarity of these relationships.
- 4.4 The Board agreed to delegate responsibility for the preparation of Hosting SOPs to the IST, RBM Board Leadership and the RBM Finance, Risk, and Audit Committee prior to formal adoption by RBM. Once approved these will be shared with the full board for information.

Location

- 4.5 There was an update regarding the range of options identified and evaluated to provide the RBM Management Team with a physical location within Geneva for the next 18 months to 2 years, prior to the seeking of a permanent base within the ‘new’ Health Campus in 2018. These options were assessed based on their ability to meet the requirements for the RBM Management Team, cost, strategic benefit of co-location and ease of transition to the new health campus.
- 4.6 The Board unanimously approved the Global Fund as the target interim location for the RBM Management Team as this option overall appeared to provide the RBM management team with an opportunity to have a dedicated presence and identity as well as the advantages of close proximity with a critical partner and the opportunity to move with the Global Fund to the health Campus in 2018.

RBM/PBM04/2016/DP02 – RBM Management Team Location

The Roll Back Malaria Partnership Board approves the recommendation of the Global Fund as the target interim location for the RBM Management Team and tasks the IST to progress and finalize negotiations in consultation with the Board Leadership and CEO.

5. Finance and Resourcing

- 5.1 Mr Daly introduced the next agenda item and asked Mr Ray Nishimoto of the Board Finance, Risk and Audit Committee and Mr Miller from the IST to provide an update on current RBM resources and progress to date on the development of an initial 2017 budget for RBM.
- 5.2 The role, responsibilities, and membership of the RBM Board Finance, Risk and Audit Committee were presented. The Board approved the Terms of Reference (ToR) for the Committee and the increase in membership to at least five members. The current ToR language states 'at least four members' which with a quorum of 3 members may compromise the effectivity of the group.
- 5.3 It was stated that the closure process of the RBM Secretariat at WHO is complete. The final staff termination indemnities are to be paid before the final balances are transferred to the RBM Management Team at UNOPS. Settlement of these remaining liabilities is expected by 31 January 2017. As at the 15 December 2016, WHO was holding USD1.664m of RBM funding.
- 5.4 An overview of advised funding for 2017 was then presented. USAID have provided USD3.8m to fund the Harmonisation Working Group Work Plan (USD3m) and a contribution toward the initial costs of the RBM Management Team (USD0.8m). In addition, anticipated resource mobilization activity is expected to generate approximately a further USD3.0m.
- 5.5 A provisional RBM expenditure budget for 2017 was then presented following further research and analysis by the IST under the guidance of the RBM Board Finance, Risk and Audit Committee. These were noted to be estimates only and exclude the needs to be identified for the work of the Partner Committees (apart from USD3.0m from USAID allocated to the Country / Regional Support Partner Committee), along with agreed total hosting fees and fixed costs from UNOPS.
- 5.6 Expenditure estimated included the planned establishment of the permanent RBM management team and the provisional recruitment plan, along with associated assumptions regarding core costs including travel, subsistence, and infrastructure costs. The overall provisional income and expenditure estimate for 2017 was then presented including the planned incoming revenue and resource mobilization activity (referenced in section 5.4) which equates to an overall positive financial projection.
- 5.7 The current estimates were discussed and the Board expressed its sincere thanks to the ongoing contribution from USAID and the Bill and Melinda Gates Foundation (BMGF). The need to develop parameters for an ongoing RBM Reserve fund was also discussed by the Board and it was agreed that the FRAC would develop these given how vital it is for the Board to ensure the long-term stability of the Partnership.
- 5.8 There was also an update on transition resources and expenditure to date. It was noted that the closure of the IST was previously anticipated to be at the end of March 2017, although this is dependent on the recruitment timeline for the permanent RBM Management Team. The Board noted the importance of a smooth transition of support from the IST and asked the Board Leadership to consider the potential extension of this date providing required resources were available to ensure an effective transition. It was further noted that any unspent resources would be transferred from the IST to UNOPS to support RBM Partnership activities at the close of the IST support function.
- 5.9 The Board discussed and reviewed the current projections and thanked the IST and Board Finance, Risk and Audit Committee for their work to date. The Board unanimously approved the provisional budget and the following Decision Point.

RBM/PBM04/2016/DP03 – Finance and Resources

The Roll Back Malaria Partnership Board notes:

- The RBM Board is asked to note the report on the status of funds held on behalf of RBM at WHO and the commitment from WHO of the transfer the remaining funds following confirmation of the approval of Hosting Terms with UNOPS.
- The RBM Board **approves**:
 - The provisional budget for 2017 and agreement to undertake identified resource mobilization activities following the finalisation of Partner Committee plans and budgets.
 - The RBM Board Finance, Risk, and Audit Committee to develop parameters for an ongoing RBM Reserve fund.
 - The Terms of Reference (ToR) for the RBM Board Finance, Risk and Audit Committee with the inclusion of an amendment for the Committee to comprise of five members.
 - The appointment of Altaf Lal to the RBM Finance, Risk and Audit Committee.

6. WHO World Malaria Report Update

- 6.1 Dr Mpanju-Shumbusho invited Dr Pedro Alonso to present an update of WHO Malaria Report. Dr Pedro Alonso provided an overview of the Report including key themes and implications for RBM and the global fight against malaria.
- 6.2 It was noted that the Report's launch in London was very well attended including a keynote speech by the Right Honorable Priti Patel MP, UK Secretary of State for International Development and panel discussion with Dr Winnie Mpanju-Shumbusho, RBM Board Chair.
- 6.3 The Board thanked WHO for the excellent report. It was noted that while excellent progress has been made in elimination and in scaling up cost-effective malaria interventions, the report highlighted the importance of stepping up collective efforts to ensure greater political leadership and financial commitments, to build on this success, mitigate against risks of resurgence, and accelerate progress.

7. Partner Committee Update

- 7.1 Mr Daly asked Mr Grunsell of the IST to provide a brief overview of progress since the last Board meeting in the setting up of Partner Committees.
- 7.2 The Board was reminded that at the 3rd RBM Board meeting, the Board approved the process for standing up these committees and the selection of Partner Committee Co-Chairs (RBM/PBM.02/2016/DP.3 – Partner Committee Terms of Reference & Establishment). Since this decision, the IST have effectively coordinated the standing up of RBM Partner Committees according to the agreed timeline.
- 7.3 To date, a total of 173 individuals have fully completed the online form to register an interest in General Membership of the Partner Committees. Advocacy and Resource Mobilization and Country and Regional Support Partner Committees received a proportionately higher number of expressions of interest from NGO / Civil Society and the Country and Regional Support Partner Committee from malaria affected countries in Africa including from malaria affected country governments. It was noted that expressions of interest for Partner Committees will remain open and the application form available from the RBM website.

- 7.4 The IST will work with Partner Committee Co-Chairs to support the initial and ongoing review of applications along with the identification of specific outreach activities to encourage applications in areas where the Committee Leadership feel that greater involvement and representation is required.
- 7.5 The process for the fast-track selection of inaugural Partner Committee (PC) Co-Chair agreed by the RBM board in September 2016 (RBM/PBM.02/2016/DP.3) was then outlined and the resulting approved selection on 10 November 2016 (RBM/PBDP/021116/DPPC1). was confirmed.
- 7.6 It was stated that the IST would work with Partner Committee Co-Chairs to finalize internal governance arrangements along with detailed workplans and budgets. It is envisaged that following comparative assessment and consideration by the RBM Board, these priorities will form the basis of detailed Partner Committee budgets for developed following Board guidance in early 2017.
- 7.7 An update on RBM Working Groups was then provided and it was stated that Working Groups have remained active and their details published on the RBM website. The IST is working with the current leadership of Working Groups to ensure information contained on the RBM website is up to date and to facilitate interaction and coordination with Partner Committees as appropriate.
- 7.8 The permanent Management Team will develop detailed criteria for accreditation of RBM Working Groups and these will be approved by the Board.

8. Strategic Communications Partner Committee Update

- 8.1 Dr Mpanju-Shumbusho introduced the session and stated that the aim of this presentation was to present initial ideas regarding the vision and mission of the Strategic Communications Partnership Committee (SCPC); and priorities for 2017 including indicative resource implications. She invited Susan Byrne and Yacine Djibo to provide the Board with an update on emerging thinking from the SCPC.
- 8.2 The overall vision, core communications principles and objectives, priority audiences and the planned approach and operating model was then presented to the Board. The vision for the SCPC was described as:
- A coordinated global communications strategy for malaria that engages partners and reaches decision-makers and influencers to help drive political will and mobilize resources – ultimately accelerating the path to ending malaria.”
- 8.3 The core 2017 communication approaches and priorities were stated as:
- i. **Raise awareness** and build confidence in the new RBM brand
 - ii. **Align** RBM Partners
 - iii. **Create** and share compelling content
 - iv. **Activate** voices of malaria champions
 - v. **Amplify** key moments and milestones
 - vi. **Engage** top-tier media
- 8.4 A 2017 calendar of events was presented and the importance of ensuring effective RBM presence and engagement was highlighted and agreed, along with an outline of initial thinking regarding SCPC resource requirements.

- 8.5 Board discussion focused on the importance of ensuring effective alignment with the Advocacy and Resource Mobilization Partner Committee (ARMPC) along with the critical role of the SCPC in supporting the aims and objectives of all RBM Partner Committees. There was also discussion regarding the importance of the SCPC in considering innovative communication approaches and the value of a time-limited and focused review of the RBM brand and the importance of including wider consultation of the Partnership in any proposals to ensure broad buy-in.

9. Close (Day 1)

- 9.1 Dr Mpanju-Shumbusho spoke enthusiastically about the excellent progress the Board had made for the day and confirmed the Decision Points.

Day 2: 16 December 2016

10. Welcome & Reflections on Day 1

- 10.1 Dr Mpanju-Shumbusho welcomed Board members, Advisers and Partnership Committee Co-Chairs to Day 2 of the RBM Partnership Board meeting and thanked them for their inputs so far.
- 10.2 Dr Mpanju-Shumbusho further noted the unanimous approval of the Board of two new Board members and thanked the BSC for their excellent work and service.

RBM/PBM04/2016/DP04 – Board Member Recruitment

The Roll Back Malaria (RBM) Partnership Board approves the recommendations of the Board Selection Committee (BSC) and appoints the following individuals to the Partnership Board:

- Professor Maha Taysir Barakat
- Dr Mirta Roses

11. Board Governance

- 11.1 Mr Daly asked Mr Grunsell to address the Board to provide an overview of some of the key Board governance considerations that need to be addressed.
- 11.2 It was noted that while the approved RBM Bye-Laws include a number of sections which cover core governance procedures, the Bye-Laws do not include specific and detailed guidance, parameters and criteria for core Board governance areas including:
- Process and sequence for the rotation of terms for Board Members to balance renewal with continuity
 - Guidance for the acceptance / rejection of observer requests
 - Criteria for Board Advisors
 - Procedures for Executive Board sessions
 - The selection and involvement of Alternates
- 11.3 The Board therefore needs to urgently develop core principles for approval by the Board in these areas, among others and identify core principles and parameters.
- 11.4 The Board agreed that these areas were critically important to address to ensure good governance and transparency and unanimously approved a Decision Point designed to move this work forward.

RBM/PBM04/2016/DP05 – Governance

The Roll Back Malaria (RBM) Partnership Board requests the Board Leadership to work with the IST and individuals with the required expertise in governance, to develop core governance guidance, policies and procedures for consideration and approval by the RBM Board before the next RBM Board meeting.

This guidance will include, but is not limited to, criteria for the approval of Board Meeting observer requests, guidance on Board Advisors and Alternates and the Board Member rotation process.

12. Global Fund Update

- 12.1 Dr Mpanju-Shumbusho invited Scott Filler from the Global Fund to provide a short presentation to the Board, noting that this would provide useful complement to the presentation of the Country and Regional Support Partner Committee.
- 12.2 The presentation focused on relevant strategic issues including malaria allocations, plans and impact and implications for RBM going forward. This included the Global Fund Concept Note process, key themes of successful applications and the importance of RBM working closely with the Global Fund moving forward.
- 12.3 Board discussion focused on the importance of the role of domestic resources in raising the funds needed to fight malaria and the engagement of emerging markets and economies in contributing to the Global Fund.
- 12.4 Dr Mpanju-Shumbusho thanked Scott Filler and the Global Fund for their excellent presentation.

13. Country and Regional Support Partner Committee Update

- 13.1 Dr Mpanju-Shumbusho invited Peter Olumese and Melanie Renshaw to provide the Board with an update on emerging thinking from the Country and Regional Support Partner Committee (CRSPC).
- 13.2 The overall vision and objectives for the CRSPC was presented and described as to:
 - Co-ordinate support for the development and validation of country-led malaria control and elimination strategies and financial plans that achieve the GTS/AIM targets.
 - Co-ordinate and provide technical assistance and implementation support to countries.
 - Implementation support: working with regional entities, co-ordinate the operation of an early warning system identifying bottlenecks proactively and reactively and implement a rapid response mechanism.
- 13.3 An outline of initial thinking regarding CRSPC priorities, plans and resource requirements for 2017 was presented
- 13.4 Board discussion focused on the importance of the leveraging of in-country resource mobilization activities along with support to access funds from other sources such as the Global Fund. The Board noted the importance of the CRSPC being as targeted as possible in its use of RBM resources and to prioritize its workplan to focus on those countries most in need of support. It was also emphasised that not every approach would necessarily be suitable for every country and that a tailored model of support should be explored.

14. Advocacy and Resource Mobilization Partner Committee Update

- 14.1 Mr Daly invited Alan Court and Ben Rolfe to provide the Board with an update on emerging thinking from the Advocacy and Resource Mobilization Partner Committee (ARMPC).
- 14.2 The overall vision and mission for the ARMPC was presented and described as:
- To design, and subsequently support implementation of the Partnership Advocacy Strategy for resource mobilisation
- 14.3 The anticipated outcome of the ARMPC is increased political will linked to financial commitment for a malaria free world in the SDG era. The ARMPC will address (1) identified resource gaps, and (2) broader partnership advocacy activities, including multi-sectoral outreach.
- 14.4 An outline of initial thinking regarding ARMPC priorities, plans and resource requirements for 2017 was presented, including:
- i. The State of the Art - Situation analysis to avoid duplication
 - ii. Insights into the Demand Side
 - Costing the effort – Increasing credibility, granularity & impact of data
 - Reducing Costs – Increasing impact, efficiency and value for money
 - iii. Insights into the Supply Side
 - External Financing - Analysis and Prioritization
 - Domestic Financing - Analysis and Prioritization
 - (Private Sector and innovation as cross cutting themes)
- 14.5 The global financing context was also presented, stated that Global funding for malaria has increased significantly in the last decade, driven by increases in bi- and multi-lateral donor funding. Funding growth needs to continue at nearly the same rate in order to keep us on track to achieve the global 2030 targets.
- 14.6 It was also highlighted that in the current political climate, we must work to sustain commitments from bilateral and multilateral funding, while looking to emerging economies to expand their commitments to malaria elimination. China, Middle Eastern countries (particularly Qatar and UAE), the Islamic Development Bank, and regional players in Asia (e.g. Japan, South Korea, Singapore, and Malaysia) are all significant prospects worth pursuing leadership roles. In addition, increasing domestic financing (both public and private) for malaria and overall health expenditure is a priority as economies grow.
- 14.7 Board discussion focused on the importance of effectively working with countries and the CRSPC to leverage domestic financing, the role of the ARMPC in quickly identifying insights that can lead to the mobilization of resourcing and the need to effectively identify existing analysis and research to avoid duplication of effort and improve the robustness of any insight.

15. CEO Recruitment Update

- 15.1 Mr Daly asked Mr Grunsell to provide an update regarding the RBM CEO recruitment and expected next steps and timeline.
- 15.2 It was stated that formal contracting will occur between the chosen candidate and UNOPS on behalf of RBM immediately following the Board's decision and that it was hoped that an

official announcement expected be made in January 2017 and the selected individual starting in February 2017.

- 15.3 The Board Leadership and IST will make efforts to reduce the time from appointment to start date through negotiation with current employers. The Board Leadership and IST will also assess the ability of the selected candidate to be involved in the recruitment of supporting roles in line with the recruitment profile and sequence.
- 15.4 The Board agreed that an effective induction for the new CEO was critical and asked the Board Leadership and IST to develop a comprehensive induction plan in preparation for their commencement of duties.

16. Closing Remarks

- 16.1 Dr Mpanju-Shumbusho stated that while the initial six months of the new RBM Partnership Board existence had necessitated three face to face meetings due to the large number of critical decisions that were required to be made. The Board would endeavor to schedule Board meetings in 2017 around key decisions and plan to have two face to face meetings in line with the agreed RBM Bye-Laws and to ensure that Partnership resources were targeted on supporting the work of the Partnership. Dr Mpanju-Shumbusho added that the IST will work of a forward-looking Board calendar as a result of the discussion
- 16.2 There was also strong agreement that it is important that at least one meeting in 2017 should be held in a malaria-affected country.
- 16.3 Dr Mpanju-Shumbusho closed the meeting and thanked the Board for another momentous meeting where a large number of critical Decisions were made. Dr Mpanju-Shumbusho reflected on the tremendous progress made in the last 6 months including the establishment of a full Board, approval of new RBM Bye-Laws, the establishment of Partner Committees and Co-Chairs, finalizing hosting arrangements and the appointment of a CEO. Dr Mpanju-Shumbusho wished everyone safe journeys home and a happy and restful holiday season.

Close