

7TH MEETING OF THE RBM PARTNERSHIP BOARD

Abu Dhabi, United Arab Emirates

Thursday 16 November and Friday 17 November 2017

MINUTES

ATTENDANCE LIST

See Annex 1

Day 1

I	ADOPTION OF THE PROVISIONAL AGENDA OF 20 OCTOBER 2017	RBM/PBM07/2017/DP01
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The Board Chair welcomed the participants to the 7th Meeting of the RBM Partnership Board.

The Board Chair proposed some changes in the provisional agenda items' sequence.

See Annex 2

The RBM Partnership Board unanimously adopted the provisional agenda RBM/PMB07/2017/DP01 with the proposed changes.

I.a	Vote of thanks to the Abu Dhabi hosts of 1 November 2017	RBM/PBM07/2017/DP09
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The Board Chair invited Members to extend heartfelt appreciation to His Highness Sheikh Mohammed bin Zayed, Crown Prince of Abu Dhabi, for his recent major contribution to the RBM Partnership and for generously hosting the RBM Board and Partners in Abu Dhabi.

The RBM Partnership Board unanimously expressed a formal vote of thanks to His Highness Sheikh Mohammed bin Zayed, Crown Prince of Abu Dhabi, for his invaluable contribution and support to the RBM Partnership to End Malaria, and tasked the Secretariat to publicise this decision point to His Highness and the Partnership.

I.b Apologies

The Board Chair noted that apologies had been received from Mr Paulo Gomes, Dr Richard Kamwi and Dr David Reddy. The Board Chair also reported that Dr Kamwi had given his proxy vote to her.

I.c Declarations of interest of 1 November 2017 RBM/PBM07/2017/RP01

No additional declarations were made in addition to those received in advance.

The RBM Partnership Board took note of this information.

II SUMMARY OF BOARD DECISIONS AND VOTING SINCE LAST MEETING OF 1 NOVEMBER 2017 RBM/PBM07/2017/RP02

See Annex 3

The summary of Board decisions and voting since last meeting were read out.

The RBM Partnership Board took note of this information.

III.a. RBM SECRETARIAT UPDATE OF 1 NOVEMBER 2017 RBM/PBM07/2017/RP03

See Annex 4

The Board Chair invited the CEO to present the RBM Secretariat Update.

The CEO introduced the RBM Management Team to the Board Members and reported that, with the anticipated arrival of the ARMPC Manager on 1 December 2017, the recruitment of the team would be completed. The CEO added that the secondment of additional staff would be explored on a need by need basis.

The CEO reported that since the last Board meeting the Partnership had been involved in a number of events aimed at keeping malaria high on the political agenda, exploratory discussions on setting up a malaria elimination regional approach in the Sahel region, and financing work through the establishment of a malaria finance taskforce under the Country and Regional Support Partner Committee (CRSPC) and the Advocacy & Resource Mobilisation Partner Committee (ARMPC). In response to questions from the Board on how countries are selected for inclusion in initiatives such as the Task Force, it was agreed that transparent and clear criteria should be shared with the Partnership. This should also include ensuring clarity of roles of different stakeholders in the Partnership's work, including for example Ministries of Health.

The CEO recalled that the new branding of the RBM Partnership had been approved in September 2017 and the new branding roll-out process was in its final stages, and called for support in utilising the new brand/name.

The CEO also recalled that the Interim Support Team (IST) had completed its mandate on time and under budget in early August 2017. At the request of Board Members, the CEO confirmed

that the final report with IST's recommendations would be shared with the Board Members after the meeting.

The CEO reported that the financial updates as of 30 September 2017 had been reviewed by the Finance Committee at its meeting of 10 November 2017. The CEO confirmed that, as agreed at the recent 6th RBM Board Meeting, 2 reserves had been established: 1) sustainability initiatives and 2) strategic initiatives, for a total of the two reserves together of USD 2 million. The Board agreed to continue to monitor the use of the reserves.

The CEO stated that 2018 would be a critical year to deliver on collective ambitions of the RBM Partnership.

The RBM Board Members welcomed the RBM Management Team and commended the CEO for his outstanding leadership and the Secretariat on the significant progress achieved to date to strengthen the Partnership. The IST's work was recognised as a good practice model for organisational transitions for the remarkable results achieved and for the smooth handover to the Secretariat.

It was recommended that the Secretariat should develop a Standard Operating Procedure (SOP) for Board approval to guide decision-making for expenditures in approved budget line that would deviate from a certain defined threshold over and above the Board approved figures.

The Board Members recommended that the Secretariat should calendar out high-level events looking forward over the year such as the G7, the G20, the WEF in Davos and regional forums, etc., to piggyback RBM's events and elevate malaria on the political agenda.

The RBM Partnership Board took note of the information provided, congratulated the CEO for his leadership and commended the Team for the progress made.

III.b. Update on RBM's strategic objectives in India of 26 October 2017

RBM/PBM07/2017/RP04

See Annex 5

Dr Altaf Lal shared his thoughts and experience in the malaria work in India, including the need for management and operational controls for elimination activities and proposed areas of prioritisation in terms of external support to India in the fight against malaria.

The key points of the discussion were as follows:

- India strategy needs to be country-led;
- Task of malaria elimination must be spearheaded by states and bolstered by strong support from the national programme – particularly, in improving guidelines and monitoring and surveillance systems;
- Central government is crucial in driving policy, state governments and local bodies will be critical in achieving this goal on the ground;
- Ensuring adequate investment in malaria is imperative. Implementing India's 5-year plan for malaria elimination will require USD 1.6 billion;
 - Robust resource mobilisation strategy is needed;

- Resource mobilisation and advocacy should also be targeted at state level (80% of public healthcare funding from states);
- Investments need to maximise public and private sectors;
- Coordination needed between Ministries of Finance, Economic, External Affairs, Home Affairs, and Defense;
- Strong collaboration with the private sector is needed.

The Board Chair commended this example of Board Member and Partner engagement and thanked Dr Lal for the great work undertaken in this strategic area.

The RBM Partnership Board congratulated Dr Lal and other stakeholders for the remarkable work undertaken and took note of the latest developments.

IV RBM PARTNERSHIP STRATEGIC PLAN 2018-2020 OF 1 NOVEMBER 2017

RBM/PBM07/2017/DP02

IV.a Presentation of the RBM Partnership Strategic Plan 2018-2020 including the analysis of survey results

See Annex 6

The Board Chair invited the CEO to present the RBM Strategic Plan 2018-2020.

The CEO presented the key points of the RBM Partnership Strategic Plan 2018-2020. The CEO recalled that the document had undergone a number of iterations from early 2017 following consultations with a wide spectrum of partners. The first Phase of the consultation process of the "Summary Feedback" survey, launched in early 2017, was designed to reach as many RBM members and key stakeholders as possible. A 'zero draft' was prepared by the Secretariat and circulated to Partners. The framing of this draft was designed specifically to include the key components of the proposed new strategy, with examples of how the strategy might be implemented under a revitalised RBM format. The consultation process included; i) presentation to the RBM Board and Partnership Committees, ii) endemic country targeted dialogue and iii) an online survey (31 questions, 42 organisations/individual respondents).

By September 2017, a second phase online survey (6 questions, 28 respondents) was launched focusing on select questions to seek additional depth and/or seek further guidance on some critical areas that were highlighted by respondents during the first Summary Feedback Survey. A SurveyMonkey questionnaire was developed around 6 focus areas. Information gained from this process resulted in further shaping the final version of the Strategic Plan 2018-2020.

The CEO explained that 3 main Strategic Objectives had been defined:

- 1) keeping malaria high on the political agenda
- 2) focus RBM Partnership's work through a regional approach to better serve countries
- 3) focus on increasing financial resources including through domestic resource mobilisation efforts.

The CEO stated that a cross cutting objective had also been added to keep RBM transparent, accountable, lean and efficient. The CEO added that a costing exercise had been completed as per the consultations held with the Partner Committee Co-chairs, providing an ambitious indicative

budget for the Strategic Plan. The CEO confirmed that the financials would be refined through annual budgets and prioritised workplans, which would be presented for Board approval.

After discussion, the **Board Members** noted that the strategic document will be regularly updated on a need by need basis; expressed their overall support for the draft plan; and suggested the following revisions:

- adding an intentional strategic focus on addressing malaria in humanitarian crises and conflict situations;
- inclusion of an overall schematic for the representation of the strategic plan, priorities and inter-relationships;
- consistency in the use of terminologies such as Strategic Priorities, and Strategic Objectives;
- splitting the performance measures with the target and keeping it high-level;
- clarity on which partners will take the lead in executing the strategic initiatives in the forthcoming prioritised operational plan;
- expanding on multisectoral opportunities to end malaria (IOM, IPU, WWF, etc.).

The Board Members requested to obtain a one-page document explaining the work of the All-Party Parliamentary Groups of Malaria and Neglected Tropical Diseases (APPMG) and lessons learned.

The Board Members were invited to send additional comments on the Strategic Plan to the Secretariat in writing.

The RBM Partnership Board approved the RBM Partnership Strategic Plan 2018-2020 of 1 November 2017 reference RBM/PBM07/2017/DP02, provided that feedback from Board Members is incorporated, including the addition of language noting an explicit focus and priority given to addressing malaria within humanitarian crises and conflict situations.

V GOVERNANCE

V.a RBM Board Member Engagement Strategy of 1 November 2017

RBM/PBM07/2017/DP03

See Annex 7

The Vice Board Chair invited the COO to present the draft RBM Board Member Engagement Strategy.

The COO presented the draft RBM Board Member Engagement Strategy. The COO stated that its objective was to ensure that RBM could draw on the expertise and experience of its Board Members.

One question that was posed to the Board was whether there was a need to establish a resource mobilisation Board Committee to help mobilise additional resources for the work of the Partnership.

Board Members appreciated the development of the Board Engagement Strategy and expressed their firm commitment to help deliver on the RBM strategic plan. Board Members did not see the value of setting up an additional Board Committee and encouraged the CEO to engage Board

Members on need by need basis and make use of the ARMPC for broader Partnership resource mobilisation efforts.

The RBM Board unanimously approved the RBM Board Member Engagement Strategy of 1 November 2017 reference RBM/PBM07/2017/DP03 and tasked the CEO to include detailed Board engagement in the Management Team’s annual plan.

**V.b RBM Board Adviser Policy
of 1 November 2017**

RBM/PBM07/2017/DP04

See Annex 8

The Vice Board Chair invited the COO to present the draft Board Adviser Policy.

The COO presented the draft RBM Board Adviser Policy aiming to provide guidance for the participation of advisers at RBM Partnership Board meetings. The main key elements presented were as follows:

- the Board Chair needs to be notified of Advisers’ attendance in advance of meetings;
- approval from the Board Chair needs to be obtained for Advisers holding a leadership position in a formal RBM governance body or having an affiliation or association which represents a conflict of interest;
- Advisers are normally limited to 1 per Board Member.

After discussion, **the RBM Board Members** requested to add the following revisions:

- Add clarifying language that the WHO and the Host Agency sitting on the Board in an institutional capacity are represented by a Board Member and an Alternate, and specify when Alternates may make interventions during the Board meetings at the approval of the Board Chair.
- Add content that Board Members without institutional support or from malaria-affected developing countries may be provided with support to cover the costs of their Adviser’s attendance at RBM Partnership Board Meetings.
- Edit the condition to retain Board membership in emeritus status to simplify the wording.
- Amend the title of the policy to refer to as “Board Member Adviser Policy”.

The RBM Partnership Board unanimously approved the Board Member Adviser Policy of 1 November 2017 reference RBM/PBM07/2017/DP05rev.1 and the Secretariat was tasked with its implementation.

**V.c RBM Board Member Rotation Policy
of 1 November 2017**

RBM/PBM07/2017/DP05

See Annex 9

The Vice Board Chair invited the COO to present the draft Board Member Rotation Policy.

The COO presented the draft RBM Board Member Rotation Policy aiming to provide guidance in the selection, appointment and rotation of the RBM Board Members.

Whilst recalling that there was currently one vacant seat on the Board, the COO confirmed that a calendar would be circulated to the Board Members by the Management Team proposing the dates for the implementation of the Rotation Policy. The COO added that the details would then be discussed at the forthcoming meeting in February 2018.

After discussion, **the RBM Board Members** requested to add the following revisions:

- Add that the WHO and the Host Agency would serve on the Board with no term limits.
- Edit the number of the Partnership Board Selection Committee (BSC) members to a maximum of 5.
- Add that the BSC should ensure that at least half of the Board Members originate from malaria endemic countries from government, civil society, multisectoral, private sector or international organisations, as detailed in the Partnership Bye-Laws.
- Add that the BSC should consult with the WHO and Host Agency.
- Add that the Partnership Board Vice Chair would serve for a term of 3 years, non-renewable, commencing from when he or she take up the role.¹

It was agreed that a calendar with deadlines for the forthcoming rotation process would be presented to the Board at its next meeting in February 2018.

The RBM Board unanimously approved the Board Rotation Policy of 1 November 2017 reference RBM/PBM07/2017/DP06rev.1 and the Secretariat was tasked with its implementation.

V.d Standard Operating Procedures (SOPs) of RBM Partner Committees of 1 November 2017 **RBM/PBM07/2017/DP06**

See Annex 10

The Vice Board Chair invited the COO to present the draft Standard Operating Procedures (SOPs) of RBM Partner Committees.

The COO presented the draft SOP of RBM Partner Committees.

After discussion, **the RBM Board Members** commented that this document was a useful tool for measuring performance of the Partner Committees and the Secretariat to ensure collective delivery of the goals of the Partnership. It was requested to add further language on the term limit of the Partner Committee Co-chairs (as provided for in the Bye-Laws for Board members), and to note that Partner Committee members serve the needs of the Partnership.

The RBM Board unanimously approved the RBM Operating Procedures (SOPs) of Partner Committees of 1 November 2017 reference RBM/PBM07/2017/DP06 and tasked the Partner Committees, with support from the RBM Secretariat, with their implementation.

¹ The rotation policy for the Board Chair is already specified in the RBM Bye-Laws.

V.e SOPs of RBM Working Groups of 1 November 2017 RBM/PBM07/2017/DP07

See Annex 11

The Vice Board Chair invited the COO to present the draft Standard Operating Procedures (SOPs) of RBM Working Groups.

The COO presented the draft SOPs of RBM Working Groups. The COO reported that currently there were 5 accredited Working Groups as follows:

- Case Management Working Group (CMWG)
- Monitoring and Evaluation Reference Group (MERG)
- Malaria in Pregnancy Working Group (MiP)
- Social and Behaviour Change Communication Working Group (SBCCWG)
- Vector Control Working Group (VCWG)

The COO confirmed that once the revised Terms of References for each of the Groups are received, these would be circulated to the RBM Board for approval. The Working Groups' respective workplans would be reviewed by the CEO.

The RBM Partnership Board unanimously approved the Standard Operating Procedures (SOPs) of RBM Working Groups of 1 November 2017 reference RBM/PMB07/2017/DP07 and tasked the Secretariat with their implementation.

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Day 2

The Board Chair welcomed the participants to the second day of the 7th RBM Partnership Board Meeting.

VI RBM PARTNER COMMITTEE UPDATES OF 1 NOVEMBER 2017

RBM/PBM07/2017/RP05

The Board Chair invited the Partner Committee Co-chairs to present the Committees' Updates, noting the need to include highlights on progress achieved; ways and mechanisms through which the full Committees were engaged; and frequency of engagement, communication and soliciting of inputs from the Partner Committee members.

See Annex 12

The Board Chair invited the CRSPC Co-chairs to present their update.

Dr Melanie Renshaw and **Dr Peter Olumese** presented the CRSPC update since last Board Meeting.

The Board Members commended the CRSPC for their outstanding work performed and made the following recommendations:

- the CRSPC work should have a global reach, beyond the particular focus on Africa;
- continue high-level strategic engagement by the Board Members and the CEO with the Global Fund, including a call for the simplification of grant application processes, and the need for bottleneck identification;
- address the issue of inadequate absorption of the Global Fund funds, through CRSPC's support and engagement of country level expertise;
- continue collaboration with the RBM Partners to achieve the goals set.

The Board Chair invited the SCPC Co-chairs to present their update.

See Annex 13

Ms Yacine Djibo and **Ms Michal Fishman** presented the SCPC update since the last Board Meeting.

The Board Members commended the SCPC for their excellent work performed; and made the following recommendations:

- Engage with relevant journalists to ensure the necessary exposure of the RBM Partnership's mission;
- Importance of clearly identifying what audiences we are trying to reach and which venues/channels are most appropriate;
- Importance of regular communications to the Partnership and beyond to ensure global outreach;
- Website and email addresses to be changed in accordance with the new RBM branding;
- Identify key opportunities to mark the RBM Partnership's 20th anniversary in 2018.

The Board Chair invited the ARMPC Co-chair, Dr Ben Rolfe, and Ms Jasmine Nelson (representing Mr Alan Court) to present their update.

See Annex 14

Dr Rolfe and **Ms Nelson** presented the ARMPC update since the last Board Meeting.

The Board Members Recalled that the ARMPC work was a critical part of the Partnership.

The Vice Board Chair noted that the report that was presented to the Board was more forward looking given limited progress to date. Sub-groups and leads have been identified to begin analysis of approaches and more detailed work plans were being developed. It was stressed that it was necessary to engage with Partners via a collaboration approach to ensure alignment with the broader strategic vision. It was important to explore how to ensure linkages of the ARMPC's work and the Malaria Financing Task Force (MFTF). A collaboration analysis would be needed for the next steps forward.

In summary, ARMPC was invited to focus on the following priorities:

- Identifying opportunities to expand domestic financing, working with the CRSPC;
- Continuing to support low income endemic countries;
- Influencing political prioritisation of malaria.

The Vice Board Chair added that the Partner Committees were expected to engage partners by sharing information and looking for active members, as well as share the strategy and oversee the division of labour. The Vice Board Chair added that cross-Committee work was necessary to avoid duplication of efforts, as well as close collaboration between the Partner Committee Managers and Co-chairs to ensure clarity on the allocation of duties, including proactive steps to ensure communication with the Management Team and other PC Co-chairs.

The Board Members thanked the Partner Committees for their work to date and took note of the information provided.

VII.a. DRAFT WORK PLAN FOR 2018 WITH BUDGET OF 2 NOVEMBER 2017 **RBM/PBM07/2017/RP06**

The Board Chair invited the CEO to present the draft 2018 Workplan and Budget.

The CEO presented the draft 2018 Workplan with Budget, which had been developed based on consultations with the Partner Committees and inclusion of the Management Team's priorities. The CEO stressed that sequencing of activities throughout 2018 and prioritisation in accordance with forecasted available resources that would be forthcoming for the Board to review. The CEO confirmed that once the revised 2018 Workplan and Budget were ready, and reviewed by the RBM Finance Committee, they would be submitted to the RBM Board for review and approval via an electronic decision before the end of 2017.

The RBM Board took note of the update on the draft 2018 Workplan and Budget, and noted the next steps.

**VII.b. RBM's Partnership's 20th Anniversary in 2018
of 1 November 2017**

RBM/PBM07/2017/DP08

The Board Vice Chair invited the CEO to present the draft concept paper on the RBM Partnership 20th Anniversary in 2018.

The CEO recalled that 2018 would mark the RBM Partnership's 20th anniversary. The CEO presented a list of interesting opportunities which would allow for an excellent opportunity to engage with the global health community, leaders and influencers in ensuring that malaria remains high on the political agenda at all levels, and hence leverage this important milestone to the RBM Partnership's advantage.

The CEO reported that the proposed next steps were as follows:

- commissioning a report on the two decades of collective action to fight malaria,
- linking the 20th anniversary to the theme of the 2018 World Malaria Day,
- creating a 'red thread' throughout key events held in 2018, such as the Commonwealth Summit (London, April), the MIM Conference (Dakar, April), the 1st Malaria World Congress (Melbourne, July), Francophonie Summit (Yerevan, July), etc.,
- revitalising the global network of RBM Champions/Ambassadors.

After discussion, **the Board Members** underlined the importance of identifying the right platform to mark such an important milestone to provide the necessary exposure to the revitalised Partnership.

The RBM Board welcomed the contents of document reference RBM/PBM07/2017/DP08 on the RBM Partnership's 20th Anniversary in 2018 and, tasked the Secretariat with the implementation of the next steps proposed, taking into account the comments of the Board.

**VIII DISCUSSION PAPER ON THE PRIVATE SECTOR
FRAMEWORK OF 1 NOVEMBER 2017**

RBM/PBM07/2017/RP07

The Vice Board Chair invited the CEO to present the draft Private Sector Engagement Framework.

The CEO presented the discussion paper on a draft Private Sector Engagement Framework, which had been developed in line with the AIM document and Strategic Objective 3 of the RBM Strategic Plan. The CEO explained that a consultant would be hired to finalise this draft into a strategy paper for Board approval.

The Vice Board Chair invited Mr Sherwin Charles and Ms Caroline Desrousseaux, Private Sector Members Council (PSMC) Co-chairs, to present their vision for the Private Sector Framework.

Mr Charles and **Ms Desrousseaux** reported that the PSMC was seeking endorsement of planned coalition initiative during 2018 to mobilise private sector engagement. They proposed assembling dedicated businesses to support regional efforts for awareness raising, addressing the fake medicines challenge, prevention, care and surveillance.

The Board Members thanked Mr Charles and Ms Desrousseau for their time to attend this part of the meeting and noted the importance of engaging with the private sector.

The Board Members were invited to share their advice in writing on how to further advance the Private Sector Framework in view the RBM Partnership's collective goals.

IX DATES AND PLACES OF FORTHCOMING MEETINGS RBM/PBM07/2017/DP10

The Vice Board Chair recalled the 2018 Board Meeting dates that had previously been agreed upon.

After discussion, **the Board Members** unanimously agreed to hold their next face to face meeting in Dakar, Senegal on the sidelines of the Multilateral Initiative on Malaria (MIM 2018) event.

It was proposed to decide on the location for the November 2018 at the next meeting in February.

The RBM Partnership Board has unanimously confirmed its support to hold its next face to face meetings on 13 and 14 April 2018 in Dakar, Senegal.

- **Teleconference, 16 February 2018**
- **Dakar, 13-14 April 2018**
- **Teleconference, 16 July 2018**
- **TBC, 19-20 November 2018**

X ANY OTHER BUSINESS

None.

XI CONCLUDING REMARKS

The Board Chair thanked all Board Members for their participation in the meeting and fruitful discussions. The Board Chair extended thanks to the CEO and the Secretariat Team for their hard work and dedication to make the meeting a great success.

The Board Chair also thanked the Board Member Alternates and Advisers, Partner Committee Co-chairs, Host Agency, UNOPS, for their participation and contribution to the meeting.

On behalf of the RBM Board and Partnership, the Board Chair reiterated her profound thanks to His Highness Sheikh Mohammed bin Zayed, Crown Prince of Abu Dhabi, and Dr Maha Barakat, for their exceptional hospitality extended to the Partnership in the beautiful city of Abu Dhabi.

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ATTENDANCE LIST

RBM BOARD MEMBERS

MPANJU-SHUMBUSHO, Winnie – Board Chair

DALY, Kieran – Vice Board Chair

BIRHANE Kesetebirhan Admasu – CEO

ALONSO, Pedro – WHO

AXELSSON, William – UNOPS

BLAND, Simon

LAL, Altaf

NISHIMOTO, Ray

ROSES, Mirta

SECK, Awa Coll

SY, As

BARAKAT, Maha

YUTHAVONG, Yongyuth

EXCUSED RBM BOARD MEMBERS

GOMES, Paulo

KAMWI, Richard Nchabi

REDDY, David

RBM BOARD MEMBER ALTERNATES

HARUTYUNYAN, Armen – UNOPS

MATTA, Issa – WHO

RBM BOARD MEMBER ADVISERS

DE RONGE, Meg – Adviser to the Vice Board Chair

GOLDMAN-VAN NOSTRAND, Lisa – Adviser to Ray Nishimoto

PEAT, Jason – Adviser to SY, As

WALLACE, Julie – Adviser to the Board Chair

INVITEES

CHARLES, Sherwin – PSMC Co-chair (*partial attendance*)

DESROUSSEAUX, Caroline – PSMC Co-chair (*partial attendance*)

DJIBO, Yacine – SCPC Co-chair (*partial attendance*)

FISHMAN, Michal – SCPC Co-chair (*partial attendance*)

NELSON, Jasmine – representing Alan Court, ARMPC Co-chair (*partial attendance*)

OLUMESE, Peter – CRSPC Co-chair (*partial attendance*)

RENSHAW, Melanie – CRSPC Co-chair (*partial attendance*)

ROLFE, Ben – ARMPC Co-chair (*partial attendance*)

RBM MANAGEMENT TEAM MEMBERS

BOARON, Lilya – Assistant to the CEO and Board Chair

MATHIEU GOTCH, Clara – COO

MEDANI, Amal – Strategic Policy Adviser and Acting ARMPC Manager (*partial attendance*)

SCANLON, Xenya – SCPC Manager (*partial attendance*)

WAYESSA, Daddi – CRSPC Manager (*partial attendance*)

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PROVISIONAL AGENDA - CORRIGENDUM**7TH MEETING OF THE RBM PARTNERSHIP BOARD**

Chairman's boardroom, Abu Dhabi Global Market Building, Al Maryah Island, United Arab Emirates

09.00-18.00, Thursday 16 November and 09.00-17-00, Friday 17 November 2017

Day 1

I	ADOPTION OF THE PROVISIONAL AGENDA	RBM/PBM07/2017/ DP01
A	Vote of thanks to the Abu Dhabi hosts	RBM/PBM07/2017/ DP09
B	Apologies	
C	Declarations of interest	RBM/PBM07/2017/ RP01
II	SUMMARY OF BOARD DECISIONS AND VOTING SINCE LAST MEETING	RBM/PBM07/2017/ RP02
III.a	RBM SECRETARIAT UPDATE	RBM/PBM07/2017/ RP03
B	– Update on RBM's strategic objectives in India	RBM/PBM07/2017/ RP04
IV.	RBM PARTNERSHIP STRATEGIC PLAN 2018-2020	RBM/PBM07/2017/ DP02
	Presentation of the RBM Partnership Strategic Plan 2018-2020 including the survey results' analysis	
V	GOVERNANCE	
A	RBM Board Member Engagement Strategy	RBM/PBM07/2017/ DP03
B	RBM Board Adviser Policy	RBM/PBM07/2017/ DP04
C	RBM Board Rotation Policy	RBM/PBM07/2017/ DP05
D	Standard Operating Procedures (SOPs) of RBM Partner Committees	RBM/PBM07/2017/ DP06
E	SOPs of RBM Working Groups	RBM/PBM07/2017/ DP07

Day 2

VI	RBM PARTNER COMMITTEE UPDATES	RBM/PBM07/2017/RP05
	<ul style="list-style-type: none">• CRSPC• SCPC• ARMPC	
VII.a	DRAFT WORK PLAN FOR 2018 WITH BUDGET	RBM/PBM07/2017/RP06
b	RBM Partnership's 20 th anniversary in 2018	RBM/PBM07/2017/DP08
VIII	DISCUSSION PAPER ON THE PRIVATE SECTOR FRAMEWORK	RBM/PBM07/2017/RP07
IX	DATES AND PLACES OF FORTHCOMING MEETINGS	RBM/PBM07/2017/DP10
	<ul style="list-style-type: none">• Teleconference, 16 February 2018• Dakar, 13-14 April 2018• Teleconference, 16 July 2018• TBC, 19-20 November 2018	
X	ANY OTHER BUSINESS	RBM/PBM07/2017/DP10
XI	CONCLUDING REMARKS	

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Electronic RBM Board decision of 12 September 2017

RBM/2017/EDP1 – RBM branding

The Roll Back Malaria (RBM) Partnership Board approved the recommendations of the RBM CEO, RBM Board Communication Sub-Committee and the Strategic Communications Partner Committee (SCPC) to adopt the evolved RBM branding framework, and requested the RBM Management Team to support the SCPC in taking this forward and ensuring that the RBM Board is kept updated as to the progress.

The RBM Partnership Board accepted the recommendation to adopt the evolved RBM brand recommendations with limited implementation at the UN General Assembly meeting and authorised the SCPC to prepare the Terms of Reference and a budget for full implementation of the evolved branding.

Electronic RBM Board decision of 20 September 2017

RBM/2017/EDP2 – Extension of Term of Office of Partner Committee Co-Chairs

The Roll Back Malaria (RBM) Partnership Board approved the recommendation of the RBM CEO to extend the terms of office of the respective Partner Committee Co-Chairs for six (6) months, until 16 May 2018.

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RBM Secretariat update

Item III.a. of the Provisional Agenda

Abu Dhabi, 16 November 2017

RBM Partnership

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Outline

- **Update on the RBM Secretariat's activities**
- **Update on the IST closure & final report**
- **RBM finance update**

RBM Partnership

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Update on the RBM Secretariat's activities

RBM Partnership

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Update on the Secretariat's activities

- Team updates
- RBM Partnership Priorities updates:
 - ✓ *Keeping malaria high on the political agenda*
 - ✓ *Regional initiatives*
 - ✓ *Sustained and increased financing*
- Financial update
- Q&A

RBM Partnership

rollbackmalaria.org

RBM Management Team



Dr Kesete Admasu
CEO



Clara Mathieu Gotch
COO



Amal Medani
Strategic Policy Advisor



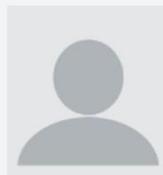
Lilya Boaron
Assistant to the CEO
and Board Chair



Kenya Scanlon
SCPC Manager



Daddi Wayessa
CRSPC Manager



ARMPC Manager
Final stages of
recruitment



Olga Anghelici
Administrative Assistant

RBM Partnership

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Keeping malaria high on the political agenda

- RBM side event “The Role of Country Leadership in Accelerating Malaria Elimination” at the 72nd session of the United Nations General Assembly
 - Was moderated by the RBM Board Chair and attended by 3 Heads of State, numerous ministers and senior officials from across Africa, Asia-Pacific, Europe and the Americas, WHO Director General and several RBM Board Members
 - Important new commitments, notably the extension of US President’s Malaria Initiative to 4 new countries, were announced



RBM Partnership

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Joining forces to meet SDG 3.3

- Joint reception on SDG 3.3 with Stop TB, UNAIDS, and the Global Fund in New York
- Over 150 members of the global health community attended this networking event
- Remarks were given by:



- Mr Michel Sidibe, Executive Director, UNAIDS
- Dr Lucica Ditiu, Executive Director, Stop TB Partnership
- Dr Kesete Admasu, CEO, RBM Partnership to End Malaria
- Ms Marijke Wijnroks, Interim Executive Director, Global Fund
- Mr Nauman Rana, MDR-TB survivor and activist

RBM Partnership

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Key Moments... Launch of the special supplement in ASTMH

- In September, PMI, CGD, and ASTMH organised an event to launch the special supplement in ASTMH journal which clearly showed an evidence of declining trends in malaria infection and illness and improved child survival across sub-Saharan Africa
- Further, the studies present new methods for evaluating the impact of large-scale malaria control programmes in resource-poor settings with simultaneous scale-up of other maternal and child health interventions
- At the opening of the event, the RBM CEO presented an award on behalf of the Board to Tim Ziemer in recognition of his leadership on malaria control, prevention and elimination



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Key Moments...WHO SEARO RC

- The RBM Partnership was represented at several regional WHO meetings since July:



- In September, the Board Chair attended the WHO South East Asia Regional Committee meeting where she intervened during the Ministerial Roundtable and the Side Event on the Global Fund to Fight AIDS, Tuberculosis and Malaria

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Key Moments...WHO AFRO RC

- In August, RBM's side event at WHO AFRO held in Victoria Falls, which was attended by ministers, heads of delegations, partners and the RBM Board Chair
- The countries' were briefed on the RBM progress update in terms of reinvigorating the partnership, and the priorities going forward



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Key Moments...The End Malaria Council

- In September, the CEO participated in the End Malaria Council's meeting and presented the progress and challenges of Malaria, with particular emphasis on the need for high-level advocacy to keep malaria high on the political agenda, malaria financing, Nigeria and China



Image by Bill & Melinda Gates Foundation

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New RBM Partnership to End Malaria Brand

- Following the Board's approval, the new RBM branding was unveiled during the UN General Assembly in New York
- All RBM Partners were informed via a special newsletter, and the initial feedback has been predominately positive
- The rollout of the new branding (including its print, online and audio-visual applications in relevant languages) is expected to be completed between now and the end of the year
- Board Members are encouraged to use the new RBM logo. Please send a request to: scpc@rollbackmalaria.com



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Looking ahead to RBM's 20th Anniversary

- RBM Partnership was originally established on 30 October 1998
- RBM's 20th anniversary provides an excellent opportunity to engage with the global health community, leaders and influencers in ensuring that malaria remains high on the political agenda at all levels
- Initial ideas to be further discussed at this Board meeting include:
 - commissioning a report on the two decades of collective action to fight malaria,
 - linking the 20th anniversary to the theme of the 2018 World Malaria Day,
 - creating a 'red thread' throughout key events held in 2018, such as the Commonwealth Summit (London, April), the MIM Conference (Dakar, April), the 1st Malaria World Congress (Melbourne, July), Francophonie Summit (Erevan, July), etc., and
 - revitalising the global network of RBM Champions/Ambassadors

Regional Approach

ALMA and RBM Partnership

- An initial discussion with Regional Economic Communities in Africa
- Strong interest to collaborate and put in place mechanisms to support the malaria work
- A tripartite MOU will be signed soon among ALMA, RBM, and Regional Economic Communities



Regional Coordination Framework in the Context of the Nouakchott Declaration

Malaria Pre-Elimination in Seven Sahelian Countries

- To agree on a regional partnership coordination mechanism to accelerate the implementation of focused interventions toward elimination in the seven countries
- To agree on the Regional Elimination Framework and ensure long-term sustainable financing solutions to the seven countries; and
- To agree on how to elevate and maintain the regional elimination agenda at the highest political levels within the seven countries



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Massive opportunity to make progress in DRC

Major Health Sector Reform is underway in DRC

- The new Minister of Health has initiated major health sector reform in DRC
- One of his objective is to establish a Public Health Institute which will have surveillance, lab and research pillars; and
- Malaria is included as one of the few diseases to be considered as priority and there is greater need for external support



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Nigeria

- The FMOF has requested USD 300 million for malaria control from IDA 18 with significant competition for these resources
- Malaria is a strong candidate but high-level and sustained advocacy is needed
- The Government of Nigeria needs to co-finance USD 18,713,022 as a 50% matching fund for the purchase of 14,982,025 LLINs (currently under procurement at a cost of USD 37,426,044) by 15 November 2017
- If these resources are not secured, USD 37,426,044 will be removed from the 2017-2019 allocation



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Engagement with China

Malaria Thematic Session at the Health Silk Road Meeting

Objective of China's engagement

- ✓ Forge strong partnership and substantially increase the role of China in the fight against malaria,
 - ✓ with its bilateral support aligned to national malaria programme needs,
 - ✓ contributing everything from innovation,
 - ✓ to provision of quality-assured commodities and
 - ✓ building capacity in surveillance and implementing IRS operations



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RBM Partnership-China Steering Group

Purpose of the SG

- Design and launch a malaria elimination demonstration project in 4-5 pilot countries (potentially Ethiopia, Mozambique, Tanzania and Zambia)
- Conduct a series of policy discussion through think tanks and other China based mechanisms to encourage strategic Chinese support to malaria
- Support the development of local manufacturing of malaria products in Sub Saharan Africa
- Organise a high-level Malaria Elimination Summit in 2019
- Organise a side event to launch China-RBM Partnership in the margins of WHA 2018



Sustained and Increased Financing

- The resource mobilisation objectives of the Partnership are increase domestic resource allocation to malaria, sustain the investment from existing donors and attract new donors.
- A lot of work has, so far, been carried out by partners to advocate for increased domestic resource allocation, as well as development of technical guides on how to mobilise domestic resources with limited degree of success in increasing allocation.
- To bridge this gap and demonstrate successful cases, a Malaria Financing Task Force (MFTF) has been established.
- MFTF held its first meeting on 14 September, via teleconference. RBM Partners, including WHO, MNM, WB, CABRI, ALMA and APLMA participated, additional ones expected to join future meetings.
- The meeting served as the first brainstorming session on the proposed RBM country-focus on expanding the domestic financing space.

Malaria Finance Taskforce (MFTF)



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- The aim of the task force is to assist national health sector leadership in the development of a robust “investment case” to seek increased fiscal-space for malaria funding, to apply innovative financing solutions, and to mobilise influential leadership to promote increasing domestic resources.
- The spirit behind this work is to ensure that our advocacy & technical work combined can be steered into practical applications through 5 country pilots (currently looking at Mozambique, Sudan, Zambia, Congo, & one or two states in Nigeria)

Sustained and Increased Financing

- The generous contribution from HH Sheikh Mohammed bin Zayed, Crown Prince of Abu Dhabi, of USD 5 million to the RBM Partnership was announced on 18 September, during the visit of RBM Board member Dr Maha Barakat to New York.
- The agreement has been finalised and is expected to be signed shortly by UNOPS and the Crown Prince Court.



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Update on the IST closure & final report

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Update on the IST closure & final report

- The IST completed its mandate on time and under budget in early August 2017.
- The final report included 20 recommendations on, *inter alia*, governance, financial, branding & communications, and operational matters.
- These recommendations have since been reviewed and in some cases actioned by the RBM Secretariat, with guidance from the RBM Board Leadership, as follows:



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IST recommendations summary

- Governance documents, including Board Adviser, Board Rotation and Board Member Engagement Policies, as well as SOPs and TORs for Partner Committees and Working Groups, have been drafted and submitted for the Board's approval.
- Financial follow up includes recovery of RBM funds from WHO and preparation of the 2018 work plan and budget according to the draft RBM Strategic Plan, which includes performance measures. On this basis, financial scrutiny and reporting matters will be further addressed in early 2018.
- Branding recommendations have been implemented since the last Board meeting. Additional suggestions in the area of communications (newsletter, social media, etc.) will be considered as part of SCPC's work plan in 2018.
- Nomenclature issues, notably the terminology around the RBM Secretariat/Management Team, have been addressed in the following manner: the term 'RBM Secretariat' refers to the designated entity tasked with supporting the RBM Partnership mechanisms, whereas the term 'RBM Management Team' collectively refers to the individuals engaged by the legal entity that provides hosting services to the Partnership.
- Operational matters (visas, translations, conference call facility, etc.) are being examined by the RBM Secretariat to ensure smooth functioning of the Partnership mechanisms.

Thank you! Questions?

* * *



Partnership To End Malaria

Update on RBM's strategic objectives in India

Item III.b. of the Provisional Agenda

Abu Dhabi, 16 November 2017

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End Malaria in India--Getting it Right

- “If your baseline is faulty, if you are saying no one is dying of malaria, how can you demand more resources, manpower or decentralization?” –V.P. Sharma
- “The big leaders don't care about people like us, because we are so small and so far away.”—Venkateshwara Aiyalli

1. Decision Making Structure For Communicable Disease in India
2. Burden of Diseases
 1. Malaria Elimination Programs
 2. Economics and Funding
1. Opportunities, Challenges and Strategies

Asia Pacific Leaders Malaria Alliance (APLMA)
04-0102 Hedges, 11 Biopolis Way, Singapore 138667

+6567276947 admin@aplma.org @APLMA_Malaria

- Malaria Program is part of the National Vector Borne Disease Control Program (NVBDCP)
- Director NVBDCP reports to Director General Health Services (DGHS)
- DGHS reports to Joint Secretary (JS) Department of Health
- JS reports to Additional Sec/DG National Health Mission (NHM)
- AS/DG NHM reports to Secretary of Health and Family Welfare (Sec. HFW)
- Sec. HFW reports to Cabinet Minister Health and Family Welfare

HIV/AIDS

- National AIDS Control Organization (NACO) is headed by Additional Secretary and Director General
- AS/DG NACO reports to Cabinet Minister Health and Family Welfare

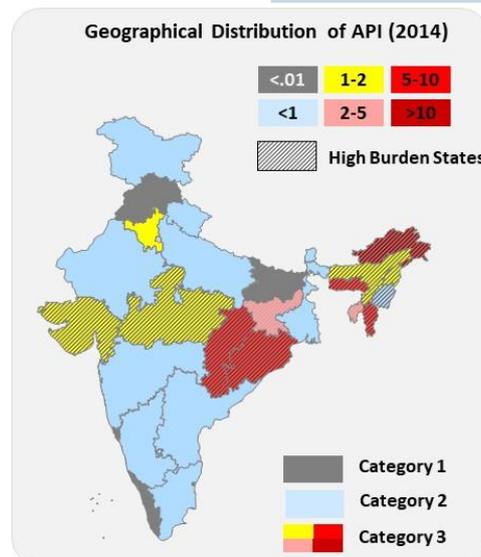
Polio

- National Polio Surveillance Program (NPSP) undertakes immunization and surveillance programs
- NPSP senior management comes from CDC seconded to WHO
- NPSP operates outside WHO and Ministry of Health and Family Welfare
- NPSP reports to JS level official

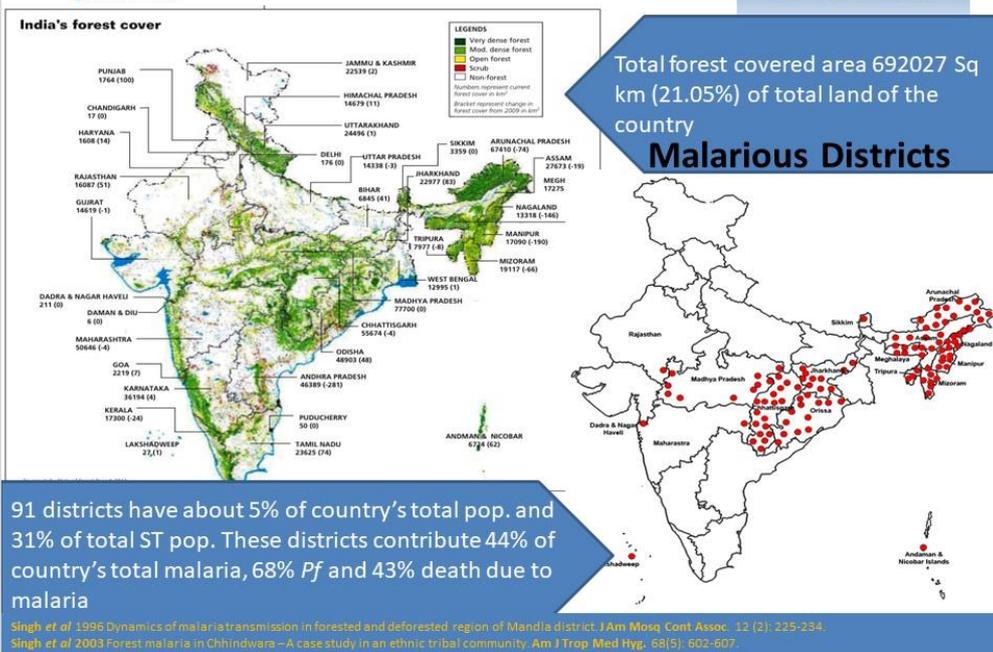
- 95% of India's population resides in malaria endemic regions
- 80% of malaria reported in the country is confined to areas where 1/5 of the population reside in tribal, hilly, hard-to-reach or inaccessible areas¹
- 91% of cases and 99% of deaths in high* burden states
 - Seven sister Northeastern States
 - Andhra Pradesh, Chhattisgarh*, Gujarat, Jharkhand*, Karnataka, Madhya Pradesh*, Maharashtra, Rajasthan*, Odisha*, West Bengal
- Odisha alone contributes more than 20% of cases²

Sources:

1. NVBDCP Strategy Plan for Malaria Control in India 2012-2017 Document
2. Shiv Lal, Sonal GS, Phukan PK. Status of Malaria in India. Journal of Indian Academy of Clinical Medicine. 2000;5(1):19-23. Full Text at <http://medind.nic.in/jac/00011/jact0011p19.pdf>



- India has the third largest burden in the world and accounting for 89 percent of malaria cases within the South-East Asia Region and at least 6 percent of all malaria deaths globally
- **NVBDCP estimates:** 1.1 million cases and 331 deaths in 2016
- **Estimates:** 13 million cases and 13 thousand deaths
- **True number of cases:** Between the 1.1 million cases reported by NVBDCP & 88 million treatments procured in the private (98%) & public sectors (2%) in 2015



State	Pf	Mixed infections (PCR)			
		Pf+Pv	Pf+Pm	Pf+Po	Pf+Pm+Po
ODISHA	219	40 (18.3)	6 (2.7)	2 (0.9)	0 (0.0)
JHARKHAND	158	55 (34.8)	0 (0.0)	2 (1.3)	1 (0.6)
CHHATTISGARH	188	23 (12.2)	2 (1.1)	1 (0.5)	0 (0.0)
MADHYA PRADESH	174	47 (27.0)	4 (2.3)	1 (0.6)	0 (0.0)
MAHARASTRA	211	21 (10.0)	2 (0.9)	0 (0.0)	0 (0.0)
RAJASTHAN	112	26 (23.2)	2 (1.8)	0 (0.0)	0 (0.0)
GUJARAT	87	8 (9.2)	2 (2.3)	0 (0.0)	0 (0.0)
TRIPURA	107	19 (17.8)	1 (0.9)	0 (0.0)	0 (0.0)
Total (N)	1256	239 (19.0)	19 (1.5)	6 (0.5)	1 (0.1)

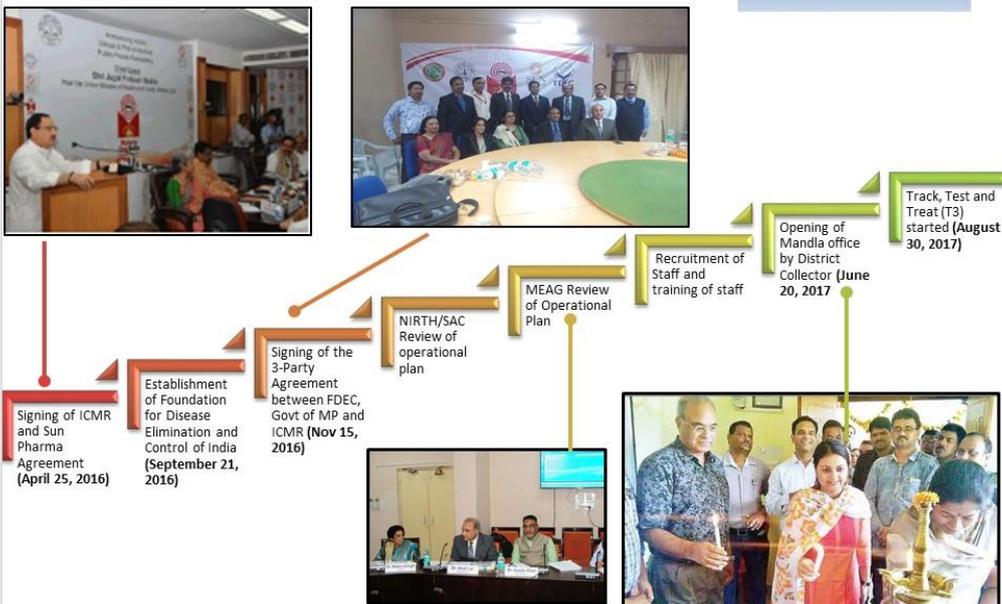
Source: Krishna S et. al., 2015. *Emerg Infect Dis*;21(10):1853-7.



Private Sector Engagement

- Indian pharmaceutical corporations are the leading suppliers of anti-malarial products to Africa - of the 12 corporations pre-qualified by WHO for global supply of ACT, 6 are Indian pharmaceutical corporations
- In 2015-16, more than 5,000 corporations in India spent Rs 9,822 CR (USD 1.5 billion) towards corporate social responsibility activities
- Corporate interest in malaria
 - Godrej Foundation: Odisha, Madhya Pradesh
 - Tata Trust: Maharashtra and Bangalore
 - Sun Pharmaceuticals: Madhya Pradesh
- Large Indian Disapora and High Network Individuals globally

Malaria Elimination Demonstration Project in Madhya Pradesh



- Economic costs of malaria
 - Societal cost: ~USD 2 Billion per year
- 2017-22 estimates:
 - Requirement of USD 175 million annually in 2017-18 and over USD 320 million annually for four subsequent years
- Total Investment needed (2016-2030): USD: 18.20 billion (WHO)
- Economic return of 20 times the investment
- Current funding is inadequate
 - Within the NVBDCP budget, malaria receives approximately 60% of the budget (USD 51.1 million)

- Burden halved in last decade
- Several states have made good progress
- Eight states have state elimination strategies and have made malaria a notifiable disease
- Strong lab and operational research capacity: ICMR institutions
- Biomedical research programs in several national laboratories
- Private sector that makes ACTs, RDTs, LLINs and surveillance tools
- Large media and telecom

- Faith healers and local health care provide poor treatment
 - Extensive use of artesunate drugs/injections and untested drugs in public and private sectors
- Patients become dependent on private healthcare
- Gaps in knowledge levels among ASHAs
- LLINs were introduced in 2009 with limited distribution in high burden states (recently distributed in 2016-17).
- LLINs are not available in private sector.

- India strategy needs to be country-led
- Malaria elimination must be led by states with strong support from the national program
- Malaria elimination will require USD 18.20 billion (2016-2030)
- Coordination needed amongst Ministries of Finance, Tribal Affairs, Economic, External Affairs, Agriculture, Home Affairs, and Defense
- Strong collaboration with the private sector needed

RBM Strategic Objectives

- 1: India to demonstrate political commitment to end malaria in its territories.
- 2: India to have a strong private sector response to end malaria
- 3: India actively regulates its pharmaceutical sector and create a data base of regulated manufacturers
- 4: The India Africa development fund is effectively used for malaria control and elimination in sub-Saharan Africa

APLMA Strategic Objectives

- 1: India to demonstrate national and state political commitment to end malaria in its territories
- 2: India to mobilize sufficient national and state resources to eliminate malaria by 2030
- 3: India to have a strong private sector engagement to end malaria by 2030
- 4: Pharmaceutical products are effectively regulated and sector responds nimbly to adopting new innovation

Strategic Objectives

1. Political commitment at highest level
 - Policy and political advocacy led by APLMA
2. Independent management, oversight and Country Support
 - Private sector support and lessons from other countries
 - APMEN for country support (for the region, including Pakistan and Afghanistan). Focus on *P. vivax* malaria
 - APMEN as CRSPC for Asia Pacific region
3. Operational, financial, HR, communication, technical and reporting controls
 - NPSP-like approach
4. Coordinated efforts by major partners

- 27-29 Nov: Launch of WMR and high level meeting on malaria elimination
 - Ministerial roundtable
- Nov 27: Op-ed by Sir Richard Feachem and Altaf Lal
- TV prime time show proposed on malaria elimination
- 30 Nov- 1 Dec: WHO Strategic Advisory Group on Malaria Eradication
- 2 December: Research needs for malaria eradication with special reference to India and the SEA region

- 16 December 2017: LLIN consultation organized by the National Academy of Vector Borne Diseases at ICMR
 - Sanjay Mahandale (acting DG ICMR) and Altaf Lal (Sun Pharma) co-chairs
 - Position paper for policy makers
 - WHO, APLMA, RBM, MEG, E-8 and private sector invited
- January 2018: Private sector leaders meeting hosted by Tata Trust and India Health Fund
- Establishing Malaria Elimination Task Force
 - Private Sector facilitated
 - Proposal for GOI leadership

1. Political commitment at highest level
 - Policy and political advocacy by APLMA
2. Independent management, oversight and Country Support
 - Private sector approach and lessons from NPSP and other countries malaria elimination programs
 - APMEN for country support (for the region, including Pakistan and Afghanistan). Focus on *P. vivax* malaria
 - APMEN as CRSPC for Asia Pacific region
3. Operational, financial, HR, communication, technical and reporting controls
 - NPSP-like approach
4. Coordinated efforts by major partners



RBM Partnership
To End Malaria

**RBM Partnership Strategic Plan
2018-2020**

Item IV of the Provisional Agenda

Abu Dhabi, 16 November 2017

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Consultative process

- The Strategic plan has gone through a robust iterative process.
- The consultation process included:
 - ✓ Presentation to the RBM Board and PCCG
 - ✓ Endemic country targeted dialogues
 - ✓ Two rounds of online surveys
 - ✓ Presentation of the strategic priorities in various forums including WHO RC meetings, and forums organised by partners such as the MMV stakeholder meeting, and I2I convening

Major Inputs

- There is consensus on the merits of the high level strategic priorities identified in the strategic plan.
- Based on the inputs from the last Board Meeting and the consultation thereafter:
 - ✓ Strategic initiatives and performance measures were added under each strategic objective
 - ✓ A cross-cutting objective is added regarding the function of the Secretariat
 - ✓ Operationalising the AIM monitoring framework is recommended as accountability tool for the partnership
 - ✓ Preliminary costing of the plan done
 - ✓ The document is shortened and a summary table is added at the end

The RBM Partnership Operational Strategy 2018-2020

Strategic objective 1: keep malaria high on the political and developmental agendas

Strategic objective 2: establish a regional approach anchored in existing political and economic platforms

Strategic objective 3: increase the financing envelope for malaria

Cross-cutting strategic objective: building a high-performing Secretariat

Strategic Objective 1: *keep malaria high on the political and developmental agendas to ensure continued commitment and investment to achieve the GTS and AIM milestones and targets*

- **Strategic initiative 1- All-Party Parliamentary Groups on Malaria:** engage Partners at global, regional, and country levels to pursue the establishment of all party parliamentary groups on malaria elimination across endemic and donor countries
- **Strategic initiative 2- Strategic communication:** provide clear, strong, accessible, and compelling messaging to leaders and key stakeholders on the importance of continuing to reduce and eliminate malaria
- **Strategic initiative 3- Inclusive and multi-sectoral Partnership:** build inclusive Partnerships at global, regional and country levels within and across sectors to address the determinants of malaria
- **Strategic initiative 4- Focus on coverage gaps:** advocate for continued emphasis in addressing coverage gaps in core malaria interventions to ensure universal access to prevention, diagnosis and treatment
- **Strategic initiative 5- Scaling up new tools:** advocate for adoption and scale up of innovative new tools, which are recommended by WHO for public health use

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Strategic Objective 2: *accelerate progress through a regional approach anchored in existing political and economic platforms such as regional economic communities and build impetus for malaria elimination*

- **Strategic initiative 1- Regional Malaria Initiatives:** advocate for the establishment of regional malaria initiatives to serve as platforms for regional cooperation amongst countries, facilitate engagement of Partners including the private sector
- **Strategic initiative 2- Regional malaria financing facility:** establish a regional malaria financing facility in collaboration with global and regional development banks to address the funding gap in malaria programs
- **Strategic initiative 3- Building regional capacity:** build entomological and surveillance capacity, and create a network of regional experts able to provide quality technical assistance to countries
- **Strategic initiative 4- Combat substandard and fake medicines:** launch regional mechanisms to combat fake medicines and products and harmonise regulatory processes where possible
- **Strategic initiative 5- Efficient use of GFATM resources:** maximise the impact of the Global Fund malaria investments to accelerate progress towards the 2030 goals

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Strategic Objective 3: *increase the financing envelope for malaria*

- **Strategic initiative 1- Domestic financing:** expand domestic financing for malaria through the development of robust national investment-case to promote increased malaria financing, including through innovative financing methodologies
- **Strategic initiative 2- Innovative malaria financing instruments:** increase malaria financing through global and regional innovations
- **Strategic initiative 3- Continued donor commitments:** maintaining and expanding the base of traditional donors, and attracting investment from new donors
- **Strategic initiative 4- Private sector engagement:** increase private sector investment in malaria
- **Strategic initiative 5- Guiding coalition to end malaria:** establish national and regional End Malaria Councils to make malaria elimination a top domestic political agenda

The Cross-Cutting Strategic Objective: *Building a high-performing Secretariat*

- **Optimal functioning** of Partner Committee **management structures**, Steering Committee, Working Groups and Workstreams, and promote active Partner engagement under these structures.
- Secretariat operates with a principle of **network leadership** and remains lean, cost-effective and efficient
- Secretariat has systems in place for **managing financial risks** and works towards diversifying its funding sources
- **A Common Accountability Framework:** Secretariat and Partners' leadership collectively accountable for achievement of RBM Partnership goals
- **Transparency** – Quarterly Update Reporting to Board, Annual RBM Programme and Financial Report. Use of website, social media and direct communication platforms

Table 1

STRATEGIC OBJECTIVES AND INITIATIVES

STRATEGIC OBJECTIVE	STRATEGIC INITIATIVES	OPERATIONAL DEFINITION	PERFORMANCE MEASURES	BUDGET COSTINGS
<i>Strategic objective 1: keep malaria high on the political and developmental agendas to ensure continued commitment and investment to achieve the GTS and AIM milestones and targets</i>	<i>All Party Parliamentary groups on malaria</i>	<i>engage Partners at global, regional, and country levels to pursue the establishment of all party parliamentary groups on malaria elimination across endemic and donor countries</i>	<ol style="list-style-type: none"> 1. Develop Advocacy and Resource Mobilization Toolkit tailored specifically for Parliamentary Group consultations in 3 languages. 2. Appoint and set Work Plan for RBM Special Envoy to lead establishment of 3 Parliamentary groups per year. (Year 1: France, Germany, Japan; Year 2: South Korean, Singapore, Malaysia). 3. Establish Parliamentary Malaria groups in 4 endemic Countries per year to affect policy change and % increase of resources mobilization for investment-case contribution. Year 1: Mozambique, Nigeria, Sudan, Zambia; Year 2: Ghana, Uganda, Kenya, Rwanda; Year 3: Angola, DRC, Tanzania. 	
	<i>Strategic Communication</i>	<i>provide clear, strong, accessible, and compelling messaging to leaders and key stakeholders on the importance of continuing to reduce</i>	<p>Develop effective and consistent messaging in relevant languages highlighting the global fight against malaria in the context of broader sustainable development goals.</p> <p>Conceptualize and coordinate 3 key campaigns per year including: World Malaria Day annually</p>	

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Table 1

		<i>and eliminate malaria</i>	<p>(Nov) and RBM 20th Anniversary 2018 with involvement from RBM partners</p> <p>Develop rigorous, creative and news-making RBM reports in the lead up to the global deadlines of 2020 and 2030 (1 per year).</p> <p>Increase quantity and quality of media coverage of malaria and RBM in relevant languages, including through strategic media partnerships.</p>	
	<i>Inclusive and multi-sectoral partnership</i>	<i>build inclusive Partnerships at global, regional, and country levels within and across sectors to address the determinants of malaria</i>	<ol style="list-style-type: none"> 1. Establish joint Malaria Coalition for multi-sectoral policy and planning Malaria-Hubs with Africa RECs for Malaria and Trade Incentives, 2 RECs per year. 2. Reposition malaria elimination as a rallying agenda for civil society organizations (includes i.e. Rotary, Lions and others) 3. Establish joint Malaria Coalition for multi-sectoral policy and planning Malaria-Hubs with UN partners and develop joint operating work malaria mainstream methodology for each. Year 1,2,3 <ol style="list-style-type: none"> a. Rome Based Agencies (IFAD, WFP, FAO for food and rural development programme. Year 1/Q1 b. UNWTO for Malaria and tourism Year 1/Q1 c. UNEP for Malaria and Climate Change mitigation and disaster response. Year 1/Q2, Q3 d. WTO-EIF for Malaria and trade. Year 1/Q2 e. UNICEF for Education Women/Girls Year 1/Q1 f. IOM for Malaria and migrant populations Year 1/Q1 4. Develop 2 Multi-national Companies advocacy partnership per year and minimum 6 national 	

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Table 1

	<i>Focus on coverage gaps</i>	<i>mobilise resources for the fight against malaria to ensure universal access to prevention, diagnosis and treatment</i>	businesses per year for tailored RBM advocacy campaigns support. (i.e., Exxon, local business) 1. Develop Advocacy and Resource Mobilization Toolkit for Policy Makers and Influential personalities. (global and national) with key messages based on advocacy models, targeting countries with high coverage gaps: To close gap in 3 countries in Year1, 5 countries in Year 2, 10 countries in Year 3. 2. Identify and bring on board influential champions to advocate and campaign at national/regional level through use of media outreach for: a. Africa – 10 for Year 1, 10 Year for 2, 10 for Year3 (ALMA support). b. Asia – 4 for Year 1, 6 for Year 2, 8 Year 3 (APLMA) c. Arab Region – 2 for Year 1, 2 for Year 2, 1 Year 3. Targeting % increase of domestic resources.	
	<i>Scaling up new tools</i>	<i>advocate for adoption and scale up of innovative new tools, which are recommended by WHO for public health use</i>	1. Establish a Forum with PDPs (i.e. MMV, IVCC, I2I) to ensure access to information on new tools, help adoption of new tools and address regulatory bottlenecks. Meetings on bi-annual basis. 2. Advocate for increased financing to rollout new tools through (i.e.) market shaping, volume guarantee and establishment of additional financing instruments.	
<i>Strategic objective 2: accelerate progress through a regional approach anchored in existing political and economic platforms such as regional</i>	<i>Regional malaria initiatives</i>	<i>advocate for the establishment of regional malaria initiatives to serve as platforms for regional cooperation</i>	1. Conduct situational analysis of current regional network/platforms and RECs a to determine RBM partnership methodology. Year 1 (* Include analysis of key success models, i.e. ECLAC/IBRD)	

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Table 1

<i>economic communities and build impetus for malaria elimination</i>		<i>amongst countries, facilitate engagement of Partners including the private sector</i>	2. Formulate MOUs with RECs to reposition malaria in the REC mechanism in 4 RECs in Africa Year 1 3. Establish Regional Initiatives (i.e. Sahel initiative) for RBM partnership. Year 2	
	<i>Regional malaria financing facility</i>	<i>establish a regional malaria financing facility in collaboration with global and regional development banks to address the funding gap in malaria programs</i>	1. Establish a regional Malaria Finance Facility in collaboration with Regional Development Banks, the World Bank and others. Year 2 and 3.	
	<i>Building regional capacity</i>	<i>build entomological and surveillance capacity, and create a network of regional experts able to provide quality technical assistance to countries</i>	1. Create Regional Multi-expertise Network Hubs within key regional entities/platforms to build national capacity on Entom. and Surveillance systems (following country and regional consultations) and regional experts support following: a. RBM partners' assessment of needs and identify regional hosting partner (RD institutes or national labs) for expertise provision Y2/ Q1/Q2. b. Assist countries to develop MOUs with identified regional entities/platforms to share materials and technical expertise. Y2/Q2	
	<i>Combat substandard and fake medicines</i>	<i>launch regional mechanisms to combat fake medicines and</i>	1. Conduct situation analyses of existing regional regularity mechanisms and their potential linkage with RECs to ascertain capacity gaps in sub-regions	

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Table 1

		<i>products and harmonise regulatory processes where possible</i>	<p>2.Design an RBM-WHO working methodology (inclusive of KPIs) Regional Surveillance Mechanisms to combat fake medicines (i.e. Within RECs/IGAD), providing capacity support, as appropriate, in 4 Africa sub-regional partner entities to be in place by end Year 1.</p> <p>3.Establish RBM partnerships with major anti-malaria producer countries. Year 1 and 2.</p>	
	<i>Efficient use of global fund resources</i>	<i>maximise the impact of the Global Fund malaria investments to accelerate progress towards the 2030 goals</i>	<p>1.Conduct and share country level gap analyses to determine country need based on National Strategic Plans as set against the 2030 target.</p> <p>2.Support countries to ensure timely grant signing and disbursement of GF resources.</p> <p>3. Bottleneck analysis in implementation of GF and support to increase of grants' absorption rate.</p> <p>4. Proportion of countries recipient of quality unfunded gaps' resources. Y1/ rolling.</p>	
Strategic objective 3: increase the financing envelope for malaria	<i>Domestic financing</i>	<i>expand domestic financing for malaria through the development of robust national investment-case to promote increased malaria financing, including through innovative financing methodologies</i>	<p>1. Monitor and support GF counter-financing targets (i.e. 15% each country and as 5% per annum) are met through RBM quarterly reviews, Q1, Q2, Q3, Q4.</p> <p>2. Develop and implement plan for investment case support in consultation with 10 high burden countries and MTF members impacting % increase from domestic revenues.</p> <p>a. Sudan, Zambia, Mozambique, Congo-Brazzaville, one State in Nigeria Year 1 b. 3 Countries TBD by MTF for Year 2 c. 3 Countries TBD by MTF for Year 3</p>	

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Table 1

			d. Share materials and tools developed with all countries to share lessons and see demand driven support via knowledge network/website and key malaria events. (i.e. WHA, World Malaria Day)	
	<i>Innovative malaria financing</i>	<i>increase malaria financing through global and regional innovations</i>	<p>1.Review and develop a database/case study of existing innovative instruments replicable for health sector/malaria applicable to country profiles (i.e. high burden, transitioning countries, credit standing, etc.) Year 1. (as linked to S.O. # 3 above).</p> <p>2. Explore Debt-Swap as potential financing instrument of high endemic and high debt burden countries. Years 2/3</p> <p>3. Launch rollout with key pilot countries, as appropriate. Year 3</p>	
	<i>Continued commitment from donors</i>	<i>maintaining and expanding the base of traditional donors, and attracting investment from new donors</i>	<p>1.Monitor bilateral (ODA), multi-lateral, special initiatives and health funds and loans resources for Malaria analysed against RBM advocacy targets to ensure support for sustained levels of traditional funding support. Bi-annual and/or annual as appropriate. (ARMPC)</p> <p>2. Develop and implement resource mobilization framework for emerging and new donor countries includes China, India, Qatar, South Korea, U.A.E. Year 1 and 2</p>	
	<i>Private sector engagement</i>	<i>increase private sector investment in malaria</i>	<p>1. Formulate RBM Private Sector Engagement Strategy Year 1/Q1</p> <p>2. Develop 4 sub-regional private sector Regional Malaria Platforms in Africa for philanthropic, core business or hybrid arrangements as funding</p>	

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Table 1

			platform for countries covering East & Southern Africa, West & Central. Minimum 2 per sub-region. Year 1 and 2. 3. Organize two Private Sector for Malaria Elimination Forums to advocate and raise resources East & Southern Africa Year 1/Q3, West & Central Africa Year 2-Q2.	
	<i>Guiding coalition to end malaria</i>	<i>establish national and regional End Malaria Councils to make malaria elimination a top domestic political agenda</i>	1. Establish national/regional EMCs based on needs of countries: a. To mobilize resources from sub-region b. To help advocate malaria sensitive policies from the sub-region.	
Cross-cutting strategic objective: building a high-performing Secretariat	<i>the Secretariat to provide support to the Partnership Board and mechanisms to ensure efficiency, effectiveness and transparency in its operations</i>		1. RBM Governance Framework (by-laws, policies, and SOPs) is established and updated as necessary on a regular basis. 2. The CEO reports regularly to the RBM Board on activities and finances through the established mechanisms (monthly leadership calls, Board meetings, RBM annual report). 3. The CEO presents annual work plans to the RBM Board, including inputs from the PCs. 4. The RBM Management Team, hosted by UNOPS, is recruited, periodically trained and operational to support the Board and RBM Partnership, located in strategic office space in Geneva. (On-going) 5. The RBM Website is fit-for-purpose, regularly updated, and serves as a one-stop-shop for all	

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Table 1

			malaria and RBM related matters, including Board decisions. Y 1/Q2 6. Periodic newsletters and updates are issued by the RBM Secretariat for the Board and broader partnership. Monthly	
	<i>the Secretariat to provide the necessary support to ensure the optimal and efficient functioning of the Partner Committees, including the establishment of Partner Committee management structures / steering committee, work streams, etc. / and active engagement of Partners under these structures.</i>		1. RBM Governance Framework (by-laws, policies, and SOPs) is established and updated as necessary on a regular basis. PC specific SOPs are established. Year 1 2. RBM PC Managers are part of the PC Steering Committee and involved in the daily work of the PCs. (as per Individual Performance plans) 3. RBM Partner Committee Coordination Group (PCCG) meets for interaction, direction and coordination. Monthly 4. RBM PC to periodically report to the Board (at their request) and prepare annual work plans and reports.	
	<i>the Secretariat to conduct business practices in a manner consistent with the mission and values of the Partnership; and with staunch support by UNOPS, to ensure that operations are in alignment with all applicable laws and regulations, including but not limited to those of UNOPS</i>		1. RBM specific SOPs are developed to guide its operations, in accordance with UNOPS rules and regulations. 2. RBM Secretariat undertakes the UN trainings and mandatory courses, refreshing them as necessary.	
	<i>the Secretariat operates with a principle of network leadership and remains lean, cost-effective, and efficient</i>		1. RBM Governance framework and specific SOPs embody the principle of value for money at their core.	

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Table 1

		<p>2. RBM annual report to include a section on cost effectiveness and efficiency.</p> <p>3. Periodic newsletters and updates are issued by the RBM Secretariat broader partnership via website. Minimum Monthly</p>	
	<i>the Secretariat to ensure that systems are in place for managing financial risks and to work towards diversifying its funding sources</i>	<p>1. RBM specific SOPs are developed to guide its operations, in accordance with UNOPS rules and regulations.</p> <p>2. Regular financial reporting is provided to the Board and Board leadership, including financial forecasting. (Board Meetings, PCCG Meetings)</p> <p>3. RBM specific risk framework is established to guide its operations, in accordance with UNOPS practice.</p> <p>4. RBM reserves policy is operational and revisited as necessary.</p>	
	<i>the Secretariat to function as the voice of the Partnership and effectively represent the Partnership in global health and development fora</i>	<p>1. RBM Secretariat maintains the RBM website (above), including an active online presence through social media.</p> <p>2. RBM Board Engagement Policy is approved and operationalized.</p> <p>3. Network of RBM Special Envoy/Champions are put in place (see S.O. #2 above)</p>	

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Table 2

Monitoring Framework for Action and Investment to Defeat Malaria 2016-2030³

Indicator	Operational definition	Illustrative data source(s)	Suggested level(s)
High-level commitment to control and elimination of malaria	Existence of a high-level malaria advisory or governing body that includes representation from the non-health and private sectors, as well as civil society	Will require engagement of malaria leadership to review malaria bodies	Regional, national and local levels, where possible
Resources committed to malaria control and elimination	Total funding and proportion of annual health funding (per capita) allocated to malaria in affected countries (by source, including national funding, donor and out-of-pocket)	RBM Malaria Funding Data Platform, OECD/DAC, Country data and surveys	Global, regional, national and local levels, where possible
Accountability to citizens for progress in malaria control and elimination	Public (web-based) access to geographically disaggregated data regarding malaria incidence or prevalence and intervention (prevention, diagnosis and treatment)	Will require accessing of websites for each affected country	Global, regional, national and local levels, where possible
Engagement of the private sector in malaria control and elimination	Number of top-10 registered corporations in the national tax base that invest in malaria prevention and control for the company's workforce or the broader community, or both)	Will required measurements by malaria leadership to interview top-10 corporations regarding these investments	National level
Investment in malaria research and innovation	Total funding and proportion of funding for malaria relevant research (including R&D and operations or implementation research)	GFINDER (Policy Cures), MMV, IVCC, MVI, Global Fund, WHO and national research agencies	Global and national levels, where possible

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RBM Strategic Plan 2018-2020 Costing

Strategic Plan 2018-2020 Costing

- On the basis of the Strategic Plan 2018-2020, and following consultations with the Partner Committees, an estimated cost for the roll out of the Strategic Plan – estimated at around USD 48.5 million
- This will be refined annually, through the submission of annual workplans and budgets to the RBM Board for approval

SP Costing - Overview

<i>In USD</i>	2018	2019	2020	Total
Strategic Objective 1: Keep malaria high on the political and developmental agendas to ensure continued commitment and investment to achieve the GTS and AIM	3.27	2.08	7.92	13.27
Strategic Objective 2: Accelerate progress through a regional approach anchored in existing political and economic platforms such as regional economic communities	4.57	4.78	4.71	14.06
Strategic Objective 3: Increase the financing envelope for malaria	1.47	3.49	3.41	8.37
Cross Cutting Objectives	3.26	3.11	3.23	9.61
UNOPS Management Cost (7%)	0.88	0.94	1.35	3.17
TOTAL	13.45	14.41	20.62	48.48

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Thank you! Questions?

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Governance – Board Engagement Strategy

Board Engagement Strategy

- Drawing from the expertise and experience of the Board
- Providing on-boarding support to new Board Members
- Opportunities for Strategic Engagement of Board Members in:
 - Resource mobilisation
 - Personal high-level meetings with government and institutional leaders
 - Leadership of technical initiatives of the RBM Partnership
 - Represent RBM Partnership at formal events, conferences and workshops
- Following consultations, RBM Secretariat can provide logistical, substantive and financial support
- Annual mapping exercises of expertise and interest

Board Engagement Strategy (Examples)

Examples of possible opportunities for Board Member engagement in RBM Partnership priority activities

- Malaria elimination in India / *Altaf to lead*
- Regional Malaria Financing Facility / *Paolo Gomes to lead*
- Malaria Elimination in the Sahel region / *Awa to lead*
- Malaria Elimination in Greater Mekong / *Yongyuth to lead*
- Malaria Elimination in the Americas / *Mirta to lead*
- Private Sector Engagement / *Ray to lead*
- Attracting new Partners-Middle East / *Maha to lead*
- Repositioning malaria in Francophone Summit / *As to lead*

Board Engagement Strategy (Discussion)

For discussion:

- Is there a need to establish a specific Board committee on Resource Mobilisation?
- Is support for fundraising efforts for the RBM Secretariat budget or for the global fight against malaria or both?

Governance – Board Advisor Policy

RBM Partnership

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Board Adviser Policy

- Notification to or approval by the Board Chair, depending on the circumstances
- Board Members limited to 1 adviser (unless in exceptional circumstances), expenses paid by Board Member
- Adviser conduct is specified, including confidentiality of proceedings
- Emeriti engagement for Board Members completing their services (under exceptional circumstances)

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Board Rotation Policy

- Staggered terms of office of three years, renewable once (1/3 of the Board will rotate annually)
- Selection of new members to be led by the Partnership Board Selection Committee, recommending to the Board for approval
- Selection to reflect:
 - Gender diversity
 - Geographic balance (including sub-regional)
 - At least 1/2 from malaria affected countries/regions
- Board Chair and Vice-Chair also have staggered terms

Board Rotation Policy – Next Step

With the approval of the Board Rotation Policy:

- (1) When should we start its application?
RBM Secretariat suggestion: Proposed rotation of 1/3 of the Board in 2019
- (2) When should we launch the nomination process?
RBM Secretariat suggestion: Announce nomination process during the MIM Conference in April 2018, with the nomination period ending in August, with the aim of finalising the selection before the end of the year

NOTE: There is currently one vacant seat on the Board.

Terminology

- **Partner Committees (PC):** Established by the Board, and intended to formalise, consolidate and amplify the core Partnership functions. Mechanism for partners to engage.
- **Partner Committee Workstreams:** As may be necessary, PCs may wish to organise themselves into workstreams based on specific priorities and work packages (examples, Branding workstream in SCPC, or New Donors in ARMPC). Task based engagement of Partners within a PC.
- **Working Groups (WG):** Managed, funded and led by Partners, WG provide venues for Partners to share information and collaborate on specialised topics. Support interventions to be scaled up, and facilitate sharing of best practices.

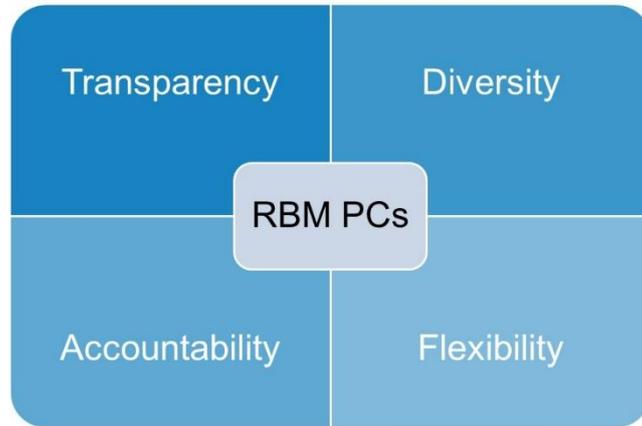
SOPs – RBM Partner Committees

3 Partner Committees (PCs)



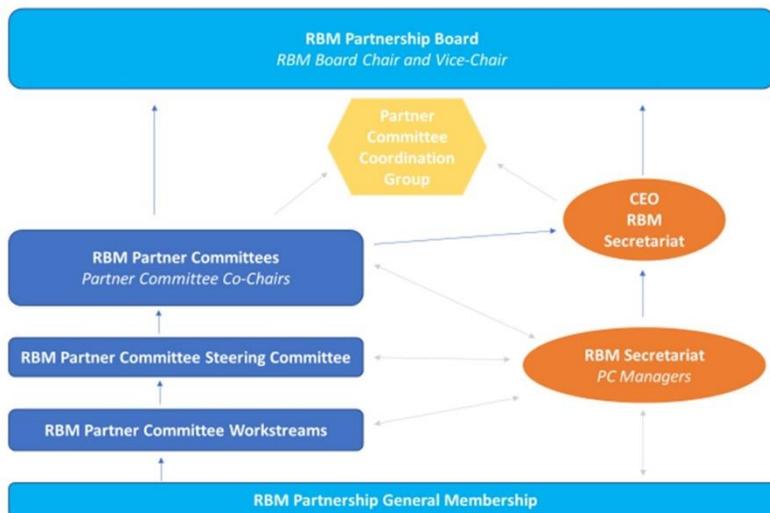
SOPs – RBM Partner Committees

Four operating principles:



PC SOPs – Governance

Accountable to the Board and coordinated by the CEO

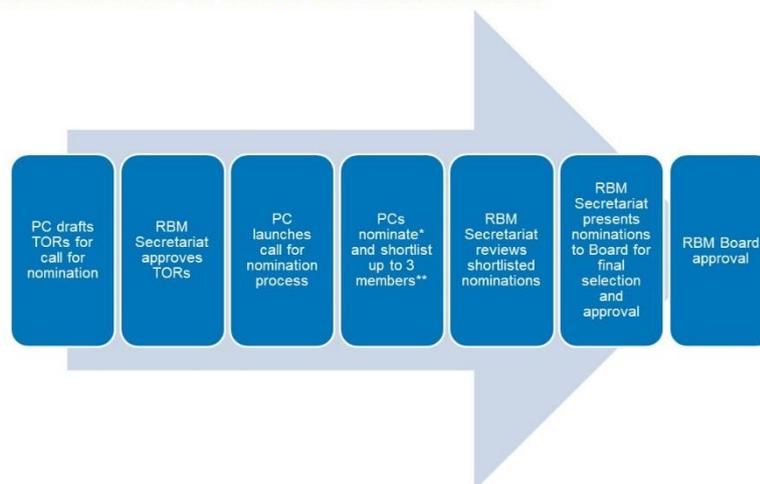


PC - TORs

- PC TORs are approved by the Board and found on the RBM website
- Generally, PCs will:
 - (1) Convene Partners with an interest in the particular role of each Committee in order to then facilitate communication and co-ordination of activities. Routinely support fora that bring Partners, including those from malaria-affected countries, together to identify and highlight key challenges within their terms of reference, and to develop plans to address these challenges.
 - (2) Work with other PCs – both directly and through the CEO/Management Team – to obtain necessary inputs, avoid duplication of efforts, and to resolve any concerns over responsibilities for aspects of the PC's work.
 - (3) Engage and relate with regional entities to ensure regions and countries are empowered to address malaria, with particular attention to cross border settings.

PC SOPs – Co-chair Selection Process

Selection Process for Partner Committee Co-Chairs



** Nominees require a letter of support from their employer.*

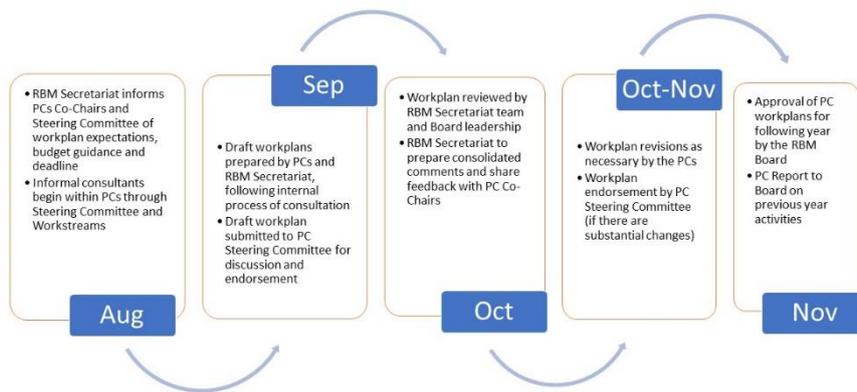
*** If more than 3 candidates are nominated, the PC will vote to shortlist 3.*

PC – Workplan Guidelines

- Alignment with the RBM Partnership Strategic Plan
- Follow consistent annual timelines
- Drafted collaboratively within the PC
- Board Leadership involvement
- RBM Secretariat facilitation, support and guidance
- Board approval
- Reporting on the year's progress

PC SOPs – Workplan Process

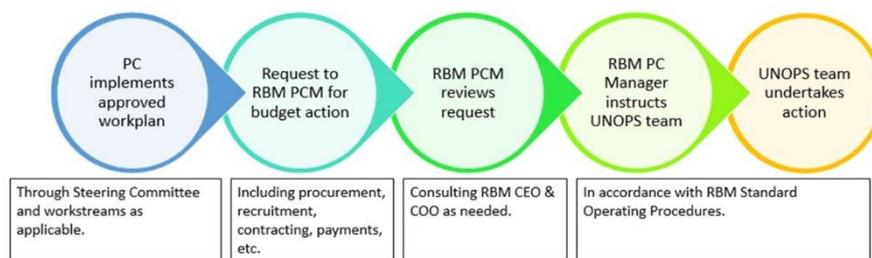
PC Workplan Process



PC – Accountability & Communications



PC – Implementation Communications



Specific processes are detailed separately (such as for CRSPC).

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Governance – Working Group SOPs

SOPs – RBM Working Groups

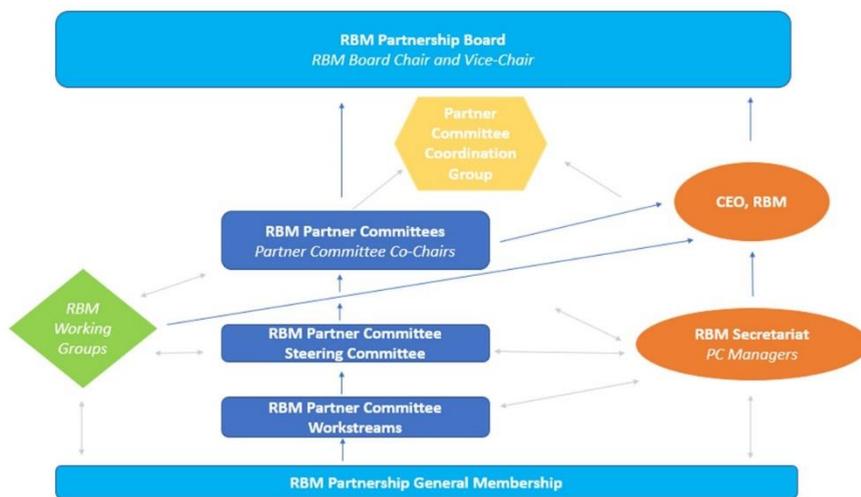
- WGs are accountable to the Board through the CEO
- WGs must be accredited by the Board
- Proposed criteria:
 - The WG is established to convene and coordinate RBM Partnership members around a defined technical intervention area to facilitate learning and share best practices from the field;
 - The governance of the WG ensures adequate participation of malaria-affected countries;
 - The WG demonstrates a self-financing and self-convening capacity; and
 - The WG initial/current Co-chairs and Secretariat are selected and are willing to assume the WG responsibilities.

SOPs – RBM Working Groups

Five (5) accredited RBM Working Groups



WGs within the RBM Partnership



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RBM Partnership
To End Malaria

RBM Partner Committee Updates

Item VI of the Provisional Agenda

**CRSPC Report:
November 2016 - October 2017**

Abu Dhabi, 17 November 2017

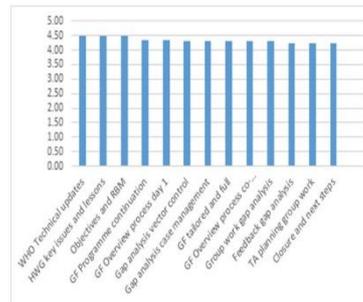
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1. Support to the GF 2018-2020 Funding Applications

- Majority of the current GF malaria grants end in December 2017
- The total funds available for the 2017-2019 allocation period are US\$11.1 billion, including US\$10.3 billion for country allocations, of which 32% was allocated for malaria
- In order to avoid breaks in implementation and /or transaction-heavy costed extensions, the RBM partnership, through the CRSPC, prioritized support to countries in their grant applications and grant making processes

Orientation Meetings

- With >50 countries having their malaria GF grants expiring in Dec 2017, the CRSPC recognized the urgency to orient countries in the new GF application process
- Countries were oriented on the differentiated approach and prepared detailed TA plans to guide support required in 2017
 - Dec 2016 Orientation Meeting: 230 participants, 36 countries and 20 partner organisations
 - Jan 2017 Orientation Meeting: 13 countries attended alongside partners
 - Both meetings were highly rated by the participants



Summary of meeting evaluation



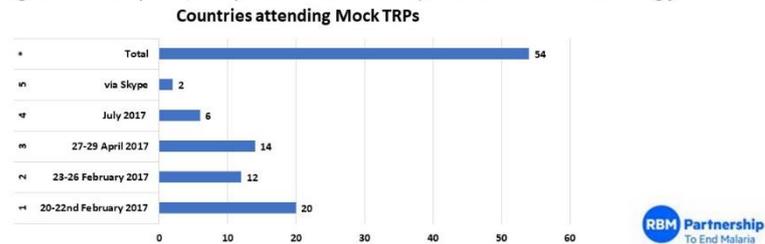
Technical Assistance

- Technical assistance was provided to 36 countries to support the development of funding applications
- Evaluation by countries of consultant performance were almost universally positive with 95% of consultants being highly rated, and the country stating they would like to receive support from their consultants again
- Additionally, resources were transferred to 31 countries to support in-country consultations, country dialogue and local consultants



Mock TRPs

- 4 mock TRPs (+2 remote reviews via Skype) were held to review country draft applications to the GF
- Mock TRPs involved a review of draft country proposals by technical partners and facilitators, and an extensive country peer review process, whereby one country reviews its peer countries application
- Countries showed very significant improvement in the quality of their applications between the mock TRP and the final submissions to the TRP
- Malaria mock TRPs were identified as a best practice by the GF TERG
- Other programmes (HIV, TB) have now adopted this methodology



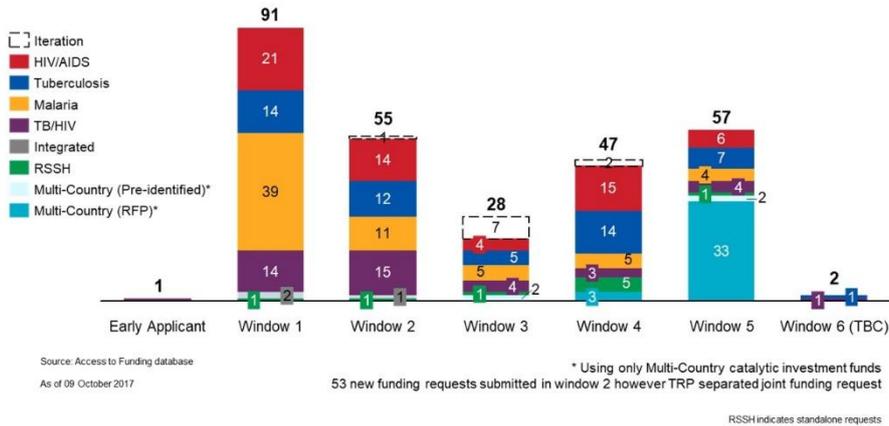
Results

- At the end of three application windows (August 2017) >95% of malaria applications (55) have been submitted and reviewed by the TRP
 - >90% of the malaria applications were submitted in the first 2 windows, allowing sufficient time for countries to prioritise grant making efforts to prevent any break in implementation in 2018
 - Of the 55 country applications, 95% have gone through to grant making, with only three in iteration
- Approximately US\$3 billion has already been secured for malaria control and implementation through the submitted applications.
- Only nine country proposals are outstanding, of which five are scheduled for submission in the 4th window (February 2018)

Results

Funding Request Submissions

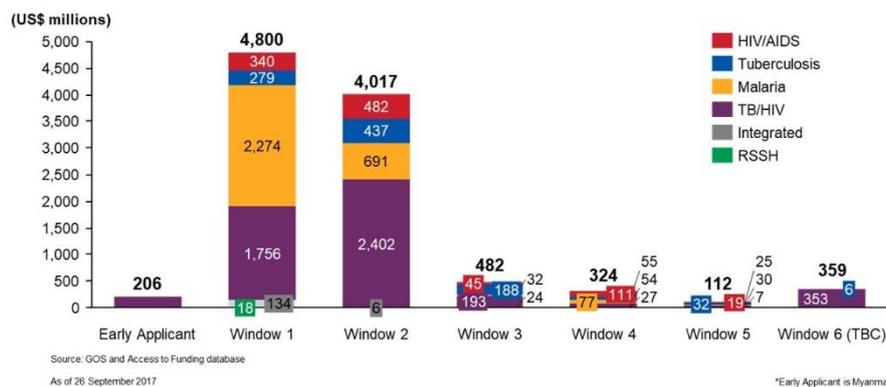
Windows 4-6 based on country team estimates: does not include projected slippage or iterations



Results

Funding Requests: Current Program Split by Window

Windows 4-6 based on country team estimates: does not include projected slippage or iterations



Grant Making

- 18 countries requesting support have been supported in grant making to accelerate grant signature
- 35 countries have fully completed all the documentation required for grant making
- 68% of window 1 and 2 countries have completed the grant making process and will be on track to implement their grants by the expiry of the current grants.



2. Support for the Development of Sustained Country Financial Plans and Resource Mobilization Strategies

- The CRSPC has provided 'light' support to date in this area, due to both human resource and funding constraints
- Support has been provided to DRC, Nigeria and Equatorial Guinea in the development of their broader resource mobilisation strategies
- Support is ongoing for Nigeria's IDA 2018 US\$300 million request



3. Bottlenecks in Malaria Control Implementation

- The Global Fund identified 20 priority countries where the level of scale-up, together with the grant absorption rates may mean that funds are unspent by the end of 2017, across HIV, malaria and TB
- Support was provided to a number of countries including Cameroun, Namibia, Madagascar, Angola and Tanzania to address identified bottlenecks and accelerate implementation
- Support was also facilitated for LLIN campaigns through the CRSPC work stream Alliance for Malaria Prevention for 17 countries in the first three quarters of 2017
- Support was also provided to countries suffering from malaria upsurges including Uganda and Botswana
- Support has also been provided to address implementation bottlenecks in Burundi and Burkina Faso.



4. Support to National Strategic Plan Development

- The CRSPC working under the leadership of WHO have supported the development of country national malaria strategic plans over the last few years
- This includes consultant support, partner travel and DSA, in-country meeting costs, as well as peer review meetings
- CRSPC through WHO have supported thirteen countries to update their NSPs in 2016-2017 by the CRSPC



5. Major Issues

- A concern arising from the window one and wave 2 malaria submissions is that the CRSPC observed several examples of RSSH costs being taken at disproportionately higher levels from the initial malaria allocation. This will lead to significant gaps in delivering core interventions in a number of countries
 - We are currently working to assess the extent of this and analyse the implications
 - We are looking at the potential flexibilities that may be possible to apply from the GF portfolio optimisation process to readdress this imbalance
- There remain significant gaps to fully implement the country National Strategic Plans and achieve the ambitious GTS targets. The CRSPC and ARMPC will need to prioritise mobilising support to fill outstanding gaps through in-country resource mobilization and advocacy



6. CRSPC Partners Engagement

- The CRSPC has worked with a large number of RBM partners over the last year. We have engaged with over 30 partner organisations including the multilaterals (WHO, UNICEF), NGOs, the Global Fund, World Bank, SEO's office, US PMI, academia, Foundations and others
- This has included partner participation in workshops and briefings, technical and implementation support to countries and sharing of information and advice
- Additionally, as we establish the CRSPC steering committee, this will draw from partners across the partnership



6. CRSPC Operational arrangements

- Membership: Over 650 expression of interest
- 5 Committee telephone conferences
- The PC operations is through workstreams (3 currently)
 - Workstream 1: Country resource mobilization (ALMA / WHO)
 - GF funding proposals and grant signature (WHO / ALMA)
 - Country resource mobilization and advocacy (Private sector / APLMA)
 - Work Stream 2: Implementation support (IFRC / GF)
 - Alliance for Malaria Prevention (IFRC)
 - Support for implementation bottle neck resolution (UNICEF/WHO)
 - Work Stream 3: Programme review and NSP (WHO / MACEPA)



6. CRSPC Operational arrangements (Steering Committee)

- Membership (23 – 5 nominations pending)
 - CRSPC Work Stream Co-chairs
 - Regional representation including country programme
 - Central Africa (NMCP DRC)
 - East Africa (NMCP Ethiopia)
 - Southern Africa (NMCP Zimbabwe)
 - West Africa (NMCP Nigeria)
 - EMRO (WHO Malaria Regional Adviser)
 - AMRO / SEARO / WPRO (awaiting nomination)
 - RBM Working Group (CMWG; MERG; MiPWG and VCWG)
 - RBM Secretariat (CRSPC Manager)
- Activities
 - Inaugural teleconference
 - Development of 2018 work plan



Key CRSPC Priorities in next 12 Months

- Addressing how to fill the gaps and maintain the gains in the high burden countries unable to sustain scope and scale of previous GF grant implementation based on current allocation
- Exploring how the portfolio optimization process might programme resources to fill gaps
- Mobilising support to fill outstanding gaps not covered by the GF from other sources, including through domestic resource mobilisation
- Systematized approach to support programme implementation from maximal use of available resources
- Support the identification of the appropriate Regional mechanisms and structures for future RBM support.



Thank you



RBM Partner Committee Updates

SCPC Update

Yacine Djibo, Co-Chair
Michal Fishman, Co-Chair
Xenya Scanlon, Communications Manager

Abu Dhabi, 17 November 2017

Agenda

- **What's working, what could be better**
- **Lessons Learned**
- **Moving Forward**
- **For Input**

What's Working Well

- Branding effort
- WHA and UNGA events
- Coordination between co-chairs and RBM staff
- Engagement with core partners
- Re-starting regular communication rhythm

What Could Be Working Better

- Broader partner engagement
- World Malaria Day communications
- Consistency of workstream members' bandwidth
- Better use of board members/champions
- Coordination between PCs
- Improved processes and fundamentals
- Increase brand awareness

Moving Forward

- **Align messaging and communications around World Malaria Report and throughout 2018 activities**
- **Bring on communications support to help drive workstream load and manage fundamentals**
- **World Malaria Day messaging and materials for distribution in early 2018**
- **Streamline workstreams**
- **Raise brand value and awareness**
- **Focus on engaging not-the-usual suspect partners**

For Input

- **What key themes would you like to see communicated around the partnership's 20th anniversary?**
- **Are there particular partners you would like to see engaged/re-engaged?**
- **Does the RBM Partnership want to be seen as an agenda-setting organization, and if so, on which issues?**
- **Which countries should we focus on for "Malaria Elimination Starts with Me" campaigns?**

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RBM Partnership
To End Malaria

RBM Partner Committee Updates

ARMPC Update

Abu Dhabi, 17 November 2017

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Advocacy and Resource Mobilization Partnership Committee

- **Setting the scene**
- **Progress report: ARMPC Workstreams**
- **Malaria Financing Taskforce**
- **China Engagement**
- **India Strategy**

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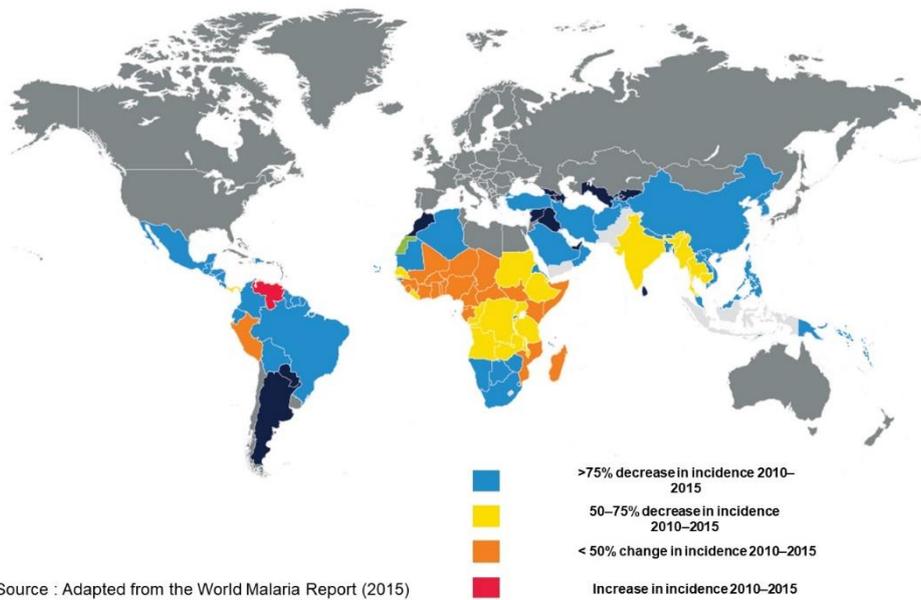
Setting the scene

RBM Partnership

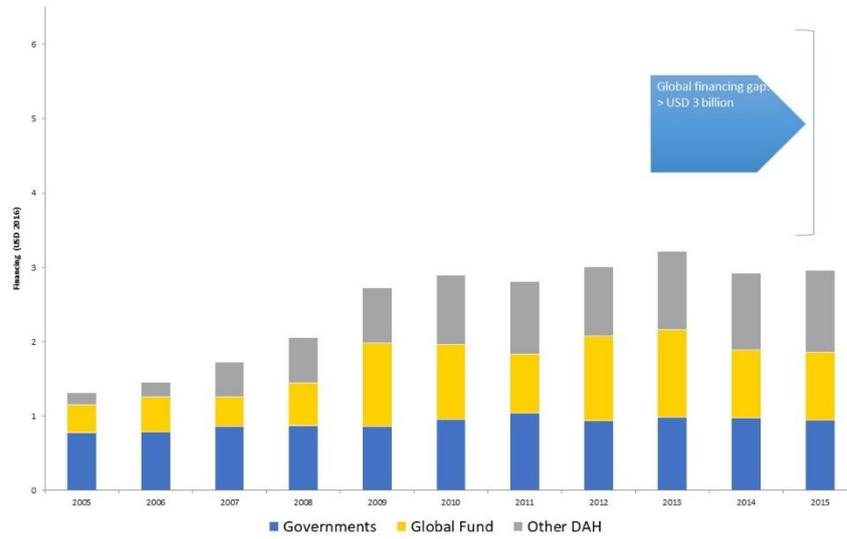
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Change in Malaria Incidence (2000-2015)



Sources of Financing Gaps



Progress Report

ARMPC Workstreams

The Advocacy and Resource Mobilization Partnership Committee has developed four core workstreams under the priorities of keeping malaria high on the political agenda as well as increasing and sustaining malaria financing both globally and domestically. Each workstream has a chair that will convene its members to support the activities for each workstream.

Leadership

Chair: Erika Larson, UCSF

Existing donors

Chair: Alexandra Fullem, PATH

New donors

Chair: Josh Blumenfeld, Malaria No More

Private sector

Chair: Sherwin Charles, Goodbye Malaria

Key Workstream Priorities

- Identify platforms and engagement strategies for key bilateral and multilateral partners.
- Analysis to understand trends in development financing from China and India to underpin broader resource mobilization, advocacy and communications.
- Develop and establish India platform for Domestic and Sub-Regional advocacy
- Support the development of national, regional and Global Dashboards to track and accelerate progress
- Establish French/German parliamentary caucus on malaria
- Provide briefing support for End malaria council members, informed by financial analysis

Malaria Financing Taskforce (MFTF)

MFTF membership:

- WHO
- World Bank
- Global Fund
- Malaria No More (MNM)
- President's Malaria Initiative (PMI)
- ARMPC and CRSPC Co-Chairs
- African Leaders Malaria Alliance (ALMA)
- RBM private sector workstream chair
- Department of International Development (DFID)
- Bill & Melinda Gates Foundation (BMGF)
- Southern African Development Community, (SADC)
- Collaborative Africa Budget Reform Initiative (CABRI)

Objectives:

- Assist national health sector leadership in the development of a robust investment case to seek increased fiscal-space for malaria funding,
- Apply innovative financing solutions and mobilize influential leadership to advocate for expanded malaria financing.

China Engagement

RBM-China Steering Committee:

- China Chamber of Commerce
- MOFCOM
- Bill & Melinda Gates Foundation
- Representation from the agricultural sciences

Workplan objectives:

- Development of a high-level engagement and plan to ensure sustainable financial planning and support, helping expand the china-malaria elimination agenda.
- Launch of malaria elimination demonstration projects in four pilot countries; Tanzania, Zambia, Tanzania, Ethiopia and Mozambique for Phase 1, with Cambodia as a potential additional country outside Africa for Phase 2.
- A side event during the 2018 World Health Assembly to launch the partnership with all partners in Geneva;
- A high-level Malaria Elimination Summit in 2019.

India Strategy

- The RBM-India collaboration must be country driven and led
- Partners working on malaria must engage through "One Voice" to support the malaria elimination agenda
- Multi-pronged approach (i.e. states, private sector, industry, local stakeholders, Indian media and influencers including Bollywood.) While also looking to partners to share info from their experiences on the ground (i.e. APLMA, the Gates Foundation, Malaria No More, UNICEF, GAVI experiences, etc.)
- Establish an India-based malaria elimination task force
- Media outreach
- Close follow up with high-level India officials--led by Mr. Altaf Lal with ARMPC Co-Chairs

Thank you

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