

Meeting Notes of the 2nd Roll Back Malaria Partnership Board Meeting

Geneva, Switzerland: 01-02 June 2016

In Attendance:

Board Members

Mr Elhadj As Sy	Mr Simon Bland	Mr Paulo Gomes
Prof. Awa Coll-Seck (by tel.)	Mr Kieran Daly	Dr. David Reddy
Dr. Richard Nchabi Kamwi	Dr. Altaf Lal	WHO -
Dr. Winnie Mpanju-Shumbusho	Mr Ray Nishimoto	<i>Dr. Pedro Alonso (Day 1)</i>
Prof. Yongyuth Yuthavong	Rear Adm. Tim Ziemer	<i>Dr. Ren Minghui (Day 2)</i>

Speakers

Mr Alan Court
Dr. Bernard Nahlen
Dr. Melanie Renshaw

Board Member Advisors

Ms Sylvie Fonteilles-
Drabak
Mr Lasha Gogvadze
Ms Lisa Goldman-Van
Nostrand
Ms Kudzai Makomva
Mr Issa Matta

Transition Support Team (TST)

Mr Jonah Grunsell (Team Lead)
Ms Annemarie Meyer (Team
Convenor)
Mr Dirk Steller (WHO Focal
Point)

Agenda:

Day 1: 01 June 2016

- 1 Welcome & Introductions
- 2 Approval of the Minutes
- 3 Partnership Strategy & Planning
- 4 Country Support Mechanisms
- 5 Governance: Review of Proposed Bye-Laws
- 6 Election of Chair / Vice Chair
- 7 Hosting: Review of Recommendations

Day 2: 02 June 2016

- 8 Welcome & Introductions
- 9 Financing & Resourcing
- 10 End Malaria Council Update
- 11 Transition Plan & Update
- 12 AOB / Follow-Up Discussion
- 13 Board Follow Up

Day 1: 01 June 2016

1. Welcome & Introductions

- 1.1 Adm. Ziemer welcomed Board members and took on the role of Chair until the election of a permanent Partnership Board Chair and Vice Chair. Adm. Ziemer noted that there were 12 Board Members present at the meeting with one further member due to join by phone and therefore the meeting clearly quorate.
- 1.2 Adm. Ziemer informed the Board that Mr Gu was unfortunately unable to take up his seat on the Board following consultation with the Chinese Ministry of Commerce and rules that he was previously unaware of, regarding affiliated involvement in organizations such as RBM. This means that there are currently two vacant Board seats to be filled.
- 1.3 The agenda was approved:

RBM/PBM.02/2016/DP.1 – Agenda

The Roll Back Malaria Partnership Board approves the agenda for the Second Board Meeting of the new format Partnership Board.

- 1.4 Adm. Ziemer introduced the core objectives for 2nd new format RBM Partnership Board Meeting as:
- i. Reviewing a revised set of Bye-Laws for the Partnership
 - ii. Electing a new Partnership Board Chair
 - iii. Reviewing and approving a target legal status (or hosting arrangements) for the Partnership along with next steps regarding its target location
 - iv. Reviewing the current financial position of the Partnership
 - v. Reviewing and approving the proposed Transition Plan for the Partnership
- 1.5 The Board agreed the core objectives and stated their commitment to working together to achieve them.

2. Approval of the Minutes

- 2.1 Adm. Ziemer stated that there had been no comments or suggested amendments to the minutes of the 1st Partnership Board Meeting held on the 11 April 2016 and asked whether any Board members wished to make any before they were formally approved.
- 2.2 No further comments were made and the minutes of the 1st Partnership Board Meeting held on the 11 April 2016 were approved.

RBM/PBM.02/2016/DP.2 – Minutes of 1st Partnership Board

The Roll Back Malaria Partnership Board approves the Minutes of the 1st Partnership Board Meeting (11 April 2016).

- 2.3 It was further agreed that future minutes of the Partnership Board should follow a similar format as those for the first meeting of the new format Board and represent a high level overview of discussion and decisions rather than a detailed verbatim record of the meeting.

3. Partnership Strategy & Planning

- 3.1 Adm. Ziemer provided an overview of the timeline for the Partnership from 1998 through to 2013, highlighting some key dates, ending with the RBM Evaluation and Change Initiative in 2013.
- 3.2 Adm. Ziemer noted that the findings of the 2013 external evaluation included:
 - 3.2.1 The current RBM architecture and governance model was not suited to meet new challenges.
 - 3.2.2 Sub-optimal operation of the Board due to unequal and inconsistent levels of Board member participation and meeting preparation.
 - 3.2.3 Constituency model not performing as required with Board members often perceived as representing their organisational position, not a consensus constituency position.
 - 3.2.4 Limited Secretariat “human resource flexibility.”
 - 3.2.5 Unclear function of the Board’s Resource Mobilisation Sub-Committee and unclear value of its resource mobilisation strategy.
- 3.3 Adm. Ziemer stated that at its 28th Board Meeting in May 2015, the RBM Board empowered the Transition Oversight Committee (TOC) to oversee the creation of a restructured Partnership better equipped to perform high-level advocacy, resource mobilization, coordination, and country / regional support. The recommendations also aimed to support countries’ achievement of the *Global Technical Strategy* (GTS) and *Action and Investment to defeat Malaria* (AIM) targets is at the core of the Partnership’s purpose. At the 29th Meeting in December 2015, the outgoing Board approved significant changes to the Partnership. This included the creation of a new Board, selected in a rigorous and transparent selection process to bring strong leadership to RBM going forward.
- 3.4 Dr. Nahlen presented an overview of the key strategic documents which guide the vision of the Partnership – the *Global Technical Strategy* (GTS), *Action and Investment to defeat Malaria* (AIM) and *Aspiration to Action* (A2A). It was noted that if it had been known in advance that Dr Pedro Alonso was attending the meeting he would have been asked to present on GTS and AIM given WHO’s leadership in developing these documents.
- 3.5 Dr. Nahlen noted the unprecedented progress made since 2000, including the 60% decline in global malaria death rates through to 2015. However, he noted that today we still have a range of critical challenges to address to achieve the next strategic malaria targets.
- 3.6 Dr. Nahlen explained that GTS and AIM were two complementary documents that shared a joint vision, goals, milestones, and targets. These documents provided the foundation for efforts in malaria control and elimination during the next 15 years, coincident with the 2016-2030 timeframe of the Sustainable Development Goals and sharing ambitious yet feasible goals, targets, and milestones.
- 3.7 Dr. Nahlen went on to provide an overview of GTS, including core principles, document structure and key targets.

- 3.8 Dr. Nahlen moved on to providing an overview of the AIM strategic document, developed by the WHO and the RBM Partnership to position malaria in the broader health and development agenda. Dr. Nahlen noted that the AIM was developed by employing an extensive and wide-reaching participatory process, directly engaging over 1,600 people from over 90 countries with differing levels of malaria transmission across all malaria-affected regions of the world.
- 3.9 Dr. Nahlen provided an overview of the key sections and chapters of the document, including highlighting the importance of mobilizing resources for the malaria fight requiring coordinated action at global, national and local levels. Dr. Nahlen also noted the importance of Ensuring Progress and Accountability and that, in coordination with the WHO Global Technical Strategy for Malaria, AIM has developed a monitoring framework with a set of outcome and impact indicators.
- 3.10 Dr. Nahlen went onto provide an overview of *Aspiration to Action (A2A)*, written jointly by Bill Gates, Co-Chair of the Bill and Melinda Gates Foundation (BMGF) and Ray Chambers, the UN Special Envoy for Financing the Health Millennium Development Goals and for Malaria. Dr. Nahlen stated that while many aspects of the report were complementary to GTS and AIM, A2A outlines what would be required for the eradication of malaria by 2040, through new strategies, new tools and new financing.
- 3.11 There was a broad Board discussion on the use of the terms eradication and elimination, the scientific basis for the use of such a term and the importance of having a clear, ambitious and compelling stated vision and an ultimate goal. There was also comment that UN Sustainable Development Goal (SDG) 3b includes the target “*by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases...*”. It was confirmed during Board discussion that WHO does not officially endorse the A2A strategy nor its use of the term eradication.
- 3.12 There was broad Board agreement on the important contribution of all three documents, specifically GTS and AIM as RBM’s guiding strategic frameworks, while welcoming the important input of the A2A as an advocacy document with the ambition of a malaria free world.

4. Country Support Mechanisms

- 4.1 Dr. Renshaw, the current Co-Chair of the RBM Harmonization Working Group (HWG) provided an update on current work regarding country support mechanisms. Dr. Renshaw provided some background to the Board of the HWG, explaining it was formed in 2007 in response to the poor performance of malaria Global Fund (GF) proposals. Current HWG members include: WHO, UNICEF, WB, GF, BMGF, ALMA, Private sector, MNM, RBM working groups, RBM SRNs, US PMI, DFID, PSI, UCSF, UNSEO, IFRC, MACEPA, MMV, UNITAID, CHAI, AMP and Malaria Affected Countries.
- 4.2 Dr. Renshaw noted that the HWGs terms of reference included supporting countries in the development of national malaria strategic plans, implementation plans, resource mobilization and implementation support.
- 4.3 Dr. Renshaw explained that work was supported through workstreams led by partners with comparative advantage and that this support is triaged, beginning at country, regional and then global level. She noted that the previous RBM Board directed HWG to focus the

majority of its support to Africa and that its work has been funded with resources from US PMI, GF, BMGF and DFID.

- 4.4 Dr. Renshaw noted that the HWG has successfully coordinated support for development of GF proposals and Concept Notes since 2007, with a support package that includes guidance notes, orientation meetings, consultant and partner support, in-country meetings, peer review meetings, expert review and troubleshooting. The success rate for malaria proposals following the introduction of the HWG has increased from 31% to >75% and has been maintained consistently. Support has intensified with the GF New Funding Model with over 42 countries supported in 2014-2015 resulting in US\$3 billion in grants programmed.
- 4.5 Dr. Renshaw further noted that the HWG identified the need for shortened duration grants to sustain the scope and scale of GF contributions in a number of high burden countries and that through working with other donors, support to reprogramming and through costed extensions, a 1US\$ billion resource gap for 2017 is now reduced to around US\$150 million.
- 4.6 Dr. Renshaw finished her section by confirming the following next steps:
 - 4.6.1 Finalize support for short-duration grant countries in costed-extensions.
 - 4.6.2 Work to direct unallocated resources from GF and others to fill outstanding gaps to end 2017.
 - 4.6.3 Ensure country gap analyses are up to date to 2020 to facilitate resource mobilization.
 - 4.6.4 Prepare countries for the next round of Concept Notes to ensure no break in programming in 2018.
 - 4.6.5 Track commodity requirements to ensure timely procurement.
 - 4.6.6 Work with regional structures to facilitate identification and addressing of implementation bottlenecks.
- 4.7 A number of Board members stated that the presentation clearly demonstrated that critical work was continuing across the Partnership. It was noted that WHO plays a significant and important role in the HWG and in delivery of the country support.

5. Governance: Review of Proposed Bye-Laws

- 5.1 Jonah Grunsell from the Transition Support Team (TST) introduced the proposed Draft RBM Bye-Laws.
- 5.2 Mr Grunsell explained that the Bye-Laws of the RBM Partnership needed to be updated to reflect the changes in the governance of the Partnership approved at the 29th Board Meeting (RBM/BOM.29/DP.3). The TST have subsequently developed an updated Draft set of Bye-Laws drawing on several existing documents including the existing procedures of the Partnership, good practice examples from multi-sectoral organizations and the decisions already taken by the RBM Board. The Draft Bye-Laws also received input from a number of individuals and organizations including individual Board members, the Chairs of the former TOC Governance and Partner Committee Workstreams and the Chief Legal Officer of the Medicines for Malaria Venture.

- 5.3 Mr Grunsell noted that once approved, the final document will be posted on the RBM website replacing the existing version, and the Partnership will then be governed by them until amended or suspended.
- 5.4 Mr Grunsell highlighted that there are a number of key features and characteristics which were worth noting, due to their importance and where they represented a departure from existing protocols, which were stated as:
- 5.4.1 New non-constituency based board model with alternates not normally permitted.
 - 5.4.2 Design to retain flexibility and ability for focused decision making.
 - 5.4.3 Limited Board member terms and a staggered rotation / renewal process.
 - 5.4.4 Partner Committee structure designed to ensure the wider engagement and involvement of the Partnership.
- 5.5 A broad Board discussion followed regarding different aspects of the Draft Bye-Laws and those areas where further work was required to be undertaken. These areas and the agreed follow up actions were as follows:
- 5.5.1 **Feedback and accountability mechanisms** – The Board agreed that it was critical to ensure that effective feedback and accountabilities by Board members and the Partnership to country stakeholders, are in place and include country / regional mechanisms. It was agreed that further work was required to clarify these and that these should include the potential for the planned country / regional consultation exercise to seek feedback in this area.
 - 5.5.2 **Link between Partner Committees, Management Team, Chief Executive and the Board** – The Board agreed further work was required to be undertaken by the TST to ensure the Draft Bye-Laws reflect appropriate and transparent links between Partner Committees, Management Team, Chief Executive and the Board.
 - 5.5.3 **Board member recruitment including concern for gender balance and regional representation** – The Board agreed to the need for a near term recruitment of two female Board Members and appropriate regional representation from malaria affected countries, including the Americas. A Selection Committee of Board Members will be convened to facilitate this process.
 - 5.5.4 **Board composition including affected country representation and gender** – The Board further agreed to review the wording in the Draft Bye-Laws within sections associated with target Board composition to ensure the Board reflects the diversity of the Partnership.
 - 5.5.5 **The Board role in Partnership strategy development** – The Board felt that there was a need to clearly articulate and develop the role of Board in regards to the development of the Partnership strategy and the initial Partnership Workplan and that this should include appropriate wording within the Bye-Laws.
 - 5.5.6 **Languages of the Board** – The Board agreed English and French should be retained as core languages that the proposed wording in Draft Bye-Laws regarding the opportunity

for Board members to request additional languages at the discretion of the Chair (subject to logistical and resource considerations) should be included in the final version.

- 5.5.7 **Covering the cost of Board attendance** – The Board confirmed it should be normal practise for Board members to be supported by the Partnership in their attendance at Board meetings and the language contained within the Bye-Laws should reflect this.
- 5.5.8 **Liabilities of Board members** – The Board agreed that the personal and professional liabilities of Board members should be reviewed and considered alongside the review of Bye-Laws with the chosen Host.
- 5.5.9 **Resource mobilization**– Finding mechanisms for, and having proactive role in, resource mobilization for the fight against malaria were stressed as being critical priorities for the Board. It was agreed that the Draft Bye-Laws should be amended to reflect the difference between the two types of resource mobilization (for the RBM Partnership mechanisms and for the overall fight against malaria) and that Board and Management Team roles and responsibilities should be delineated.
- 5.6 Mr Grunsell summarized the next steps were for the TST to undertake further work on the Draft Bye-laws working with nominated Board Members and the elected Board Chair prior to circulation to the Board for electronic vote before adoption. As part of this process the TST will coordinate further refinements as part of the finalization of any hosting agreement.
- 5.7 Adm. Ziemer thanked Mr Grunsell for guiding the Board through the review of the Draft Bye-Laws and for the work of the TST to date in this area. He stressed the importance of getting the Bye-Laws right before adoption and that this area of work should be a key and urgent priority for the Transition Team moving forward.

RBM/PBM.02/2016/DP. 3 – Bye-Laws

The Roll Back Malaria Partnership Board appoints the following Board Members: Simon Bland, David Reddy & WHO, to work with the Support Team to update the draft Bye-Laws for review and approval by the Board by electronic vote requiring a two-thirds majority by 31st July 2016.

6. Election of Chair / Vice Chair

- 6.1 Adm. Ziemer informed the Board that there had been one formal nomination for the role of Board Chair, which was Dr. Mpanju-Shumbusho. Adm. Ziemer asked the Board whether any other member wished to submit a nomination or put themselves forward for the role of Chair and no further nominations were received.
- 6.2 Adm. Ziemer asked Dr. Mpanju-Shumbusho to address the Board and provide a statement regarding her candidacy for Partnership Board Chair, which she duly delivered. The Board voted and subsequently Dr. Mpanju-Shumbusho was elected as Chair of the Partnership Board for a term of 3 years.
- 6.3 Adm. Ziemer informed the Board that there had been one formal nomination for the role of Board Vice-Chair, which was Mr Daly. Adm. Ziemer asked the Board whether any other member wished to submit a nomination or put themselves forward for the role of Vice-Chair and no further nominations were received.

- 6.4 Following a Board discussion regarding the importance of ensuring Board Leadership continuity and an overlap of terms of office, it was agreed that as an exception the position of Partnership Board Vice-Chair should initially be for period of 2 years. Adm. Ziemer asked Mr Daly to address the Board and provide a statement regarding his candidacy for Partnership Board Vice-Chair which he duly delivered.
- 6.5 The Board voted and subsequently Mr Daly was elected as Vice-Chair of the Partnership Board for a term of 2 years.

RBM/PBM.02/2016/DP. 4 – Election of Chair and Vice Chair

The Roll Back Malaria Partnership Board elects Dr Winnie Mpanju-Shumbusho to serve as Partnership Board Chair for a term of 3 years.

The Roll Back Malaria Partnership Board elects Mr Kieran Daly to serve as Partnership Board Vice Chair for a term of 2 years.

< At this juncture new Board Chair Dr. Mpanju-Shumbusho took on Chairing the meeting >

7. Hosting: Review of Recommendations

- 7.1 Mr Grunsell took the Board through the assessment and recommendations of the TST in regard to the future legal status and hosting arrangements for the Partnership.
- 7.2 Mr Grunsell explained the results of the 2013 External Evaluation and the subsequent work of the Architecture and Governance Task Force (AGTF) resulted in the decision to close down the RBM Secretariat and to end the hosting relationship with the WHO with effect from 31 December 2015. Since then the RBM Partnership has been operating without any legal status.
- 7.3 Mr Grunsell stressed that while many important aspects of the Partnership’s work have continued through the commitment, dedication and collaboration of Partners, the lack of a legal framework and of a permanent Management Team has complicated this work. It is therefore a high priority for the Partnership Board to make a decision on the future legal status of the Partnership and to start the process to establish this in a timely fashion.
- 7.4 Mr Grunsell stated that the TST has been exploring and analysing the options available for a new legal status in the future. The scope of this work was informed by parameters and preferences set by the outgoing Board. Mr Grunsell explained the previous RBM Board had agreed on a set of requirements for the review of options for legal status and the location of the headquarters of the Partnership. These were:
- 7.4.1 **Legal Status** – A high degree of autonomy and authority in the delivery of the Partnership’s mission, strategy, and annual workplans and Human Resources policies that do not limit its ability to hire and performance manage staff.
- 7.4.2 **Location** – The location of the HQ and of the Management Team should enable the Partnership to effectively recruit high quality staff and maximize proximity to key donors and to Partners. Operational efficiencies and legal and regulatory considerations should be taken into account.

- 7.4.3 **Speed of implementation** – The speed at which a new legal entity or hosted status can be established is a key consideration to enable the Partnership to recruit the new Chief Executive and a supporting Management Team.
- 7.5 Mr Grunsell stated that a rigorous methodology and process had been adopted in order to analyse the various options available. This had included fact-gathering on potential locations for the headquarters of RBM Partnership and with potential hosting organisations and research into restrictions for legal entities. It has also included the costing of different options and the undertaking of a risk assessment (strategic, financial, operational, reputational, legal). Mr Grunsell stated that the various options were evaluated by the Multi-Criteria Analysis approach and according to best practice methodology. The two candidate hosting entities also reviewed relevant sections to check accuracy.
- 7.6 Mr Grunsell explained three options for legal status were considered within scope. These were:
- 7.6.1 **Establish RBM as an independent organization** – Establish as an independent organisation in Geneva or an alternative location with own legal status, administrative policies, internal support.
- 7.6.2 **Hosted by an NGO / private organization** – Shift hosting arrangement to a health-related NGO that could provide an existing platform and administrative support at a reasonable cost.
- 7.6.3 **Hosted by a UN organisation** – Shift hosting arrangement to a UN organisation, either co-locating in a UN office or finding a separate home while receiving dedicated support.
- 7.7 Mr Grunsell explained that two organizations, the United Nations Office for Project Services (UNOPS) and the International Federation of Red Cross & Red Crescent Societies (IFRC) were considered and analysed following detailed negotiations with a variety of potential hosts. Other organisations were approached but declined to make proposals.
- 7.8 Mr Grunsell stated that each option was robustly and objectively assessed using Multi-Criteria Analysis. Overall, based upon the analysis and the resulting combined scores in each category, the UNOPS option offers the optimal legal status for the Partnership. Mr Grunsell stressed that both organizations scored highly across all categories however, UNOPS scored marginally higher than IFRC in all three categories of assessment, with a marked difference in the area of Independence & Accountability.
- 7.9 Mr Grunsell stated there are several significant risks associated with the stand-alone option, driven principally by the length of time taken to establish. There are no critical risks for the hosting options of IFRC and UNOPS.
- 7.10 Mr Grunsell then provided a summary of the TST’s recommendation for target legal status:
- 7.10.1 **Pursue a Hosted Partnership rather than a Stand-alone Legal Status.** A Stand-alone Legal Status was assessed as the most high-risk option; the time it will take to set up a stand-alone legal entity will significantly delay having RBM back up-and-running.
- 7.10.2 **In terms of a Hosting Agency – UNOPS appears to be the most appropriate choice.** UNOPS most closely fits the profile of the Partnership host agency sought, with a relatively low risk profile according to the analysis conducted.

- 7.11 Mr Grunsell moved onto the location assessment for the Partnership conducted by the TST and provided a summary of the criteria considered when evaluating potential locations for the Partnership which were: talent, operating costs, resource mobilisation, partnerships, operational efficiencies and legal / regulator.
- 7.12 Mr Grunsell confirmed that these criteria resulted in eleven cities being identified as possible locations for the headquarters of the RBM Partnership. Possible cities considered included New York, Washington DC, London, Copenhagen, Paris, Brussels, Geneva, Dubai / UAE, Addis Ababa and Nairobi. Geneva was the primary focus of the location status assessment conducted to date, following the preference expressed by members of the previous Board. There had also not been an extensive analysis of a de-centralized model at this stage.
- 7.13 Mr Grunsell stated that Geneva has the benefit of a presence for both hosting organisations assessed, high scores for Talent and Legal / Regulatory considerations and was expressed as a preferred location by the malaria-affected country representatives on the previous RBM board.
- 7.14 Mr Grunsell provided a summary of the TST's recommendations for location:
- 7.14.1 **Consider locating the headquarters of the Partnership in Geneva.** According to the analysis conducted and stakeholders engaged within Geneva, there are pre-existing systems that allow for a rapid set-up of the new Management Team and many key partners are based in Geneva.
 - 7.14.2 **The Board may wish however, to defer the final decision regarding location** until a further analysis of options can be undertaken along with consideration of a de-centralized / virtual model for staff within the Management Team and country support structures.
- 7.15 There followed a broad Board discussion regarding the presentation and recommendations regarding legal status. Board members sought clarity over the expected comparative charges of each organization (UNOPS and IFRC), and the duration and status of committed funds which were required to be in place before agreement could be reached. Mr Grunsell confirmed that both organizations had similar charging regimes and that this was not one of the key areas of differentiation. Mr Grunsell further confirmed that both organizations required funding to be committed for at least a two-year period to cover the costs of the Management Team and therefore a Board focus on resource mobilization and reaching agreement with current and new donors was critical in the next few months.
- 7.16 There was broad agreement that speed of implementation was critical in order to ensure the Partnership can move beyond interim arrangements and in particular the Board asked the Support Team to look at ways which it could fast track the recruitment of a permanent Management Team. Mr Grunsell confirmed that the team were looking at ways to reduce the time to recruit the Chief Executive and Management Team in any way possible, however, no employment contract could be issued to permanent member of staff until a hosting agreement was in place.
- 7.17 There was broad Board agreement that the Partnership should maintain a presence in Geneva whilst looking at options for a de-centralized team in consultation with the chosen host in order to balance the need and benefits of a close proximity with affected countries,

donors and decision makers with operational considerations regarding cost, logistics and proximity to staff talent.

- 7.18 There was also a range of Board comments regarding high the quality and robustness of the legal status, hosting and location assessment conducted by the TST with thanks to Jonah Grunsell and Ian Boulton for this work.
- 7.19 The Board agreed to the following Decision Point.

RBM/PBM.02/2016/DP. 5 – Legal Status & Hosting

The Roll Back Malaria Partnership Board notes the recommendations and analysis of the various options for the location and legal status of the Partnership and thanks the Transition Team for its work in undertaking this analysis.

The Board agrees that UNOPS is the most appropriate host for the RBM Management Team and instructs the Support Team to work with the Board Chair and any other Board members that may be appointed to proceed with the negotiation of hosting arrangement with UNOPS.

The Board requests the Support Team to undertake a further analysis of a range of location options for a de-centralized team in consultation with UNOPS which should include the retention of a presence in Geneva.

Day 2: 02 June 2016

8. Welcome & Introductions

- 8.1 Dr. Mpanju-Shumbusho took the chair and welcomed the Board to Day 2 of the Board meeting and went through the agenda items.

9. Financing & Resourcing

- 9.1 Mr Court, Co-Chair of the former RBM Finance and Performance Committee (FPC) presented to the Board. He noted that at its first meeting, the Partnership Board asked for a summary of the resourcing currently in place or committed to run the activities of the Partnership and that his presentation aimed to summarise the current situation along with other Financial Commitments in Place. The information contained within this presentation and the figures have been prepared by the Co-Chairs of the RBM Finance and Performance Committee (FPC) and the Finance and Administration Manager for closure of RBM Secretariat.
- 9.2 Mr Court explained to the Board that the previous RBM Board established a Working Capital Reserve (WCR) to protect itself and the WHO (as hosts) from financial liabilities if the Partnership ran into financial difficulties. The RBM Secretariat was disestablished on 31 December 2015 and the Memorandum of Understanding between WHO and RBM came to an end and that the WCR covered all staff termination liabilities.
- 9.3 Mr Court stated that the financial and administrative closure process of the former Secretariat is nearing completion and full settlement of outstanding liabilities is expected by July 31st 2016. It is anticipated that WHO will be left with no financial liabilities. Once the legal status of the Partnership has been established WHO will transfer any residual funds to the new entity when notified by the Board. This will form part of the process of transferring all the assets of RBM to the new entity. This plan has been reviewed and approved with the donors who also have earmarked funding remaining.
- 9.4 Mr Court provided a summary of other financial commitments in place. He stated that the US President's Malaria Initiative (PMI) have committed resources to support the work of the Harmonisation Working Group (HWG) through June 30th 2016. This amount is held separately from the other RBM funds and is directly accessible by the HWG. Any funds remaining as of June 30th will be frozen and be made available for the new Partnership.
- 9.5 Mr Court explained all unearmarked funds remaining as of July 31st will be frozen and added to the total RBM funds for transfer to the new legal host. He confirmed that funds from the Bill and Melinda Gates Foundation (BMGF) have been requested to be returned by WHO and that an equivalent amount had already been allocated to support the Transition to date. In addition, the Gates Foundation is also considering providing additional funding to support the transition.
- 9.6 Mr Court summarized the overall financial position of the Partnership as of the end of April 2016. It is estimated that by the time all remaining liabilities are paid (end July 2016) there will be a sum of USD \$1.7 million. Of this amount, USD \$330,000 of earmarked funding will be returned to the BMGF separately. The remaining funds are un-earmarked and are available for RBM activities.

- 9.7 Dr. Mpanju-Shumbusho emphasised that the new Board is now responsible for the finances of the Partnership and that steps will be required to ensure appropriate mechanisms are in place to assist the Board in financial management before and after a permanent Management Team is in place. Dr. Mpanju-Shumbusho stated that this could include the involvement of current members of the FPC should individuals be willing to do so and should the Board approve such involvement.
- 9.8 Board members asked what the level of risk was regarding liabilities and whether the account had passed an audit. Mr Court confirmed that the 2015 accounts were audited by WHO system and signed off, the 2016 accounts won't happen until early 2017 but have been tracked very closely. Mr Court went on to confirm the level of risk regarding liabilities was low, and 31st July is the date the three remaining RBM staffing contracts come to an end. Potential liabilities include sickness of core staff and any resulting cost.
- 9.9 Board members also suggested that a mechanism should be included in the Bye-Laws or Standard Operating Procedures (SOPs) regarding how effective financial management processes should be taken forward, along with implications for future roles within the RBM Management Team structure.
- 9.10 Board members also asked if the transfer of funds between WHO and the new target host (UNOPS) would be straightforward and whether WHO foresaw any issues in this respect. WHO confirmed that as UNOPS were another UN entity this transfer should be straight forward once a hosting agreement was in place.
- 9.11 Dr. Mpanju-Shumbusho thanked Mr Court, other members of the FPC, relevant members of the Secretariat and WHO for their excellent work to date. This sentiment was echoed by other members of the Board, who also sought to highlight the contribution of relevant members of the Secretariat. Dr. Mpanju-Shumbusho then asked the Board to consider the recommendations and to review and agree a Decision Point.

RBM/PBM.02/2016/DP. 6 – Finance and Resources

The Partnership Board notes:

- The report on the status of funds held on behalf of RBM at WHO, presented by the Finance and Performance Committee of the previous Board.
- That all RBM liabilities are expected to be settled by end July and no liabilities are expected to pass to WHO.
- That there are unearmarked funds held at WHO on behalf of RBM for which no specific donor is responsible.
- That WHO will transfer all remaining unearmarked funds when all liabilities are settled.

The Partnership Board hereby assumes accountability for unearmarked funds held at WHO and through the Chair on behalf of RBM agrees to advise WHO on the transfer of those funds in due course.

10. End Malaria Council Update

- 10.1 Dr. Mpanju-Shumbusho asked Mr Court (representing the UNSEO) and Mr Daly (representing the Bill & Melinda Gates Foundation) to address the Board to provide a high level update regarding the End Malaria Council (EMC).
- 10.2 Mr Court provided a brief introduction to the EMC, explaining that to support the community's ambitious financing and implementation-goals, the RBM Partnership Board requested that a council be convened comprised of the highest-level decision makers and influencers, representing the public and private sectors, donor governments, and the three endemic regions. The TOC have taken this recommendation and revised it in the light of discussions at the RBM Board and among a wide range of Partners. The role and process to convene the Council were approved at the 29th Board Meeting (RBM/BOM.31/2016/DP.3).
- 10.3 Mr Court stated that the UNSE, Ray Chambers, agreed to convene such a group as the EMC, partnering with Bill Gates earlier this year and supported by a number of key individuals including H.E. Jakaya Kikwete, the former President of Tanzania and founding Chair of the African Leaders Malaria Alliance.
- 10.4 Mr Daly emphasized that the EMC represented a unique and unprecedented resource in global health and development, with a set of explicit aims to:
 - 10.4.1 Provide **direct access** to the most senior global, regional, and domestic decision makers.
 - 10.4.2 **Expand and maintain the advocacy** capacity to fill critical funding gaps.
 - 10.4.3 Enhance the **global convening power** of malaria building on regional leadership.
 - 10.4.4 **Elevate the voice** and newsworthiness of the malaria message.
- 10.5 Mr Court stated that it is envisaged that the EMC would comprised a group of at least seven individuals who lead countries, companies, institutions, or organisations—diverse in their roles and geographies, including from malaria-affected countries—who are committed to ensuring that malaria remains high on the development agenda. The EMC would invite new members based on their clear commitment to the Vision leading to elimination.
- 10.6 Dr. Mpanju-Shumbusho thanked Mr Court for the report on the progress of the establishment of the End Malaria Council and thanked Mr Court and the UNSEO for their efforts on this important complementary initiative.
- 10.7 The full Board welcomed and supported the establishment of the EMC and their involvement as a partner in the fight against malaria. Board members commented that it was an extraordinary opportunity to have global leaders willing to devote time and resources to malaria advocacy.
- 10.8 Board members asked whether there should be reference to the EMC within the RBM Bye-Laws and what was the envisaged relationship between the two entities. It was further stressed by Mr Court and Mr Daly that there was no formal governance link envisaged between the two bodies, and the roles of the two entities should be seen as complementary. Mr Court stated that ideally Ray Chambers would like to see a seamless relationship driven by need, opportunity and a common vision.

- 10.9 The Board agreed that it should be reflected in meeting notes that the RBM Partnership Board welcomed the establishment of the EMC and that it was looking forward to working in partnership with this exciting new entity. It was further agreed that the relationship and links with the EMC should be developed within the broader approach to engaging partners within the Partnership and an update should be provided on the EMC's development at the next Board meeting.

11. Transition Plan & Update

- 11.1 Mr Daly took the Chair and asked Ms Meyer, who has been working with the TST on transition planning to provide an update to the Board.
- 11.2 Ms Meyer provided an introduction to the transition. She stated that at its 28th Board Meeting in May 2015, the RBM Board approved the outline of a new structure to meet the recommendations outlined in the external evaluation submitted in Dec 2013. It empowered a TOC to oversee the revitalization of the Partnership through the development of this new structure and mechanisms. In Nov 2015 a Transition Support Team was established by Malaria No More UK (with financial support from the BMGF) to provide dedicated support to the TOC leadership in finalising its recommendations for the December 2015 Board Meeting and to support the transition beyond the end of 2015. The TOC reported back to the Board at its 29th Meeting in Dec 2015 and the Board approved the continuation of the Partnership's transition under the guidance of the former TOC co-chairs with support from the TST.
- 11.3 Ms Meyer provided an overview of the key RBM transition activities that have been completed with the support of the TST since then. This work included the Board nomination and selection process, logistical support for the new board, governance planning, legal status and hosting assessment, resource planning and strategic communications.
- 11.4 Ms Meyer stated that these activities were led by the former TOC Co-Chairs Adm. Ziemer and Hon. Minister Parirenyatwa and supported by the TST until the new Board's first meeting by teleconference on 11 April 2016. Following the first Board meeting, Adm. Ziemer was asked by the new board to continue his transition leadership role until the election of the new Board Chair; working with the TST to finalise options and recommendations for the Board's review and approval at this meeting (June 2016).
- 11.5 Ms Meyer outlined the key transition priorities identified as being required to stand up the new Partnership Mechanisms. These include:
- 11.5.1 Finalising RBM Legal Status and Hosting arrangements (Incl. location assessment)
 - 11.5.2 Finalising RBM Governance Framework and Structures
 - 11.5.3 Budgeting and Resourcing for RBM Structures (Incl. Management Team)
 - 11.5.4 Recruitment of Chief Executive (and subsequent team)
 - 11.5.5 Communications Strategy and Implementation (incl. consideration of branding and identity)
 - 11.5.6 Malaria Affected country / regional consultations (Incl. regional / country support, engagement & accountability options)

11.5.7 Establishment of Partner Committees

11.5.8 Support to Board and Leadership

- 11.6 Ms Meyer outlined the planned support approach for transition activities following the June 2016 Board meeting. She emphasized that a permanent Management Team to support the Board and broader Partnership cannot be recruited until an appropriate hosting arrangement and legal entity have been established. In the interim, further dedicated support will be required for key transition activities together with support for establishing and beginning to implement the normal business of the Partnership as it fully constitutes.
- 11.7 Ms Meyer informed the Board that the current TST Leads are committed to continuing their support for this transition process, if desired, working to support Board Leadership and nominated Board Members. The composition of any future TST, structure and approach would be designed to ensure continuity and flexibility to respond to the evolving needs of the transition management, along with specific targeted support for key work packages. This would, however, also be subject to funding confirmation and refinement following this Board meeting in discussion with the Board Leadership. It was noted that current Transition Support Financing had been fully utilised.
- 11.8 Ms Meyer informed the Board that it was envisaged that transition support would need to be in place until approximately March 2017 or until such a time the target legal status has been finalised and / or hosting agreement is in place, and the Chief Executive is in place.
- 11.9 Ms Meyer highlighted that other elements of the Partnership's work and activities continue. The most substantive element, in terms of resource, is the support provided to countries through the Harmonisation Working Group with thanks to funding from USAID PMI and BMGF. It was agreed that this work should be continued under the current HWG mechanism until the formation of the new Country and Regional Support Committee that will take on this work. It was also noted and encouraged that Partners are continuing to work together to advance work in the other identified RBM priority areas of Advocacy and Resource Mobilisation and Strategic Communications in advance of the establishment of the new Committees. It was further noted that the work of some of the other specialized RBM working groups that will not form part of the new RBM Committee mandates is also continuing. These are managed and led by Partners, providing venues for partners to collaborate on specialized topics. Examples include Vector Control Working Group and Malaria in Pregnancy Working Group. Review and consideration of the accreditation of these specialized Working Groups within the new RBM structure and mechanisms will be taken up by the new Management Team.
- 11.10 Ms Meyer then moved to outline the current thinking of the future permanent RBM Management Team, stressing that the final structure of the Management Team will be defined by the incoming Chief Executive to deliver the Strategy and Work Plan agreed with the Partnership Board, reflecting available resources and priorities. It was anticipated that the Management Team would be built up gradually as the work plan and staffing structures are agreed by the Board.
- 11.11 Ms Meyer then outlined key resourcing considerations for the permanent RBM Management Team. It is anticipated that it will be desirable to develop a decentralised (or virtual) model for the RBM Management Team, with staff locations designed to maximise the effectiveness and efficiency of their role and only a limited number of staff potentially

located at the HQ. This could include Country/Regional Support and Engagement staff who could be expected to be located in (or close to) the Regions they support. Ms Meyer stated that the Partnership may also consider other possibilities for resourcing including secondments for specific functions.

11.12 Ms Meyer then outlined the key recommendations to the Board regarding transition activities and resourcing:

11.12.1 It is recommended that the Board Leadership consider selection of members from the Board to work with them and the TST, if desired, to coordinate and advance the next phase of transition activities as required.

11.12.2 Following the decisions taken at the Board, the TST will work with the Transition Leadership to develop a detailed implementation plan and confirm funding and management arrangements.

11.12.3 The wider Partnership Board will be kept informed of progress in securing resources and against key milestones as requested.

11.13 Ms Meyer provided an overview of the proposals for malaria affected country / regional consultations. She stated that following on from initial consultation work undertaken by the TOC Country/Regional Workstream, recommendations from the Dec 2015 RBM Board meeting and discussions at this 2nd meeting of the new format Partnership Board, it is clear that there is a priority need for country / regional consultations during the next phase of the transition. Whilst the detail of these will need to be developed, there are a number of priorities that they could address including:

11.13.1 Feedback and Accountability Mechanisms

11.13.2 Country / Regional Support and Engagement options

11.13.3 RBM Branding / Re-Branding options

11.14 Ms Meyer emphasized that the guiding principles envisaged for this consultation include a timely, resource efficient and focused approach, an iterative process undertaken with donors, country and regional partners and the importance of working with and through existing Regional and Sub-Regional Platforms, Partners and structures. There are no resources as yet identified to support this consultation.

11.15 A general Board discussion then took place on the proposed transition plan and resourcing considerations with Board members making the following comments:

11.15.1 Praise and thanks to the Co-Chairs of the TOC and the work of the TST for their excellent support to date including the coordination of Board member recruitment and the assessment of hosting options.

11.15.2 Appreciation and support for the continuation of coordinated partner activities in key priority areas, including the Harmonisation Working Group.

11.15.3 A need to add to the finance and resourcing section of the draft plan presented to ensure it includes an element of income generation and the development of an approach to

resource mobilization for the Partnership. It was noted that this would initially be led by Board Members prior to the creation of the Permanent Team and Resourcing structures.

- 11.15.4 The importance of Board engagement and involvement in the recruitment process of a permanent Management Team.
- 11.15.5 The importance of the planned Country / Regional Consultation exercise in building trust and engagement amongst a wide range of Partners.
- 11.15.6 The value of a key events timeline outlining engagement opportunities to help Board get involved in the transition and start the trust building.
- 11.15.7 The importance of interim arrangements to include support for the Board leadership in the absence of a permanent Management Team and administrative support.
- 11.16 The Board requested the continuation of the support provided by the TST and outlined in the Forward Looking Transition Support Plan, subject to suitable financing being identified. However, there was broad Board agreement that given the new Board had been selected and important decisions regarding hosting and legal status made, and that partner work was ongoing, this next period was less of a 'transition' and more of a 'interim' period prior to permanent resources and infrastructure arrangements being set up. Board members therefore felt that the Transition Support Team (TST) might more appropriately renamed the Interim Support Team (IST).
- 11.17 Board members further suggested that given the importance of the transition period and the end of the current transition resources, RBM residual funds held by WHO could be used to cover immediate transition support needs whilst a further funding request is considered by the BMGF. The Board confirmed that Dr. Mpanju-Shumbusho, as Board Chair, could authorise release of residual funds held by WHO to fund this transition work in the short term.
- 11.18 Board members also highlighted the potential value of a key events timeline outlining engagement opportunities to help Board members get involved in the transition and start the trust building.
- 11.19 Board members asked if there was a way to speed up the recruitment of the permanent Management Team in order to move away from interim arrangements. Ms Meyer confirmed that a hosting agreement needed to be in place before the recruitment process can be concluded, although the team would work with UNOPS to see if the search and selection process could be run in parallel with hosting negotiations to reduce the time period as much as possible.
- 11.20 Board members agreed that there should be integral involvement from board members from affected regions, for example Prof. Coll-Seck and Dr Kamwi in the Africa Regional / Country Consultation Exercise as it moves forward. Board members also asked whether a web-based consultation exercise was feasible and a good way to keep down costs while maximising the number of responses. It was agreed this would be explored whilst recognising that a face-to-face element of the planned consultation process was important to retain.
- 11.21 In regard to funding for the Partnership, Board members commented that a longer period of funding, where possible, should be sought from donors than the two years required by UNOPS including seeking out new donors along with securing agreements with existing ones.

It was agreed that funding commitments should be for as long a period as possible and from a diverse set of donors was the objective in regard to resource mobilization and that direct Board support would be required in order to secure such agreements.

- 11.22 The Board also suggested that in order to facilitate effective communications during the transition, the Support Team should work with WHO on recommendations for efficient transfer of web-hosting and social media contracts either to the Support Team or the new legal entity. This proposal was agreed by the WHO, who also committed to ensure rapid uploading of new RBM content for the website as approved by the Board Chair until any new arrangements are in place.
- 11.23 A number of Board members asked what support the Interim Support Team might require from Board members during the transition. Ms Meyer commented that it was envisaged that the Transition process will be continued under the leadership of the new Board Chair and Vice Chair with support from the Board, with commitment from Admiral Ziemer to provide ongoing guidance. Particular support from Board members is expected to be needed in a number of key areas including Governance, Financial Planning and Resource Mobilization, Recruitment, Communications and Malaria affected country / regional engagement.
- 11.24 Dr. Mpanju-Shumbusho welcomed expressions of interest from Board members in each of these areas and encouraged the volunteers to also reach out to other Board members for assistance with specific areas of work as required through the transition.
- 11.25 Dr. Mpanju-Shumbusho then moved to ask the Board to review and agree two transition related Decision Points, one regarding the Transition Support and one regarding the ongoing Partnership and Country Support Work.

RBM/PBM.02/2016/DP. 7 – Transition and Support Beyond June 2016

The Board acknowledges, with appreciation, the support provided to the Transition so far, including the work of the former Transition Oversight Committee and Leadership; the former Roll Back Malaria Partnership Board and staff; the Transition Support Team (TST) and the financial support for this transition process provided by the BMGF.

The Board agrees to establish an **Interim Support Team (IST)**, to work with the Board leadership and identified Board members to support the Partnership.

It requests the IST outline a workplan and associated resources that will be needed in the immediate term and until the new hosting agreement and Chief Executive are in place. The Board delegates authority to the Board Chair for the use of RBM resources held by WHO to cover immediate transition priorities.

RBM/PBM.02/2016/DP. 8 – Ongoing Partnership and Country Support

The Board recognizes and appreciates the ongoing work of Partners to advance priority areas of work during this critical transition period. This includes the ongoing work of the Harmonization Working Group core functions, led by its co-chairs Dr Olumese (WHO) and Dr Renshaw (ALMA) and funded by USAID PMI and BMGF, including:

- Support to countries in the finalization of costed extensions to Global Fund Grants
- Support for resourcing core funding needs identified through the gap analysis
- Preparation for the next round of Global Fund concept notes in close collaboration with the Global Fund and other partners.

12. AOB / Follow-Up Discussion

- 12.1 Dr. Mpanju-Shumbusho introduced a session to discuss areas previously identified as warranting further discussion and those where the identification of Board members to get directly involved would be required.
- 12.2 There was a broad Board discussion regarding the importance of moving forward on a number of key focus areas and the value of direct Board involvement and support to the Board Leadership and Interim Support Team. Specifically Board Member recruitment was seen as a critical short-term objective along with finalizing the Bye-Laws and Malaria Affected Countries / Regional Engagement.
- 12.3 There was also Board discussion regarding the importance of including consideration of the RBM brand and identity as part of the work plan over the next 12 months as highlighted by members of the RBM Malaria Advocacy Working Group (MAWG). The Board agreed that this should be in consultation with Partners, malaria affected countries and the target host if required and should be included in the work plan developed and coordinated by the Interim Support Team, involving Board members as required.
- 12.4 Dr. Mpanju-Shumbusho then chaired a process for identifying initial focus areas that required Board involvement and those Board members who wished to be involved. She stressed that this involvement would be different for each focus area and by volunteering Board members were merely identifying areas where they feel they can add value and support as an additional resource to the Board Leadership and Interim Support Team and do not represent formal or fixed Board Committees.
- 12.5 There was also Board agreement that Adm. Ziemer should continue, if willing, to provide support and collaboration to the Board Leadership and Interim Support Team during the completion of the transition given his exceptional work and service to date. Adm. Ziemer confirmed he was willing to provide any support the Board Leadership required and felt appropriate and thanked the Board for their support.
- 12.6 The list of initial Board focus areas and the names of Board member volunteers is as follows:

Initial Board Focus Area	Board Volunteers
Governance	<u>Governance Committee</u> <ul style="list-style-type: none"> • Dr. Alonso / WHO • Mr Bland • Dr. Reddy • Rear Adm. Ziemer
Financial Planning and Resource Mobilization	<u>Finance and Resource Mobilization Committee</u> <ul style="list-style-type: none"> • Mr Bland • Mr Gomes • Mr Nishimoto
Recruitment	<u>Board Nominating Committee</u> <ul style="list-style-type: none"> • Dr. Alonso • Dr. Lal • Dr. Mpanju-Shumbusho
Communications	<u>Communications</u> <ul style="list-style-type: none"> • Mr Bland • Dr. Lal • Dr. Reddy

Initial Board Focus Area	Board Volunteers
	<ul style="list-style-type: none"> • Prof. Yuthavong • Rear Adm. Ziemer
Malaria Affected Countries / Regional Engagement	<u>Consultation Process</u> <ul style="list-style-type: none"> • Prof. Coll-Seck • Dr. Kamwi • Dr. Lal • Mr Nishimoto

13. Board Follow Up & Close

- 13.1 Dr. Mpanju-Shumbusho asked Board members to provide general comments on how the first meeting of the new format Partnership Board went and any areas for improvement.
- 13.2 A general discussion took place and the work of the TST was widely praised along with the quality of the Board pre-reads and the conduct of the meeting. Moving forward improvement recommendations included to continue to ensure Pre-reads were received in good time and translated accurately along with efforts to ensure the location and dates for future meetings were agreed well in advance to maximise the chances of Board member attendance.
- 13.3 Dr. Mpanju-Shumbusho went on to seek Board member's views on future meeting dates and desired locations. A number of Board members remarked that two more face to face meetings this year would be desirable if funding is available given the number of important decisions to be made over the coming months. The Interim Support Team agreed to look into potential dates in September and December with a view to identifying dates close to other forums Board members would be attending to minimize cost and maximize convenience. It was agreed that locations outside Geneva could and should be considered, including within malaria affected countries, for the next two meetings and beyond to ensure the Partnership lived to its value of being a truly global entity.
- 13.4 Dr. Mpanju-Shumbusho thanked Board members for their contributions over course of the last two days and for their willingness to serve in the focus areas identified. She then declared the meeting closed.