

RBM/B11/2018/MIN.1

Geneva, 20 December 2018

11TH MEETING OF THE RBM PARTNERSHIP BOARD

Maputo, Mozambique

Sunday 18 November, Monday 19 November and Tuesday 20 November 2018

DAY 1

ATTENDANCE LIST

See Annex 1

I	ADOPTION OF THE PROVISIONAL AGENDA OF 17 NOVEMBER 2018	RBM/B11/2018/DP01
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See Annex 2

The Board Chair welcomed the participants to the 11th Meeting of the RBM Partnership to End Malaria Board, noting that the Board Meeting takes place in conjunction with the 20th anniversary celebrations of the RBM Partnership and the launch of the *World malaria report 2018* and *High burden response*. The Board Chair introduced the meeting agenda, noting it contains several closed sessions, which was adopted with no amendments.

Decision Point 01:

The RBM Partnership to End Malaria Board unanimously adopted the provisional agenda RBM/B11/2018/DP01 without changes.

I.a. Apologies

The Board Chair confirmed that no apologies had been received and that Professor Coll-Seck and Mr Gomes would join the meeting remotely, technology permitting. The Board Chair also noted that Vice Board Chair, Mr Simon Bland, would be joining later (mid-morning) due to snow storms in New York delaying his flights to Maputo.

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

I.b. Declarations of interest

The Board Chair invited Board Members to declare any conflicts of interest. With no declarations made, the Board Chair invited Board Members to submit Declaration of Interest forms to the Secretariat.

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

II SUMMARY OF BOARD DECISIONS AND VOTING SINCE LAST MEETING OF 7 NOVEMBER 2018

RBM/B11/2018/RP02

The Board Chair recalled that six decisions had been made electronically since the meeting in April 2018 where the Board confirmed (1) the membership of the Board Selection Committee, (2) appointed one additional Board Member (Dr Staley), (3) approved the Board rotation decision points, (4) revised the Declaration of Interests Form, (5) approved the composition of the CEO Selection Committee and (6) extended the Finance Committee membership.

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

III RBM SECRETARIAT UPDATE OF 7 NOVEMBER 2018

RBM/B11/2018/RP03

See Annex 3

The Board Chair referred to the pre-read containing highlights of the Secretariat's activities on advocacy, strategic communications and country support, for 2018. The Board Chair recalled that 2018 had been a momentous year for malaria and for the Partnership; and invited the CEO to present an overview of the Partnership activities in 2018.

By means of slides, **the CEO** presented the highlights of the activities carried out by the Partnership in 2018 in accordance with the Strategic Plan priority areas, *inter alia*:

- Parliamentary engagement, including forthcoming signing of the MoU with the Inter-Parliamentary Union (IPU);
- RBM's involvement in the Commonwealth Heads of Government Meeting (CHOGM) Malaria Summit (London) and the Multilateral Initiative on Malaria (MIM) Conference (Dakar);
- Significant increase in the media coverage and outreach around World Malaria Day 2018;
- The launch of the pan-African Zero Malaria Starts with Me (ZMSWM) campaign endorsed by African Union leaders;
- RBM's involvement in the inaugural World Malaria Congress (Melbourne);
- Malaria advocacy at the World Health Assembly and the United Nations General Assembly;
- The launch of the Sahel Malaria Elimination Initiative and new political commitments in Southern Africa Development Cooperation (SADC) and the Greater Mekong Region;
- RBM's support to countries in preparing Global Fund funding proposals;
- The hosting of sub-regional Country and Regional Support Partner Committee (CRSPC) meetings for Eastern & Southern and Western & Central Africa;
- Development of the new High Burden to High Impact targeted malaria response jointly with WHO and partners, including PMI, The Global Fund and Bill & Melinda Gates Foundation;
- Malaria Financing Task Force high-level mission to Mozambique;
- China engagement, including follow up to FOCAC Summit malaria commitment;
- Global Fund replenishment advocacy;
- Key governance developments, including Board updates, policies approved in 2018, Partnership survey results, and ongoing Partner engagement; and
- Expenditure forecast for 2018 and funding forecast for 2020.

The Board Members shared their appreciation of the activities undertaken and the developments to date and made the following recommendations / comments:

- The need to better distinguish between the activities of the Secretariat and those undertaken by Partners, Committees and Working Groups;
- The need to keep the Board apprised of MoUs in the pipeline before finalisation so that the Board can offer input as appropriate;
- The need for a robust MLE framework, including for ZMSWM campaign;
- The need to keep the Board apprised of Ambassadors' engagement plans;
- The need to have a 'deep dive' on RBM's civil society engagement following the establishment of the Civil Society for Malaria Elimination (CS4ME) network;
- The need to ensure alignment of China's malaria funding with priorities set out by WHO and the Global Fund; and
- The need for a strong Global Fund replenishment advocacy strategy.

The CEO thanked Board Members for their recommendations, suggestions and comments, noting that:

- Most of the work between the Secretariat and the Committees is interrelated;
- All MoUs go through a UNOPS due diligence process, and information on this process will be submitted at the April 2019 Board Meeting;
- Ongoing work on developing an MLE framework based on data integration models that would not create duplicative reporting structures; The MLE framework could be presented to the Board at the back end of 2019;
- Ambassador engagement plans have been initially discussed during bilateral meetings in 2018;
- Regarding the civil society engagement, the Secretariat is considering the development of a civil society framework similar to the private sector;
- RBM's advocacy with Chinese counterparts has focused on activities within Global Fund country funding gaps and promoting those for Chinese investment in malaria; and
- In addition to Global Fund replenishment, another important advocacy opportunity is the proposed UN Decade to End Malaria 2021-2030 by developing a civil society engagement framework.

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

IV 2019 WORKPLAN AND BUDGET & PC UPDATES

The Board Chair noted that the discussion would be separated into two parts:

- 1) 2019 Workplan and Budget, and Partner Committee Updates,
- 2) RBM Secretariat contract modalities (closed session).

a	2019 Workplan and Budget of 7 November 2018	RBM/B11/2018/ DP02
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See Annex 4

The Board Chair recalled that the Secretariat had submitted a workplan and budget for 2019, based on the 2018-2020 Strategic Plan. The proposed budget is approximately USD 9.97 million (1% increase from 2018). The Board Chair invited the COO to present the 2019 Workplan and Budget.

The COO presented the draft 2019 Workplan and Budget, noting that the document was presented at the level of strategic objectives allocation, as well as per Committee and Secretariat allocations, as per the Board's earlier guidance. The COO further noted that the 2019 Workplan and Budget had been reviewed by the Finance Committee. In terms of issues requiring Board attention, the COO noted the end of all funding agreements in 2020, noting that USAID/PMI makes funding allocations annually.

During the ensuing discussion, **the Board Members** noted that the 75% expenditure rate in 2018 was lower than expected and asked the Secretariat if this was foreseen to improve in 2019. The Board Members furthermore encouraged the RBM Secretariat to work with representatives of RBM core donors to understand their intentions vis-à-vis RBM Partnership support for 2020 and beyond. All three representatives (PMI, BMGF and UAE) indicated their satisfaction with the Secretariat's performance and their willingness to consider continued funding of the RBM Partnership. The donors also remarked though that if they had been asked in advance of the Board Meeting, they would have offered this feedback so that the funding outlook projection could have reflected this input and would have provided a more positive and realistic outlook into the future than what was presented by the Secretariat.

The RBM Partnership to End Malaria Board approved the proposed 2019 Workplan and Budget and tasked the Secretariat with its implementation.

b Country/Regional Support Partner Committee (CRSPC) Update of 14 November 2018 RBM/B11/2018/**RP04**

The Board Chair invited the CRSPC Co-chairs and Manager to present the CRSPC Update.

See Annex 5

By means of slides, **the CRSPC Co-chairs and Manager** presented the CRSPC update of progress to date and highlighted the major activities to be accomplished in 2019 as follows.

- Keeping malaria high on the political and development agenda, through the provision of support to countries, involving all sectors including the private sector and ensuring community ownership in supporting countries implementing the ZMSWM campaign,
- Increasing the financing envelope for malaria through supporting countries in the development of comprehensive approaches to resource mobilisation and advocacy including gap analyses, Returns on Investment (ROIs), funding proposal development, etc. Moreover, by leading support to the Global Fund allocation and catalytic discussions on behalf of the Partnership, participating in the Global Fund investment case, working with the Asian Development Bank, the Islamic Development Bank and the World Bank on resource mobilisation, and by working with countries and the private sector on local level resource mobilisation.
- Ensuring effective and efficient utilisation of the available funds through supporting countries in early identification of implementation bottlenecks and its resolution mechanism.
- Promoting and supporting regional approaches by engaging NMCPs and the full partnership at all levels, including the private sector, through organising sub-regional coordination meetings.

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

c Strategic Communications Partner Committee (SCPC) Update of 7 November 2018 RBM/B11/2018/**RP05**

The Board Chair invited the SCPC Co-chairs and Manager to present the SCPC Update.

See Annex 6

By means of slides, the **SCPC Co-chairs** and **Manager** presented the update of progress to date and highlighted key strategic communications priorities identified for 2019, including:

- Ensuring a successful Global Fund replenishment;
- Continuing the drumbeat around countries reaching 2020 malaria elimination target;
- Supporting and amplifying progress in high burden countries;
- Supporting new funding opportunities and policies to accelerate R&D/introduction of new innovations and malaria interventions as part of UHC; and
- Building on 2018 high-level advocacy, promoting efforts to garner support for a UN Decade to End Malaria 2021-2030.

During the subsequent discussion, **Board Members** noted an impressive increase in media coverage and outreach achieved in 2018, and the high quality of branding analysis conducted. Additional recommendations focused on potential strategic involvement of End Malaria Council members as Ambassadors, and an in-depth analysis of messaging as well as media coverage.

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

d Advocacy & Resource Mobilisation Partner Committee RBM/B11/2018/**RP06**
(ARMPC) Update of 7 November 2018

The Board Chair invited the ARMPC Co-chairs and Manager to present the ARMPC Update.

See Annex 7

By means of slides, **the ARMPC Co-chairs** and **Manager** presented progress to date and described the main areas of focus for 2019 including:

1. Supporting a successful Global Fund replenishment;
2. Advocating for new and diversified malaria financing;
3. Promoting increased political commitment to support high burden countries;
4. Developing and promoting a multisectoral investment cases for increased domestic malaria financing.

Within these areas, the key enabling activities detailed were:

- Creating advocacy narratives for malaria investment including the connections between malaria and Universal Health Coverage, Health Systems Strengthening, Innovation, and Global Health Security;
- Expanding the membership of the ARMPC and improving its coordination;
- Strengthening the working relationships with other Partner Committees and Working Groups.

The ARMPC Co-chairs and Manager also highlighted the key events for 2019 and provided specific attention both on how the ARMPC will engage with the Global Fund replenishment and with Chinese investment in Africa. They also raised two questions for Board Members to consider:

1. How can we best ensure that funders are aligning their investments in advocacy to be supportive of the RBM strategy in the longer term? Should this work be coordinated with individual donors or should donors work on this jointly?

2. How should the ARMPC engage with existing partner efforts and investments to measure advocacy outcomes (political commitment and funding) in order to strengthen/develop our own Monitoring, Learning, and Evaluation (MLE) system?

The Board Members provided a number of recommendations for the ARMPC for 2019, including:

- Align and amplify joint advocacy messages, particularly between PMI, BMGF, and the Global Fund;
- Incorporate South-South engagement into global advocacy strategies;
- Engage with other UN agencies to promote the multisectoral agenda;
- Effectively differentiate responsibilities and coordinate between other PCs, particularly in the areas of political and technical advocacy, domestic resource mobilisation, and with APPGs;
- Develop and present a Goodwill Ambassador policy and strategy for global advocacy;
- Plan a risk mitigation strategy for advocacy gaps after Dr Kesete's departure, with African Ministers of Health and with the People's Republic of China;
- Continue to work with partners on M&E for advocacy;
- Develop long-range advocacy and resource mobilisation plans to propose alignment of donor support to RBM strategic objectives.

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

With feedback to the PCs duly noted, the Board Members approved the proposed plans for 2019.

RBM Secretariat contract modalities – closed session

Minutes of the discussion are in a separate confidential record.

V WHO TECHNICAL UPDATE ON THE WORLD MALARIA REPORT AND RESPONSE

Open session resumed.

The Board Chair invited Dr Alonso to present the WHO Technical Update on the World Malaria Report and Response.

See Annex 8

By means of slides, **Dr Alonso** presented a summary of results from the World Malaria Report (WMR) 2018. Among the positive findings from the report, four countries, reporting more than 300,000 malaria cases during 2017, managed to reduce their total number of cases by more than 100,000 from the previous year 2016 (Ethiopia, India, Pakistan and Rwanda). For Rwanda, which had registered the largest percent annual increase the previous year, and for India, which dropped from the 3rd to the 4th largest malaria burden globally, these results were particularly welcome. However, for the remainder of the highest burden countries, overall progress towards the Global Technical Strategy's (GTS) milestones and targets for 2020, 2025, and 2030 remains troublingly off-track. 10 of the top 11 highest burden countries registered increases in the annual number of cases, requiring the global Partnership to launch a new response.

Dr Alonso outlined the key elements of the High Burden to High Impact response that is needed to address these major challenges in the world's ambition to end malaria, including:

1. Political will to reduce the toll of malaria;
2. Strategic information to drive impact;
3. Better guidance, policies, and strategies; and
4. A coordinated national malaria response

Dr Alonso also indicated that the response would be:

1. Country owned and led, aligned with the GTS, health related Sustainable Development Goals (SDGs), national health goals, strategies, and priorities;
2. Focused on high-burden settings;
3. Able to demonstrate an impact, with an aggressive approach to reducing mortality while ensuring progress is on track to reach GTS targets for reducing cases; and
4. Characterised by packages of malaria interventions, optimally delivered through appropriate channels, including a strong foundation of primary health care.

Discussion among **Board Members** included a number of observations on key areas for the Partnership to focus in addressing the poor performance identified in the WMR 2018, both country-specific and general:

- South Africa's increase from 4,323 cases in 2016 to 22,517 in 2017 will require a renewed and deep engagement with the government and partners there.
- The one-year improvement in Rwanda's malaria case burden, from the largest percentage increase in 2016 to one of the few substantial decreases in 2017, provides a model for a successful response to an identified resurgence.
- An improved malaria response will require a more integrated approach, not only working through malaria programmes but through the entire health system and through multisectoral interventions.
- Better use-cases from successful implementation of new approaches and new tools are needed for more rapid adoption and scale-up.
- Data sharing with partners by countries to allow support to countries to analyse and use data will be critically important as partners support countries to advance towards elimination. The RBM Partnership has a key role to play in addressing how to incentivise countries to share raw data in order to get the best collective analyses from the global malaria community. PMI is committed to work with countries and other partners to showcase the benefits to countries who are willing to engage and make their data publicly available.

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

VI GOVERNANCE

The Board Chair recalled that the Election of Board Chair and Update on the CEO Selection items of the agenda were closed sessions.

The Board Chair recalled Section 4.4.5 of the RBM Bye-Laws, which states "the RBM Partnership Board Chair serves for a term of three years, non-renewable, commencing when he/she takes up the role of Chair". The current Board Chair's term will be expiring on 31 May 2019. Thus, the election

of the Board Chair is included at the November 2018 Board Meeting, ensuring there is sufficient time for a proper handover between the current Board Chair and her successor.

The Board Chair invited the COO to provide an update on the Election of Board Chair.

a Election of Board Chair – **closed session** RBM/B11/2018/**DP03**

Minutes of the discussion are in a separate confidential record.

Decision Point 03:

The RBM Partnership to End Malaria Board elected Professor Maha Taysir Barakat to serve as the RBM Board Chair and Board Member for a term of three years, starting on 1 June 2019 until 31 May 2022.

Open session resumed.

b Appointment of new Board Selection Committee of 13 November 2018 RBM/B11/2018/**DP04**

The Board Chair invited the COO to introduce the background document.

The COO mentioned that the Bye-Laws stipulated that a new Board Selection Committee would need to be approved to recommend current Board Members for rotation and lead the selection process for new members.

The Board Members discussed the requirements of the committee. Six Board Members volunteered to serve on the Committee and were unanimously selected.

The Board Chair recalled that the Board Selection Committee's terms of reference stipulated that the Committee shall be chaired by the Board Chair or Vice Chair; and that the outgoing Committee was chaired by the Board Chair. She requested the Board Vice Chair to chair the incoming Committee, in order to ensure continuity, as the current Board Chair's term ends on 31 May 2019.

Decision Point 04:

The RBM Partnership to End Malaria Board appointed the following members to serve on the Board Selection Committee for a period of one year, from 20 November 2018 until 19 November 2019:

- **Simon Bland (Chair)**
- **Kieran Daly**
- **Ken Staley**
- **Maha Taysir Barakat**
- **Pedro Alonso**
- **Mirta Roses**

The RBM Partnership Board thanked the outgoing members of the Board Selection Committee for their diligence, excellence and support.

The Board Chair invited the COO to present the revised terms of reference for the Finance Committee, as well as the results of the elections for its membership.

See Annex 9

By means of slides, **the COO** presented the revised terms of reference for the Finance Committee, including the following key changes:

1. UNOPS to be represented on the committee as a full member;
2. Composition of members to ensure a breadth and balance of skills in financial planning, auditing, risk management, resource mobilisation, human resources, and compliance;
3. Non-members may be appointed to provide support on highly technical or specialised issues under consideration;
4. Adjusting reporting and audit provisions in alignment with the UNOPS hosting terms.

The Board Members discussed the advantages of a larger Finance Committee membership to ensure that quorum could be more easily met. **The Board Vice Chair** shared his positive experiences in serving on the Finance Committee and recommended to other Board Members to serve on it.

Six **Board Members** volunteered to serve on the Finance Committee and were unanimously endorsed by the Board. The Finance Committee will nominate a Chair subsequently, to be submitted to the RBM Partnership Board Chair for approval.

Decision Point 05:

The RBM Partnership to End Malaria Board approved the Finance Committee Terms of Reference and tasked the Secretariat with their publication.

The RBM Partnership Board elected the following Board Members to serve on the Finance Committee, for a two-year term starting 21 November 2019 to 20 November 2021:

- **Ray Nishimoto**
- **Altaf Lal**
- **David Reddy**
- **Ken Staley**
- **Maha Taysir Barakat**
- **UNOPS**

The RBM Partnership thanked the outgoing members of the Finance Committee for their diligence, oversight and excellence.

Minutes of the discussion are in a separate confidential record.

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DAY 2

VI GOVERNANCE continued

The Vice Board Chair welcomed the participants to the second day of the 11th Board Meeting and invited the COO to present the Partner Committee Steering Committee Terms of Reference.

e	Partner Committee (PC) Steering Committee – Terms of Reference of 7 November 2018	RBM/B11/2018/ DP06
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See Annex 10

By means of slides, **the COO** presented the proposed Steering Committee (SC) Terms of Reference for the Partner Committees, including the following key components:

- Composition of between 10-18 members should include PC Co-chairs and Manager, Workstream Leads, Working Group Co-chairs (if relevant), and additional seats to ensure thematic and regional representation of the broader membership;
- SC calls for nomination to be broadly circulated and members to be cleared by the CEO;
- SC members are limited to serving two consecutive two-year terms;
- SC terms will be staggered six-months after Co-chair selection to ensure a continuity of institutional memory.

After discussion by the **Board Members**, a provision was added to the term limit for SC members, allowing the CEO to approve exceptions to the policy, given the needs of the Partner Committees.

Decision Point 06:

The RBM Partnership to End Malaria Board approved the Partner Committee (PC) Steering Committee Terms of Reference and tasked the Secretariat with their publication.

f	Board Self-assessment of 7 November 2018	RBM/B11/2018/ DP07
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The Vice Board Chair invited the COO to present the Board Self-assessment item of the agenda.

See Annex 11

By means of slides, **the COO** presented details of the Board self-assessment tool, intended to be administered annually and anonymously via online survey. Evaluation categories include:

- I. Composition and Quality;
- II. Risk Management;
- III. Process and Procedures;
- IV. Oversight of the Financial Reporting Process, Including Internal Controls;
- V. Ethics and Compliance;
- VI. Strategic and Organisational Alignment;
- VII. Monitoring Activities.

Answers to questions in these categories are quantitative responses on a 6-point scale. Additional response space on the overall evaluation is included as an open text box.

The Board Members broadly agreed on the need to undertake this annual self-assessment, and requested that this be launched in December 2018/January 2019, such that results could be discussed at the April 2019 Board Meeting. In discussing matters of confidentiality, one Board Member offered that their organisation could support this. The Secretariat will follow up with them separately. The Board Members also raised the possibility of a 360 degrees assessment for the Secretariat leadership. The Secretariat noted that this may be covered through the annual UNOPS Staff Assessment. The Board Members also requested that additional response space be included after each section.

Decision Point 07:

The RBM Partnership to End Malaria Board decided to introduce a self-assessment tool to evaluate its governance operations. The tool will be administered via an anonymous survey on an annual basis.

g RBM Risk Log of 7 November 2018

RBM/B11/2018/**DP08**

The Vice Board Chair invited the COO to present the RBM Risk Log.

See Annex 12

By means of slides, **the COO** reviewed the structure and function of the Risk Log, the system of prioritisation of risk, and reviewed the highest operational, political, and strategic risks.

The Board Members recommended the following changes to the structure of the Risk Log:

1. Risks to be demarcated as either *internal* to RBM or *external* to RBM risks.
2. Risks to be cross-linked to the RBM Strategic Objectives.
3. Risk Log to indicate both *Responsible* and *Accountable* individuals or organisations.

The Board Members also agreed to form a small group to finalise the Risk Framework and specify the execution steps to be taken to mitigate the highest priority risks.

Decision Point 08:

The RBM Partnership to End Malaria Board appointed a sub-group to finalise the Risk Log and identify specific steps for its implementation. The Secretariat will be tasked thereafter with its implementation and regular updating.

The Board Sub-Group members include:

1. **David Reddy**
2. **Ken Staley**
3. **Kieran Daly**
4. **Maha Taysir Barakat**
5. **Ray Nishimoto**

h RBM Policy on Information Disclosure of 7 November 2018

RBM/B11/2018/**DP09**

Due to time restrictions this agenda item was deferred to the next RBM Board Meeting.

The Vice Board Chair recalled that the development of a new private sector engagement framework was the decision of the RBM Board at its 7th Meeting in Abu Dhabi. The Vice Board Chair explained that after a competitive bidding process for a consultancy to prepare this document, Cambridge Economic Policy Associates (CEPA) was selected to conduct research and develop the framework in consultation with the RBM Secretariat, Board Members, and Partners. After CEPA submitted their final deliverable in August 2018, the RBM Secretariat further developed and completed the final revision for the Board. The Secretariat solicited feedback on the draft prepared by CEPA from a variety of stakeholders, including through an online survey and targeted consultations.

The Vice Board Chair confirmed that the proposed specific objectives of this engagement strategy were to (1) maximise the involvement of companies in the fight against malaria at global, regional, and national levels, (2) use the RBM Partnership Committees, Workstreams, and Working Groups as consensus-building, convening, and coordinating entities for collective action and (3) expand the membership base overall to be more representative and inclusive, giving priority to companies and private sector associations operating in malaria-endemic countries.

The Vice Board Chair invited the ARMPC Manager to present the details of the Private Sector Engagement Framework.

See Annex 13

The ARMPC Manager presented the Private Sector Engagement Framework, focusing his interventions on the recommendations of the report and the proposed linked activities, providing key discussion questions for the Board.

The main recommendations include (1) Formalising the relationship between the RBM Partnership and the Business Alliance Against Malaria (BAAM), as well as leverage other regional and national networks, to develop joint workplans of specific activities to instigate private sector funded initiatives to fight malaria; (2) Conducting advance research on particular industries and businesses to make specific investment pitches to the pharmaceutical, extractive, financial, telecommunications, and agricultural industries in the top 11 high burden malaria countries; (3) Strengthening RBM membership and recruitment systems to clearly convey the range of possibilities for private sector investment and engagement at the global, regional, and national levels.

The Board Members reiterated the essential role of the private sector in the fight to end malaria and the need for the Partnership to have an engagement framework with this sector.

They agreed on formalising the relationship with BAAM, noting that this will not be an exclusive relationship. The Board Members also stressed the need to further analyse the Partnership needs from the private sector to better articulate what to expect and request from them. There was also broad agreement that the focus of this engagement should be focused on advocacy, rather than on resource mobilisation, as has been demonstrated in the APLMA M2030 Initiative.

The Board Members wanted the franchising kit to be further developed and stressed the need to closely align with the Global Fund who had an experienced private sector engagement team as well as other business platforms such as the World Economic Forum.

Finally, the Board Members stressed the need to monitor risks carefully in engaging with the private sector, and to develop a monitoring framework to determine the Partnership's results through this engagement.

The CEO clarified that this was a broad framework, which would be further defined as part of the workplan, which for now was not yet finalised.

The Vice Chair took note of these comments and noted that the Secretariat would take them into account in the implementation of the framework.

Decision Point 10:

The RBM Partnership to End Malaria Board endorsed the Private Sector Engagement Framework and tasked the Secretariat in operationalising the framework and workplan.

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DAY 3

The Vice Board Chair welcomed the participants to the third day of the 11th Board Meeting of the RBM Partnership to End Malaria.

VIII RESOURCE MOBILISATION STRATEGY OF 8 NOVEMBER 2018

RBM/B11/2018/DP11

The Vice Board Chair recalled that the Secretariat had presented a resource mobilisation strategy 2018-2020 at its 9th Board Meeting, with recommended funding levels, as well as suggested countries and organisations to target for funding the work of the Partnership. As a follow up action, **the Board** identified a sub-group, led by the Vice Board Chair, to work with the Secretariat to elaborate the resource mobilisation plan and funding targets, for subsequent Board approval.

The Vice Board Chair invited the ARMPC Manager to present the proposed Resource Mobilisation Strategy.

See Annex 14

By means of slides, **the ARMPC Manager** presented the feedback from the Board sub-group, highlighting several key issues for the Board consideration, including: (1) End of grant agreement cycle; (2) Establishing an RBM-Private Sector Grant Initiative; (3) Expanding and diversifying the RBM donor base; and (4) Mobilising resources from multilateral institutions.

The Board Members took note of the presentation and supported a greater diversity of donors, providing inputs on key donors to approach. They appreciated the more focused approach presented by the Secretariat in resource mobilisation.

In working with the private sector, the Board Members again stressed good management of conflicts of interest and non-exclusivity, such as in a pooled mechanism like the one proposed.

The Board Members also encouraged the Secretariat to follow up closely on commitments made during the 2018 Malaria Summit on the sidelines of the Commonwealth Heads of Governments Meeting in London.

Finally, the Board Members commented on the need to ensure clarity between resource mobilisation for the RBM Secretariat funding needs and resource mobilisation for the global malaria response and that the resource mobilisation strategy for the Partnership should be clear that it has a focus on the latter – resource mobilisation for the global malaria response.

Decision Point 11:

The RBM Partnership to End Malaria Board approved the proposed resource mobilisation strategy to meet the gaps in the revised prioritised budget.

IX MALARIA WORLD CONGRESS SECRETARIAT HOSTING OF 7 NOVEMBER 2018

RBM/B11/2018/DP12

The Board Chair recalled the inaugural Malaria World Congress held in Melbourne in July 2018. Five RBM Board Members, including the Board Chair, attended the Congress, which attracted over

1000 registrants. The Board Chair referred to the Board Document RBM/B11/2018/DP12's summary of the Congress's added value.

The Board Chair added that the RBM Partnership had been requested to consider taking on the role of convening a global Steering Committee comprised of key malaria stakeholders to determine the merits of future similar congresses.

The Board Chair invited the SCPC Manager to present the details of the proposed Malaria World Congress Secretariat Hosting.

The SCPC Manager presented the details of the hosting mechanism. It was indicated that PMI, through funding to the RBM Partnership, had offered to support inclusion of an appropriately skilled and experienced consultant to support the Congress Steering Committee. This work would be within the RBM Board approved workplan but operate outside the existing RBM Partnership mechanisms. It was also noted that the RBM Partnership was not being asked to organise, run or fund any future MWCs.

The RBM Partnership to End Malaria Board noted the update and expressed the view that the provision of support to the Global Steering Committee lies within the RBM Secretariat's mandate and, as such, does not require a decision by the Board.

X DATES AND PLACES OF FORTHCOMING MEETINGS

- Geneva, 29-30 April 2019
- Abu Dhabi, November 2019

The Board Chair requested the Board Members to share their opinion on the dates suggested.

The Board Members fully endorsed the locations of the 2019 meetings. The exact dates for the November 2018 meeting would be confirmed to the Secretariat by Professor Taysir Barakat.

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

XI ANY OTHER BUSINESS

The Board Members enquired into the process of the MoU signing and, notably, during the forthcoming transition period. After discussion, it was agreed that the Board Chair and Board Vice Chair would review and endorse all strategic MoUs before signature during the transition period and until the formal process for the signature of MoUs is finalised and approved by the Board in the future.

XII CONCLUDING REMARKS

The Board Chair thanked the Board Members, Advisers, Partner Committee Co-chairs and the Secretariat Team for their commitment to the Partnership and hard work in 2018. The Board Chair also thanked all partners and donors who contributed to the work of the Partnership.

On behalf of the RBM Partnership to End Malaria, the Board Chair expressed special thanks to Dr Kesete Admasu for his exemplary performance and achievements to date in his role as the first CEO of the revitalised Partnership and presented an award in recognition of his dedication.

The Board Members echoed these remarks and wished Dr Kesete Admasu every success in the future. They expressed the hope that Dr Kesete Admasu would continue to be a part of the Partnership and support its efforts to eliminate malaria.

Applause

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ATTENDANCE LIST

RBM Board Members

1. **MPANJU-SHUMBUSHO Winnie, Board Chair**
2. **BLAND Simon, Vice Board Chair**
3. ALONSO Pedro
4. BARAKAT Maha
5. COLL-SECK Awa – *partial attendance via teleconference*
6. DALY Kieran
7. KAMWI Richard Nchabi
8. LAL Altaf
9. NISHIMOTO Ray
10. REDDY David
11. ROSES Mirta
12. SY As
13. YUTHAVONG Yongyuth

Absent With Apology:

1. GOMES Paulo

RBM Ex Officio Board Members

1. AXELSSON William, UNOPS
2. BIRHANE Kesete Admasu, CEO

Alternate/Advisers

1. MATTA Issa, WHO Alternate
2. DE RONGE Meg, Gates Foundation, Adviser to Kieran Daly
3. GOLDMAN-VAN NOSTRAND Lisa, Adviser to Ray Nishimoto
4. PEAT Jason, Adviser to As Sy
5. WALLACE Julie, Adviser to Winnie Mpanju-Shumbusho

Invitees

1. LUCARD Andrea, ARMPC Co-chair
2. IVANOVICH Elizabeth, ARMPC Co-chair
3. DJIBO Yacine, SCPC Co-chair
4. FISHMAN Michal, SCPC Co-chair
5. OLUMESE Peter, CRSPC Co-chair
6. RENSHAW Melanie, CRSPC Co-chair

RBM Team Members

1. CARDOSO Thelma, Administrative Assistant
2. GHALIB Leena, Administrative Assistant
3. LEVENS Joshua, ARMPC Manager
4. MATHIEU GOTCH Clara, COO
5. SCANLON Xenya, SCPC Manager
6. WAYESSA Daddi, CRSPC Manager

RBM/B11/2018/DP01

Maputo, 17 November 2018

PROVISIONAL AGENDA – CORRIGENDUM 2

11TH MEETING OF THE RBM PARTNERSHIP BOARD

Ballroom, Polana Serena Hotel, Avenida Julius Nyerere 1380, Maputo, Mozambique

09.00-18.00, Sunday 18 November 2018

09.00-14.00, Monday 19 November 2018

08.00-11.00, Tuesday 20 November 2018

Day 1, Sunday 18 November

09.00-09.15	I	ADOPTION OF THE PROVISIONAL AGENDA	RBM/B11/2018/ DP01
	a	Apologies	
	b	Declarations of Interest	RBM/B11/2018/ RP01
09.15-09.30	II	SUMMARY OF BOARD DECISIONS AND VOTING SINCE LAST MEETING	RBM/B11/2018/ RP02
09.30-10.45	III	RBM SECRETARIAT UPDATE	RBM/B11/2018/ RP03
10.45-11.00		COFFEE BREAK	
11.00-13.00	IV	2019 WORKPLAN AND BUDGET & PC UPDATES	
	a	2019 Workplan and Budget	RBM/B11/2018/ DP02
	b	Country/Regional Support Partner Committee (CRSPC)	RBM/B11/2018/ RP04
	c	Strategic Communications Partner Committee (SCPC)	RBM/B11/2018/ RP05
	d	Advocacy & Resource Mobilisation Partner Committee (ARMPc)	RBM/B11/2018/ RP06
	e	RBM Secretariat contract modalities (closed session)	
13.00-14.00		LUNCH	
14.00-15.30	V	WHO TECHNICAL UPDATE ON THE WORLD MALARIA REPORT AND RESPONSE	
15.30-15.45		COFFEE BREAK	

15.45-18.00 **VI GOVERNANCE**

- | | | |
|---|---|---------------------------|
| a | Election of Board Chair – closed session | RBM/B11/2018/ DP03 |
| b | Appointment of new Board Selection Committee | RBM/B11/2018/ DP04 |
| c | Finance Committee Terms of Reference and membership | RBM/B11/2018/ DP05 |
| d | Update on the CEO Selection – closed session | RBM/B11/2018/ RP07 |

19.00-21.00 **BOARD DINNER**

Discussion Topics:

- World Malaria Congress Secretariat Hosting
- Engagement with APLMA
- CEO's reflections and recommendations to the Board

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Day 2, Monday 19 November

09.00-10.45	VI	GOVERNANCE (continued)	
	e	Partner Committee (PC) Steering Committee – Terms of Reference	RBM/B11/2018/ DP06
	f	Board Self-assessment	RBM/B11/2018/ DP07
	g	RBM Risk Log	RBM/B11/2018/ DP08
	h	RBM Policy on Information Disclosure (if time permits)	RBM/B11/2018/ DP09
10.45-11.00		COFFEE BREAK	
11.00-12.30	VII	PRIVATE SECTOR ENGAGEMENT FRAMEWORK	RBM/B11/2018/ DP10
12.30-14.00		LUNCH	
15.15-18.45		WORLD MALARIA REPORT 2018 AND LAUNCH OF THE HIGH BURDEN RESPONSE (see draft agenda attached)	
19.00-22.15		20th ANNIVERSARY GALA (see programme attached) Cocktails served from 19.00 to 19.30 Doors open at 19.30	

* * *

Day 3, Tuesday 20 November

08.00-09.00	VIII	RESOURCE MOBILISATION STRATEGY	RBM/B11/2018/ DP11
09.00-09.30	IX	WORLD MALARIA CONGRESS SECRETARIAT HOSTING (concluding on Board dinner discussion)	RBM/B11/2018/ DP12
09.30-10.00	X	DATES AND PLACES OF FORTHCOMING MEETINGS <ul style="list-style-type: none">• Geneva, 29-30 April 2019• Abu Dhabi, November 2019	
10.00-10.45	XI	ANY OTHER BUSINESS	
10.45-11.00	XII	CONCLUDING REMARKS	
11.30-16.30		RBM BOARD FIELD TRIP (packed lunch provided)	

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RBM Partnership's Strategic Priorities for 2018-2020

Keeping malaria high on the political and developmental agendas through a robust multi-sectoral approach to ensure continued commitment and investment to achieve the GTS and AIM milestones and targets.

Promote and support regional approaches to the fight against malaria anchored in existing political and economic platforms such as regional economic communities, including in complex/humanitarian settings.

Promote and advocate for sustainable malaria financing with substantial increases in domestic financing.



Parliamentary Engagement

Ugandan Parliamentary Forum on Malaria (UPFM) launched in April 2018. UPFM called for establishing a national multisectoral malaria commission modelled after the Uganda AIDS Commission in support of the RBM strategic objectives to raise the political profile and increase domestic resources for malaria through operationalising the President's Malaria Fund. RBM is supporting the UPFM in writing its first strategic plan and annual workplan.



Members of the Ugandan Parliament with UK television presenter and malaria survivor Charlie Webster. Photo courtesy of the Parliament of Uganda.

Engagement with the Inter-Parliamentary Union

An MoU between the RBM Partnership and the Inter-Parliamentary Union (IPU) approved at the IPU Summit (Oct 14-17). RBM has encouraged countries to establish All Party groups on malaria as well as to use parliaments to promote resource mobilisation and exercise oversight of funded programmes. Future plans include signing a declaration to support parliamentary engagement to fight malaria at the African Parliamentary Association Meeting on 25 April 2019.

RBM convened 22 participants, including 18 members of parliament, on the sidelines of the IPU Summit with participation of Stephen O'Brien.



April 2018 was a momentous month for the RBM Partnership and the global malaria community.

READY

TO BEAT MALARIA

53 Commonwealth nations made a bold political commitment to halve the number of malaria cases and deaths by 2023. Financial, political, and scientific commitments totalling USD 4.1 billion were made at the London Malaria Summit co-convened by the Bill & Melinda Gates Foundation and the RBM Partnership to End Malaria.

RBM Partnership To End Malaria



7

7th Multilateral Initiative on Malaria (MIM), Dakar, 15-20 April



Le Monde Afrique

The MIM conference prominently featured the RBM Partnership, including: a Dialogue with the RBM Board on 15 April and numerous side events.

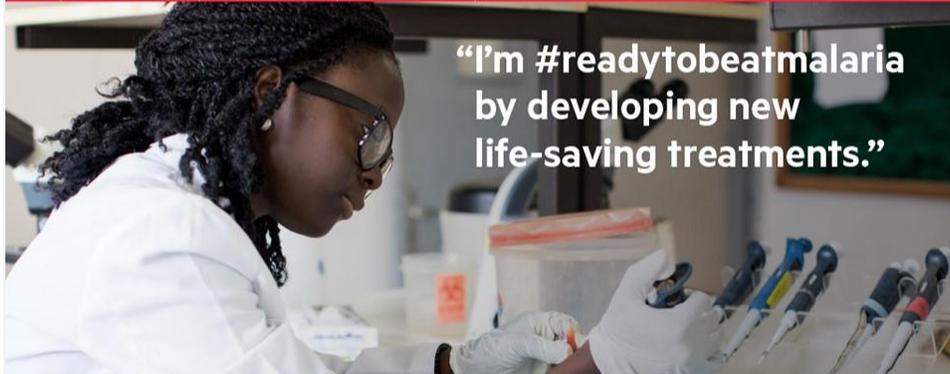
657 media articles mentioning the MIM Conference in April 2018, including a 10-part series in *Le Monde Afrique*.



RBM Partnership To End Malaria

8

World Malaria Day 2018: Ready to Beat Malaria



**“I’m #readytobeatmalaria
by developing new
life-saving treatments.”**

World Malaria Day
#readytobeatmalaria #endmalaria
#worldmaliariaday



Pan-African Zero Malaria Starts with Me campaign

launched at the 31st African Union Summit in Nouakchott, Mauritania (1-2 July) with support from the African Union Commission and the RBM Partnership to End Malaria.



**President Paul Kagame of Rwanda,
Chair of the African Union:**

“The African continent accounts for over 90% of the global malaria burden. It is in this context that we have launched the “Zero Malaria Starts with Me” campaign, a continent-wide public-facing campaign for a malaria-free Africa. The campaign will reignite grassroots movements in which individuals, families, communities, religious leaders, private sector, political leaders, and other members of society pledge to take responsibility in the fight against malaria.”

www.zeromalaria.africa



1st Malaria World Congress: Melbourne, Australia, 1-5 July

Over 1,000 delegates from more than 60 countries attended the inaugural Congress

The RBM Partnership was represented at the Congress by Board Chair, 5 Board members & Secretariat.

The MWC Statement of Action calls for close collaboration with RBM on future periodic convenings.

Notable outcomes include the establishment of the Civil Society for Malaria Elimination (CS4ME) network and the launch of the Business Alliance Against Malaria (BAAM).



Reaching the Last Mile

More countries than ever have less than 10,000 malaria cases, meaning that elimination is within reach. 10 countries around the world are on track to become malaria-free by 2020.



Felicidades Paraguay!



RBM Partnership To End Malaria

Malaria advocacy at the UN General Assembly

The high-level roundtable "From High Burden to High Impact: Getting Back on Track to End Malaria" took place on 25 September 2018 at the United Nations General Assembly in New York, with Heads of State, Ministers and other high-level representatives in attendance.

Country co-sponsors

- Federal Democratic Republic of Ethiopia
- Kingdom of Eswatini
- Kingdom of Thailand
- Republic of Ghana
- Republic of India
- Republic of Mozambique
- Solomon Islands



Partners and donors

- African Leaders Malaria Alliance
- African Union Commission
- Asia Pacific Leaders Malaria Alliance
- RBM Partnership to End Malaria
- United Nations Foundation





RBM Partnership Turns 20!



Accelerating
progress
through
regional
initiatives

Accelerating progress through regional initiatives

Regional collaboration is key to defeating malaria and is therefore at the heart of the Partnership's strategy for 2018-2020. Several regions have stepped up collaboration in 2018, including:

- All 16 Southern African Development Community countries committed to firmly place regional malaria elimination on the agenda in the Windhoek Declaration.
- The Sahel Malaria Elimination Initiative creates cross-border collaboration and commitment to accelerate malaria elimination across 8 Sahel countries.
- Six countries – Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam – signed a Ministerial Call for Action to Eliminate Malaria in the Greater Mekong Subregion before 2030.



RBM Partnership To End Malaria

18 December, 2018

17

Sahel Malaria Elimination Initiative

A new regional platform to accelerate progress in the Sahel region launched on 31 August 2018 in Dakar, Senegal by health ministers from 8 countries—Burkina Faso, Cabo Verde, Chad, Mali, Mauritania, Niger, Senegal and The Gambia.

By signing the Dakar Declaration, the countries pledged to:

- scale-up universal coverage of anti-malarials;
- mobilise financing for malaria elimination;
- strengthen cross border collaboration;
- fast track the introduction of innovative technologies to combat malaria; and
- develop a sub-regional scorecard to track progress towards elimination by 2030



RBM Board Member Professor Awa Coll Seck has been designated Ambassador of the Sahel Malaria Elimination Initiative



Malaria incidence and reported malaria cases in Sahelian countries, 2016

In August, all 16 Southern African Development Community countries committed to firmly place regional malaria elimination on the agenda in the Windhoek Declaration.



Southern Africa is united to end malaria

#strongertogether



Greater Mekong Region Commits to Malaria Elimination

On the sidelines of the World Health Assembly in May 2018, ministers of health and other senior representatives from the six countries of the Greater Mekong Subregion (GMS) – Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam – signed a Ministerial Call for Action to Eliminate Malaria in the GMS before 2030.

The call places particular focus on the threat of multidrug resistance to malaria elimination in the subregion, which has been detected in a number of GMS countries over the last decade.



Photo courtesy of The Global Fund / John Rae

Global Fund Proposal support

A total of 67 countries have submitted their Global Fund funding applications. The RBM Partnership directly supported 54 of these applications, including regional funding proposals for E8 and MOSASWA.

- Of all countries that applied to the Global Fund, over 90% have already signed their grant and implementation is underway.
- Global Fund Portfolio Optimisation process resulted in additional resources totaling USD 53 million for Burundi and Rwanda for indoor residual spraying (IRS), Burkina Faso and Niger for seasonal malaria chemoprevention (SMC), and the Democratic Republic of Congo and Pakistan for additional LLINs.
- RBM also supported Comoros and Mauritania in grant-making process.



Approximately USD 3 billion has been secured for malaria programming support.

RBM Sub-Regional Meetings held for Western & Central and Eastern & Southern Africa



Growing engagement in the Asia-Pacific Region



In 2018, the RBM Partnership has stepped up engagement in the Asia-Pacific region, including:

- In February, Prince Mahidol Conference was held in Bangkok followed by inaugural policy dialogue with APLMA and Unifaid, aimed at maximising access to innovative health products for malaria elimination and improved health security
- A follow up to the MalaFA study will focus on 4 countries in Asia (Cambodia, India, Thailand and Vietnam). Prof Yongyuth Yuthavong has agreed to Co-Chair the MalaFA-Asia study.
- An MoU between APLMA and RBM is being developed in support of the RBM Strategic Plan implementation.



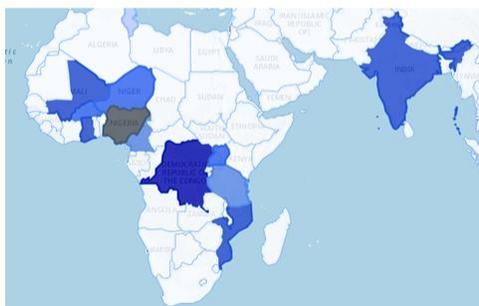
High Burden to High Impact: A Targeted Malaria Response

New approach to reduce the burden of malaria in countries most affected by the disease to be launched on 19 November 2018 with support from WHO and the RBM Partnership.

10 countries in sub-Saharan Africa (Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and United Republic of Tanzania) and India account for over 70% of global malaria burden.

The 4 pillars of the high burden response are:

- **Political will to reduce malaria deaths;**
- **Strategic information to drive impact;**
- **Better guidance, policies and strategies;**
- **A coordinated country response.**





Malaria Financing Task Force

MFTF has selected countries for Domestic Resource Mobilisation Scoping Missions (Mozambique, Zambia, Sudan, and the Republic of the Congo, Uganda, and 1-2 states in Nigeria) and subsequent support to develop investment cases for malaria.

- The first mission was completed in Mozambique on 4-8 June 2018. An Inter-Ministerial Steering Committee has been formed within Mozambique under the Prime Minister with the mandate to commission the investment case for malaria. The RBM Secretariat is preparing to support the first meeting of the Steering Committee to outline the next steps.
- Planned missions to Sudan and the Republic of Congo were unfortunately postponed due to local circumstances and the Secretariat is looking to reschedule both of these missions in December.
- The next priority for scheduled visits will be to Uganda, Nigeria, and Zambia.



Following the national launch of the Zero Malaria Starts with Me campaign, RBM is supporting the development of an investment case for malaria in Mozambique.

Engagement with China

China made important new health-related commitments, including a focus on malaria, under its One Belt, One Road Initiative in early September at the FOCAC Summit with Chinese and African leaders.

The China-RBM Steering Committee met in Beijing ahead of the Summit; Deputy Director General of China's National Health Commission has agreed to co-chair this Steering Committee and keep the RBM Partnership at the centre of plans to fund malaria projects.

Ensuring that the China-RBM Steering Committee is expanded in membership, elevated politically within China, and established as an effective mechanism is a top priority for the remainder of 2018.



Ms Cui Lui, Vice-Minister, National Health Commission speaking at the World Health Assembly side event in May 2018 convened by WHO and the RBM Partnership. Photo Mark Henley/WHO.

Global Fund Replenishment Advocacy



The next few months will be critical for raising visibility of malaria and securing renewed commitments to fight the disease. In October 2019, the Global Fund to Fight AIDS, Tuberculosis, and Malaria is up for replenishment.

To ensure the global Fund is replenished successfully, we will require influential voices and innovative campaigns to keep malaria highly visible on the political agenda—but also in the hearts and minds of people everywhere.

Milestone Moments 2018-2019

Year	Month	Event	
2018	FEBRUARY	African Union Summit in Addis Ababa Pre-replenishment conference in New Delhi	
	APRIL	World Malaria Day & event in Paris	
	JULY	African Union Summit in Niamey, Niger African Nations Football Cup in Cameroon	
	SEPTEMBER	UN General Assembly	
	OCTOBER	Global Fund Replenishment Conference in Lyon	
	NOVEMBER	Reaching the Last Mile conference in Abu Dhabi	
	2019	NOVEMBER	World Malaria Report & High Burden Response launch; RBM's 20th Anniversary

Opportunities for engagement

Cross Cutting Strategic Objective: Building a high-performing Secretariat

Governance

- Partnership Board Meetings: Two in-person (April 2018, Dakar; November 2018, Maputo) and two virtual (February and August 2018).
- Finance Committee Meetings: Two virtual meetings (March and November 2018) and an in-person working session (September 2018)
- **Partner Committee Annual Meetings:** SCPC (February 2018, Geneva), ARMPC (May 2018, Geneva); CRSPC (November 2018, Addis)

- Board Vice Chair: Mr Simon Bland took over his duties in May 2018
- New Board Member: Dr Kenneth Staley joined in August 2018
- New Partner Committee Co-Chairs: Elected in April 2018

Forthcoming in November 2018

- Election of Board Chair
- Appointment of Board Selection Committee
- Appointment of Finance Committee members

Communications with the Partnership

- Board Leadership: Monthly calls
- Partner Committee Coordination Group (PCCG): Monthly calls
- RBM Partnership Website: Redesigned and being continuously improved
- RBM Partnership Newsletter: Monthly
- Partner Committee Newsletters:
 - ARMPC: Fortnightly
 - CRSPC: Fortnightly
 - SCPC: At least fortnightly
- Partner Committee Steering Committee: Regular calls and meetings

- RBM Partnership Surveys: Administered at both CRSPC regional meetings

Partnership Survey Results

- CRSPC regional workshops (October 2018): 159 respondents, in French and English
- 67% were satisfied with level of engagement with the Partnership
- 69% had a good awareness of how to engage with the Partnership
- 71% were satisfied with the transparency and access to the Partnership
- 33% participated in an RBM event in the past year
- However, improvements are needed with:
 - ✓ Concept of Partner Committees and Working Groups (43% and 38% respectively were unclear as to role and function)
 - ✓ Communications channels (only 40% of participants received the Partnership newsletters) and website (while 68% visited the website, they noted the need for French language materials)

Policies

Approved in 2018 (or under review at the November 2018 Board)

- Revised Declaration of Interest form
- Goodwill Ambassador Policy, and designation of Goodwill Ambassadors
- Risk Management Framework and Risk Log
- Financial Management Guidelines
- RBM UNOPS Standard Operating Procedures
- Revised Working Group TORs
- Board Rotation Roadmap
- Revision of the Sustainability Reserve
- Revision of the Finance Committee TORs
- Information Disclosure Policy
- Partner Committee Steering Committee TORs

2018 Expenditure Forecast

On basis of forecast expenditure through the end of the year, a total expenditure of approximately USD 7.23 million is foreseen (utilisation rate of 70-75%)



Funding Forecast 2020

There is no signed contribution agreement for funding in 2020, such that there would be an expected balance of USD1.56 million.

	(in USD)
A. 2019 Funding Forecast (cumulative)	26.50 million
B. 2018 Expenditure (cumulative, forecasted)	14.64 million
C. 2019 Budget	10 million
D. 2019 Reserves increase	0.3million
Expected Balance (31 Dec 19) (A-B-C-D)	1.56 million



We look forward to
welcoming you to the
Global Health Campus

* * *



RBM Partnership – 2019 Budget

- The 2019 workplan and budget totals USD 9,969,550. This represents a 1% increase from the 2018 approved budget.
- The Secretariat and Partner Committees (PCs) undertook a prioritisation exercise, following consultations among the PCs.

Strategic Objective 1	1,933,550	ARMPC	639,000
Strategic Objective 2	2,958,250	CRSPC	4,229,330
Strategic Objective 3	740,000	SCPC	854,000
Cross-Cutting Objectives	3,685,036	Cross-Cutting Objectives & Secretariat	3,595,036
UNOPS Management Cost	652, 214	UNOPS Management Cost	652, 214
TOTAL (in USD)	9,969,550	TOTAL (in USD)	9,969,550

RBM Partnership – Objective 1 Budget

Objective 1 budget is USD 1,933,550

Objective 1: Keep malaria high on the political and developmental agenda	USD 1,933,550	Lead
Initiative 1: All Party Parliamentary Groups on Malaria	USD 219,000	ARMPC/CRSPC
Initiative 2: Strategic communications	USD 441,000	SCPC
Initiative 3: Inclusive and multi-sectoral partnerships	USD 531,000	ARMPC/CRSPC/ SCPC
Initiative 4: Focus on coverage gaps	USD 568,800	CRSPC
Initiative 5: Scaling up new tools	USD 173,750	ARMPC/CRSPC

RBM Partnership – Objective 2 Budget

Objective 2 budget is USD 2,958,250

Objective 2: Accelerate progress through a regional approach	USD 2,958,250	Lead
Initiative 1: Regional malaria initiative	USD 998,500	CRSPC
Initiative 5: Efficient use of Global Fund resources	USD 1,959,750	CRSPC

RBM Partnership – Objective 3 Budget

Objective 3 budget is USD 740,500

Objective 3: Increase the financing envelope	USD 740,500	Lead
Initiative 1 : Domestic financing	USD 325,750	ARMPC/CRSPC
Initiative 3: Continued commitment from donors	USD 384,750	ARPMC/CRSPC
Initiative 4: Private sector engagement	USD 30,000	ARMPC

RBM Partnership – Cross Cutting Objectives Budget

Cross-cutting objectives budget is USD 3,685,036

Cross cutting objectives: High Performing Secretariat	USD 3,685,036	Lead
Cross Cutting Objective 1: Support to Partnership Board and mechanisms	USD 484,652	Secretariat
Cross Cutting Objective 2: Optimal and efficient functioning of the PCs	USD 89,000	Secretariat/ ARMPC/CRSPC/ SCPC
Cross Cutting Objective 3: Business practices consistent with Partnership mission and values	USD 396,635	UNOPS Direct Support
Cross Cutting Objective 4: Secretariat (Personnel, travel, operating expenses, equipment)	USD 2,674,748	Secretariat
Cross Cutting Objective 6: Secretariat to function as the voice of the Partnership (Goodwill Ambassadors Engagement)	USD 40,000	ARMPC/SCPC

RBM Partnership – 2019 Budget (Priority 2)

- The 2019 workplan and budget also proposes Priority 2 activities, totalling USD 2,250,210
- These could be implemented should additional funding become available in 2019, and are planned for the second half of the year.

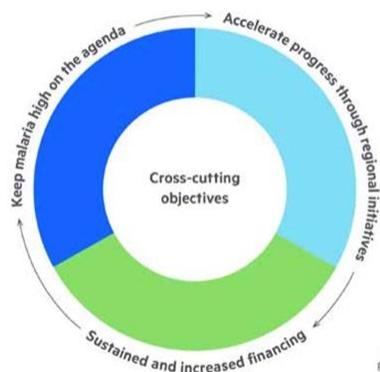
Strategic Objective 1	518,750	ARMPC	233,000
Strategic Objective 2	1,103,500	CRSPC	2,605,000
Strategic Objective 3	455,750	SCPC	50,000
Cross-Cutting Objectives	25,000	Cross-Cutting Objectives & Secretariat	-
UNOPS Management Cost	147,210	UNOPS Management Cost	147,210
TOTAL (in USD)	2,250,210	TOTAL (in USD)	2,250,210

* * *



Background - 2019 CRSPC Workplan

The CRSPC Workplan is based on the **RBM Strategic Plan 2018- 2020** and will directly contribute towards the achievement of the 3+1 Strategic Objectives:



1. Keep malaria high on the political and developmental agendas to ensure continued commitment and investment to achieve the GTS and AIM
 2. Accelerate progress through a regional approach anchored in existing political and economic platforms such as regional economic communities
 3. Increase the financing envelope for malaria
- ✓ Building a high-performing Secretariat



SO1: Promote and support regional approaches

SI 1: Promote and help establish regional malaria initiatives

✓ Sub-regional Coordination meetings:

- ESA
- WCA including SaME
- Asia Pacific
- Complex operating environment (COE) countries

Importance:

- *Key platform to engage NMCPs and the full partnership at all levels, including the private sector*
- *Best platform to share best practices, challenges and identify and proactively map implementation support requirements and identify strategic priorities requiring support*
- *An opportunity to disseminate information on the current malaria prevention control tools, perspectives to better plan and implement*

Promote and help establish regional malaria initiatives

Sub-regional Coordination meetings (cont'd):

Evidence of Approach:

- *Strong and positive feedback from CRSPC three regional meetings in 2018 "The RBM partnership is revitalized"*
- *TA requirements mapped out for African countries allowing for better and more timely planning of support*
- *Over 40 partner organisations including private sector engaged in the CRSPC regional meetings in 2018 providing a platform for enhanced collaboration within the partnership*

SI 1: Promote and help establish regional malaria initiatives

✓ **National Malaria Control Programme (NMCP) Capacity Building :**

- In collaboration with WHO, CRSPC will support the training of NMCP managers on WHO Malariology course.
- Discussions ongoing for support to Asia Pacific

Importance:

- ✓ *Long term strategy to enable NMCP managers to operate with full capacity towards malaria elimination.*

Bottleneck:

- ✗ not yet financed

SO1: Keep malaria high on the political and developmental agenda

Build inclusive and multi-sector coalitions



- ✓ Keeps **malaria high on the political agenda**, involves all sectors including the private sector and ensures community ownership
- ✓ CRSPC will lead in providing **technical assistance** in taking ZMSWM implementation down to the sub-national level.
- ✓ **Four countries will be targeted** initially for comprehensive support, while support will be given to others as requested
- ✓ Support **includes high level political engagement**, situation analyses, resource mobilization strategies etc.

SO1: Keep malaria high on the political and developmental agenda

Promote and help establish All Party Parliamentary Groups and End Malaria Councils

- ✓ Represents a key platform to keep malaria high on the political agenda
- ✓ **Establish APPG in at least 3 Priority Endemic Countries** and provide technical support (Nigeria, DRC, Mozambique TBC)
- ✓ Provide **technical support to existing APPGs** (e.g. Uganda and Tanzania)
- ✓ Establish at least **3 EMCs**



H.E. President Yoweri K. Museveni signing a commitment board at the launch of MAAM

SO1: Keep malaria high on the political and developmental agenda

Malaria Programme Reviews and National Strategic Plan development

- ✓ Under the leadership of WHO, technical support will be provided to up to 10 countries.

Importance:

- *Align malaria planning with the broader health and development agenda, determine clear directions, best tool for resource mobilization (esp GF).*
- *Opportunity to incorporate a mix of new tools and best practices including in the high burden response countries*

SI 5: Promote Maximise impact of Global fund investments

- ✓ **Ensures Effective and efficient utilization of the available funds**
- ✓ **Implementation support and identifying bottlenecks:** GF grant implementation bottlenecks
- ✓ **LLINs Campaign Support:** Implementation bottlenecks

Evidence of Approach:

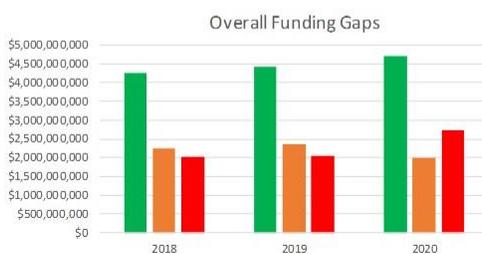
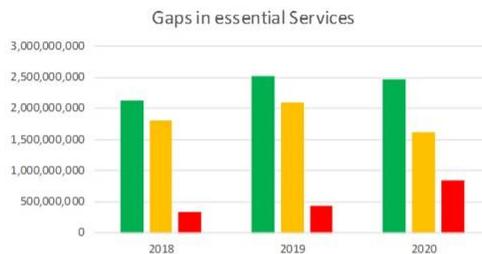
- *Implementation support to address TRP feedback during grant making and grant implementation including for SBCC, SMC roll out; emergencies, upsurges, LLIN campaigns, IRS implementation and areas of grant underperformance – grant absorberency is improving*

Bottleneck:

- ✗ **working** to expand the pool of consultants to be able to more quickly respond to country requests

SO1: 2019 Priorities: Filling the Gaps!

✓ Critical gaps to sustain current national coverage levels



- Countries supported by the GF for malaria have identified resource gaps of US\$3 billion 2018-20 for vector control and case management alone:



279 m LLINs



900 m ACTs



260 m RDTs

- When costs for other interventions (SMC, IPTp, m&e, surveillance and management costs) are included - countries funded by the GF for malaria estimate a **50% resource gap (>\$6bn)** to implement their National Strategic Plans 2018-20

RBM Partnership To End Malaria

SO3: Increase the financing envelope for malaria

- ✓ The CRSPC will support countries in the development of comprehensive approaches to resource mobilisation and advocacy including gap analyses, ROIs, funding proposal development etc.

Importance:

- *Gap Analyses identify resource gaps allowing for targeted resource mobilization efforts*
- *Helps to make the case for enhanced resource commitments including in domestic resources, private sector resources etc.*
- *Support to develop funding proposals and mobilise resources at country and regional level*

RBM Partnership To End Malaria

12

SO3: Increase the financing envelope for malaria

Maximise impact of Global Fund investments

- ✓ **Orientation meeting for the GF Applications 2021-2023:** Orient 45 countries on the GF application process

Importance:

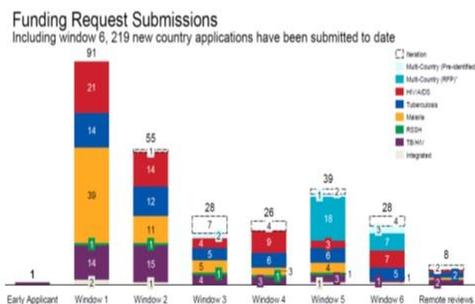
- Supports countries to secure GF resources timely

Evidence of Approach:

- Builds off the success of the 2017-2020 CRSPC support - >90% of malaria applications submitted in the first 2 windows, leaving sufficient time for grant making, avoiding breaks in programming

Bottleneck:

- ✗ CRSPC will need to fund raise to meet the costs



SO3: Increase the financing envelope for malaria

Evidence of Approach:

The gap analysis has supported identification of funding gaps and guided our resource mobilization efforts in 2018 including:

- GF Portfolio Optimisation targeting key 2019 gaps (US\$53 million) for countries with discussions ongoing for an additional US\$30 million).
- LLINs through AMF including to Malawi, DRC, Guinea
- Filling the Nigeria GAP
- Support to proposal development including the ongoing WB/ADB/IDB US\$360 million support for Nigeria
- High level advocacy to secure US\$18 million domestic resources in Nigeria leveraging US\$38 m from the GF
- Reprogramming of efficiencies to fill GF 2020 gaps in LLINs – only one state to go! – was a 60 million LLIN gap at beginning of 2018
- Malaria contingency funding proposal for Rwanda

SO3: Increase the financing envelope for malaria

- ✓ Leading support to the GF allocation and catalytic discussions on behalf of the partnership
- ✓ Participating in the GF investment case
- ✓ Working with the ADB, IDB and WB on resource mobilisation
- ✓ Working with countries and the private sector on local level resource mobilisation

* * *



Advocacy Missions Strategic Communications Can Help Deliver in 2019

- Successful Global Fund replenishment
- Countries reaching 2020 malaria elimination target
- Supporting progress in high burden countries
- New funding and policies to accelerate
 - R&D/introduction of new innovations
 - malaria interventions as part of UHC



With a new decade on the horizon, and momentum on our side

The RBM Partnership will build on 2018 and 2019 actions to make a strong case to the UN and member states to declare 2021-2030 the “Decade to End Malaria”

Keep malaria high on the political and developmental agenda

Develop and align messaging that rallies the global community around the vision to end malaria



Renew political attention to malaria through high profile events



Amplify the malaria community's and the Partnership's contributions to the malaria fight



01/10/18 Celebrating RBM's 20th Anniversary

Create campaigns to drive awareness and a sense of urgency around ending malaria



Build inclusive and multi-sector coalitions and scale up new tools



- Build and train a **network of journalists in high burden countries** to increase frequency and accuracy of reporting on malaria



- Engage and provide support for 5 countries' **Zero Malaria Starts With Me** campaign launches



- Amplify R&D successes such as **RTS,S malaria vaccine rollout and other innovation milestones**

Increase the financing envelope for malaria

- Support and amplify political and financial successes: **Nigeria loan commitment, China-Africa collaborations, Francophonie commitment**



- Activate **Ambassadors and malaria champions** to increase public awareness and advocate for continued donor commitments, particularly the Global Fund replenishment, and World Malaria Day



Build a high-performing Secretariat

- Ensure efficiency, effectiveness and transparency
regular communications; annual face-to-face meeting; enhanced website; multi-lingual materials
- Function as the voice of the Partnership
Go-to resource; thought leadership; activate RBM Partnership challenges

Timeline of 2019 key events





**With your help, we can
end malaria for good**

* * *



Areas of Focus for 2019

1. Global Fund replenishment
2. New and diversified malaria financing
3. Political commitment supporting high-burden countries
4. Multisectoral investment cases for domestic malaria financing

Enabling Activities

- Create and advance strong advocacy narratives for investment in malaria covering the intersections between malaria and UHC, HSS, Innovation, Global Health Security, etc.
- Strengthen ARMPC and its workstreams and expand their membership
- Strengthen working relationships with other partner committees (SCPC and CRSPC) and working groups to carry out joint initiatives

RBM Strategic Initiatives for the ARMPC

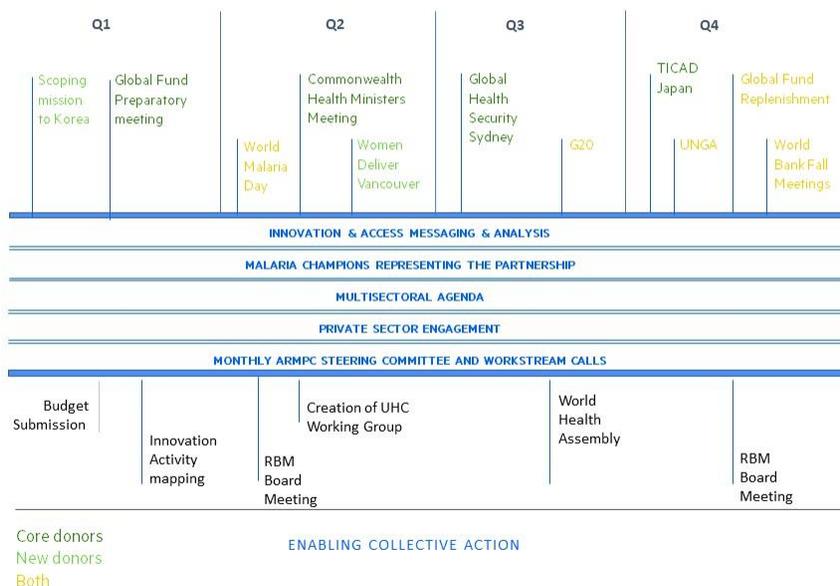
Objective 1: Keep Malaria High on the Political Agenda

- 1.1 Promote and help establish All Party Parliamentary Groups on Malaria
- 1.2 Communicate strategically
- 1.3 Build inclusive and multi-sector coalitions
- 1.5 Scaling up new tools

Objective 3: Increase the Financing Envelope for Malaria

- 3.1 Expand domestic financing for malaria
- 3.3 Advocate for continued donor commitments
- 3.4 Increase private sector engagement

Key Activities for the ARMPC



ARMPC and the Global Fund Replenishment

Key Dates

- **Preparatory meeting:** New Delhi India, Feb 8, 2019
- **Replenishment:** Lyon France, October 10, 2019

Financing Target: TBD, Likely above \$13 billion

Key Partners at Global Fund:

- External Relations Team
 - Parliamentary Affairs Officer
 - Donor Country Leads
- Private Sector Team
- Communications Team
- Malaria Team

Countries of Focus for RBM

- US
- UK
- France
- Japan
- Australia
- Potential for light support in Ireland, Spain, Italy, Nordics and Germany



ARMPC and Engagement with China

Key Activities

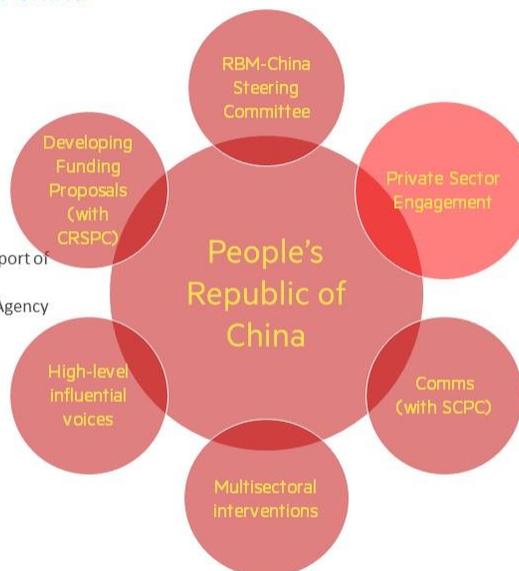
- **Advisory Meeting in Beijing, December 2018**
- **Joint country scoping missions**
- **Grant design workshops**

Chinese Institutions:

- National Health Commission
 - China CDC
 - National Institute of Parasitic Diseases (NIPD)
- Ministry of Finance and Commerce (MOFCOM)
- China Chamber of Commerce for Import and Export of Medicines and Health Products (CCCMHPIE)
- China International Development Cooperation Agency
- Institute for Global Health, Peking University
- Research Centre for Global Health, Tsinghua University

International Institutions:

- Bill and Melinda Gates Foundation
- Global Fund
- WHO
- US President's Malaria Initiative
- MMV and IVCC
- PATH
- APLMA and ALMA
- Asian Development Bank and Asian Infrastructure Investment Bank



Discussion

1. How can we best ensure that funders are aligning their investments in advocacy to be supportive of the RBM strategy in the longer term? Should this work be coordinated with individual donors or should donors work on this jointly?
2. How should the ARMPC engage with existing partner efforts and investments to measure advocacy outcomes (political commitment and funding) in order to strengthen/develop our own Monitoring, Learning, and Evaluation (MLE) system?

Workstreams and Task Forces

Core Donors

Co-leads: Annemarie Meyer (MNM UK) & Meg DeRonghe (BMGF)

New Donors

Lead: Josh Blumenfeld (MNM)

Innovation and Access

Co-leads: Lisa Goldman-Van Nostrand (Sumitomo Chem) & Tom McLean (IVCC)

Champions and Leadership (co-led with SCPC)

Co-leads: Erika Larson (UCSF) & Robert Valadez (UNSEO/SCPC)

Malaria Financing Task Force (with CRSPC and SCPC)

World Malaria Report 2018

Board Meeting of the RBM Partnership to End Malaria
Dr Pedro Alonso, Director, WHO Global Malaria Programme



18 November 2018

Global **Malaria** Programme



Malaria cases globally, 2010–17



Estimated malaria cases, 2010–2017 Estimated cases are shown with 95% upper and lower CI. Source: WHO estimates.

	Number of cases (000)							
	2010	2011	2012	2013	2014	2015	2016	2017
Lower 95% CI	218 600	210 500	206 700	200 500	199 600	198 700	200 400	202 800
Estimated total	238 800	229 100	226 400	221 000	217 100	214 200	216 600	219 000
Upper 95% CI	285 400	273 200	271 600	266 200	259 300	257 200	259 000	262 000
Estimated <i>P. vivax</i>								
Lower 95% CI	11 440	10 390	9 190	7 040	6 040	5 530	5 960	5 720
Estimated total	16 440	14 940	13 300	10 230	8 720	7 950	8 250	7 510
Upper 95% CI	24 560	23 970	22 050	17 240	12 730	11 410	11 300	9 900

CI: confidence interval; *P. vivax*: *Plasmodium vivax*; WHO: World Health Organization.

Malaria cases by WHO Region, 2017



Estimated malaria cases by WHO region, 2017 Estimated cases are shown with 95% upper and lower CI. Source: WHO estimates.

	Number of cases (000)					
	African	Americas	Eastern Mediterranean	South-East Asia	Western Pacific	World
Lower 95% CI	184 500	880	3 630	8 560	1 395	202 800
Estimated total	200 500	976	4 410	11 290	1 857	219 000
Upper 95% CI	243 600	1 128	5 560	14 840	2 399	262 000
Estimated <i>P. vivax</i>						
Lower 95% CI	19	648	1 162	2 881	330	5 720
Estimated total	701	723	1 366	4 200	523	7 510
Upper 95% CI	2 197	843	1 773	5 900	774	9 900
Proportion of <i>P. vivax</i> cases	0.3%	74.1%	31.0%	37.2%	28.1%	3.4%

CI: confidence interval; *P. vivax*: *Plasmodium vivax*; WHO: World Health Organization.

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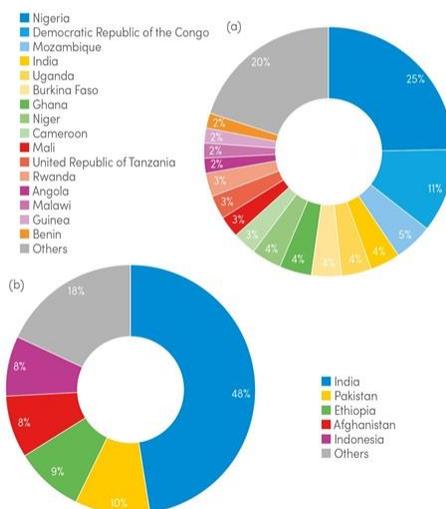
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Estimated country share of case burden, 2017



Estimated country share of (a) total malaria cases and (b) vivax malaria cases, 2017
Source: WHO estimates.



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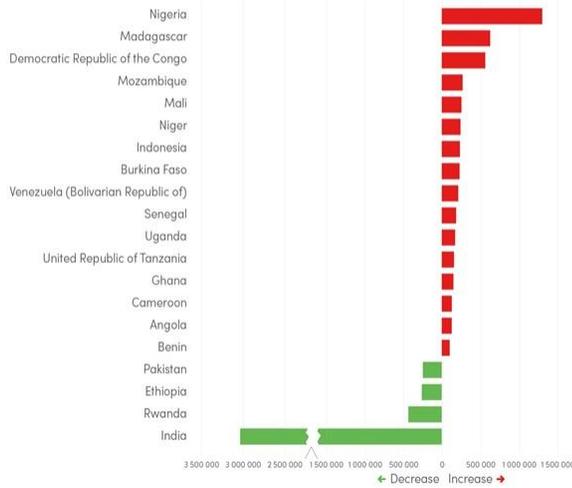
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Estimated country share of case burden, 2017



Number of countries in which total malaria cases exceeded 300 000 cases in 2017, and a reduction (green) or an increase (red) of more than 100 000 in malaria cases occurred between 2016 and 2017, by WHO region Sources: NMP reports and WHO estimates.



Countries with more than 300 000 cases in 2017 with a decrease or increase of more than 100 000 cases between 2016 and 2017

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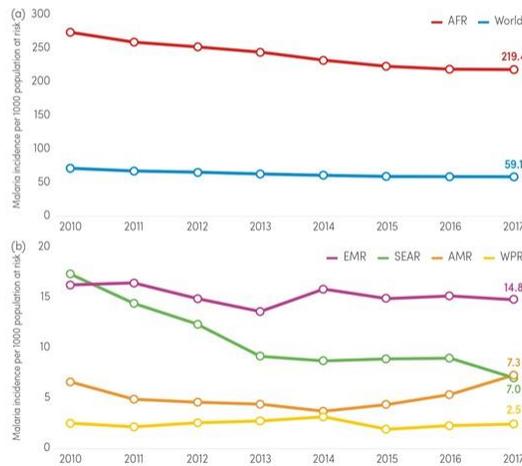
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Malaria case incidence rate, 2010–17



Trends in malaria case incidence rate (cases per 1000 population at risk), globally and by WHO region, 2010–2017 The WHO European Region has reported zero indigenous cases since 2015. Source: WHO estimates.



AFR: WHO African Region; AMR: WHO Region of the Americas; EMR: WHO Eastern Mediterranean Region; SEAR: WHO South-East Asia Region; WHO: World Health Organization; WPR: WHO Western Pacific Region.

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Malaria deaths globally and by WHO region, 2010–17



TABLE 6.3.

Estimated number of malaria deaths by WHO region, 2010–2017 *Source: WHO estimates.*

	Number of deaths							
	2010	2011	2012	2013	2014	2015	2016	2017
African	555 000	517 000	489 000	467 000	446 000	432 000	413 000	403 000
Americas	480	450	400	400	300	320	460	630
Eastern Mediterranean	8 070	7 280	7 340	6 750	8 520	8 660	8 160	8 300
European	0	0	0	0	0	0	0	0
South-East Asia	39 800	32 800	28 400	21 800	24 100	25 200	25 600	19 700
Western Pacific	3 770	3 340	3 850	4 600	4 420	2 860	3 510	3 620
World	607 000	561 000	529 000	500 000	483 000	469 000	451 000	435 000
World (children aged under 5 years)	444 600	405 000	371 000	344 000	322 000	302 000	283 000	266 000

WHO: World Health Organization.

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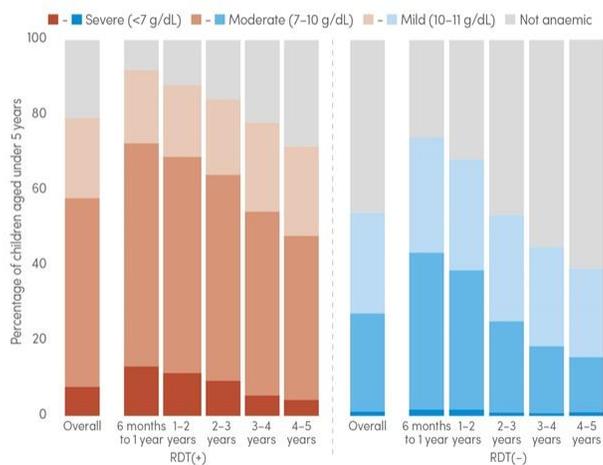
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Prevalence of anaemia in children under five (Sub-Saharan Africa)



Prevalence of severe anaemia meeting the threshold requiring blood transfusion according to WHO (<7 g/dL) in children aged under 5 years in sub-Saharan Africa, 2015–2017, by age and malaria infection status *Source: Household surveys.*



RDT: rapid diagnostic test; WHO: World Health Organization.

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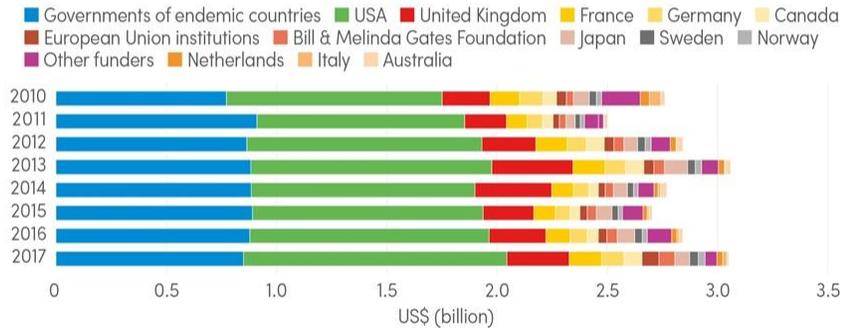
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Funding for malaria by source (US\$), 2010–17



Funding for malaria control and elimination 2010–2017, by source of funds (constant 2017 US\$) Sources: ForeignAssistance.gov, United Kingdom Department for International Development, NMP reports, OECD creditor reporting system database, the World Bank Data Bank and WHO estimates.



NMP: national malaria programme; OECD: Organisation for Economic Co-operation and Development; USA: United States of America; WHO: World Health Organization.

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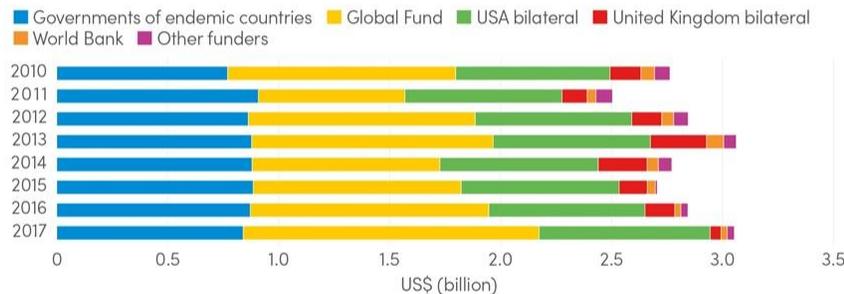
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Funding for malaria by channel (US\$), 2010–17



Funding for malaria control and elimination 2010–2017, by channel (constant 2017 US\$) Sources: ForeignAssistance.gov, United Kingdom Department for International Development, Global Fund, NMP reports, OECD creditor reporting system database, the World Bank Data Bank and WHO estimates.



NMP: national malaria programme; OECD: Organisation for Economic Co-operation and Development; USA: United States of America; WHO: World Health Organization.

US\$ 3.1 billion invested in 2017 | US\$ 6.6 billion needed by 2020 to reach the GTS targets

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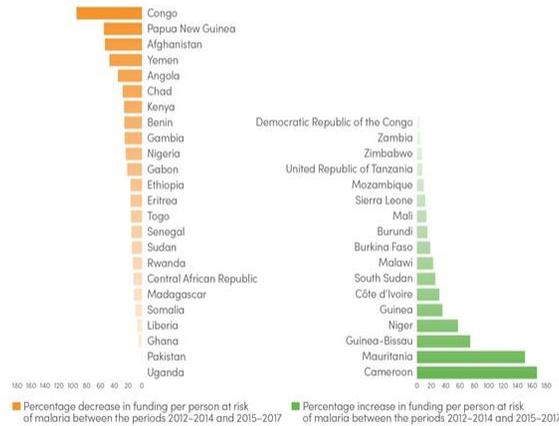
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Average funding per person at risk of malaria



Percentage change in average funding* per person at risk of malaria in the periods 2012–2014 and 2015–2017, in 41 high-burden countries Sources: ForeignAssistance.gov, United Kingdom Department for International Development, Global Fund, NMP reports, OECD creditor reporting system database, the World Bank Data Bank and WHO estimates.



NMP: national malaria programme; OECD: Organisation for Economic Co-operation and Development; WHO: World Health Organization.
* In Fig 2.6, funding includes international disbursements and contributions from governments of endemic countries, excluding resources absorbed for malaria case management through health services utilisation.

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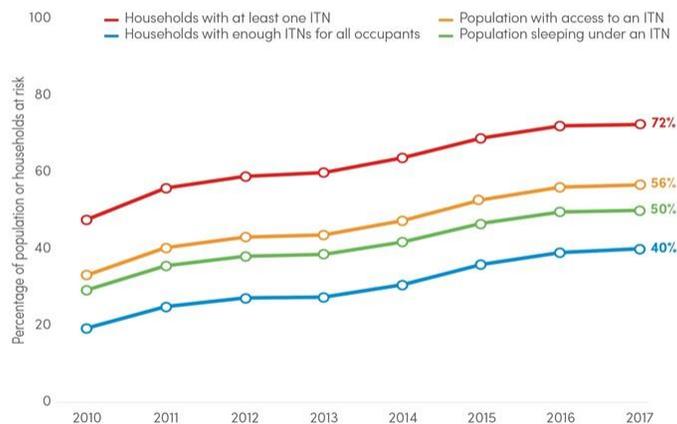
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ITN ownership and coverage (Sub-Saharan Africa), 2010–17



Percentage of population at risk with access to an ITN and sleeping under an ITN, and percentage of households with at least one ITN and enough ITNs for all occupants, sub-Saharan Africa, 2010–2017 Source: ITN coverage model from MAP.²



ITN: insecticide-treated mosquito net; MAP: Malaria Atlas Project.
² <http://www.map.ox.ac.uk/>

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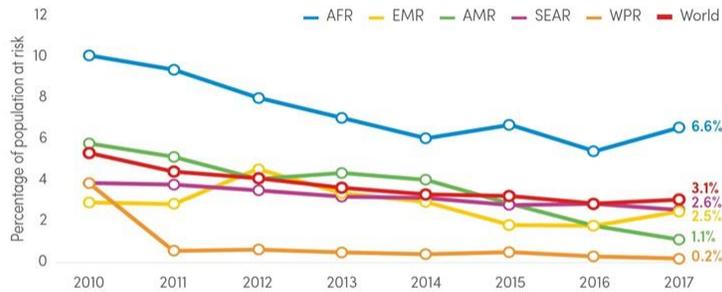
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Population protected by IRS, 2010–17



Percentage of the population at risk protected by IRS by WHO region, 2010–2017 Source: NMP reports.



AFR: WHO African Region; AMR: WHO Region of the Americas; EMR: WHO Eastern Mediterranean Region; IRS: indoor residual spraying; NMP: national malaria programme; SEAR: WHO South-East Asia Region; WHO: World Health Organization; WPR: WHO Western Pacific Region.

In the WHO African Region, the percentage of the population at risk protected by IRS declined from 10.1% (80 million) in 2010 to a low of 5.4% (51 million) in 2016, before rising to 6.6% (64 million) in 2017

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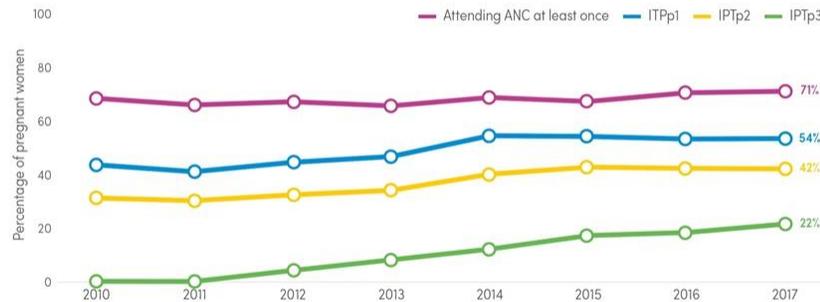


Pregnant women protected by IPTp (Sub-Saharan Africa), 2010–17



FIG. 3.5.

Percentage of pregnant women attending ANC at least once and receiving IPTp, by dose, sub-Saharan Africa, 2010–2017 Source: NMP reports, WHO and US Centers for Disease Control and Prevention (CDC) estimates.



ANC: antenatal care; IPTp: intermittent preventive treatment in pregnancy; NMP: national malaria programme; WHO: World Health Organization.

Data received from 35 countries for IPTp1 and 2, and from 33 countries for IPTp3

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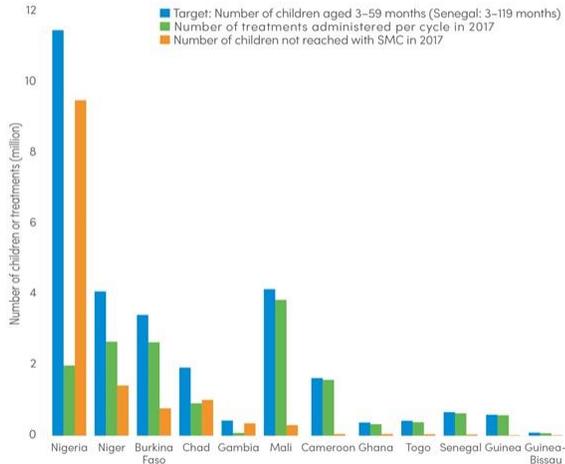
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Children protected by seasonal malaria chemoprevention (SMC) in the Sahel, 2017



Number of SMC target children and treatments administered in SMC implementation countries in 2017 Source: London School of Hygiene & Tropical Medicine.



- 15 million children treated in 2017; of these, 53% received the recommended 4 doses
- 13.6 million yet to be reached

SMC: seasonal malaria chemoprevention.

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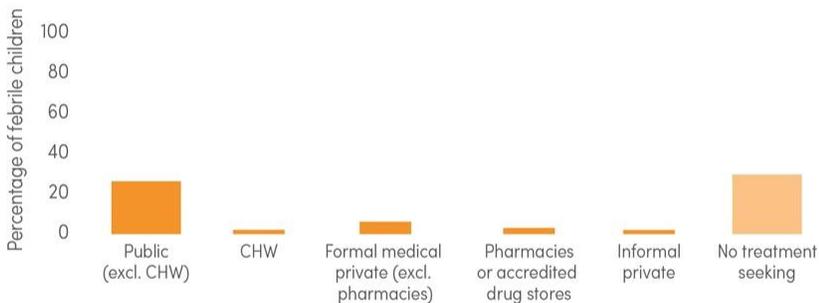
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Treatment seeking for fevers in children (Sub-Saharan Africa), 2015–17



Median percentage of febrile children by treatment seeking behaviour, sub-Saharan Africa, 2015–2017^{a,b} Sources: Nationally representative household survey data from DHS and MIS.



CHW: community health worker; DHS: demographic and health survey; MIS: malaria indicator survey.

^a Respondents can select more than one source of care for one episode of fever.

^b CHW data are based on 13 countries: Burundi, Chad, Ghana, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, Togo and Uganda.

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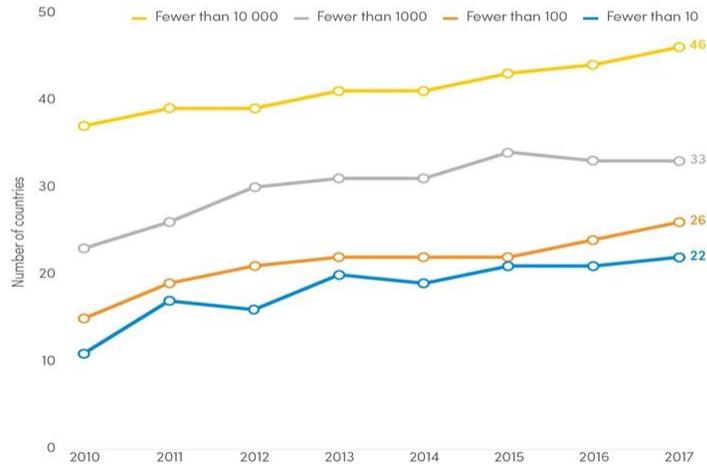
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Countries with fewer than 10 000 cases in 2017



Number of countries that were malaria endemic in 2000 with fewer than 10, 100, 1000 and 10 000 indigenous malaria cases in 2010 and 2017 Source: NMP reports.



NMP: national malaria programme.

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Malaria cases in E2020 countries, 2010–17



WHO region	Country	2016	2017	Change 2016 to 2017
African	Algeria	0	0	0
	Botswana	1150	2989	+1839
	Cabo Verde	48	423	+375
	Comoros	1143	3230	+2087
	Eswatini	350	724	+374
	South Africa	4323	22517	+18194
Americas	Belize	4	7	+3
	Costa Rica	4	12	+8
	Ecuador	1191	1275	+84
	El Salvador	12	0	-12
	Mexico	551	736	+185
	Paraguay	0	0	0
Eastern Mediterranean	Iran (Islamic Republic of)	81	57	-24
	Saudi Arabia	272	177	-95
South-East Asia	Bhutan	15	11	-4
Western Pacific	Nepal	2754	3829	+1075
	Timor-Leste	148	36	-112
Western Pacific	China	3	0	-3
	Malaysia	266	85	-181
	Republic of Korea	602	436	-166

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Artemisinin resistance in the Greater Mekong subregion



Number of ACTs with high failure rates in the treatment of *P. falciparum* infections

Source: Data were derived from the WHO global database on antimalarial drug efficacy and resistance (34).



Currently, five ACTs are recommended by WHO in the Greater Mekong subregion: AL, AS+AM, ASMQ, AS+SP and DP. A sixth ACT, artesunate-pyronaridine, was given a positive scientific opinion by the European Medicines Agency (EMA) under article 58 and is being considered for recommendation by WHO. By default, AS+SP is considered to have a high failure rate in the region because of high treatment failure rates with SP, or because quadruple and quintuple *Pfdhfr* and *Pfdhps* mutations (which are usually fixed) have been reported in the region. The countries are classified by numbers of ACTs failing (>10% treatment failure) after 2010.

ACT: artemisinin-based combination therapy; GMS: Greater Mekong subregion; WHO: World Health Organization.

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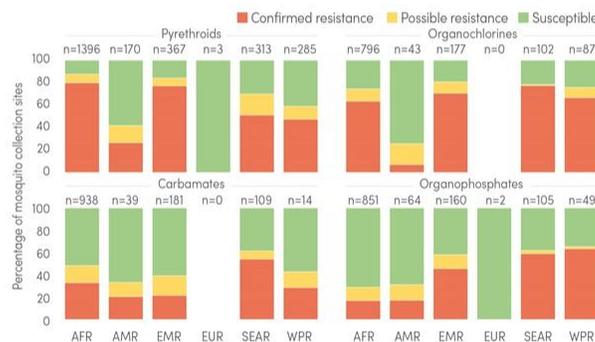
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Insecticide resistance across WHO regions



Reported insecticide resistance status as a percentage of sites for which monitoring was conducted by WHO region, 2010–2017. Status was based on mosquito mortality where <90% = confirmed resistance, 90–97% = possible resistance, and ≥98% = susceptibility. Numbers above bars indicate the total number of sites for which data were reported (n). Sources: NMP reports, African Network for Vector Resistance, Liverpool School of Tropical Medicine, MAP, US President's Malaria Initiative and scientific publications.



AFR: WHO African Region; AMR: WHO Region of the Americas; EMR: WHO Eastern Mediterranean Region; EUR: WHO European Region; MAP: Malaria Atlas Project; NMP: national malaria programme; SEAR: WHO South-East Asia Region; WHO: World Health Organization; WPR: WHO Western Pacific Region.

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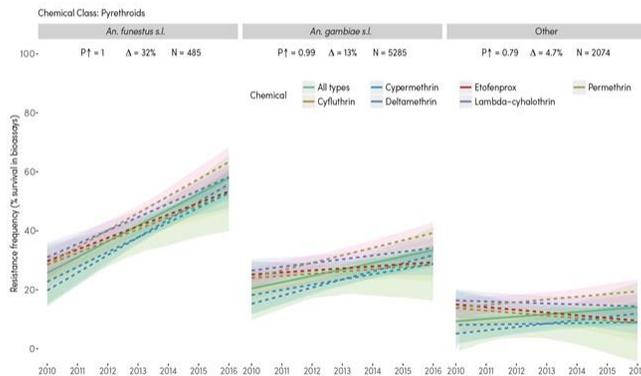
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Insecticide resistance in key *Anopheles* mosquitoes



Best-fit estimates of pyrethroid resistance frequency in *An. funestus* s.l., *An. gambiae* s.l. and other malaria vectors for 2010–2016. Dotted lines indicate estimates by individual insecticide, solid lines indicate estimates for all pyrethroid insecticides and shaded areas indicate 95% CI. P1 values indicate the estimated probability of an increase in resistance frequency between 2010 and 2016. Δ values indicate the change in resistance frequency between 2010 and 2016, and N values show the number of assays considered in the analysis.



An: *Anopheles*; CI: confidence interval.

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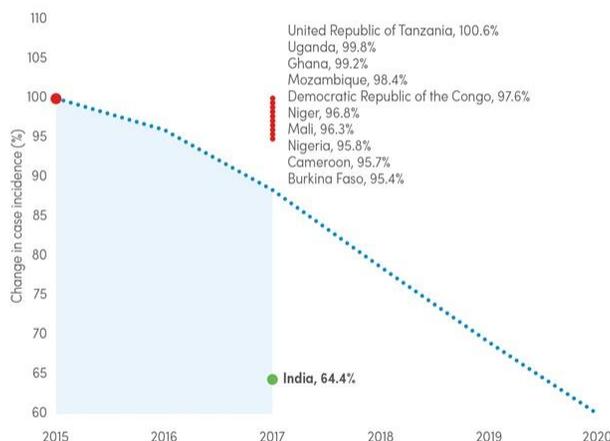
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Progress towards GTS milestones in 11 highest burden countries



Expected change in malaria case incidence if on target to meet GTS milestones for 2020 versus estimated change in case incidence between 2015 and 2017. Source: WHO estimates.



GTS: Global technical strategy for malaria 2016–2030; WHO: World Health Organization.

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World malaria report app



Download the app for an interactive experience with the report's country data:

[App Store \(iOS devices\)](#) | [Google Play \(Android devices\)](#)



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“High burden high impact” response



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An urgent and credible response



Four key mutually reinforcing response elements

A coordinated national malaria response



Political will to reduce the toll of malaria

Impact

Strategic information to drive impact



Better guidance, policies and strategies

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4 key elements (1)



Political will to reduce the toll of malaria

- The approach calls on high burden countries and global partners to translate their stated political commitment into resources and tangible actions that will save more lives.
- Grassroots initiatives that empower people to protect themselves from malaria, like the *Zero Malaria Starts with Me* campaign, can help foster an environment of accountability and action.

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4 key elements (2)



Strategic information to drive impact

- We are moving away from a 'one-size-fits-all' approach to malaria.
- Through the more strategic use of data, countries can pinpoint where to deploy the most effective malaria control tools for maximum impact.

4 key elements (3)



Better guidance, policies and strategies

- WHO will draw on the best evidence to establish global guidance that can be adapted by high burden countries for a range of local settings.
- This guidance will be continually updated and refined based on country experience and the development of new tools.

4 key elements (4)



A coordinated national malaria response

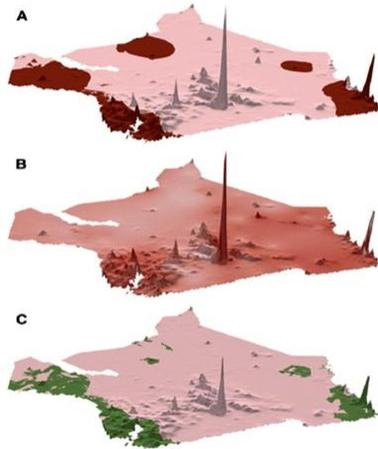
- Key to success is a more coordinated health sector response complemented by other sectors, such as environment, education and agriculture.
- Aligning partners behind this country-led approach will ensure that scarce resources are used as efficiently as possible.

Guiding principles



1. Country-owned, country-led, and aligned with the GTS, the health-related Sustainable Development Goals (SDGs), national health goals, strategies and priorities;
2. Focused on high-burden settings;
3. Able to demonstrate an impact, with an aggressive approach to reducing mortality while ensuring progress is on track to reach the GTS targets for reducing malaria cases.
4. Characterized by packages of malaria interventions, optimally delivered through appropriate channels, including a strong foundation of primary health care.

Use of strategic information – LLIN targeting in Kenya, 2010



- A) A 3D population map showing areas where $PfPR_{2-10}$ was <1% (pink) and >1% (dark red)
- B) Map showing percentage ITN use from low
- C) Population that need LLINs in areas to be targeted based on a criteria of >1% $PfPR_{2-10}$ and >1 person per square km (green) and those additional who will need LLIN if the whole country was targeted (pink)

From 16 to 6 million nets, or US\$ 55 million difference in costs of LLLINs at the time



FC TORs – Purpose (Key Changes)

Purpose

The Finance Committee to provide Board with senior-level advice regarding the organisation's business, finance objectives and oversight responsibilities in a timely manner in respect of financial planning and management, risk and control framework, support internal and external audits, adherence to appropriate standards of good practices and ethics as well as Hosting Agency policies, in particular the financial rules and regulations.

FC TORs – Membership (Key Changes)

- **UNOPS** will be represented as a full member.
- Composition should allow for Committee to be competent in financial planning and management, risk management and control, and audit. Periodic evaluation of overall balance of skills by the Board.
- Non-voting experts may be appointed by Board to the committee or invited, on permanent or ad hoc basis, to participate on non-paid basis in meetings at discretion of the Committee Chair.
- Members are expected to attend all meetings.
- Apply RBM Policy for Observers and Advisers.

FC TORs – Responsibilities (Key Changes)

- **Committee Chair** should have experience of oversight activities in areas of financial management, programme management, audit or related activities and shall:
 - Plan and oversee conduct of Committee meetings;
 - Plan and oversee the conduct of Committee meetings;
 - Report to the Board as appropriate;
 - Oversee annual Committee activities; and
 - Participate in and advise the selection of Committee members.
- CEO to appoint member of the Secretariat to:
 - Link the Committee, the Secretariat and the Host Agency;
 - Assist the Committee in developing good governance and oversight practices;
 - Ensure that the agenda, meeting papers and minutes and other materials to support the Committee are provided in a timely manner; and
 - Prepare minutes of Committee meetings for Committee Chair review and approval.

FC TORs – Reporting (Key Changes)

Operational/Narrative Reporting

- **Annual results-based narrative report** by 31 March following the end of each calendar year.

Financial Reporting

- Financial reports are to be prepared by the Management Team and the Host Agency:
- **Quarterly interim financial statements**, including cashflow forecast for the operations, as of 31 March, 30 June, 30 September and 31 December by 30 April, 31 July, 31 October, and 31 January of the following calendar year.
- **Annual financial statements**, as of 31 December, by 30 June of the following calendar year

FC TORs – Audit (Key Changes)

Internal Audit

- Committee may occasionally meet with **UNOPS Director of Internal Audit and Investigations Group (IAIG)**, if and when required.
- At the discretion of Committee Chair, the Committee will also support internal and external audit exercise for the Partnership conducted by the Host Agency and in the monitoring of implementations of recommendations and report to the Board.

External Audit

- UNOPS external audits are undertaken by the **UN Board of Auditors (UNBOA)**. Should there be any findings which impact the RBM Partnership, the Committee may meet with the UNOPS Director, Geneva Office or Director, IAIG.
- Should a **separate audit be requested by an RBM Donor**, as may be agreed in specific donor agreements, the Finance Committee will review this request, in consultation with the UNOPS Europe and Central Asia Region (ECR) Regional Director and IAIG.

Other

The Committee shall provide a report before each Board Meeting.

Finance Committee Membership

- As per TORs, members are appointed for a **two-year term, renewable** at the discretion of the Board.
- Committee should be composed of **at least four members**.
- At least one member should have significant, relevant and recent **financial experience**.
- At least one member will have significant and relevant experience **working within the UN system**.
- **UNOPS** will be represented on the Committee as a full member.
- Members recommend appointment of the **Finance Committee Chair** to the Board.

Proposed Decision Point

The RBM Partnership to End Malaria Board approved the Finance Committee Terms of Reference and tasked the Secretariat with their publication.

The RBM Partnership Board elected the following Board Members to serve on the Finance Committee, for a two year term starting 21 November 2019 to 20 November 2021:

- *Prof Maha Barakat*
- *Dr Altaf Lal*
- *Mr Ray Nishimoto*
- *Dr David Reddy*
- *Dr Kenneth Staley*
- *UNOPS*

The RBM Partnership Board thanks the outgoing members of the Finance Committee for their diligence, oversight and excellence.



Partner Committee (PC) Steering Committees (SCs) - Composition

- Part of the PC governance arrangement established to facilitate engagement with the broader PC and decision-making on relevant matters.
- Headed by 2 Co-chairs and comprised of members of PCs selected through open and transparent nomination and selection process.
- Minimum **commitment of ~10% FTE** required from SC members.
- **Composition:** PC Co-chairs to decide **size** and **composition** based on the PC size, composition and workplan in coordination with PC Manager to ensure constituency, partnership and balanced geographic representation. Ideal composition of **10-18 members**.
 - PC Co-chairs and PC Manager
 - Workstream leads (if workstreams are established)
 - The Working Group Co-chairs (if relevant to the PC subject matters), and
 - Additional thematic/regional seats for broad representation of the PC membership (as needed)
- SC composition (and temporary replacements) to be decided by PC Co-chairs and cleared by the CEO.

PC SC TORs – Functions, Roles and Responsibilities

Functions, Roles and Responsibilities

- To guide and support the PC Co-chairs in the implementation of the PC workplan and activities, providing specific expertise, resources and support
- Support to PC Co-chairs in agenda-setting and decision-making, including:
 - Actively participate in the work of the PC
 - Facilitate engagement with the broader PC and decision-making on relevant matters
 - Promote cohesion among members and collaborate with one another
 - Share information and expertise, taking part in coordination calls, and promoting strategic linkages and collaboration
 - Support the Co-chairs in the preparation of workplans and budgets, as well as reporting and updates for the RBM Partnership
- Members are accountable to PC Co-chairs and, on annual basis, must sign the RBM Declaration of Interest Form
- Communication on regular basis through **monthly calls** and minuted **annual face to face meeting**

Discussion Question – Term Limits

PC Steering Committee TORs were circulated to the Board for electronic decision in July 2018 – discussion around term limits.

*“SC members will have a two-year term. A **maximum of two consecutive terms** can be held by SC members. After a **two-year gap**, a person is eligible to stand again for SC membership.”*



Proposed Decision Point

The RBM Partnership to End Malaria Board approved the Partner Committee (PC) Steering Committee Terms of Reference and tasked the Secretariat with their publication.

* * *



Board Self-Assessment – Introduction and Purpose

- The Partnership Board is a central component of the revitalised RBM Partnership.
- In place since 2016, it is a new governance model bringing experience and skills, empowerment and engagement to the Partnership.
- Two years in, it is important for the Board to reflect on its operations, performance and correct strengths and areas of empowerment, in order to *course correct* as may be needed.

The introduction of an anonymous annual Board self-assessment will help the Board gain a better understanding of its own dynamics.

Board Self-Assessment Methodology

Survey

- Quantitative and qualitative survey approach.
- Board Members complete anonymous written survey to rate Board's performance on a variety of dimensions.
- Confidentiality ensured through Survey Monkey platform.

Report

- Anonymous data compiled into report by the Secretariat.
- Report includes analysis of scores and summaries of text responses received.
- Report forms basis of working session with Board where:
 - ✓ Feedback from assessment discussed;
 - ✓ Areas of improvement identified and prioritised;
 - ✓ Alternatives debated;
 - ✓ Best path for improvement determined.

Board Self-Assessment – Survey Overview

Seven dimensions explored in survey.

Quantitative:

- I. Composition and Quality
- II. Risk Management
- III. Process and Procedures
- IV. Oversight of the Financial Reporting Process, including Internal Controls
- V. Ethics and Compliance
- VI. Strategic and Organisational Alignment
- VII. Monitoring Activities

Sub-subjects are to be rated on a scale of 0-5 points as per the below legend.

0	Insufficient knowledge
1	Strongly disagree
2	Disagree
3	Neither agree nor disagree
4	Agree
5	Strongly agree

Qualitative:

Overall Evaluation: Conclusion on overall results, taking into account quantitative results and qualitative factors not considered in previous 7 quantitative dimensions.

Discussion questions

- Any other aspects to include in the survey?
- Periodicity of the survey? (Every year? Every two years?)



Proposed Decision Point

The RBM Partnership to End Malaria Board decided to introduce a self-assessment tool to evaluate its governance operations. The tool will be administered via an anonymous survey on an annual basis.



RBM Risk Management Framework - Process

- The RBM Board approved the Risk Management Framework at its April 2018 Board Meeting, with the agreement that the risk log would be developed on that basis.
- The RBM Secretariat, in consultation with the Partner Committees, developed a draft risk log, which was then reviewed by the Finance Committee at its September working meeting, and reviewed and approved by the Finance Committee at its November meeting.
- The risk log is a living document, which will be reviewed regularly and updated accordingly.

RBM Risk Log – Risk Types

The Risk Log reviews these types of risk, according to an agreed upon risk tolerance:

Risk type	Risk Tolerance
Strategic (stemming from strategic and business decisions)	Medium to high
Financial (linked to financial efficiency and expenditure, financial compliance, financial management and financial reporting)	Low to medium
Governance (related to the management of decision-making structures)	Low to medium
Operational (arising from execution of decision, resource allocation and the business environment, including the safeguard of employees and legal matters)	Medium
Political (stemming from exercise of power by governmental actors and non governmental groups)	Medium
Reputational (linked to public confidence in the Partnership)	Low
Societal (linked to increases in incidence of malaria, drug resistance)	Low
Emerging (where there is insufficient information at the moment)	Dependent

RBM Risk Log – Risk Exposure and Escalation

The Risk Log operates on the basis of risk exposure (probability x impact), and escalation:

Probability	High (5)	5	10	15	20	25
	Medium to high (4)	4	8	12	16	20
	Medium (3)	3	6	9	12	15
	Low to medium (2)	2	4	6	8	10
	Low (1)	1	2	3	4	5
		Low (1)	Low to medium (2)	Medium (3)	Medium to high (4)	High (5)
		Impact				

	Risk exposure	Risk score	Escalation
	Low exposure	0-5	COO
	Moderate exposure	6-11	CEO
	Significant exposure	12-16	Finance Committee
	Severe exposure	17-26	Board

RBM Risk Log - Process

- The Secretariat proposes that the RBM Board review the risks which have been escalated to it on a regular basis (at each Board meeting).
- The Secretariat has proposed risk mitigation strategies for each risk, for the Board's consideration.
- There are 11 risk for the Board's consideration, as well as proposed next steps.
- Board Members and partners are actively encouraged to take the lead in drafting mitigation strategies (as appropriate).

RBM Risk 1 (Operational)

- Operational: UNOPS consultant contracts (ICA) in the RBM Secretariat are subject to tax.
- Impact to objectives: Ability to attract and retain qualified staff.
- Risk Mitigation Strategy: Salary increases of consultants or conversions to fixed term or temporary appointment if possible. Better clarity from UNOPS/Swiss mission as to tax and insurance obligations. Paper prepared for Board approval with recommendation.
- Next Step: HR Adjustments Paper submitted to the Board for decision as part of 2019 Workplan/Budget

RBM Risk 2 (Political)

- Political: Difficult coordination and collaboration with malaria partners.
- Impact to objectives: Ability of the Partnership to effectively coordinate partners.
- Risk Mitigation Strategy: Regular engagement with Partners at all level of the Secretariat (Board, PC, technical). Political support from head of malaria partners (through Board Chair, Board, CEO).
- Next Step: Paper to be prepared reviewing partner engagement (2019 Q1)

RBM Risk 3 (Political)

- Political: Global Fund replenishment is lower than expected.
- Impact to objectives: Funding gaps increase and Partnership is unable to remedy the situation.
- Risk Mitigation Strategy: Partnership to actively support Global Fund replenishment process through number of activities in 2019. Support in quantifying unfunded commitments, and strategise in support to raising funds. Events to be planned in support of replenishment in 2019.
- Next Step: Paper to be prepared (2019 Q1)

RBM Risk 4 (Strategic)

- Strategic: Lack of political and leadership ownership by the countries of the RBM Partnership.
- Impact to objectives: Credibility and effectiveness of the partnership could be impacted.
- Risk Mitigation Strategy: Different ways of engagement countries is sought out. CRSPC as main conduit of country priorities (strong sub-regional network in place) though this remains mainly at the technical level. Engagement with the political/leadership should be addressed as well. Concern particularly outside of Africa for Asia/Americas.
- Next Step: Paper to be prepared (2019 Q1)

RBM Risk 5 (Strategic)

- Strategic: Increase of malaria cases and deaths globally raise question as to the perceived effectiveness of the Partnership and the global malaria response.
- Impact to objectives: Impact to Partnership's perceived effectiveness and value add
- Risk Mitigation Strategy: Partnership is guided by the Strategic Plan 2018-2020, which is focused on RBM's strengths, Plan to be periodically reviewed to ensure it is still relevant and effective. High Burden to High Impact: A Targeted Malaria Response Initiative to be launched with the 2018 World Malaria Report, as a joint donor/country approach focused on specificities of country situations.
- Next Step: Approach launched in November 2018

RBM Risk 6 (Strategic)

- Strategic: New Partnership structure does not meet the needs of all partners.
- Impact to objectives: Full spectrum of partners is not engaged.
- Risk Mitigation Strategy: Board is holding a number of public facing events to address this concern, as a precursor to establishing more regular engagement with the full Partnership. Ensure it serves as feedback loop, providing opportunity for partners to be heard. Also examine opportunities for partners to support the Partnership directly (secondments for example). Transparency process for partners to feed into Board discussions will be examined. Proposed Board self-assessment to take place in December 2018, following review by the Board in November.
- Next Step: Paper to be prepared (2019 Q1)

RBM Risk 7 (Strategic)

- Strategic: Parallel or alternative mechanisms are developing to complement the RBM Partnership
- Impact to objectives: Dilution of effectiveness of the Partnership
- Risk Mitigation Strategy: Engage with potential parallel/alternative mechanisms (such as World Malaria Congress.) Paper drafted for Board discussion and approval with RBM as potential host.
- Next Step: Paper submitted to the Board for its approval (November 2018)

RBM Risk 8 (Strategic)

- Strategic: Increased insecticide and drug resistance.
- Impact to objectives: Advances of past 20 years could be reversed if this spreads broadly to Africa.
- Risk Mitigation Strategy: Liaise with GF, WHO, EMC, IVCC and MMV to align on risk mitigation strategy for this.
- Next Step: Paper to be prepared (2019 Q1)

RBM Risk 9 (Strategic)

- Strategic: GF Board and Country Coordinating Mechanisms (CCM) do not sufficiently reflect malaria priorities.
- Impact to objectives: Ability to influence the largest malaria funder.
- Risk Mitigation Strategy: Board to encourage Partners to rally around malaria issues. Secretariat to propose approach.
- Next Step: Paper to be prepared (2019 Q1)

RBM Risk 14 (Strategic)

- Strategic: Lack of new commodities and innovations in the pipeline, and slowing of R&D investments.
- Impact to objectives: Need for new tools in the malaria toolkit due to ever evolving parasite. R&D investment not justified due to small possible returns.
- Risk Mitigation Strategy: Work with IVCC, Unitaid, BAAM to prepare analysis of strength of pipeline. Escalate to the Board.
- Next Step: Paper to be prepared (2019 Q1)

RBM Risk 22 (Operational)

- Strategic: Sub-regional network are unable to meet country demands due to lean structure.
- Impact to objectives: Impacts ability to act effectively at the sub-regional level.
- Risk Mitigation Strategy: CEO proposing staffing structure for the RBM Board review. Scope of work to be adjusted accordingly if approved. Escalated to the Board.
- Next Step: For Board attention (November 2018)

Proposed Board Decision Point

The RBM Partnership to End Malaria Board approved the Risk Log and tasked the Secretariat with its implementation and regular updating.

* * *



18 November 2018

Private Sector Engagement Framework

ARMPC Manager: Joshua Levens

Presentation Contents

1. Objectives of the Engagement Framework
2. Recommendations for RBM's Private Sector Engagement
3. Questions for the RBM Board

Objectives of the Private Sector Engagement Framework

1. Maximise the involvement of businesses in the fight against malaria
 - Increasing investments for fighting malaria is the primary goal
2. Use the RBM Partnership Committees, workstreams, and working groups as consensus-building, convening, and coordinating bodies for collective action
 - Expand RBM's engagement at all levels, global to national
3. Expand the membership base overall to be more inclusive, giving priority to business operating in malaria endemic countries
 - Improve communication and recruitment systems

RBM should engage with Private Sector groups or alliances, such as industry groups or coalitions, which ensure a transparency and management of potential conflicts of interest.

Recommendations for Private Sector Engagement

- 1. Formalise the relationship between the RBM Partnership and the Business Alliance Against Malaria (BAAM), as well as leverage other regional and national networks, to develop joint work plans of specific activities to instigate private sector funded initiatives to fight malaria**

Rationale

By working through various private sector networks, the RBM Partnership can expand its reach and mitigate potential conflicts of interest by working with business through associations.

Recommendation 1 Activities

- **Sign a MoU between RBM and BAAM and develop a joint work plan for 2019-2020:** BAAM is a unique fit for RBM with the private sector as a global level network focused exclusively on malaria. A BAAM-RBM Partnership can create mutual benefits in terms of increased malaria financing, expanded joint membership at all levels, and a communication platform between the Board, Partner Committees, and businesses.
- *Agreement on the parameters of this formal relationship will depend on feedback from the RBM Board in the discussion section at the end of this presentation.*

Recommendation 1 Activities

- **Explore opportunities to engage and strengthen existing regional networks of businesses focused on malaria:** Using its global convening power, the RBM Partnership may be able to help Partners to amplify the efforts of regional business networks, such as the active work of Goodbye Malaria in the MOSASWA sub-region, revitalising the efforts of the Corporate Alliance on Malaria in Africa (CAMA), and supporting the APLMA-led m2030 initiative in the Asia-Pacific region.

Recommendation 1 Activities

- **Explore opportunities for mutual collaboration with global or regional networks with a development or health focus:** In addition to malaria focused networks and associations, the RBM Partnership may also be able to add value to other efforts in health and development, such as Business Fights Poverty, the Global Fund Private Sector Delegation, and the Santee en Entreprise (SEE) in Francophone Africa.

Recommendation 1 Activities

- **Leverage donor investments in national private sector networks:** Past and current investments in national private sector networks should also be identified and used to expand private sector spending in malaria. In particular, the SHOPS Plus: Private Sector Engagement for Better Health project is a valuable resource for national-level engagement in PMI-supported, high burden countries.
- *Agreement on the type of national level engagement for RBM will depend on feedback from the RBM Board in the discussion section at the end of this presentation.*

The case for private sector engagement has to be framed in terms of joint interests and potential contributions.

Recommendations for Private Sector Engagement

- 2. Conduct advance research on particular industries and businesses to make specific investment pitches to the pharmaceutical, extractive, financial, telecommunications, and agricultural industries in the top 11 high burden malaria countries**

Rationale

Notwithstanding the suggestion to prioritise engagement efforts with BAAM, as well as with other regional and national networks, specific industries and companies should also be targeted with a well-researched and compiled pitch deck to solicit specific investments and activities, especially in the highest burden countries. The research itself would inform diverse partner efforts.

Recommendation 2 Activities

- **Leverage CEO and Board member contacts:** Specific companies should be identified through personalised networks of key RBM private sector associates or senior RBM representatives, such as the CEO or Board members, or through RBM's existing global level company membership. Companies to be targeted should include those with a direct business interest in malaria, such as commodity producers, those with extensive employee populations affected by malaria, or those with established CSR programmes in malaria or other areas of health.

Recommendation 2 Activities

- Private Sector NGO Franchise Kit: As one type of regional level pitch, the RBM Partnership should support the development of a franchise kit, based on the MOSASWA/Goodbye Malaria model, which would be used to identify regional or even certain large national level businesses to champion the malaria cause and mobilise their private sector peers to increase investments to support malaria, through creation of a new NGO or scale-up of an existing NGO.

Recommendation 2 Activities

- Targeted engagement with India: Explore joint collaboration with the India Health Fund and leading pharmaceutical companies producing malaria drugs, including Ajanta Pharma, Cipla, Mylan Labs, Macleods, Sun Pharma, and Strides Acrolab Limited. Additional research should be conducted to identify Indian companies across sectors operating in malaria endemic regions, including in Africa. Leverage RBM Board members and Partners, such as APLMA, MMV, IVCC, and FIND to identify opportunities for joint collaboration.

Recommendation 2 Activities

- Targeted engagement in Africa: Conduct additional research to further develop the country profiles of the highest burden countries in Africa to identify companies and industries with the potential to support malaria programme activities in their areas of operation. Work with BAAM, the Corporate Alliance on Malaria in Africa (CAMA), and national private sector networks to identify investment opportunities to fight malaria, and develop finance mechanisms that best meet the needs of all stakeholders. Rural regions of countries that both have high malaria transmission and significant development investment should be the first targets of this work.

Establish an expanded RBM
quarterly meeting to which
private sector
representatives are invited.

Recommendations for Private Sector Engagement

3. Strengthen RBM membership and recruitment systems to clearly convey the range of possibilities for private sector investment and engagement at the global, regional, and national levels

Rationale

Using the resources of the Partnership to improve communication outreach to businesses and to make the case for malaria-impactful investments in different contexts will support the efforts of all Partners engaging with the private sector and generate new financial resources.

Recommendation 3 Activities

- Continue support for sub-regional meetings, while expanding and deepening the participation of the private sector: Sub-regional meetings this year in Dakar and Addis Ababa were well attended by private sector representatives and highlighted the potential of these venues for effective engagement. With predictable support and scheduling of these meetings, Partners will be able to effectively leverage the opportunity to both invite new businesses to attend and to make specific pitches for investment.

Recommendation 3 Activities

- Leverage Zero Malaria Starts with Me campaigns and National End Malaria Councils to recruit prominent business leaders into the fight against malaria: As engagements with high-levels of political support and visibility, both the Zero Malaria campaigns and the establishment of national End Malaria Councils provide opportunities to identify and recruit new prominent malaria champions. These may also serve as opportunities for business leaders to promote the accomplishments of their corporate social responsibility work and support for efforts in the multisectoral response to malaria.

Recommendation 3 Activities

- Develop a “Rapid Investment Tool” to generate returns on malaria-smart investments for companies in particular areas, based on endemicity, absenteeism, and health care costs: As an advocacy and communication tool, this would be hosted on the RBM website and support Partners in tailoring their advocacy to particular businesses operating in different environments and contexts. Not intended as an authoritative scholarly analysis but as a marketing tool, the Rapid Investment Tool could also be hosted alongside the Multisectoral Investment Tool, outlining the different types of interventions that companies could support in their operating environments.

Recommendation 3 Activities

- Leverage partner associations with High Net Worth Individuals: With more than 20 billionaires in Africa and more than 80 in India, the opportunity to recruit private individual philanthropists in the national efforts to end malaria should be explored. In cooperation with outreach from the End Malaria Council and through RBM mechanisms such as the Goodwill Ambassador designation, the RBM Partnership can play a role in supporting partner efforts to pitch malaria investments to high net worth individuals in the highest burden countries.

Recommendation 3 Activities

- Improve and streamline the RBM Membership database: Capturing information on specific interests, skills, and experience from new members signing up on the RBM website, can help to better align potential partner contributions to specific partner committee workstreams and projects. In addition, membership data should be routinely analysed for membership trends and gaps to inform outreach efforts.

SDG 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

Discussion Questions for the Board

1. The Private Sector Engagement Framework recommends that the RBM Partnership formalise its relationship to the Business Alliance Against Malaria, regarding global level engagement with the private sector. What should be the terms of this relationship?
 - a) **Exclusive relationship:** BAAM is recognized as the RBM Partnership's official representation in engagement with businesses globally. BAAM will act as the lead partner for RBM in liaising with businesses on behalf of the global malaria community.
 - b) **Official interface:** BAAM has officially recognised points of engagement with the RBM Partnership, including a fixed timing for dialogue with the Board and official representation on the Partner Steering Committees.
 - c) **One partner among peers:** BAAM is understood as one of the Partners in the broader RBM Partnership and can participate in joint activities and in partner committees but with no special status or exclusive relationship for private sector partners working with RBM.
 - Depending on the option selected (a, b, or c), there may be human resource and/or financial implications for the formal relationship. For example, BAAM may need to second staff or allocate staff time to work on behalf of the RBM Partnership in cooperation with the RBM Secretariat.

Discussion Questions for the Board

2. The Private Sector Engagement Framework recommends that the RBM Partnership leverage the sub-regional meetings to better engage private sector actors operating at the regional levels. What additional capacity is needed for the RBM secretariat or through Partners to expand private sector engagement at the regional and sub-regional level?
 - a) Capacity to identify and build relationships with regional-level businesses, including making investment pitches, in alignment with engagement by ALMA and APLMA
 - b) Capacity to develop and implement a regional franchising approach, along the lines of the GoodBye Malaria model in MOSASWA or the m2030 model in the Asia-Pacific region
 - c) Capacity to help revitalize the Corporate Alliance for Malaria in Africa (CAMA) as an effective regionwide network
 - In order to identify champions private sector companies in the regional setting, build relationships with those companies, and make specific investment pitches for their involvement will require additional regional level support. This might need to be provided by regional partners such as ALMA and APLMA. It may also require additional Secretariat staff based in these regional/sub-regional settings.

Discussion Questions for the Board

3. The Private Sector Engagement Framework recommends that the RBM Partnership conduct research and engage at the national level in the highest burden countries. NMCP programme managers have been requesting technical assistance on how to better engage with the private sector and on domestic resource mobilisation more broadly. If the Partnership identifies particular high burden countries as priorities for this analysis and engagement (eg Nigeria and the DRC), what capacity is needed to deliver this support?
 - a) National level analysis and engagement to be supported directly by partners
 - b) National level analysis and engagement should be supported by partners and supplemented by secretariat support, including through consultancy
 - Supplementary support by the secretariat and through consultancy for national level engagement is not currently factored into the work plan and budget



18 November 2018

Resource Mobilisation Strategy

ARMPC Manager: Joshua Levens

Presentation Contents

Objectives of the Resource Mobilisation Strategy

Feedback from the Board Sub-Group

Secretariat Response

Key Issues for Board Consideration

1. End of grant agreement cycle
2. Establish RBM-Private Sector Grant Initiative
3. Expand and diversify the RBM donor base
4. Mobilise resources from multilateral institutions

Objectives of the Resource Mobilisation Strategy

1. Ensure sufficient funding for the RBM Partnership to implement the Strategic Plan, 2018-2020
2. Identify and meet the capacity needs of the Secretariat to support the Partnership's ambitions
3. Diversify the funding base of the Partnership and Secretariat to provide flexibility and predictability in financing, as well as to promote a sense of shared ownership among donor partners

Feedback from the Board Sub-Group

- 1. Secretariat to rank unfunded priority activities, assuming a similar budget for 2019 and split between Partner Committees**
- 2. Secretariat to identify existing funding from Partners which could be leveraged to support unfunded activities**

Secretariat Response

- The Secretariat revised the budget forecast assuming:
 - No additional funding in 2020
 - Prioritisation of activities based on 2018 levels of spending
- The Secretariat identified activities which could be completed with funding and leadership from other Partners
- The Secretariat also identified some activities for which external support could be solicited

Potential Additional Funding Sources

- Global Fund (proposal development and implementation bottlenecks)
- Global Fund/French 5%/PR China (Financial contributions or commodity donations for the Sahel Malaria Elimination Initiative)
- ALMA/BMGF (National End Malaria Councils – funding still needed outside of the E8)
- DFID (Accountability tracking of CHOGM commitments)
- Novartis (Support for RBM sub-regional meetings)
- Product Development Partnerships to support an internal forum, which would liaise with the ARMPC Innovation and Access workstream

Key Issues for Board Consideration

1. End of grant agreement cycle

- RBM core funding ends in 2019. The estimated funding gap for 2020 is USD \$8.45 million (without using RBM reserves).
- The RBM Partnership will therefore need to advocate for continuity of funding from the core donors.

Key Issues for Board Consideration

2. Establish RBM-Private Sector Grant Initiative

- To promote a diverse funding base, a pooled funding mechanism with private sector sources could increase the capacity of the Secretariat to support the expansion of Zero Malaria campaigns in priority countries, and multi-sectoral engagement in the highest burden countries

Key Issues for Board Consideration

3. Expand and diversify the RBM donor base

- Work with the Partnership's core donors (USA, BMGF, and the UAE) to demonstrate value for money, mobilise and leverage their strategic, technical, and financial capabilities to expand the resource pool – for the global malaria community and the Secretariat
- Develop specific outreach plans for Partnership funding
 - Medium-Term: UK, France, Japan, Switzerland, and Germany
 - Longer-Term: China, Australia, Qatar, Kuwait, South Korea, and Norway
- Mobilise modest funding from malaria endemic countries

Key Issues for Board Consideration

4. Mobilise resources from multilateral institutions

- The Global Fund has been an important funding source for country and regional support
- The World Bank formerly supported the Partnership with approximately \$1.5 million annually from the Development Grant Facility
- Other potential sources of funding and joint work include: UNITAID, regional development banks, the Islamic Development Bank, and regional entities such as the European Commission