

RBM/B12/2019/MIN.1

Geneva, 7 June 2019

12TH MEETING OF THE RBM PARTNERSHIP BOARD

Geneva, Switzerland

Monday 29 April and Tuesday 30 April 2019

DAY 1

ATTENDANCE LIST

See Annex 1

I ADOPTION OF THE PROVISIONAL AGENDA OF 28 April 2019

RBM/B12/2019/DP01

See Annex 2

The Board Chair welcomed the participants to the 12th Meeting of the RBM Partnership to End Malaria Board, noting that this is the last face-to-face Board Meeting she is chairing in her current capacity, as she will hand over the Board Chairmanship to the next Chair on 01 June 2019.

The Board Chair took the opportunity to once again congratulate and welcome on board the new RBM CEO, Dr Abdourahmane Diallo, who had joined the Secretariat on 9 April 2019.

The Board Chair recalled some of the major decisions made during the previous meeting in Maputo, November 2018:

- the RBM Board elected a new Board Chair, to take office on 1 June 2019 – Professor Maha Taysir Barakat;
- the Board designated a CEO Selection Committee; the Board Chair commended the group on having carried out excellent work in record time, ensuring a quick take-over of the Secretariat leadership.
- a transitional and interim mechanism for the RBM Secretariat management with the appointment of an interim Chief Programme Officer and requesting the chair elect to assume an executive role pending the recruitment of the new CEO.

The Board Chair complimented the Secretariat team on the work accomplished, including the outstanding organization of the 2019 World Malaria Day events in Paris and beyond, noting that the feedback received from partners and stakeholders around the world was excellent. The Board Chair also congratulated the Partnership on the Commonwealth distinction awarded to RBM for the success of the “Zero Malaria Starts with Me” campaign; the award was collected by the Board Chair on behalf of the Partnership during a Malaria No More (UK) event in London on 24 April 2019.

Special thanks were extended by the Board Chair to the interim leadership team consisting of Professor Maha Taysir Barakat as Executive Chair Elect and Dr Melanie Renshaw as Chief Programme Officer (CPO). The Board Chair also emphasized the great work accomplished by the entire Secretariat team over the challenging transition period.

The Board Chair introduced the meeting agenda.

Decision Point 01:

The RBM Partnership to End Malaria Board unanimously adopted the provisional agenda RBM/B12/2019/DP01 without changes.

a. Apologies

The Board Chair indicated that apologies had been received as follows:

- from Dr Altaf Lal, unable to attend due to family circumstances;
- from Prof Awa Marie Coll-Seck, able to join only the first day of the meeting;
- from Dr As Sy, able to partially join only the first day of the meeting due to conflicting IFRC Board engagements;
- from Dr Richard Kamwi, running late due to a last-minute change in his flight schedule and able to attend starting from 10:30 of the first day of the meeting.

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

b. Declarations of interest

RBM/B12/2019/**RP01**

See Annex 3

The Board Chair referred to document reflecting the current status of the Declarations of Interest submitted by Board Members so far. Board Members were invited to declare any additional conflicts of interest not recorded in the above-referenced document. With no new declarations made and no other comments provided, the Board Chair declared the item closed until further revision, if need be.

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

**II SUMMARY OF BOARD DECISIONS AND VOTING
SINCE LAST MEETING OF 15 APRIL 2019**

RBM/B12/2019/**RP02**

The Board Chair recalled that several decisions had been made electronically since the meeting in November 2019 where the Board confirmed:

- the appointment of the Board Chair Elect as Executive Chair Elect;
- the interim CPO Terms of Reference;
- the secondment of the Interim CPO and a vote of thanks to the African Leaders Malaria Alliance (ALMA) for releasing Melanie;
- the interim reporting lines until the recruitment of the new CEO;
- the selection of the RBM Partnership CEO.

The Board Chair proposed a new decision point on a vote of thanks to Professor Maha Taysir Barakat for her exemplary leadership in her capacity as Executive Chair Elect during the Secretariat`s transition period. The decision was unanimously adopted.

Decision Point 02:

The RBM Partnership to End Malaria Board unanimously expressed a formal vote of thanks to Professor Maha Taysir Barakat for her exemplary leadership and genuine commitment to leading the Secretariat during its transition period, January-April 2019, in capacity of Executive Chair Elect, and tasked the Secretariat to publicise this decision to the Partnership.

III CEO INTRODUCTION SESSION

The Board Chair invited the RBM CEO, Dr Abdourahmane Diallo to introduce himself to the Board.

The RBM CEO referred to his academic medical background and past experience in public health in both the private and the public sector. Dr Diallo listed some of his main career turning points as follows:

- Technical Advisor for John Snow Inc.;
- Director of Public Health and Supply Chain Systems Strengthening for the USAID | DELIVER PROJECT (resulting in developing health and supply chain systems in more than 20 African, Caribbean and Asian countries);
- Country Director for the US President Emergency Plan for AIDS Relief (PEPFAR);
- Minister of Health of Guinea from 2016 to 2018, dealing with the Ebola crisis and subsequent rebuilding of the national health system.

The RBM CEO mentioned a personal attachment to the malaria cause due to having grown up with the disease and having lost many relatives and close friends to it.

The RBM CEO expressed his thanks to the Board for their unanimously selecting him to the post. He also expressed his gratitude to the Secretariat team for their commitment and hard work around 2019 World Malaria Day. Dr Diallo extended thanks to all the partners involved in the organization of the WMD events.

A special thank you was presented to the Secretariat Interim Management Team, namely Professor Maha Taysir Barakat and Dr Melanie Renshaw, for their dedication and continuous efforts.

The Board Chair thanked Dr Diallo for his remarks and reiterated the Board's confidence and unanimous support to him as CEO of the RBM Partnership to End Malaria.

The Board Vice Chair added his welcome and congratulations to Dr Diallo and recalled his excellent engagement with the CEO Selection Committee during his face-to-face interview in Geneva, and the Committee's confidence in his ability to lead the Partnership's engagement in the future malaria response.

Several Board Members congratulated Dr Diallo on his appointment as RBM CEO and wished him all the best in his challenging new role.

IV RBM SECRETARIAT AND PARTNER COMMITTEE UPDATES OF 15 APRIL 2019 RBM/B12/2019/RP03

See Annex 4

The Board Chair referred to the pre-read containing the achievements of the Secretariat and the Partner Committees across the Partnership`s Strategic Objectives as per the RBM Strategic Plan for 2018-2020. The Board Chair reiterated that a lot had been accomplished since the beginning of the year, despite the challenges of the transition period, and invited the Partner Committee (PC) Co-Chairs, the Chief Operations Officer (COO) and the Chief Programme Officer (CPO) to present an overview of the activities carried out over the course of the last 6 months.

By means of slides, **the PC Co-Chairs, the COO and the CPO** shared the highlights of the activities successfully performed since the last Board Meeting and the Secretariat`s vision for the way ahead. The presentation was structured per Strategic Objective, in accordance with the Strategic Plan priority areas, *inter alia*:

Strategic Objective 1: Keep 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

- Development of new networks and engagement of new actors from various sectors, including Francophonie, civil society, influencers and media;
- The high-level endorsement of the pan-African "Zero Malaria Starts with Me" campaign during the 33rd African Union Summit in Nouakchott, Mauritania, in July 2018, as well as new countries joining in 2019 notably Ghana and Sierra Leone;
- The launch of the inaugural RBM Media Fellowship seeking to train and engage journalists from 11 high-burden countries in promoting better understanding of the disease and its impact, and ways to effectively fight it;
- The mobilisation and leadership of First Ladies in the fight against malaria, including through the Organization of African First Ladies for development (OAFLAD) whose new Strategic Plan includes malaria;
- The enhanced cooperation of 82 countries in the framework of the International Organisation of La Francophonie (OIF) and other Francophone partners in the lead-up to the 2020 OIF Summit in Tunisia;
- Support to France as host country ahead of the upcoming Global Fund Replenishment Conference in Lyon, October 2019;
- The recent success of the 2019 World Malaria Day events (Paris, London, Bangkok) under the leadership or with the participation of the RBM Partnership, resulted in excellent feedback from partners and stakeholders from around the world and a series of concrete commitments (e.g. the Francophone Mayors` Declaration);
- The enhanced Parliamentary engagement translated into the development of a Malaria Control and Elimination Act in Uganda, to be tabled in June 2019;

Strategic Objective 2: 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

- The strengthened country ownership in the framework of the RBM Sahel Malaria Elimination Initiative (SaME) – Ministerial Forum chaired by Cabo Verde and vice chaired by Burkina Faso and the Technical Committee led by the NMCP managers of these two countries as chair and vice chair respectively;

- The development and ongoing implementation of the RBM-WHO co-led “High Burden to High Impact” (HBHI) approach beginning in the 11 highest-burden countries – consistent in-country efforts, building on lessons learned and establishing transferrable best practices;
- The ongoing CRSPC Technical Assistance (TA) efforts that have benefited more than 20 countries since the last Board Meeting;
- The enhanced resource mobilisation efforts that have managed to secure solutions for the existing financing and commodities gaps in a number of countries (most prominent cases – Nigeria and Gabon);

Strategic Objective 3: Promote and advocate for sustainable malaria financing with substantial increases in domestic financing

- The successful implementation of the Malaria Finance Task Force (MFTF) activities in Mozambique, Zambia and the Republic of Congo – launch of investment cases and the Zambian End Malaria Council (EMC); and the integration of the MFTF work in the overall “High Burden to High Impact” approach;
- Securing continued donor support from China and new engagements from South Korea and the United Arab Emirates (UAE);
- Enhanced advocacy efforts ahead of the Global Fund Replenishment Conference in Lyon, October 2019;
- Strong presence and leadership in the framework of high-profile global health events and platforms;
- Consistent work, through the Innovation & Access Workstream, to develop innovative tools allowing to identify major advocacy and resource mobilisation gaps;
- The Swiss Malaria Group event, on the occasion of the World Malaria Day, that reiterated the strong engagement of Switzerland in the fight against malaria;

Cross-cutting Strategic Objective: Building a high-performing Secretariat

- The appointment of the new RBM CEO, Dr Abdourahmane Diallo, who took office on 9 April 2019;
- The election of the new RBM Board Chair, Professor Maha Taysir Barakat, to officially enter on duty on 1 June 2019;
- The design and implementation of a transitional interim management structure to ensure work continuity and progress until the arrival of the new CEO;
- The sustained cost-effectiveness of the Secretariat and the efficient use of the Partners network;
- The continued development and refinement of internal policies, structure of work, roles and responsibilities.

Looking ahead – RBM priorities for 2019

- The efficient implementation of the “High Burden to High Impact” approach beginning with the 11 highest-burden countries, under the ownership and leadership of the country;
- The successful launch and rollout of the “Zero Malaria Starts with Me” campaign in 5 out of 10 highest-burden countries by end of 2019, in close engagement with First Ladies through OAFLAD and new partnerships with NGOs and foundations;
- Enhanced advocacy and resource mobilisation efforts ahead of the Global Fund Replenishment Conference, Lyon, October 2019;
- Strengthened RBM engagement with China;
- The development of a strengthened collaboration with the Business Alliance Against Malaria (BAAM);

- Improved “packaging” for already known and quantified finance and commodity gaps when new funding opportunities present themselves;
- A careful approach to data used for the country gap analysis.

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

- The recent launch of the MalaFA Asia (Malaria Futures for Asia) Report, sponsored by Novartis and collecting views on the progress of malaria elimination shared by experts from 5 countries – Thailand, India, Myanmar, Vietnam, and Cambodia; the report was co-chaired by HE Dr Yongyuth Yuthavong, RBM Board Member;
- The high complexity of the Secretariat`s / Partner Committees` tasks – the need for stronger Partners engagement and the integration of individual Partner efforts into the overall RBM work;
- The need to better align the efforts made by China towards malaria elimination outside the country; China`s engagement in the global malaria fight needs help with prioritization; the Global Fund has identified a number of high-quality unfunded projects and there is a need for direction for Chinese interventions in these gap areas;
- The need to maximise the opportunities provided by upcoming WHO-GMP 3rd Annual Global Forum of Malaria-Eliminating Countries, 18-20 June 2019, Wuxi, China, to reiterate China`s financial commitment to the fight against malaria, especially in the high-burden countries;
- The importance of encouraging core donors to further develop their bilateral relationships with endemic countries and use this avenue to fill key gaps including in countries with funding gaps for malaria elimination;
- The value of linking malaria to climate change and making use of the existing funding opportunities in this pipeline (e.g. make use of the platform provided by the Red Cross Paris Conference on climate change and global health);
- The need to put a special emphasis on the role of academia and explore ways in which the RBM could facilitate researchers` access to private sector funding;
- The value of developing a list of RBM top-10 areas of priority focus and launching an open call for initiatives to the malaria community (mainly private sector and academia);
- The urgency to develop good narratives while asking the following questions:
 - ✓ are actual data supporting them (e.g. climate change impact on malaria)?
 - ✓ is malaria sufficiently embedded in the global health context (rather than calling it out individually)?
 - ✓ are all advocacy opportunities substantiated enough?
- The importance of assessing infrastructural deficiencies as a more primary malaria-promoting factor in comparison with natural disasters (basic lack of access to electricity, shelter etc.);
- The need to better define the objectives and expected outcomes of the “Zero Malaria Starts with Me” campaign, and to develop measurable indicators of success (Scorecards or other), and support countries on the campaign and achieving specific deliverables;
- The importance of holding World Malaria Day events in endemic countries;
- The importance of developing concrete workplans for Goodwill Ambassadors and Champions and keeping the Board apprised of related RBM initiatives and specific activities;
- The value of helping countries develop better advocacy strategies for additional support at global venues tackling health as a priority topic (e.g. The China-Africa Forum);
- The value of enhancing community engagement, as the last malaria case will be in a household or in a small community (bottom-up approach);
 - The acknowledgement of the fact that the scope of the RBM Strategic Plan is too large and the Secretariat is overstretched; the need to ask the CEO to underline the priorities for the Secretariat and to narrow down the range of tasks to be carried out.

The Board Chair thanked the Secretariat and the Partner Committee leads for their presentations; and thanked Board Members for their comments and recommendations.

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

V HBHI - Implementing High Burden High Impact Strategy and Response (RBM & WHO) RBM/B12/2019/RP04

See Annex 5

The Board Chair referred to the earlier presentation delivered by the Country/Regional Support Partner Committee (CRSPC) Co-Chair on the “High Burden to High Impact” (HBHI) approach, reiterating the fruitful collaboration between the RBM and the WHO. The Board Chair invited the HBHI co-leads, Dr Melanie Renshaw (RBM) and Dr Alastair Robb (WHO) to provide further details on the scope and implementation of the approach.

By means of slides, **the speakers** informed the Board on the highest-burden countries engagement process, the type and format of the support offered by the co-leading organisations, the achievements to date and the lessons learned, as well as the way forward.

In brief, the “High Burden to High Impact” (HBHI) approach implies the following:

- A country-owned and country-lead effort;
- Reduction in mortality and morbidity as overarching goal;
- Initial coverage of the highest-burden countries to accelerate achievement of the GTS targets, with further extension to other endemic countries;
- 4 elements of intervention: 1) political will to reduce malaria deaths; 2) strategic information to drive impact; 3) better guidance, policies and strategies; 4) a coordinated national malaria response;
- Coordination support provided by the co-leads, with the participation of other partners such as PMI, UNICEF, Bill and Melinda Gates Foundation, The Global Fund; in-country meetings and follow-up calls, support to the development of working log frames and tracking tools;
- Results have already been documented, including data sharing, enhancement of parliamentary engagement, and development of multi-sectoral investment cases;
- Importance of translating the approach and adapting the tools to a sub-national level;
- Integrating the HBHI approach into existing narratives and workstreams.

The Board Members expressed their appreciation for the efforts invested by the HBHI task force and all achievements to date, as well as the overall importance and momentous timing of the initiative; a round of applause was launched in acknowledgement of this endeavor.

The Board Chair Elect noted that the development of the HBHI approach was possible due to the great work conducted by the McKinsey & Company team, with the gracious financial support from a small group of core donors and Partners. The McKinsey team provided an in-depth analysis of the malaria landscape in the target countries and developed a set of adjustable tools (dashboards) to be easily picked up and implemented by countries.

The Board Members made the following comments / suggestions:

- The importance of developing a viable progress-tracking tool (ALMA Scorecard could serve as reference);
- The value of stronger advocacy mechanisms – Champions could be used to increase the impact and visibility of the work;
- The need to assess what countries can do differently from the existing frameworks and mechanisms, and how we can track the actual implementation steps / concrete measures at national and sub-national level;
- The potential benefits of helping countries link their HBHI efforts to existing Global Fund / other Partners` work;
- The relevance of the HBHI approach to reflecting the actual impact in countries and the extent of the existing political will;
- The importance of consistent communication between countries to ensure transfer of best practices and avoid pitfalls;
- The need to fully integrate the HBHI approach into the national strategic planning and capitalize on the synergies;
- The importance of analyzing pitfalls and identifying the reasons why the impact is less significant in certain countries;
- The need for uniform information across decision-making levels – local authorities must have access to the same data as the national-level bodies;
- The importance of information sharing between partners not only for health but also for entomological and other types of data;
- The acknowledgement of HBHI as a flagship response to get back on track with the elimination targets;
- The value of linking HBHI to the overarching Universal Health Coverage topic – malaria does not exist in a vacuum, thus the need for an integrated approach;
- The importance of well-informed, science-based decision-making – the example of the Malaria Elimination Research Alliance (MERA) in India, driving towards elimination with high-level governmental support

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

Changes in the order of the agenda items

The Board Vice Chair suggested reordering the governance topics for a more logical flow of information:

- Board Self-Assessment Findings and Recommendations - RBM/B12/2019/DP03
- Revision of RBM Bye-Laws - RBM/B12/2019/RP05
- Board Selection Committee Update – Board Rotation Policy - RBM/B12/2019/DP04
- Guidance Note on Establishing Partnerships - RBM/B12/2019/RP06
- Executive Session – **CLOSED SESSION**

VI GOVERNANCE

c. Board self-assessment findings and recommendations **RBM/B12/2019/DP03**

See Annex 6

The Board Vice Chair invited the RBM COO to present the findings and recommendations of the Board Self-Assessment.

By means of slides, **the COO** updated the Board on the methodology used to conduct the survey and confirmed a 100% response rate from the Board Members. The COO shared a number of text responses and priorities areas of improvement mentioned by the respondents as follows:

- ✓ Board composition and quality;
- ✓ risk management;
- ✓ oversight of the financial reporting process, including internal controls; and
- ✓ ethics and compliance.

The Board Members recommended a few adjustments to the language of the recommendations to better reflect what the Board is already doing, which the Secretariat will incorporate. The Board Vice Chair noted that the Self-Assessment will be done annually, and that it had been a useful exercise for the Board resulting in a positive assessment of the Board's work to date.

The Board Vice Chair proposed the below decision point, unanimously approved by the Board.

Decision Point 03:

The RBM Partnership to End Malaria Board approved the recommendations of the Board Self-Assessment and tasked the Secretariat with its implementation as applicable.

a. Revision of RBM Bye-Laws

RBM/B12/2019/RP05

The Board Vice Chair recalled that the need to revise the RBM Bye-Laws had been mentioned during the previous Board Meeting in Maputo.

The Board Vice Chair noted that the Board Membership section requires special attention to ensure that geographical and gender diversity criteria are fulfilled.

Several **Board Members and Secretariat Team Members** drew attention to the following issues:

- Accountability to the Board should be clarified in the Bye-laws, as many RBM Board Members have compliance obligations to their own organisations' Boards;
- Permanent seats on the Board for key Partners could be considered (e.g. The Global Fund);
- The roles and responsibilities of RBM Board Members during their engagements in regional gatherings or global forums should be better defined;
- Civil society, financial institutions and other interested parties could be encouraged to engage with the RBM Board;
- The Partnership, in moving away from a constituency representation model may have lost some of its influence in countries. The Board may wish to consider increasing the number of Ministers of Health from high-burden countries to take seats on the Board; countries should not be just recipients but also participants in the decision-making process;
- The multi-sectoral representation on the Board should be given further thought – Ministers other than Health could be invited to join the RBM Board;
- Support structures for the new Board Members, enabling them to fully perform in their roles must be planned for;

- The revival of the RBM Partners Forum is a key element for the enhanced involvement of Partners and stakeholders, and an opportunity to engage face-to-face with the Board Members on a regular basis;
- Country representation in the Partnership is also ensured via the Partner Committees (especially in Country/Regional Support (CRSPC)); PCs are also an avenue for enhanced participation of the civil society and the private sector.

The **Board Vice Chair** thanked Board members for their inputs and noted that the Bye-Laws would be reviewed in the coming months taking into account this feedback.

d. Board Selection Committee Update

RBM/B12/2019/DP04

See Annex 7

The Board Vice Chair outlined the relevant sections of the byelaws and Board Rotation Policy. He pointed out the policy of seeking to rotate 1/3 (5 persons) of the Board Members each year and suggested this may need revising given the option of Board Members serving two consecutive terms. The desire is to balance continuity with systematic rotation while maintaining geographic, skills and gender balance.

Other **Board Members** referred to the following issues:

- The need for consistent engagement – the fact of too many members rotating out simultaneously would disrupt the work of the RBM Board, while simultaneously representing a threat to geographical and gender diversity;
- Given that two Board Members are voluntarily rotating out (Mr Gomes and Prof Coll-Seck), the Board should consider whether more Members should step down to allow for new recruitments to ensure an improved gender balance;
- The maximum duration of a Board Member mandate should be discussed;
- The Board should discuss ways in which the potential gap between the resignation of a Member and the recruitment of a new one could be covered.

Decision Point 04:

The Board thanks Paulo Gomes and Awa Marie Coll-Seck for their invaluable support, service, and contributions to the partnership.

The Board reappoints Winnie Mpanju-Shumbusho, Yongyuth Yuthavong, Richard Kamwi, Altaf Lal, David Reddy, Ray Nishimoto, and Elhadj As Sy.

The Board requests the Board Selection Committee to issue a call for nominations (for two new Board members in 2019 and for potential nominees for 2020) to be considered by the Board by electronic vote in time for participation at the November Board Meeting.

b. Guidance Note on Establishing Partnerships

RBM/B12/2019/RP06

See Annex 8

The Board Vice Chair invited the COO to provide an overview of the updated guidance note on establishing partnerships.

By means of slides, **the COO** gave an overview of the framework for formal legal partnerships established under the auspices of UNOPS – via MOUs and Partnership Agreements. The COO also referred to the responsibilities shared between the RBM leadership and UNOPS in this sense: once reviewed by the RBM CEO, in consultation with the Board, the agreement is submitted to UNOPS for clearance (including a due diligence exercise); the final consists of signature by RBM CEO, UNOPS Regional Director and the Partner soliciting the establishment of the partnership.

Some of the comments raised by **the Board Members** include the following:

- It should be specified whether the term “clearance” is equal to “approval” and whether the Board leadership has veto powers;
- The RBM Board may request, as necessary, access to UNOPS due diligence processes;
- The revision of the following provision: “The selection of a proposed partner may need to go through a formal solicitation process, to ensure the best interest of the RBM Partnership and UNOPS...” ;
- Defining which of the partners are eligible for formal partnerships, in keeping with strategic objectives of RBM.

The Board Vice Chair concluded noting that, with these processes and procedures in place providing assurance on potential conflicts of interest, the CEO was given delegation on these matters.

VII EXECUTIVE SESSION – CLOSED SESSION

Minutes of the discussion will be provided separate confidential record.

! As an introduction to the closed session, a brief overview of the HBHI report – “The 90-day Plan” – was presented to the Board by Dr Matt Craven, Associate Partner, McKinsey & Company. Dr Craven stated that the complete report would be submitted first to the four donors funding this important work. The Board Members recognized the great value of the work accomplished by the McKinsey team, in particular referring to:

- *The importance of such comprehensive data compilations;*
- *The integrated reflection of the malaria landscape.*

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DAY 2

VIII GOVERNANCE (continued)

The Board Chair welcomed the participants to the second day of the 12th Board Meeting and briefly went through the agenda items to be discussed. Further, the Board Chair invited the Vice Board Chair to moderate the discussion around the remaining topics.

See Annex 9

The Board Vice Chair gave the floor to the Chair of the Finance Committee, Mr Ray Nishimoto, to introduce the Finance Committee Update framework.

The Chair of the Finance Committee noted that the report had been discussed at the last Committee meeting of 5 April 2019, adding that the report format was changed to include the in-kind contributions from partners. Mr Nishimoto requested the **COO** to present the Finance Committee Update.

By means of slides, **the COO** gave an overview of the Finance Committee Update, including the following key aspects:

- The Finance Committee elected its Chair, Mr Ray Nishimoto, and is composed of: Prof Maha Barakat, Dr Ken Staley, Dr David Reddy, Dr Altaf Lal, and UNOPS (Mr William Axelsson, and Mr Peter Komol, Head of Finance, Geneva);
- In terms of donor contributions, the total amount of contributions signed until present is **USD 22,455,386**;
- The total expenditure for 2018 amounted to **USD 7,330,787** (a 74% expenditure rate);
- A novelty of the financial reporting framework is the attempt to capture and quantify partners` contributions (in-kind and financial) – the estimated amount for 2018 is **USD 2,511,944** (25.4% of the 2018 budget);
- The overall current expenditure to date for 2019 of USD 1,073,769 (an 11% expenditure rate).

After discussion by **the Board Members** and additional clarifications provided by **the COO**, the following aspects were emphasized:

- The methodology used to capture Partners` contributions is being further improved in 2019 to be even more inclusive;
- Though neither reserves – strategic and sustainability – have been used to date, this should be explicitly stated in the financial reports, and the reserves reviewed periodically by the Finance Committee to ensure they are at an appropriate level;
- An update on the lease for the office space at the Global Health Campus was requested, as the Secretariat has now been there for a year;
- The lower expenditure rate across certain activities in 2019 can be explained by RBM non-linear budget processes, as well as certain fund reversals pertaining to 2018 and executed in 2019 decreasing the apparent expenditure in the current year. Furthermore, RBM CRSPC rosters are now established, and with the Global Fund funding cycle starting at the end of this year, a heavy lift is expected for the Partner Committee;
- The implementation of the Strategic Objective 3 is a lengthier process and results are not immediate, hence the slower progress in expenditure;
- The Board requested more information in the expenditure report, in alignment with the activity based budget approved, with the Secretariat and UNOPS noting that this is possible, especially with the foreseen strengthening of the Secretariat.

The Board Vice Chair concluded the session by requesting the Finance Committee and Secretariat to take these comments into account ahead of the next financial report.

See Annex 10

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

By means of slides, **the COO** noted that the current version of the Risk Log had been reviewed at the last Finance Committee meeting of 5 April 2019, after an initial work undertaken in 2018. The COO referred to the structure and function of the Risk Log, the system of prioritisation of risk, and reviewed the highest operational, political, and strategic risks.

The COO reiterated that the Risk Log would be a living document, reviewed periodically and submitted to each Finance Committee and Board Meeting.

The below Decision Point was submitted to the Board`s approval.

Proposed Decision Point 05:

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

The Board Members made the following comments and recommendations:

- The importance of a realistic assessment of the Partnership`s influence and impact (e.g. countries` coordination mechanisms);
- Defining the custodian of the Risk Log (prerogative and responsibility of review initiation);
- The importance of regularizing the Finance Committee`s reporting obligation to the Board on the Risk Log-related matters;
- The need to include malaria prioritization criteria at country level (in particular domestic financing, innovations, and link to UHC);
- The value of developing performance indicators and tracking progress of risk mitigation;
- The value of the RBM`s whistle-blower role in highlighting a risk to the broader malaria community, even if the respective risk does not involve any direct RBM action upon it;
- The value of seeking advice / coaching / review from the Global Fund Risk Office;
- Since the Board has already approved the Risk Management Framework, the need to further approve the Risk Log was discussed, given that it is a living document with no final version; accordingly the proposed decision point was revised.

Revised Decision Point 05:

The RBM Partnership to End Malaria Board reviewed the Risk Log and tasked the Secretariat, under the guidance of the Finance Committee, with refining the risk log in the following ways:

1. Categorize each risk as (a) risk to RBM Partnership Secretariat, mechanisms, and Board as an organization OR (b) risk to the malaria eradication effort that RBM Partnership Secretariat, mechanisms, and Board should mitigate OR (c) risk to the malaria eradication effort that the RBM Partnership Secretariat, mechanisms and Board cannot mitigate;

2. For categories (a) and (b) define the mitigation actions, the person(s) responsible and approximate financial allocation.

The Board asked that the secretariat complete these activities within the next 6 months, and then offer interested board members to review and refine the document, prior to the next board meeting.

The above revised Decision Point 05 was unanimously approved by the RBM Board.

g. RBM Policy on Information Disclosure of 15 April 2019 RBM/B12/2019/DP06

Proposed Decision Point DP06:

The RBM Partnership to End Malaria Board approved the proposed RBM Policy on Information Disclosure and tasked the Secretariat with its implementation and publication.

Due to time restrictions this agenda item will be circulated for electronic vote.

IX FINANCING THE GLOBAL MALARIA RESPONSE RBM/B12/2019/RP08

See Annex 11

The Board Vice Chair recalled that 2019 was a Global Fund Replenishment year and additional efforts were required to ensure more substantial allocations for malaria.

The Board Vice Chair invited **the Chief Programme Officer (CPO)**, Dr Melanie Renshaw, to present an overview of the funding options for the global malaria response.

By means of slides, **the CPO** addressed the topic from two perspectives: 1) the Global Fund Replenishment and 2) the need for more efficient domestic resource mobilisation. The CPO also referred to the ways in which the RBM Partnership can support countries to close the funding gaps.

The CPO noted the importance of maintaining the pre-Replenishment Conference commitment (USD 14 billion) at the announced level to avoid the sliding back trend and create opportunities to halve the malaria mortality rate over the next four years.

Mr Peter Sands, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, attended this session as an invited speaker. Mr Sands emphasized the importance of breaking the transmission dynamics as a key factor towards elimination. Furthermore, Mr Sands noted that the French stakeholders should be more efficiently engaged in the fight against malaria through the avenues offered by the International Organisation of la Francophonie (IOF) – the RBM CEO, Dr Diallo, could play a major role.

Furthermore, **Mr Sands** emphasised the following:

- ✓ The “Zero Malaria Starts with Me” campaign is a useful instrument but would benefit from a set of catchier and more quantifiable metrics, akin to HIV’s 90-90-90 targets;
- ✓ Malaria must be inserted in other competing narratives;
- ✓ Not fully leveraged narratives in climate change could provide good avenues for advancing the malaria fight.

The RBM Board Members expressed the following concerns:

- ✓ The importance of understanding how countries prioritise domestic resource allocations and help them optimise the planning of the malaria budget;
- ✓ The need to look at work carried out on the human capital component (if none to date, then discuss ways of including it in the global discussion);
- ✓ International financial institutions must be included in the task force (WB, IMF);
- ✓ The importance to consider the deficiencies of the national taxation systems;
- ✓ The key role played by parliamentarian groups in budget planning and resulting malaria allocations;
- ✓ The importance of assessing the constraints for certain countries under existing agreements with international financial institutions (WB, IMF), when spending is regulated, and only certain types of loans are possible;
- ✓ The European Development Fund and the French Development Agency must be included in the conversation;
- ✓ Other UN Agencies must be approached (e.g. UNESCO and ILO have never passed a resolution related to malaria) – discussions can commence for issues we currently have evidence for.

X PARTNERSHIP ON DATA SHARING AND INTEGRATION TO SUPPORT COUNTRY PLANNING AND EXECUTION (PMI, BMGF & GLOBAL FUND)

See Annex 12

The Board Vice Chair gave the floor to **Dr Philip Welkhoff**, Director for Malaria, Bill & Melinda Gates Foundation (BMGF) (via teleconference), and **Dr Kenneth Staley**, Global Malaria Coordinator, PMI, to introduce the joint BMGF/PMI/GF initiative on data sharing.

Dr Welkhoff recalled that the most recent update of the BMGF Strategy (2018) had reiterated the foundation’s overarching end goal to eradicate malaria, with minimisation of deaths as key intermediate factor until the goal is fully achieved.

Dr Staley recalled that the first initiative on data collaboration had been launched by Mr Ray Chambers – the quarterly dashboard-based data reporting system involved 24 National Malaria Control Programmes (NMCPs). Dr Staley noted that according to the budget planning exercise for the new initiative the most substantial allocations would go to activities in the field, mainly a survey on the actual use of malaria data. Furthermore, Dr Staley added that the immediate goal would be the reduction in the mortality rate for children under 5, paralleled by a steady deceleration in overall mortality rates. He emphasised that the most challenging homogenisation would pertain to financial and supply chain data, namely for categories of commodities and spending.

Dr Staley invited the Board to acknowledge the fact that data is imperfect and that its quality improvement would be additionally driven by its active usage.

Dr Welkhoff noted that a comprehensive entomological cloud-based data platform was being developed, containing large country-specific data sets consistently updated. This would allow for an easily accessible real-time mapping of insecticide resistance.

The Board Members recognised the great value of this global malaria data sharing initiative and emphasised the following:

- The value of investing in data systems and capacity in countries to generate reliable, timely data that is effectively shared with citizens and partners. The full value of data stems from its use at local level and subsequently benefits all interested partners.
- The need for uniformisation of all available scorecards / dashboards; PMI and McKinsey (HBHI-related data) could align their sets of metrics to ensure data homogeneity;
- The 40 countries operating with ALMA Scorecards had selected their priority indicators in line with their National Strategic Plans (NSPs) and the overall WHO GTS strategy;
- The need for publicly available (in real-time) decentralised data available at sub-national level for solving local problems, monitoring progress and accountability;
- The need to consider the development of a system of compensations / incentives to motivate countries to collect and share their data;
- The importance for data to also reflect the voices of the communities (local indicators);
- The need for a broader discussion on data governance and the most suitable mechanisms;
- The essential role of well-structured and managed National Data Observatories reflecting all relevant data, including scientific (genetic) and epidemiological / clinical and data on expenditure (empirical costing) and integrated multi-sectoral data (e.g. household level).

XI ANY OTHER BUSINESS

The Board Chair invited Board members, Alternates and Observers to address any remaining concerns or unanswered questions.

The Strategic Communications Partner Committee (SCPC) Co-Chairs wished to respond to several concerns expressed by the Board Members.

Referring to the objectives and outcomes of the 2019 World Malaria Day, **SCPC Co-Chairs** highlighted: 1) the strengthened commitment and support of La Francophonie to the fight against malaria; 2) additional support from Partners and stakeholders mobilised towards the Global Fund Replenishment objectives and to France as host country; and 3) global uptake of Zero Malaria Starts with Me theme.

The SCPC Co-Chairs offered to share with the Board, in the upcoming weeks, the following requested information:

- A report on World Malaria Day 2019 activities around the world;
- A high-level concept note on "Zero Malaria Starts with Me" campaign, containing 2019 priorities and concrete metrics and evaluation framework;
- Recirculating the memo on Goodwill Ambassadors and Champions engagement shared with the Board in February 2019 and a detailed workplan as requested;
- An overview of the Francophonie engagement strategy.

XII DATE AND PLACE OF NEXT MEETING

- Abu Dhabi, 17-18 November 2019

The Board Chair requested the Board Members to share their opinion on the dates suggested, taking into account the following potentially conflicting events:

- ✓ Global Fund Board Meeting, 14-15 November 2019;
- ✓ "Reaching the Last Mile" Conference, 19 November 2019;
- ✓ The ASTMH annual meeting, 20-24 November 2019.

The Board Members discussed their availabilities and scheduled the next Board Meeting on 17-18 November 2019, to be chaired by Professor Maha Taysir Barakat.

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

XIII 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 2019. The Board Chair also thanked all partners and donors who contributed to the work of the Partnership.

The Board Vice Chair noted that it was Dr Winnie Mpanju-Shumbusho's last Chairmanship of an RBM Partnership Board Meeting and expressed the Board's and entire Partnership's gratitude for her exemplary leadership and her genuine and selfless commitment to the mission of the RBM Partnership. The Board Chair was presented with a special award.

The Board Chair thanked the Board for having unanimously elected her as the Board Chair three years ago; for their support and cooperation over the years; and for the recognition of her merit. She added that it had been an honour and pleasure to serve in this important role and reiterated her ongoing commitment to the fight to end malaria for good and to the RBM Partnership. **The Board Chair** reiterated her congratulations and full support to the Board Chair Elect and wished her the very best of success in this very pivotal role.

Applause

* * * * *

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 (1st day)*
6. DALY Kieran
7. KAMWI Richard Nchabi
8. NISHIMOTO Ray
9. REDDY David
10. ROSES Mirta
11. STALEY Kenneth
12. SY As – *partial attendance (1st day)*
13. YUTHAVONG Yongyuth

Absent With Apology:

1. LAL Altaf

RBM Ex Officio Board Members

1. AXELSSON William, UNOPS
2. DIALLO Abdourahmane, 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

7. ROBB Alistair, WHO
8. SANDS Peter, Executive Director, The Global Fund
9. CRAVEN Matt, Associate Partner, McKinsey & Company – *via teleconference*
10. WELKHOFF Philip, Director for Malaria, Bill & Melinda Gates Foundation – *via teleconference*
11. KOMOL Peter, UNOPS
12. SMITH Cecilia, UNOPS

RBM Team Members

1. ANGHELICI Olga, Assistant to CEO and Board Chair
2. BOSLEGO Matthew, Policy Specialist
3. CARDOSO Thelma, Administrative Assistant
4. GHALIB Leena, Administrative Assistant
5. JAIN Radhika, ARMPC Associate
6. KUEN Laura-Davina, Assistant to the CRSPC Manager
7. LEVENS Joshua, ARMPC Manager
8. MATHIEU GOTCH Clara, COO
9. SCANLON Xenya, SCPC Manager
10. SCHIAVO Maria, Strategic Communications Analyst
11. WAYESSA Daddi, CRSPC Manager

ANNEX 2

RBM/B12/2019/DP01

Geneva, 29 April 2019

PROVISIONAL AGENDA - CORRIGENDUM

12TH MEETING OF THE RBM PARTNERSHIP BOARD

The Forum, Global Health Campus, Geneva, Switzerland
29-30 April 2019

Day 1, Monday, 29 April 2019

09.00-09.15	I	ADOPTION OF THE PROVISIONAL AGENDA	RBM/B12/2019/ DP01
	a	Apologies	
	b	Declarations of Interest – Status and update	RBM/B12/2019/ RP01
09.15-09.30	II	SUMMARY OF BOARD DECISIONS AND VOTING SINCE LAST MEETING	RBM/B12/2019/ RP02
		Vote of thanks to the former Executive Chair Elect	RBM/B12/2019/ DP02
09.30-10.00	III	CEO INTRODUCTION SESSION	
10.00-10.15		<i>COFFEE BREAK</i>	
10.15-11.30	IV	RBM SECRETARIAT AND PARTNER COMMITTEE UPDATES	RBM/B12/2019/ RP03
11:30-12:30	V	HBHI - Implementing High Burden High Impact Strategy and Response (RBM & WHO)	RBM/B12/2019/ RP04
12.30-13.30		<i>LUNCH</i>	
13.30-15.00	VI	GOVERNANCE	
	a	Board Self-Assessment Findings and Recommendations	RBM/B12/2019/ DP03
	b	Revision of RBM Bye-Laws	RBM/B12/2019/ RP05
	c	Board Selection Committee Update – Board Rotation Policy	RBM/B12/2019/ DP04
	d	Guidance Note on Establishing Partnerships	RBM/B12/2019/ RP06
15.00-15.15		<i>COFFEE BREAK</i>	
15.15-19.15	VII	EXECUTIVE SESSION – CLOSED SESSION	

19.30-21.30

BOARD DINNER

Day 2, Tuesday, 30 April 2019

09.00-10.30	VIII	GOVERNANCE (continued)	
	e	Finance Committee Update	RBM/B12/2019/ RP07
	f	RBM Risk Log	RBM/B12/2019/ DP05
	g	RBM Information Disclosure Policy (<i>time permitting</i>)	RBM/B12/2019/ DP06
<i>10.30-11.15</i>		<i>COFFEE BREAK</i>	
11.15-12.45	IX	FINANCING THE GLOBAL MALARIA RESPONSE	RBM/B12/2019/ RP08
		Global Fund replenishment Domestic resource mobilisation	
<i>12.45-14.00</i>		<i>LUNCH</i>	
14.00-15.30	X	PARTNERSHIP ON DATA SHARING AND INTEGRATION TO SUPPORT COUNTRY PLANNING AND EXECUTION (PMI, BMGF & GLOBAL FUND)	
<i>15:30-15:45</i>		<i>COFFEE BREAK</i>	
15.45-16.45	XI	ANY OTHER BUSINESS	
16.45-17.00	XII	CONCLUDING REMARKS	

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Declaration of Interest

- Revised Declaration of Interest Form and Process approved by the Board in August 2018.
- All Board members, Board alternates, Board advisers and PC Co-Chairs have submitted their DOI forms.
- Board Chair has reviewed all DOI submissions, taking note of potential conflicts of interest.
- Board members have been provided with a summary table.
- DOIs are valid for a year (or to be updated as needed).

* * *



RBM Partnership Strategic Plan 2018–2020

Strategic Objective 1: Keep malaria high on the political and development agenda to ensure continued commitment and investment.

Strategic Objective 2: 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.

Strategic Objective 3: Increase the financing envelope for malaria.

Cross-cutting Strategic Objective: Build a high-performing Secretariat.

Strategic Objective 1:

Keep malaria high on the political and development agenda to ensure continued commitment and investment.



Zero Malaria Starts with Me

At the February 2019 AU Summit, African Heads of State and Government adopted the 2018 African Union Malaria Progress Report titled "Zero Malaria Starts with Me".

First Ladies of Niger and Ghana are encouraging other First Ladies to support the initiative through the Organization of African First Ladies for Development (OAFLAD)

Ghana and Sierra Leone launched ZMSWM campaigns on World Malaria Day (25 April 2019) with support from Comic Relief.

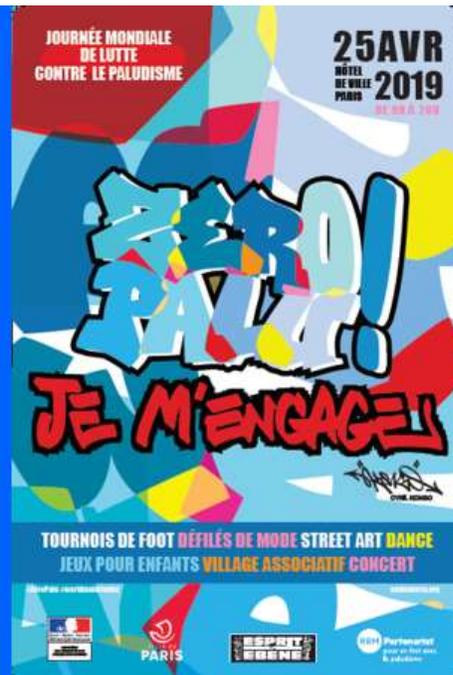
Tanzania, the Republic of Congo, Eswatini, Namibia, Botswana and Angola are planning 2019 launches.

The JC Flowers Foundation and Rotary International are examining opportunities to support the campaign in 2019 and beyond.

Francophonie engagement

The RBM Partnership and the Organisation Internationale de la Francophonie (OIF) are generating commitments and cooperation among francophone countries for the fight against malaria.

- RBM and the OIF are cooperating around a number of key events in 2019:
- Human Rights Council
- World Malaria Day
- World Health Assembly
- Global Fund Replenishment



World Malaria Day 2019: Zéro Palu ! Je m'engage

Paris, 25 April 2019

Held in the heart of Paris, at the Hôtel de Ville, World Malaria Day 2019 featured:

- A high-level conference on progress and challenges in the fight against malaria featuring country leaders and their partners
- The unveiling of a work of art designed by graffiti artist Cyril Kongo
- A football tournament with players comprising famous faces from the world of sport
- Education activities on malaria for young children
- Renowned musicians in concert, including Oxmo Puccino and Ben l'Oncle Soul

World Malaria Day Social media Highlights

Ministère des Solidarités et de la Santé @MinSocSanté · Apr 25
Journée mondiale contre le #paludisme | @agnesbuzyn ouvre la conférence zéro palu, je m'engage organisée à l'hôtel de ville. En partenariat avec @emmalara & @WHO

Elle rappelle l'action de la France pour l'élimination de cette maladie d'ici 2030.

PMI @PMIgov · 23h
"We are a partnership of equals contributing different things to the fight working towards a common goal of zero malaria" - Coordinator Stacey at the #WorldMalariaDay event in Paris. #ZeroMalariaStartsWithMe

Tedros Adhanom Ghebreyesus @Tedros · Apr 25
We are still far from our goal of a world free of malaria. On #WorldMalariaDay, let's join us in declaring: Zero malaria starts with me! We all have a role to play to improve prevention, diagnosis & treatment of the disease. Together we can #EndMalaria & achieve #HealthForAll.

World Health Organization

UNICEF Tanzania @UNICEFTanzania · Apr 25
Today is World Malaria Day. When left untreated, malaria in pregnancy can lead to maternal death, anemia & low birth weight which is a major cause of infant mortality. Together we can ensure that no child dies of this preventable disease. #ZeroMalariaStartsWithMe

Ichie Laz @idoni1a2u · Apr 25
My wife and I demonstrated the use of LLIN during our wedding reception. Even owambe can be leveraged upon for #Health advocacy. #ZeroMalariaStartsWithMe

First Lady of Niger @MrsLadjiNiger · 23h
Le 18 octobre 2018, j'ai donné le lancement de la campagne «Zéro Palu, je m'engage». A travers sa mise en œuvre, nous mobiliserons ensemble des parties prenantes pour les empêcher, chacun à leur niveau, à adopter une politique de lutte contre le paludisme. #WorldMalariaDay - à l'hôtel de ville de Paris.

Vice President of India @VPSecretariat · Apr 25
This #WorldMalariaDay, let's applaud India's progress to #EndMalaria. Now we need to #StopMalaria so that no one dies of a mosquito bite. #ZeroMalariaStartsWithMe #MalariaNoMore #Malaria

Hillary Clinton @HillaryClinton · Apr 25
After a decade of amazing progress in combating deaths from malaria, progress has leveled off over the past few years. Malaria is an entirely preventable disease that kills a child every two minutes. This #WorldMalariaDay, let's renew our collective efforts to end it.

WHO Nigeria @WHO Nigeria · Apr 25
Today as the world commemorates #WorldMalariaDay2018, @WHO urges all to make this commitment. #ZeroMalariaStartsWithMe

Omar Sy @OmarSy · Apr 25
Le paludisme tue un enfant toutes les deux minutes. En tant que père, je ne saurais le comprendre. A ne peut l'accepter. Engageons nous ensemble pour que plus aucun enfant ne décède des suites de cette maladie évitable et curable. #ZeroMalariaStartsWithMe @Emmalara

First-Ever RBM Partnership Media Fellows

RBM Partnership organizations engaged in the selection of 11 journalists from the highest burden countries to participate in the 1st-ever Media Fellowship program, taking place during the World Health Assembly.

The programme will:

- engage and train journalists about malaria, the status of the malaria fight, and storytelling
- promote a greater understanding of the disease's impact and the role that journalism can play in holding leadership accountable and educating those at greatest risk
- develop collaborative relationships between journalists and RBM Partnership organizations and the Secretariat

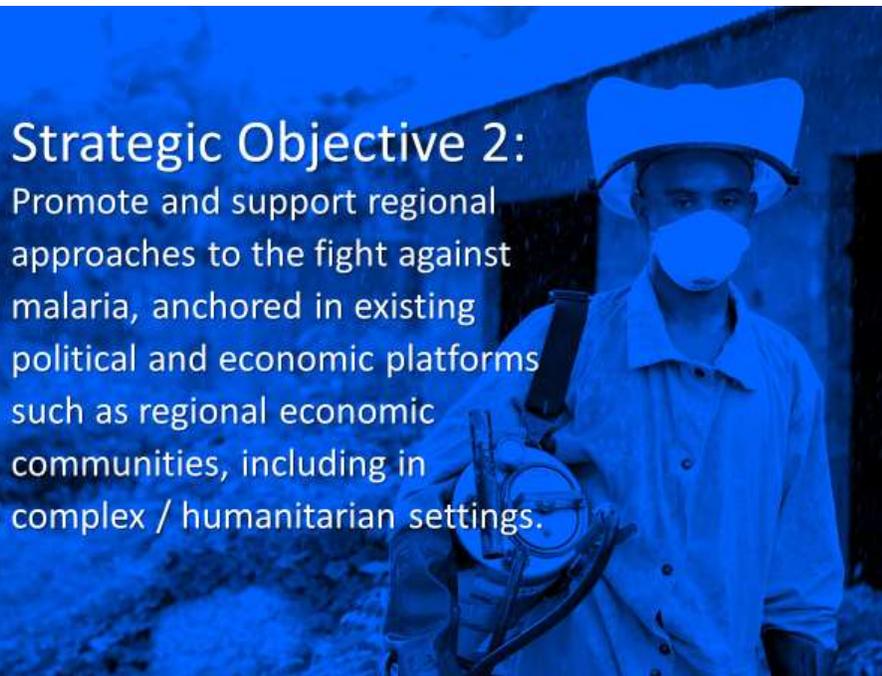
- Burkina Faso
- Cameroon
- DRC
- Ghana
- India
- Mali
- Mozambique
- Niger
- Nigeria
- Tanzania
- Uganda

Uganda Parliamentary Forum on Malaria



The RBM Partnership is advocating for greater parliamentary engagement through the International Parliamentarians Union and in several countries.

Members of the Uganda Parliamentary Forum on Malaria (pictured) are supporting a Malaria Control and Elimination Act. The Act will include the establishment of a Multisectoral Framework and Presidential Malaria Fund and is scheduled to be tabled in June 2019.



Strategic Objective 2:

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.

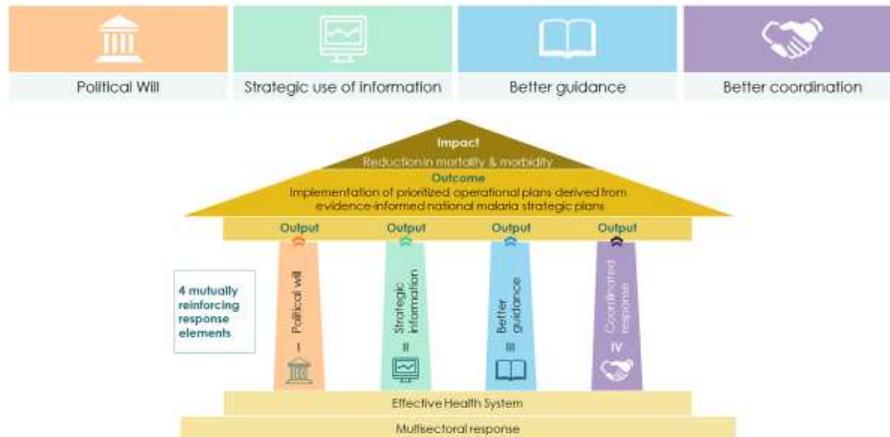
Sahel Malaria Elimination Initiative (SaME)



Malaria incidence and reported malaria cases in Sahelian countries, 2016

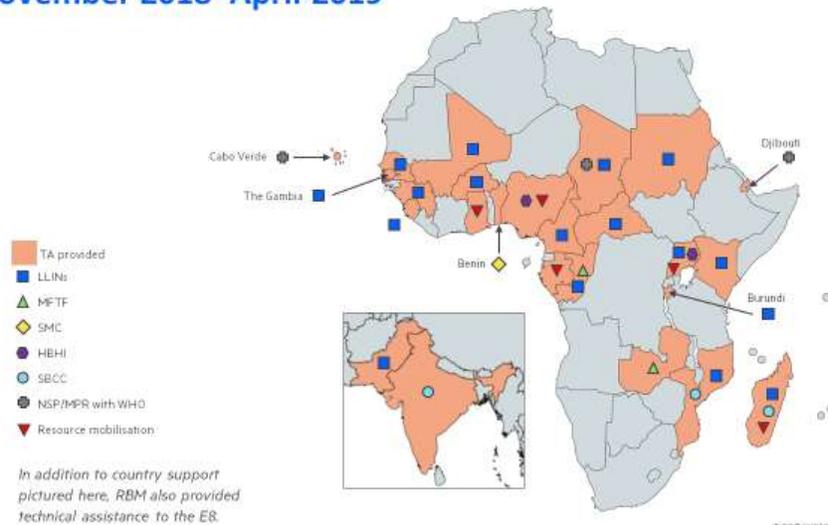
The technical committee for the initiative, comprising NMCP managers and partners, conducted its first face to face meeting in February 2019 to finalize its implementation plan and discuss the way forward. A Ministerial Forum is planned as a side event of the AU Summit in June/July 2019 in Niger.

High Burden to High Impact approach



After a kickoff meeting in Nouakchott, Mauritania on 1-2 February, the 10 African countries took ownership over the approach and have been working with partners to initiate its implementation. Partners will support countries through national meetings, scheduled to take place from February to July 2019.

Implementation assistance: November 2018–April 2019



RBM Partnership To End Malaria

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Country Resource Mobilisation

Cyclone Idai Response

- Resource mobilisation
- Sourcing and fast tracking commodities
- Implementation support

Addressing key gaps

- Nigeria: US\$350 million development bank support
- Gabon: Increased domestic resource commitments for health

Supporting countries to fill key gaps

- Over US\$200 million secured in portfolio optimisation to fill gaps in LLINs, IRS, SMC and case management

RBM Partnership To End Malaria

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Strategic Objective 3: Increase the financing envelope for malaria



Strategic Initiative 3.1: Expand domestic financing for malaria

Malaria Financing Task Force (MFTF)

Following the first MFTF mission in 2018 to Mozambique, RBM completed missions to Zambia and the Republic of Congo in 2019, which saw the initiation of investment cases and the launch of the End Malaria Council in Zambia.

Results:

- 1. Initiated a multisectoral investment case for malaria
- 2. Explored innovative financing solutions
- 3. Mobilised influential leadership
- 4. Identified malaria programme priorities to support
- 5. Identified efficiencies

Strategic Initiative 3.3: Advocate for continued donor commitments

RBM-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.
- Tanzania and Sierra Leone will be the first recipients of new project funding under this initiative.
- Technical guidance and coordination are being managed by Prof Xiao-Nong Zhou, the director of the National Institute for Parasitic Disease and new co-chair of the China-RBM Steering Committee with Dr Diallo.
- Chinese social influencer, Wang Jia, was hosted by the Zambian National Malaria Elimination Centre to promote Chinese investment in African malaria programmes

New Donor Engagement

- In addition to China, the RBM Partnership has identified South Korea and the United Arab Emirates (UAE) as priority countries to engage for increasing global malaria financing. Through the ARMPC, Medicines for Malaria Venture (MMV), Malaria No More (MNM), the Clinton Health Access Initiative (CHAI) are working both with the South Korean government and the private sector to develop a compelling case for malaria investment in alignment with the Global Fund Replenishment.
- With the support of incoming Board Chair Prof Maha Barakat, the ARMPC is developing investment case materials for the UAE, prioritizing the links between malaria, climate change, and renewable energy.

Strategic Initiative 3.3: Advocate for continued donor commitments

Core Donor Engagement

- Efforts for resource mobilisation among core donors is concentrated on the Global Fund replenishment, with RBM Partners conducting substantial advocacy work with the United States and United Kingdom (particularly partners of the US Malaria Roundtable and Malaria No More UK).
- Supplementary advocacy support from the RBM Partnership has been focused on France (with Friends of the Global Fight Europe), Japan (with Malaria No More Japan and Friends of the Global Fund Japan), and Australia (with APLMA).
- Continued engagement and advocacy will leverage key events including the World Health Assembly, the Tokyo International Conference on African Development, and the UN General Assembly, in advance of the Global Fund replenishment conference.

Innovation and Access

I&A workstream activities

- The ARMPC has been working with WHO, Product Development Partnerships, researchers, businesses, funding partners, and other stakeholders to develop a tool to identify advocacy and resource mobilisation gaps in the pipeline of new malaria innovations.
- Through these consultations, the ARMPC has been supporting the India Health Fund to map and prioritise the malaria innovation landscape for the development of their Malaria Innovation Challenge grant.



TATA TRUSTS

**LET'S AIM TO ELIMINATE
TB AND MALARIA
THROUGH INNOVATION**

India Health Fund (IHF), an initiative by Tata Trusts in partnership with The Global Health Fund invites applications for innovations aimed at combatting these diseases.

Submission Date: 31st March, 2018
Visit www.indiahealthfund.org for more details





Strategic Initiative 1: The Secretariat to ensure efficiency, effectiveness and transparency in its operations

Board Meetings

11th meeting in Maputo, Mozambique in November 2018, alongside the launch of the 2018 World Malaria Report and the High Burden High Impact Approach, in collaboration with WHO. The RBM Partnership also celebrated its 20th anniversary in Maputo.

Board Chair and Transition Arrangements

The Board elected a new **Board Chair, Professor Maha Barakat**. Prof Barakat will assume her functions in June 2019 and has kindly agreed to serve as Executive Chair during the CEO transition period.

During the transition period, Dr Melanie Renshaw was appointed as interim Chief Programme Officer.

Governance

The RBM Board approved new policies and guidelines:

- Partner Committee Steering Committee TORs,
- Revisions to the Finance Committee TORs,
- Board Self-Assessment

Furthermore, the Board appointed:

- CEO Selection Committee
- Board Selection Committee
- Finance Committee.

Upon the recommendation of the Finance Committee members, the Board Chair reconfirmed the **Finance Committee Chair, Mr Ray Nishimoto**. The Finance Committee met on 5 April 2019.

Strategic Initiative 2: The Secretariat to ensure optimal and efficient functioning of the PCs and including establishment of management structures

CRSPC

The CRSPC held the **Alliance for Malaria Prevention** workstream annual meeting in Geneva in January.

SCPC

SCPC held its annual Partners meeting in Geneva on 13–14 February, with over 40 Partners in attendance. Outcomes included agreement on key milestones for 2019, the theme and framing for World Malaria Day 2019, and next steps in the implementation of key campaigns including ZMSWM and the Decade to End Malaria.

ARMPC

ARMPC annual meeting will be held on May 20, on the sidelines of the World Health Assembly with a Steering Committee meeting and face-to-face workstream meetings on May 21.

RBM Working Groups

In January and February, RBM hosted the **Vector Control**, **Case Management**, and **Multisectoral** Working Group meetings in Geneva.

The **Malaria in Pregnancy** Working Group met in February in Maputo, Mozambique.

RBM Secretariat Retreat

The RBM Secretariat is planning a local internal retreat in Q2 with the new CEO.

RBM Partnership To End Malaria

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Strategic Initiative 4: The Secretariat operates with a principle of network leadership and remains lean, cost-effective and efficient

2018 Financial expenditure

As of 31 December 2018, interim expenditure totaled approximately **USD 7.33 million**, out of a budget of USD 9.88 million, representing a utilisation rate of 74%.

For 2018, partner contributions (both in-kind and financial) represented the equivalent of **USD 2,511,944**, representing 25.4% of the 2018 budget.

2018 Expenditure (in USD)	Budget	Expenditure	Balance
Objective 1: Keep malaria high on the agenda	2,171,750	1,630,604	541,146
Objective 2: Accelerate progress through regional approach	2,999,250	2,015,428	1,219,680
Objective 3: Increase the financing envelope for malaria	642,900	163,439	499,461
Objective 4: High performing Secretariat	3,420,801	3,061,733	326,827
Sub-total	9,234,701	6,851,203	2,587,128
UNOPS Management Fee	646,429	479,584	184,099
TOTAL	9,881,130	7,330,787	2,768,227

2019 Financial expenditure

Expenditure to date (up to 31 March 2019) was **USD 1,051,945**, approximately 11% expenditure from the approved 2019 budget of USD 9,969,544.

RBM Partnership To End Malaria

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Strategic Initiative 5: The Secretariat to ensure that systems are in place for managing financial risks and to work towards diversifying its funding sources

Risk Framework: The risk log was reviewed by the Finance Committee and will be submitted to the Board meeting in April 2019. The risk log will be monitored and updated regularly.

Audit: An audit is planned for Q2 of 2019.

Funding

The next disbursements from the Crown Prince of Abu Dhabi (USD 1.5 million) and the Gates Foundation (USD 1 million) later in 2019, as well as addition drawdown from PMI/USAID. The USAID/PMI 2019 contribution of USD 5,700,000 is also expected in the following weeks.

Donor Cell figures in USD)	Signed Contribution Amount	Planned Contribution in 2019	Total Contribution	Amount disbursed to date	Balance
USAID/ President's Malaria Initiative (PMI)*	9,114,339	5,700,000	14,814,339	7,003,593	7,810,746
Abu Dhabi Crown Prince Court (CPC)	5,000,000		5,000,000	3,500,000	1,500,000
The Bill and Melinda Gates Foundation (BMGF)	3,500,000		3,500,000	2,500,000	1,000,000
Global Fund (GF)*	2,568,000		2,568,000	2,493,713	74,287
WHO (RBM (leahver) funds)	1,732,514		1,732,514	1,767,514	-
Interim Support Team (IST) Transition Funds	462,608		462,608	462,608	-
Interest (earned in 2017-2018)	77925		77925	77925	-
TOTAL	22,455,386	5,700,000	28,155,386	17,805,353	10,385,033

RBM Partnership To End Malaria

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Strategic Initiative 6: The Secretariat to function as the voice of the Partnership and effectively represent the Partnership in global health and development fora

Website

The French version of the website has been deployed in January 2019.

Ambassadors / Champions

RBM Partners are engaging a number of high-level malaria champions in conjunction with the World Malaria Day (First Ladies, Mayors, other public personalities), as well as the Global Fund Replenishment (David Beckham).

RBM is working to diversify and expand its roster of champions. This includes the Chinese influencer trip to Zambia

Newsletters

RBM Partnership newsletter is sent out at the start of each month to some 6,000 subscribers, supplemented by regular committee updates.



RBM Partnership To End Malaria

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High burden to High Impact approach

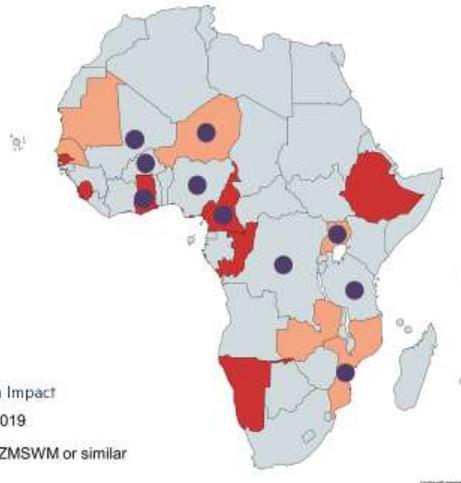


Zero Malaria Starts with Me: 2019 launches

5 of 10 African High Burden to High Impact countries will have launched ZMSWM by EOY 2019.

New partnerships with Comic Relief, JC Flowers Foundation, and Rotary International

First Lady engagement through OAFIAD



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Global Fund replenishment and grant support

Replenishment advocacy

RBM began its support for a full Global Fund replenishment of at least **US \$14 billion** at the launch of the investment case in February 2019 in New Delhi, India.

The Francophonie engagement is a crucial component of this advocacy in the lead up to the Replenishment conference in Lyon.

Global Fund grant support

54 of the 69 countries submitting Global Fund funding applications in 2017–2018 received support from the CRSPC, securing approximately **US\$3 billion** for national malaria programming support.

RBM will hold an orientation meeting with countries in December 2019 in preparation for the 2021–2023 grant period.

**STEP UP
THE FIGHT**

RBM Partnership To End Malaria

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RBM engagement with China

RBM Partners Meeting in China

The China-RBM Steering Committee will convene a Partners meeting in Shanghai at the National Institute for Parasitic Diseases, China Center for Disease Control in mid-June (between the Boao Global Health Forum in Qingdao, June 10-12 and the E-2020 meeting in Wuxi, June 18-20).

Country partnerships

RBM Partners will collaborate with China on projects in Sierra Leone and Tanzania, and provide input into the selection process for project support in the next group of African countries



Ms Cui Lili, 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.

Additional Meetings in Q2/Q3 2019

World Health Assembly

RBM Partnership and WHO, together with member countries, are co-sponsoring a malaria side event (with a francophone emphasis) which is on the official agenda of the WHA - early evening of 22nd May. RBM is also co-sponsoring an off-site side event on innovation with UNITAID, PMI, Business Alliance Against Malaria, and others.



UN General Assembly and High-Level Meeting on UHC

The RBM Partnership and UNDP are refreshing and launching the Multisectoral Action Framework for Malaria in line with the UNGA 2019 and High-Level Meeting on Universal Health Coverage. The launch will include a new Rapid Appraisal Tool for country implementation, which is being incorporated into the HBHI approach and as a component of UNDP's implementation of Global Fund Malaria grants.

Further inputs from the Board for the UNGA are invited

African Union meeting in Niger

Signing of MoUs with the Regional Economic Communities to strengthen sub-regional malaria collaboration



RBM-BAAM Collaboration

Joint Meetings

In addition to co-sponsoring a meeting on malaria and innovation on the sidelines of the World Health Assembly, the RBM Partnership and BAAM are exploring a joint engagement at the World Economic Forum – Africa meeting in Cape Town, South Africa (Sep 4-6)

Private Sector Grant Initiative

RBM Secretariat and BAAM are partnering to develop a pooled funding mechanism for the private sector to support RBM Partner initiatives.



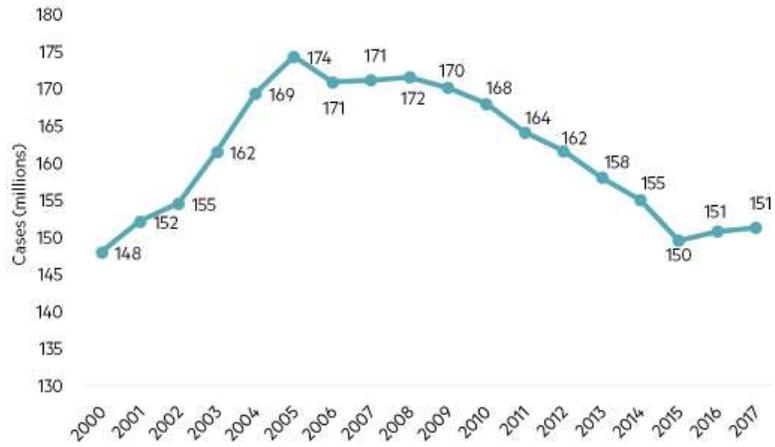
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Presentation Contents

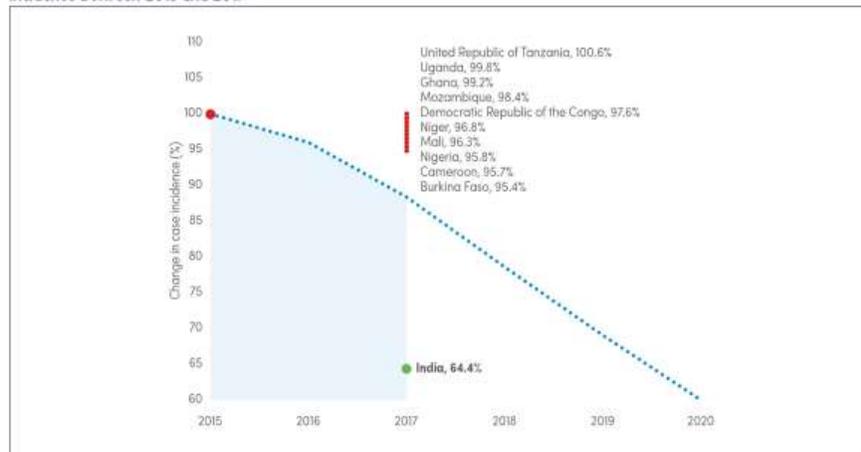
- Background and Summary
- Country Engagement Process
- HBHI Country Meetings
- Achievements to Date

Rising number of malaria cases in 10 high burden countries



Seriously off track in the highest burden countries to meet the GTS targets

Expected change in malaria case incidence if on target to meet GTS milestones for 2020 vs. estimated change in case incidence between 2015 and 2017



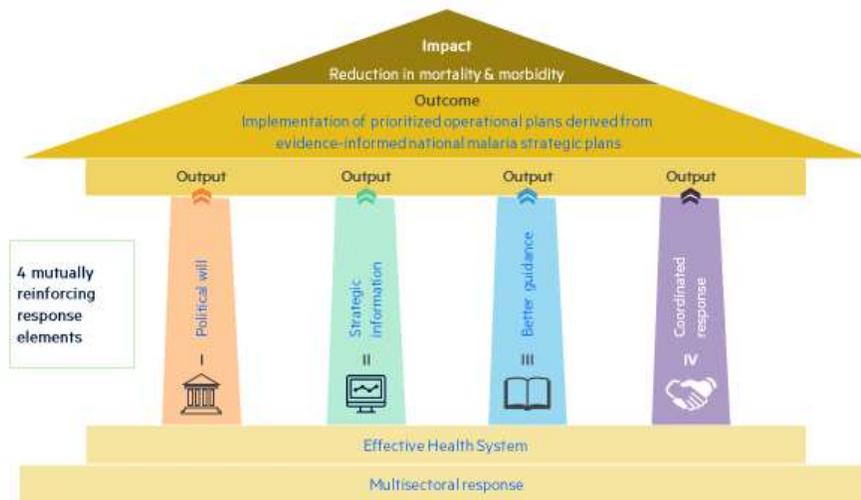
SOURCE: WHO, 2016 WHO estimates
GTS: Global Technical Strategy for malaria 2014-2030 WHO

HBHI launched by WHO and RBM Partnership in **November 2018**



¹ Bhutan, Cabo Verde, DRC, Ghana, India, Mali, Mozambique, Niger, Nigeria, Tanzania, Uganda

HBHI is a holistic approach, with the 4 elements feeding into tangible actions through NSP implementation and concrete outcomes



Country engagement process

Country engagement on HBHI happens through 3 major phases			
	2-4 weeks Meeting pre-work	1 week Meeting	Ongoing Effective action
Guiding questions	Country-led self-assessment and identification of gaps <ul style="list-style-type: none"> Who are the malaria partners and stakeholders? What is currently being done to end malaria? What works well? What gaps and challenges exist? 	Elaboration of tangible actions to fill gaps <ul style="list-style-type: none"> What has been successful to date? What can be done to address gaps affecting achievement of country goals? Who will take which actions and by when? What are the areas of uncertainty? 	Implementation and follow-up on actions <ul style="list-style-type: none"> Are agreed actions being implemented? If not, what action is needed to facilitate? Where is further support from stakeholders and partners needed? Is there regular follow-up at country and global levels?
Products	<ul style="list-style-type: none"> Stakeholder mapping Preparatory self-assessment for each of the 4 response elements (guided by log frame) Meeting organizational material (e.g. invites, agenda) 	<ul style="list-style-type: none"> Next steps log frame for 4 response elements including roles, responsibilities and timelines for tangible activities based on self-assessment and analysis of interventions and bottlenecks 	<ul style="list-style-type: none"> Inputs to NSF and operational plan revision based on next steps under all 4 response elements Funding, technical support and capacity building aligned with priority strategic planning Analysis of impact, bottlenecks
Support material	<ul style="list-style-type: none"> HBHI briefing materials Templates for self-assessment 	<ul style="list-style-type: none"> Meeting facilitation package Templates for next steps log frame 	<ul style="list-style-type: none"> Best practice library for selected activities
Additional WHO, RBM partnership support	<ul style="list-style-type: none"> Resources and technical support for self-assessment exercise Meeting organizational support 	<ul style="list-style-type: none"> Meeting facilitation support 	<ul style="list-style-type: none"> Meeting documentation support Ongoing engagement in follow-up and coordination

High Burden High Impact



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Country engagement process

– Three major processes

- Country pre-work: the country reviews its current malaria situation, including identification of bottlenecks, and prepares for the meeting
- Country meeting: focuses on the identification of tangible next steps to “get back on track”
- Ongoing effective action: agreed actions are implemented, with continuous follow-up, building upon existing processes.

– Supporting materials

- Introductory HBHI country briefing deck
- Self-assessment template along the 4 response elements
- Meeting facilitation materials for the meeting (including introductory presentations to HBHI and working group prompts) and next steps log frame templates.

– Materials were refined through an iterative process, including weekly calls with representatives from the wider RBM partnership in the “Partner Task Team” (including WHO, RBM partnership management team, UNICEF, PMI, BMGF and the GF)

– Materials were successfully tested during the Nigeria country meeting in March 2019



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HBHI country meetings

- Two meetings held to date
 - Uganda, 12-15 February
 - Nigeria, 26-29 March
- Uganda
 - NMCP manager, Dr Jimmy Opigo convened malaria stakeholders for a 4-day meeting.
 - Discussions highlighted Uganda's strengths, including strong political will, and led to partner agreement on data sharing
 - Follow up actions have included the development of a multi-sector investment strategy and a high level parliamentary meeting to finalise the malaria act.
- Nigeria
 - The NMEP director, Dr. Audu convened malaria stakeholders in Abuja for 2 1/2-day meeting
 - Preliminary meeting focussed on completing the country self-assessment and planning around next steps
 - Second high-level political meeting planned for July and will include participation from HE President Buhari, to foster high level commitment to malaria elimination.



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Global level

- Weekly "Partner Task Team" calls
 - Defined success factors for HBHI, including a preliminary log frame recording overarching outcomes of the HBHI approach
 - Discussed and determined roles and responsibilities of countries, country-level partners and global partners
 - Adopted coordination and communication principles for the HBHI approach, including the mainstreaming of HBHI into existing processes and communications
 - Jointly reviewed and released the country-level HBHI briefing and pre-work material
- **County-owned, country-led** approach, aligned with the GTS, SDGs, national health goals, strategies and policies
- **Co-branding** of materials to be used before, during and after HBHI-related meetings to ensure consistency of communication and messaging
- **Mainstreaming communication** on HBHI into existing malaria communication opportunities
- **Joint external communications**

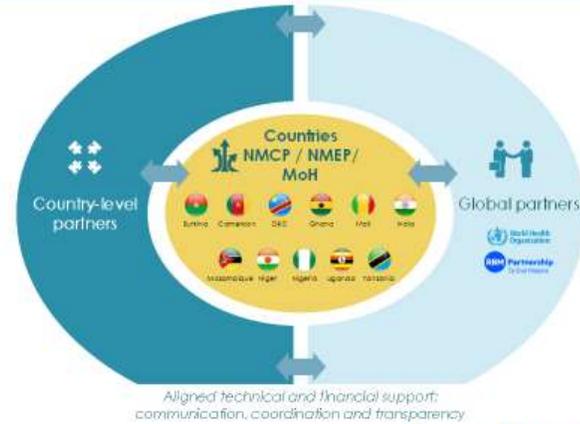


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Global level

Country level and global partners support countries for a smooth HBHI approach



High Burden High Impact



Country meeting overview – status update (29 April 2019)

Country	Proposed mission dates
Uganda	12 - 15 February 2019
Nigeria	25 - 29 March 2019; July 2019 for high level mission
Tanzania	July (TBC)
Burkina Faso	13-17 May 2019
Ghana	17- 21 June 2019 (confirmed)
Mali	July (TBC)
Mozambique	10-16 June 2019 (confirmed)
Niger	May (TBC)
Cameroon	6-10 May (confirmed)
DRC	June (TBC)
India	TBC

Achievements to Date

Achievements include the following:

- The engagement approach has fostered collaboration of multi-sectoral partners at and between global, regional, national and sub-national level, aligning on concerted effort with good partner understanding
- Establishment of a good working model for collaboration at global level with regular technical level working group meetings and high-level consultations between the RBM partners
- Country-led ownership with countries adapting and adopting the HBHI approach to meet their specific regional and national circumstances
- Provision of a strong narrative for malaria to unlock high-level and widespread political attention as well as increased visibility of NMCPs within national governments.



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Achievements to Date

Highlighting of core challenges at country level and elaboration of tangible actions to solve those, including:

- Adoption of constituency based, parliamentary linked scorecard in Uganda
- Acceleration of the adoption of a parliamentary malaria act in Uganda
- Initiation of the development of a multi-sectoral investment case in Uganda
- Fast-tracking of data repository creation process
- Increased mention of sub-national strategic use of information and data to inform policies and operational plans
- Challenges vis-à-vis clarity of global guidelines at country-level laid open and linking to ongoing WHO policy discussions
- Other achievements are yet to be seen and unlocked, but the HBHI approach is already paving the way for renewed progress towards reducing malaria related deaths and cases and eliminating malaria all together.



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Next Steps

- Continue to collaborate on supporting the countries in the roll out and implementation of the HBHI approach, aligning technical and financial support
- Finalise the monitoring and tracking framework for the HBHI at global level, documenting country best practices and disseminating successes by mainstreaming through existing communication opportunities e.g. World Malaria Day, WHA, UNGA, WMR etc
- Mainstream support for HBHI through existing opportunities, such as GF application support, CRSPC regional meetings etc
- Integrate HBHI within broader health and relevant sector planning and budgeting at national and sub national levels
- Drawing from country analysis and experience, improve our collective understanding and performance and get back on track



* * *



Board Self-Assessment - Introduction

Purpose

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

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.
- 100% response rate from the Board

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.

General Findings



Recommendations (1)

Board Composition and Quality

1. *The Board Selection Committee to consider the findings on the diversity for new Board Members, particularly in terms of gender balance and malaria endemic country/regional representation.*
2. *The Board meetings will include regular briefings on the key strategic initiatives, such as the High Burden to High Impact Response Strategy.*
3. *The RBM Partnership Bye-Laws and Hosting Terms will be reviewed at the April 2019 Board meeting, and will be reviewed periodically (every two years), as needed.*
4. *The RBM Board will establish a more thorough induction programme for new Board Members, to be rolled out in spring 2019 for incoming Board Members.*

Recommendations (2)

Risk Management

5. *The RBM Board should prioritise finalising the risk log and implement its periodic review, including benchmarking for performance.*

Process and Procedures

6. *RBM Partnership will review internal and external communications processes, with the aim of increasing information to the Board about Secretariat, PC and Working Group activities.*

Oversight of the Financial Reporting Process, Including Internal Controls

7. *The RBM Board to request the Secretariat to prepare a reference note on internal and external audits under UNOPS hosting.*

Ethics and Compliance

8. *The RBM Board to include as a routine item a written update on the DOI process ahead of each Board meeting*

Proposed Decision Point

The RBM Partnership to End Malaria Board approved the recommendations of the Board Self-Assessment and tasked the Secretariat with its implementation as applicable.

* * *



Decision Point RBM/B12/2019/DP04

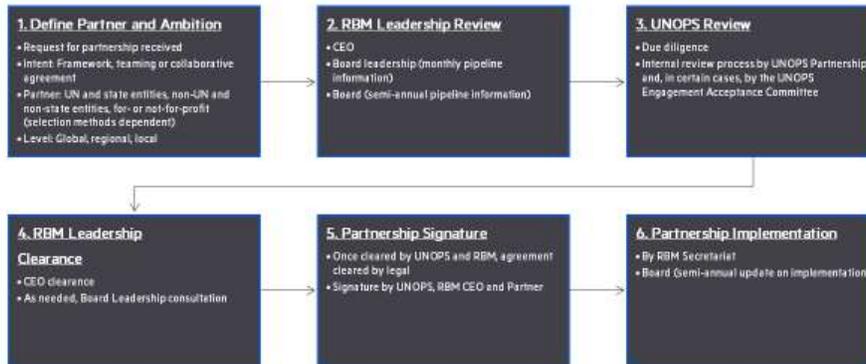
- The Board thanks Paulo Gomes and Awa Marie Coll-Seck for their invaluable support, service, and contributions to the partnership.
- The Board reappoints Winnie Mpanju-Shumbusho, Yongyuth Yuthavong, Richard Kamwi, Altaf Lal, David Reddy, Ray Nishimoto, Elhadj As Sy.
- The Board requests the Board Selection Committee to issue a call for nominations (for two new Board members in 2019 and for potential nominees for 2020) to be considered by the Board by electronic vote in time for participation at the November Board Meeting.



Establishing Formal Partnerships

- Partnerships provide an important platform for advancing cooperation
- RBM can establish formal legal partnerships with various stakeholders, including but not limited to governments, international organisations, civil society, affiliations, associations, and private sector actors, through MOU and partnership agreements
- Partnerships formally established under RBM Leadership guidance, through the UNOPS partnership framework.
- Board requested more information on the process and procedures followed by the RBM Secretariat.

Partnerships - Process



(1) Defining partner and ambition

- Request for partnership received (from RBM or from Partner)
- Intent: Framework, teaming or collaborative agreement
- Partner: UN and state entities, non-UN and non-state entities, for- or not-for-profit (selection methods dependent)
- Level: Global, regional, local

The selection of a proposed partner may need to go through a formal solicitation process, to ensure the best interest of UNOPS and the RBM Partnership by guaranteeing the entity meets the needs, especially when transferring funds, but also to ensure fairness and transparency.

(2) RBM leadership review

- Under leadership and guidance of the CEO
- Board leadership (monthly pipeline information included in Board leadership updates)
- Should the Board Leadership express any concerns about a potential partnership, it will be consulted before the final agreement is signed.
- Board (semi-annual pipeline information included in Board updates)

(3) UNOPS review

- Documentation submitted to UNOPS, including Request for Partnership and solicitation documents as applicable.
- UNOPS, through its Legal Group, undertakes a due diligence process, which includes possible conflicts of interest.
- Internal review process by UNOPS Partnership Group and, in certain cases, by the UNOPS Engagement Acceptance Committee

(4) RBM Leadership Clearance

- CEO clearance
- As needed, Board Leadership consultation

(5) Partnership Signature

- Following review by UNOPS and RBM, agreement cleared by UNOPS legal
- Signature by UNOPS (Regional Director), RBM CEO and Partner

(6) Partnership Implementation

- Implementation by RBM Secretariat
- Board update regularly (semi-annual update)

* * *



RBM Finance Committee Update

- The RBM Finance Committee met on 5 April 2019, reviewing the financial reports and the risk log.
- Finance Committee elected its Chair, Mr Ray Nishimoto, and is composed of: Prof Maha Barakat, Dr Ken Staley, Dr David Reddy, Dr Altaf Lal, and UNOPS (Mr William Axelsson, and Mr Peter Komol, Head of Finance, Geneva)

Donor Contributions

Donor (all figures in USD)	Signed Contribution Amount	Planned Contribution in 2019	Total	Amount disbursed to date	Balance
USAID/ President's Malaria Initiative (PMI)*	9,114,339	5,700,000	14,814,339	7,003,593	7,810,746
Abu Dhabi Crown Prince Court (CPC)	5,000,000		5,000,000	3,500,000	1,500,000
The Bill and Melinda Gates Foundation (BMGF)	3,500,000		3,500,000	2,500,000	1,000,000
Global Fund (GF)*	2,568,000		2,568,000	2,493,713	74,287
WHO (RBM leftover funds)	1,732,514		1,732,514	1,767,514	-
Interim Support Team (IST) Transition Funds	462,608		462,608	462,608	-
Interest (earned in 2017-2018)	77,925		77,925	77,925	-
TOTAL	22,455,386	5,700,000	28,155,386	17,805,353	10,385,033

2018 Expenditure

2018 Expenditure	Budget	Expenditure	Balance	Rate %
Objective 1: Keep malaria high on the agenda	2,171,750	1,630,604	541,146	75%
Objective 2: Accelerate progress through regional approach	2,999,250	2,015,428	983,822	67%
Objective 3: Increase the financing envelope for malaria	642,900	143,439	499,461	22%
Objective 4: High performing Secretariat	3,420,801	3,061,733	359,068	90%
Sub-total	9,234,701	6,851,203	2,383,498	74%
UNOPS Management Fee (7%)	646,429	479,584	166,845	74%
Total	9,881,130	7,330,787	2,550,343	74%

2018 Partner Contributions

Total Partner Contributions: USD 2,511,944 (25.4% of the 2018 budget)

In-Kind Contributions

Function (and number)	Official time commitment	Est. daily rate (US\$)	2018 in-kind contributions (monetised, US\$)
Board Chair (1)	30 days	1,150	34,500
Board Vice Chair (1)	30 days	1,150	34,500
Board Members (13)	15 days	1,150	224,250
Partner Committee Co-Chairs (6)	25% FTE (62.25 days)	775	303,413
Partner Committee Steering Committee Members (43)	10% FTE (26.10 days)	775	869,783
Working Group Co-Chairs (10)	10% FTE (26.10 days)	775	202,275
TOTAL			1,668,721

Financial Contributions

Contribution Type	Detail	Est. rate (US\$)	2018 (US\$)
Board Member Self-Funded Travel	Trips (8)	7,375	59,000
Working Group Support (Secretariat, Annual Meetings, Travel)	VCWG, CMWG & MSWG		341,365
	MIPWG		121,000
	MERG		75,000
	SBCC		246,858
TOTAL			843,223

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2019 Expenditure

2019 Expenditure	Budget	Expenditure	Balance	Rate %
Objective 1: Keep malaria high on the agenda	1,933,550	275,178	1,658,372	14%
Objective 2: Accelerate progress through regional approach	2,958,250	114,240	2,844,010	4%
Objective 3: Increase the financing envelope for malaria	740,500	11,347	729,153	2%
Objective 4: High performing Secretariat	3,685,031	602,758	3,482,871	16%
Sub-total	9,317,331	1,003,523	8,313,808	11%
UNOPS Management Fee (7%)	652,213	70,247	581,967	
Total	9,969,544	1,073,769	8,895,775	11%

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RBM Funding Status (Forecast of 31 Dec 2019)

	(in USD, millions)
A. 2019 Funding Forecast (cumulative)	28.16
B. 2018 Expenditure (cumulative)	12.74
C. 2019 Budget (foreseen 90% expenditure)	9.00
D. Reserves	2.20
E. 2019 Reserves increase	0.3
F. Expected Fund Balance (31 Dec 19) (A-B-C)	6.42

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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 in accordance.
- The RBM Secretariat, in consultation with the Partner Committees, developed a draft risk log, which was then reviewed by the Finance Committee in 2018. After a first review at the November 2018, and on the basis of further comments received, the Finance Committee approved the risk log in April 2019.
- 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	Risk exposure	Risk score	Escalation
	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							

RBM Risk Log - Process

- The RBM Board will review the risk log, and particularly the risks which have been escalated to it, at each Board meeting. The Finance Committee will also review the risk log at its meetings.
- Risk mitigation strategies are proposed for the risks, as well an indicator of the risk trend (showing changes since the last review of the risk log)
- There are 8 risk escalated to the Board (2 political and 6 strategic), as well as proposed next steps.

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Political Risks Escalated to Board

RISK DESCRIPTION	CAUSE	IMPACT TO OBJECTIVES	Risk Probability	Risk Impact	RISK EXPOSURE (P*I)	RESPONSIBLE	RISK TREND	RISK MITIGATION STRATEGY	COMMENTS
Difficult coordination and collaboration with malaria partners	There are many malaria sector actors, with different priorities	Ability of the Partnership to effectively coordinate partners	4	5	20	Board	=	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).	
Global Fund replenishment is lower than expected	Donors reduce funds allocated to GF in light of national priorities	Funding gaps increase, and Partnership is unable to remedy situation	4	4	20	Board	=	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. Paper to be prepared for Board, on the basis of the 2019 Workplan (April 2019)	Updated

RBM Partnership To End Malaria RBM Risk Log 30 June 2019 6

Strategic Risks Escalated to Board (1)

RISK DESCRIPTION	CAUSE	IMPACT TO OBJECTIVES	Risk Probability	Risk Impact	RISK EXPOSURE (P*I)	RESPONSIBLE	RISK TREND	RISK MITIGATION STRATEGY	COMMENTS
Lack of political and leadership ownership by the countries of the RBM Partnership	Change from the constituency based Board has led to lack of clear communication channel for the countries to indicate their priorities	Credibility and effectiveness of the Partnership could be impacted	4	5	20	Board	=	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. Addressed through HBHI Approach.	Updated
Increase of malaria cases and deaths globally raise questions as to perceived effectiveness of Partnership and global malaria response	Despite substantial financial investments, progress has stalled	Impact of Partnership's perceived effectiveness and value add	4	5	20	Board	=	Partnership is guided by the Strategic Plan 2018-2020, which is targeted and focused on RBM's strengths in the global fight against malaria. Strategic Plan to be periodically reviewed to ensure it is still relevant and effective. High Burden to High Impact: A Targeted Malaria Response Initiative launched and under implementation. HBHI as standing briefing for Board.	Updated

Strategic Risks Escalated to Board (2)

RISK DESCRIPTION	CAUSE	IMPACT TO OBJECTIVES	Risk Probability	Risk Impact	RISK EXPOSURE (P*I)	RESPONSIBLE	RISK TREND	RISK MITIGATION STRATEGY	COMMENTS
New Partnership structure does not meet the needs of all partners	Changes in governance do not provide for constituency engagement	Full spectrum of partners is not engaged in the Partnership	4	5	20	Board	=	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 for a serve 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 early 2019, and discussed at the April 2019 meeting. Paper to be prepared for Board (Q3 2019)	Updated
Increased insecticide and drug resistance	Course of treatment not followed, subpar medicine used, spread of strain from Asia	Advances of past twenty years could be reversed if this spreads broadly to Africa	4	5	20	Board	=	Liaise with GF to align on risk mitigation strategy for this. Consult with IVCC and MMV. Liaise with WHO and EMC. Potential catalytic funding from GF prioritises resistance management.	Updated

Strategic Risks Escalated to Board (3)

RISK DESCRIPTION	CAUSE	IMPACT TO OBJECTIVES	Risk Probability	Risk Impact	RISK EXPOSURE (P*I)	RESPONSIBLE	RISK TREND	RISK MITIGATION STRATEGY	COMMENTS
GF Board and Country Coordinating Mechanisms (CCM) do not sufficiently reflect malaria priorities	GF country level programmes not sufficiently reflecting malaria priorities (instead RSSH)	Ability to influence the largest malaria funder	4	5	20	Board	=	Board to encourage Partners to rally around malaria issues. Secretariat to prepare talking points for CCM engagement of RBM partners.	Updated
Roll out and implementation of innovations held back due to regulatory processes	Lack of harmonized regulatory processes delays uptake of innovation	Need for new tools in the malaria toolkit due to ever evolving parasite	3	4	12	Board	=	Work with MMV, IVCC, Unitaid, BAAM, among others, to prepare analysis on strengthening of pipeline. ARMPC Innovation and Access workstream examining this.	Updated

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Presentation Contents

RBM Board Update on current status of financing the Global Malaria Response

- Global Fund 6th Replenishment: Step-Up or Slip Back?
- Global Malaria Financing needs and gaps
- Ongoing Efforts to Address the Funding Gaps with RBM partnership support

Global Fund 6th Replenishment: Step-Up or Slip Back?

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Global Fund 6th Replenishment Background

- The 6th Replenishment Conference will take place in Lyon, France in October 2019.
- An initial pre-replenishment conference was held in New Delhi, India in February 2019.
- Following several years of impressive gains in the fight against HIV, TB and malaria, progress is stalling. We are not on a trajectory to reach the Sustainable Development Goal (SDG) target of ending the epidemics by 2030. Wavering political commitment, shortfalls in funding and increasing insecticide and drug resistance have together slowed progress.
- Now is the time to step up the fight; by increasing resource commitments and innovation, by scaling up prevention and treatment. Prior experience shows us that any complacency or weakening of resolve lets HIV, TB and malaria resurge at alarming rates.

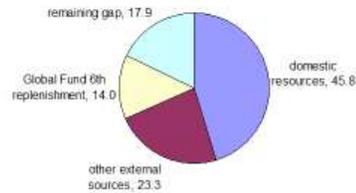
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Global Fund 6th Replenishment Resource Requirements

- The Global Fund estimates that at least US\$14 billion is required to fund programmes to fight the three diseases.
- This represents an increase of US\$1.8 billion, or 15% more than the US\$12.2 billion raised during the 5th Replenishment.
- At least US\$14 billion for the Global Fund, alongside increased domestic resources and sustained external funding, represents 82% of the resources required to meet the targets set in the Global Plans for the three diseases.
- An additional US\$18 billion is required to entirely close the gap.

Funding requirements to achieve goals of the global plans for the three diseases (US\$ billions)



Global Fund 6th Replenishment Resource Requirements - Methodology

The Global Fund's >US\$14 billion resource requirement has been derived from a modeling exercise conducted in collaboration with WHO, the technical partners for HIV, TB and malaria (UNAIDS, the Stop TB Partnership, the RBM Partnership to End Malaria) and the modeling groups responsible for the Global Plans for each of the three diseases.

Step 1: Assess the total resources required to get back on track with the Global Plan targets for the three diseases by 2023, focusing specifically on the portfolio of countries eligible for Global Fund support.

Total resource requirement was estimated at **US\$101 billion** for all three diseases for 2021 to 2023 (US\$54 billion for HIV; US\$27 billion for TB; and **US\$20 billion for malaria**).

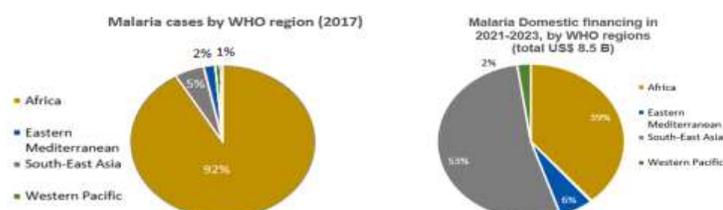
Step 2: Estimate how much of this resource requirement could be met from domestic resource mobilization, or external funding from other bilateral or multilateral donors.

This figure was estimated at US\$69.1 billion, of which **domestic resources represent US\$45.8 billion**.

Step 3: Consider how much of the gap between the total resources required and other available resources could and should be met by the Global Fund.

Malaria Domestic Resources and GF Co-Financing

- The Global Fund contributes 57% of external funds and 44% of all resources for malaria. Its importance in saving lives, especially of children under five, and reducing ill health cannot be underestimated
- Domestic resource commitments for malaria increased by 39% from the 2015–2017 to 2018–2020. Only Nigeria failed to meet the co-financing requirements in the 2018-2020 period.
- Whilst further increases in domestic resource commitments are expected in 2021-2023; with more than 90% of malaria cases in Africa, the continent will only contribute 39% of the domestic financing for malaria from 2021 to 2023.
- Malaria remains a disease of poverty, is concentrated in lower income countries and there remains a challenge to secure the necessary domestic resources given the limited fiscal space, and relatively small markets in Africa. This remains a major challenge for the RBM partnership moving forward



Global Fund 6th Replenishment Projected Results - Malaria

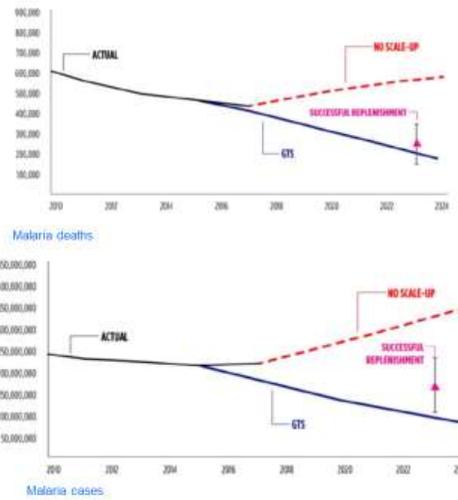
With a replenishment of at least US\$14 billion, the Global Fund, together with partners, could: Reduce (from 2017 to 2023):

- malaria cases by 25%, from 218 million to 162 million
- malaria deaths by 43%, from 434,000 to 248,000
- incidence and mortality rates by 34% and 49% respectively
- Distribute 1.7 billion mosquito nets between 2017 and 2023
- Increase vector control coverage through LLINs or IRS to 66% in 2023
- Treat 545 million malaria cases through public sector systems between 2017 and 2023
- Eliminate malaria from an additional five countries between 2017 and 2023

In contrast, if coverage is maintained at 2017 levels, there would be a rapid and severe resurgence:

- Malaria cases would increase from 218 million in 2017 to 333 million in 2023, a more than 50% increase.
- Deaths from malaria would increase from 434,000 in 2017 to 577,000 in 2023.
- The result would be an additional **591 million malaria cases** and **1.1 million deaths** from malaria.

Global Fund 6th Replenishment Projected results – malaria cases and deaths



RBM Partnership To End Malaria

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Global Fund 6th Replenishment Other Projected Results

- Strengthening systems for health including enhanced data systems and use of data
- Reinforcing health security
- Tackling inequities in health, including gender- and human rights-related barriers to access
- Spurring domestic investment in health to ensure sustainability
- Delivering significant economic gains and a return on investment of 1:19

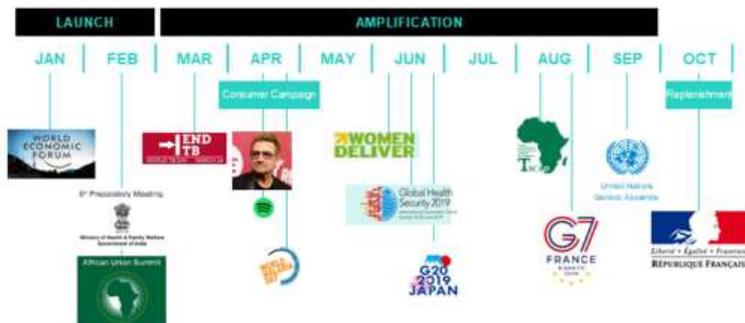
RBM Partnership To End Malaria

11

Global Fund 6th Replenishment Milestones to Date

- 6th Replenishment global launch in January 2019
- Presented at World Economic Forum in Davos, Switzerland in January 2019
- Presented at AU Summit in Addis Ababa, Ethiopia in February 2019
- Successful preparatory meeting held in Delhi in February 2019
- Luxembourg pledged an 11% increase in its contribution to the GF
- Ireland pledged a 50% increase in its contribution to the GF

Global Fund 6th Replenishment Upcoming Milestones – Global Campaign



- 25 April: World Malaria Day
- 22nd May: World Health Assembly Malaria Events
- 3-6 June: Women Deliver, Vancouver, Canada
- 18-20 June: Global Health Security, Sydney
- 28-29 June: G20, Osaka, Japan
- 28-30 August: TICAD, Yokohama, Japan
- 17-30 September: UNGA, New York
- 9-10 October: 6th Replenishment Meeting, Lyon, France



Global Malaria Financing – Status Update

Essential Services

- Countries estimate that in order to sustain essential services (vector control and case management, SMC) US\$4.16 billion is required in 2019-2020.
- Approximately US\$3 billion has been secured, leaving a gap of US\$ 1.1 billion over the next two years. Just over 40% of the essential services gap is in Nigeria.

	2019	2020	total
Need	\$2,167,960,675	\$2,015,495,861	\$4,157,438,442
Financed	\$1,790,975,945	\$1,264,750,069	\$3,026,569,448
Gap	\$376,984,731	\$750,745,792	\$1,130,868,994

Total Need as per National Strategic Plans

	2019	2020	total
Need	\$4,102,982,266	\$4,373,002,770	\$8,486,815,132
Financed	\$2,344,368,694	\$2,112,402,893	\$4,463,791,138
Gap	\$1,758,613,572	\$2,260,599,877	\$4,023,023,994

Ongoing Efforts to Address the Funding Gaps with RBM partnership support (1)

Continued engagement in GF portfolio optimization.

RBM partnership (CRSPC) working with GF secretariat to fill resource gaps through portfolio optimization. To date, this has led to the allocation of over US\$ 230 million to 25 countries (including DRC, Kenya, Burkina Faso, Niger and Mali) (compared to US\$150 m for TB and US\$100 m for HIV)

Support to emergency funding.

RBM partnership working with GF secretariat to advocate for post emergency malaria funding to the cyclone affected countries with Mozambique approved last week and Zimbabwe in process, as well as accelerating grant implementation

RBM Partnership To End Malaria

Ongoing Efforts to Address the Funding Gaps with RBM partnership support (2)

GF Allocation and Catalytic Funding

Malaria partners have revised the GF allocation formula for the 2021-2023 period to take account of disproportionate population growth in some of the bigger countries

Malaria, RSSH and cross-cutting catalytic funding priorities finalized:

- addressing insecticide resistance through the new nets project
- addressing drug resistance in the Mekong
- addressing malaria elimination, including in southern Africa
- support to the RBM partnership (through CRSPC) to support countries in the GF funding process
- RTSS vaccine

Malaria partners have also supported cross cutting initiatives including for data, private sector strategies, innovative financing, and the emergency fund

Approved by the Strategy Committee end March and submitted for approval by GF Board in May

Support to GF funding applications

CRSPC to continue the tried and tested support to country GF applications, including an orientation meeting planned for December 2019, preparation of guidance notes, and support for country dialogue, and local and international consultants as required

We expect over 80% of all malaria proposals to be submitted by the end of quarter 1 2020

RBM Partnership To End Malaria

Ongoing Efforts to Address the Funding Gaps through enhanced Political Will and Domestic Resource Mobilisation

End Malaria Councils and Funds

Multi-sectoral, high level malaria councils and funds are part of broader multisectoral resource mobilization plans and country investment strategies, designed to keep malaria high on the political and development agenda and drive domestic resource mobilisation including from the public and private sectors.

- **Eswatini** is in process of establishing the first fund, with a formal launch in May with an aim to raise US\$ 5 million;
- **Uganda** has convened members of parliament to approve a malaria act and regulations including the establishment of a Presidential Malaria Fund
- **Zambia** has established the first End Malaria Council. A concept note for the council's fund is submitted to Cabinet for approval. A multisectoral investment strategy is under development with a ROI
- **Ghana** has drafted revised charter for Ghana Malaria Foundation, for re-launch in May.
- **Mozambique** fast-tracked the established a emergency fund to receive donations directly from the private sector and others for the post cyclone support

High Burden, High Impact WHO/RBM Partnership

- Opportunity to support strong country owned investment cases, promotion of multisectoral approaches and high level engagement for enhanced domestic resources commitments.
- It allows the partnership to focus support to the country's resource mobilisation efforts through the HBHI country meeting and follow-up support, including through the CRPSC, linked to GF application support.

RBM Partnership To End Malaria

Case Study Nigeria

- Nigeria failed to meet the GF co-financing requirements in the 2017-2020 period
- In 2018, the RBM partnership worked with the GF secretariat, ALMA and others to secure US\$18 million in domestic resources which leveraged US\$38 million from the Government of Nigeria to procure 15 million LLINs
- The CRSPC has supported the country in the development of 3 proposals to cover the essential gaps in 13 states currently without external financing, providing consultants to support of contracting and procurement, implementation arrangements, detailed programmatic and financial gap analysis, development of proposal documents and aide memoires. Support has also been provided to hold meetings with individual states, consensus meetings and RFPs for contracting arrangements.
- Success will be additionally important as it will secure the necessary co-financing for the GF grant
- The WB final appraisal mission expected in May, with approval of the US\$200 million project expected in June, and project implementation expected by Q3 2019
- African Development Bank proposal is completed, with approval expected in May
- Islamic Development Bank proposal development is on-going.
- High level national dialogue planned through HBHI approach including with HE President Buhari in July

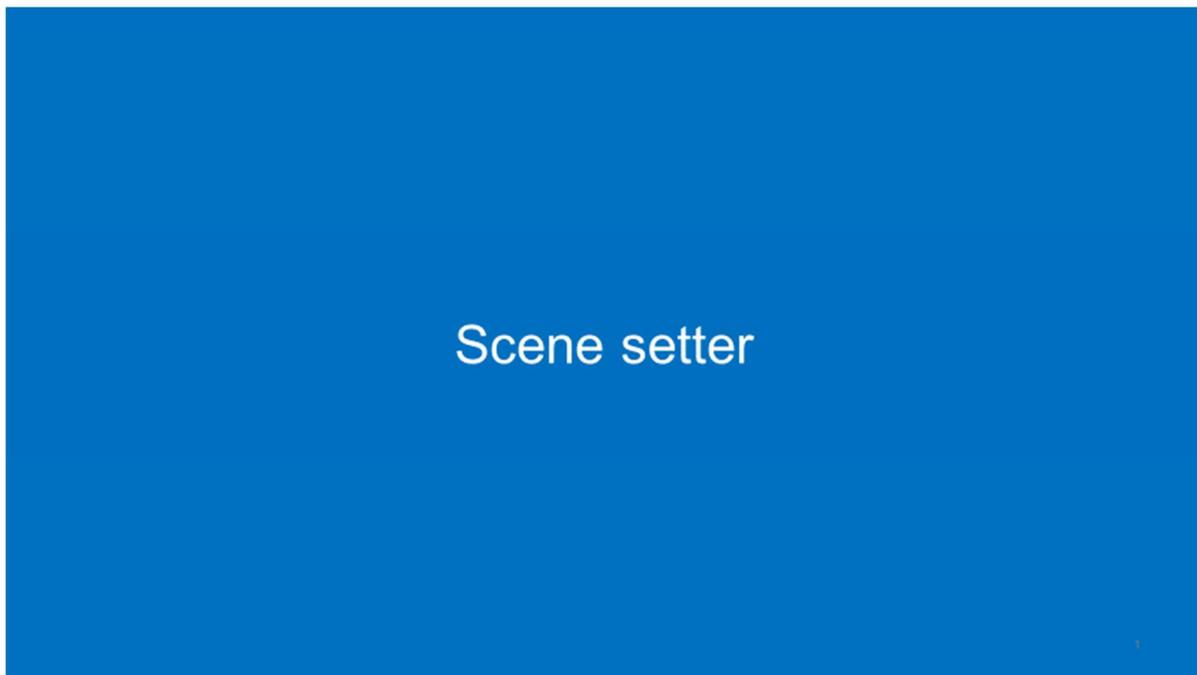
RBM Partnership To End Malaria

RBM Partnership Board

- What can we do as a Partnership board to ensure a fully successful GF Replenishment?
- Are there more things we can do to further enhance our work at country level to increase domestic resource contributions?
- Are we using every opportunity? (UNGA UHC? CHOGM 2020? AU summits? Innovative Financing? Head of State and Government Engagements? Identification of individual engagement by Board Members and networks?)

RBM Partnership To End Malaria

* * *



Overview of Global Fund

Founded in 2002, the Global Fund is a **partnership between governments, civil society, the private sector and people affected by the diseases**. The Global Fund raises and invests nearly US\$4 billion a year to support programs run by local experts in countries and communities most in need.

Strategy: Investing to End Epidemics

Core objectives:

- Maximize impact against HIV, tuberculosis (“TB”) and malaria
- Build resilient and sustainable systems for health
- Promote and protect human rights and gender equality
- Mobilize increased resources



\$10.5B

Invested in malaria control programs to date across 100 countries

~60%

of all international malaria financing provided by Global Fund

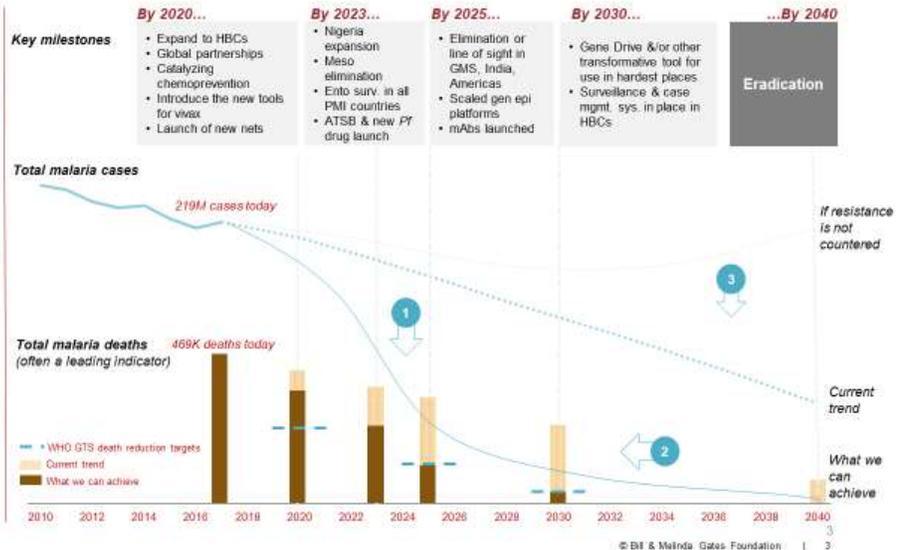
Source: www.theglobalfund.org

2

We aim for an eradication pathway that minimizes deaths

Three strategy goals define our Pathway to Eradication

- 1 Drive down burden**
In the short- and medium- term, scale surveillance + data-driven sub-national optimization, chemoprevention & case management in high burden settings to reduce deaths and cases
- 2 Shorten the endgame**
Create enabling environment for winning endgame in high endemic SSA by investing in next-gen surveillance systems, MDR *Pf* elimination, and accelerating endgame R&D today
- 3 Get ahead of resistance**
Mitigate emergence of drug & insecticide resistance by eliminating *Pf* in the GMS, developing a robust pipeline of AIs and analyzing entomological and genetic epi data to quickly respond to threats



Pivots that define the updates to our Malaria Eradication strategy

We are charting a new path forward for 2019-22 based on the changing world, our learnings, and our comparative advantages



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We are planning to invest \$1.1B in 2019-2022, across 5 investment groups



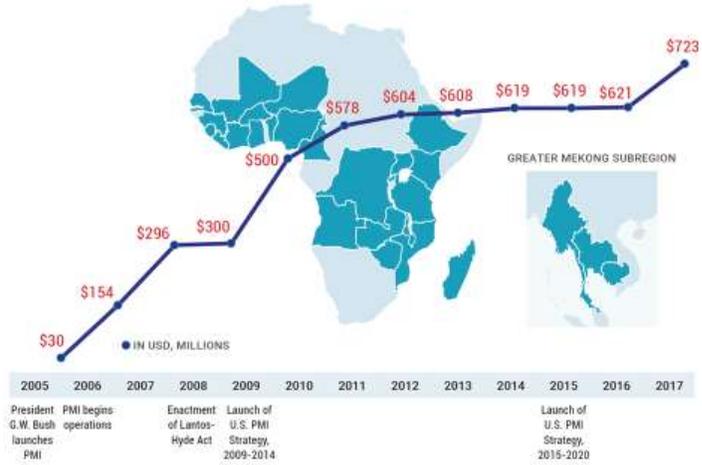
To date, the Gates Foundation has invested \$2.9 B USD in Malaria (not including our Global Fund contribution)

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Overview of PMI

27
PMI programs in sub-Saharan Africa and Greater Mekong Subregion

\$5.4B+
in PMI funding to prevent, treat, and control malaria

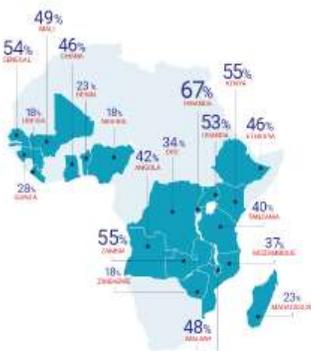


Source: PMI Annual Report 2016

6

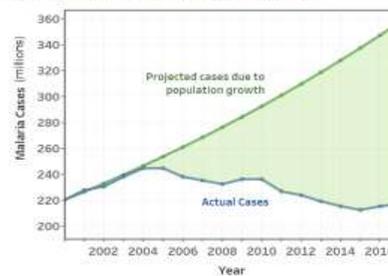
Progress over time, and questions that require additional, granular data

19 PMI focus countries saw reductions in all-cause mortality rates of children under five years of age



Absolute cases fell dramatically between 2005-2015, with cases as percentage of population continuing to decline

Projected vs. actual malaria cases 2000-2017



- ~148M cases averted in 2017 compared to projection¹
- Recent uptick in cases should be understood in context of changing demographics and other factors

1. Fixed mortality rate and 3% annual growth in at-risk population in Sub-Saharan Africa was estimated to increase the population size by 70% between 2000 and 2018. Source: World Malaria Report 2017, WHO, PMI Annual Report 2018

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To continue to advance the mission of our global community, we must work together, as equal partners

We are a **global community** of millions of individuals who have dedicated our lives to this fight

We must work **with**, rather than in parallel to, our **partners**

We must recognize that we are **stronger together** and can **amplify each other's impact** to move the needle on malaria

Our assumption is that we are all **equal partners** and can each play a **valuable role**



8

Collaboration on data

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PMI, Gates Foundation, and Global Fund collaborating on four key work streams



Cross-functional teams with leads from each organization working to push forward these agendas together

10

Establishing integrated data platforms

Quarterly reporting to include expanded set of data from multiple sources to provide:

- rapid evaluation of progress
- better understanding of gaps
- ability to respond quickly to address challenges



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PMI building quarterly reports to drive transparency and improved decision-making

-  **Visualization:** Charting our progress on a quarterly basis will drive virtuous cycle of improved implementation, while clearly illustrating the need for funding
-  **Operational focus:** Integrating quarterly operational metrics to provide mission-critical lens to drive performance
-  **Integrated data sets:** Working with Global Fund and Gates colleagues to integrate Global Fund and PMI data for a more complete country view
-  **Routine district level health data:** Working with countries, gathering epi, ento, supply chain data for a more complete country view
-  **Targets:** In the process of calculating targets that have driven case reports down by log differences year-over-year, in African contexts
-  **Data management:** Planning to upskill data-driven management
-  **Crawl, walk, run:** Adopted an iterative rollout process, to be able to take advantage of lessons learned at each stage of deployment
-  **Data sharing:** Beginning with a small set of individuals with access to the data and the reviews, to respect NMCP data-sharing concerns
-  **Comprehensive participation:** We hope that, over time, the quarterly reporting process will become a whole community effort

Quarterly Reports are a key tool that can enhance data-driven decision-making

PMI, Global Fund and Gates working to integrate data for complete view of in-country funding, including commodities



Sample Table 2 Budget
Currently created and shared in PDF format after in-country MOP Planning Visits each year



PMI Cost Taxonomy



Global Fund cost taxonomy

Aligning cost categories to enable integrated reporting

Integrated, geo-located tool for financial data across Global Fund and PMI

QR to provide access to key data in intuitive, easy-to-use format, with ability to drill into subnational regions and view trends over time



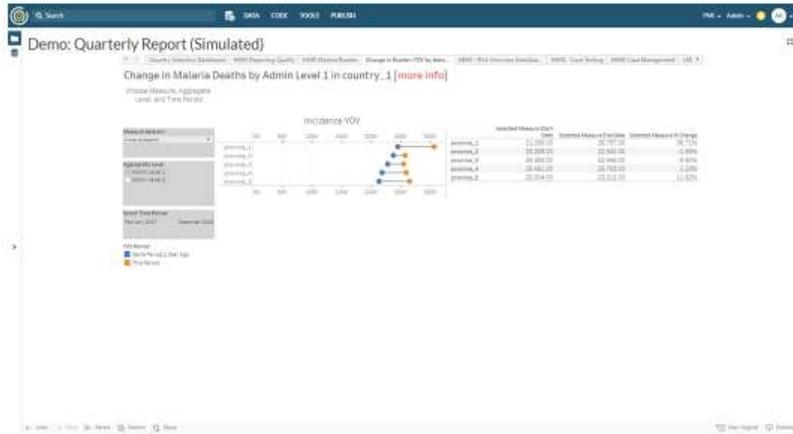
Sample QR dashboard output



Note: All figures contain dummy data

Integrated, geo-located tool for supply chain performance in-country over time

Sample QR dashboard output



Note: All figures contain dummy data

Integrated,
geo-located
tool for human
health data

While **complete** initial reports will be limited to NMCP-only, long-term vision of Quarterly Reporting is a transparent, public source for entire community

		Data source:		
		Public data	NMCP provided	Long term vision
1	Financial data	PMI, Global fund budgets	Country financing	Fully integrated transparency across all malaria funding with identification of funding gaps
2	Entomological data	PMI, Global fund sampling results	Country-led sampling results (e.g., efforts in Uganda)	WW public database with genetic markers for resistance for parasites and vectors
3	Supply chain data	PMI, Global Fund supply chain data		Accessible data to enable cross-partner collaboration to eliminate stock-outs
4	Health data	Public surveys	Subnational and disaggregated health data	Visibility into health outcomes to allow for targeted support and linkage of interventions and outcomes

Mutual **trust** and **respect** critical to enable vision of **data-sharing** over time, with NMCP agreement

Global Fund strategic initiative investment in data availability, quality and use

Data

Proposal for 2020-2022:

Recommended Modality: Strategic Initiative

Recommended Recipient of Funds: Multiple

Proposed Budget: USD 35 million

Objective and Rationale:	<p>Improve availability, quality & use of data including focus on coverage, quality & efficiency.</p> <p>The aim is to build and strengthen in-country national M&E platform and systems to accommodate the specific data and information needs to fight the 3 diseases and achieve the adequate reporting for UHC. It aims at using data for better strategic decisions and allocative efficiency; this will have a catalytic effect for the entire health sector and, in particular, on the 3 diseases. It has a huge potential to attract other partners and private sector funding to leverage more support and lead to meaningful and tangible achievements. It will operate within the context of Health Data a Collaborative and with strong coordination mechanisms across technical partners, both from Data side but also for the diseases and broader RSSH side through Disease Situation rooms, bilateral and multilateral partner group.</p>
Epidemiological context and country selection	<p>Focus is essentially on the 50 high impact and core countries, with more investments in high impact countries. These countries have M&E budget of approximately USD 340 million and account for 85% of total M&E budget in grants.</p> <p>Evaluations will be carried out throughout the portfolio</p>

PMI working with NMCPs to drive improved and more timely decision-making

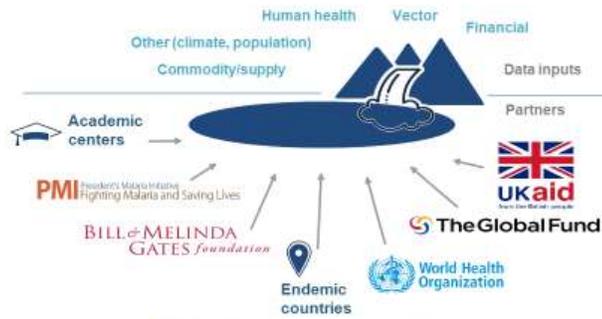
PMI is building analytic capabilities to demonstrate potential impact

- Working with Global Fund, BMGF, WHO, and academic partners to aggregate financial and commodity data
- Quarterly reporting from country teams started Q1 2019
- Working to create data lake outside USG firewall to facilitate further analysis and sharing (once sharing permissions are in place)
- PMI Adding data/analytics support to NMCPs

Data lake brings together actionable information to make decisions for yearly planning and quarterly action

- Yearly MOP process brings everyone together, with NMCP at center, to align strategies and ensure funds are used most effectively
- Quarterly Reporting will enable data driven decision-making during this time and beyond

Eventually, our vision is for all members of the community to contribute to and utilize data lake



All partners are encouraged to join

Targets/ resource allocation

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Targets/ resource allocation

Performance targets, including costs, can inform quarterly performance over time

- A clinical trial was conducted in Southern Province, Zambia to test the potential impact of mass treatment interventions
- The recommended national strategy was deployed as the standard of care in all trial areas:
 - ✓ High vector control coverage
 - ✓ Quality case management
 - ✓ Strong program management
 - ✓ Robust data reporting and use
- The control arm, which received standard of care but not mass treatment interventions, saw reductions in malaria case incidence and mortality
- **This suggests that current malaria interventions have potential to achieve further impact**

How PMI is building on trial findings

To understand the cost of implementing a similar standard of care in other priority countries, PMI is building an extrapolative model to:

1. Determine increase in coverage needed to achieve Zambia-trial levels
2. Estimate the cost of coverage increase

In addition, PMI is analyzing potential opportunities to increase efficiency and effectiveness of core interventions

Key question: how can we replicate results that used current tools to reduce burden by 2 logs

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Preliminary findings from modeling suggest high costs to scale coverage, but opportunities to improve implementation could help manage costs



Replicating intervention package from Zambia in other countries is expected to achieve significant increase in coverage



This is likely to drive meaningful impact but at high cost, i.e., potentially exceeding 2x current annual funding across donors in Ethiopia



Therefore, country programs will likely require additional resources to increase efforts towards malaria eradication



There are several levers that could improve implementation to help capture benefit at lower cost, including:

- A. Ensuring resources are allocated to highest risk areas
- B. Considering micro-targeting to enable precision public health
- C. Shifting mix of interventions to improve cost effectiveness

Sharing

WINDHOEK DECLARATION

3. **DECLARE** the following priority actions requiring our urgent attention:

A. Firmly placing regional malaria elimination on the agenda of all Member States by:

- i. Developing a roadmap that outlines priority measures and paves the way for successful elimination in the Region;
- ii. Ensuring the establishment of national malaria elimination taskforces in Member States to advance the elimination agenda, ensure alignment with the regional roadmap, fortify cross-sector engagement, and promote effective implementation of national malaria elimination strategic plans;
- iii. Intensifying cross-border collaborations between Member States to address border areas where malaria transmission persists;
- iv. Recommitting to share routine data to ensure rapid national and regional responses to malaria outbreaks; and
- v. Demonstrating that with financial and political determination, a malaria-free future is possible and contributes to the fight against the spread of infectious diseases;



*In August 2018
leaders from 16
countries
prioritized routine
data sharing within
and among
countries*



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Key leaders, who have used data to drive rapid progress, can speak to a new paradigm for data sharing



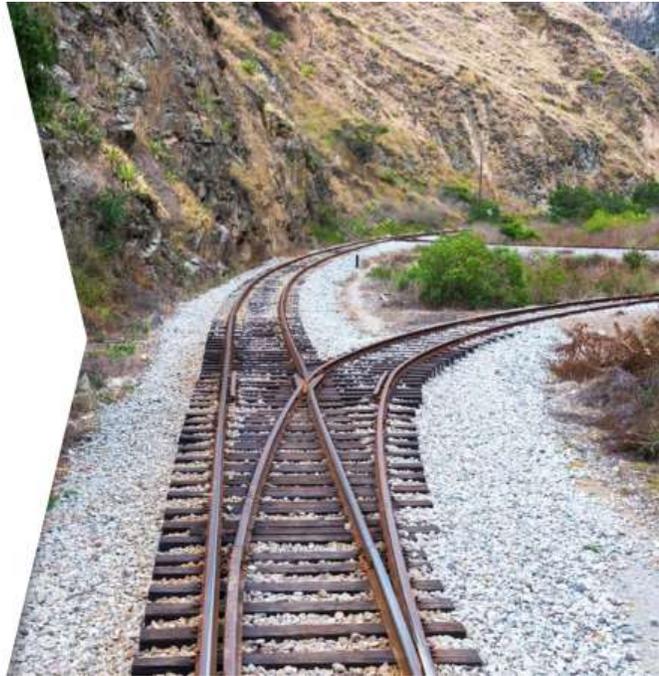
"Our data is sacred;and, it belongs to all of us"

-Dr. Elizabeth Chizema-Kawesa (formerly Director of Zambia's National Malaria Elimination Center and now the Director of Zambia's End Malaria Council)

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Our path forward

Leverage **data-driven decision-making** to further bend the curve of malaria through **better implementation** and **greater levels of funding**



We look forward to working with RBM partners towards a world free from the burden of malaria



Partners are pursuing two innovative approaches to mobilize additional finances to malaria control and elimination

Need for mobilization of additional funding

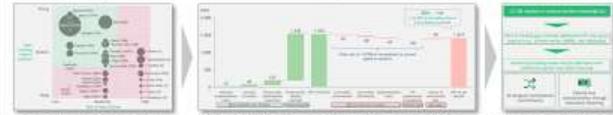
- Many PMI countries rely on external aid to support health and other development priorities
- Some finance ministers and heads of state prefer to spend money or incur debt to fund infrastructure rather than health
- Decisions on financial contributions to malaria are often made at levels above the National Malaria Control Programs
- Efforts to increase spending on health in the general budget will continue, but may not drive sufficient investment in malaria
- PMI is working with Global Fund and Gates Foundation to **create innovative financial instruments** that will encourage additional domestic spending on malaria, including via the **private sector**

Area 1: Malaria Elimination Outcomes Facility

Goal is to leverage flexible funding, with an outcomes focus, to help countries accelerate towards elimination and mobilize new resources from governments and private sector

- An outcome facility will be dedicated funding set aside to pay for performance based projects
- Innovative mechanism to incentivize intensive focus on adaptive, data-driven approaches to elimination interventions

Area 2: Exploring De-Risked Debt Options and Investment Cases



Area 3: Domestic Private Sector Mobilization

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