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# ADVOCACY AND RESOURCE MOBILISATION PARTNER COMMITTEE ANNUAL MEETING 20 MAY 2019

# **Meeting Notes**

Session I: Coordination with SCPC, CRSPC, and Operations

Melanie Renshaw presented for this session with the aim of letting ARMPC members know about the areas of potential overlap between our committees and explain how the RBM secretariat works together.

- There exists a scope for collaboration and joint activities between all 3 RBM partner committees.
- Temporary task teams may pull in members from different PCs for specific time-bound activities or events
- The PCs coordinate their efforts and divide responsibilities through monthly Partner Committee Coordination Group (PCCG) calls.
- The PC Managers, COO, and the CEO coordinate and discuss existing priorities during weekly team meetings.

## **CRSPC**

- The Country and Regional Support partner committee acts as the coordinated point of interaction with the countries and provides technical support to the countries
- CRSPC mandate includes support for financial and technical gap analysis, Global Fund application
  processes, support to NMCP's for the National Malaria elimination strategies, etc
   Upon receiving a request from support from countries, CRSPC employs a triage process, attempting to
  first provide support from national or regional level consultants before engaging an international
  consultant. As needed, the CRSPC also works with the ARMPC and RBM Working Groups to identify
  and potentially contract support for country requests. Areas of country support may also include
  national advocacy campaigns such as Zero Malaria Starts with Me, multisectoral strategic plan
  development, parliamentary engagement, national financing mechanisms for malaria, or resource
  mobilisation strategies

#### **SCPC**

Due to scheduling demands, we were not able to have anyone present from the Strategic Communications Team.

## **Operations**

Clara Mathieu Gotch presented on behalf of the secretariat with the aim of clarifying the ways that the ARMPC can hire consultants and make budget requests. Key takeaways were:





- In order to best utilise the budget, any requests must be sent to the operations focal point well in advance. The ARMPC manager will facilitate this interaction.
- RBM follows UNOPS rules and regulations for procurement. Adequate market research must be presented with requests.

For specialised work, UNOPS can hire short-term consultants based on a desk review.

## Session II: Updates from Workstreams

New Donors Workstream

Lead: Joshua Blumenfeld, MNM US

Priority Countries: UAE, China, Korea

#### United Arab Emirates

- UAE is a good medium-term opportunity for soliciting increased support for malaria
- Professor Maha (Incoming RBM Board Chair and Director of the Health Authority, Abu Dhabi) has asked RBM to focus on two areas:
  - Climate Change and malaria
  - Renewable energy and malaria

## • China

- RBM and China CDC conducted scoping missions to 4 countries (Zambia, Tanzania, Ethiopia, and Mozambique) in 2018
- In 2019, China wants to support Tanzania and Sierra Leone (and potentially a few other countries) for their malaria programmes. They are currently interested in supporting malaria commodities, infrastructure projects, building capacity to support health systems, surveillance and entomological research.
- There is a national interest in ensuring that malaria transmission decreases in Africa, particularly where there exists a significant Chinese workforce
- Wang Jia, popular Chinese Actor, went on a study tour to Zambia around World Malaria day 2019
- RBM Partnership will host a partners' meeting in Shanghai on 17 June 2019 which will be attended by RBM-CHINA steering committee members including the RBM CEO and Dr Pedro Alonso to discuss the engagement strategy.

## • Korea

- The New Donors group undertook a scoping mission to Seoul in December 2018 to meet with partners, build important relationships, and better understand the advocacy context
- There is enormous potential for Korea to step up their commitment to the Global Fund and particularly to Malaria this year
- New Donors workstream is working with local partners like Korean Advocates for Global Health, civil society, Korean International Cooperation Agency (KOICA) and the Korean Government along with the USG, DPRK, etc
- A high-level event to spark a malaria commitment is planned for August 27. The event will include a panel on TB and malaria with a keynote speech from Mr Peter Sands.

**Champions and Ambassadors Workstream** 

Leads: Erika Larson, UCSF and Robert Valadez, UN Special Envoy

- The Champions and Ambassadors workstream is a joint workstream between ARMPC and SCPC
- The group has been working on a framework for engagement of champions and ambassadors and calendar of key moments at which they will be engaged
- A draft tracker of champions has been created and feedback is currently being incorporated. This
  will include high-level public figure champions and also scientists, community-level champions, and
  other influencers
- Robert Valadez worked with the RBM Secretariat in April to plan and implement a study tour in Zambia with Chinese actor Wang Jia
- This workstream would like to regularly hear from other workstreams about their key moments
  and needs to engage champions. Each other workstream has asked to identify a focal point for
  champions and ambassadors. Workstream leads to confirm and communicate the identified focal
  point to Erika and Robert.

#### **Innovation and Access Workstream**

Leads: Lisa Goldman, Sumitomo Chemical and Tom Mclean, IVCC

- The workstream has developed a worksheet that tracks the malaria innovations across the stages of
  development to identify potential bottlenecks and areas in which advocacy or resource mobilisation
  could support the process from development to access. This exercise has shown that the level of risk
  perceived at any step in the product development cycle highly depends on the perspective and
  placement of the partners involved.
- A briefing on the new WHO policy process took place the day after this meeting. This helped better
  determine what role the workstream can play. Creating a space for discussions with public and private
  sector partners about some of the identified challenges is one clear opportunity.
- There was a recognized need to improve integration of this work with CRSPC, to address the issue of country demand for innovations and support the populations to access innovative products and processes. The sub-regional network meetings will provide an opportunity for this engagement.
- The workstream is also exploring, with the SCPC, a media assessment to develop a communication strategy for innovations. There is a recognition that media stories on innovation for malaria often prioritize coverage of research with novel elements, irrespective of the potential technical value that experts would ascribe.

#### Core Donors Workstream

Leads: Meg DeRonghe, BMGF, and Annemarie Meyer, MNM UK Priority Countries: US, UK, France, Japan, Australia

- US Congressional appropriations took place the week before the meeting. The current State and
  Foreign Operations (SFOPS) bill includes the \$1.56 billion which was requested for GF (an increase) and
  \$755 million for PMI, which would be a maintenance of current PMI levels of funding.
- UK Malaria advocates are joining forces with HIV and TB colleagues
  - They are asking for 1.4B GBP for the Global Fund pledge (15% increase)
  - A new communications plan for the Malaria Must Die campaign is being rolled out. A video with David Beckham was launched ahead of World Malaria Day.
  - Commonwealth work:

- The CHOGM match that was put forward by the UK government has been extended –
   100 billion GBP was added last year as a stretch match and the match has now been fulfilled
- Commonwealth Ministers MNM UK met with them yesterday to get agreement to continue the momentum established last year at the summit. A foreign ministers meeting will take place in London in July.
- The next CHOGM meeting which will have a strong malaria component will take place in Kigali in June 2020.
- Multisector engagement
  - Need for political engagement throughout the Brexit
  - Recent Elections Conservatives to remain in power

#### France

- France is playing a critical role as the host of the Global Fund Replenishment this year
- ARMPC has been working with SCPC on a number of initiatives, including the implementation of a high-level event in Paris on World Malaria Day.
- The secretariat has been leading ongoing work on engaging the Francophonie, with the intention of having a similar commitment to the Commonwealth countries.

#### Japan

- There are ongoing efforts to launch an All-Party Parliamentary Group within the Diet
- A side event proposal for TICAD in August has been submitted by Malaria No More Japan with support from a group of other partners including UCSF, Friends Japan, UN Foundation, Sumitomo, and MMV.

# Session III: High Burden to High Impact (HBHI)

Presenter: Alistair Robb, WHO

- The GTS has very bold ambitious targets and it is clear that we will not make those targets with current practice
- HBHI is not a new initiative but a new approach that is consistent with the GTS which aims to strengthen the in-country approach
- HBHI is based on 4 elements:
  - Political Will
  - Strategic Information
  - Better Guidance
  - Coordinated Malaria Response
- HBHI is not only limited to High Burden countries, but also to countries with high transmission.
   The approach can be tailored to fit any country situation. They will start with the 11 highest burden countries and expand to other high burden countries
- Next Steps
  - Finalize monitoring and tracking framework for the HBHI at global level and documenting the best practices and disseminating successes by mainstreaming through existing communication moments and opportunities
- RBM can play a big role in HBHI
  - ARMPC can focus on building political will
    - Empowering people though grassroots movement (CS4ME)
      - The role of individuals is critical

- ZMSWM and malaria matchbox are both helpful
- Building accountability

## Session IV: Vision for 2020

• The group discussed the areas of focus enabling activities and key moments for 2020. This will serve as a blueprint for planning for 2020, recognizing that more information will inform planning throughout the year. Participants identified gaps in the information put forward and their input is reflected below.

## Draft areas for focus in 2020

- Francophonie
  - 5% Initiative
- CHOGM commitment
- Multisectoral approach
- Sahel Malaria Elimination Initiative (SaME)
- HBHI
- Influencing next GF strategy/maintaining split for the next strategy

#### **Enabling activities**

- Create and advance strong advocacy narratives for investment in malaria covering the intersections between malaria and other issues (ie: UHC, HSS, Innovation, GH Security)
- Strengthen ARMPC and its workstreams and expand memberships
- Strengthen working relationships with other partner committees (SCPC and CRSPC) and working groups to carry out joint initiatives

## Key moments in 2020

- 34<sup>th</sup> AU Summit
- CRSPC Mock TRP's
- OIF Meeting
- WB/IMF Spring meetings
- World Malaria Day
- 73<sup>rd</sup> World Health Assembly
- Africa Day
- G7
- G2020
- CHOGM meeting in Rwanda
- PMI 2021-2025 Strategy
- Tokyo Olympics
- United Nations General Assembly
- \*Potential\* Malaria free certification for China
- 2020 Devex World Event
- Asia Pacific Advocacy Strategy
- World Malaria Congress (TBC)

## Session V: Where should we focus in the advocacy narrative and how can we fill the gaps?

Recognizing that malaria needs to position itself within a larger global health narrative and that specific issues matter to specific donors or potential donors, the group did a brainstorm to think of the various areas of focus

for building advocacy narratives. As next steps, this list will be prioritized with the ARMPC steering committee and a call will go out to partners to provide advocacy materials they have already created which link malaria to the following topic. Prioritization for development of new materials to fill gaps will be based on urgency of need, plans for use, and relevance to key donors.

## Broad list of advocacy narratives

- Universal Health Coverage (UHC)
- Country Financing/Domestic Resource Mobilisation
- Climate Change
- Primary Health Care (PHC)
- Health System Strengthening (HSS)
- Return on Investment (ROI) and Economic Development
- Gender
- Human Rights
- Fragile states/ emergency/Humanitarian response
- Innovative Financing
- Antimicrobial resistance
- Different elimination milestones
- Vivax

#### Session VI: Workstream Breakout Sessions

**New Donors** 

#### **Overall Workstream:**

- In considering planning for 2020, important questions that need to be answered:
  - How much can we expect to expend and on what timeline? What are our fundraising goals for targeted new donor countries? Where do alternative financing mechanisms fit in?

### South Korea:

- Budget logistics for Aug 27 event
  - In considering the budget, travel will be handled separately, and the rest will be delivered as a grant.
  - For venue or other significant costs, a minimum of 3 quotes is required.
- There was some discussion around other possible upcoming activities that might be pitched/of interest to South Korea including:
  - Vanuatu, Solomon Islands, Papua New Guinea, and Timor Leste are receiving a \$25 million grant from the Global Fund, but that grant must be matched by those governments or other regional ("domestic") financers like the ADB. Could potentially pitch South Korea as a regional core donor for SE Asia, setting the stage for the next 10 years.
  - There is a p. vivax conference in Paris at the end of June -- who do we know from Korean industry and research reps who could be engaged around this? Noul? Abbott?

#### China:

- RBM-China steering committee meeting in June. RBM imagines structure wherein new donor workstream serves as an advisory group for whatever develops out of RBM-China relationship.
- China wants to expand the number of countries it provides aid to and is looking for direction from partners on where, how, and why they should spend that money.
  - o They want RBM's help in determining which countries should be their focus.
  - Have also requested assistance in creating a malaria advocacy think tank in China.
  - Could also potentially plan an event around the E2020 summit (such as having conference of foreign ministers of select African countries attend prepared with malaria proposals)
- Current strategies for engaging Chinese funding:
  - South South Fund provides \$2 million over 2 years, endemic country MoFA give their requests to Chinese Ambassador
    - NIPD and China CDC will be directing the projects (not MoFCom), but the request for funds still have to come from MoFA
  - o Informal invitations between ambassadors to help bypass formal processes -- for example, last year the Swiss Ambassador invited Chinese Ambassador to visit Tanzania
  - Important note is that GF and PMI cannot fund infrastructure, while the Chinese favour financing infrastructure. Of course, without people trained to staff new hospitals, infrastructure may not be the best investment, but still worth exploring possible overlaps with malaria and infrastructure projects.

# UAE:

- Hosting Last Mile Conference in November, we should consider how we can engage around malaria at that event. Coincides with RBM board meeting in November.
- Research will be needed by end of June to get a clearer picture on UAE interest in vector borne diseases and global health. Are there any connections to HBHI countries with significant gaps in funding?

#### **Next Steps:**

- MNM -- Reach out to Patrick at APLMA and Heejong about participation in the New Donors
  Workstream, including possibility of hosting calls from their time zones as Korea event gets
  closer. <u>Due:</u> ASAP.
- MNM and partners -- assemble rough straw man based on this meeting for engagement plans for our 3 targeted countries, partners to contribute/edit. Due: ASAP
- RBM -- will research how UAE spends their funds (where and through what mechanisms, how money gets from A to B) <u>Due:</u> End of June.
- MNM -- will also conduct background research with goal of providing a menu of options for UAE funding. <u>Due:</u> End of June.
- MNM and partners -- Put together timeline and fundraising goals for 3 targeted countries. <u>Due</u>: Ongoing, but refined final version due in September before RBM board meeting in November.

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#### Core Donors

- Replenishment
  - o Event in Paris was very helpful.
  - Another event in support of the Global Fund at UNGA would be useful. It would also be good to try to get a malaria speaker in cross-health issue/UHC events at UNGA.
  - AU Summit will be an important moment from a Francophone angle.
  - A regional elimination/Sahel-focused event concept has been submitted for the Replenishment
  - US is going in the right direction
    - Ray Chambers is being asked to weigh in
  - Australia
    - Election loss means that narratives are still relevant
    - Would an Australia malaria caucus work?
  - O Japan, Canada, Germany could announce early, possibly one of the Nordics, Italy
  - Civil society has done a lot of work sending letters to French ambassadors in countries
    - Rotary from Australia has reached out to do an event
    - They will have a series of CSO events at French embassies around the world.
- Francophonie
  - Objective is to get a commitment from La Francophonie like what we have with CHOGM.
     Finding that the engagement ties in with so many other objectives.
  - What needs to happen leading up to October 2020?
    - There is a need to do some backwards planning to figure out what needs to happen between now and the summit.
  - Have been bringing on board francophone partners to build up to OIF engagement.
  - World Malaria Day was a stepping stone for the Francophonie which aligned with broader replenishment goals.
  - There will be a French WHA event.
  - A Sahel event will take place around the AU summit
  - o OIG SG is former Minister of Health of Rwanda.
    - Signing agreement with WHO/OIF that malaria will be a priority
  - Advocacy culture in the Francophonie has its own character which we need to recognize
  - The Global Fund OIG report on West and Central Africa is great for engaging partners
    - 5% is convening partners around this

#### CHOGM 2020

- Health minister review in May in GVA
- HOSG meeting in June in Kigali
- A tracker is under development and has broad support.
  - This is simple and shows if countries are on track or off track
  - It does not require additional data collection
- We have buy-in to do a side event to CHOGM
  - Want to bring in youth
- Rwanda has a link between commonwealth and Francophonie and this is before OIF summit
- What do we need out of this?
  - Country leadership
  - Platform for other voices (CSOs, Religious leaders)

- Accountability:
  - Could country level CSOs push their countries to make pledges for course corrections if they are off track?
  - Could the RECs help with country level commitments.
  - Framing: We have 10 years to reach watershed year? This could lose the concrete 2023 commitments.
- Can Trinidad and Tobago, and Belize be engaged so that there is engagement from the Americas?
- Is this an accountability on progress moment?
- McKinsey has tracking info and projections for HBHI data.
- Themes: Use of data, vector control tools? What does it take to eliminate malaria?
- We may be asked to integrate the event with our NTD partners who are also using CHOGM as an opportunity.

#### UNGA

- o GF is developing a concept for an event
- We can do early outreach to see if there is interest
- O Do we seed malaria into events on other issues?
  - Olivia will ask CSEM for other events
- Other issues:
  - Evaluation of SDG progress. 3 is far behind
  - Financing for Development
- Ambassadors and Champions
  - France World Cup team.
  - Maintaining fresh talking points is challenging at times.
  - o Can champions be linked to media fellows.
  - There could be someone from Bollywood a a champion, or who are already working with MNM.
  - Standardized messages would be good.

Innovation and Access (including follow up discussions on 21 May)

# Innovation & Access Workstream – Notes and Action Items

## Agenda

- Briefing from WHO GMP on new policy processes
- Review of I&A Advocacy Pipeline to identify next steps
- Planning activities for 2019-2020

# Briefing from WHO GMP on new policy processes:

- GMP undertook deep dive in policy processes across product categories
  - Noted that processes were not consistent and not well documented
  - o Different pathways were used, even within drugs category
  - Partners shared perceived lack of transparency, and that processes were too long and too unpredictable

- Did months of interviews to understand history and improve processes for malaria improved processes are part of WHO reform and applicable beyond malaria
- o BCG consulting collected 80+ interviews and distilled
- o MPAC has helped to make processes more clear
- WHO role is arbiter of knowledge-based evidence and guidance
  - Harmonize and streamline Policy Pathways:
    - Entry point provide clarity on when innovators should enter policy process
    - Review standards
    - Roles & responsibilities between MPAC, VCAG, TERGs, etc.
    - Process sequences
  - o All WHO regions said:
    - Policies are too vague
    - Dissemination of new policies not always evident
    - Prioritization unclear
    - Sub-optimal use of WHO
  - Decided to standardize
- Horizon Scanning:
  - o 3 month pilot will be open call to identify unmet public health needs (on website)
  - o GMP to analyze pipeline across categories
  - O How develop Preferred Product Characteristics (PPCs)?
    - High level, key features, skeletal framework
  - How develop Target Product Profiles (TPPs)?
    - More detailed, usually owned by product developer
- When does price come into equation?
  - o At PQ, price is considered early on. At policy level, price not often included.
  - o If affordability at introduction was prerequisite, neither ACTs nor LLINs would have happened
- Also looking at strategies to enable better use of existing products, better mixes of tools
- Will have more consultations, with civil society, communities, francophone countries
  - Civil society comment: If it will take 8-10 years to approve a new tool, it is hard to mobilize resources and cannot reach our goal
  - o How can we learn from expedited processes for HIV with ARVs and Prep?
- New WHO Research Division will maintain PPCs and TPPs.
  - Many already exist, 30+ published by TDR.
  - How to define First in Class remains an issue, especially in VC
- Summary:
  - o Clear role for I&A workstream in helping to generate uptake for impact
  - o Demand creation: with eye to ensuring capacity to meet the demand
  - Co-create conversations about development processes
  - o Risk-sharing strategies for innovation, earlier in process

### Discussion Notes - Innovation & Access Breakout Session:

- Innovation is the discussion 'a la mode' 'in Global Health
- Country perspective Implementation of new tools is our bottleneck
  - o Policy can be developed for a tool but getting it in country can take a long time
  - Can I&A workstream help countries know what's in the pipeline and when to expect new tools suitable for their context

- Risks of forecasting: what if countries hold off implementing available tools and innovative tools are delayed?
- WHO guidance on tools is critical countries can't take up new tools until policy exists
- "Access" refers to lifetime of use of a product
- Zero Malaria Starts with Me engaging civil society
  - Link to engage CS4ME
  - o For HIV, Civil Society has been effective in accelerating early access to innovation
- SE Asia driving consumer demand for vector control
- Crowd-sourced surveillance becoming possible with spread of smart phones
- Big donors, industries, civil society, MOHs, MOFs different roles and different agendas
- Human health has only ever improved through innovation
- Innovation is not innovation if it's not scaled up

#### **Action Steps:**

- Briefing on WHO Policy Process by David Schellenberg was productive and courteous discussion
  - Proposed ongoing engagement and feedback from I&A Workstream, especially around how GMP is developing TPPs and PPCs for new products
  - Presentation attached
  - Next Step: follow up with GMP
- I&A Advocacy Pipeline
  - Consensus among workstream members that tool is more useful for collecting narratives of I&A pipeline status, rather than rating the status in stop-light colors
  - Will remove existing colorations and instead highlight issues/examples that can be used as proof points for advocacy
  - Next Step: New version to be circulated in advance of next I&A Call on 6 June 2019
- Proposal for Meeting:
  - o Idea to convene meeting of malaria, HIV and TB innovation/access possibly NTDs
  - Propose 'Resistance' as organizing principle to understand common country perspectives, bottlenecks and solutions –wide agreement that drug and insecticide resistance across the diseases are driver for adopting innovations for all 3 diseases
  - Suggestion is to hold meeting during week of the GF Replenishment in Lyon, at a time not in conflict with externally-facing meetings (ie, Monday 7<sup>th</sup> October or Friday 11<sup>th</sup> October)
  - Not intended as public facing meeting but as opportunity to convene innovation partners across the 3 diseases who will already gather in Lyon for a timely discussion – with potential to host at Bayer's corporate campus
  - Next Step: Concept Note to be developed by I&A Co-chairs, RBM team in advance of next call on 6
     June 2019
- Innovation messaging/communications audit
  - SCPC suggested undertaking a media analysis to better understand messages being conveyed in global media – not the messages we are trying to share, but those that get printed/covered

- At same time, ARMPC discussion proposed to survey malaria-affected country attitudes to malaria
  interventions and what's on their wish lists innovation and access
  - Anecdotally, many countries seem to want to move away from LLINs and toward non GMP-recommended larviciding/space sprays
- o Suggested: work with SCPC, SBCC Working Group to design survey that captures these issues
- Malaria in Humanitarian Emergencies
  - Group working on this under VCWG has asked I&A Workstream to engage/help get innovations targeted to support humanitarian emergencies where traditional tools are not applicable (ie, insecticide-treated blankets, tents).
  - Next step: VCWG group (WHO, UNICEF, Mentor, UNF and others) to determine proposed timing for their meeting and update I&A workstream on potential support role

#### Session VII: Multisectoral Action Framework for Malaria

Presenter: Erik Blas, UNDP Consultant

- The 2013 framework fell to the side due to lack of funding, resistance and lack of attention
- Data shows that while cases have stayed the same, deaths have gone down since 2000. This trend seems likely to continue into the future.
- Tools, guidance and processes are needed to take a multi-sectoral approach
- A refreshed framework will include a package of a launch deck, a roadmap and an assessment tool.
- Wants to launch in 10-15 high burden countries in 3 or 4 geographical clusters. This will be national and sub-national. The frame will be political and developmental
- There will be a two-year guided process for the launch.
- What are some examples?
  - Cases are emerging: Electrification of villages and water supply in Iran. Something in South Africa. Still waiting for this to come in.
- How does this relate to malaria matchbox? How does this relate to HBHI? This should not be a separate approach, but rather an option to countries within one broader process.
- How can this be utilized in the GF concept note process?
- It is challenging for NMCPs to move this within other programs and ministries. MFTF work helped deal with this and a similar approach would need to be taken to getting high-level political support.
- ARMPC roll is to bring attention to the need when it is identified. ARMPC should work to create an enabling environment at a higher level, like at WB.

# Session VII: Closing remarks from Dr Diallo, CEO, RBM Partnership to End Malaria

- After 4 weeks in his position, Dr Diallo was excited to meet everyone. He recognized that ARMPC
  plays critical role in raising the political profile for fighting malaria and making sure that there is
  increased funding for malaria.
- The success of the GF replenishment is the success of RBM
- Linking fight against malaria to GH security would be a winning narrative.
- What would he like to prioritize moving forward?
  - Data comes to mind. Worried about the timeliness of this.
  - GF replenishment

| • | Innovation is a la mode. Feels he needs to get a better feel for this before commenting too much on it. Need to present these in a consistent and structured way to countries. |
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