



**UNITAID Executive Board Meeting**  
**24<sup>th</sup> Special Session**  
**16-17 March 2016**  
**Starling Hotel**  
**Geneva, Switzerland**

**Agenda item 3**

**Minutes of the**  
**23<sup>rd</sup> Executive Board Meeting**  
**(4-5 November 2015)**

**For Information**  **For Review and Advice**  **For Decision**

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## Executive Summary

- The draft agenda for EB23 was adopted with discussion of items 14 (Medicines Patent Pool) and 17.1 (Selection of Executive Board chair) to be taken earlier.
- The minutes from the 22<sup>nd</sup> Executive Board Meeting were approved subject to a typographical correction.
- Board members noted the report of the Executive Director and congratulated him and the Secretariat on successful completion of the transformation process.
- Board members proposed that further work be done to engage with NGOs and Civil Society to foster greater demand for access to affordable commodities and new innovations in the fight against the three diseases.
- Board members noted the report of the Chair of the Policy and Strategy Committee.
- Board members noted the report of the chair of the Finance and Accountability Committee.
- The Executive Board adopted Resolution No 1 on the UNITAID 2016 Budget
- The Executive Board adopted Resolution No 2 on expanding access to preventive chemotherapy in pregnant women
- The Executive Board adopted Resolution No 3 on accelerating adoption of innovative vector control tools
- The Executive Board adopted Resolution No 4 on expanding private sector access to diagnostics testing and treatment
- The Executive Board adopted Resolution No 5 on optimizing introduction of tools for treatment of severe malaria
- Board members commended the Secretariat for the clear and thorough analysis of the tuberculosis disease narrative and looked forward to receiving proposals on potential Areas for Intervention in 2016
- Board members thanked the Secretariat for preliminary review of the hepatitis C strategic disease narrative and looked forward to reviewing further analysis and developments at a future Board meeting.
- Board members considered that the strategic disease narratives were an excellent tool to structure the analysis of complex and dynamic fields. The narratives highlighted the key strategic, political and scientific issues involved with moving from an area of interest to an Area for Intervention, and facilitated Executive Board discussions.
- Board members noted the report on the development of the new UNITAID strategy and congratulated the Executive Director and Secretariat on the thoroughness of the analysis conducted.
- Board members endorsed the proposed timetable for further development and review of the strategy and looked forward to the Executive Board special session in March 2016

- The Executive Board adopted Resolution No 6 on expansion of the scope of the grant to the Medicines Patent Pool (HCV and TB)
- Board members thanked the Secretariat and Global Fund representatives for the discussion of the e-Marketplace and looked forward to receiving further details of the proposed additional investment.
- Board members welcomed the Secretariat's report on partnerships.
- Board members thanked the Secretariat for the update on communications and welcomed the refreshed approach to communicating UNITAID's brand and successes.
- The Executive Board nominated Norway to act on behalf of the Board with regard to negotiations and ensuring a final agreement with the chosen candidate for the position of Executive Board Chair
- The Executive Board adopted Resolution No 7 on the terms of reference and procedure for selection of new Executive Board Chair
- The Executive Board adopted Resolution No 8 on the term of office of the Vice Chair
- The Executive Board adopted Resolution No 10 on a review of UNITAID governance documents
- The Executive Board adopted Resolution No 9 on the calendar of UNITAID Board meetings for 2016

## 1. Opening of Meeting

The EXECUTIVE BOARD VICE CHAIR opened the 23<sup>rd</sup> Executive Board meeting at WHO Headquarters in Geneva Switzerland at 09:40 on 4 November 2015 and welcomed Board members, observers and the Secretariat to the meeting. She outlined the work to be discussed during the meeting including reviews of the strategic narratives for the three priority diseases within UNITAID's portfolio which were the basis for identification of Areas for Intervention, a mid-term review of the 2013-2016 strategy and process for developing the next strategy, a critical discussion on the potential expansion of the Medicines Patent Pool beyond HIV infection to include medications to treat hepatitis C and tuberculosis infections, as well as approval of procedures to select a new Executive Board chair whose term will start in June 2016.

## 2. Adoption of Agenda

BRAZIL noted that the Executive Board's business included several critical decision items, in particular the procedures for selection of the next Executive Board chair and discussion of the Medicines Patent Pool. He requested that these be brought forward so that discussions would not be rushed at the end of the meeting.

**The draft agenda for EB23 was adopted with discussion of items 14 (Medicines Patent Pool) and 17.1 (Selection of Executive Board chair) to be taken earlier.**

## 3. Minutes from previous meeting EB22, 3-4 June 2015

BRAZIL noted that the draft minutes referred on one place the Executive Board retreat instead of the Executive Board meeting.

**The minutes from the 22<sup>nd</sup> Executive Board Meeting were approved subject to a typographical correction.**

## 4. Report from the Executive Director

The EXECUTIVE DIRECTOR summarized the substantial changes that had been implemented in UNITAID since he was appointed in October 2014 and noted that the completion of the transformation process would be celebrated jointly by staff in December. The transformation had started with a functional review of five critical areas of the organization and listening to the views of staff, Board members, representatives of NGOs and Communities, donors and strategic partners. Building on the functional reviews and consultations, a new structure was agreed that retained the best elements of the previous structure and reinvigorated other areas to bring

them into the framework of the new operating model. Considerable time was spent to align the institutional position of UNITAID within the global health landscape, to clearly define UNITAID's niche and to speak with a single voice and single message about UNITAID's purpose and way of working.

Under the new operating model reviews and decisions on projects were more structured, transparent and connected with partners. Such partnerships were essential to ensure that UNITAID's catalytic innovations are scaled up and have impact on the lives of the intended ultimate beneficiaries. UNITAID had become more selective in the projects selected for funding, making sure they lie within UNITAID's core business and that UNITAID's investment will make a difference. In addition the process had been streamlined to ensure faster and more transparent decision making. The new systems ensured clarity on where to invest, how to invest, and why to invest UNITAID's funds. The new way of managing grants through a project team approach, portfolio management systems, common risk management systems illustrated the collaborative team approach to the work.

As with any reorganization there had been staff changes and the preference had been to capitalise on existing staff and experience, bringing in new talent where necessary. This had involved close collaboration with WHO's human resources department. Despite the disruption, the work of administering projects and grants continued. In 2015 calls within three Areas for Investment were issued, new grants to total value US\$ 162 million signed, several non-performing grants were closed, 92% of projected disbursements were completed and difficult decisions on conflicts of interest were taken.

The EXECUTIVE DIRECTOR announced that he had established a small panel of external advisors, all senior figures in global health and development, who would share ideas with him and senior management on issues such as UNITAID's strategic positioning. These senior figures would also become informal UNITAID ambassadors and champions. The first meeting was expected to occur in December 2016. The EXECUTIVE DIRECTOR highlighted the priorities for 2016 which included a comprehensive system for monitoring and evaluating grant performance to replace the current ad-hoc evaluations, strengthening Value for Money assessments, and developing the 2017-2020 strategic plan. This would require support and inputs from the Executive Board in addition to the consultations planned with partners, civil society, and the private sector.

## **Discussion**

The WHO ASSISTANT DIRECTOR GENERAL FOR HIV/AIDS, TUBERCULOSIS, MALARIA AND NEGLECTED TROPICAL DISEASES (HTM Cluster), attending her first Executive Board meeting, thanked the Executive Director and his team and underlined WHO's support for the new operating model and recent transformation of UNITAID. She noted the excellent collaboration between UNITAID and WHO technical departments and stressed that UNITAID's work to shape and innovate in markets for global health commodities complemented WHO's work to support countries strengthen their health systems and move towards universal health coverage within the context of the newly agreed United Nations Sustainable Development Goals.

BRAZIL thanked the Executive Board for having held its last meeting in Rio de Janeiro which underscored her country's commitment to UNITAID. BRAZIL was proud to be a founding member of UNITAID and thanked the Executive Director and Secretariat for their professionalism, competence and efficiency and welcomed the new united face of the organization.

BRAZIL noted that the BRICS countries had recently committed to make available diagnostics and treatments for tuberculosis patients to all affected populations in their countries. In addition the unified Brazilian health system had committed in September to provide the new treatments for hepatitis C infection to all affected patients free of charge. BRAZIL fully supported the proposed expansion of medicines patent pool to include tuberculosis and hepatitis C medicines. The considerable progress in increasing access to antiretroviral therapy for HIV infection over the past five years showed what could be achieved, and this commitment must now be applied to hepatitis C and tuberculosis infections. BRAZIL supported the requirement that 85% of UNITAID resources to purchase commodities be spent in low-income countries, but noted that over 70% of the world's poor live in middle-income countries where many populations were subject to high disease burden.

FRANCE acknowledged the recent achievement to transform UNITAID and thanked WHO as host organization for facilitating the process. FRANCE noted that UNITAID had a mandate to address the needs of the most disadvantaged people and thus must work in and through middle-income countries in order to bring market-shaping benefits to populations in low-income countries. Moreover account had to be taken of the expectations of UNITAID's partners working at country level to have impact on the three priority diseases in high burden countries. FRANCE highlighted the importance of communicating to the public, in particular in beneficiary countries, the nature and value of UNITAID's work and investments.

NORWAY strongly supported the UNITAID transformation and noted that the changes had helped achieve results and improve visibility. Moreover the transformation improved the trust between the Executive Board and Secretariat and had allowed Board members to see and understand their role more clearly, set strategic priorities, and delegate implementation of the work to the Executive Director and Secretariat.

The FOUNDATIONS representative strongly endorsed the comments by other Board members and supported the priorities for 2016 outlined by the Executive Director. She noted that the global health architecture was evolving rapidly and there was increasing interest in applying the innovative financing mechanisms and catalytic market shaping models developed by UNITAID. UNITAID occupied a unique niche in the global health architecture.

The UNITED KINGDOM endorsed the comments of other Board members and congratulated the organization on its swift and effective transformation. This would now allow the Board to concentrate on strategic guidance and rely on the Executive Director and Secretariat to deliver. The UNITED KINGDOM was pleased to announce that the performance targets for the 20% conditional funding had all been met and the remaining funds would be released shortly.

The NGOs joined previous speakers in praising the Secretariat and considered that civil society had good reason to be thankful. He noted that considerable work, particularly with regard to fostering civil society engagement, remained incomplete and stressed the importance of action in this area. He noted that civil society pressure had been a critical driver to achieving scale-up for HIV treatment and prevention interventions, and there was a need to catalyse the power of civil society to demand better access to medicines and prevention of the other priority infectious diseases. Once these epidemics of HIV, TB and malaria had been brought under control there would no longer be a need for special organizations to catalyse the global response. He urged the Executive Board to strongly support the work to foster further civil society engagement.

The AFRICAN UNION echoed the congratulations to the Secretariat from other Board members and noted that UNITAID's work in middle-income countries had a large catalytic role in bringing affordable commodities to communities in low-income countries. She suggested that it may be necessary to reconsider UNITAID's mandate to spend at least 85% of its funds for the purchase of commodities in low-income countries if that was an impediment to invest in market-shaping or other interventions in middle-income countries that would also have benefit in low-income countries.

The COMMUNITIES LIVING WITH THE DISEASES joined others in adding congratulations and thanks to the Executive Director and Secretariat for their hard work on behalf of those affected. However he urged UNITAID to analyse and learn what lessons could be drawn from the apparent ability of the private sector to make commodities available in remote and difficult to access locations.

CHILE congratulated the Executive Director and the Secretariat for the results achieved during 2015 and noted that UNITAID was a pioneer in implementing efficient and sustainable mechanisms for financing development aid, enabling the neediest countries to ensure sustainable supplies of medications and overcome market constraints. She urged this work to continue in order to overcome barriers to achieving access to prevention, treatment, care and support of people affected by the three diseases and progress towards elimination.

The EXECUTIVE DIRECTOR thanked Board members for their comments and support and took note that UNITAID must engage further with NGOs and the Communities Living with the Diseases to increase demand for better access to life-saving commodities, as well as maintain pressure on governments to directly finance, or request financing for, products and innovations that had resulted from UNITAID investments. He agreed that more could be done to promote country-level engagement and ownership of projects and results, and to this end the project kick-off meetings convened with government and community representatives at the start of each project would be very helpful. Ultimately the pull from countries and communities was critical to ensure adoption of successful technologies and innovations.

**Board members noted the report of the Executive Director and congratulated him and the Secretariat on successful completion of the transformation process.**

**Board members proposed that further work be done to engage with NGOs and Communities to foster greater demand for access to affordable commodities and new innovations in the fight against the three diseases.**

## **5. Report of the Chair of Policy and Strategy Committee**

The CHAIR OF THE POLICY AND STRATEGY COMMITTEE (PSC) gave a summary of the discussions and recommendations from the previous day's meeting. The highlights included a detailed review of the restructuring of the Operations Team, the deployment of the new risk framework to 72% of active grants and the efforts to optimize the performance of existing grants. The portfolio of active grants was expected to increase from 28 with total value US\$ 700 million in 2015 to 43 with total

value US\$ 1,015 million in 2017. PSC noted the progress to develop frameworks for assessing Value for Money and Impact of grants and recognized the complexity and cost of objective assessments. PSC welcomed the restructuring of the work on Business Development and Market Intelligence, but urged that the potential negative consequences of dropping the widely respected Market Landscape Reports be considered. PSC also received an update on the response to the three calls for proposals issued since the last Executive Board meeting and progress with evaluating the submissions received.

**Board members noted the report of the Chair of the Policy and Strategy Committee.**

## **6. Report of the Chair of Finance and Accountability Committee**

The CHAIR OF THE FINANCE AND ACCOUNTABILITY COMMITTEE (FAC) summarised the discussions and recommendations from the previous day's meeting. The FAC had reviewed the proposed budget for 2016 and recommended approval by the Executive Board. The FAC had welcomed the dynamic analysis of expected revenues and disbursements over the next five years the analysis of funding capacity for 2016 and estimates for future years. The FAC had received an update on the development and implementation of comprehensive risk management policies and procedures throughout UNITAID's work and reviewed the new policy on wrongdoing, including procedures for whistle blowers to report suspected fraud. FAC and PSC had held a joint session to review the procedures for portfolio risk management.

**Board members noted the report of the chair of the Finance and Accountability Committee.**

**The Executive Board adopted Resolution N° 1 on the UNITAID 2016 Budget**

## **7. Methodology for Developing Disease Narratives**

THE TEAM LEADER FOR STRATEGY AND RESULTS reviewed the process and methodology for developing strategic disease narratives which described each of the priority diseases, the global response and challenges, and identified areas where UNITAID could add value. This provided a platform for strategic engagement with partners, leading to articulation of Areas for Intervention (AfIs), calls for proposals, projects for UNITAID investment and ultimately to impact in affected communities.

The key principles applied when developing the strategic disease narratives included systematic and exhaustive review, strong analysis, and leveraging UNITAID's market shaping expertise while recognising that the narratives were dynamic and needed to adapt as the disease and global response evolved. The systematic and comprehensive analysis drew on the UNITAID landscape analyses, global strategies, partners' strategies and reports, and ongoing partner consultations. The analysis was then

passed through several filters which narrowed down to issues that could respond to UNITAID investment, lay within its mandate, did not duplicate the work of others, were high priority and had potential for high impact. Filtering and prioritizing involved working with a wide range of partners (countries, civil society, NGOs, implementing partners, funding partners, technical partners and the private sector) in order to anticipate and respond to country needs, anticipate innovations and ensure readiness to scale up. In addition the costs of potential interventions, the optimal time to intervene, the potential costs resulting from not intervening and the importance of prioritizing UNITAID's investments were also considered.

## **Discussion**

BOARD MEMBERS welcomed the overview of the process for developing the strategic disease narratives which facilitated thinking strategically about the Areas for Intervention and projects. Board Members congratulated the Secretariat on the progress shown since the discussion at the previous Board meeting.

Specific comments and suggestions made by Board members on the background document and presentation included:

- Consider adapting the frequency of updates to the strategic disease narratives according to the evolution of the disease and global response and pace of innovation
- Consider adding a brief summary of previous UNITAID actions in each area
- Consider documenting and adding a list of who was included in the country and partner discussions and consultations
- Consider that the filters applied to narrow the review of each disease area to issues that UNITAID should engage in may be different for cross-cutting issues
- Highlight the time horizon for the strategic disease narratives and consider that some investments may need to address issues with a long-term perspective
- Consider embedding the analysis within the context of a theory of change to identify issues that need to be fixed, when and how they need to be fixed, and whether they needed to be fixed now
- The background document would benefit from clear and crisp statements on UNITAID's comparative advantages, unique and distinct position compared with other actors in the global health landscape, particularly since the document may be used for communicating to wider audiences.

In response, the TECHNICAL OFFICER FOR STRATEGY AND RESULTS thanked Board members for their comments and noted that some of the issues raised would become clear as the individual strategic disease narratives were presented. She noted that the document was aimed at an audience who knew UNITAID well and acknowledged that different details and emphasis would be necessary when communicating with other audiences. The strategic disease narratives were intended to be living documents updated as necessary and not according to a fixed schedule. The narratives for cross-cutting issues would be built on the strategic disease narrative model but with specific adaptations. These were planned to be developed once the disease-specific narratives had been completed.

## 8. Disease Narrative for Malaria and Areas for Intervention

THE TECHNICAL OFFICER FOR STRATEGY AND RESULTS presented the strategic disease narrative for malaria. This summarised the disease characteristics, progress in reducing malaria incidence and mortality over the past 15 years, the central role of commodities in averting an estimated cumulative total of 650 million cases over 16 years. The global goals for 2020, 2025 and 2030 could be achieved by increasing coverage of existing interventions and innovating with new tools and delivery models. A total of 33 key challenges were reduced by applying filters related to commodity access, potential public health impact, the availability of technologies and those critical gaps where UNITAID could add value compared with other global health players. The remaining challenges were grouped in four main issues -- preventive treatment for pregnant women, innovative vector control tools, private sector case management, and treatment for severe malaria – which were singled out as potential Areas for Intervention.

**Preventive treatment in pregnant women** in high malaria burden settings was a highly cost-effective intervention recommended by WHO since 1998 but coverage remained low because of poor service delivery to pregnant women, particularly in remote areas, negative perceptions of medicine quality, low availability and frequent stock-outs of preventative medications, and low demand from the community. This was one area for UNITAID intervention, for example through increasing the availability of appropriately packaged quality-assured medicines.

The second Area for Intervention was to **accelerate adoption of innovative vector control tools** for use on long-lasting insecticide treated bed nets and indoor residual spraying as resistance was developing to existing products. There were several barriers to research and development of new chemicals including the lengthy processes for global evaluation and register in high burden countries and uncertainty how the new tools should be used. Issuing a call for proposals in this area could help generate evidence on how new tools could be used and generate evidence on which to base normative guidance to facilitate scale-up and build capacity. A new call would complement the existing UNITAID investment in the Innovative Vector Control Consortium (IVCC).

The third Area for Intervention covered **expanding private sector access to diagnostics testing and treatment**, noting that the private and informal sectors were important providers of diagnostic tests and treatments. However there was a lack of affordable and standardised diagnostic tools and treatments, including quality-assured medicines. These issues would potentially respond to new UNITAID investments, would complement previous investments in malaria diagnostics and treatments as well as other partner interventions.

The fourth Area for Intervention concerned the **introduction of treatment for severe malaria** which would complement and capitalize on an existing grant to the Medicines for Malaria Venture to develop rectal artesunate by generating evidence on how the product can be introduced and used at community level and thus help shorten the time from regulatory approval to adoption and use.

## Discussion

The CHAIR thanked the presenters for their thorough analyses and invited representatives of partner organizations to comment.

The DIRECTOR OF WHO GLOBAL MALARIA PROGRAMME congratulated the Secretariat on their analysis of the major challenges in the field and clearly articulating where and how UNITAID was in a unique position to make investments that would make a difference. He strongly supported the four Areas for Intervention which were consistent with the WHO Global Technical Strategy for Malaria 2016–2030 adopted in May 2015 and noted that any intervention with impact on disease incidence or mortality was contributing toward the ultimate goal of malaria elimination.

The DEPUTY COORDINATOR OF PRESIDENT'S MALARIA INITIATIVE thanked the Secretariat for their analysis and the Chair for the opportunity to address the Board. He stressed that the excellent engagement and collaboration between UNITAID and partners had been particularly valuable in this area. Seasonal Malaria Chemoprevention was an important UNITAID investment as vector control remained a crucial intervention. He supported the proposed work on chemoprevention in pregnancy, increased access to diagnostics and treatment through the private sector and the availability of treatment for severe malaria. He reminded Board members that malaria was considered one of the drivers of poverty.

The SENIOR DISEASE COORDINATOR FOR MALARIA, GLOBAL FUND noted that the four Areas for Intervention complemented Global Fund investments and underlined that insecticide resistance was a major threat to successful vector control. Expanding private sector access to diagnostics and treatment resonated well with the Global Fund strategy which considered that every child with fever in malaria endemic areas should be investigated with appropriate diagnostic test and receive appropriate treatment. While the Global Fund was reluctant to fund private sector only interventions, all proposals were required to include a discussion of how the private sector would be involved in the intervention and response.

BOARD MEMBERS thanked the Secretariat for their careful analysis and clear presentations and welcomed the involvement of partner representatives in the process and discussion.

BOARD MEMBERS requested clarification on how the proposed call within the area of **innovative vector control tools** would interface with the existing grant to the WHO Pesticide Evaluation System (WHOPES). The Secretariat responded that this would be reviewed separately as part of the due diligence process during 2016.

BOARD MEMBERS considered that **expanding private sector access to malaria diagnostics testing and treatment** was extremely important, particularly since many health commodities in high burden countries were delivered through the private and informal sectors, but had reservations about how UNITAID could work in this area. New expertise and resources would be required for UNITAID to work effectively in the private sector, and it was unclear what types of private sector interventions might fit with UNITAID's comparative advantages. Board members suggested that types of intervention that fell within UNITAID's mandate and comparative advantage be explored further before launching a more focussed call for proposals. While UNITAID had received proposals in the past to work through the private sector these had not been well supported by governments and it was difficult to see how they could be sustained. Successful private sector interventions, for

example developing and promoting models for health insurance, had addressed general health issues, not a single disease.

Before launching a call for new proposals to **optimise introduction of tools for treatment of severe malaria** BOARD MEMBERS requested the Secretariat to explore whether existing grants could be leveraged to implement the introductory and operational research necessary to accelerate adoption.

**The Executive Board adopted Resolution N° 2 on expanding access to preventive chemotherapy in pregnant women**

**The Executive Board adopted Resolution N° 3 on accelerating adoption of innovative vector control tools**

**The Executive Board adopted Resolution N° 4 on expanding private sector access to diagnostics testing and treatment**

**The Executive Board adopted Resolution N° 5 on optimizing introduction of tools for treatment of severe malaria**

## 9. Disease Narrative – HIV

No other business was raised.

## 10. Disease Narrative – Tuberculosis

TEAM LEADER STRATEGY AND RESULTS presented an overview of the strategic disease narrative for tuberculosis (TB) which summarised the disease characteristics, progress in reducing incidence and mortality and the milestones for 2020 and 2025 within the context of achieving the goal of ending TB by 2035. Innovation was important to optimize use of current and emerging tools as well as pursue universal health coverage. After mapping the challenges that threaten progress toward the global goals within the domains of diagnosis and treatment, prevention and cross-cutting issues and considering those challenges with gaps that could be addressed by UNITAID, consultations and discussions with partners had narrowed down to four potential Areas for Intervention. These were to:

- Improve treatment for multidrug resistant TB
- Address unmet & evolving diagnostic needs in TB and multi-drug resistant-TB,
- Improve diagnosis and treatment for children with TB, and
- Leverage private sector to improve TB diagnosis and care.

The analysis would be refined during 2016 through further partner consultations to identify specific actions that capitalised on UNITAID's comparative advantages. Proposals would be tabled for Executive Board review in 2016.

**Board members commended the Secretariat for the clear and thorough analysis in the tuberculosis strategic disease narrative and looked forward to receiving proposals on potential Areas for Intervention in 2016.**

## **11. Mid-term Review of the 2013-2016 UNITAID Strategy and Process for Development of Next Strategy**

The ADVISOR TO THE EXECUTIVE DIRECTOR reviewed the global response to the health crisis in the 1990s which led to the creation of new global institutions partly driven by increasing civil society engagement. The low coverage of HIV and TB treatment and insecticide treated bed nets galvanized the creation of UNITAID as a global drug and commodity procurement facility primarily funded through an air ticket tax. At that time most commodities were purchased at country level so pooled purchasing was economically viable. As other global health institutions developed their own centralized purchasing facilities, UNITAID remained engaged in intellectual property and prequalification issues, both of which were key enablers of access to affordable quality medications in resource-limited settings and high burden countries. Additionally UNITAID diversified into clinical development, operational research and delivery with investments at several stages of the value chain and spread over each of the three priority diseases. The diversification was more opportunistic than strategic and was partly responsible for the difficulties to communicate clearly UNITAID's unique position and business model. During 2015 UNITAID had redefined its role in the global health landscape, realigned its structure and developed a new investment framework and a new operating model. Lessons and guiding principles for the development of the new strategy included a) success in catalysing and supporting projects at multiple stages along the value chain, b) ability to be agile and take risks to test new ideas, c) importance of working closely with partners, d) need to adapt and anticipate in an ever changing environment, and e) the need for a clear forward looking strategy.

The new strategy was set within the current global health environment and the recently approved Sustainable Development Goals (SDGs) which were broader and more complex than the Millennium Development Goals, but also more enabling. To develop the strategy UNITAID needed to understand the reactions and strategies of its partners (governments, civil society, technical partners, funding partners, implementers and the private sector), define its long-term vision within the context of the 2030 SDGs, and identify how this would be achieved. Several key internal and external analyses had been completed (functional review, strategic review, disease narratives) and others were underway (gap analysis, global trends and partners' strategies). These would form the basis of an analysis of strengths and weaknesses and opportunities and threats to identify key factors for success and to prioritize UNITAID's strategic options.

Further work on the strategy would continue through 2015 and 2016 with regular consultation and involvement of Board members and partners. The schedule for formal reviews by UNITAID governing bodies included the Executive Board special session in March, the June Executive Board meeting, and the October Policy and Strategy Committee. The final strategy would be presented to the 25<sup>th</sup> meeting of the Executive Board in December 2016.

## Discussion

The CHAIR thanked the ADVISOR TO THE EXECUTIVE DIRECTOR on her presentation and congratulated the Secretariat for the thoroughness and clarity of the analysis for developing the new strategy.

In discussion BOARD MEMBERS commended the excellent and comprehensive analysis of UNITAID's creation and evolution over 10 years in a rapidly changing global health landscape. The analysis provided a firm foundation on which to build the new strategy. BOARD MEMBERS noted that the global health landscape was now crowded with many new players, some of whom were working in the space initially occupied by UNITAID. This included market shaping activities where several other organizations had interests and skills.

FRANCE suggested that the new emphasis on universal health coverage and health system strengthening within the new sustainable development goals should be considered in UNITAID's positioning and future strategy. While UNITAID had avoided some of the pitfalls of vertical programs, it was nevertheless focussed on three specific infectious diseases, but its message of innovation and global actions to reach the most disadvantaged populations was broader. In addition it was important to consider the impact of health emergencies such as the Ebola crisis on UNITAID's work. The crisis in West Africa had starkly shown the inability to diagnose malaria once another disease causing acute fever became established. FRANCE suggested some analysis to ensure that UNITAID's work would not be undermined by similar health crises in the future. KOREA supported careful consideration of UNITAID's focus on the three priority diseases of HIV, TB and malaria when there was now greater attention to universal health coverage and health systems strengthening within the context of the SDGs.

BOARD MEMBERS expressed caution about expanding UNITAID's mission beyond its core business and competencies as this would require forging new partnerships, bringing new skills within the Secretariat and other start-up costs. While expansion into new areas could be envisaged, the implications on skills set, and costs and complexity of getting active and becoming influential in the new space must be considered early in the process. In addition it was important to consider the boundaries with other partners working in the global health landscape to avoid overlaps and gaps. UNITAID had a unique catalytic role -- enabling others to do more with less -- in advancing the global development agenda and it was neither necessary nor advisable to stray into areas beyond its present mandate.

When considering potential expansion of UNITAID's mandate it was important to ensure a very clear justification as well as support from all direct stakeholders, especially the donors. NGOs had limited influence on negotiating expansion of UNITAID's mandate but would welcome a discussion on this point. An important example was the cross-cutting issue of intellectual property (IP) where UNITAID had been able to act because of lack of patents or lifting of patents for HIV medicines. This was followed by the very valuable patent pooling mechanism but was restricted to a single disease area. UNITAID's historic capacity to work and influence IP held many promises for the future and there was considerable scope for more actions to unlock IP for the benefit of the most disadvantaged communities. However partners and donors were often wary of becoming involved with IP issues. The UNAIDS REPRESENTATIVE supported further work in this area as improved access to commodities was an important element in the new UNAIDS 2012-2016 strategy.

Both the COMMUNITIES and NGOs spoke about the importance of fostering health literacy as an important driver of demand for access to new commodities. This was well developed with regard to HIV but less so for the other priority diseases or indeed for HCV. Moreover, greater health literacy would increase the demand of better access to services from primary to higher levels of the health care system. An additional area to consider was to understand how to make affordable commodities available to patients through the private health care system.

The UNITED KINGDOM noted that innovation in health commodities would be essential if the SDGs are to be met by 2030. This underscored the big opportunity for UNITAID and related organizations to catalyse innovation.

BOARD MEMBERS were supportive of the schedule for the development and review of the new strategy noting that consultations and discussions with partners needed to take place in early 2016, particularly since there were many more active organizations than when UNITAID was founded in 2006.

CHILE considered that an external evaluation of UNITAID's capacity, transparency and impact should be conducted in the future and the results used to inform the development of the new strategy.

In summarising the discussion, the CHAIR reiterated that there was no shortage of opportunities for UNITAID to grow and reposition itself, but this did not necessarily translate into having to do so. It was important to consider UNITAID's unique strengths and use these to leverage the response of others. She recalled the thoughtful remarks on the global health landscape, health security and health systems strengthening, the new SDG context and the power of civil society engagement. She noted that there was no objection in principle to reviewing and potentially expanding UNITAID's mandate and adapting the constitution if necessary, but this must involve a discussion of available resources. She looked forward to the special session of the Executive Board in March 2016 when further discussions on the new strategy would be held.

The ADVISOR TO THE EXECUTIVE DIRECTOR thanked board members for their constructive discussion and noted that Secretariat was considering very similar questions and ideas, but had not articulated them as clearly as Board members. The internal analysis was mapping out potential areas for expansion, but considered the resource and operational implications and the institutional capacity to become involved in new areas of work. While strategic discussions with partners were taking place it was difficult to dig into the operational details before the broad lines of the new strategy had been approved by the Executive Board.

**Board members noted the report on the development of the new UNITAID strategy and congratulated the Executive Director and Secretariat on the thoroughness of the analysis conducted.**

**Board members endorsed the proposed timetable for further development and review of the strategy and looked forward to the Executive Board special session in March 2016**

## **12. Expansion of Scope of the Grant to Medicines Patent Pool (TB and HCV)**

THE TECHNICAL OFFICER FOR STRATEGY AND RESULTS summarized the background to the proposal to expand the grant to the Medicines Patent Pool to include TB and HCV as areas to be addressed and the different consultations undertaken. For HCV, UNITAID had received a robust and credible proposal strongly supported by Secretariat and the Project Review Committee that outlined a clear gap, significant potential public health impact, established capacity with strong support from key stakeholders. For TB, the Project Review Committee proposed a more cautious approach with some initial exploratory work to be done on the relevance and potential impact of expansion. Currently there were limited products in the pipeline and intellectual property was not considered the most important barrier to access. There remained concerns on safety and the best way to use these medicines on a larger scale and several questions remained outstanding, in particular the willingness of the originator companies to engage in the MPP process and how to ensure proper stewardship of the patents.

BOARD MEMBERS were strongly supportive of the proposed expansion of the MPP mandate to include HCV medicines since the issues seemed closely related to those for HIV medicines where the MPP had a proven track record. Vigilance was necessary to ensure that there were no licensing restrictions based on geography or economic development which would hinder low and middle income countries benefitting from the investment.

BOARD MEMBERS were similarly supportive of the expansion to include TB medicines, but acknowledged that the problem was different and more complex than for HCV. Stewardship of currently available and new medicines was important to reduce the threat of antimicrobial resistance and many actions were necessary to foster innovation and promote affordable access in low- and middle-income countries. The background papers were somewhat unclear whether the public health objectives would be more likely to be achieved with UNITAID and MPP working on the upstream (discovery) or downstream (access) issues, but some BOARD MEMBERS stated that the time was ripe for both. Questions were raised whether the proposed expansion of the MPP mandate for TB could await further background work to be completed.

The Secretariat clarified that the proposal concerned expanding the mandate for MPP to work in this area and did not have any budgetary implications as there were sufficient funds within the existing grant. It was nevertheless clear that further work was necessary to on several fronts, and expanding the mandate was an essential first step before MPP became fully engaged.

The CHAIR invited representatives of MPP to comment. The MPP EXECUTIVE DIRECTOR underlined that the objective was to ensure that medicines became available to patients in low- and middle-income countries as required. The pipeline for HCV medicines was extremely dynamic and preferred treatments were likely to evolve as more information on safety and effectiveness became available. The initial proposal from MPP for TB medicines included both upstream and downstream activities which had been included in the feasibility study. There was a clear need for upstream actions, some of which include IP issues. But these were removed from the final submission as the more immediate focus was on downstream activities. IP issues need to be addressed at an early stage. With regard to antimicrobial resistance

stewardship, the MPP EXECUTIVE DIRECTOR indicated that provisions were already included within the MPP licensing mechanisms.

The MPP HEAD OF POLICY supported the importance of having a clear mandate from UNITAID to expand to HCV and TB medicines and that the time to enter into formal discussion with innovators and manufacturers was now. He cited the example of dolutegravir for which licensing negotiations for generic manufacture started 3 years ago and generic products would be registered in early 2016, soon after the updated WHO treatment guidelines will be issued.

The CHAIR thanked the MPP representatives for their clarifications before they withdrew from the Board meeting. During further discussion the Executive Director clarified that the resolution was restricted to expanding the MPP mandate with no budgetary implications as sufficient resources were available within the existing grant. Progress with negotiations by the MPP would be reported to the Executive Board as part of the regular oversight process.

**The Executive Board adopted Resolution N° 6 on expansion of the scope of the grant to the Medicines Patent Pool (HCV and TB)**

### **13. Disease Narrative – Hepatitis C in the context of co-infection with HIV**

THE TECHNICAL OFFICER FOR STRATEGY AND RESULTS presented the strategic disease narrative for hepatitis C virus (HCV) in the context of co-infection with HIV. The global burden of HCV was poorly documented but according to Global Burden of Disease estimates deaths attributable to HCV were increasing. This contrasted with other infectious diseases where large mortality decreases had occurred. An estimated 4.5 million people were co-infected with HCV and HIV (mainly marginalised and vulnerable groups including prisoners, men who have sex with men and injecting drug users), co-infected patients progressed faster to AIDS, and the prevalence of HCV infection in HIV-infected patients was 11 times higher than in people without HIV infection. New treatments that cured HCV within 12 weeks which became available in 2014 were a major advance but were currently unaffordable. WHO was developing a strategy for discussion at the World Health Assembly in 2016 with 90-90-90 diagnosed-treated-cured targets to be achieved by 2030. An array of 37 key challenges identified in the domains of treatment, diagnosis, prevention and cross-cutting issues were reduced to five areas for more work by UNITAID. These included enabling simple, rapid and accurate diagnostic tools for HCV infection, negotiating voluntary licenses for HCV treatments through the Medicines Patent Pool, gathering evidence on HCV burden to build a business case and inform guideline development, and identifying innovative funding mechanism to unlock domestic funding in high burden countries.

BOARD MEMBERS thanked the Secretariat for the presentation and clearly laying out the key issues. The NGOs argued for swift action in this area, particularly to fill gaps in knowledge of disease burden as these would catalyse market shaping activities. While these would initially be restricted to middle-income countries where the disease burden was highest, there would be secondary impact in low-income countries. Other BOARD MEMBERS noted that the current UNITAID mandate was restricted to HCV *within the context of HIV co-infection*. While more knowledge about disease burden might eventually lead to an expanded mandate, there were

many other actors in global health with capacity and expertise in this area. Caution was expressed about becoming involved in innovative funding mechanisms for HCV treatment as this could consume much time and resources. Becoming involved with interventions to reduce HCV medicine prices was reasonably clear, particularly considering the importance of HCV-HIV co-infection, but the case for UNITAID involvement in other areas was less compelling.

The Secretariat noted that one of UNITAID's roles was to catalyse actions by other actors in global health. In this context it was important to document the disease burden– HCV prevalence, number and whereabouts of patients with treatable disease, their access to health services. Moreover, the new medicines had considerably fewer side effects than previous treatments and were able to cure HCV infection. The area was ripe for interventions to catalyse markets as it was theoretically possible to bring prices down to US\$ 300 to US\$ 500 per treatment course. Any market-shaping interventions required engaging with middle-income countries at this stage, but had the potential subsequently to bring major benefits also to low-income countries.

**Board members thanked the Secretariat for preliminary review of the hepatitis C strategic disease narrative and looked forward to reviewing further analysis and developments at a future Board meeting.**

#### **14. Reflections on the Disease Narratives, Areas for Intervention and Calls for Proposals – Lessons Learned from New Operating Model**

The CHAIR invited comments on the application of the new operating model to the development of the strategic disease narratives. BOARD MEMBERS were impressed by the depth, thoroughness and rigour of the analyses which required considerable consultation and reflection with partners and experts. The narratives were well structured and clear and provided a good basis for informed strategic discussions. For example the narratives had highlighted the importance of clarifying whether and how UNITAID should become more involved in market-shaping initiatives focussed only on middle-income countries. The narratives were in addition useful materials that explained and illustrated UNITAID's business model. Specific issues for further consideration included the frequency with which narratives should be updated, their time horizon for future projections, and the importance of documenting the process for ruling out key challenges from further consideration as the various filters were applied (e.g. who was involved in the process, whether an objective scoring system was used to apply criteria, whether civil society perspectives given appropriate weight).

In response, the Secretariat noted that the filtering was subjective but involved close consultation with strategic partners. There were no plans to develop 'objective' scoring processes and tools, but acknowledged that it was important to be transparent about the consultation process.

**Board members considered that the strategic disease narratives were an excellent tool to structure the analysis of complex and dynamic fields. The narratives highlighted the key strategic, political and scientific issues**

**involved with moving from an area of interest to an Area for Intervention, and facilitated Executive Board discussions.**

## **15. Governance**

### **15.1 Procedure of Selection of New Board Chair**

NORWAY reported on the progress since the last Executive Board meeting to review the procedures for the selection of a new Executive Board Chair as well as the Terms of Reference for the position. The process needed to be launched very soon to allow time for submission of nominations, identification of a shortlist of candidates for interview, and selection of the final candidate following interviews by Board members which would take place during the Special Session in March 2016. The formal election of the selected candidate would occur at the start of the regular Executive Board session in June 2016. NORWAY noted that several inconsistencies had been discovered between the constitution, by laws and Board Operating Procedures.

BOARD MEMBERS thanked Norway for leading a thorough and inclusive process to identify a new Executive Board Chair and agree on the Terms of Reference.

**The Executive Board nominated Norway to lead the working group for the process of selection for the position of Executive Board Chair**

**The Executive Board adopted Resolution N° 7 on the terms of reference and procedure for selection of new Executive Board Chair**

### **15.2 Term of Office of the Vice-Chair**

**The Executive Board adopted Resolution N° 8 on the term of office of the Vice Chair**

NORWAY reported that the review of the procedures for the selection of the new Board Chair had revealed various inconsistencies in the term of office and election of the vice-chair. Accordingly some realignment of the term of office and procedures was necessary. Board members thanked Norway for the work and nominated her to continue leading the subgroup of Board members to review and propose amendments. Additional Board members were welcome to join the subgroup working on governance issues if they wished.

**The Executive Board adopted Resolution N° 10 on a review of UNITAID governance documents**

### **15.3 Dates for Future Meetings**

**The Executive Board adopted Resolution N° 9 on the calendar of UNITAID Board meetings for 2016**

**The intended dates for next Board Meetings are 16-17 March 2016 in Geneva**

## **16. Review of Enablers**

The CHAIR welcomed the HEAD OF SOURCING STRATEGY AND SUPPLY CHAIN and the SENIOR ADVISOR TO THE CHIEF FINANCIAL OFFICER, Global Fund to Fight AIDS, Tuberculosis and Malaria to the Board meeting.

The ADVISOR TO THE EXECUTIVE DIRECTOR reminded Board members that the procedures for reviewing, approving Enablers followed exactly the same as those for regular grants except that a single institution had been identified to deliver the intervention and the intervention was considered critical to enable other UNITAID investments to succeed and reach their full potential. Enablers were exceptional mechanisms assessed on a case-by-case basis. A funding proposal for the e-Marketplace from the Global Fund had been received and would be submitted to Board Members in November for their review and approval.

The HEAD OF SOURCING STRATEGY AND SUPPLY CHAIN and SENIOR ADVISOR TO THE CHIEF FINANCIAL OFFICER provided a summary of the origin, purpose and characteristics of the Global Fund e-Marketplace which was designed to streamline and accelerate procurement by Global Fund grantees. The system had already demonstrated cost savings by improving transparency, automating and simplifying order management and reducing lead times. Challenges with pilot implementation were being addressed and cost-savings for Global Fund Principal Recipients were projected to reach US\$ 246 billion by 2019. The existing partnership between UNITAID and the Global Fund, defined in a Memorandum of Understanding, leveraged the reach and expertise of each program to increase impact of health programs at country level. The e-Marketplace allowed UNITAID to reduce the access gap to new and innovative products and services arising from its own investments. Moreover the collaboration ensured that market shaping opportunities within the e-Marketplace were leveraged by both institutions. The e-Marketplace was now ready for a phased launch over 12 months starting in early 2016.

The TECHNICAL OFFICER FOR STRATEGY AND RESULTS summarized the benefits to UNITAID of being an initial and continued partner in the e-Marketplace. The collaboration and integration facilitated adoption and scale-up of the results of UNITAID innovations and investments. UNITAID had ensured that the system was able to accommodate introduction of innovative products and provided standardized data to see, monitor and analyse the market. This allowed past investments in market intelligence and analytics to be leveraged and the data from the e-Marketplace system to be fed into UNITAID market analyses, inform new Areas for Intervention and monitor the progress and impact of grants.

## **Discussion**

BOARD MEMBERS thanked the Advisor to the Executive Director and Global Fund representatives for their presentations. Board members warmly welcomed the development of the e-Marketplace and considered that it would be a valuable asset for countries and recipients of Global Fund grants. They welcomed the partnership between the two organizations and considered there were many synergies that facilitated each organization achieving its objectives. Several countries were Board members of both organizations and had provided funds to develop the system through grants to both organizations.

Comments from Board members centred round the following issues:

- Price transparency was a central feature of the e-Marketplace and allowed countries to compare the prices paid with those paid by other countries. While this transparency was helpful to purchasers it could be misused by manufacturers colluding to fix a minimum price for certain commodities. Board members requested information on how this threat was being addressed.
- The e-Marketplace had clear function to facilitate commodity procurement by Global Fund grant recipients and its development costs would be offset by savings on future procurements. Board members were unclear why UNITAID funds were required, what benefits would ensue other than facilitating uptake of new commodities developed through UNITAID investments. Moreover Board members wished to ensure equal visibility of UNITAID in the project if further investments were to be made.
- Board members considered that the e-Marketplace had value for countries that were not Global Fund grant recipients and requested information on how this could be ensured.
- Board members requested information about the potential to spin off the e-Marketplace as a separate entity, in particular the timing and proposed governance mechanisms

In response the ADVISOR TO THE EXECUTIVE DIRECTOR noted that UNITAID was a member of the Steering Committee which oversaw the design and scope of the e-Marketplace platform. UNITAID's prior investment had ensured that the platform was able to accommodate innovations in commodities. The GLOBAL FUND REPRESENTATIVES indicated that continued investment from UNITAID was important to ensure a strong voice on the governance board when the e-Marketplace was spun off as a separate entity. As a partner UNITAID would have a critical role in defining the governance structure and would ensure that UNITAID's key interests were protected as the statutes were developed.

**Board members thanked the Secretariat and Global Fund representatives for the discussion of the e-Marketplace and looked forward to receiving further details of the proposed additional investment.**

## **17. Update on the Collaboration with Global Fund to Fight AIDS, Tuberculosis and Malaria**

THE TEAM LEADER FOR STRATEGY AND RESULTS summarized the collaboration with the Global Fund which facilitated UNITAID's work and was essential to achieving UNITAID's goals. Specific examples included the potential for rapid adoption and scale up of innovations generated by UNITAID's investments and the ability to anticipate the need for new products through close contact with country needs. The collaboration ensured that the two organizations had harmonized definitions of successful markets – availability, affordability, delivery, quality, demand and adoption, and innovation. UNITAID had been a close partner in the development of the Global Fund's market-shaping strategy which had been informed by UNITAID's

expertise and track record in this area. The UNITAID market landscape reports had been used as key background material. In addition to the work on the e-Marketplace, the collaboration was able to accelerate introduction and scale-up of new antiretroviral therapies as they became available. This accelerated access relied also on the successful collaboration with WHO and MPP.

The DIRECTOR OF OPERATIONS summarized how the partnership with the Global Fund was being strengthened and further developed. A mapping by country of all UNITAID projects and commodity procurements by disease was being prepared to harmonize co-investments and facilitate transition. This would be followed by a review of all projects within each portfolio. Quarterly consultations were convened between Global Fund and UNITAID to share investment decisions and project plans. In addition regular strategy meetings were held with OGAC/PEPFAR, Children's Investment Fund Foundation and the President's Malaria Initiative to ensure that activities complemented each other.

The CHAIR thanked the presenters and welcomed the greater cohesiveness of the collaboration with the Global Fund and other global health partners. She thanked the representatives of the Global Fund for participating in the Executive Board meeting.

**Board members welcomed the Secretariat's report on partnerships.**

## **18. Update on Communications**

THE TEAM LEADER FOR COMMUNICATIONS provided an overview of the communications strategy that was being updated and revised now that the transformation process was complete and the position of UNITAID in the global health architecture better defined. He provided an example of how UNITAID's core business and purpose could be presented as a simple compelling message and how the UNITAID brand needed to fit with, yet be distinct from, that of other global health actors. The website was an essential tool for communicating and was being updated to a fresher and more contemporary style. In addition new photographic material had been commissioned, including still photography, short videos, animations and infographics. The growing communications team was preparing communication strategies for different audiences which included decision makers, donors, partners, grantees, governments and civil society. A targeted approach was being developed for each audience, for example a regular newsletter for the Executive Board and communications about grants that would be based on regular six-monthly meetings to identify communication opportunities. Plans for celebrating the UNITAID 10<sup>th</sup> anniversary included a forward-looking publication for a general audience, showcasing UNITAID's work with photographic material, a media supplement, a digital campaign and special communications around planned events such as the World Health Assembly in May 2016 and the Sommet de la francophonie in Madagascar in November.

BOARD MEMBERS welcomed the critical work on communications and the refreshed communication strategy. Specific suggestions for consideration included having a crisis management plan ready, ensuring visibility in developing countries who were the prime beneficiaries of UNITAID's investments, and capitalising on field trips and site visits for politicians by the Global Fund and other partners in order to showcase UNITAID's work.

In response, the TEAM LEADER FOR COMMUNICATIONS indicated that a short training program in Geneva for developing county journalists was being considered in partnership with Global Fund and the Global Malaria Programme. While resources were tight, this might catalyse excellent media coverage in recipient countries.

**Board members thanked the Secretariat for the update on communications and welcomed the refreshed approach to communicating UNITAID's brand and successes.**

## **19. AOB**

No other business was raised.

## **20. Close of the Meeting**

The CHAIR thanked Board members and observers for the very successful Board meeting and constructive discussion. She thanked the Secretariat and supporting staff for the hard work in preparing for the meeting and the achievements since the previous Board meeting in Rio de Janeiro. She looked forward to further work during the next Board meeting in March 2016 and closed the meeting at 16:30 on 5 November 2016.

## Appendix: List of Participants

### BOARD MEMBERS / REPRESENTATIVES

<b>VICE-CHAIR</b> (Chile)	H.E. Mrs Marta Maurás Alt.: Rosalia Framil
<b>AFRICAN COUNTRIES</b> (South Africa)	Lindiwe Makubalo Alt.: Khalid Atlassi
<b>ASIAN COUNTRIES</b> (Republic of Korea)	Un-Yeong Go
<b>BRAZIL</b>	H.E. Ms Regina Maria Cordeiro Dunlop Alt.: Jorge Bermúdez Additional member of Delegation: Guilherme Patriota Pedro Dalcero José Roberto de Andrade Filho

### COMMUNITIES LIVING WITH THE THREE DISEASES

	Alt.: Kenly Sikwese Additional member of Delegation: Wim Vandavelde Mercy Annapoorani Svetlana Moroz Pablo Annamaria Faith Nakigudde Nelson Juma Otwoma Juliana Odindo
<b>FRANCE</b>	Philippe Meunier Mariam Diallo Additional member of Delegation: Catherine Dauphin-Llorens
<b>FOUNDATIONS (GATES)</b>	Blair Hanewall
<b>NGOs</b>	Brook Baker Alt.: Diarmaid McDonald Additional member of Delegation: Alysa Remtulla Anna Miller Morgane Ahmar Thiru Balasubramaniam David Ruiz Jérôme St-Denis Mohga Kamal-Yanni Austin Arinze Obiefuna

David Deakin  
Ludmila Maistat  
Philip Waweru Mbugua  
Pavel Aksenov  
Subrat Mohanty  
Alhamdu Durami

**NORWAY**

Björg Sandkjær  
Additional member of  
Delegation:  
Jens Plahte

**SPAIN**

Martin Remon Miranzo  
Alt.: Miguel Casado Gómez

**UNITED KINGDOM**

Sarah Boulton  
Alt.: James Droop

**WHO**

Winnie Mpanju-Shumbusho  
Issa Matta  
Zsofia Szilagyi

**PROPOSAL REVIEW COMMITTEE**

**CHAIR**

Andy Gray

**VICE-CHAIR**

Stephanie Simmonds

**PARTNERS (OBSERVERS)**

**Global Fund to Fight AIDS,  
Tuberculosis and Malaria**

Daniel Camus  
Scott Filler  
Carole Presern  
Anna Van Nieuwenhuizen

**Global Malaria Programme (GMP)**

Pedro Alonso

**President's Malaria Initiative**

Bernard Nahlen

**UNAIDS**

Carlos Passarelli

**RESOURCE PERSONS**

**The Boston Consulting Group**

Mathieu Lamiaux  
Johanna Benesty  
Claire Ciosi  
Lorraine Gentin

## **UNITAID SECRETARIAT**

<b>Executive Director</b>	Lelio Marmora
<b>Deputy Executive Director</b>	Philippe Duneton
<b>Director, Finance and Administration</b>	David Curry
<b>Director, External Relations</b>	Mauricio Cysne
<b>Director, Operations</b>	Robert Matiru
<b>Adviser to Executive Director</b>	Sanne Fournier-Wendes
<b>Senior Legal Officer</b>	Sonia Lees-Hilton

### **ON SPECIFIC AGENDA ITEMS:**

<b>Technical Officer, Strategy &amp; Results</b>	Alexandra Cameron
<b>Team Leader, Strategy &amp; Results</b>	Janet Ginnard
<b>Team Leader, Communications</b>	Andrew Hurst
<b>Technical Officer, Strategy &amp; Results</b>	Brian Kaiser
<b>Technical Officer, Strategy &amp; Results</b>	Carmen Perez Casas
<b>Technical Officer, Strategy &amp; Results</b>	Karin Timmermans

### **BOARD SUPPORT:**

<b>Assistant, Operations</b>	Harriet Kabagenyi
<b>Assistant, Board Relations</b>	Oksana Koval
<b>Intern, External Relations</b>	Winniefred Nalule
<b>Assistant, Strategy &amp; Results</b>	Susanna Volk