



UNITAID Executive Board Meeting
26th Session
13-14 December 2016
St. Moritz-Pontresina Meeting Room
Starling Hotel
Geneva, Switzerland

Agenda item 3

Minutes of the
25th Executive Board Meeting
(22-23 June 2016)

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Executive Summary

- The draft agenda for EB25 was adopted without modification
- The minutes from the 24th Special Session of the Executive Board were approved subject to a minor amendment
- Board members noted the report of the Executive Director, thanked him and the Secretariat for the high quality work, and congratulated them on successfully positioning UNITAID in the global health architecture
- Board members noted the report of the 15th Policy and Strategy Committee
- The Executive Board noted the report of the Finance and Accountability Committee and adopted Resolution 1: Audited Financial Statements, Resolution 2: Amended FAC Terms of Reference, Resolution 3: Policy to Address Risk of Wrongdoing, and Resolution 4: Additional Staffing Requirements
- The Executive Board congratulated and thanked the Secretariat for the work to develop the new strategy 2017–2021 and looked forward to further discussions in preparation for and at the next Board meeting
- The Executive Board adopted Resolution 5: Development of Strategy 2017-2021: Strategic Option - Reproductive, Maternal, Newborn and Child Health (RMNCH)
- The Executive Board adopted Resolution 7: Potential Opportunity: Malaria Vaccine
- The Executive Board adopted Resolution 8: UNITAID’s approach to intellectual property
- Following discussion in closed session the Executive Board adopted Resolution 6: MDR-TB Strategic Rotating Stockpile (SRS) Project
- The Executive Board adopted Resolution 9: Terms of Reference for Vice-Chair and related amendments to the Board Operating Procedures
- The Executive Board adopted Resolution 10: Election of UNITAID Executive Board Vice-Chair
- The Executive Board adopted Resolution 11: Election of UNITAID Executive Board Chair

1. Opening of Meeting

The EXECUTIVE BOARD CHAIR opened the 25th Meeting of the Executive Board at Hôtel de Ville de Paris, Paris, France at 09:15 on 22 June 2016 and welcomed Board members, observers and Secretariat to the meeting. He thanked the Mayor and Deputy Mayor of the City of Paris for hosting the Board meeting and outlined the issues for discussion, in particular reports from the Policy and Strategy and Finance and Accountability Committees, the draft UNITAID strategy 2017–2021 and the strategic option of becoming involved in Reproductive, Maternal, Newborn and Child Health, intellectual property and malaria vaccine. This Board meeting would be concluded with the election of a new Executive Board Chair and would be followed by a celebration of UNITAID's 10th anniversary reminding UNITAID's history and achievements hosted by the French Ministry of Foreign Affairs and International Development.

The Chair welcomed Mrs Ok Park as representative of the Republic of Korea for this meeting.

2. Adoption of Agenda

The draft agenda for EB25 was adopted without modification

3. Minutes from previous meeting EB24 Special Session, 16-17 March 2016

The minutes from the 24th Special Session of the Executive Board were approved subject to the deletion of the redundant 8th bullet point on page 3.

4. Report from the Executive Director

The EXECUTIVE DIRECTOR summarized developments and activities of the Secretariat and referred members to the written report which had been requested and circulated in advance of the meeting. The report was structured according to the items listed in the letter received from the Executive Board Chair in October 2015.

The functional review initiated soon after the Executive Director took up his new position formed the basis of the transformation of the Secretariat's structure and management. **UNITAID's vision, role and position** had been shared with Board members at the April 2015 retreat as well as countries and partners. The Strategic Review and the Key Analysis had been discussed at formal meetings of the Board in November 2015 and March 2016 in addition to informal discussion between Board meetings. The 2017-2021 draft strategy was tabled for further discussion at the current Board meeting and would be finalized in the coming months. Key Performance Indicators to monitor UNITAID's performance under the new strategy were under development and would be presented to the Policy and Strategy Committee in October 2016. A new analytical framework had been developed to identify priority **strategic investments** drawing on the experience with the landscape analyses, and had formed the basis of the new Areas for Intervention that had been presented to Board members for decision. The new **operating model** had

been introduced and progressively applied to all grants since April 2015. To date four disease narratives had been published, nine Areas for Intervention validated by the Board, six new calls for proposals issued, 42 proposals received and reviewed, of which 12 had been given the go-ahead by the Board for development into full proposals, one of which had already been funded. The new organizational **structure** was based on a project team approach to working, with over 70% of UNITAID staff working directly on the grant management process, up from 40% in 2014. A new approach to **management** had resulted in a dynamic and motivated team of professionals who were dedicated to the new corporate values: we drive innovation, we thrive on new thinking, we succeed together and we are professional. A new staff satisfaction survey was planned for the end of 2016 in order to measure developments since the 2014 survey. **Partner engagement** was critical to UNITAID's strategy and ultimate success, particularly since UNITAID was a catalyst for change and new innovations needed to be adopted by other international development partners and countries if they were to have lasting impact. The Secretariat has focussed on increasing and improving our engagement with partners, but realizes that engagement with two groups of partners needs specific focus this coming year: Countries/Governments and the Private sector. While engagement with governments and civil society in beneficiary countries was primarily through grantees, strengthened direct relationships need to be developed. Working in the field of innovation, it is crucial to be closely connected with the private sector manufacturers and as an example, there were plans to convene a workshop with generic manufacturers in 2017 to explore ways to collaborate effectively. A new **communications** approach and media presence had been developed based on the new strategic vision and directions. To date, the public profile of UNITAID had been improved with new communications tools to be launched during the 10th anniversary year, including a special event to be held immediately after the Executive Board meeting.

Discussion

BOARD MEMBERS welcomed the report, thanked and congratulated the EXECUTIVE DIRECTOR and the Secretariat for the work achieved. They welcomed the structural and operational changes implemented over the past two years and the sharpened focus of UNITAID's vision, activities and operations.

Specific comments raised by Board Members included:

- Several delegations cautioned about the complexities and difficulties in collaborating directly with the industry. The Gates Foundation proposed that its Life Sciences Partnership Team be consulted to share some recent experiences in this area. Brazil noted the very complex issues of conflicts of interest whenever WHO had direct interactions with the private sector. This included managing actual as well as potential or perceived conflicts of interest. The NGO representative underlined that there were likely to be strong conflicts of interest when working with private sector manufacturers (both branded and generic) which were direct competitors in UNITAID's space. However, the UK representative welcomed the willingness to engage more with the private sector manufacturers and hoped that constructive conversations on areas and modalities for collaboration could be identified.
- Several BOARD MEMBERS recognized the long hours and devotion of individual staff to meet requests and demands from the Board and the committees and encouraged the Executive Director to push back when these requests became too onerous.

- BOARD MEMBERS welcomed the initiative to engage directly with governments and civil society in beneficiary countries and the REPRESENTATIVE OF THE COMMUNITIES LIVING WITH THE DISEASES offered to use their resources and connections to identify suitable partners at regional and country levels.
- The importance of good communications was stressed by several BOARD MEMBERS, not only directed at donors and governments in beneficiary countries, but also at civil society in both donor and beneficiary countries. Successes in facilitating access to affordable and life-saving medicines and commodities needed to be very visible.
- The CHAIR stressed the importance of maintaining a strong and diverse donor base to support UNITAID's work. UNITAID funding was vulnerable as funds for international development became increasingly squeezed by other priorities. It was critical that UNITAID remained highly visible, nurtured its global image and advertised its unique contribution and position in the global health architecture.

In response the EXECUTIVE DIRECTOR thanked Board members for their support and comments. He noted that the Finance and Accountability Committee had recommended a modest expansion of Secretariat. He agreed that his colleagues' willingness to work long hours should not be abused and felt that this expansion would prevent this. The projected funding ceiling for the next three years as presented to the FAC would make it easier to approach potential donors for support as the large cash balance had been difficult to justify. He appreciated the cautions on private-sector manufacturer collaborations and stressed that the Secretariat would work in close collaboration with Board members and other partners as work in this area evolved.

Board Members noted the report of the Executive Director, thanked him and the Secretariat for the high quality work, and congratulated them on successfully positioning UNITAID in the global health architecture.

5. Report from the Policy and Strategy Committee

The CHAIR OF THE POLICY AND STRATEGY COMMITTEE summarized the key issues that had been discussed at the 15th meeting on 21 June 2016. He highlighted the reports from Civil Society Delegations which had stressed their close working relations and appreciation of the new UNITAID structure and the increased engagement of the Communities delegation with women and young people. The very clear and helpful one page grant performance assessments prepared by Secretariat and the development of the new Value for Money framework were highly commended. The PSC recognized the compelling case for more systematic and efficient collaboration with WHO HIV, Tuberculosis and Malaria cluster and recommended the Executive Board endorsement of the proposed Grant enabler approach.

Board members noted the report of the 15th Policy and Strategy Committee.

6. Report from the Finance and Accountability Committee

The CHAIR OF THE FINANCE AND ACCOUNTABILITY COMMITTEE summarized the key issues that had been discussed at their 16th meeting on 21 June 2016. These included:

- The unqualified endorsement of the WHO external auditor who had approved the 2015 UNITAID financial statements, and noted that the five recommendations included in the auditor's management letter were already being addressed by the Secretariat.
- Proposed amendments to the Finance and Accountability Committee terms of reference to update several procedural issues to reflect changing operational requirements.
- There had been insufficient time to discuss risk management which was deferred to the next joint FAC and PSC meeting in October 2016.
- The policy to address wrongdoing was endorsed and recommended for Executive Board approval. The FAC had proposed that additional guidance be developed for grantees on human rights related risks (e.g. discrimination) in accordance with WHO current practices.
- The grant pipeline and resource mobilization were reviewed in detail. The strong pipeline for the next two years was expected to use up available resources, but the accelerated scale-up would lead to a funding shortfall if not matched by effective resource mobilization and potential savings on the size of new grants.
- A discussion on criteria for prioritizing funding commitments would be tabled for the next joint FAC/PSC meeting.
- Current Secretariat staffing was stretched to deliver the current grant portfolio and an increase of 15 staff positions was recommended to the Executive Board to manage the expected average 48 active grants in each of the next five years.

The Executive Board noted the report of the Finance and Accountability Committee and adopted Resolution 1: Audited Financial Statements, Resolution 2: Amended FAC Terms of Reference, Resolution 3: Policy to Address Risk of Wrongdoing, and Resolution 4: Additional Staffing Requirements.

7. MDR-TB Strategic Rotating Stockpile (SRS) Project

In closed session the EXECUTIVE BOARD discussed the project on multidrug-resistant tuberculosis (MDR-TB) strategic rotating stockpile (SRS). The Board noted that UNITAID funding since 2008 had been catalytic and the project had now transitioned to new funding support. The Board decided that the project should be closed and any remaining medicine stocks transferred to the Stop TB Global Drug Facility.

Following discussion in closed session the Executive Board adopted Resolution 6: MDR-TB Strategic Rotating Stockpile (SRS) Project.

8. Development of Strategy 2017-2021: Discussion on draft strategy

ADVISOR TO EXECUTIVE DIRECTOR summarized the key milestones in the development of the new 2017-2021 strategy. The key analyses and strategic options had been discussed at the 24th Special session of the Executive Board in March 2016 and the current session would discuss the first draft of the full strategy. The forthcoming PSC meeting in October 2016 would be devoted to Key Performance Indicators (KPIs). Subject to Board Members' approval, the Secretariat would seek the views of external partners before presenting the final strategy document to the Executive Board in December 2016.

The new strategy included a clear statement of UNITAID's mission (to maximize the effectiveness of the global health response by catalysing access to better health products), its strategic objectives (innovation, access and scalability) and investment commitments which were based on striving for equity, maximizing value for money, succeeding in partnership, and investing in health products, but impacting health systems. In its first six years UNITAID's grant portfolio had been split approximately 60:10:20:10 between HIV, TB, malaria and cross cutting issues. In the next 4 years the proportions had been approximately 45:20:25:10. It was not envisaged that the overall allocation would change significantly for the next five years, but a higher share of the portfolio would be devoted to interventions that fostered and supported integration. Integration was defined as investing in commodities that addressed more than one disease, addressed the needs of people affected by more than one disease, and/or were able to leverage other programs.

TEAM LEAD, STRATEGY underlined the importance of the disease narratives which complemented the strategy by summarising the current state of knowledge and UNITAID's position in each disease area. The narratives could be rapidly updated and reviewed according to new developments, thus informing a nimble and responsive approach.

TEAM LEAD, RESULTS provided an overview of the KPIs which would focus on three levels – execution of the strategy, grant performance and Secretariat operational efficiency. The KPIs would be SMART (Specific, Measurable, Attainable, Realistic and Time bound), based on 10–12 indicators which measured both direct and indirect impact. In addition, the indicators would be fixed for the life of the strategy, even though UNITAID's portfolio was expected to evolve considerably over that period. Preliminary themes to assess achievements towards achieving its mission included future public health impact and future cost savings enabled by UNITAID. Preliminary KPIs for innovation, access, and scalability were proposed.

ADVISOR TO EXECUTIVE DIRECTOR completed the Secretariat's presentation by noting that the disease narratives would serve as 'living' appendices to the strategy. Once all the pieces had been knitted together and approved by the Executive Board, the new strategy would be an effective tool to reaffirm UNITAID's identity and position in the global health landscape, to prioritize and monitor activities, and provide a clear vision of how the organization contributes to global health.

Discussion

The CHAIR thanked the Secretariat for the work in developing the draft strategy and commended the structure and clarity of the document and presentation. BOARD MEMBERS welcomed the opportunity to discuss the draft strategy and document. Issues raised by Board Members included:

- The strategy should be very clear that UNITAID invests to improve access to better health products, particularly in the three priority disease areas (HIV/AIDS, TB and Malaria). While several products may have secondary benefits for health systems this was not the primary focus of interventions. However Board Members recognised that all interventions were set within the context of the health system and UNITAID should ensure that its interventions complemented the work of governments and development partners to strengthen health systems, promote universal health coverage and take a wider approach to improving health as exemplified by the broad scope of the new Sustainable Development Goals.
- The overall mission articulated in the new strategy differed from that in the UNITAID constitution (to leverage commodity price reductions in the three priority disease areas). While the global health context had evolved over the previous 10 years and more general barriers to access now needed to be addressed, the simplicity and clarity of the original statement was appreciated.
- While the strategy articulated well the Mission and Strategic Objectives, the logic of how these translated into operational aspects could be strengthened. It was noted that the strategy could benefit from more clarity on the principles for investment going forward. It was commended that the strategy attempted to define what we don't do, and not only what we will do, and that focus of UNITAID's contribution to health system strengthening and on integration was appreciated.
- It was suggested to potentially bring "equity" earlier under the Mission or Strategic Objectives, and only under Investment Commitments. This would link more closely with UNITAID's original founding principles and provide the opportunity to stress that its work was ultimately focussed on addressing the health needs of the most vulnerable and of those in the poorest countries.
- The definition of equity (leaving no one behind) was welcomed, but equity included reducing the gap between poor and rich, and ensuring that women have a fair share in decision making. It was important to recognise that inequity was an issue in all countries, not just those in the lowest per capita income bracket. UNITAID's role in addressing equity may differ according to needs in different countries.
- Consider including in the strategy the constitutional requirement that 85% of commodity procurement should be spent in low-income countries. However, it was important to articulate when and how UNITAID invested to address barriers to access in middle-income countries, many of which were keen supporters of and donors to UNITAID, and which shoulder a large burden of disease. That support may be difficult to maintain unless there were clear returns relevant to their own populations and health problems.
- Consider including a summary of cross-cutting issues (e.g. regulatory barriers, prequalification, e-marketplace) which were important areas for UNITAID's work to reduce barriers to access.
- Earlier discussions on the new strategy had nicely articulated UNITAID's position in the global health architecture, but this did not feature in the current draft. It would be worth including if possible.
- Specific suggestions were made on details to address as the draft strategy was revised; these included:

- Adding KPIs to measure Secretariat’s performance
- Consider KPIs to measure impact on health systems
- Making the link with the SDGs more explicit as these were clearly linked to reducing inequity and poverty
- Broadening the discussion under Value for Money beyond ‘better health products’ in order to better reflect value in public health
- Breaking the discussion under access into its two main components of ‘access to’ and ‘demand for’ commodities
- Dividing the KPIs under access into dimensions of market health, such as affordability, quality, etc.
- Further work to understand whether interventions to improve access should be only through the public sector, or if there is potential for private-sector care-providers to be effective partners in ensuring access.
- Concern was expressed that the planned October review of KPIs may be too short and Secretariat was urged to consider convening some discussions with Board members and delegations before the next PSC meeting.

In response the SECRETARIAT thanked Board members for their comments and would try to incorporate as many as possible as the strategy was further fleshed out. However, it was important to ensure that the document remained tight and concise. This applied particularly to the mission statement. Regarding the apparent inconsistency between the founding principles of UNITAID and the new mission statement, several board members noted that the original need for a global drug purchasing facility was less relevant now than in 2006, and the new mission statement was intended to guide the next five-year strategy.

The Executive Board congratulated and thanked the Secretariat for the work to develop the new strategy 2017–2021 and looked forward to further discussions in preparation for and at the next Board Meeting.

9. Development of Strategy 2017-2021: Strategic Option - Reproductive, Maternal, Newborn and Child Health (RMNCH)

ADVISOR TO EXECUTIVE DIRECTOR summarized the recent work to assess whether there were opportunities for UNITAID to have impact in Reproductive, Maternal, Newborn and Child Health. Following the 24th Special Session of the Executive Board (EB24SS) in March 2016, the Secretariat had consulted extensively with experts and partners, facilitated by meetings set up by Board members and discussions held during the 4th Women Deliver Global Conference in May. The same approach developed for other disease areas had been followed – assessments of public health need, key health products, gaps in the response, potential for scale up, and opportunities for UNITAID. While there was a clear public health need and gaps in the response, it was less clear whether these gaps required UNITAID investment, and potential for scale up was not well assured. Two particular conditions were identified for possible UNITAID involvement – HPV (cervical cancer) and fever conditions – as they fit with UNITAID’s mandate through HIV co-infection and malaria, respectively. Beyond these areas, however, the Secretariat had not identified any additional

potential areas of focus that could justify more direct UNITAID engagement in RMNCH at this stage, but proposed that these areas be monitored for new developments or opportunities.

Discussion

BOARD MEMBERS thanked the Secretariat for their analysis and noted that applying the rigorous methodology for identifying new Areas for Intervention had helped clarify many key issues in a complex and very fragmented field. Board Members were very supportive of continuing to monitor the fields of RMNCH and concurred that HPV infection (and cervical cancer that can result) was an especially important problem for women living with HIV infection and should be explored further as well as fever conditions.

It was noted and agreed that the funding landscape for RMNCH is fragmented, which potentially makes scale-up difficult. It was noted that it was interesting to continue to monitor the RMNCH field as the funding landscape in the three diseases could be expected to become increasingly fragmented as countries graduate from donor funding.

The Executive Board adopted Resolution 5: Development of Strategy 2017-2021: Strategic Option - Reproductive, Maternal, Newborn and Child Health (RMNCH).

10. UNITAID's approach to intellectual property

TECHNICAL MANAGER, IP summarised UNITAID's analysis of how intellectual property rights had the potential to both facilitate and hinder access to affordable medicines and commodities by the most vulnerable. This was an example of a cross-cutting issue that could have impact in more than one of the three priority disease areas. She noted that collaborative mechanisms (e.g., the Medicines Patent Pool) and the use of "TRIPS flexibilities"(e.g., patent oppositions) were complementary approaches to improving access to innovative and affordable health products. The cost-savings already realised through the Medicines Patent Pool (established with UNITAID support in 2010) had already exceeded projections and contributed to greater access to life-saving medicines. The use of "TRIPS flexibilities" can promote public health goals, particularly in resource limited settings, and is in line with the TRIPS Agreement. "TRIPS flexibilities" were also projected to result in potentially substantial cost savings/impact and greater access.

As part of the background to establishing whether further UNITAID involvement was required, a consultation had been convened in May 2016 with experts in intellectual property rights, public health and economics from academia, research organizations and UN and other multilateral agencies. This had confirmed that IP-related challenges were increasing while capacity to address them was limited and in decline. They recommended continued UNITAID involvement in this area as well as active engagement with the WHO Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG) and the UN Secretary General's High Level Panel on Access to Medicines (UN HLP).

Discussion

The CHAIR thanked the Secretariat for the analysis and presentation of a very complex area and noted that intellectual property issues were critical to public health

in all countries as a result of the high cost of innovation in medicines and the constraints on health budgets. These issues featured at the highest political levels, such as the G7 and G20 discussions.

In discussion BOARD MEMBERS congratulated the Secretariat on the thorough analysis. Specific issues raised by members included:

- The potential threat to provisions in the TRIPS Agreement that may be undermined by bilateral trade negotiations, such as the Trans-Pacific Partnership currently under negotiation
- The need to explore new ways to incentivize innovation in certain medicines for public health, such as new antibiotics to combat the threat of antimicrobial resistance
- The importance of a platform to promote flexibilities within the TRIPS Agreement to achieve public health goals
- The high technical complexity and large economic implications of use and abuse of intellectual property rights
- UNITAID's unique mandate on intellectual property rights
- The current focus is IPR-related barriers; however, further context is needed to clarify that these are one type among many potential barriers to access
- Consideration should be given to requiring all projects that involved new commodities or improved access to existing commodities to include an analysis of the impact of IP issues
- The important role of middle-income countries in discussions on affordable medicines as the greatest disease burden lay in MICs, but such countries were frequently excluded from voluntary licensing mechanisms and TRIPS Agreement flexibilities

The CANDIDATE TO THE OFFICE OF EXECUTIVE BOARD CHAIR who had been directly involved in the TRIPS negotiations as a country representative and had participated in the UN HLP emphasized the large impact civil society activism had on access to affordable medicines. To his knowledge, compulsory licensing had been used only once by Brazil but the threat of recourse to compulsory licensing had proved valuable in negotiating access to affordable medicines. He noted that, without flexibilities, there would not be voluntary licenses. He suggested that low- and middle-income countries should consider working together in regional blocks, such as SADEC and Mercosur, to increase their leverage in negotiating improved access. He also noted that TRIPS flexibilities save countries from retaliation, but only solve access problems when actually implemented.

BOARD MEMBERS recommended that further analysis and consultation be undertaken by Secretariat to identify exactly which issues were suitable for UNITAID to invest in and to consult further with partners to ensure coordinated actions. The forthcoming report of the UN HLP may provide insight into specific areas for further analysis and intervention,

The Executive Board adopted Resolution 8: UNITAID's approach to intellectual property

11. Potential Opportunity: Malaria Vaccine

TECHNICAL MANAGER, STRATEGY & RESULTS summarised the new opportunity that had arisen in Malaria since the 23rd Executive Board meeting in November 2015. A proposal for the RTS,S/AS01 pilot implementation programme was submitted by WHO to GAVI, The Global Fund and UNITAID in April 2016 for consideration of co-financing. The vaccine had received a positive scientific opinion from the European Medicines Agency in July 2015 under the Article 58 procedure for medicines and vaccines intended for use outside the European Union. Following the EMA decision, WHO's advisory bodies recommended that pilot implementation in 3-5 high-burden settings should be conducted before widespread country-level introduction of RTS,S. These pilots to be led by WHO would address outstanding questions on operational feasibility, impact on mortality and vaccine safety. Initial estimates for support were US\$ 15-20 million over the three potential funders. Technical work on the project had led to a revised estimated total budget of \$ 101 million excluding vaccine costs, of which \$ 25 million was covered by other partners. The total shortfall was \$ 76 million spread over two periods – Phase 1 (four years 2017 – 2020) \$ 55 million and Phase 2 (two years 2021-2022) \$ 21 million.

THE SECRETARIAT had assessed the proposed pilot implementation programme and considered that there was a strategic fit with UNITAID's mandate with good partnership and co-funding arrangements, WHO leadership for the project, rigorous proposal and budget review, and focussed UNITAID investment. The preliminary risk analysis had identified several issues that needed to be further assessed including the current lack of funding commitments from key malaria donors; limited capacity for UNITAID to oversee vaccine implementation through national immunization programmes and country-level cost categories such as salaries, per diems and incentives; transition challenges; and the substantial financial contribution asked of UNITAID with implications for other investments in malaria.

The EXECUTIVE BOARD was asked to decide on the strategic fit and advise on the next steps to be taken by Secretariat.

Discussion

The CHAIR welcomed the participation of DR PEDRO ALONSO, DIRECTOR OF THE WHO GLOBAL MALARIA PROGRAMME by telephone and invited comments from the Board.

BOARD MEMBERS thanked the Secretariat for their analysis of this complex and difficult project. They concurred that there was a strategic fit with UNITAID's mandate and welcomed the flexibility within the operating model to consider new developments even though no specific Area for Intervention had been identified and approved for investment.

BOARD MEMBERS recognised the recommendations of independent experts on the WHO advisory committees about the technical aspects of the project and the large investments already made to bring the product to this stage of development, as well as the importance and value of pilot implementation before widespread adoption. They stressed the importance of ensuring complete independence in the conduct and oversight of the pilot projects to generate credible evidence to inform future scale-up of the product.

Concerns raised by BOARD MEMBERS included:

- The complexity of the proposed project and associated operational risks
- The substantial funding requirement in light of uncertainties about the viability and cost effectiveness of the vaccine given the complex dosing schedule and moderate efficacy
- The opportunity costs of having insufficient resources to invest in other promising interventions in malaria
- The ability of the global health community and/or governments in high burden countries to support eventual scale up of the vaccine
- The importance of proportionate investment of potential funding partners taking into consideration the risks involved and relative resources available.

The DIRECTOR OF THE WHO GLOBAL MALARIA PROGRAMME recognised the concerns raised by Board members about efficacy and feasibility of the vaccine but noted that there was the potential to prevent 1 in 200 malaria deaths. There was an urgent need to invest in new prevention tools and the GAVI board had strongly endorsed the project at its most recent meeting which had included five ministers of health from affected countries. He noted that, although there was a vibrant pipeline of new products, no new vaccine was expected to become available for pilot implementation within the next 10 years. He concluded by reminding Board members that, despite working with imperfect tools used imperfectly, malaria deaths had been reduced by over 60%. Thus the technical uncertainties about the product should not be seen as insuperable barriers to successful implementation and impact.

The CHAIR thanked the Director for his comments and noted the exciting opportunity of considering for the first time pilot implementation of a malaria vaccine.

The Executive Board adopted Resolution 7: Potential Opportunity: Malaria Vaccine

12. Election of Board Vice-Chair

The CHAIR and BOARD MEMBERS warmly thanked Norway for having led an inclusive process to review, amend and implement Board procedures for selection of a new Board Chair and Vice-Chair, for proposing formal amendments to the Operating Procedures as well as for leading the selection of the new Chair.

The REPRESENTATIVE OF NORWAY briefly reviewed the work of the small group that included representatives of Brazil, Chile, France, the United Kingdom, NGOs and the communities. Several small amendments to procedures had been proposed and terms of reference developed for the Vice-Chair. These had been informed by the experience of the current Vice-Chair as well as the procedures adopted by the Global Fund.

The Executive Board adopted Resolution 9: Terms of Reference for Vice-Chair and related amendments to the Board Operating Procedures.

The CHAIR had received only one nomination for the position of Vice-Chair which was seconded by the representatives of France and the NGOs. Ms Sarah Boulton, the representative of the United Kingdom, was elected (for a two year term) by acclamation.

The Executive Board adopted Resolution 10: Election of UNITAID Executive Board Vice-Chair.

13. Election of Board Chair

THE REPRESENTATIVE OF NORWAY summarised the process for selecting the nominee for the office of Executive Board Chair. Nominations had been open from mid-December to mid-January and a very strong candidate had been proposed by the government of Brazil. Following a closed session at the March 2016 Executive Board meeting (24th special session), the Board nominated Mr Celso Amorim for election to the post of new Executive Board Chair.

The CHAIR remarked that the current meeting was taking place in the very same room in which the first UNITAID Executive Board meeting had been held exactly 10 years previously. At that time there had been a very strong understanding and agreement between France and Brazil on the importance of UNITAID as an innovative funding mechanism for global public health. He was very pleased that a leading Brazilian diplomat with such strong intellectual and political credentials and experience had been nominated for the position of second Executive Board Chair from a country that made important contributions to global health.

BOARD MEMBERS concurred with the Chair and elected Mr Amorim as the second Executive Board Chair (for a two year term) by acclamation.

The Executive Board adopted Resolution 11: Election of UNITAID Executive Board Chair.

The CHAIR ELECT thanked the Board for their support and looked forward to contributing to global public health through UNITAID's work. He acknowledged the strength of UNITAID's governance procedures with active participation of civil society in Board decisions as equal partners with representatives of government from low and middle-income and donor countries and foundations. He recognised the high technical skills and professionalism of the Secretariat and hoped that he would be a worthy successor to the founding Chair of the Board.

MR MARK DYBUL, EXECUTIVE DIRECTOR OF THE GLOBAL FUND congratulated Ms. Boulton and Mr. Amorim for their election and thanked the Chair for his leadership and vision to steer UNITAID over the past 10 years. He also noted that the first Executive Board Chair, a former Foreign Minister of France, was handing over the reins to the new chair, a former Foreign Minister of Brazil, in the same room in which UNITAID held its first Executive Board meeting exactly 10 years previously.

DR LUIS LOURES, DEPUTY EXECUTIVE DIRECTOR, UNAIDS, thanked the outgoing Chair and hoped that he would remain active and continue to support innovation in global health. He congratulated Mr Celso Amorim on his election and recalled his

pioneering action to bring health issues under the purview of the Ministry of Foreign Affairs. He also noted Brazil's leadership to provide universal access to life-saving antiretroviral medicines very soon after their safety and effectiveness had been established.

The REPRESENTATIVE OF THE NGOS thanked the outgoing Chair for his leadership and strong support for civil society involvement and representation in global public health.

The EXECUTIVE DIRECTOR welcomed the new Chair and looked forward to working with a person of his stature and experience. He thanked the outgoing Chair and all members of the Executive Board for their leadership and stewardship of UNITAID.

14. AOB

No items were raised under other business.

15. Closure of the meeting

The CHAIR thanked Secretariat for the high quality of documentation and presentations prepared for the meeting and thanked the City Council of Paris and the French Ministry of Foreign Affairs for hosting the Board meeting. The meeting was adjourned at 12:35 on 23 June 2016.

Appendix: List of Participants

BOARD MEMBERS

CHAIR (outgoing)	Philippe Douste-Balzy
CHAIR (incoming)	Celso Amorim
VICE-CHAIR (Chile)	Marta Maurás Alt: Rosalia Framil
ASIAN COUNTRIES (Republic of Korea)	Ok Park
BRAZIL	Guilherme Patriota Additional members of delegation: Alexandre Santos Fonseca Francisco Viegas Luiz Felipe Rosa Dos Santos
COMMUNITIES LIVING WITH THE THREE DISEASES	Violeta Gracia Ross Quiroga Alt.: Kenly Sikwese Additional members of delegation: Wim Vandavelde Mercy Annapoorni Pablo Annamaria Olivia Ngou Nelson Juma Otwoma
FRANCE	Philippe Meunier Alt.: Mariam Diallo Additional member of delegation: Catherine Dauphin-Llorens Justine Bettinger
FOUNDATIONS (GATES)	Blair Hanewall Alt.: Jessica Jones
NGOs	Brook Baker Alt.: Diarmaid McDonald Additional members of delegation: Robin Jacob Morgane Ahmar Khalil Elouardighi Thiru Balasubramaniam Mohga Kamal-Yanni Austin Arinze Obiefuna Ludmila Maistat Philipp Waweru Mbugua

NORWAY

Katy Atersuch
Mercy Berthe Douala Moutgen
Björg Sandkjær
Additional member of delegation:
Jens Plahte

SPAIN

Martin Remon Miranzo

UNITED KINGDOM

Sarah Boulton
Alt.: James Droop
Additional member of delegation:
Emma Foster

WHO

Minghui Ren
Additional member of delegation:
Issa Matta

PARTNERS (INVITED GUESTS)

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Mark Dybul

UNAIDS

Luis Loures

UNAIDS

Anne Claire Guichard

RESOURCE PERSONS

Boston Consulting Group

Mathieu Lamiaux
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Fanny Berthaud
Charlotte Defretin
Paulo Goncalves
Tobias Bux

UNITAID SECRETARIAT

Executive Director

Lelio Marmora

Deputy Executive Director,
Director Strategy and Results, a.i.

Philippe Duneton

Director, Finance and Administration

David Curry

Director, External Relations

Mauricio Cysne

Head of Communications

Andrew Hurst

Director, Operations

Robert Matiru

Team Lead, Strategy

Janet Ginnard

Adviser to Executive Director
Senior Legal Officer
Team Lead, Results
Communication Officer

Sanne Fournier-Wendes
Sonia Lees-Hilton
Vincent Bretin
Sarah Mascheroni

On specific agenda items :

Technical Manager Malaria, Strategy
Technical Manager IP, Strategy

Alexandra Cameron
Karin Timmermans

Board Support:

Assistant, Executive Office
Board Relations and Governance Manager,
External Relations
Governance Officer, External Relations
Partnerships Officer, External Relations

Carole Ballon
Marina Hue
Oksana Koval
Laetitia Sieffert