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25th Session

22-23 June 2016

Hôtel de Ville de Paris and

French Ministry of Foreign Affairs and

International Development

Paris, France

Agenda item 4

**Minutes of the
24th Special Session of Executive Board
(16-17 March 2016)**

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

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Executive Summary

- The draft agenda for EB24 special session was adopted without modification.
- The minutes from the 23rd Executive Board Meeting were approved subject to the insertion of the phrase proposed by the NGO representative under agenda item 12.
- Board members noted the report of the Executive Director and thanked him and the Secretariat for their continued hard work.
- Board members thanked the Secretariat for the Tuberculosis Disease Narrative, endorsed the approach taken and analysis that led to three proposed Areas for Intervention.
- The Executive Board adopted Resolution No 1 – TB area for intervention: Better, shorter treatments for MDR-TB.
- The Executive Board adopted Resolution No 2 – TB area for intervention: Scale up of better tuberculosis treatment for children.
- The Executive Board adopted Resolution No 3 – TB area for intervention: Enabling preventive tuberculosis treatment in high-risk groups.
- Board members thanked the Secretariat for the presentation on partner engagement and congratulated them on embedding partnerships with other global health institutions and civil society into UNITAID's work.
- Board members thanked the Secretariat for the presentation on partner engagement and congratulated them on embedding partnerships with other global health institutions and civil society into UNITAID's work and supported the principles contained in the Civil Society Engagement Plan.
- Board members thanked the Secretariat for the careful and thorough approach to the key analysis and strategic options for the 2017-2021 UNITAID Strategy. The approach had clearly highlighted the decisions required of the Board and facilitated their strategic discussions.
- The Executive Board adopted Resolution No 4 – Development of the 2017-2021 Strategy.
- Board members thanked the Secretariat for the preliminary analysis of the lessons learned from the proposal and grant review process and suggested several issues for further analysis and monitoring as more experience accumulated. No changes to the procedures were proposed at this stage.
- Board members thanked the Secretariat for the update on branding, communications and the 10th anniversary celebrations. Members looked forward to the launch of the 10th anniversary report and further developments in this area.
- Following discussion in closed session the Executive Board adopted Resolution No 5 – Selection Process for the Executive Board Chair.
- The Executive Board adopted Resolution No 6 – Calendar of UNITAID Board meetings for 2016.

1. Opening of Meeting

The EXECUTIVE BOARD VICE CHAIR opened the 24th Special Session of the Executive Board at the Starling Hotel in Geneva Switzerland at 11:40 on 16 March 2016 and welcomed Board members, observers and Secretariat to the meeting. She outlined the work to be discussed which covered the disease narrative and potential new Areas for Intervention for tuberculosis, an update on partnerships (including the Civil Society Engagement Plan), a review of the key analysis and strategic options of the 2017-2021 UNITAID strategy, lessons learned from the new proposal and grant review procedures, updates on UNITAID branding and plans for the 10th anniversary celebration, and selection of the new Executive Board chair.

2. Adoption of Agenda

The draft agenda for EB24 was adopted without modification

3. Minutes from previous meeting EB23, 4-5 November 2015

The CHAIR invited Board members to approve the minutes of the previous Board meeting, noting that they had been circulated in advance with written comments received and incorporated into the document tabled. The NGO REPRESENTATIVE commented that under agenda item 12 Expansion of Scope of the Grant to Medicines Patent Pool (TB and HCV) the minutes did not in his view accurately reflect the discussion and differing opinions expressed at the meeting with regard to whether UNITAID and the Medicines Patent Pool Foundation should work on upstream (discovery) or downstream (access) issues to achieve the intended public health objectives. He wished the record to show that the NGO Representative had argued for working on both issues in parallel. Other delegations felt that the Board's views had been adequately captured in the minutes and Resolution 6 which had been adopted after thorough discussion. The CHAIR invited the NGO representative to reopen the discussion under Other Business, but the NGO Representative responded that his delegation was only requesting a small addition to the minutes and did not wish to revisit the resolution. He proposed adding the phrase "... but some BOARD MEMBERS stated that the time was ripe for both" at the end of the penultimate sentence to paragraph 3 under agenda item 12 on page 17.

The minutes from the 23rd Executive Board Meeting were approved subject to the insertion of the phrase proposed by the NGO representative under agenda item 12.

4. Report from the Executive Director

The EXECUTIVE DIRECTOR summarized developments and activities of the Secretariat since the previous Board meeting in November 2015. He noted that UNITAID had worked to clarify its position in the global health architecture, strengthen partnerships, consolidate the transformation process, and foster team work throughout the Secretariat.

UNITAID's role in bridging the gap between discovery and delivery of innovative health commodities was better understood by key partners in global health. UNITAID was recognised as being both nimble and innovative in helping to bring commodities to countries and communities most in need, and thus played an important catalytic and complementary role to other health and development agencies, such as the Global Fund and bilateral mechanisms. While UNITAID did not directly bring life-saving commodities to patients and communities, it provided the building blocks and tools for others to save lives more effectively. Building and fostering good relations with key development partners was now embedded at all levels of the Secretariat's work. A detailed presentation on partnerships was scheduled under agenda item 6 "Update on Partnerships".

The transformation of UNITAID into a more cohesive and efficient organization was now complete with improved systems for proposal review and grant management, and the development and institutionalisation of the Risk Management Framework. The new management structure fostered team working at all levels of the Secretariat, with shared decision making and shared responsibility for the organization's work and outputs. There had been considerable staff turnover during the transformation process and a small number of staff remained who had not been able to adapt to the new structure. These cases were being handled appropriately and the Executive Director noted that contacts with the WHO Ombudsman had now decreased substantially. Over 30 new staff had been recruited in the past 12 months and several positions were in the process of being filled.

Looking to the future, the EXECUTIVE DIRECTOR welcomed the opportunity to present elements of the new UNITAID 2017-2021 Strategy to the Board and receive guidance on several key political and strategic issues. The corporate identity of UNITAID was well established and its position in the global health landscape well recognised. He looked forward to the Board discussions during the special session as well as the 10th anniversary celebrations in June during which the new Chairman of the Board would be formally selected.

Discussion

BOARD MEMBERS welcomed the report and thanked the EXECUTIVE DIRECTOR and Secretariat for the work achieved. Specific comments raised in discussion included:

- Capacity of the Secretariat to deliver the ever increasing work demanded by the Executive Board and the importance of assessing the implications of Board recommendations and decisions.
- The importance of nurturing the partnership with other global health institutions, particularly the Global Fund.
- The key role that UNITAID played to analyse global health problems with a market lens and identify market-shaping solutions.
- The importance of setting UNITAID's work and new strategy within the context of the recently agreed 2030 Sustainable Development Goals.
- The importance of engaging with institutions beyond the private sector in beneficiary states, including government and civil society, as these were essential to ensuring that the products of UNITAID's work were actually made available and taken up by those most in need.

- The importance of ensuring high visibility of UNITAID through effective use of social media to reach the general public as well as communities in beneficiary countries

In response the EXECUTIVE DIRECTOR reported that the concern about Secretariat capacity was shared by himself and other members of the Senior Management Team. It was clear that the intensity of work could not continue in the long term as this would lead to staff overwork and burn out. While the technical expertise necessary to deliver the work was available it was possible that additional staff might be required in the future. Such issues required careful reflection in view of the long lead times to recruit new staff.

The EXECUTIVE DIRECTOR stressed that the Global Fund was one of the most important partner for UNITAID's work and reported that twice weekly meetings were held with the Global Fund Executive Director. UNITAID and Global Fund technical staff also held regular meetings on specific projects and portfolios, such as the recent work to reprogram grants following the availability of new paediatric TB drugs developed with UNITAID resources, and joint work on the e-Marketplace.

With regard to the comment on finding market solutions to global health problems the EXECUTIVE DIRECTOR stressed that this was very much the unique space in global health occupied by UNITAID, citing the knowledge and expertise necessary to ensure that innovations came quickly to market in resource-limited settings. This required supporting and working through the WHO prequalification process, catalysing the development of normative guidance as well as ensuring that supply chain issues were addressed early on.

The need to engage and communicate with governments, communities and civil society particularly in beneficiary countries was crucial, but the EXECUTIVE DIRECTOR stressed that the Secretariat was based only in Geneva and did not have any staff in beneficiary countries. Thus it was essential to work with multilateral and bilateral development partners who were present in beneficiary countries to ensure that UNITAID's contributions and catalytic role were highlighted. The EXECUTIVE DIRECTOR hoped that the improved clarity of UNITAID's strategic position and the new communications strategy would help improve awareness of UNITAID's work.

The COMMUNITIES LIVING WITH THE DISEASES noted that they were less involved than donors in UNITAID's governance structures, but nevertheless appreciated the efforts being made to reach out to communities in setting strategic priorities as well as providing a seat on the Board. She noted that the development of the Civil Society Engagement Plan was an innovative and important step forward.

The NGO REPRESENTATIVE thanked the Executive Director for his report and expressed the wish to have received some written materials or notes in advance of the Board meeting that could have been discussed with other members of the delegation. However, other Board members noted the existing burden on Secretariat to prepare reports for the Board and cautioned against requesting any additional paperwork. They valued the format and spontaneity of the informal Director's report at the opening of Board meetings.

Board members noted the report of the Executive Director and thanked him and the Secretariat for their continued hard work.

5. Tuberculosis Disease Narrative and Areas for Intervention

The CHAIR opened the agenda item by welcoming the WHO Global TB Programme Director, Stop TB Partnership Team Leader and the Global Fund Chief of Staff. TEAM LEADER STRATEGY introduced the Tuberculosis Disease Narrative by thanking colleagues from the Secretariat and partner organizations, noting in particular the close collaboration with WHO as well as the Global Fund and Stop TB Partnership. She recalled UNITAID's position to address market barriers between upstream issues (discovery, product development) and downstream issues (delivery, availability, use) for public health products. Key characteristics of TB were that it is not commercially attractive in resource-limited settings with limited high-income country markets, drug resistance remains a challenge to successful treatment and disease control, and innovation is necessary if global elimination goals are to be met. The Global TB Programme has set ambitious targets to end TB by 2035 with intermediate targets on reducing TB deaths and case incidence for 2020, 2025 and 2030 (the date for realising the SDGs).

Following the review presented at the EB23 meeting in November 2015, consulting multiple written documents and discussions with partners, the three main categories of challenges (integrated diagnosis and care, prevention and cross-cutting) were confirmed as still relevant. Following the application of the filters related to commodity access, potential public health impact, technology availability, and critical gaps, three proposed Areas for Intervention (Afls) emerged. These were 1) Better, shorter treatment for multidrug-resistant TB, 2) Scale-up better TB treatment in children, and 3) Enabling preventive TB treatment in high-risk groups. The further analysis since the EB23 meeting had confirmed that the approach for identifying Afls remained valid, but partner inputs had highlighted the importance of preventive treatment in high-risk groups as an additional Afl. Similarly the analysis had led to a compelling case for integrating diagnostics within each Afl as each had different diagnostic challenges and to foster a more holistic approach to diagnosis and care. In addition the importance of working with the private sector was recognized as a means working, rather than an end in itself, and is now integrated within the approach to be taken for each Afl. Progress had also been made to develop a framework for articulating the theory of change and potential value for money within each Afl.

Discussion

The CHAIR thanked the Team Leader Strategy for the careful and thorough analysis and presentation and invited representatives of partner organizations to comment.

The DIRECTOR OF THE WHO GLOBAL TB PROGRAMME congratulated the Secretariat on their high quality analysis, review and presentation. The Global TB Programme had been consulted at multiple stages and was fully aligned with the conclusions of the analysis and Afls. He reiterated that the main challenge in implementing the End TB Strategy is reaching missed cases which were either never diagnosed or managed in the private sector and not notified to national programmes. Multidrug-resistant TB and TB in children make up a disproportionately high number of these missed cases. Strengthening diagnostics was therefore critical, as was working with the private sector as well as governments. WHO was proud to have been associated with UNITAID and the TB Alliance to launch the first fixed-dose paediatric combination treatment and the next step was to ensure that this was registered and taken up in countries with high TB burden. While latent TB is widespread the challenge is to identify those at highest risk of progressing to active TB in order to prevent new TB

cases and block further spread. High risk groups included those with HIV infection, children under age 5 years in contact with active TB cases and certain occupational groups, such as miners. Adherence, treatment outcomes, and feasibility of scale-up are expected to improve with the availability of a new, shorter treatment regimen for which additional evidence is expected. The Director considered, therefore, that the three proposed Areas for Intervention were high priority and had the potential to dramatically change the global response to TB. The Areas for Intervention also encompassed several critical cross-cutting issues that must be addressed in a holistic approach to TB control – including engagement of the private sector and community mobilisation.

TEAM LEADER STOP TB PARTNERSHIP thanked UNITAID for the opportunity to contribute to the process and echoed the previous comments on the thoroughness, quality and clarity of the analysis and presentation. He highlighted the importance of understanding the underlying causes of bottlenecks to identifying cases and starting effective treatments. Many of these were due to community and health system constraints which were outside UNITAID's traditional market interventions so it was critical that potential applicants clearly articulate how they would make an impact on delivery and uptake of new innovations. Management of latent TB in exposed children would be facilitated by better and more sensitive diagnostic tests, but currently available low technology solutions were already available and not being optimally utilised. Thus it was important that careful thought be given to help countries address implementation challenges with introduction of new technologies. New, improved fixed dose combinations had potential to overcome one of the barriers to isoniazid preventive therapy (IPT), notably reluctance to give prophylactic antibiotics to children for extended periods.

The GLOBAL FUND CHIEF OF STAFF endorsed the comments of the other partners and thanked UNITAID for the collaborative and constructive method of working. She noted that the Global Fund was supporting several countries to scale up short course regimens for MDR TB and noted that UNITAID's emphasis on improved community engagement and collaboration between the private and public sectors in health care delivery complemented the Fund's priorities. The Global Fund was fully supportive of and engaged in the new UNITAID initiative and potential AfIs.

The CHAIR noted the close collaboration between partners in the analysis of the problems and articulation of areas for intervention and thanked them for their comments.

BOARD MEMBERS thanked the Secretariat for the clear presentation and careful analysis which had evolved substantially since the discussion at the previous Board meeting. They also welcomed the close involvement of partners in developing the disease narrative and the strong partner support for the AfIs. The disease narrative format had once again demonstrated the importance of thinking critically in a structured manner about the problem and had led to the clear analysis of where, how and why UNITAID should become involved. Specific comments made by Board Members included:

- The inclusion of the Theory of Change framework in a disease narrative was commended. Suggestions for further refinements included translating the analysis into metrics for monitoring performance and progress, clarifying the market failures that lay at the heart of the problem, and identifying the outcomes and impacts of specific UNITAID inputs designed to address these failures.

- While addressing MDR-TB was an important public health problem by itself, it was important to consider within the broader context of antimicrobial resistance that would feature at the forthcoming G7 meeting and the World Health Assembly.
- The results of UNITAID investments in the proposed AfIs would have public health benefits not only in low-income countries but also in many middle- and high-income countries severely affected by TB, for example several eastern European countries.
- The representative of ASIAN COUNTRIES noted that his country (Republic of Korea) strongly supported the drive to end TB in high risk populations as latent TB was a large problem and a priority for his government.
- Similarly CHILE reported that the country had recently developed a program to address TB as a public health problem with the objectives of reducing incidence to under 5 cases per 100 000 population, detecting at least 90% of TB patients, ensuring a 90% cure rate and treating all children with TB irrespective of social stratum or risk group.
- The COMMUNITIES LIVING WITH THE DISEASES strongly supported the underlying vision of the Disease Narrative of ending the TB epidemic. She felt that UNITAID was uniquely positioned to find catalytic solutions that would help achieve this goal.
- Several BOARD MEMBERS underlined that many problems in TB control could not be solved by new technologies alone, but required interventions to ensure innovations were adopted effectively. This required interventions to raise awareness and ensure that the key implementation barriers were also addressed. Country and community engagement was a critical element that needed to be considered in all UNITAID interventions.

The SECRETARIAT thanked Board Members for their comments and noted that including the preliminary Theory of Change model in the Disease Narrative had been challenging yet very instructive. It would be introduced into other disease narratives as well as used to guide proposal development and monitor project implementation and progress.

The EXECUTIVE DIRECTOR raised a general question of UNITAID's position in the global health landscape, whether it should be restricted to addressing only market failures and bottlenecks or should also work to address underlying barriers to scale-up and adoption. A wider perspective was particularly important for TB which did not have the same level and maturity of social activism as HIV. While UNITAID had limited capacity and resources to work in this area, it was essential to work in close partnership with implementing partners and other global players, such as the Global Fund, Stop TB Partnership and the WHO Global TB Programme. While market interventions and new technological innovations might be part of the solution, they would not by themselves solve the problems of TB control. To make progress in this disease area required working not only from the perspective of a market intervention but also in the context of public health and social mobilization considerations.

There was welcome support from the partner organizations present for taking a wider view of UNITAID's mandate and scope but some Board members cautioned that the implications on UNITAID's staff and financial resources would need to be carefully considered. The Chair welcomed the discussion on the limits of UNITAID's mandate, position in the global public health landscape and comparative advantage. She

proposed that these issues be taken up later in the meeting or at the next Board meeting when the UNITAID strategy 2017-2021 was discussed in detail.

Board members thanked the Secretariat for the Tuberculosis Disease Narrative, endorsed the approach taken and analysis that led to the three proposed Areas for Intervention.

The Executive Board adopted Resolution No 1 – TB area for intervention: Better, shorter treatments for MDR-TB.

The Executive Board adopted Resolution No 2 – TB area for intervention: Scale up of better tuberculosis treatment for children.

The Executive Board adopted Resolution No 3 – TB area for intervention: Enabling preventive tuberculosis treatment in high-risk groups.

6. Update on Partnerships

Civil Society Engagement Plan

Introducing this agenda item the CHAIR noted that considerable work had been done since the last Executive Board meeting to develop a formal framework for engagement between UNITAID and civil society. The NGOs reported that a civil society engagement plan had first been discussed in 2013 and time had been spent to devise an operational plan. However this had been difficult to develop and the teams decided first to establish basic principles of engagement. He congratulated and thanked the Secretariat for their willingness to develop written principles, noting that several of the principles were already included in some UNITAID proposals and grants. The EXECUTIVE DIRECTOR reported that the process of developing written principles had been very instructive and the challenge now was to operationalise them. There was strong willingness by all parties to work together on this challenge.

Operational arrangements with partners for transition and scale up

DIRECTOR OPERATIONS gave an overview of engagement with civil society and other partners using examples from early UNITAID grants, the new operating model and recent grant agreements. These illustrated the importance of engaging with civil society early in the project development process in order that the transition from catalytic UNITAID funding to support from other development partners or national resources was smooth with minimum disruption to introduction and scale-up plans.

The DEPUTY EXECUTIVE DIRECTOR summarised the cooperation arrangements between the Global Fund and UNITAID which were formalised in a Memorandum of Understanding signed in 2014. This ensured strategic alignment between the two organizations as well as specific joint activities, such as sharing and exchange of market intelligence data within the e-Marketplace. Further examples of collaboration were the joint work to ensure consistent approaches to definitions of healthy markets, as well as a planned joint workshop on introduction of second line ARV treatments into national programmes. Further details on the partnership with the Global Fund would be presented at the June 2016 Executive Board meeting at which a joint session was planned.

DIRECTOR OPERATIONS provided examples of other partnerships arrangements from the new operating model which included a formal strategic engagement protocol embedded in each new project. The protocol includes multi-stakeholder grant kick-off meetings, biannual in-country project meetings, quarterly project updates and regular strategic interaction with key stakeholders as the project was implemented. Similarly the development of the Disease Narratives and Areas for Intervention included both formal and informal interactions with partners and civil society. Specific examples were provided from the Grant Agreement Development phase of project grants currently in development.

Discussion

BOARD MEMBERS thanked Secretariat for their presentation and detailed account of the work to build and foster partnerships with civil society and other global health institutions which were critical to ensuring that UNITAID's investments had their desired long-term impact. The principles defined in the Civil Society Engagement Plan were fully supported by Board members and underscored the very important and unique role of civil society institutions in activities such as raising awareness, creating demand and facilitating uptake. A caution was expressed to ensure that the costs and burdens of civil society engagement were proportionate and did not undermine the capacity to deliver or dominate the benefits of the projects.

The COMMUNITIES LIVING WITH THE THREE DISEASES warmly thanked and congratulated the Secretariat for committing principles of engagement to paper. She noted that civil society was committed to ensuring sustainability of UNITAID investments which had the ultimate purpose of bringing benefits to the community that would continue once catalytic external donor funding had ceased. She also noted that UNAIDS had become actively involved with civil society and congratulated UNITAID on taking the initiative to engage formally with civil society from the outset.

Board members thanked the Secretariat for the presentation on partner engagement and congratulated them on embedding partnerships with other global health institutions and civil society into UNITAID's work and supported the principles contained in the Civil Society Engagement Plan.

7. UNITAID Strategy 2017-2021: Key analysis

The ADVISER TO EXECUTIVE DIRECTOR provided an overview of the process to develop the new strategy and introduced the key analysis underlying the development of the new 2017-2021 UNITAID Strategy. She recalled that the health crisis, high mortality from AIDS, TB and malaria had dramatically reduced life expectancy around 2000 and had led to several low- and middle-income countries to declare national public health emergencies. This resulted in massive increases in donor investment to reduce mortality, creation of new global health institutions, including UNITAID, and rapid expansion and growth of health innovations, medicines and technologies. These emergency actions and investments had resulted in over 16 million patients receiving ARV treatment since 2000, a 30% reduction in TB prevalence and a 40% reduction in the annual number of malaria cases. The result was a restoration of life expectancy in the most severely hit countries, but much work remained to be done to

ensure that the achievements in control of the three diseases were not lost. There was a real threat of rebound in HIV infections, TB cases and malaria infections, particularly as many countries were seeing substantial increases in population, most notably among young people. In addition the new Sustainable Development Goal 3 on good health and well-being included a broader array of global health goals with 13 sub-objectives that covered infectious diseases, maternal health, child health, non-communicable diseases, neglected tropical diseases, other causes of death, health systems strengthening and universal health coverage.

The new UNITAID strategy needed to recognise the wider agenda for HIV, TB and malaria, the wider health and development agenda, funding constraints and the changing funding architecture. These presented challenges but also opportunities for UNITAID to contribute to health and development with its expertise and track record in market-shaping interventions in public health commodities and other technologies. UNITAID's vision of healthy markets focussed on six dimensions – availability, quality, affordability, demand and adoption, delivery and innovation.

It was clear that UNITAID's primary focus lay within the three priority diseases as there remained substantial work to improve access to health products with global efforts focussed on ending the HIV, TB and malaria epidemics as public health threats by 2030. However, there was potential to bring UNITAID's expertise to other areas including maternal health, child health non-communicable disease and neglected tropical diseases.

The same analytical approach successfully applied to develop the Disease Narratives for HIV/AIDS, TB and malaria would be used to identify potential investments in these new areas and apply filters – public health need, potential for scale up, gap in the response, and fit with UNITAID in terms of functional expertise, disease-specific expertise, congruence with the existing investment portfolio, and synergies with current activities.

Discussion

The CHAIR thanked the Adviser to Executive Director for her analysis and presentation and invited Board members to comment.

BOARD MEMBERS welcomed the careful analysis, particularly setting the new strategy within the context of demographics, disease burden and opportunities for broader involvement in the three priority diseases and successful engagement in new disease areas. Issues brought up by several Board members included:

- While resource and funding constraints existed, they were not new and depended very much on how countries prioritised their health and development investments. In addition, there remained many opportunities for innovative financing, some of which might be particularly relevant as countries shifted towards greater use of domestic resources, such as air ticket, goods such as alcohol and tobacco, and financial transaction taxes.
- Ensuring value for money and achieving greater health impact with available resources were important dimensions of UNITAID's work and emphasized its comparative advantage and unique position within the global health landscape. This lens should also be applied when considering broader engagement in HIV/AIDS, TB and malaria and engagement in new disease areas.

- Several new measures of success were suggested when considering new areas of investment (e.g. probability of scale up, reductions in prices of key commodities, return on investment)..
- Before considering potential new disease areas, it was important to be sure that all opportunities to create and sustain healthy markets for the three priority diseases had been exhausted. Several cross-cutting facilitators, such as intellectual property, special voluntary licensing arrangements for low income countries, patent pooling, facilitating product registration through support to national regulatory authorities, strengthening the WHO prequalification procedures, were mentioned as issues to explore further. Such cross-cutting facilitators could be relevant and have benefit in other disease areas.
- While UNITAID's primary focus lay in addressing the public health needs of low-income countries, there should be an analysis of potential actions, innovations and investments in middle-income countries that may have secondary benefits in or subsequently be transferred to low-income countries.
- Members noted that large health inequities existed in many middle-income countries, as highlighted by the Equitable Access Initiative (report due to be issued in April 2016). It may be useful to analyse whether there were opportunities within that framework for UNITAID to apply its market-shaping expertise.
- In selecting potential new disease areas in which to work it was important to focus on actions which capitalised on UNITAID's unique position and comparative advantage.
- Large price reductions of key commodities and civil society activism had catalysed HIV programme expansion and donors' willingness to invest, and led to the launch of PEPFAR and the Global Fund. The availability and affordability of generic fixed-dose combination ARVs had been key drivers of the HIV response. UNITAID therefore should consider whether and how substantial price reductions could have impact in other disease areas.
- Board members cautioned against becoming directly involved with health systems strengthening (HSS) where UNITAID's added value might be less obvious which lay within the mandate of other organizations, such as the Global Fund. Nevertheless it would be important to ensure that UNITAID actions did not undermine work to strengthen health systems. It may be valuable to consider key performance indicators (KPIs) related to HSS that were specific to UNITAID's mandate and work yet complementary to KPIs of others.

Other suggestions brought up by specific delegations included:

- NORWAY suggested looking carefully at the UN Secretary General's Global Strategy for Women's, Children's and Adolescents' Health for opportunities where UNITAID could apply its skills and resources.
- BRAZIL queried whether the global burden of neglected tropical diseases was as small as portrayed in one of the slides, noting that, for example, vector-borne diseases (e.g. dengue, chikungunya, Zika) were responsible for considerable disease burden in affected countries. The suggestion was made for UNITAID

to consider whether there was a useful role in developing or promoting new diagnostics for these diseases.

- BRAZIL suggested that Secretariat look into the emerging e-health and mobile health technologies to investigate whether there was a role for UNITAID.

8. UNITAID Strategy 2017-2021: Strategic options

The ADVISER TO EXECUTIVE DIRECTOR reviewed in detail strategic options firstly within the three priority diseases and then in the new disease areas under consideration.

The ADVISER stressed that HIV/AIDS, TB and malaria would remain the primary focus as these lay at the core of the UNITAID mandate, there remained many challenges to accelerate recent declines in incidence, UNITAID maintained excellent working relationships with key partners and considerable disease-specific expertise existed within Secretariat. Common themes over the three diseases included the need to reach the most vulnerable and excluded populations, the need to reach patients where they seek care, and the need to prevent, manage and contain resistance. A potentially powerful approach to address these needs was to promote better integration in responses to the three diseases, notwithstanding the considerable technical, institutional and political challenges of so doing.

Turning to the other disease areas of potential interest, the ADVISER noted that UNITAID had to rely on public information on disease burden, investments and partnerships to apply the four primary filters of public health need, potential for scale-up, gaps in response and fit with UNITAID. The Secretariat did not have the same inside knowledge built over many years working on HIV/AIDS, TB and malaria and the opportunity to discuss closely with partners. The Secretariat had not mentioned to outside partners that it was reviewing potential involvement in the new disease area without first having secured approval from the Board as any approach might raise expectations which may be difficult to withdraw from at a later stage.

In the area of maternal and newborn health, a preliminary analysis revealed potential opportunities in improved access to life-saving commodities, but further analysis was necessary to confirm whether there was sufficient potential to scale up, catalyse innovation and/or expand access. This would be done through in depth discussions with affected communities and experts working in the area. Similarly the preliminary analysis of child health revealed the potential for improved access to life-saving commodities which would be confirmed by discussions with experts and affected communities.

While in the area of non-communicable diseases there was a clear public health need particularly in low-income countries, it was noted that this is a very fragmented field, with little global coordination and funding and little industry investments targeted towards low and middle-income countries. It was not clear that working on commodities or market-based solutions in low-income countries would be an area in which UNITAID could play a valuable role.

For neglected tropical diseases the global disease burden was considerably less than the other areas considered, notwithstanding the higher burden in selected exposed communities. While global goals had been defined to eliminate certain neglected tropical diseases there was a major gap in funding to achieve these goals, despite the recent highly publicized Ebola and Zika outbreaks. It was noted that the field was very fragmented, with little global coordination and funding available. Again it was

not clear that working on commodities for this family of diseases was an area in which UNITAID could play a valuable role.

Discussion

BOARD members thanked the ADVISER TO EXECUTIVE DIRECTOR and Secretariat for the excellent and thorough review of the Strategic Options. Members commended the approach taken to a very complex and important issue and welcomed the clarity with which key issues had been presented. Similarly they commended the preliminary analysis of new disease areas and the request for Board guidance before approaching development partners and other organizations to help crystallise thinking about new opportunities for UNITAID outside its original mandate.

Comments made by several Board members included:

- There should be no dilution of focus on UNITAID's core business of increasing access to health products within the general area of HIV/AIDS, TB and malaria. UNITAID occupied a unique position within the global health architecture which the new strategy should emphasize. Nevertheless it was important that the new strategy clearly articulate that all issues with which UNITAID was currently engaged remained high priority, good value for money, relevant, satisfied the prioritization criteria, and capitalised on UNITAID's comparative advantages. In addition it was important to be sure no gaps with potential for impact within the three priority diseases remained.
- The two- to three-year time scale over which UNITAID's potential investments were assessed in the Disease Narratives was appropriate when assessing potential Areas for Intervention. However a longer perspective would be more appropriate when considering the new five-year strategy and new strategic directions.
- The new strategy should be informed by an analysis of UNITAID's experience, successes and failures since inception.
- Cross-cutting issues, such as intellectual property, pricing and regulatory affairs, should be highlighted and explored, possibly in a separate chapter and possibly using a different analytic approach. These were areas where UNITAID had a track record and existing expertise. The analysis may reveal potential actions with primary benefit for the three priority diseases, but also broader benefits for low- and middle-income countries in other disease areas.

When exploring potential expansion to new disease areas, BOARD MEMBERS suggested that the filters should be rigorously applied, noting in particular that not all problems of access were market problems and not all market problems are necessarily solvable. It was important also to consider the probability of success when assessing involvement in new disease areas.

BOARD MEMBERS agreed with the analysis that there was little fit with UNITAID's strengths in the area of non-communicable diseases or a need for UNITAID involvement.

While involvement with neglected tropical diseases was questionable due to the low global disease burden, there had been a recent resurgence of global interest. There was a commitment within the SDGs to end these tropical diseases and UNITAID may be one of the few global health actors with skills to work in this area, particularly with regard to improved diagnostics and vector control. However, BOARD MEMBERS agreed

that neglected tropical diseases were lower priority for expansion than for which there appeared a better fit and greater potential for success.

BOARD MEMBERS agreed that there should be further exploration of opportunities for UNITAID involvement in maternal, newborn and child health given the large disease burden, strong inequities in access, market failures that may be responsive to UNITAID investments, the availability of other development partners to bring successful innovations to scale as well as commitments by governments to devote national resources to this key area of health, and the potential for synergies with the HIV/AIDS, TB and malaria response. Board members wanted the Secretariat also to explore reproductive health issues in its further analysis for the UNITAID 2017-2021 strategy and noted that important knowledge and expertise in the areas of reproductive, maternal, neonatal, child and adolescent health lay within WHO which hosted UNITAID. Several Board members offered to facilitate links with other organizations and experts working in these areas once the Secretariat had started its exploration of the new areas.

Board members thanked the Secretariat for the careful and thorough approach to the key analysis and strategic options for the 2017-2021 UNITAID Strategy. The approach had clearly highlighted the decisions required of the Board and facilitated their strategic discussions.

The Executive Board adopted Resolution No 4 – Development of the 2017-2021 Strategy.

9. Lessons learned from proposals and grant review

TEAM LEADER, STRATEGY provided a preliminary analysis of lessons learnt from the new proposal and grant review processes. She summarised the new operating model introduced in June 2015 and the plan to continuously improve the model as experience accumulated. Secretariat staff, proposal committee review members, external partners and grantees had been asked for feedback and comments on the proposal and review processes. These comments had been assessed with regard to their effectiveness in generating proposals and projects of high quality.

Preliminary analysis suggested that the first ‘intention to submit’ step had added value and ensured that proposals received were better aligned with the call. The criteria used in preliminary Secretariat review of submitted proposals (fit with strategic objective, operational feasibility and potential impact) were appropriate and allowed resources to be focussed on the next level of review which involved external experts on the Project Review Committee (PRC). The joint in-depth review by Secretariat and PRC had proven valuable and flexible and had resulted in high-quality proposals forwarded to the Board for the go-ahead decision.

Discussion

BOARD MEMBERS thanked TEAM LEADER STRATEGY for her presentation and account of the preliminary evaluation.

Specific comments from the Board included:

- The Foundations representative noted that she had anticipated the AfIs to be more specific with, for example, a clear statement of objectives and expected final outcomes. Such details were currently spelt out in the Call for Proposals issued by Secretariat after Board approval of the AfI. She suggested that the balance of detail between the AfIs and Calls for Proposals be reassessed in the full evaluation.
- The go-ahead decision was based on electronic review and Board members did not have an opportunity for discussion. The NGO representative suggested considering the merit of a preliminary discussion between Board members before providing an opinion on the go-ahead decision.
- The PRC with external reviewers was an essential part of the previous review procedures. It would be useful to consider whether the PRC was still appropriate, whether improvements could be made, and whether the value added was sufficient to justify the costs and potential delays involved.

Suggestions for further assessment of the review process included

- Tracking the times and delays in the process in order to identify where and how adaptations could be made;
- Potentially using an independent external assessment team to obtain confidential anonymised feedback from proponents, particularly on grants that were difficult to assess and/or not successful.

BOARD MEMBERS noted that the most important job of the Executive Board was financial management, giving clear and consistent messages on priorities and enabling Secretariat to deliver grants within the agreed priority areas. They noted that grant management was an even more important function of Secretariat than grant selection. While the preliminary evaluation had been valuable they suggested that more experience using the current model be accumulated before considering any changes to the grant selection and approval process.

In response TEAM LEADER STRATEGY noted that the Secretariat was entrusted with responsibility to deliver on the strategic directions set by the Board and welcomed the feedback which helped identify issues in need of improvement.

DIRECTOR, OPERATIONS noted that comments from the PRC and Board were consolidated by Secretariat for all proposals. It would be possible to highlight how the issues raised had been addressed. He also noted that the grant proposal and review process was not necessarily easy or simple from the applicants' perspective, though the rigorous grant review and approval process followed best practices and were necessary to ensure that funds were disbursed and managed responsibly. While well established and experienced grantees (e.g. CHAI and UNICEF) had little difficulties with the procedures, UNITAID also wished to encourage smaller NGOs with much less experience to apply for funds.

The CHAIR thanked Board members and the Secretariat for the discussion. She underlined that the Board had confidence in the Secretariat to engage with partners and carefully examine grant proposals. They could be confident of well informed and considered Board reviews and decisions. She suggested that the Secretariat consider whether it would be helpful to have greater specificity in the Areas for Intervention and come back to the Board in due course.

Board members thanked the Secretariat for the preliminary analysis of the lessons from the proposal and grant review process and suggested several issues for further analysis and monitoring as more experience accumulated. No changes to the procedures were proposed at this stage.

10. Update on branding of UNITAID and plans for the 10th anniversary celebration

HEAD OF COMMUNICATIONS provided an update on the work towards new UNITAID branding, improved web presence that worked smoothly on multiple platforms, and shared with Board members new draft logos and tag lines. He summarised the new focus on improved web and social media presence, developing news stories around progress with UNITAID grants (project launch, photographic materials from grant implementation), leveraging partner's presence in countries to develop local context for stories, and high level advocacy by placing articles and editorials in globally influential print and web media.

Preparations for the 10th anniversary celebrations were well advanced with a four-month social media campaign, a media event in Geneva on 22 May, a satellite session at the World Health Assembly, the Executive Board meeting in Paris in June, satellite events at the Durban International AIDS Conference in July, and the Annual Conference of Francophone Mayors in Beirut in September. 2016. A 15-20 page publication covering UNITAID's history and achievements, the evolution from a drug purchasing facility to a catalyst for innovation and the importance of securing scale up would be released at the time of the Executive Board meeting in June.

Discussion

BOARD MEMBERS thanked the HEAD OF COMMUNICATIONS for his update and welcomed the 10th anniversary plans. Specific comments from Board members included:

- Caution about two of the draft logos that appeared more relevant for an airline
- Caution with a proposed humming bird logo which, despite several characteristics that reflected well on UNITAID, might not resonate with all audiences to the same degree.
- The importance of choosing a tag line that read well not only in English but also in French and Spanish. Both global and local branding must be considered.
- The importance of ensuring that health was clearly highlighted in the new logo and branding.

HEAD OF COMMUNICATIONS thanked Board members for their comments and invited them to send further ideas and comments to him by email. He said that a short-list of promising logo designs would be put to a vote by all Secretariat employees and Board members before the next Board meeting.

Board members thanked the Head of Communications for the update on branding, communications and the 10th anniversary celebrations. Members looked forward to the launch of the 10th anniversary report and further developments in this area.

11. Governance issues

Director, External Relations proposed the schedule of meetings for 2016, including the next Executive Board meeting to be held in Paris immediately preceded by meetings of the Finance and Accountability and Policy and Strategy Committees. The representative of FRANCE reported that he was working with Secretariat on arrangements for the next Board meeting which would include selection of the new Board chair and a formal occasion to mark UNITAID's 10th Anniversary.

Following discussion in closed session the Executive Board adopted Resolution No 5 – Selection Process for the Executive Board Chair.

The Executive Board adopted Resolution No 6 – Calendar of UNITAID Board meetings for 2016

12. AOB

Update on DFID Multilateral Aid Review (MAR)

The UNITED KINGDOM gave a brief overview of the recently completed 2016 Multilateral AID Review (MAR) of all multilateral organisations supported by the UK, including UNITAID. This had followed earlier reviews conducted in 2011 and 2013 and would be published in the second quarter 2016 for all organisations assessed. The 2016 review had focussed on areas previously identified as weak in the first MAR assessment, but nevertheless would provide a fair and objective assessment of UNITAID. She explained some of the criteria behind the assessment questions, in particular 'Demonstrated delivery against results and objectives' for which many organisations had informal rather than documented supporting evidence, and 'strives to exceed global aid transparency standards' which was a strong interest of the UK and required organisations to go well beyond the requirements of the International Aid Transparency Initiative.

13. Closure of the meeting

No other business was raised. The CHAIR thanked Secretariat for the high quality of documentation and presentations prepared for the Board that had facilitated constructive discussion of key issues. She particularly thanked the EXTERNAL RELATIONS TEAM for ensuring that the meeting ran smoothly. The meeting closed at 17:00 on 17 March 2016.

Appendix: List of Participants

BOARD MEMBERS

VICE-CHAIR (Chile)	Marta Maurás Alt: Rosalia Framil
ASIAN COUNTRIES (Republic of Korea)	Jongkyun Choi
BRAZIL	Regina Maria Cordeiro Dunlop Additional members of delegation: Pedro Dalcero Lucas Sversut
COMMUNITIES LIVING WITH THE THREE DISEASES	Violeta Gracia Ross Quiroga Alt.: Kenly Sikwese Additional members of delegation: Wim Vandevælde
FRANCE	Philippe Meunier Alt.: Mariam Diallo Additional member of delegation: Catherine Dauphin-Llorens Marie-Anne Mortelette
FOUNDATIONS (GATES)	Blair Hanewall Alt.: Susan Nazzaro
NGOs	Brook Baker Alt.: Diarmaid McDonald Additional members of delegation: Alysa Remtulla Morgane Ahmar Khalil Elouardighi
NORWAY	Björg Sandkjær Additional member of delegation: Jens Plahte
SPAIN	Martin Remon Miranzo Alt.: Miguel Casado Gómez
UNITED KINGDOM	Sarah Boulton Alt.: James Droop Additional member of delegation: Hamed Kamal
WHO	Minghui Ren Additional member of delegation: Issa Matta

PARTNERS (INVITED GUESTS)

Global TB Programme, WHO

Mario Raviglione (Director)

Global Fund to Fight AIDS, Tuberculosis
and Malaria

Marijke Wijnroks (Chief of Staff)

Stop TB Partnership

Jacob Creswell (Team Leader)

RESOURCE PERSONS

Boston Consulting Group

Mathieu Lamiaux (Senior Partner and
Managing Director)

Johanna Benesty (Principal)

Claire Ciosi (Consultant)

Albane de Gabrielli (Consultant)

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 Leader, Strategy

Janet Ginnard

Adviser to the Executive Director

Sanne Fournier-Wendes

Senior Legal Officer

Sonia Lees-Hilton

Team Leader, Results

Vincent Bretin

On Specific Agenda Items:

Technical Manager TB, Strategy

Draurio Barreira

Technical Officer, Strategy

Sara Padidar

VFM Manager, Results

Ross Leach

Technical Manager, Strategy

Carmen Perez Casas

Board Support:

Assistant, External Relations

Virginia Gomez

Board Relations and Governance Manager,
External Relations

Marina Hue

Governance Officer, External Relations

Oksana Koval

Partnerships Officer, External Relations

Laetitia Sieffert

