



**Unitaid Executive Board Meeting**  
**32<sup>nd</sup> Session**  
**19-20 June 2019**  
**The Plaza Hotel**  
**Seoul, Republic of Korea**

**Agenda item 3**

**Minutes of the 30th Executive Board (EB30)**  
**(5-6 December 2018)**

Marrakesh, Morocco

For Information  For Review and Advice  For Approval

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## Executive Summary

- The Chair opened the meeting and welcomed new Board Members and delegates. On behalf of the Board, she expressed her gratitude to the Government of Morocco for hosting the meeting in the city of Marrakesh. The Chair provided an update on her resource mobilisation efforts over the past six months.
- As a result of the closed session, the Executive Board adopted Resolutions N°5 on the Launch of the Board Chair selection process and Resolution N°6 on the Extension of the Mandate of the Vice-Chair.
- The agenda of EB30 was adopted without modification.
- In connection with the Board meeting agenda, three constituencies declared specific interests.
- Minutes of EB29 were adopted after taking into consideration amendments requested by the NGOs and the United Kingdom.
- The Executive Board took note of the Report of the PSC and looks forward to the conclusions of the approaches that are being tested with regard to additional contributions and special engagements.
- The Executive Board adopted Resolution N°1, approving the Unitaid 2019 Operating budget of US\$30,084,000 as presented in the document UNITAID/FAC21/2018/5/Annex5.
- The Executive Board took note of the report from the joint FAC/PSC session.
- The Executive Board approved Resolution N°2 on Unitaid risk management policy.
- The Executive Board thanked the PRC Chair for his report.
- The Executive Board thanked the Executive Director for his report and congratulated him for his leadership and the Secretariat's great work.
- The Executive Board thanked the Secretariat for the presentation on the mid-term review of the implementation of Unitaid 2017-2021 Strategy and looks forward to engaging in the process.
- The Executive Board thanked the Secretariat for the presentation on the Resource Mobilization Strategy and encouraged the Secretariat to work closely with Board Members and the Global Fund to prioritize future RM activities.
- The Executive Board agreed that the Secretariat should proceed with a call for proposals to advance the long-acting technology pipeline to meet the needs of LMICs (Topic 1) and consult the PSC prior to proceeding to launch further calls for proposals with respect to the remaining topics identified in document EB30/2018/8. The Executive Board approved Resolution N°3 on the Area for Intervention: Accelerating impact of long-acting technologies in low and middle-income countries.
- The Executive Board agreed that the Secretariat was not requested to further its analysis on financing options for HCV. The Mid-Term review of the Strategy represents an opportunity to further examine the types of opportunities Unitaid should pursue in the future.
- Board Members welcomed the conversation on the recent electronic votes, in particular the additional information provided on the PQ grant.
- The Executive Board thanked the Secretariat and guest from the Global Fund for the panel discussion on learnings from the SMC project.

- The Executive Board approved Resolution N°4 on the AfI: “Better tools for the diagnosis and treatment of *P. vivax* malaria”.
- The Executive Board adopted Resolution N°7 on the extension of the mandate of the Governance Working Group.
- Resolution N°8 on the Committees and Board Calendar was approved.
- The Executive Board congratulated Unitaid for its role in the IACG and other initiatives and encouraged it to pursue its efforts to improve coordination with other agencies.

## 1. Restricted Session (Board Members and Alternates only)

No minutes were taken during the restricted session.

### 2a. Opening remarks

THE EXECUTIVE BOARD CHAIR, Marta Maurás, called the meeting to order at 9:30 on 5 December 2018. She expressed her gratitude to the Government of Morocco for hosting the meeting in the city of Marrakesh, the first one hosted in an African country. Throughout the Board meeting, all Board Members expressed their thanks and appreciation to the Government of Morocco for their kind invitation.

She highlighted the important role of Unitaid in achieving the 2030 Agenda for Sustainable Development. This Agenda calls for a change on the operationalisation of institutions within the UN system at every level of governance to increase efficiency and collaboration. She also referred to the last G20 meeting held in Buenos Aires to recall the importance of new technologies and artificial intelligence as elements that will continue to position Unitaid at the forefront of innovation and access to effectively address global health challenges.

She added that the mid-term review of the Unitaid 2017-2021 strategy represents a checkpoint to collectively explore critical opportunities that can maximize impact based on the global health landscape; and to further increase effectiveness and visibility to support resource mobilization efforts.

She provided a quick update on her efforts in resource mobilization since July 2018: meetings with the Spanish Secretary of State for International Cooperation and for Ibero-America and the Caribbean; the UN High level Meeting on TB and other bilaterals in the margins of the 73rd UNGA, including with the Foreign Affairs Minister of Costa Rica and the Minister of Health of Chile; the Forum on Innovation and Access to Global Health Markets for industries of Argentina, Brazil and Chile; the launch of the 2018 Malaria Report in Maputo, where she met with the Minister of Health of Mozambique, former President Chissano and Mrs Graça Machel to promote the work of Unitaid looking to enhance high level political commitment and domestic financing. She also joined a field visit to Unitaid's HIV point-of-care diagnosis project, with UNICEF and CHAI, where she witnessed the impact of timely and efficient HIV testing of newborns and prompt treatment for those infected.

She invited Board Members to identify opportunities to enable Unitaid to implement its ambitious Strategy and Investment Plan, and discuss Unitaid's positioning in the response of global health challenges in line with the spirit of the Global Action Plan for Healthy Lives and Well-being recently signed by Gavi, the Global Fund, the Global Financing Facility, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, the World Bank and WHO.

THE CHAIR thanked the Committees and the Governance Working Group (GWG) for their solid contributions and guidance to the Board on governance issues, such as Conflict of Interest (COI) and Board composition. She thanked the Vice-Chair, Sarah Boulton for her dedication and hard work, as well as the Secretariat, headed by Lelio Marmora, for the enormous work performed that transformed

Unitaid into a nimble and necessary organisation for innovation and access for the treatment, diagnosis and prevention of major killer diseases.

She welcomed Mr. Mohamed Amine BOUKHRIS, new Alternate Board Member for the African countries constituency and the Moroccan delegation to this Board meeting, new delegation members from Brazil, NGOs, Republic of Korea, Spain, the United Kingdom, and the invited guest from Japan.

As a follow-up to the Board's Closed Session, the CHAIR presented Resolution No. 5 to launch the process for the Chair selection process, and Resolution N°6 to extend the mandate of Sarah Boulton as Vice-Chair until June 2019 for approval. Both resolutions were adopted without modifications.

### ***Discussion***

THE REPRESENTATIVE OF FRANCE thanked the Chair for her work and commitment to date and flagged France's interest in the follow up of the Chairs election process

**The Chair opened the meeting and welcomed new Board Members and delegates. On behalf of the Board, she expressed her gratitude to the Government of Morocco for hosting the meeting in the city of Marrakesh. The Chair provided an update on her resource mobilisation efforts over the past six months.**

**As a result of the closed session, the Executive Board adopted Resolutions N°5 on the Launch of the Board Chair selection process and Resolution N°6 on the Extension of the Mandate of the Vice-Chair.**

## **2b. Adoption of EB 30 agenda**

**The agenda of EB30 was adopted without modification.**

## **2c. Declaration of Interests**

In connection with the Board meeting agenda, THE CHAIR announced that three constituencies had declared interests. She mentioned that a new Conflict of Interest (COI) Policy was currently being prepared by the Governance Working Group and opened the floor for comments.

### ***Discussion***

THE REPRESENTATIVE OF THE NGOS declared interest of three members with connections with grantees.

THE REPRESENTATIVE OF THE COMMUNITIES indicated that their Board Member was invited to participate in the development of a new biomedical prep tool and to work on regulatory issues around this (led by Gates, CHAI and Novartis).

THE REPRESENTATIVE OF THE FOUNDATIONS indicated they had current programmatic investment in connection with two Areas for Interventions (Afls) for discussion: *P. vivax* and long-acting technologies. She confirmed some program-related investments in some of the companies in the landscape of long-acting and expressed willingness to share more details if needed.

THE CHAIR stressed the importance of this very pragmatic approach to inform the principles of the Col policy.

**In connection with the Board meeting agenda, three constituencies declared specific interests.**

### 3. Minutes from previous meeting

THE CHAIR asked the Secretariat to consider amendments to the Minutes of EB29 requested by the UK representative in writing.

THE REPRESENTATIVE OF THE UNITED KINGDOM (UK) thanked the Chair and explained that the proposed changes were non-controversial and aimed at better reflecting their intervention during the 29<sup>th</sup> Executive Board meeting.

THE REPRESENTATIVE OF THE NGOS requested the deletion of a repeated sentence from the Executive Summary on Page 2 “The African constituency, on behalf of the Moroccan government, proposed to host the next Board meeting in Marrakesh”.

**Minutes of EB29 were adopted after taking into consideration amendments requested by the NGOs and the United Kingdom.**

### 4. Report from the Policy and Strategy Committee

THE CHAIR OF THE POLICY AND STRATEGY COMMITTEE (PSC) provided an update covering the following topics: 1) Areas for Interventions (Afls) and calls for proposals; 2) Midterm review of the implementation of Unitaid’s strategy: approach and timelines; 3) Principles for additional contributions; 4) Principles for special engagements and 5) Supporting Unitaid in political processes.

#### 1) Areas for Interventions (Afls)

THE PSC CHAIR acknowledged the great work of the Secretariat on the various Afls and reminded the Executive Board of the three calls for proposals that recently closed: MDR-TB, cervical cancer (under the HIV coinfections and comorbidities Afl), and integrated management of childhood fever. She then highlighted the new areas for discussion during the EB30: long-acting technologies, better tools for the diagnosis and treatment of P.vivax malaria, as well as approaches to unlock domestic financing for HCV.

The PSC CHAIR also provided an update on Unitaid’s role in advanced disease, reminding the Board of Unitaid’s focus on i) price reduction, ii) catalytic procurement, and iii) market coordination. She commended the Secretariat for the two price deals negotiated with Cipla and with Gilead respectively. She then presented on the opportunity to reprogram unused funds (US\$ 15 M) from the CHAI/UNICEF point-of-care grant to the CHAI Optimal ARVs grant. She confirmed the PSC was comfortable with the approach put forward by the Secretariat and that the reprogramming opportunity would be presented to the Board for e-vote shortly after the Board meeting.

#### 2) Mid-term review of the Strategy

THE PSC CHAIR provided a summary of the PSC discussion, which focused on the objectives and approach for the mid-term review of the Strategy. The PSC agreed with the overall approach and

objectives proposed but requested minor revisions to the TORs prepared by the Secretariat to include an additional question on the agility of the Operating Model. These TORs were thereafter approved by the Board by e-vote in November.

### 3) Principles for additional contributions

The principles and criteria for additional contributions will guide the Secretariat in its discussions with prospective donors. There was general agreement within the PSC that while core funding remains the most important source of funding, additional contributions could represent an interesting source of supplementary financing. It was agreed that those contributions would be linked to a specific investment area, aligned with Unitaid's AfIs, time-bound and non-recurrent. Evaluated on a case by case basis, these contributions can amplify Unitaid's funding as identified in the Unitaid investment plan and be a way to attract new donors which could become core funders in the future. The GBP£ 27 M additional contribution from the UK on malaria was reviewed against those principles and criteria prior to its approval by the Board by e-vote in November 2018. The Secretariat will pilot this approach and report to the Executive Board (EB) at the second Board meeting of 2019.

### 4) Principles for special engagements

THE PSC CHAIR explained the principles for special engagements would allow the Secretariat to engage with partners on initiatives that do not fit neatly in the existing "box" and the usual rules of engagement: for example, where there is a unique value proposition a partner can bring, or where the related level of investment is limited. The objective is to deliver greater impact in priority areas as well as expand Unitaid's outreach and visibility in the global health community. She gave an overview of the two main types of engagements presented by the Secretariat: a) Those that require funding below US\$ 200 K, for which a special revolving fund would be set-up, of an initial amount of US\$ 300 K with increase subject to Board approval. Such engagements would be approved by the Executive Director through a delegation of authority. She noted the revolving fund is part of the budget that is to be approved by the Board during this meeting. b) Engagements that require funding above US\$ 200 K and that will follow a process very close to the usual process for grant proposals.

### 5) Supporting Unitaid in political process

THE PSC CHAIR introduced this topic as having been brought forward by Brazil, the PSC Vice-Chair, in connection with the need to ensure Unitaid's recognition in public declarations (e.g. UNGA). The discussion reflected a strong agreement around the need to coordinate and align to increase Unitaid's visibility in international fora – which would also serve to support Unitaid's resource mobilization efforts. It was agreed there is a need to identify the key events and opportunities in advance and the Secretariat was requested to circulate a calendar of high-level political events/moments to PSC members to allow for better coordination of the Board in support of Unitaid's visibility.

### *Discussion*

THE CHAIR thanked the PSC for their strategic leadership and concluded that the Board would be eager to hear the conclusions from the piloting of the various processes (additional contributions, special engagements) now in place.

**The Executive Board took note of the Report of the PSC and looks forward to the conclusions of the approaches that are being tested with regard to additional contributions and special engagements.**



## 5. Report from the Finance and Accountability Committee

THE CHAIR OF THE FAC recalled the key topics addressed by the FAC and the joint FAC and PSC since the last Board meeting.

She started with a presentation of the key FAC agenda items:

### 1) Move to the Global Health Campus

The FAC was provided with a detailed cost/benefit analysis of quantitative and intangible advantages (better office space, proximity to key partners, conference centre for meetings) showing that the value of these benefits over the 10-year lease outweighed the additional costs. The FAC was satisfied with the information provided by the Secretariat.

### 2) 2019 Budget

As a background to this discussion, the FAC was presented with an overview of Unitaïd's progression over the past 4 years, showing a clear increase in terms of number of grants, portfolio size and number of staff. The original budget proposed to the FAC was for US\$ 30.5 M, representing a US\$ 1.9 M increase over the prior year (7%). FAC members requested that more details be provided on the increase and that efforts be made to limit this increase. The analysis showed that 75% of the requested increase was driven by portfolio demands, including the full cost of authorised Secretariat staff to respond to the portfolio's growth. It also showed that about 80% of the costs (ie. US\$24,4 m) are fixed costs, in particular the staffing cost over which the Secretariat has limited discretion, while only 20% (US\$6.1 M) are fully controllable. More specifically, the main drivers for the increased 2019 budget vs. 2018 were: staffing (same 93 posts) which include a decrease in vacancy rate, increased base salary (based on inflation and yearly step increase), staff travel and additional resources for communications and resource mobilisation. In light of the FAC members' comments, the Secretariat revised the 2019 budget proposal down by US\$400,000 (final 2019 budget is US\$ 30,084,000), thus reducing the increase over 2018 to 5.0% by paying off a portion of the double rent in 2018 and setting a 4% efficiency target for 2019.

The FAC also recognized a need to formalize communications processes in order to improve communication between the FAC, the Secretariat and the Executive Board (particularly in relation to material variances), and agreed:

- to increase communication outside of the twice-yearly FAC meetings;
- for the Secretariat to escalate to FAC when expenditure exceeds certain variance levels for each budget area (ranging from 3 to 10%). The Secretariat and the FAC leadership together will decide on the escalation to the Board if the variance is significant. This will allow for better communication without waiting for the next committee meeting.

Finally, the FAC asked the Secretariat to design and present a pro-forma modelling for future operational expenses (OPEX) budgets to assist in setting expectations for the overall size of the budget.

The FAC endorsed the Resolution for the 2019 proposed budget for Board approval.

The CHAIR presented Resolution N°1 on the approval of the 2019 Unitaïd budget and opened the floor for comments.

**Discussion**

THE REPRESENTATIVE OF THE UK appreciated the responsiveness of the FAC and the quick adjustments made in response to the points raised during the FAC in October. He welcomed the progress of the interactions between the FAC and the Secretariat on the variances and questioned if the variances were part of a process to develop more specific KPIs for budget monitoring. Within this context, he requested the development of specific KPIs based on the budget and size of operations (not just the 2% top-line KPI, but more detailed metrics for the FAC).

In response, THE CHAIR OF THE FAC acknowledged the request on the need to go beyond the existing KPIs. However, she stressed that the FAC will look at specific metrics for the Committees to facilitate the budget discussions, but not for adding to the KPI report.

**The Executive Board adopted Resolution N°1, approving on Unitaid 2019 Operating budget of US\$30,084,000 as presented in the document UNITAID/FAC21/2018/5/Annex5.**

THE CHAIR OF THE FAC presented the two items addressed by the FAC and PSC during their joint October session: (i) the investment plan and funding forecast and (ii) the risk management policy.

Investment plan and funding forecast

THE CHAIR OF THE FAC highlighted the connection between the investment plan and the funding forecast and handed over to the Chair of the PSC for the presentation of this item. The Chair of the PSC highlighted the quality of the new investment plan document prepared by the Secretariat and briefly introduced the first year (2019) of this plan. She explained that committees had welcomed the opportunity to discuss potential new areas, including in the context of the midterm review of the strategy.

The Chair of the FAC presented the reconciliation of the investment pipeline with the funding forecast, showing a baseline and an adjusted scenario.

**Discussion**

- Reacting to the investments foreseen for TB in 2019 (US\$ 40M), the REPRESENTATIVE OF KOREA highlighted the importance to increase investments in TB and requested to have an overall picture of the funding distribution amongst the three diseases and RMNCH.
- THE REPRESENTATIVES OF THE FOUNDATIONS AND NGOs emphasized the value of the investment plan and expressed support for discussion of this document in the PSC.
- THE CHAIR OF THE FAC requested more details on the areas that cannot be funded under the 2019 investment plan and clarification of the baseline and upside scenarios presented in the investment plan.

In response to the comments, THE SECRETARIAT provided the following elements:

- The Secretariat explained that the baseline scenario was based on recurrent contributions from donors, and the adjusted scenario identified potential areas of further investments if more resources were received.
- Regarding the request on the overall picture of the funding distribution and TB funds, DIRECTOR STRATEGY underlined Unitaid's continued commitment to TB, with recent work to replenish the TB

portfolio. She referred to TB projects approved since late 2017, worth approximately \$120M, and additional TB projects in development.

#### Risk management

THE CHAIR OF THE FAC thanked THE SECRETARIAT for the fruitful partnership which allowed the Committees to deep dive into the issue of risk management and develop the risk management policy presented to the Board for its approval today. She acknowledged the detailed analysis developed by the Secretariat to help the alignment of the risk framework based on the following key strategic pillars: Unitaids approach, risk management framework, roles and responsibilities, risk taxonomy and risk appetite. She presented the risk heatmap developed by the Secretariat which highlights the top ten risks, according to the following categories: Strategic risks; Operational risks; Governance risks; Portfolio risks. The heatmap shows that the top risks are mainly strategic, which is logical as those risks are inherent to Unitaids mission.

In addition, the Secretariat explained their work on the analysis to frame the risk at the portfolio level to guide the Secretariat, Committees, and the Board on the risk implications at the portfolio level. An internal assessment of risk management processes performed by an independent consultant showed that the Secretariat has a solid risk management approach. Based on this analysis, the FAC and the PSC recommended approving Resolution No. 2 on the risk management policy.

An internal review plan for 2019 has also been discussed by the joint committees, in consultation with WHO IOS, and external reviewers, the scope of those internal reviews in 2019 should cover Areas for Interventions (Afls), Grant Agreement Development (GAD) process and Ethics and be discussed further with Committee Members.

#### ***Discussion***

THE EXECUTIVE BOARD CHAIR stressed some communication gap between the Committees and the Board, despite the limited time between the Committee and Board meetings. She asked the Chairs of both Committees to ensure a smooth flow of information of discussion and decisions, and to distribute the Committees reports in a shorter timeframe.

In response, THE CHAIR OF THE PSC added that for transparency purposes, all important decisions are transmitted to the Board and that Committee meetings are also opened to Board Members. Finally, she expressed her agreement with the CHAIR on the need to improve communications to allow deeper discussions. For this purpose, she reaffirmed her commitment to continue making sure that relevant information is shared with the support of the Secretariat.

THE CHAIR thanked both Committees and presented Resolution N° 2 for approval. She thanked Committee members, observers and the Secretariat for the hard work.

**The Executive Board took note of the report from the joint FAC/PSC session.  
The Executive Board approved Resolution N°2 on Unitaids risk management policy.**

## **6. Report from the Chair of the Proposals Review Committee (PRC)**

THE CHAIR OF THE PRC updated the Board on the PRC composition: 8 core and 5 disease/issue-specific members. He added that two of the initial disease/issue-specific members with expertise in malaria and intellectual property resigned due to conflict of interest concerns. These areas are currently

covered by core and disease/issue-specific members. Previous concerns expressed by the Communities and NGOs regarding the need to strengthen consideration of community-level elements of proposals, including demand creation, were noted.

THE CHAIR OF THE PRC emphasized the hard work of the PRC in 2018, including 114 proposals reviewed under 4 calls for proposals (catalytic LLINs; MDR-TB; fever management; cervical cancer). The number of proposals received doubled compared to last year and tripled compared to 2015 and 2016. The PRC has had more extensive comments on grant extensions (e.g. CPLUS) and atypical proposals (e.g. advanced HIV disease Afi). He highlighted the benefit of a careful selection process during the last PRC replenishment, with a more homogeneous and highly skilled group in place, better equipped to tackle proposals beyond the three diseases and with readiness to engage in rich debates that go beyond the currently employed proposal assessment tools. The last reviews of cervical cancer and fever management proposals are good examples for these more profound discussions actually helping select the proposals that are expected to maximize Unitaids impact.

THE CHAIR OF THE PRC highlighted that the last round of reviews triggered reflection on whether the proposals that Unitaids receives are well aligned with the call intent and what we are looking for in terms of impact. The principle observed by the JRC has been that no proposal recommended for Go-Ahead decision should include recommended modifications involving a material change that would turn it into a new proposal. JRC has always taken a holistic view considering how to use the complementarities of proposals to achieve maximum impact and to serve the best interest of Unitaids. Going forward, he highlighted that there is a potential to provide clearer guidance in the proposal form and supporting documents. Finally, he welcomed the growing diversity of the proponents, compared to the previous years with two thirds of all proposals coming from developing country NGOs, scientific and educational institutions and private sector.

The PRC CHAIR then discussed some mechanisms that have improved the quality of the growing proponent base, including webinars and feedback sessions (involving the JRC co-chairs which are the PRC Chair and Unitaids Deputy Executive Director) which were highly appreciated by proponents, though these took time to plan and to execute. 16 feedback sessions had been held to date, representing 8 hours of time. Information sessions at partner events to help inform potential proponents or other mechanisms could be considered as part of the midterm review of the strategy to improve quality of proposals going forward.

### **Discussion**

BOARD MEMBERS thanked the PRC Chair for his presentation and the PRC as a whole for their hard work. Their comments concerned 4 key areas:

#### 1) Increase in PRC workload:

THE NGOS expressed concerns about the increase in workload for PRC members and asked whether there was a need to discuss an increase in resources, time and capacity to ensure the PRC is able to meet its objectives.

THE UK commented that having more directed and targeted calls, or a set budget ceiling could reduce the overall number of proposals received but recognized this could have a negative impact on innovation among proponents. He also asked if the growing number of proposal reviews should have any implication on PRC remuneration.

#### 2) Expertise:

THE NGOS requested guidance from the Board to fill the expertise gap on demand generation within the PRC. THE FOUNDATIONS commented on the need to look at the pipeline of projects in the investment plan and assess what specific type of behavioral sciences expertise might be needed.

### 3) Tight review deadlines:

THE NGOS AND BRAZIL asked for clarifications regarding the tight review deadlines. The BOARD CHAIR expressed concern that it could impact the quality of reviews.

### 4) Feedback sessions

THE NGOS welcomed the feedback sessions and encouraged to consider whether the two co-chairs could send feedback letters to those that receive negative responses to avoid frustration. BRAZIL asked about the openness of these feedback sessions. The Board Chair asked if these feedback sessions were upon request, or if every proponent had time to review the feedback and potentially resubmit the proposal for another call.

In response to these comments, THE CHAIR OF THE PRC provided the following responses:

- In relation to the capacity of the PRC and the addition of expertise, he stressed that the PRC was open to bringing in additional expertise in malaria, intellectual property and in demand-generation.
- In terms of timelines for GAD reviews, HE noted that atypical GADs that have not gone through the competitive selection process require more time for review and PRC comments are more substantial than for regular GADs. He also noted that challenges arise in those few cases when these atypical GADs need to be reviewed in 5 days, which is half of the time that the PRC normally has for reviews at the GAD stage.
- On the PRC remuneration, he explained core members are paid a fixed honorarium for the year, but that it is based on an assessment of an average amount of time spent by members on reviews rather than actual time. APWs are signed with the disease/issue- specific members and payments are done based on the actual number of proposals reviewed. He indicated that to date he had not received any feedback that the remuneration was too low.
- Regarding the feedback sessions, THE CHAIR OF THE PRC mentioned that currently these sessions are only open to those proponents screened out at the level 3 review and the current arrangement is that the feedback is provided orally through a teleconference.

THE DEPUTY EXECUTIVE DIRECTOR recognized the value of providing the feedback to proponents to explain how the outcome of the parallel assessments of both the PRC and the Secretariat teams in an open, transparent and honest process was truly an added value that ultimately determined the final choice.

**The Executive Board thanked the PRC Chair for his report.**

## 7. Report from the Executive Director

As a preamble, THE BOARD CHAIR thanked THE EXECUTIVE DIRECTOR for his work over the past year, recognizing that 2018 has been a crucial year for the Secretariat, in terms of its expansion into new areas, such as AMR and other multi-lateral initiatives including the G20 Health under Argentina's presidency, Unitaids' new investments into more integrated approaches, but also the continuous effort to sustain a number of workstreams, building collaborations with different actors as well as managing the Secretariat.

THE EXECUTIVE DIRECTOR thanked the Chair, the Board members, and the Government of Morocco for hosting the Board meeting. He started his presentation highlighting the progress made in the fight against the three diseases over the last 20 years and the important shifts in approaches that supported

these results: the shift to national, data-driven and evidence-based strategies and country ownership, and from budget support approaches to performance and results-based financing.

He emphasised that we have reached a crucial turning point in the fight against the three diseases, and reflected upon the findings of the latest WHO World malaria report, and the reverse in progress that is also noted in HIV and TB. The global health community agrees that there is a need to focus on doing things differently to reach the needed acceleration. The role played by innovation in this acceleration is gaining momentum and is helping Unitaid to gain traction and to engage strategically around new opportunities in this area. The WHO Director-General was quoted: *“We need innovation and disruption, not just for developing new products, but for developing new ways of delivering those products and new ways of working together to deliver results”*.

He explained his Report covers the progress made over 2017-2018 and responds to the Executive Board Chair’s letter dated 9 August 2017.

**1) Developing an efficient, effective, highly committed Secretariat:** 2018 saw growth for Unitaid, with an increase in portfolio of over 72% between 2015 and 2018; a doubling in the level of disbursements, a two-fold increase in the number of grants, as well as an increase in the number of grantees and diversification, and the number of proposals received. The Secretariat’s engagement is growing and has matured. Staff numbers have risen from 67 in 2016 to 89 by the end of 2018 and 33 different nationalities are represented. The move to the Global Health Campus has strengthened cooperation with other colleagues working in global health. A staff retreat planned for early 2019 will help to better understand the personal and professional needs and expectations.

**2) Optimizing the operating model:** The review of the operating model identified four priorities: i) streamlining the GAD stage; ii) diversifying its proponent and implementers base, iii) improving organizational dynamics and iv) enhancing strategic partner engagement. Unitaid has improved the model through the successful completion of the Grant Performance System project and further streamlining. The Secretariat and the FAC also continued to work on risk management tools and approaches to align on key principles underpinning Unitaid’s risk management activities. Unitaid has strengthened its engagement with grant implementers. Engagement with civil society has increased by strengthening cooperation with communities and NGOs constituencies of the Executive Board, retreats and representation in country missions and conferences. Unitaid has also increased the transparency of reporting on IATI, increasing the score and positioning the organization very favourably alongside comparable organizations. The current objective now is to reduce the timeline to sign grants from the current average of 5.4 to 3 months and to improve engagement with countries, Ministries and the private sector.

**3) Implementing the Strategy 2017-2021:** The investment plan provides both visibility on new and potential AfIs; and it is now a standard agenda item at Committees and the Board which helps design a more coherent, rebranded portfolio. Unitaid aims at becoming even more agile and streamlined, starting with solutions rather than the challenges, focusing even more on integrated approaches, and participation from countries, civil society and local stakeholders in the response. He highlighted the substantial increase in interest from high quality applicants in response to Unitaid’s call for proposals (114 in 2018 versus 54 in 2017), important achievements after reporting the new KPI framework to measure progress against Unitaid’s strategy, or the expansion of Unitaid’s total portfolio ( increasing by 40% from \$ 859 m (2016), to \$1,027b (2017) to \$1,202b in 2018, with 41% of the portfolio increased

in HIV, 30% in malaria, 18% in tuberculosis and 11% in cross-cutting issues). New /renewed partnerships have been also successfully concluded with the Elton John AIDS Foundation and Children's Investment Fund Foundation, the Global Fund and Gavi. On the challenges, there is a need to improve transparency and openness, in particular with regards to partnerships and interaction with stakeholders to select AfIs.

**4) Increase of Unitaid's visibility and resource mobilization efforts:** An increased interest in Unitaid has been driven by the following events or initiatives: World Malaria Congress in Australia; IAS conference; TB high level event during UNGA; the G20 in Japan next year; the IACG and SDG accelerator work-stream placing Unitaid at the centre, the 2018 Maputo award for our work in innovation, etc.

**5) Keeping a harmonious relationship with EB and hosting agency:** The Secretariat continued its close engagement with the Board, notably through in country visits, including for the launch of major grants and invitation to global events.

Finally, looking at staffing as the machinery of the organization, THE EXECUTIVE DIRECTOR commended the interaction of the teams and the Senior Management Team (SMT) in sharing knowledge and innovative ideas. Unitaid must keep on bringing opportunities for the staff to grow, be proactive, empowered and committed and to be informed of the discussions at the Board level.

Looking ahead, THE EXECUTIVE DIRECTOR expressed that Unitaid will continue to enhance its capacity to reach wider impact while investigating new sources of innovation. In the next months, Unitaid will adapt its model to take advantage of all opportunities.

THE EXECUTIVE DIRECTOR finally thanked WHO for their great working relationship, the Board for the quality and collaborative work, the SMT and all the staff.

THE CHAIR thanked THE EXECUTIVE DIRECTOR and opened the discussion.

### **Discussion**

- BOARD MEMBERS congratulated the EXECUTIVE DIRECTOR for his report, work and leadership.
- THE REPRESENTATIVE OF FRANCE expressed her appreciation for the inspiring presentation and the Secretariat's capacity and agility in seizing opportunities, reprogramming projects, partnerships flexibility, and for the impressive capacity to think about the adaptability of the model and how to strengthen it to better respond to needs. She also welcomed the good positioning of Unitaid, in particular its participation in the development of the SDG3 Action Plan. She called on the stabilization of the size of Unitaid's workforce. Regarding resource mobilization, she stressed that the Global Fund replenishment was a great opportunity to showcase Unitaid's unique game-changer role. Finally, expressing interest in the partnership with South Africa, she asked what the specific conditions would be for other countries to be considered.
- THE REPRESENTATIVE OF THE COMMUNITIES expressed disappointment at the lack of reference to civil society engagement and partnership in the ED report, despite its key driver role. He also emphasised Unitaid's key role in the response to leverage the use of technologies especially in countries that lack capacity to overcome competition and access-related barriers, or to reach remote places.

-THE REPRESENTATIVE OF CHILE described the strategy's midterm review as an excellent and very timely exercise to review challenges and identify opportunities. She welcomed the engagement with the private sector in the price deals negotiated and expressed Chile's commitment to continue supporting the Secretariat in its efforts to increase its visibility. Finally, she congratulated THE EXECUTIVE DIRECTOR for the workplan and leadership.

- THE REPRESENTATIVE OF NORWAY thanked THE EXECUTIVE DIRECTOR and the Secretariat for Unitaid's work and performance, and notably the support brought to the Governance Working Group. She recalled the importance of listening to the Communities and thanked them for reminding everyone of the primary objective of the organisation which is to save lives. She expressed her appreciation for efforts to enhance Unitaid's positioning in the Global Health architecture and highlighted the opportunity presented by the Global Fund replenishment.

-THE REPRESENTATIVE OF SPAIN congratulated the Secretariat for its performance and highlighted the importance of Unitaid's growing leadership in global health, which is bringing innovation to the centre of global health. He stressed the importance of innovation in ensuring no one is left behind.

-THE REPRESENTATIVE OF NGOS congratulated THE EXECUTIVE DIRECTOR for the work and for his remarks on urgency, going backwards and flatlining in some diseases. He stressed the importance of testing existing drugs or processes negotiated and used in the past. Finally, he added that it would be convenient to think about the governance structure and role of existing bodies such as the PRC.

- THE REPRESENTATIVE OF THE UK thanked THE EXECUTIVE DIRECTOR for the report and the energy invested around innovation. He highlighted the importance of Unitaid's mandate in access, noting that innovation without access takes us nowhere. He noted that the report responded to issues related to testing the model and complementarity. He encouraged the Board to go further in engaging with partnerships: new partnerships, participation in policy dialogues and high-level political events illustrate Unitaid's improved positioning and provide new opportunities to maximize resource mobilization.

THE REPRESENTATIVE OF WHO joined other Board Members in congratulating the Executive Director and the team on their achievements. He mentioned that Unitaid's operating provides a solid basis for global health impact and praised the organization's ability to swiftly adapt to changing global health needs. He highlighted the importance of collaborating closely with national governments to ensure that Unitaid investments are sustained in the long-run. He added that WHO is pleased to note Unitaid's increasingly visibility in the global health arena, and will continue to strongly support the organization. THE EXECUTIVE DIRECTOR thanked the Board for their support and comments.

Regarding the partnership with South Africa, he said that the assessment process and evaluation will be replicated in other countries. Responding to the matter raised by the COMMUNITIES, he recalled their importance and stressed that they are not forgotten in Unitaid's journey, highlighting their key role and the close relationship established. Responding to the NGOs on the market interventions, he highlighted that market interventions are important but insufficient. Market issues need to be tackled but also access-related barriers.

Finally, he confirmed that the Global Fund replenishment would be a very good opportunity to leverage Unitaid's visibility, with the support of Board Members and France in particular, as host of the meeting.



**The Executive Board thanked the Executive Director for his report and congratulated him for his leadership and the Secretariat's great work.**

## **8. Mid-term review of the implementation of Unitaid's Strategy**

THE CHIEF OF STAFF introduced the session on the midterm review of Unitaid's Strategy for 2017-2021, explaining that this review aims to help us take stock of Unitaid's accomplishments and shortcomings in relation to its Strategy, and to assess potential future directions. She recalled the approved Terms of Reference (TORs) for the mid-term review, presented and revised at the last PSC meeting, and explained that the inception report, submitted as a pre-read, is a process-oriented document that was prepared to guide the review. She confirmed the final report will be presented at the 31<sup>st</sup> Executive Board.

She then gave an overview of the agenda for this session: (i) the approach, detailing key trends, objectives and outcomes, methodology and timeline; (ii) how future opportunities will be explored, focusing on how to frame key opportunities and the criteria for consideration; and (iii) how the EB sees Unitaid's future role.

The TECHNICAL OFFICER, EXECUTIVE OFFICE presented the approach to the midterm review of the strategy, starting with an overview of the global health trends that impact Unitaid in the delivery of its mission: reversals in key global health trends and the need for different and innovative approaches; the need to shift to more integrated, patient-centred approaches; financial resource constraints; demographic shifts; and the role innovation and technology disruption in global health. She then gave an overview of the three objectives and outcomes for the review, which will include an assessment of how well Unitaid is delivering its Strategy, its progress against specific improvement areas in the operating model as well as the latter's agility in relation to new challenges, and finally, recommendations for key opportunities for Unitaid to maximize its impact by 2021 and beyond.

To substantiate the review, the Secretariat will rely on existing analyses and reports, grant data and reports, as well as external literature. The Secretariat, with support from external consultants) also plans on conducting interviews and leveraging planned surveys and forums to ensure input from key stakeholders feeds into the review process, making use of existing tools and channels as much as possible given the timeframe. To maximise meaningful input from the Board and the PSC, the Secretariat will schedule one-on-one interviews, organise two country visits (one anglophone and one francophone), and proposes to hold a PSC retreat focusing on strategy recommendations in May 2019 around WHA in Geneva. An interim report on the midterm review will be provided to the PSC in April and the final report at the Board in June.

The DEPUTY EXECUTIVE DIRECTOR took the floor to present on the Secretariat's approach to exploring future opportunities. He started by recalling Unitaid's key role in connecting the upstream with the downstream, a solid approach that the Secretariat will continue to leverage. He then described an alternative way of presenting Unitaid's model and portfolio that looks at interlinkages between public health needs across the three diseases and related coinfections, and the products and technologies that Unitaid has invested in to address these needs. As part of the midterm review, the Secretariat will explore extending this analysis to other public health needs (such as RMNCH, NTDs, or diabetes), and other products and technologies that have a "game-changer" impact and where Unitaid's model for innovative products could be leveraged to maximise this impact.

The Secretariat will undertake this review and exploration leveraging existing tools and analyses, and will ensure a focus on opportunities that will generate a large impact in global health, that are feasible and cost-efficient and have an acceptable level of risk. He explained that by June 2019, the Secretariat will provide: i) A refreshed analysis of its role in AMR, RMNCH, NTDs and NCDs that includes a high level assessment of impact potential; and ii) An analysis of select technology trends, including their relevance to Unitaïd’s future work.

### *Discussion*

THE REPRESENTATIVE OF FRANCE thanked the Secretariat for its presentation and the inception report. She asked how to bring “fresh air” to Unitaïd through this process, especially the third pillar of the midterm review on future opportunities. She also asked how we could guarantee independence in the stakeholder interview process to ensure sincere input from grantees and other stakeholders while ensuring their anonymity.

THE REPRESENTATIVE OF THE UK highlighted the importance of having a process that takes stock of progress to date and that is also forward looking. He echoed the need for an independent perspective in the review process, to ensure challenge and distance. He encouraged the Secretariat to look beyond existing partnerships and partners, and to include resource mobilization as part of the midterm review. In relation to AfIs, he mentioned it would be useful to include results and targets in AfI’s to be able to course-correct, and that they could be used as a vehicle for partnerships and resource mobilization. He also enquired about how much we are stretching the operating model to allow for flexibilities. Finally, he identified the need for the role of Unitaïd to be examined vis-a-vis demand, in the context of discussions on future opportunities and new areas where there is no clear scale-up partner.

THE REPRESENTATIVE OF NGOS explained that the review is exciting but that the constituency believes the focus should be on closing the gaps on the three diseases and engaging further in the area of co-infections as well in cross-cutting interventions that can benefit the entire global health response (e.g. regulatory barriers). She highlighted that moving to new areas primarily as a way of attracting new donors is high risk. Referring to civil society engagement as described in the inception report, she stressed that emphasis should be on quality of engagement rather than quantity, as well as on what can be improved. She also stressed that civil society experts should be consulted. She seconded the UK’s request to include resource mobilization in the review. She also asked that issues of stock-outs in countries that are transitioning out of Global Fund funding are considered, to ensure our investments are not undermined and that actions to safeguard investments are identified. On the expansion of geographical focus in the review, she suggested that the Secretariat should look at the effectiveness of Unitaïd’s investment in other regions than Sub-Saharan Africa. She echoed France on the need for independence and welcomed the use of an external consultancy to conduct interviews among a representative sample of grantees.

THE REPRESENTATIVE OF FOUNDATIONS noted that Board Members have different expectations and asked the Secretariat to look at what should be prioritized in this midterm review. The review should include costs and additional capacity needed for the Secretariat to take on new areas so that trade-offs can be discussed.

THE REPRESENTATIVE OF AFRICAN COUNTRIES also reflected on the methodology for the midterm review, highlighting she would appreciate a more independent component in the assessment. She also highlighted the importance of considering cross-cutting areas, such as regulatory system strengthening.

THE REPRESENTATIVE OF WHO agreed with proposed objectives, framework and scope for conducting the mid-term review. Acknowledging the global momentum around Health Systems Strengthening (HSS), he asked Unitaid to consider how it could better illustrate and document its contribution to HSS efforts. He highlighted that work is underway – by WHO, the Global Fund and Gavi – to develop a joint methodological framework to track investments in HSS.

THE REPRESENTATIVE OF KOREA recognized the hard work of the Secretariat. He said that the mid-term review should look at a potential expansion of geographical scope and focus, beyond sub-Saharan countries and adding geographical variances to assess potential impact.

THE CHIEF OF STAFF explained that the methodology was discussed at the PSC and that it was decided this would be an internal review with support from external resources, to ensure that this is a learning process for the Secretariat, such as with the operating model review. She noted the need for independence and the importance of obtaining candid responses from partners and stakeholders. She confirmed the Secretariat would be counting on external consultancy support to ensure fresh viewpoints are considered and to provide independence to the process, including anonymity in interviews. She added that investing in health products that impact health systems will be a topic for review and that the geographical focus is not based on the location but the need itself and available innovations. The proposed country visits will be an opportunity to undertake interviews with in-country partners. On Global Fund transition, the Secretariat needs to look at the broader landscape and how countries transition. On the resource mobilization issue, she explained that it might be too early to include in this review considering that the resource mobilization strategy will be presented now, and proposed that it is part of the final Review of the implementation of the 2017-2021 Strategy.

THE CHAIR OF THE BOARD brought key questions for a high-level discussion on the midterm review of the: (i) What do you think Unitaid has done well? (ii) And what do you see as the biggest achievement of Unitaid since the launch of the new strategy? Is there anything Unitaid should have done differently over the last two years? And where do you see Unitaid in five years?

THE REPRESENTATIVE OF BRAZIL appreciated the questions raised to guide the discussion. She highlighted there have been many achievements to date and many improvements. She explained that doing things differently is not “not making mistakes” and recalled the importance of learning from past mistakes. In terms of improvements needed, she noted that Board and committee documents should be shared earlier so that Board members can have more time to prepare. For the future, she would like to see Unitaid continuing to break access barriers for those in need in many different regions, and not only in Low Income Countries (LIC), focusing on interventions that are sustainable and affordable. She expressed support to integrated approaches and emphasized that communities and NGOs should be better included in the conversation. Finally, she expressed the need to consider what is the capacity of the Secretariat and resources for this expansion, which should be part of the long-term view.

THE SECRETARIAT thanked the EB for their engagement and confirmed that all comments would be taken into consideration.

**The Executive Board thanked the Secretariat for the presentation on the mid-term review of the implementation of Unitaid 2017-2021 Strategy and looks forward to engaging in the process.**

## 9. Resource Mobilization

THE CHAIR OF THE BOARD introduced the session on resource mobilization (RM) noting that a presentation by THE CHIEF OF STAFF would be followed by an intervention by Christoph Benn, former Director of External Relations of the Global Fund.

The CHIEF OF STAFF started her presentation by giving an overview of Unitaid's journey over the last years and how each transformational milestone has impacted RM. She highlighted the importance of the investment plan, which was presented in 2018, and its potential in helping to attract potential new donors. She also mentioned the principles and criteria for additional contributions which were developed and presented to the PSC, and which will help the Secretariat in its negotiations with potential new donors.

She explained that RM is directly linked to the funding needs identified in the investment plan in 2019 and 2020 and went on to give an overview of the global health landscape and the specific challenges and opportunities that can impact RM efforts. For example, the limited growth in development aid for health and the fact that multiple organizations are undergoing replenishment this year (GFF, CEPI, GF, Gavi, etc.), as well as the opportunities to position Unitaid at upcoming high level meetings that must be seized.

The CHIEF OF STAFF then explained how Unitaid engages with new donors, highlighting the importance of understanding the political and economic context of donor countries and of building and maintaining a relevant and diverse network with various stakeholders, thus helping to ensure political processes and changes are well understood. She described Unitaid's RM efforts with potential new donors in 2018, providing the rationale for the prioritization of five potential donors, and explained plans for RM in 2019.

She then highlighted the key stakeholders that contribute to and must be engaged in the RM effort. To implement its RM Strategy, the Secretariat must leverage and count on the support of its Executive Board and it must seek to strongly engage with civil society organisations as well as parliamentarians who can all be strong advocates for its work. Finally, she provided an overview of the 2019 budget for RM and compared it to that of other global health organizations. In conclusion, the key takeaways for the RM Strategy are the central role of the investment plan, a clear focus on potential new donors and strengthening the Secretariat's RM capacity.

CHRISTOPH BENN explained that his role has been to advise the Unitaid Secretariat on RM and that he has been an observer and believer in Unitaid's mandate since its inception. He described how the organization has evolved and strengthened its operations over time, becoming an increasingly good investment to donors. He highlighted that Unitaid and the Global Fund have complementary mandates and that competition for resources between the two organizations is therefore limited. Unitaid plays a key role to the Global Fund as innovator and facilitator. He reiterated that Unitaid has become an increasingly strong organization and that it is at the right point to attract new donors. He explained that Unitaid now has some of the important elements in place to be conduct successful resource mobilization efforts : a strong investment plan, a good resource mobilization strategy, and a better equipped team, though to his view it is still a bit small considering the amount of work. Strong support and confidence is also needed from the Board to ensure Unitaid is in the strongest possible position for resource mobilization.

## **Discussion**

THE CHAIR asked the Secretariat whether the RM Strategy is looking at core funding or also looking at additional contributions for specific AfIs or projects. She also raised a question on the responsibility of the EB members on RM collectively and individually. Considering the high-level events that will take place in 2019, she asked how EB members could best support Unitaid.

THE REPRESENTATIVE OF FRANCE thanked the Secretariat for the clear presentation and Christoph Benn for his intervention. She highlighted some key events and opportunities for 2019, during which France will preside the G7 and host the GF replenishment, and Japan will host the G20. Both countries will prioritize global health and discussions are in progress to ensure coordination. On Unitaid and the Global Fund, she agreed that there is no competition between both organisations and that Unitaid's RM efforts clearly link to the GF replenishment. She recommended the Secretariat to quantify the savings and opportunities Unitaid has generated for global health to date, looking at this role vis-a-vis the Global Fund first and turning to other scale-up partners thereafter. A more forward-looking view could also be taken to estimate expected savings for the Global Fund and global health response going forward. This analysis would also help to articulate Unitaid's added value to other potential donors. On the RM strategy itself, she highlighted it would be important to clarify what Unitaid would seek to achieve with more funding and the vision guiding Unitaid's RM efforts. Finally, she asked for further details regarding the new RM position.

THE REPRESENTATIVE OF WHO informed the Board of a recent meeting coordinated by WHO with several global health partners (GPEI, GFF, Gavi, Unitaid, Global Fund) to support the development of a common health narrative. With regard to parliamentary engagement, he informed of a new Memorandum of Understanding (MoU) between WHO and the Inter-parliamentary Union and encouraged Unitaid to build on this commitment in its country work. He underlined the important role of Board members in supporting the Unitaid Secretariat by opening new doors and leveraging existing political and other connections. He also gave positive feedback on the recent Unitaid-WHO visit to China, which explored opportunities for engagement.

THE REPRESENTATIVE OF THE FOUNDATIONS asked whether the US\$ 55 M of additional funding to be secured for 2019 was feasible and what the Secretariat's plan is to get there. She also asked about the feedback the Secretariat received from donors in order for the Board to better understand where they could help. Finally, she explained it is important to set expectations on feasibility and to further discuss where EB members can be of help.

THE REPRESENTATIVE OF THE UK emphasized that messaging regarding Unitaid's impact need to be clearly articulated around the savings and value for money Unitaid delivers for the Global Fund and the global health response, as well as its investment plan. He requested for clear guidance from the secretariat on how and when board members can support resource mobilisation, with sufficient advance planning to allow for high-level engagements. Finally, he also welcomed plans for additional resourcing and the new position, as well as for bringing Christoph Benn on board.

THE REPRESENTATIVE OF NGOS recommended that the Secretariat considers reaching out to European countries that have fast evolving access to medicines discussions, for example Austria, Portugal and the Netherlands. He emphasized the importance of remaining focused on mobilizing core funding. He suggested the Delegation could work with the Global Fund advocates network (civil society groups supporting RM for the Global Fund) to ensure Unitaid's role and its complementarity with the Global Fund is understood and reflected in its work.

THE REPRESENTATIVE OF BRAZIL emphasized Brazil's willingness to support the Secretariat's RM efforts and that the potential expansion of the Board to new members, for discussion during the Governance Working Group session the following day, could represent an opportunity for RM. She requested more information on current RM status with potential new donors and the Secretariat's RM target or ceiling. She stressed the importance of having an assessment of the savings generated by Unitaid to other global health organizations.

THE REPRESENTATIVE OF COMMUNITIES stressed that Unitaid's potential mandate expansion may not bring in new donors. He echoed the point made by others regarding the importance of estimating the savings and benefits generated by Unitaid for other organizations. He highlighted the importance of using the impact stories in innovative ways, for example with parliamentarians.

THE REPRESENTATIVE OF KOREA appreciated the importance given to maintaining strong relations with existing donors in the presentation. He announced the increase in contribution from Korea and reiterated Korea's commitment to Unitaid.

THE INVITED GUEST FROM JAPAN highlighted that Japan would be hosting the G20 in 2019 and that global health would be an important agenda item. He explained that Japan had become very interested in Unitaid over the last couple of years and is considering making an additional contribution in the near future.

THE REPRESENTATIVE OF NORWAY explained that Norway's reduced contribution is not a reflection of Unitaid's performance but a reflection of its prioritization of consolidated support to CEPI and GFF, in addition to Gavi and the Global Fund. She highlighted Norway's intention to sign multi-year agreements going forward as a sign of its continued commitment to Unitaid. She also highlighted the importance of developing a shared narrative with partners as RM is a crowded space in global health. This should include information on how Unitaid helps the Global Fund stretch its funds and articulate Unitaid's added value.

The CHIEF OF STAFF thanked Board members for their questions and comments and welcomed the statement from Japan. She explained that the RM position is within the 93-head count and that it will provide key expertise needed to help guide and strengthen Unitaid's RM efforts. Regarding the importance of core funding and feedback from DAH donors, she explained that when the Secretariat engages with countries, it does not make the distinction between core or additional contributions, and that the role of Unitaid and potential areas of convergence are the focus of the discussions rather than funding. She stressed additional contributions can give a potential donor a way in to see how Unitaid works. On Unitaid's engagement with parliamentarians, she described a recent joint mission to Australia with the Global Fund to attend the malaria summit, during which a visit to parliamentarians was also organized. She highlighted the importance of engaging with multiple stakeholders during country visits, including parliamentarians and government representatives to gain an in-depth understanding of context and opportunities. She also confirmed that a joint narrative on how Unitaid helps the Global Fund achieve efficiencies will be developed and that this potential role will also be explored in relation to other scale-up partners.

**The Executive Board thanked the Secretariat for the presentation on the Resource Mobilization Strategy and encouraged the Secretariat to work closely with Board Members and the Global Fund to prioritize future RM activities.**

## 10. Presentation of Area for Intervention (Afl): “Accelerating impact of long-acting technologies in low and middle-income countries”

THE DIRECTOR STRATEGY introduced the session and highlighted the link between this Afl and the investment plan discussed at the joint PSC/FAC session. Long-acting formulations are identified throughout Unitaid’s disease narratives and while the pipeline is most advanced for HIV, long-acting technologies represent a strategic direction that could have relevance for many other disease areas. As highlighted in the investment plan, this Afl represents an initial investment of US\$ 30 M with follow up investments later in time. She highlighted that this represents a broad strategic direction for Unitaid, and that multiple opportunities may be envisioned over time.

THE SENIOR TECHNICAL MANAGER, STRATEGY introduced long-acting technologies as having the potential to accelerate progress in the prevention and treatment of major diseases in LMICs, including opportunities to transform the management of HIV and co-infections, TB, malaria or HCV and make the response against these diseases more efficient. Despite achievements made in recent years, the pace of effective scale-up of treatment and prevention interventions is inadequate. This is in part due to suboptimal adherence to medicines across diseases as well as suboptimal retention in care. In this context, long-acting technologies have the potential to be game-changers, dramatically transforming how people engage with care, and outcomes of treatment or prevention. Long-acting products are in various stages of development for the treatment of HIV and co-infection, malaria, TB and HCV, and innovative methods to deliver the medicines are being explored including injectables, implants, rings or patches. Based on extensive analysis conducted around these technologies, including a deep landscaping exercise and a global consultation held in November 2018, Unitaid has identified potential interventions where Unitaid could play a role in both accelerating innovation and enabling access to long-acting technologies in LMICs : first in innovation, where suggested interventions could be instrumental in advancing the technology pipeline, namely by enabling reformulation of critical standard-of-care medicines, and by supporting a one-stop mechanism to facilitate and speed development of fit-for-purpose technologies for their use in LMICs; and second in access, by accelerating the introduction of emerging products both ensuring a healthy market is prepared for these new technologies and by supporting the catalytic introduction of products coming out of the pipeline. This Afl complements Unitaid’s current portfolio across diseases and is further grounded in the fight against AMR and support for RMNCH.

### **Discussion**

- THE REPRESENTATIVE OF WHO provided a statement of support, noting that long-acting technologies will significantly improve the effectiveness of communicable disease responses and encouraged the Executive Board to endorse this Afl. WHO was pleased to support this work by providing a technical review of the HIV pipeline, contributing to technical consultations and – as a member of the advisory group – preparing and reviewing materials brought to the Unitaid Board.

- THE REPRESENTATIVE OF KOREA supported WHO’s comment and found it encouraging that this Afl considers both treatment and preventive products, expressing support for this Afl. He recalled earlier discussions around a possible extension of Unitaid’s scope beyond 2021 and highlighted that long-acting technologies could apply beyond HIV, TB and malaria to non-communicable diseases, such as diabetes.

- THE REPRESENTATIVE OF SPAIN emphasized the importance of working on game changing revolutionary technology to achieve results in global health. She expressed full support for the Afl.
- THE REPRESENTATIVE OF AFRICAN COUNTRIES also expressed support for this Afl and highlighted its relevance for strengthening health systems.

Several questions and request for clarifications were raised by some Executive Board Members. There were specific questions around the timing of the different intervention areas highlighted during the presentation (reformulation, one stop mechanism, preparing the market and catalytic introduction) and the types of technologies that would be supported through this Afl.

- THE REPRESENTATIVE OF FRANCE recognized the transformative potential of these technologies on patient access and health systems. Considering the breadth of this area she asked for clarifications on whether a calendar for calls for proposals was available. Because the use of long-acting technologies as prevention could have an impact on resistance, clarifications were sought as to how this would be addressed in calls for proposals and interventions.

- THE REPRESENTATIVE OF THE FOUNDATIONS welcomed the focus of the Afl on long-acting technologies but expressed concerns around how the four areas highlighted during the presentation would be prioritized (reformulation, one stop mechanism, preparing the market and catalytic introduction), suggesting processes would need to be established to pursue such a broad Afl. The investment plan budgets for US\$ 30 M for long-acting technologies in 2019 and US\$ 40 M for HIV-specific long-acting technologies in 2020; however, fully funding all needs in the four areas would exceed this amount. In light of the vast breadth and diversity of the proposed interventions and products, the Secretariat may need to explore breaking this area into prioritized opportunities which could be discussed by the PSC prior to the Secretariat moving ahead. In addition, she suggested that the different products be considered in the context of disease portfolios. She also asked how Unitaid would manage the fact that many of the products are in early stage research. While expressing support to move forward on the “one stop mechanism”, she recommended that the Secretariat work with the PSC on the other topics and their scope, timing, and prioritization.

- THE REPRESENTATIVE OF THE COMMUNITIES stressed that there is a lot of expectation around long-acting technologies among people living with HIV and TB, even more than around a cure. He therefore expressed support for the Afl, however they would like to see IP issues addressed through the Afl and for different consultations to take place to understand preference for delivery mechanisms among different groups of potential beneficiaries.

- THE REPRESENTATIVE OF BRAZIL expressed full support for the Afl. She explained that in the view of Brazil, the most promising products are in the field of HIV where candidates have reached a more advanced stage of research. Many products in the field of TB are at a too early stage of research and therefore present a higher level of risk.

- THE REPRESENTATIVE OF NGOS thanked the Secretariat for its work in this area and the long-term vision that the constituency had called for in the past. Given IP will affect interventions in this area, leveraging Unitaid’s current IP investments or exploring new investments to complement existing ones would ensure affordable and well adapted products become available. He also recognized the



question on the timing of the different opportunities under this Afl as relevant and asked whether the Secretariat could come back with further information as these plans are developed.

- THE REPRESENTATIVE OF CHILE highlighted this Afl as very important and transformative, one that could have an impact on the lives of many. She agreed with the Representative of the Communities regarding the importance of consulting with affected communities regarding their preferred delivery mechanism. She also requested clarifications on the timing to operationalize the different areas presented.

- THE REPRESENTATIVE OF THE UK asked about the Secretariat's planned next steps and the requirements for translating this Afl into calls for proposals. He echoed the call for greater board involvement before further calls for proposals were made.

THE SECRETARIAT thanked Board Members for their comments and questions and provided the following clarifications:

i) Regarding the timing of support, calls could be issued in 2019, and would focus on the more advanced candidates in the different disease areas;

ii) This Afl is part of a disease portfolio but is also cross-cutting. The Secretariat highlighted that a lot of optimization can be done by looking at technology rather than at diseases specifically. This Afl is expected to boost the impact of current Afls originated from disease priorities and to meet prevention and treatment targets that were set for the diseases;

iii) The Secretariat will continue to coordinate with other actors (including for cabotegravir through the Bill & Melinda Gates Foundation working group BioPIC) to identify what support could be transformative in this case, and when – - including product development and eventually market introduction;

v) The Secretariat noted its preparedness to launch a call for proposals on Topic 1, reformulation, and can provide an update to the PSC on the broader operationalization of this Afl (as part of the regular update on Afls and calls for proposals), in particular prior to calls for proposals under Topic 2, accelerating introduction.

There followed a discussion regarding the need for additional touch points with the Board regarding the issuance of specific calls for proposals under this Afl:

- THE EXECUTIVE DIRECTOR emphasized that addressing doubt and uncertainty through additional check points and processes would result in paralyzing the Secretariat. He highlighted that prioritization will come from the offer and stages of development in industry at this point in time, rather than the demand.

- THE REPRESENTATIVE OF WHO supported the point made by THE EXECUTIVE DIRECTOR and recommended that Unitaid work closely with WHO in defining targeted calls for proposals. He underscored that priorities are clear in HIV, where there is a strong pipeline of potentially game-changing products. Setting out a call for proposals in the coming months would send a strong signal to incentivize industry to expand efforts in long-acting technologies.

**The Executive Board agreed that the Secretariat should proceed with a call for proposals to advance the long-acting technology pipeline to meet the needs of LMICs (Topic 1), and consult the PSC prior to proceeding to launch further calls for proposals with respect to the remaining topics identified in**

document EB30/2018/8. The Executive Board approved Resolution N°3 on the Area for Intervention: Accelerating impact of long-acting technologies in low and middle-income countries.

## 11. Potential opportunities for Unitaid in “Unlocking financing for HCV elimination”

THE DIRECTOR STRATEGY highlighted that this topic had been positioned as a presentation of potential opportunities, rather than an Afl, to foster discussion that might be warranted. She reflected the state of the HCV response: new medicines have revolutionized HCV treatment, which can now be cured in 8 to 12 weeks, and Unitaid’s investments have contributed key building blocks for the HCV response. Drugs that came to market at US\$ 80 000 per treatment in high-income countries are now available in many countries at a fraction of that price. However, a lack of funding for scale-up remains a fundamental constraint in countries’ ability to enact HCV elimination strategies. THE DIRECTOR STRATEGY framed the presentation as outlining ways Unitaid may consider driving catalytic change through new ways of unlocking domestic financing to allow countries to move. She noted that what would be presented could be a modest test case, to test and demonstrate the feasibility of a potential solution, with a proposed initial investment of US\$ 15 M.

THE TECHNICAL MANAGER, STRATEGY started her presentation highlighting that HCV elimination is feasible, and that through a relatively modest investment a much greater response could be catalyzed. Unitaid has been at the forefront of the HCV response through targeted investments that have helped to develop the necessary building blocks for HCV elimination. However, the lack of funding is a critical barrier to scale-up. Countries have committed to HCV elimination, but need help to unlock domestic resources in the context of limited international funding for HCV. Given the important public health benefits of investing in HCV elimination and anticipated cost-savings down the line, different approaches where Unitaid could potentially add value and play a catalytic role have been assessed. The Secretariat proposed supporting a partial interest buy-down on a loan in one middle-income country or supporting (partial) payment of service charges on a loan in one low-income country. In case the Board confirmed interest in investing in these approaches, the Secretariat would develop criteria for country selection and engagement, and a detailed approach leveraging the capacity of multilateral or bilateral development banks, for submission to the Board for approval.

### **Discussion:**

- THE REPRESENTATIVE OF WHO (intervention by Dr Philippa Easterbrook) highlighted the transformative role of Unitaid investments in HCV in a setting where there are only few global funders. She stressed the importance of building upon Unitaid’s current investments and welcomed exploration in investments to unlock domestic financing, which represents a missing piece in the fight against HCV. This opportunity represents a modest initial test case to demonstrate the feasibility of a potential financing mechanism. She went on to highlight that it would be helpful to map out which high prevalence and high burden countries would meet criteria for suitability for different financing options to ensure generalizability beyond this pilot. She also advised further consultation with the WHO HQ health financing team on how a financing initiative can be conceived in a way that it supports a sustainable response to health financing, aligned with a UHC systems strengthening approach. Additional consultation with partners in development finance, such as the World Bank and regional

development banks, would also be important. Finally, countries are encouraged to have an integrated hepatitis response where there is a double burden of HCV and HBV, and this should be supported through this approach.

- THE REPRESENTATIVE OF FRANCE described Unitaid's proposal as audacious in that it suggests Unitaid would play a catalytic role in relation to financing – not just tools. She noted that Unitaid may not act as a financier but rather as a broker, articulating and mobilizing stakeholders around the financing issue. She agreed with concerns raised by other Board Members but highlighted the Secretariat should be encouraged to further explore the role it could play in this area.

Several other representatives welcomed the creative thinking of the Secretariat. However, many also expressed concern that Unitaid did not necessarily have the capacity, resources, and specific expertise to engage in this area. They also agreed this area involved a number of risks, that could affect Unitaid's reputation going forward:

- THE REPRESENTATIVE OF NORWAY highlighted that loan buy-downs to unlock domestic financing would take Unitaid to a very new area, one for which the Secretariat may not have expertise to tackle right now. Leveraging others' expertise would be helpful, but there remain some concerns that this opportunity would stretch the Secretariat too thinly in a new direction. In addition, the budget to add capacity to implement this is limited.

- THE REPRESENTATIVE OF BRAZIL also expressed concerns around this proposed new role for Unitaid. Brazil's experience in HCV elimination was highlighted. Developing detailed elimination plans can be challenging, especially in quantifying the number of people infected, to be diagnosed and treated to determine the level of funding required to support national elimination efforts. Because a major barrier is the cost of treatment, she emphasized that advocacy around generics and affordable pricing would not require additional cost and represents an alternative approach. Finally, there are many risks involved with the potential opportunities including default in payments, poor implementation, increased public debt, which could have a negative impact on Unitaid's reputation.

- THE REPRESENTATIVE OF SPAIN emphasized the very high risk involved in financial cooperation for global health and questioned whether it would be a strong strategic fit for Unitaid.

- THE REPRESENTATIVE OF THE FOUNDATIONS expressed concern around the fit, the cost and the risks involved with the proposed approach for the Secretariat, noting that the costs and operational implications they perceive are not worth what they thought to be achievable.

Other Executive Board Members advised the Secretariat should explore alternative avenues to overcome challenges in HCV:

- THE REPRESENTATIVE OF THE UK raised the concern that this area of activity could inadvertently advocate for a siloed approach to HCV, rather than situating it as part of the broader health care package. She recommended the Secretariat explore other ways to address demand constraints. While financing and demand remain a big challenge for the next decade, it is unclear whether there is a clear role for Unitaid to play in this space.

- THE REPRESENTATIVE OF THE NGOS stressed that demand creation, advocacy for HCV diagnosis treatment and care and price reductions are options to be explored, given that many countries do not seem to be ready for elimination.

Thanking the Chair and the Board for their comments, THE DIRECTOR STRATEGY noted consensus on the main challenge, that countries lack the financing to enact elimination programmes and provide access to treatment at scale. This challenge could be brought for further discussion at the PSC and the Secretariat will think of other areas that could be relevant.

- THE EXECUTIVE DIRECTOR emphasized we are at an inflection point in the fight against HCV and that the issue is not just one of financing. It includes the lack of national strategies and that those countries that have a national strategy are not moving forward with their implementation. The price of drugs has dropped one thousand-fold but political will and access to capital are still the real issues, as countries are still not moving despite this price reduction. The offer of financial products would address this gap. The opportunity outlined would not suggest that Unitaid could finance the full response for HCV but could have offered a one-off proof of concept to signal to interested partners that there is a demonstrated way of mobilizing, and of accessing capital.

- The Board Chair concluded that though the Secretariat was not requested to further its analysis specifically for HCV, the mid-term review could be a forum where financing options could be explored, not only in the context of hepatitis C and that this topic of financing options could be brought up again in the future for the PSC to look into.

**The Executive Board agreed that the Secretariat was not requested to further its analysis on financing options for HCV. The Mid-Term review of the Strategy represents an opportunity to further examine the types of opportunities Unitaid should pursue in the future.**

## 12. Discussion on the recent E-votes

THE CHAIR opened the session by explaining that the recent electronic votes (e-votes) have led to many comments and questions by EB members which the Secretariat will address during this session.

THE DIRECTOR STRATEGY reminded the Board that the three recent e-votes concerned “HIV co-infection: cervical cancer”, “better tools for childhood fever” and “WHO Prequalification (WHO PQ)”. She noted several types of comments. First, some related to minor process adjustments. The mid-term review offers an opportunity to address such issues. Second, some comments highlighted proposal-specific issues. Of these, the Secretariat sees many that endorse or complement JRC comments and will address these during the Grant Agreement Development (GAD). For some, clarification can be provided during GAD. However, the Secretariat also noted some more fundamental issues related to questions on the scalability, equity, balance between market-shaping and implementation to support innovation, and the right level of capacity building to diversify Unitaid’s implementer base. She reassured the EB that the Secretariat will address these questions to ensure that the proposals respond to the challenges that call for proposals intended to address.

The DIRECTOR OF OPERATIONS shared the context of the WHO PQ vote, which was approved with 8 positive votes, and reflects the EB’s endorsement of Unitaid’s support to PQ. He highlighted that over the last year, Unitaid has worked closely with WHO, the Bill and Melinda Gates foundation (BMGF)

and the GFATM to jointly encourage and support WHO in the development and financing of a forward-looking strategy for prequalification and the Regulation of Health Technologies (RHT).

These joint discussions included harmonizing the timelines for funding between Unitaid and BMGF; aligning around more robust indicators to strengthen reporting and enhance transparency and efficiency; and discussing financing. He explained that the WHO Regulation of Health Technologies (RHT) team has taken into consideration the views of Unitaid and other partners and worked to enhance transparency and indicator-based reporting. This joint approach to supporting and financing a shared strategic interest could be a model for future partnerships. Key developments from this exercise included recognizing that: (i) the PQ program will continue to shift towards financing a greater number of essential health products to support Universal Health Coverage (UHC) and strengthen regulatory capacity regionally and nationally; (ii) the % of products assessed that fall under Unitaid's mandate is declining; (iii) the new fees model introduced to diversify the funding base of PQ (US\$ 16m accrued 2017) is proving a successful source of income to the PQ program; and (iv) PQ has evolved to become a core WHO program.

He acknowledged the concerns of some Board members regarding the implications of a reduction in Unitaid funding to WHO PQ, while reminding the Executive Board that PQ is a WHO core program and as such, WHO also needs to find ways to ensure sustainable financing for the program, particularly as it expands its mandate to the Essential Medicines List (EML). He also explained the exercise undertaken to understand the funding requirements of PQ in the disease areas that overlap with Unitaid's mission, upon which the Unitaid funding envelope is based.

Despite the expansion of scope and Unitaid's reduced funding, it is Unitaid's understanding that the projected funding of partners and fee income will cover all essential activities of PQ. Finally, he presented the WHO PQ funding overview for 2019-2021 which includes projected funding from WHO, Unitaid, the BMGF and the Global Fund.

***Discussion:***

THE REPRESENTATIVE OF COMMUNITIES underlined the importance of engagement with communities in preparation of proposals and grants. He requested a clearer view on the cervical cancer proposals, namely target population, how communities are / will be engaged, and at what scale.

THE REPRESENTATIVE OF FOUNDATIONS brought a high-level reflection on how to better engage with the Secretariat to align and better guide the ideas in development (e.g., with PSC engagement). She also noted that partner capacity is a topic that needs to be focused on and would like to have a conversation on how to address the need to work with local partners. She expressed the need for strong lead and collaboration as a way to avoid risks, yet she invited all to think about how we can work with other partners.

A number of comments from Board members focused on the WHO PQ grant:

THE NGO REPRESENTATIVE welcomed the conversation about the PQ grant which he felt was important. He believes PQ is integral to the response and the work of Unitaid. He acknowledged the bottlenecks that discourage companies from seeking WHO prequalification for their products. He believed this reflected the importance of this discussion and how the EB needs to be aware of the strategic decisions and risks involved when they submit their vote. He indicated that this visibility, information and milestones were needed to respond appropriately to the grant funding package submitted to the EB.

THE REPRESENTATIVE OF BRAZIL thanked the Secretariat for raising these points. She noted that if Unitaid continues to fund PQ fully there will be no incentive for WHO to find other sources of funding. She also expressed the wish to have been more informed about the reduction and requested to see the risk analysis to understand consequences to WHO PQ program.

THE CHAIR reflected on the need for more partners to fund PQ, and highlighted the risk of PQ becoming captured by 1-2 donors that steer its work. She believes that this means that more advocacy for PQ needs to be done both to highlight its importance in promoting quality medicines and to attract new donors. She concluded that the lesson learned on this agenda item is the need for more context or background information on all e-votes.

The EXECUTIVE DIRECTOR believes this was a good way of thinking and that PQ should be seen as a success story because of the diversification of donors (including the fees model) and the call to expand its mandate to embrace the EML. He recognized the need to provide more information and analysis to the EB going to forward.

**Board Members welcomed the conversation on the recent electronic votes, in particular the additional information provided on the PQ grant.**

### **13. Lessons learned from project implementation: the example of Seasonal Malaria Chemoprevention (SMC)**

THE SECRETARIAT presented this agenda item in the format of a moderated panel discussion with the DIRECTOR OF OPERATIONS, the PROGRAMME MANAGER, OPERATIONS and the SENIOR TECHNICAL MANAGER, STRATEGY and with participation of NICOLAS CANTAU, Regional Manager from the Global Fund, by phone.

The DIRECTOR OF OPERATIONS explained the decision to have this session as an opportunity to discuss how projects are implemented and how lessons learned are integrated into the process of designing and managing new projects. This follows feedback from the Executive Board that there would be value in providing additional details on how Unitaid projects perform in practice, to explore not only the successes achieved, but also the challenges faced during project implementation. These elements were illustrated through a deep-dive into the ACCESS-SMC project (US\$ 67 M, 2014-2018), which had an important direct impact of preventing over 10 million malaria cases and 60,000 deaths. The project objective was to demonstrate the cost-efficiency and feasibility of SMC being delivered at scale in order to generate demand. A video on ACCESS-SMC was projected to contextualize the discussion.

The panel firstly addressed questions on the size of the investment relative to project scope and expected impact; the market challenges of using old, low-cost drugs; and the scalability and feasibility of SMC. This was a complex project with 7 partners working on many diverse aspects. The work with the national programs was essential. However, some systems are quite weak and required a lot of oversight.

During implementing, supply shortage was an early challenge. Various mitigating strategies were explored with partners, including rationalizing coverage to ensure continuity in areas that had previously implemented SMC, and required working closely with suppliers to ensure timely delivery in all countries.

Overall, it was crucial that Unitaid got all partners on board from the start of project. This ensured a continuum of the project by partners and countries for scale-up. While ACCESS-SMC was successfully

transitioned, there is still a considerable gap in coverage overall. Key questions that remain are how to continue scale-up and how to fill the coverage gap.

Efficient procurement and supply management was critical to reach the children during the rainy season. Due to lack of visibility and direct control over the commodities, the teams found unreconciled stock numbers at the end of the year. Quantification became more accurate in later years of implementation and management of stock improved after trainings.

Regarding the transition of project to the Global Fund and other partners for scale-up, the key factor was the early partner involvement in the project which allowed good planning for scale-up. It was also found that Unitaid can continue supporting the diversification of suppliers through its market-shaping work. Going forward, the Global Fund would like to see more efficiencies and an increased involvement of community health care providers in the process. The sustainability and transition of the project was highly influenced by ensuring all partner were aligned from the start of the project. Furthermore, documenting the significant impact of SMC was a driver of onwards scale-up. The Global Fund and Unitaid are still looking for more efficiencies and Unitaid is working with MMV on the entry of a second supplier in early 2019.

The DIRECTOR OF OPERATIONS concluded that the encountered challenges were a positive opportunity for learning.

### ***Discussion***

THE VICE-CHAIR commended the presentation and documents. She raised a question regarding the addition of tools without increased funding and the role of Unitaid in the prioritization of such tools in countries. She also inquired about the work with the suppliers and the market-shaping for such old formulations and tools.

THE REPRESENTATIVE OF FRANCE appreciated this presentation and how it reflects their expectations of Unitaid. She echoed the Vice-Chair's questions and asked if this treatment would be needed in perpetuity. She raised the importance of liaising with more partners to reach uncovered children. She commended the way the project was handled from start to finish with partners to ensure scale up.

THE REPRESENTATIVE OF NGOS thanked the Secretariat for the presentation and analysis, which he considered a great update and learning exercise. He informed the Board that colleagues from Malaria No More are very excited to see the possibilities of this project. He also sees the value on having countries take ownership. Regarding PQ for Active Pharmaceutical Ingredient (API) production and supply, he questioned if there should be a broader assessment of supply issues. He highlighted the work of the community health workers from the start and raised questions about how to reach the children that had no follow-up.

THE REPRESENTATIVE OF COMMUNITIES echoed the thanks. Regarding the community health workers, he noted that there are always risks and it is essential to make sure that those trained can continue work beyond the project life.

The EXECUTIVE DIRECTOR highlighted the importance of defending the project in a country-driven narrative with partners. He informed the Board that this is a frequent discussion between directors and reminded the Board that at a governance level, the EB members have a role to play in engaging other boards, countries (through CCM meetings for instance) and ambassadors, on the importance of such projects and scale-up.

THE SECRETARIAT concluded that with regards to supply issues, Unitaid is working with MMV to provide quality assured and additional supplies. It also informed the Board of ongoing work on market-entry of dispersible treatments. Unitaid appreciated the intervention and role of WHO, particularly related to the “high burden high impact” agenda, which focuses on targeted projects and efforts to ensure best outcomes with combined interventions. Regarding the work with community health workers, this is a lesson-learned on involving them at the start and the Secretariat will look at ensuring the sustainability of their role and involvement after the conclusion of the project.

**The Executive Board thanked the Secretariat and guest from the Global Fund for the panel discussion on learnings from the SMC project.**

#### **14. Presentation of Area for Intervention (Afi): Better tools for the diagnosis and treatment of *P. vivax* malaria**

THE DIRECTOR STRATEGY introduced this Afi as one that would bring strategic and geographical balance to Unitaid’s malaria portfolio. The *P. vivax* burden is the greatest in Latin America and Asia, with some countries with a double *P. vivax* and *P. falciparum* burden. Strategically, this Afi would take Unitaid beyond high malaria burden settings to contributing to the elimination goal in WHO’s Global Technical Strategy. This Afi is also of importance for equity considerations.

THE SENIOR TECHNICAL MANAGER STRATEGY started her presentation highlighting this Afi as an opportunity to expand Unitaid’s malaria portfolio in terms of areas of focus and geographical expansion. Unitaid’s current malaria portfolio (US\$ 365M in 2018) is focused on accelerating progress in high burden countries and includes a number of new grants focused on prevention. This Afi offers the opportunity to expand Unitaid’s focus on malaria elimination – the third goal of the WHO Global Technical Strategy for Malaria 2016-2030, as well as to expand Unitaid’s efforts in malaria case management. Going forward, Unitaid will maintain its focus on reducing malaria cases and deaths in high burden countries, including targeting high-burden *P. vivax* countries, as well as those closer to elimination, as part of this Afi. The importance of tackling *P. vivax* was highlighted, given associated mortality and morbidity, the major financial burden it represents, and equity considerations. In addition, *P. vivax*, the dominant species of malaria in many countries nearing elimination, was highlighted as a key barrier in the malaria end-game. The presentation then turned to new tools for *P. vivax* case management that have high potential, including: a single dose radical cure (Tafenoquine), quantitative G6PD tests and more sensitive *P. vivax* Rapid Diagnostic Tests (RDTs). In this regard, the interventions proposed by Unitaid include: i) the pilot implementation of *P. vivax* radical cure tools in a selection of countries and 2) establishing a supply of quality-assured pediatric primaquine and support early introduction of pediatric tafenoquine when available.

##### **Discussion:**

- THE REPRESENTATIVE OF WHO highlighted that the pre-read and presentation put forward a strong case for why a catalytic intervention by Unitaid would be beneficial, and expressed support for the Afi. She highlighted that WHO anticipates multiple challenges around the implementation and scale-up of *P. Vivax* radical cure tools, and the proposed Unitaid pilot programme in selected countries will help to identify and address many bottlenecks.



- THE REPRESENTATIVE OF FRANCE asked what calls for proposals would look like under the proposed pilots, what kind of activities would be conducted under these pilots, and whether price reduction could also be achieved through these interventions. In addition, she asked the Secretariat to explain the rationale for proceeding with *P. vivax* RDTs that are not yet fully reliable, rather than waiting for a highly sensitive version of the test.
- THE REPRESENTATIVE OF KOREA expressed support for the Afl and his hope that interventions under this Afl can accelerate the introduction of quality assured pediatric formulation, given serious illness in children under 5. In addition, it is a high priority globally and within core mandate of Unitaid.
- THE REPRESENTATIVE OF SPAIN expressed support for the proposed resolution, highlighted its pertinence and potential for impact, as well as its complementarity with other initiatives in Mesoamerican region.
- THE REPRESENTATIVE OF THE NGOS commended the strong equity component under this Afl and endorsed the resolution. She requested clarifications on whether pediatric formulations would be appropriate for girls as well as boys given differences with G6PD. She also emphasized that pediatric formulations should be developed by diverse suppliers.
- While supporting the Afl, THE REPRESENTATIVE OF THE UK enquired why the secretariat did not fully investigate options to test delivery of P. Vivax treatments through the private sector.
- THE REPRESENTATIVES OF THE FOUNDATIONS, BRAZIL, KOREA, AFRICAN COUNTRIES AND CHILE expressed support for the Afl and endorsed the Resolution, highlighting good collaboration between partners and the link to achieving the global goals.

THE SENIOR TECHNICAL MANAGER thanked the Board for their comments and questions and provided the following clarifications: i) Pilots will explore different implementation models and tools. Regarding price reductions, pilots envisage research at a scale where early price reductions could be achieved; ii) Regarding the question on waiting for higher sensitivity RDTs, current RDTs detect most of the cases. The Secretariat considers it would not be optimal to wait for more sensitive RDTs as this would slow down the introduction of other new tools; iii) On delivery through the private sector, the Secretariat acknowledges that in some *vivax* countries, more care seeking takes place through the private than through the public sector but believes it will be more appropriate to first look at deploying these tools and address needs through the public sector as a priority; iv) Regarding country selection, multiple criteria are being considered, including a good mix between high and low malaria burden countries; geographical diversity; appetite to adopt new tools; the importance of early pilots for some countries (e.g. Vietnam, Solomon Islands) to adopt new tools; v) Demand creation and community engagement are a critical part of pilots, and constitute the way to get tools adopted.

**The Executive Board approved Resolution N°4 on the Afl: *“Better tools for the diagnosis and treatment of P. vivax malaria”*.**

## 15. Governance Issues

THE CHAIR OF THE GOVERNANCE WORKING GROUP (GWG) thanked the Chair for her introduction and started the session by recalling the Resolution EB26/2012/R8 which set up the GWG with a Board -mandated Workplan.

She reminded the Board of the completed tasks: new Board Operation Procedures (BOPs) adopted during EB29, with the former BPPs and By Laws repealed, the review of the procedures for Board approval of proposals (addressed by PSC), the systematization of pre-Board consultations and the review of protocols for leadership of Committees.

With respect to ongoing tasks addressed during the GWG meeting held in Marrakesh on December 4, she mentioned:

- The review and update of the Conflict of Interest Policy. She congratulated the COI Sub-Group for the constructive Workshop organized to address this topic. The case studies developed and presented by the Sub-Group to the full GWG captured potential challenges faced by Board Members, at the level of the Constituencies and individuals Board delegates, during decision-making processes, with a view to the GWG aligning on how such challenges can best be resolved. THE CHAIR OF THE GWG also commended the GWG for their valuable contributions during the Workshop. These contributions will be consolidated to develop guiding principles for the COI Policy. THE CHAIR OF THE GWG also thanked the Legal team of the Secretariat for their support to the Sub-Group. The Sub-Group will continue its work, with support from the Secretariat so that a draft COI Policy can be brought back to the GWG, with a view to its adoption at EB31.

- The review of the Unitaid Board composition. The conclusions from the GWG meeting indicated openness of the Board to open three new seats to strengthen the Board. During the GWG meeting, Board Members envisaged positively the expansion of the Board to accommodate new donors, selected based on agreed principles. It was concluded that a one-page paper with the agreed principles will be developed, to provide a basis on which Board Members can consult with their constituencies and/or capitals, with a view to the adoption of a Board Resolution on this matter at EB31.

- The Board performance evaluation. THE CHAIR OF THE GWG briefed the Board on the GWG's discussions regarding the follow up of recommendations arising from the Board Survey and external assessment performed in mid-2018. Feedback from this exercise has concluded that the Board is functioning well but identified some specific areas to look at. The GWG recommended that future Board Surveys should be conducted every two to three years, in alignment with the Board Chair cycle. The GWG will propose benchmarks or KPIs to the Board, as a basis against which the Board could be assessed.

- Alignment of Committee TORs with the new BOPs THE CHAIR OF THE GWG mentioned the need to align Committee TORs with the new BOPs, particularly since the April 2019 Committee meetings are expected to be the last meetings with their current composition. She also highlighted the need to continue improving communication between the Committees and the Board.

**Discussion**

Regarding the Board composition, THE REPRESENTATIVE OF WHO mentioned the need to record the willingness expressed by the GWG to expand the Board with three potential additional seats and to signal the readiness to explore this possibility and to start working in this area.

THE REPRESENTATIVE OF BRAZIL asked for more information regarding the implementation of the plan resulting from the Board performance survey. How are we going to proceed? They also requested that Board and Committee meeting documents are shared earlier, so that they can carefully review and contribute effectively, especially since most Constituencies need to consult internally.

Regarding the Board performance assessment for the future, THE CHAIR suggested that it may be helpful to develop objective and agreed criteria to evaluate the Committees, in addition to the Board. This was not envisaged in the Board Survey that was performed.

THE CHAIR agreed that the Board should extend the GWG's mandate by a further 12 months. She expressed the hope that most remaining tasks mandated to the GWG will be completed by June 2019 and asked Board Members to think carefully before assigning new work to the GWG. In order to avoid unnecessary reporting to the Board, she proposed that once the GWG's current tasks are complete, the GWG Chair should only be asked to report to the Board if there are new items to report on. THE CHAIR concluded by highlighting the interesting, honest and open discussions that take place within the GWG. In particular, she noted the benefits of the GWG as a forum in which Board Members are able to raise and discuss issues in a less formal setting.

**The Executive Board adopted Resolution N°7 on the extension of the mandate of the Governance Working Group**

DIRECTOR EXTERNAL RELATIONS took the floor to ask the Board to provide feedback on the revised calendar for Committee and Board meetings for 2019 and its Resolution for approval. It is proposed to modify the autumn Committees dates (15,16 October instead of 9/10 October 2019) due to the Global Fund replenishment. However, he highlighted that this change would leave very little time between the committees and the winter Board meeting currently scheduled on 20-21 November. Taking this into consideration, Chief of Staff clarified that the Secretariat would be able to adapt to those constraints but that agendas would need to be lighter.

THE CHAIR OF THE PSC expressed that she will work with the support of the Secretariat, to ensure that the PSC agenda is adjusted in order to avoid overloading the Board during this period.

THE CHAIR OF THE FAC expressed that the FAC will do its best to keep up with this calendar, noting however that questions and additional clarifications on the budget might be raised during the October committee and require further work prior to its approval at the November Board meeting, which might prove challenging under such short timeframe.

In response, THE CHAIR mentioned that planning and communications between governance bodies will need to improve.

**Resolution N°8 on the Committees and Board Calendar was approved.**

## 16. Update on Interagency Initiatives-SDGs

THE CHIEF OF STAFF provided an overview of the contribution of Unitaid to two major multi-agency initiatives: The UN Interagency Coordination Group on Antimicrobial Resistance (IACG) and the Global Action Plan for the health-related Sustainable Development Goals (SDGs).

### The IACG on AMR

She reminded the Board that the IACG on AMR was established following the 2016 Political Declaration of the High-level meeting on AMR and is co-chaired by the WHO Director General Dr Tedros and UN Deputy Secretary General Amina Mohammed. It is an ad-hoc group formed of 27 agencies and individual experts mandated to provide practical guidance for approaches needed to ensure sustained effective global action to address antimicrobial resistance. The IACG is working on its final report to the UN Secretary-General at the UN General Assembly in September 2019. Unitaid is a member of the IACG and was called upon to contribute its expertise in innovation and access and provide input into strategic discussions and processes in the development of a global response to AMR.

Unitaid was requested to chair the IACG subgroup on innovation, R&D and access, along with WTO, WIPO, WHO, OIE, OECD, South Centre, UNEP and FAO, to develop practical and actionable recommendations in a One Health perspective (covering human, animal and plant health). As Chair of the Subgroup, Unitaid: i) organized several conference calls and face to face meetings, as well as attending formal IACG meetings; ii) arranged key expert interviews with industry alliances, civil society associations, as well as existing initiatives including funders and other coordinating bodies, mostly in the human and animal health sectors to build and validated its analysis of challenges and gaps in R&D, innovation and access. In addition, specific consultations with industry alliances and civil society were held to delve deeper into the content of analyses, and to reflect a multi-sectoral understanding of dynamics, challenges and gaps in AMR R&D and access.

The Subgroup dedicated the first phase of its work to developing a discussion paper on “Investing in Innovation and Research and Boosting R&D Access”. The paper was thereafter published online for public consultation (June-July 2018) and two hundred pages of comments were received from civil society organisations, academics and member states that helped to refine the Subgroup’s recommendations. The Subgroup’s recommendations fall into 5 main buckets: Coordination in R&D; Funding Opportunities in R&D; Access and Scale-Up; Antibiotic Shortages; and the One Health Approach.

She explained Unitaid played a strong role in ensuring access and scale up remained at the core of the IACG’s overall focus, and its recommendations look specifically at how we can leverage the global architecture today to ensure and facilitate access. While there is no recommendation to create a Global Fund for AMR, there are opportunities to be leveraged to galvanize more support around the access agenda. She mentioned that together, IACG Subgroups have made 37 recommendations that now need to be consolidated and brought into a coherent report.

Unitaid also contributed to shaping the work of the IACG, including proposing guiding principles for developing recommendations, and a methodology to test the feasibility of recommendations and ensure these can be implemented. In terms of next steps, the IACG will now be focusing on aligning on recommendations at its next meeting in Rome (end December 2018), conducting stakeholder consultations and working on a first draft of the report (Q1 2019) before focusing on report finalization and submission to the UN Secretary General by May for presentation at UNGA in September 2019.

## **The Global Action Plan for healthy lives and well-being for all**

The CHIEF OF STAFF explained that this initiative comes at the request of the heads of state of Norway, Germany and Ghana. A letter was drafted to WHO Director General Dr Tedros, with copy to 10 of the leading global health agencies, requesting agencies to get together and coordinate around collective actions and joint responses to the SDGs. While the initial request focused on SDG 3 specifically, the group soon realized many other SDGs have some link to health and should be considered. The Global Action Plan, as presented at the World Health Summit in Berlin therefore focuses on the health-related SDGs, or “SDG 3 +”.

This plan represents a commitment by the 10 original agencies involved (UNICEF, WHO, Global Fund, UNFPA, UNAIDS, GFF, World Bank, UNDP, Gavi, Unitaid) to accelerating progress towards the health-related UN SDGs, with membership expanding to include UN women and WFP, with other organisations also showing interest in potentially becoming involved.

The Group is led by a representative or Sherpa from each of these 12 agencies, and work is carried out through conference calls and face-to-face meetings. The GAP focuses on 3 main areas: Aligning, Accelerating, and Accounting. It aims to improve coordination and alignment between the different agencies involve, identify where opportunities exist for us to accelerate progress on the SDGs together around “accelerators” that focus on specific topics, and look at how we measure progress. The final GAP will be presented at the UNGA in September 2019.

The scope of the GAP is still being defined and agreed within the group, focusing on how we can coordinate better around even the simplest operational issues (e.g. procurement rules for consultants, travel policies...), whether the group should focus on addressing all SDGs through a country led process or on ensuring agencies work better together, and what we can we realistically achieve in one year.

Unitaid is also involved in Innovation, R&D, and Access Accelerator as an active member and contributor. It is not leading on this Accelerator as the scope of the work is much broader than health product innovation; in addition, the Secretariat will need to dedicate its capacities and resources to finalizing the IACG work and focusing on the midterm review of the strategy for the first half of the year.

THE CHIEF OF STAFF then presented on the next steps for the Global Action Plan, which will include developing action plans through country consultations process (November 2018-September 2019); and Launch -which requires the engagement and mobilization of countries, partners, civil society, etc. to fully scale up the plan and collectively accelerate progress on health and well-being.

### ***Discussion***

- THE REPRESENTATIVE OF NORWAY thanked Unitaid for its work and engagement in these coordination mechanisms. Norway was one of the countries to ask for the GAP to address fragmentation. The document presented in Berlin is a framework and a good starting point to address these issues. She noted Unitaid is very visible within this work, which is very important.
- THE REPRESENTATIVE OF NGOS mentioned the Antibiotic Resistance Coalition (ARC) response to the IACG Consultation in the summer of 2018 and highlighted the Delegation’s alignment with several of ARC’s points of view, including the need to delink cost from price and volume of sales, addressing procurement and supply issues through GDF-like entities, and expressing concern around the idea that pricing could build stewardship. Regarding the GAP, she looks forward to working with Unitaid on Accelerator 3 that focuses on civil society engagement and identifying touch points. She asked who would be driving the innovation, R&D and access Accelerator if not Unitaid.

- THE REPRESENTATIVE OF FRANCE welcomed Unitaid's active role and the added value it is bringing to these global mechanisms. France did not request the GAP but strongly supports this initiative. France is a member of the Friends of Global Health Group in Geneva and is therefore closely following related discussions. Regarding the GAP presentation at the UNGA in September 2019, she asked for details on the Group's expected deliverable.
- THE REPRESENTATIVE OF THE UK expressed appreciation regarding Unitaid's participation in the IACG and in the GAP and mentioned he had heard of Unitaid's strong leadership and work to improve product, processes and recommendations.
- THE REPRESENTATIVE OF SPAIN thanked Unitaid for its work in this area. He highlighted the need for strong coordination in both mechanisms, and suggested taking into account lessons learned from other partnerships working to accelerate impact in health (e.g. International Health Partnership and Joint Platform for strengthening health systems, UHC 2030).
- THE REPRESENTATIVE OF BRAZIL stressed that fragmentation in the global health architecture and duplication of efforts are longstanding issues. She encouraged Unitaid to continue playing a key role in identifying opportunities for alignment, synergies and complementarity with other agencies. Brazil is part of the Friends of Global Health Group and asked why Unitaid emphasized the importance of AMR at its last meeting.

In addition to these comments, THE CHAIR encouraged Unitaid to continue its involvement in these important processes seeking to improve coordination and efficiencies with collaborative approaches and thanked the Secretariat for its efforts. She highlighted the importance of global coordination, alignment and collaborative work in global health, where results can only be achieved through partnerships. She further highlighted the importance of the IACG given AMR is one of the greatest global health challenges of our time, that requires a global, multi-stakeholder response. Regarding the GAP, she recommended that the focus remains on global health rather than internal UN processes such as UN Reform, and explained that in her experience, high level efforts at coordination and alignment need to keep a focus on country level realities and the impact of potential global actions on the country level.

In response to these comments and the questions raised by the Executive Board, the Secretariat provided the following clarifications:

- In response to the question by the NGOs Delegation, she explained civil society input was taken into account by the IACG and will be reflected in the final recommendations. The Subgroup has now handed over its input to the IACG; final recommendations will become public in the next few months. Regarding the GAP, the civil society engagement accelerator is led by UNAIDS; Unitaid is only involved in the innovation, R&D and access accelerator that is led by WHO and Wellcome Trust.

- On other points, she responded to France and Brazil that Unitaid is pleased to be part of the Friends of Global Health group that is convened by Germany in Geneva, and that brings together health attaches from the missions together with the agencies to discuss global health topics. Regarding its last meeting, she stressed that Unitaid emphasized AMR should be considered in the GAP as AMR is a key challenge that is not included in the SDGs, along with emergencies. She explained that the exact deliverable for the GAP at UNGA in September 2019 is still under discussion.

Finally, THE CHIEF OF STAFF thanked THE CHAIR for the comment on the need to consider country realities to ensure recommendations are operationalized at the implementation level, and highlighted that we needed to combine such considerations with pragmatism.

**The Executive Board congratulated Unitaid for its role in the IACG and other initiatives and encouraged it to pursue its efforts to improve coordination with other agencies.**

## 17. AOB and Closing

THE REPRESENTATIVE OF COMMUNITIES presented the outcome of their annual retreat and community dialogue in Ivory Coast (28-30 Aug) which included projects visits, capacity building workshop on TB, interaction with local communities and meeting with government officials (Ministry of Hygiene and Public Health, National HIV, TB and Malaria Programs). During their meeting with Unitaïd grantees (EGPAF, Expertise France, Université de Bordeaux, SOLTHIS and MTV Foundation), they had the opportunity to gather information on best practices and community engagement. Amongst the lessons learnt, they retain the fact that ministries of Health are not always fully informed about Unitaïd investments and the need to pursue elevating community voices. This type of visit also contributes to raise Unitaïd's profile.

THE REPRESENTATIVE OF MOROCCO thanked the Board for having hosted its meeting in Morocco and reminded the unconditional engagement of Morocco for HIV, TB and Malaria which has resulted in this invitation.

THE BOARD CHAIR thanked the Kingdom of Morocco once again for their invitation. She thanked everyone for the fruitful meeting and announced that it was the last meeting of Diarmaid McDonald, NGO Board Member. She thanked him for his invaluable contribution, with his strong voice, persistence, thorough analysis and always constructive contribution to Unitaïd.

THE CHAIR OF THE BOARD closed the meeting at 17.20.

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