



**Unitaid Executive Board Meeting**  
**41<sup>st</sup> Session**  
**5-6 December 2022**  
**The Forum, Global Health Campus**  
**Geneva, Switzerland**

**Agenda item 1**

**Minutes of the 40<sup>th</sup> Session of the Executive Board**  
**15-16 June 2022**

**The Forum, Global Health Campus**  
**Geneva, Switzerland**

For Information  For Review and Advice  For Approval

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## **1. Opening remarks from the Chair**

The Board Chair opened the meeting by appreciating the possibility for the Executive Board (EB) to meet in person after two and a half years of virtual meetings. She then noted the importance of this Board meeting, as it marks the completion of the strategy preparation work which began more than two years ago. The strategic reflection of the Board will enter a new phase with development of the strategy implementation plan and finalization of many details allowing to make trades-offs over the next 5 years.

As this meeting marks the end of Board Chair's first mandate, she expressed her gratitude to the Board Members for entrusting her to engage into a second mandate. Important governance decisions to be taken at this Board meeting were noted, including the appointment of a new vice-chair of the Board and the leadership and membership of the committees.

The Board Chair concluded by taking note of exceptional virtual participation of the Board Member from Communities delegation, Alternate Board Member of the NGO delegation and the Chair of the Finance and Accountability Committee (FAC).

## **2. Agenda of the EB40 meeting**

The EB adopted the agenda of the meeting (UNITAID/EB40/2022/1).

## **3. Minutes from previous meeting: EB39, 15-16 December 2021**

The EB adopted the minutes of the 39th EB meeting of December 2021 (UNITAID/EB40/2022/2).

## **4. Report from the Executive Director**

The Executive Director reflected upon Unitaids' 15-year Anniversary Event, highlighted by the many country and partner dignitaries who joined in celebrating Unitaids' critical contributions to public health in the past—saving lives, time, and money—and attesting to the vital role that Unitaids will need to continue playing if HIV, TB, and malaria responses around the world are to be accelerated.

He underlined the challenges, old and new, faced by the global public health community and the populations that they exist to serve, noting that the effects of the ongoing COVID-19 pandemic, war in the Ukraine, and a slowed global economy are straining national budgets and health systems and jeopardizing progress made by national HIV, TB, and malaria prevention and control programmes. He emphasized that the need for international cooperation, political support, and investment in innovation by donors and countries has never been greater.

The Executive Director briefed the EB on the progress against the five key priorities set out for him by the EB: i) Reinforce and manage our portfolio; ii) Engage in the COVID-19 response; iii) Develop Unitaids' Strategy for 2022-26; iv) Mobilize additional resources and leverage partners and v) Enhance staff engagement and well-being.

The Board Members congratulated Unitaids on its achievements, noting in particular the work in its core portfolio and during the COVID-19 response, as well as its efforts to prepare the new Unitaids strategy, develop a strong investment case and mobilize resources, and strengthen the Secretariat. They expressed appreciation for the transparency and consultative nature of the strategy development process. Looking ahead, the Board Members flagged the highly competitive

environment in which Unitaid will need to mobilize the resources needed to fully fund the new Strategy and to carefully consider the implications of possible funding constraints and the new strategy on Unitaid's operating model and Secretariat structures and systems moving forward.

### **5. Strategy 2023-2027 narrative**

The Board Chair highlighted the importance of the session and underlined its objective, which was to vote on adoption of the Unitaid 2023-2027 Strategy. She reflected upon the Strategy development process to date, observing that it was a highly consultative, two-year process, with several information sessions and workshops with the Board and its Committees, and noted that in her role as Chair she was committed to ensuring that all voices were heard and opinions considered. She thanked Board Members, their Alternates and constituency members, and the Secretariat for their tremendous work.

Before the Chair opened the floor for any final reflections and a vote, the Secretariat presented the timeline and consultative approach taken with the Board and within the Secretariat during Strategy development, emphasizing that the final Strategy for adoption builds on the identity, strengths, and achievements from Unitaid's first 15 years while reflecting the current context and the new needs and challenges that it brings, such as the effect of COVID-19 on national programmes, the limited time remaining to achieve SDG targets, and global climate change.

Board Members expressed their recognition for the thoughtful, iterative, and consultative approach to the Strategy Development, and unanimously voted to approve and adopt the Strategy. Some key implications of the Strategy were highlighted, such as the importance of anchoring Unitaid's work on health emergencies within WHO's definition of a Public Health Emergency of International Concern (PHEIC) and the importance of developing a Community Engagement Framework to support the implementation of the strategy. Other topics for continued discussion during Strategy implementation were highlighted, such as the approach to operationalizing individual Strategic Objectives, co-creation with stakeholders in country programmes, the role of Unitaid in Research and Development, and ongoing efforts to mobilize the resources needed to fully fund the Strategy.

### **6. Next steps – strategy implementation plan development**

Tenu Avafia, Deputy Executive Director, gave a high-level overview of future actions and timelines for implementing Unitaid's new Strategy. He first introduced the key milestones for 2022, highlighting several items for discussion and/or adoption at the present EB meeting – including the Strategy document, the performance framework and KPIs, the process for prioritizing Unitaid's future investments, and OPEX. His presentation then focused on three key deliverables planned between June 2022 and January 2023:

- *The Investment case and resource mobilization:* The *Case for investing in Unitaid* was released on Unitaid's 15<sup>th</sup> anniversary and a fully fleshed investment case will be produced for the end of the third quarter. As it ramps up its resource mobilization efforts, the Secretariat will be developing advocacy materials and tools for use by the EB, the Secretariat, as well as other key stakeholders, and aims for these to be available by the end of the year.
- *Funding scenarios:* This topic will be discussed during the upcoming FAC/PSC in October. The EB should advise on whether it wishes to hold a dedicated session on funding scenarios in September.
- *Changes to the Operating Model:* The Secretariat has begun considering the adjustments required to the operating model to prepare the organization for strategy implementation. The Secretariat

is also planning to conduct a Functional Review, starting in the fall of 2022, that will look at the Secretariat's structure, systems in place, and ways of working. An update will be shared with the EB at its December meeting.

Board Members highlighted that funding scenarios will need to be discussed on an ongoing basis, possibly 6-monthly, to regularly assess the scenario under which the organization is operating. Some Board Members expressed concerns on the timeline for the functional review. In addition, some Board Members requested a more deliberative process around the changes to be made to the operating model and a more explicit articulation of the strategy's ambition with regards to Strategic Objectives 2 and 3.

The Secretariat confirmed that the discussion on scenarios would take place on a regular basis with the EB and that the funding scenarios and the batched approach are complementary approaches. The batched approach will be the subject of an important discussion next week and will lay the ground for a discussion on resources and immediate plans. The Secretariat reassured the EB that the upcoming discussion on prioritization was not intended to lead to major changes to the operating model. Finally, the Secretariat is looking forward to the opportunity to align the organization to the needs of its ambitious new strategy through the functional review.

The Chair of the EB requested the Secretariat to prepare a more detailed next steps presentation and in so doing, illustrate the interactions between each of the elements and further clarify how the proposed process will be implemented in the year ahead.

## **7. Opex implications for funding scenarios including resource mobilization questions**

The Secretariat's presentation analyzed what the new strategy would mean for operational expenditure ("OPEX") resources against the fully, largely and partially funded funding scenarios. The presentation's main topics included the need to be fully funded to achieve the new strategic objectives, the reflection on the cost drivers for the Secretariat, the review of the efficiency of the KPI, and the need in resources for each of the funding scenarios. The Secretariat also updated the EB on the future level of contributions and opportunities to finance the new strategy by attracting the new donors and potentially converting the Access to COVID-19 Tools Accelerator (ACT-A) donors into core donors.

The Board Members highlighted that the Secretariat might develop a different approach to defining the required level of OPEX. For example, instead of using the current KPI A as a ceiling, it can link the required level of OPEX to various levels of deliveries as part of the new strategy.

The Board Chair welcomed a future discussion on the implications of financing the core areas of Unitaid's work by ACT-A donors. In particular, the effect of earmarking the contributions to specific areas and their prioritization.

## **8. KPIs**

The Secretariat presented the final proposal for a new set of Organizational and Strategic KPIs to support the performance management of the new Strategy. This included a recap of the main limitations related to the existing KPIs (excess focus on past performance, the limited usefulness, weak connections between Areas for Intervention and Strategic Objectives and between strategic

and operational issues and the lack of clear targets at the portfolio level) and the guiding principles to address these limitations, leading to the development of the two sets of KPIs.

Following feedback received during and after the joint FAC/PSC meeting in May 2022, the Secretariat developed some further proposals to address the feedback, which were subsequently discussed with constituencies who provided comments as well as the Committee leadership. The changes in the final proposal included (i) adding two new KPIs to more comprehensively measure equity (KPI 1.2 (b) – Target Equity Conditions and KPI 2.2 – Dissemination of evidence on equitable access); and (ii) maintaining the current definition of KPI A for the first year of the Strategy, as opposed to changing the definition of the denominator (related to the value of Unitaid’s portfolio). Other points of feedback around impact KPIs, market outcomes, resource mobilisation and implementer diversity were addressed through consultations, and no further changes to the KPIs were proposed.

Board Members thanked the Secretariat for their inclusive approach to develop the KPIs, and for integrating the feedback raised at the FAC/PSC meeting - particularly on the additional equity indicators. There was shared agreement on the approach proposed regarding KPI A to maintain the existing definition, and for this KPI to be reviewed by the end of 2023.

The feedback from Board Members included recognition of the value of a distinct indicator on community and civil society engagement (CCSE) (KPI 3.2) and the benefits of having indicators working in relation with the Global Fund’s indicators, which will clearly articulate Unitaid’s contribution to the Global Fund’s impact. Board Members were supportive of the new metrics in the area of equity, with some delegations noting the need to have a common definition of equity and the importance of data disaggregation with a focus on gender. There was general support for organizational KPI B - “Secretariat Carbon Footprint”, the inclusion of KPI F - “Implementers diversity”, even if it was noted that 40% was an ambitious target, and the evolution of KPI H on staff satisfaction and wellbeing. The new KPI framework overall was recognized to be more inclusive of partners and implementers.

Questions were raised regarding clarity on indicators maintained or dropped, KPIs measuring success from the demand side, the KPI on implementers diversity leading to larger number of implementers from the Global South, the reasons for the KPI on Secretariat gender equality not focusing on the Senior Management Team (SMT) as well as the status of baselines for KPIs defining progress. While the existing approach was agreed for KPI A, the discussion is needed about the benefits and limitations of using a ‘ceiling’ for operational efficiency before agreeing to use this approach going forward. Finally, the link to WHO rules and regulations was noted for KPIs on speed of grant development and Secretariat gender equality.

The Secretariat response explained the approach for dropping organizational KPIs that have shown stable results over the last years and/or that lost relevance to track at the Board-level, adding KPIs based on the priorities of the new strategy and maintaining all the impact-level indicators. Equity indicators are new and will strengthen the approach compared to the existing equity indicators. The importance of capturing demand elements in the KPI on scale-up and the approach to defining stronger, outcome oriented indicators for community and civil society engagement was further explained. With regard to the gender equality KPI, the Executive Director noted the rationale for the focus on grades P5 and above as the basis for tracking gender equality in management positions. The Secretariat also explained that the baselines were known for most organizational KPIs, whilst for the

new Strategic KPIs there is a need to generate the baseline data, mainly due to the roll-out of new processes and priorities.

The Board Chair put forward a resolution for the adoption of a new set of KPIs, which was unanimously agreed by Board Members for the 2023-2027 strategic period, effective immediately.

## **9. Prioritization and investment plan**

The Chair of the PSC summarized discussions from the recent Joint FAC/PSC session in which the FAC/PSC discussed the investment plan, including the funding forecast, a proposed approach to prioritization and upcoming investment opportunities.

She reminded Board Members that the funding forecast sets out the funding envelope within which Unitaid will be operating, and that the FAC/PSC reviewed provisional figures which have since been updated to include the next three-year funding commitment from the United Kingdom.

She noted that the investment plan presented to the FAC/PSC was used to pilot a prioritization approach that was discussed and agreed at the EB meeting in late March 2022. She acknowledged that some FAC/PSC members still have questions and concerns on how this would work, how different elements of the process (such as prioritization and investment plan) fit together, and implications of the proposed approach. She therefore suggested that, in lieu of proposing a resolution for EB endorsement during this meeting, more time be dedicated to review of process implications, and that this be integrated into further PSC discussions of potential adaptations to the operating model.

The Chair of the PSC also noted that there had been limited discussion on the content of investment opportunities in the FAC/PSC and proposed an exceptional further meeting to review and agree on investment opportunities to pursue.

The Secretariat presented the updated funding forecast (reflecting the newly confirmed three-year funding commitment from the United Kingdom) and showed how this reconciled with the proposed investment pipeline.

The Secretariat also outlined a proposed path forward. Any new process elements related to scoping and prioritizing new investment opportunities will be discussed and clarified in committee meetings in autumn 2022. Meanwhile, the Secretariat will continue to use the current operating model to operationalize new investments in 2023 according to the investment plan presented to the FAC/PSC.

Of the opportunities currently positioned in the baseline pipeline of the investment plan, six opportunities are linked to Areas for Intervention (Afls) that are already Board-approved. This means that no additional Executive Board endorsement is needed, but as usual, the Secretariat would update the FAC/PSC, discussing each opportunity and how it links to currently endorsed Afls, before launching calls, to avoid any gaps in information. For the one opportunity that does not have a Board-approved Afl (Mitigating antimalarial drug resistance), the Secretariat will expand the opportunity description and bring a pilot of a much more synthetic Afl for consideration by the PSC and approval by the EB later this year.

Board Members supported the proposed approach, noting the importance of situating any new process elements in the context of operationalization. They highlighted the importance of maintaining visibility across the portfolio and the ability to assess trade-offs in prioritizing new investments, and voiced support for an approach that could foster strategic alignment. Support was expressed for

Unitaid engaging on complex topics with a more synthetic approach to documentation but also consideration of how to preserve the role of the EB for the future in establishing strategic direction. While the AfIs are seen as valuable, the level of detail in AfIs has increased substantially over time, to the detriment of visibility across opportunities; therefore, a recalibration would be timely and welcome. Board Members noted that opportunity scoping must reflect the newly adopted Strategy's commitment to partnerships (under Strategic Objective 3), including engagement with communities, civil society, and country stakeholders.

Board Members raised additional questions including the number of opportunities that may be discussed, how to consider recipient countries' priority needs, how to better reflect links to the current portfolio, and the appropriate level of detail to facilitate strategic alignment and visibility on trade-offs. These will be addressed in further discussions at the PSC in autumn 2022.

### **10. Election of EB Vice-Chair and FAC, PSC, GWG leadership and membership appointment**

The Board Chair reminded of the decision taken at the last Board meeting to exceptionally extend the mandate of the Committee and Governance Working Group (GWG) leadership and membership by six months, given the important ongoing strategy work. The mandate of the GWG was also extended at that time. She also reminded that the Board needs to elect a new Vice-Chair, a position that was left vacant following the departure of Ambassador Escorel earlier this year.

The Board Chair thanked the outgoing committee Chairs, Sarah Boulton and Jamie Morris for accepting the extension of mandate and for their hard work over the past months.

#### Appointment of Committee leadership and membership

The Board Chair had reached out to all constituencies in order to explore their interest in Committee leadership and membership positions. It is on the basis of these consultations that the proposed lists of Committee leadership and membership have been prepared. Board Members were reminded that, in addition to the formal Committee membership, participation in Committee meetings is open to all Board Members and Alternates.

The EB approved Resolution UNITAID/EB40/2022/R4, appointing:

- H.E. Stephanie Seydoux on behalf of France to serve as Chair of the PSC;
- H.E. Salomon Eheth on behalf of African Countries to serve as Vice-Chair of the PSC;
- Sarah Dabbaj on behalf of the United Kingdom to serve as Chair of the FAC; and
- Maurine Murenga on behalf of Communities Living with the Diseases to serve as Vice-Chair of the FAC.

The EB approved Resolution UNITAID/EB40/2022/R5, appointing the following Constituencies as members of the Committees:

#### PSC

- Brazil;
- Communities Living with the Diseases;
- Foundations;
- Norway;
- Republic of Korea; and
- United Kingdom.



FAC

- African Countries;
- Brazil;
- Foundations;
- France; and
- Non-Governmental Organizations.

All of the above-mentioned appointments take effect from 17 June 2022, for a two-year term, renewable once.

Regarding the GWG, the Board Chair recommended that its activities be temporarily suspended and that governance discussions be held in Board sessions until there is a need for these discussions to take place in a smaller group. The Chair would then try to identify a Board Member to lead these discussions.

#### Election of Executive Board Vice-Chair

The Board Chair indicated that she had received a formal letter from the Permanent Mission of Brazil in Geneva presenting the candidature of Ambassador Cecilia Kiku Ishitani. This letter was also sent to permanent missions of other Board Members in Geneva, where applicable.

Ambassador Kiku Ishitani reminded of the support of Brazil to Unitaid since its inception. She highlighted the unique role of Unitaid and its important contribution to global public goods and the 2030 agenda. She expressed her recognition of the work of the Executive Director and the Board Chair and thanked Board Members for their support.

The EB approved Resolution UNITAID/EB40/2022/R3, electing by acclamation Ambassador Cecilia Kiku Ishitani to serve as Vice Chair of the Unitaid EB, in an individual and personal capacity, for two years.

### **11. Report from the Chair of the Proposal Review Committee (PRC) including PRC Replenishment**

PRC Chair started his report by presenting a comparative analysis of the overall estimated time investment of PRC Members over the first half of 2022. After an exceptionally busy year 2021, this year has started somewhat slower with 38% less overall estimated time investment compared to exactly the same period last year. It must be remembered that 2021 saw a 138% increase in the level of effort compared with 2020.

This decrease in overall time allocation can be explained by a rather drastic reduction of 87% in the review of the COVID proposals and grants and 30% reduction in the time for review of proposals, as there has been just one regular call for proposals in the first half of 2022 and no UnitaidExplore calls. However, one has to note a rather important 61% increase in the time the PRC have spent doing grant agreement development (GAD) reviews and cost extension reviews of our regular grants, thus marking a gradual refocusing on our core portfolio. 92.8 % of the PRC time investment this year has been focused on Unitaid's regular grants and only 7.2% of the time has been devoted to the COVID portfolio.

The single Joint Review Committee (JRC) meeting this year reviewed Prevention of hepatitis C among key populations proposals, recommending three proposals that would be submitted for Board's "Go-Ahead" decision in the week after this Board meeting.

With regard to the PRC engagement in the quality assurance review in the post-Go-Ahead stage before the grant packages are submitted to the Board for funding decision, a 60% increase in the number of regular GAD and grant extension reviews was noted with 60% decrease in the COVID grant reviews. The overall number of grant reviews have increased by 25% compared to the same period last year. Due to absence of new calls for UnitaidExplore applications, the PRC have not done any reviews of UnitaidExplore contractual arrangements this year.

PRC Chair then summarized the outcome of the PRC replenishment process which he had led together with the PSC Chair. He underscored the well-orchestrated candidate search and selection process and thanked the Secretariat for the support provided. 38 applications were received in total within the set deadline following the call for applications that was issued on 11 March 2022. The list of the recommended 14 prime candidate names includes eight Core Member candidates and six Disease/Issue –Specific Member candidates and four alternates (two in each category). Two Alternate Core Member candidates and two Alternate Disease /Issue-Specific Member candidates have been identified in case the EB does not approve of any of the proposed candidates or the candidates decide to drop off during the selection process.

The IP and Community demand generation experts approved in June 2021 were treated as new members, since their involvement in the work of the PRC had only recently commenced. Importantly, 86 % of the current PRC Members re-applied and 57% of the current members were proposed to be retained, thus respecting the 50% rule of continuity. This is a testimony to the solidarity, alignment and great team spirit within the PRC.

The new recommended member candidates are of great caliber covering all areas of expertise with exceptionally experience (more than 20 years). Critically, the two priority areas of community demand creation and IP have already been addressed. There is also strong capacity within the proposed composition in the area of Reproductive, Mother and New-Born Child Health (RMNCH). The capacity of the PRC in respect of product development expertise has also been bolstered to meet the needs of the new Strategy. Those candidates who indicated primary expertise in HIV are expected to be well-versed in the management of co-infections, of which the most important is tuberculosis. Those with expertise in public health delivery would also be able to cover the issues of cross-disease integration. The candidates with pharmaceutical expertise are familiar with supply chain challenges.

The 18 shortlisted candidates include equal number of candidates that represent the global South and North as well as gender-balanced representation. 18 of the shortlisted candidates have work experience in Africa, eight in Asia and four in Latin America and the Caribbean

The PSC Chair highlighted the thorough process that has been followed, good gender balance amongst the recommended candidates and matching the expertise against the requirements of the new Strategy. Board Members noted positive outcome of the candidate selection process and expressed broad support for the recommended candidates. The high percentage of the current PRC Members that have re-applied was thought to be a commendable result. Good representation of the community demand generation expertise amongst the PRC members was also observed and some

Board Members expressed hope that the PRC will actively use the new Community Engagement Strategy to guide their deliberations. A suggestion was made for ensuring continuity of the PRC leadership by considering appointment of a PRC Vice-Chair.

Board Members unanimously approved the proposed resolution UNITAID/EB40/2022/R6.

## **12. Audited financial Statements and Report of the External Auditor**

The EB approved the Unitaid 2021 audited financial statements (UNITAID/EB40/2022/R7). The Board noted that a clean audit opinion from external auditors was received for 2021. There was one recommendation for the 2021 audit which will be addressed by the Secretariat in 2022.

## **13. Update on risk management**

Board Members were updated on a recent discussion of Unitaid Risk Management that took place during a joint session of the FAC and PSC, including an overview of the Secretariat's approach to Organizational Risk Management and of the most recent Organizational Risk Heat Map. The Chair of the FAC provided the update, noting that the Joint FAC-PSC review and discuss a refreshed organizational risk assessment twice per year with the Secretariat, and that in the past Unitaid's approach has been remarked upon by external reviewers as a "best practice" among grant making organizations. She highlighted the risk of *Insufficient Resources to Support New Strategic Resources* (risk o1) which was focused on during the most recent risk discussions between the Joint FAC-PSC and the Secretariat. Board Members thanked the Chair of the FAC for the update, while noting the risk of *Loss of Key Staff* (risk o7) as a related risk that also required focused attention and mitigation.

The Chair of the FAC also reminded Board Members that assurance reviews are conducted by a third party twice per year, to give the committees assurance in regards to targeted aspects of Secretariat operational methodologies/practices above and beyond routine audits, such as financial reviews. She noted that an assurance review of Unitaid's risk management framework is currently ongoing, with results to be reported on to the Joint FAC-PSC in October 2022, and that a second assurance review (of Secretariat Culture and Ways of Working) is scheduled to begin in the second half of 2022.

## **14. Portfolio update**

### Grant portfolio overview

The Secretariat presented the key highlights from the Unitaid active portfolio, its evolution, performance and challenges, including the grants related to COVID19. From 2020 to 2021, the number of projects increased from 63 to 83. Unitaid worked with 44 different implementing partners on a US \$1.5 billion portfolio. Unitaid projects in 2021 related to COVID19 work comprised 13% of the portfolio value with the majority of funds (75%) allocated to investments related to HIV, TB, malaria, co-infections and cross-cutting areas.

Overall, Unitaid's portfolio demonstrated a strong performance with 90% of the projects either exceeding or meeting expectations or had a few areas that needed to be improved. A decrease in COVID19 disruptions and lowered risk of near-end projects contributed to this improved performance. The Secretariat brought the Board's attention to some of the key achievements of Unitaid's work related to HIV Self-testing, prevention and treatment; TB prevention and malaria vector control and vaccine grants. In terms of challenges, external factors such as COVID19

disruptions, political instability and weak health systems were highlighted. The Secretariat informed the EB that delays in obtaining ethical approvals for human subject studies continued to be an operational issue and assured the EB that Unitaid is actively engaging with WHO to address these challenges. Related to the way forward, the Secretariat indicated that the new strategic objectives (particularly 2&3) will support mitigating strategic challenges related to scale up, sustainability and transition. Board Members were also informed on the plans on work related to strengthened engagement with community, civil society and country stakeholders.

Board Members congratulated the Secretariat for the excellent quality of the presentation and stated that this presentation articulated Unitaid's value proposition very well and recommended to use this material to increase Unitaid's visibility. Going forward, deep-dives on specific programmatic areas would be appreciated. Some Board Members asked for clarifications regarding the partnership engagement on the malaria vaccine (including its implications on other investments on preventive tools for infants), success stories for scaling-up of projects and whether the sustainability and transition of projects included community approaches; lessons learned from implementation of UnitaidExplore, and Unitaid's work on the NexGen Market Shaping.

Board Members also noted the stable core investment portfolio valued at US\$ 1.3 billion, appreciated the comprehensive approach to IP TRIPS portfolio to complement the work of Medicines Patent Pool (MPP) and important learnings regarding the applicability of self-tests to other diseases including COVID-19 and hepatitis C. They also inquired on whether the Secretariat sees itself as being quick enough to close programs down when they do not work, noted the importance of access to long acting cabotegravir as a critical tool to prevent HIV, highlighted the importance of community led advocacy and inquired on potential resistance from implementing governments to introduce HIV self-testing programs. Seasonal malaria chemoprevention was highlighted as one of the highest impact tools and a question was asked on the specific role of Unitaid in making it work and how we could replicate in similar projects with such significant impact.

The Secretariat acknowledged the suggestion that the one pager package on Unitaid grants could be prepared earlier, so these documents can be shared with various constituencies or with people with specific disease expertise, enabling the Board Members to provide constructive feedback. The Secretariat noted its readiness to provide more in-depth explanations on some products, especially for HIV self-testing that, beyond the technology itself, have generated important evidence on acceptance, feasibility and impact and therefore contributed to WHO guidelines on self-testing for hepatitis C, COVID-19 and sexually transmitted infections (STIs). Such deep-dives could be provided during future PSC meetings.

The piloting of the malaria vaccine was done by WHO in close collaboration with Gavi, the Global Fund, Unitaid and with the involvement of the manufacturer. WHO has recently released guidance on the use of different malaria prevention tools including the vaccine, Seasonal Malaria Chemoprevention (SMC), Intermittent preventive treatment in pregnancy (IPTp) and vector control tools. The JHPIEGO project on IPTp is implemented in 4 countries and more demand generation is needed with the help of community engagement and there is a good potential for scale-up, following WHO technical consultations. There is a lot of momentum for cervical cancer screening and treatment (of precancerous lesions), but insufficient scale-up happening at the moment due to relatively high cost and lack of evidence to inform WHO guidelines.

It was clarified that UnitaidExplore mechanism was not leveraged for COVID 19 but there are currently four investments in UnitaidExplore, two of them focusing on oxygen access and therapies and two projects on pediatric therapeutics. There are lessons learned from implementing the UnitaidExplore mechanism that will be presented later in the year.

On the issue of closing of grants that are not performing well, the Secretariat confirmed it has been taking a more conservative stance but that this issue is pertinent to revisit when implementing the new Strategy. There are ways how the collaboration with the Global Fund on the NextGen Market Shaping could be strengthened. The co-investment on new nets for vector control is just one example of successful coordination but further discussions are underway on the potential for collaboration between the Global Fund and Unitaid to co-convene a broader platform of partner coordination on needs and demand assessment, access pathway including market shaping, procurement and financing and demand generation and policy.

### COVID-19 portfolio overview

The Secretariat presented highlights from Unitaid's COVID-19 portfolio, including Unitaid's role in ACT-A, the evolution of the portfolio, performance, challenges and the way forward. Building on its comparative advantage and operating role demonstrated through its core portfolio, Unitaid has leveraged this credibility and network of partners to play an important leadership role in the global response to COVID-19 in ACT-A from its inception in April 2020. Unitaid continued to play a leading role in ACT-A in 2021 co-leading the Therapeutics pillar (along with Wellcome and, since May 2022, the Global Fund), taking on the leadership of the global COVID-19 oxygen response as Chair of the ACT-A Oxygen Emergency Taskforce and co-leading the Market Readiness group of the Diagnostic pillar.

In 2021, Unitaid expanded its portfolio of COVID-19 projects, adding an additional 16 new investments primarily in accelerating access to medical oxygen and initiatives to improve COVID-19 testing and linkage to treatment. To date, a total of USD 209m has been committed from a total of USD 250m available for COVID-19 projects. Overall, the performance of COVID-19 investments was strong, particularly in diagnostics and oxygen.

The Secretariat highlighted some recent achievements of the COVID-19 portfolio. This included supporting technology transfers for regional manufacturing of Ag RDTs and initiatives to expand manufacturing capacity in LMICs and market shaping efforts that catalyzed procurement of Ag RDTs through government and scale-up donors. In mid-2021 Unitaid launched 7 new investments to accelerate uptake of Ag RDTs, self-tests and link to treatment in 22 countries and supported MPP to improve access to generic outpatient treatments through sub-licensing agreements with generic manufacturers. In oxygen, Unitaid worked with partners to secure price reductions for liquid oxygen and oxygen cylinders and provide technical support and catalytic procurement of oxygen equipment to strengthen oxygen systems in a wide range of LMICs.

The Board also heard about some challenges faced by the COVID-19 portfolio, including the shifting epidemiology and changing perception of severity of variants, unpredictability of future waves and variants and slow adoption of therapeutics' recommendations in some countries due to high-pricing and lack of clarity on funding and access conditions. Research activities have faced delays in obtaining ethical approval. Supply chain disruptions, long lead times for oxygen commodities and limited oxygen innovations suitable for LMICs were also noted.

Going forward, the Secretariat will continue to sustain and re-adjust its investments in diagnostics and treatment to adapt to changing epidemiology and will work to address IP licensing barriers and accelerate timelines for more affordable generic product development and PQ/regulatory approvals, with a focus on nirmatrelvir/ritonavir and emerging antivirals. For oxygen, the focus will be to maintain the momentum in expanding access to oxygen by laying the foundation for strong and resilient oxygen systems, including through catalytic investments to strengthen local/regional production and to prepare for surges in demand during health emergencies.

#### CEPA evaluation

Board Members were introduced to the Cambridge Economic Policy Associates (CEPA) who conducted the evaluation of Unitaid's investments in COVID19. Led by Kaveri Kumar, Lead consultant, CEPA presented the principal objectives, scope and approach and emphasised that the mid-term evaluation covered a portfolio of 27 investments valued at US\$155 million implemented through to end November 2021; that it was a review of the relevance, coherence, efficiency, effectiveness, sustainability/ scalability, impact of Unitaid's investments, and there were nearly 150 consultees (including country consultees in Cameroon, India, Kenya, Senegal) and several workshops held (internal, external). CEPA also re-iterated that the evaluation was an investment focused review and did not consider Unitaid's leadership role in ACT-A.

The evaluation findings were largely positive with the following topline findings: Unitaid's investments in COVID19 had high strategic relevance and responded well to the needs of the pandemic, and that there has been good leveraging of existing Unitaid investments and partnerships. It found that Unitaid had developed an ambitious portfolio of COVID19 investments at speed on various fronts, implementing market shaping initiatives to improve equitable access to existing and anticipated COVID19 tools and supporting countries in their response. According to the evaluators, over time, Unitaid adapted its investments in response to the emergent needs of the pandemic, starting with evidence generation and catalytic procurement of COVID19 health products (including COVID-19 diagnostics, medicines, medical oxygen, and oxygen equipment) and moving to an integrated approach to testing and treatment, with investments designed based on equity principles and considerations. Unitaid's investments and the broader remit of its work within ACT-A generated strategic benefits and positive externalities that supported the broader objective of access. The evaluation also found that Unitaid streamlined its internal processes for grant identification, approval, and management, enabling it to rapidly respond to the investment needs of the pandemic in LMICs.

Nevertheless, the evaluation assessment did point to delays with clinical trials, the initial limited focus on demand generation, and noted that while most investments played to Unitaid's strengths, some went beyond (e.g. dexamethasone which was more of a gap-filling type investment rather than one priming for scale-up). These factors contributed to the slow progress made in finding and delivering treatment solutions for COVID19. On the other hand, the evaluation pointed to progressive results on diagnostics – both upstream and downstream – that helped make diagnostics available in LMICs, with demand generation being picked up through the portfolio of Test and Treat Investments. Similarly for oxygen, the evaluation showed Unitaid's solid contribution to country preparedness through provision of critical equipment and infrastructure and important technical assistance for strategic planning and capacity building as well as market shaping helping to reduce the price of liquid oxygen.

The evaluation assessment concluded that Unitaïd’s portfolio of investments was solid, timely and played an important role in the overall health response to COVID19. Unitaïd’s portfolio of investments was catalytic and needed even if Unitaïd did not always play to its comparative advantage of laying the foundations for scale up. Going forward, the evaluation recommended for Unitaïd to focus on what its role would be in the future as the pandemic evolves and the global architecture created for the COVID19 response evolves; to understand the full impact of the investments made; to expand on its M&E approaches to better capture outcomes and outputs and to build on the lessons learnt.

Board Members congratulated the Secretariat for its presentation and the impressive efforts to respond to COVID19 and welcomed the external mid-term evaluation by CEPA, which provided timely and relevant findings and recommendations. The Board also praised Unitaïd’s agility and responsiveness, its contributions to the ‘softer’ side of the work required to make the ACT-A structure deliver and demonstrate what working in partnership should look like, and its initiatives to bring attention to oxygen and support local manufacturing of COVID-19 tools. Concerns were raised around the failure of the global response as a whole (not just Unitaïd) to effectively engage with countries and enact a comprehensive emergency response due to the vertical nature of how ACT-A was set up, and the need for long-term resources to ensure sustainability and scale-up.

Some Board members encouraged Unitaïd to think of how it would want to position itself and the streams of work that it would like to take responsibility for going forward, once the ACT-A framework concludes.

In conclusion, Board Members expressed their support for the mid-term evaluation recommendations. They noted that the lessons coming through were interesting not just for COVID-19 but beyond, especially how Unitaïd can ensure demand generation in its investments from the outset, how it can adapt, evolve and stay agile in the wider portfolio, and how it could build back better (especially for oxygen but also other areas). The Board encouraged Unitaïd to continue to reflect on its role in future health emergencies in the context of the new strategy and to strengthen its approach to monitoring results and impact in the medium to longer-term, considering how it might leverage the target access profiles to better link to outcomes.

The Secretariat thanked the Board for their feedback and suggestions and re-affirmed its commitment to address the existing and emerging challenges observed in the global response to COVID19, with particular attention to addressing what has not worked in terms of country engagement. The example of the oxygen investments was provided where Unitaïd supported the health systems response through its country preparedness work, starting with a needs assessment and progressively working to increase access and demand involving engagement with manufacturers and shaping the market.

#### KPI report for 2021

The Secretariat provided an overview of the strategic and operational KPIs for 2021. The strategic KPIs reporting included 10 grants totalling US\$181 million in value, these grants represented four “Areas for Intervention” (AFI). Strong performance against Innovation and Availability, Access barriers (Quality, Affordability, Demand & adoption and Supply & Delivery) and Impact were demonstrated. The Secretariat informed that due to COVID19 disruptions, a number of projects have been delayed and have not been included in the strategic reporting this year. In spite of successfully

addressing important access barriers, some of the projects face scale up challenges. It is expected that in future KPIs, the scale up dashboard tool could potentially support identification and advance decision-making support to address scalability issues. As part of organizational investment case, modelling and methodology alignment (particularly on Return on Investment) with the major partners such as the Global Fund are underway to understand the incremental value addition of innovations supported by Unitaid. In terms of Operational KPIs, the overall performance against KPIs in 2021 was considered generally good. The declining performance on staff satisfaction was considered a concern by the Board Members. The Secretariat provided context that this decline is partly due to COVID-19 related restrictions and the difficulties to onboard new staff while working remotely. Immediate management actions have been taken considering this feedback, with the “Integrating New Talent Project” being launched in the last few months.

### 15. Any other business

There were no additional items introduced under this agenda item.

### 16. List of participants

## List of Participants

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