

## Meeting Notes of the 5<sup>th</sup> Roll Back Malaria Partnership Board Meeting

**Geneva, Switzerland: 18 – 19 April 2017**

### **In Attendance:**

#### **Board Members**

Dr Winnie Mpanju-Shumbusho (Chair)	Mr Kieran Daly (Vice-Chair)	Dr Kesete Admasu (CEO)
Dr Pedro Alonso	Mr Elhadj As Sy	Prof Maha Taysir Barakat
Prof Awa Coll-Seck (by phone)	Mr Paulo Gomes (by phone)	Dr Atlaf Lal
Dr Richard Nchabi Kamwi	Mr Ray Nishimoto	Dr Mirta Roses Periago
Dr David Reddy	Prof Yongyuth Yuthavong	

#### **Apologies**

Mr Simon Bland

#### **WHO Board Alternate**

Mr. Issa Matta

#### **Observers**

Mr Moin Karim (UNOPS)  
 Mr Armen Harutyunyan (UNOPS)  
 Ms Cecilia Smith (UNOPS)

#### **Invited Speakers**

Mr Alan Court (UNSE0, Advocacy & Resource Mobilization Partner Committee Co-Chair)  
 Ms Yacine Djibo (Speak Up Africa, Strategic Communications Partner Committee Co-Chair)  
 Dr Peter Olumese (WHO, Country and Regional Support Partner Committee Co-Chair)  
 Dr Melanie Renshaw (ALMA, Country and Regional Support Partner Committee Co-Chair)  
 Mr Benjamin Rolfe (APLMA, Advocacy & Resource Mobilization Partner Committee Co-Chair)

#### **Board Member Advisors**

Ms Lisa Goldman-Van Nostrand  
 Ms Kudzai Makomva  
 Mr Jason Peat  
 Ms Julie Wallace

#### **RBM Management Team**

Ms Lilya Boaron (Assistant to the CEO and Board Chair)  
 Ms Renia Coghlan (Interim Policy Analyst)

#### **Interim Support Team (IST)**

Mr Jonah Grunsell (IST Lead)  
 Ms Annemarie Meyer (IST Convenor)  
 Mr Paul Miller (IST Operations)

### **Agenda:**

#### **Day 1: 15 December 2016**

- 1 Welcome & Introductions
- 2 Adoption of Agenda
- 3 Operational Update
- 4 UNOPS Update
- 5 Board Governance
- 6 Elimination8 Update
- 7 Forward Look RBM Strategy & Plan
- 8 Finance & Resourcing
- 9 Research & Development Update

#### **Day 2: 16 December 2016**

- 10 Welcome & Reflections on Day 1
- 11 Country & Regional Support Partner Committee Update
- 12 Advocacy & Resource Mobilization Partner Committee Update
- 13 EMC Update
- 14 Strategic Communications Partner Committee Update
- 15 Partner Committee Coordination
- 16 Closing Remarks

## Day 1: 18 April 2017

### 1. Welcome & Introductions

- 1.1. Dr Winnie Mpanju-Shumbusho welcomed Board Members to the fourth face-to-face meeting of the Roll Back Malaria Partnership. Dr Mpanju-Shumbusho thanked the Board for their continued engagement and commitment. Dr Mpanju-Shumbusho welcomed Prof. Maha Barakat and Dr Mirta Roses to their first RBM Board Meeting as Board Members and Dr Kesete Admasu to his first meeting as RBM CEO.
- 1.2. Dr Mpanju-Shumbusho noted that apologies have been received from Mr Bland and Mr As Sy for Day 1.
- 1.3. Dr Mpanju-Shumbusho reported to the Board that Admiral Tim Ziemer has regrettably resigned from the RBM Board having accepted a new role with the US Government. Dr Mpanju-Shumbusho wished to state on record the sincere thanks of the RBM Board, the wider RBM Partnership and the global malaria community for his incredible contribution to RBM and the fight against malaria.

### 2. Adoption of Agenda

- 2.1 Dr Mpanju-Shumbusho introduced the session and outlined the agenda for the 5<sup>th</sup> RBM Partnership Board meeting and clarified that the notes of the last meeting had already been approved. It was noted that no Board Decisions have been made since the previous Board Meeting.
- 2.2 The agenda for the 5<sup>th</sup> face-to-face meeting of the Roll Back Malaria Partnership Board was then formally adopted.

#### [RBM/PBM05/2017/DP01 – Agenda](#)

The Roll Back Malaria Partnership Board approves the agenda for the 5<sup>th</sup> Meeting of the Partnership Board.

### 3. Operational Update

- 3.1 Dr Mpanju-Shumbusho handed over to Dr Admasu and Mr Grunsell of the IST to provide an update on operations including progress and plans towards the establishment of the new RBM Management Team and the IST handover and transition plan.
- 3.2 Key areas of operational activity undertaken since the last RBM Board Meeting were outlined. These included communications and stakeholder engagement support, budget and planning, Partner Committee support and co-ordination and funding and resource mobilization, including a number of initiatives designed to establish/generate funding and support key relationships for the Partnership.
- 3.3 An overview of current thinking regarding the RBM Management Team structure was provided. It was highlighted that there had been a small number of changes since the RBM Board was considered the target organisational structure at the RBM December 2016 Board meeting. These changes included the creation of a Senior Policy Advisor role and changes to the original Finance Manager role to incorporate additional operational responsibilities in line with a Chief Operating Officer (COO) / Finance Manager role.

- 3.4 The recruitment plan for the RBM Management Team which was currently underway was then outlined. It was noted that the Assistant to the CEO and support for Chair, had already been recruited and commenced duties in April 2017 with the remaining RBM Management Team roles envisaged to be recruited between April 2017 and July 2017, subject to the availability of suitable staff and notice periods.
- 3.5 An update on the forward look IST resourcing and handover plan was then provided. It was stated that following the appointment of the CEO, a detailed re-planning of the forward look 2017 transition and resource plan was undertaken along with a revised IST resource plan reflecting resource requirements, and the profile and speed of recruitment of the permanent RBM Management Team with final handover planned by the end of June 2017.
- 3.6 Board Members congratulated Dr Admasu and the IST on the great progress made since the last meeting, particularly in the areas of resource mobilization. Board Members highlighted the importance of the CEO retaining flexibility regarding the shape and structure of the RBM Management Team to meet emerging needs. Board Members also discussed lessons learned regarding recruitment and the identification of suitable candidates, highlighting the importance of advertising in a wide range of forums and platforms. The Board agreed to continue to actively support the CEO and UNOPS in the recruitment process and the encouragement of high quality applications.

#### **4. UNOPS Update**

- 4.1 Mr Daly introduced the next session and invited Mr Miller from the IST to provide an update on the hosting relationship with UNOPS, including the status of the transfer of funds from WHO and the establishment of supporting infrastructure for the RBM office.
- 4.2 It was stated that the principal activities of the CEO, the RBM Management Team and IST have been supported by UNOPS in the first three months of 2017. The UNOPS team have also given considerable support to the Country and Regional Support Partner Committee (CRSPC) to ensure the successful delivery of their Q1 activity programme. In addition, the IST have worked with UNOPS to finalise and agree the residual funding Transfer Agreement with WHO and funds of \$1.4m have successfully been transferred to the RBM account at UNOPS.
- 4.3 It was highlighted that UNOPS were now providing regular reporting process for RBM funding against programme budgets, and for management accounting. The financial reports to 31 March 2017 indicate activities are within Budget and costs for the Management Team (staffing and set up) are in line with the profiled expenditures.
- 4.4 It was stated that the IST and UNOPS are reviewing the Standard Operating Procedures (SOP) of peer organisations (including StopTB) to identify the framework policies and procedures that will be adopted by the RBM Management Team and UNOPS. Detailed implementation, including authorisation matrices, will be formalised as RBM Management Team staff are recruited and the operating arrangements of the structure agreed. The final Operational document will have three sections, Board Governance, Partner Committee Operating Principles and SOPs.
- 4.5 It was reported that the RBM office had now been established in Geneva. Supported by UNOPS and Global Fund, offices have been renovated for the RBM Management Team in the TCS Building, including a dedicated large meeting room and an open working area for up to 10 staff, and an executive office for the CEO. In regard to the longer-term plan for the RBM Geneva base, it was stated that The Global Fund Health Campus Project Team have fully engaged RBM in their plans for the new Health Campus. The Partnership requirements have

been included in the future floor space planning and the planned arrangements will have RBM occupying a floor alongside StopTB. The provisional occupation date is Q2 2018.

- 4.6 The Board thanked UNOPS for their excellent support to date and welcomed the progress in establishing a RBN office in Geneva as well as the Global Fund for providing the office space. The Board further welcomed progress towards the development of SOP for the Partnership to ensure the operational arrangements of the partnership under the new host were detailed, considered and transparent.

## **5. Board Governance**

- 5.1 Dr Mpanju-Shumbusho introduced the next agenda item and highlighting the importance of reviewing key Board Governance policies and procedures noted at the last RBM Board Meeting. Mr Grunsell from the IST was asked to present progress and recommendations.
- 5.2 The Board was reminded that at its 4<sup>th</sup> Board Meeting the Roll Back Malaria (RBM) Partnership Board requested that the Board Leadership work with the IST and individuals with the required expertise in governance, to develop core governance guidance, policies and procedures for consideration and approval by the RBM Board before the next RBM Board meeting (RBM/PBM04/2016/DP05 – Governance) including the Board Member and Board Leadership rotation process, guidance on Board Advisors and Alternates and the criteria for the approval of Board Meeting Observers.
- 5.3 An overview of guidance within the RBM Bye-Laws for the terms of office of RBM Board Members and the Board Leadership was provided. The core principles that underpinned the recommended approach for Board Member and Board Leadership rotation was provided including the importance of adherence to best practice advising boards to adopt a staggered board rotation process and the re-selecting or retiring one-third of the board each year. The importance of the establishment of criteria for new member(s) to be selected at each rotation point by the RBM Board to ensure the RBM Board remained representative of the wider Partnership was also highlighted.
- 5.4 It was stated that any approach will need to consider the importance of establishing a transparent and consistent process. At each agreed rotation point Board members would be invited to put themselves forward to be re-selected for a new 3-year term as well as represent an opportunity for Board Members to stand down should they wish to.
- 5.5 The Board thanked Mr Grunsell for his presentation and agreed the importance of agreeing a transparent and consistent process with the need to ensure continuity and the retaining of the experience and expertise of the current Board. In addition to the core principles outlined, the Board also felt it important for any agreed process to include flexibility to ensure the Board remained representative of the evolving Partnership, and that this could mean specific outreach to constituents as part of the rotation process or increases in the overall size of the Board. However, the importance of ensuring that at least half the board membership remain from affected countries in line with founding principles was underscored.
- 5.6 The Board agreed that the formal policy developed should include plans for the rotation to commence in early 2018 and that this policy should be reviewed at the next RBM Board meeting.

#### RBM/PBM05/2017/DP02 – Board Rotation

The Roll Back Malaria (RBM) Partnership Board approves the recommended approach and timeline for RBM Board Member and RBM Board Leadership rotation and requests the RBM Management Team to develop a formal policy for adoption at the next RBM Board meeting.

- 5.7 An overview of emerging thinking regarding Board Advisors was then provided. The guidance contained within the RBM Bye-Laws regarding Board Advisors was highlighted along with the importance of flexibility the need to ensure advisor selection and attendance is appropriate and does not represent a conflict of interest and that a policy should clearly recognise the difference in the roles and responsibilities of Board Members and advisors.
- 5.8 The policy on Board Observers was then outlined, that had already been provisionally approved by the Board Leadership for interim use for the April 2017 Board Meeting when considering requests for Observer status.
- 5.9 The Board thanked Mr Grunsell for outlining current thinking on Board Advisors and for providing an overview of the proposed Board Observer policy which was formally approved. The Board noted the importance of flexibility, particularly regarding the Board Observer policy, to ensure RBM Board meeting remained accessible to the wider partnership. The Board agreed that the current wording should be interpreted in such a way to enable relevant and interested individuals, especially those representing donor organisations who have made a substantial contribution to the Partnership, to attend should their presence be relevant to RBM Board meeting agendas. The Board further agreed that it will be important to develop RBM Board Governance policies in conjunction with each other to ensure interrelationships were fully taken into account.

#### RBM/PBM05/2017/DP03 – Board Governance

The Roll Back Malaria (RBM) Partnership Board approves the RBM Board Observer Policy.

The RBM Management Team is asked to work with the RBM Board Leadership to develop a comprehensive RBM governance manual to include, but not limited to, procedures for Board Advisors, Executive Board sessions and guidance on the selection and involvement of Alternates.

## 6. Elimination8 Update

- 6.1 Dr Mpanju-Shumbusho invited Dr Kamwi and his special Advisor Ms Makomva to present an update on Elimination 8 (E8).
- 6.2 Dr Kamwi introduced the session and stated that the E8 concept was first established in 2009, following consultation with 8 Ministers on the need for regional collaboration to achieve ambitious malaria elimination goals. E8 aims to accelerate progress towards malaria elimination, aiming to achieve zero transmission in 4 countries by 2020, and another 4 by 2030. It was emphasised that the E8 Approach is to serve as a platform for collaboration, prioritizing regional and cross-border interventions, without duplicating country responsibilities.
- 6.3 The key priorities for E8 were then outlined, including determining how best to engage and align between RBM - SARN, SADC, E8, ALMA, resource mobilization and troubleshooting for countries and the establishment of a comprehensive and coordinated plan for the sub-region, to better align country efforts and partners.

- 6.4 The Board thanked Dr Kamwi and Ms Makomva for their excellent presentation and noted the importance of the E8 countries coming together to address malaria challenges collectively. The Board further noted the need to identify the value RBM can have to E8 and that the RBM Board and CEO should establish how best to work together and effectively collaborate.

## 7. Forward Look RBM Strategy & Plan

- 7.1 Mr Daly introduced the next session, which provides an important opportunity for the Board and CEO to reflect on progress against AIM and GTS targets as well as discuss the forward look RBM approach and plan. Mr Daly invited Dr Kesete to address the board and present his reflections, priorities, and emerging thinking, along with the emerging priorities of the Partner Committees.
- 7.2 Dr Admasu introduced the session and highlighted that the revitalised RBM Partnership was characterised by greater multi-sectoral engagement and cross-border collaborations and will enable it to realize the goals and targets of the Global Technical Strategy, AIM and Sustainable Development Goal (SDG) 3.3. These changes are expected to make the Partnership more able to respond to the changing needs of the post-2015 environment and strengthen the Partnership's ability to create forums for committed partners to engage in collective action, provide efficient operational coordination to support endemic countries, deepen expertise in RBM's core functions and engage senior leadership from countries, donors, and other partners to keep malaria high on the agenda and sufficiently funded.
- 7.3 Emerging thinking on the vision, mission and proposed priority areas for the RBM Partnership moving forward was then presented as summarised below:

**Vision:** A world free from malaria.

**Mission:** To support malaria affected countries to achieve the goals 2030 of the Global Technical Strategy.

**Proposed focus:** Strategy recommends that RBM focus on:

- High burden countries/regions
- Elimination targeted countries/regions
- Defining the framework for a comprehensive engagement of the private sector
- Where Partnership can add greatest value/ maximise impact

**Priorities for RBM 2017 - 2020**

- Advocacy & political support for malaria
- Resource mobilisation for malaria initiatives
- Support countries to achieve 2020 goals:
  - o Country support
  - o New regional initiatives

**How will this be achieved?**

- Communication: *keep malaria high on the agenda*
- Advocacy & resource mobilisation: *attract new resources*
- Country support: *country led, regional initiatives*

- 7.4 The importance of the RBM forward look strategy and plan being developed in close collaboration and coordination with the RBM Board along with the RBM Partner Committees to ensure a consistent and effective approach was highlighted.

- 7.5 The Board thanked and congratulated Dr Admasu for his excellent presentation and the considerable amount of work and preparation that had gone into it. In particular, the Board highlighted the value of a prioritized forward look strategy and a focus high burden countries, whilst noting the need for sensitivity regarding country / regional alignment and geopolitical considerations. The Board further noted the benefits of building on the country- and region-specific initiatives, and on the country malaria investment cases, to develop a range of resource mobilization strategies to increase the visibility of malaria and the case for investment with new donors.
- 7.6 The Board agreed to support Dr Admasu and his Management Team to further develop the forward look strategy and plan and to review progress at the next RBM Board meeting.

## **8. Finance and Resources**

- 8.1 Mr Daly introduced the session on Finance and Resources, which is the result of a significant amount of work by the CEO, RBM Board Finance, Audit and Risk Committee, Partner Committees, and the IST. Mr Nishimoto, Chair of the RBM Board Finance, Audit and Risk Committee to address the Board with the support of Mr Miller from the IST and present an update on transition funding, an overview of the proposed 2017 Budget and a summary of monitoring and evaluation mechanisms along with current resource mobilization activity.
- 8.2 It was noted that following confirmation of the CEO start date, a detailed re-planning of the forward look 2017 plan was undertaken along with a revised IST plan reflecting resource requirements, the speed of recruitment of the permanent RBM Management Team and expenditure to date. The reforecast Transition Budget estimates that there will be a significant amount of funds available at the end of the transition support to transfer to the core RBM / UNOPS account and as requested by the RBM Board, Malaria No More UK has negotiated a No Cost Extension with the Bill and Melinda Gates Foundation (BMGF) for the RBM Transition Support Grant to end July 2017.
- 8.3 It was noted that the 2017 Budget had been developed over two stages over the last three months. The CEO, Board Leadership, IST and UNOPS have been closely involved throughout the preparation of the RBM Management Team Budget and the RBM Board Finance, Audit and Risk Committee have reviewed and commented upon both the initial and the second draft Budget. The Management Team revised Budget has been reprofiled to reflect the latest staffing numbers, recruitment plan, and deployment of a small number of interns and short-term contract staff.
- 8.4 It was emphasised that the detailed prioritized Workplans for each of the Partner Committees were at the heart of the 2017 Budget. The Workplans had been through several iterations, prioritizing the planned activities and refining the cost estimates and activity delivery profiles.
- 8.5 The research conducted by the IST and the RBM Board Finance, Audit and Risk Committee regarding the appropriate level of a Working Capital Reserve (WCR) retained by peer organisations was then presented. The research indicated that some organisations have a target WCR of 10% of the annual value of their delivery plans and others a value equivalent to 3 months of core operating costs. All organisations contacted indicated that building a sufficient WCR as early as possible was highly desirable. The RBM Board Finance, Audit and Risk Committee discussed the desired optimum level for the WCR, and agreed that the WCR should balance the prioritization of critical activities and the level of available income.
- 8.6 The proposed monitoring and evaluation mechanisms were then outlined. These will include income and expenditure reports provided to the CEO by UNOPS, monthly narrative reports

by Partner Committee Co-Chairs of progress against agreed outcomes and Key Performance Indicators (KPIs) and monthly reports on income, expenditure and cashflow and progress against outcomes and KPIs will be the subject of a regular call between the Board Leadership and the CEO. A quarterly update will be provided to the wider Board.

- 8.7 Recent developments regarding successful resource mobilization activity and the initiatives currently underway to secure additional funding for the Partnership were then outlined. Mr Nishimoto outlined one such initiative, the Private Sector Grant Initiative (PMSG), which had the potential to expand the RBM donor base, secure pooled funding from global Private Sector engaged in fight against malaria and preempt any perceived Conflict of Interest (COI) by pooling funds. The Board recognized that this innovative idea had potential but that it was in its initial stages. The Board requested that further work be conducted to develop this initiative while ensuring alignment with the resource mobilization policy that the secretariat has been tasked to develop and submit to the Board.
- 8.8 The Board thanked Mr Nishimoto and Mr Miller for presenting the proposed 2017 Budget and the robust process followed to develop it. The Board discussed at length the most appropriate level of a WCR, as well as the importance of the CEO being able to oversee/recommend deployment of the Strategic Initiative element of the Reserve.

#### **RBM/PBM05/2017/DP04 – 2017 Budget and Working Capital Reserve**

The Roll Back Malaria (RBM) Partnership Board approves the revised 2017 Budget of \$13.5m, including a \$2.0m Working Capital Reserve.

The Board approves the proposed financial performance monitoring arrangements.

The Board agrees to continue to support the identified resource mobilization activities.

The Board requests the Finance Committee to work with the Board Leadership and CEO to clearly define the deployment of the Working Capital Reserve.

## **9. Research and Development Update**

- 9.1 Dr Mpanju-Shumbusho introduced the next session on Research and Development, reminding that at the 4<sup>th</sup> RBM Board Meeting, it was agreed it was useful for the Board to review and consider current work within the Research and Development field and its implications for RBM.
- 9.2 Invite Dr Alonso, Dr Reddy and Dr Lal to address the Board and provide updates on current developments and challenges and their implications for the forward look RBM strategy.
- 9.3 The presentations highlighted that the global malaria community has defined ambitious disease reduction and elimination targets. A number of drug development needs will need to be met as part of these objectives and that MMV has developed a 15-year strategic roadmap for antimalarial drug development in line with these drug development needs. An outline of the Innovative Vector Control Consortium (IVCC) strategic focus areas and their current portfolio of work was also outlined along with the current challenges including keeping industry partners engaged, creating acceptable Global Access Agreements and building a business model that can give a Return on Investment (ROI) to innovators related to performance and impact and assure access and delivery.
- 9.4 The Board thanked all contributors and presentations and agreed that effective research and development is critical to defeating malaria. The Board also noted that the presentations

highlighted the difficulties in identifying new drugs and the technical challenges including the length of time to get new drugs to market. The Board agreed it was critical that the RBM Partnership supported and connected with partners who are struggling with common challenges and this support should be incorporated in the forward look strategy and plan.

## Day 2: 19 April 2017

### **10. Welcome & Reflections on Day 1**

- 10.1 Dr Mpanju-Shumbusho welcomed Board members, Advisers and Partnership Committee Co-Chairs to Day 2 of the RBM Partnership Board meeting.

### **11. Country and Regional Support Partner Committee Update**

- 11.1 Dr Mpanju-Shumbusho invited Mr Olumese and Dr Renshaw to provide the Board with an update on emerging thinking from the Country and Regional Support Partner Committee (CRSPC).
- 11.2 An outline of CRSPC Terms of Reference was presented, including to co-ordinate support for the development and validation of country-led malaria control and elimination strategies and financial plans that achieve the GTS/AIM targets and to co-ordinate and provide technical assistance and implementation support to countries.
- 11.3 An overview of current progress was outlined. This included the continuation of support to 67 countries to submit funding applications to the Global Fund (GF) to secure approximately USD3.5b for programming in the 2018-2020 implementation period. To ensure timely submission of high quality funding proposals and to avoid gaps in implementation, the CRSPC has provided a comprehensive package of support to countries from 5 WHO regions: AFRO, AMRO, EMRO, SEARO, and WPRO. 41 countries (>61% of all eligible countries) submitted their malaria applications on schedule to the 20<sup>th</sup> March wave 1 submission. Malaria submissions constituted 44% of all the disease requests submitted in wave 1. It was highlighted that this represents the biggest support effort ever provided by the RBM partnership and support has been provided in-line with the approved work plan.
- 11.4 In addition, in regard to support provided to countries in grant making, it was stated that the CRSPC planned to assist countries to achieve timely grant signature before the end of 2017, when the vast majority of GF grants end. Given that any unspent resources in the current GF grants will be lost if they are not spent before grant expiry, the CRSPC is also supporting technical assistance to address implementation bottlenecks. Finally, the CRSPC has also been engaging in support for the development of country malaria control and elimination strategies, sustained financial plans, and resource mobilization strategies.
- 11.5 It was stated that countries were consulted during CRSPC meetings to date in 2017 and their thoughts captured regarding regional RBM structures, providing the following feedback:
- The value of sub-regional RBM structures noting that the triage mechanism previously operated was effective - with support provided first from country level, then regional level and finally global
  - The regional focus allows rapid identification of bottlenecks and a timely response
  - The need in a regional structure for partners to provide support according to their mandates and comparative advantage, avoiding duplication of effort and high transaction costs.
  - Country-owned sub-regional networks facilitate peer to peer south to south learning and allow focus on shared issues within sub-regions.
- 11.6 It was reported that responders had also suggested that regional networks, in consultation with countries, should identify partners best placed to support the countries and provide them with the resources to provide support where required, as identified in the agreed work plan. The need for transparency and accountability of new structures was also stressed including links to the CEO and RBM Management Team.

- 11.7 Board discussion followed, including on the use of resources secured from the GF TRP process and the comparisons across countries and the need to ensure robust monitoring arrangements to assess the effectiveness of support and interventions. The Board also recognized the differences between country specific grants and the allocation of resources to regions, and that no single approach fits all.

## **12. Advocacy and Resource Mobilization Partner Committee Update**

- 12.1 Mr Daly invited Mr Court and Dr Rolfe to provide the Board with an update on emerging priorities and progress against plans of the Advocacy and Resource Mobilization Partner Committee (ARMPC), along with further details of the Global Landscaping project which was highlighted in the Board Pre-read.
- 12.2 The current ARMPC priorities for 2017 were presented and stated as to; Identify highest priority countries, needs and gaps; identify current resources and highlight gaps for the international community to address; develop recommendations on how to best fill the gaps in priority countries; and support CEO in engaging new donors.
- 12.3 There was also an update on current progress across core ARMPC workstreams:
- 1.0 Situational Analysis: A Landscape of the existing analysis on elimination financing
  - 2.1 Understanding the demand for financing by costing elimination efforts: Prioritizing short term priority countries based on situational analysis and other data.
  - 2.2 Establish a sound evidence based advocacy model
  - 3.1 Ensure increased resources in cash and in-kind for Malaria: Ensuring a strategy is in place for each priority country and for each opportunity
  - 3.2 Using the situational analysis to inform the business case for investing Partnership resources.
  - 3.3 Support RBM's CEO's targeted efforts to mobilize resources from China and Gulf states.
- 12.4 The importance of the development of a 3-5 Year RBM Partnership Advocacy Strategy was highlighted with core components recommended to include a clearly defined business model, a strategy that provides a political platform for resource mobilization, coordination and the promotion and support of new technologies and an annualized process for workplan development.
- 12.5 An update on the Global Landscaping project was then presented including comparisons between WHO Region demand, donor financing and domestic financing before opening up to a wider Board discussion.
- 12.6 Board discussion focused on the importance of revisiting the research and development agenda and ensuring that the resource mobilization activities required to raise finance to support it were included in the ARMPC priority areas. The initial findings of the Global Landscaping project were welcomed by the Board while the importance of the avoidance of duplication with work currently undertaken by other Partners, including the WHO, was emphasised.

## **13. End Malaria Council Update**

- 13.1 Mr Daly introduced and asked Mr Court to provide a brief update on the End Malaria Council (EMC) including a reminder of the EMC for the benefit of new Board Members.

- 13.2 The current membership of the EMC<sup>1</sup> was presented highlighting the new members of this forum of global public sector and business leaders that has come together to drive progress toward eradication by focusing on three key areas; Leadership, Financing and Technology.
- 13.3 An update on progress within current focus areas was then presented including engagement with the Global Fund (GF) on developing shared thinking on the ability utilize GF financing to leverage borrowing from other institutions, outreach to decision makers within Nigeria regarding filling the critical funding gap and Financing Elimination in Central America and the Caribbean. It was also noted that the EMC is considering the potential of a Global Malaria Summit alongside CHOGM in London in Q2 2018. The summit would serve as a platform to celebrate successes, announce new commitments, and look towards the future.
- 13.4 The Board welcomed progress to date and reemphasised RBM's commitment to working closely with the EMC moving forward including direct engagement by the Board Leadership and the CEO.

## 14. Strategic Communications Partner Committee Update

- 14.1 Dr Mpanju-Shumbusho introduced the next session, stating that this next presentation was designed to provide an update on emerging priorities and progress against plans of the Strategic Communications Partner Committee (SCPC), along with further details of the Branding Assessment project and plans for World Malaria Day. Ms Djibo was invited to present to the Board, supported by Ms Goldman-Van Nostrand from the SCPC Steering Committee.
- 14.2 The core 2017 communication objectives for the RBM Partnership was presented and stated as *"Use targeted communications strategies to help drive overarching RBM goals and reinforce efforts of country/regional support and advocacy/resource mobilization Partner Committees"*. It was highlighted that this would be achieved by **Elevating** malaria on the global agenda, **Sustaining** momentum and mobilize funding for regional and national elimination efforts and **Developing** effective messaging that supports all levels of communication from Global Influencers, Regional and National Decision-Makers to Malaria-affected communities.
- 14.3 An update on key progress to date was presented including the development of a Social Media Toolkit for RBM on World Malaria Day 2017 and the SCPC meeting in London on 28-29 March 2017 which was attended by over 40 participants where core messaging and priorities were agreed, an event calendar established and sub-committees formed and activities initiated for:
- Branding
  - Strategy
  - Champions
  - Messaging
  - Creative Collateral
  - Media
  - Malaria Elimination Country Stories
- 14.4 It was highlighted that over the next 12 months, the SCPC would work with the CEO and other Partner Committee to identify, engage, prepare, and activate RBM Ambassadors and malaria champions to promote the messaging priorities of the Partnership and the importance of differentiating between formal RBM Ambassadors and malaria champions from across the Partnership.

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<sup>1</sup> Link to members of the EMC - <http://endmaliacouncil.org/>

- 14.5 An update on the branding assessment was then provided and the Board was informed that the project was currently at Phase 3 of a five-phase process with a stakeholder audit / brand identity review currently underway. This phase would include the engagement of 20-30 key influencers from all regions and constituencies along with an online survey – widely broadcast for all interested partners to provide input.
- 14.6 Board discussion focused on the need to proceed with branding exercise carefully and sensitively whilst ensuring that existing RBM collateral was fit for purpose including the RBM website. The Board also praised the SCPC for convening Partners at their meeting in London and the tremendous value it represented. The Board also requested that the SCPC undertake an analysis of reporting around WMD over the last 3 years including key messaging, coverage and channel and audience penetration to inform future activity.

## **15. Partner Committee Coordination**

- 15.1 Dr Mpanju-Shumbusho highlighted that the final session was designed to provide an overview of the planned monitoring, evaluation, and coordination mechanisms for the work of the Partner Committees, presented by Dr Admasu.
- 15.2 It was highlighted that there was a critical need for a mechanism and group to facilitate effective Partner Committee coordination along with joined up reporting of progress against plans and outcomes. An outline approach was presented which included the creation of a coordination group consisting of the CEO, the Co-Chairs of each of the Partner Committee and the Partner Committee Managers. It was stated that this groups' responsibilities should include facilitation and coordination of Partner Committee workplans and the reporting of progress against them and identification of issues requiring Board action.
- 15.3 It was stated that these proposals would be further discussed with Partner Committee Co-Chairs with a view to developing detailed TORs for the coordination group to be circulated to the Board Leadership for approval. The first combined report from the group was planned for the July 2017 RBM Board meeting.
- 15.4 The Board welcomed these proposals and emphasised the importance of effective Partner Committee coordination along with regular and effective reporting against identified objectives, outcomes and KPIs.

## **16. Closing Remarks**

- 16.1 Dr Mpanju-Shumbusho summarized the key points emerging from the two-day meeting and stated that the Board would endeavor to schedule Board meetings in 2017 around key decisions and plan to have two face to face meetings in line with the agreed RBM Bye-Laws and to ensure that Partnership resources were targeted on supporting the work of the Partnership. The RBM Board meeting planned in July 2017 was agreed to be a virtual meeting with the next face to face meeting due in September / October 2017 with a strong preference for this meeting to be held in a malaria-affected country.
- 16.2 Dr Mpanju-Shumbusho closed the meeting and thanked the Board for another excellent meeting where a large number of critical decisions were made.

**Close**