



**Unitaid Executive Board Meeting
28th Session
19-20 December 2017
London I & II meeting room
Starling Hotel
Geneva**

Agenda item 2

**Minutes of the 27th Executive Board meeting
(7-8 June 2017, Geneva)**

For Information For Review and Advice For Approval

Executive Summary

- The agenda for the 27th session of the Executive Board was adopted without amendment.
- The minutes from the 26th session of the Executive Board were adopted without amendment.
- Executive Board members noted the report of the Executive Director and congratulated him and the Secretariat for their work and achievements in defining the new strategy and developing clear and comprehensive documentation about Unitaid's role and business model.
- Executive Board Members congratulated the Secretariat on the clear and concise summary of the grant portfolio and thanked them for a very useful and critical review of progress on the grant implementation and monitoring.
- The Executive Board thanked the Secretariat for the analysis of potential actions within the area of childhood fever and adopted Resolution 1: Better tools for integrated management of childhood fever. The Executive Board requested the Secretariat to investigate further specific actions within the broad area of childhood fever for consideration by the Board.
- The Executive Board thanked the PSC Chair for her report and adopted Resolution 2: Amended Terms of Reference of the Policy and Strategy Committee. The Executive Board adopted Resolution 3: Amended Terms of Reference for the Proposal Review Committee.
- The Executive Board thanked the FAC Chair for her report and adopted Resolution 4: Unitaid 2016 Audited Financial Statements.
- The Executive Board thanked the Secretariat for the background work to prepare the new Area for Intervention and adopted Resolution 5: Optimizing management of coinfections and comorbidities in people living with HIV.
- The Executive Board thanked the Governance Working Group for their report.
- The Chair requested the Secretariat to explore the feasibility of convening the next Board meeting in early December during the ICASA conference in Abidjan and, if that was not possible, proposed that the next Board meeting be convened in Geneva 19-20 December 2017.

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1. Opening remarks and adoption of agenda

The CHAIR opened the 27th session of the Executive Board at 09:00 on 7 June 2017 and welcomed Board Members, alternates and observers. He stressed that health was considered a fundamental human right, as reflected in the 2030 Development Agenda and in particular SDG #3 to Ensure healthy lives and promote well-being for all at all ages. He recalled the humanitarian objective that motivated the foundation of Unitaid and which is reflected in its mission to bring innovative health products to underserved populations. Creating new and strengthening existing relationships with health institutions and agencies in the developing world were necessary to increase the capacity and resilience of health systems. Efforts were needed to diversify and expand Unitaid's donor base not only to ensure a more stable future but also to welcome the ideas of other key players in global health.

The CHAIR briefly summarised his interactions with global leaders in the past year, including two meetings with the UN Secretary General, and meetings with the Presidents of Chile, Switzerland and Germany, the Prime Minister and Foreign Minister of Cabo Verde, the former French Foreign Minister, the Spanish and Portuguese Secretaries of State for International Development, the President and four Vice-Presidents of the New Development Bank (formerly BRICS Bank) in Shanghai, and Ministers of Health of the G20. He had used these opportunities to highlight the importance of health both in their national agendas and in the broader global agenda. He was committed to supporting the Board to grow and reach out to new partners. In this context, he was pleased to welcome representatives of Japan and Switzerland who had accepted his invitation to attend the Board meeting as observers.

THE DIRECTOR OF THE GLOBAL HEALTH POLICY DIVISION, INTERNATIONAL COOPERATION BUREAU, IN THE MINISTRY OF FOREIGN AFFAIRS OF JAPAN thanked the Chair and Executive Director for the invitation to attend the meeting as an observer and noted that his country placed great importance on cooperation in health as an essential condition to realise his country's focus on human security. Japan had been instrumental in the establishment of the Global Fund and at the Ise-Shima Summit in 2016, G7 leaders had reached a consensus on promotion of Universal Health Coverage, strengthening international coordination to respond to public health emergencies, and promotion of research and development and innovation in global health. Japan recognised the role of Unitaid in fostering access and delivery of medicines and diagnostics in close collaboration with other international health organizations including WHO and the Global Fund. In 2013, the Japanese government had established the Global Health Innovative Technology Fund (GHIT Fund) with matching contributions from the Bill and Melinda Gates Foundation, the Wellcome Trust and Japanese pharmaceutical companies investing in research and development for neglected tropical diseases and the three major infectious diseases. In this context, the Japanese government was keen to seek collaboration with Unitaid with the common objective of delivering critical medicines to populations in need in the developing world.

On behalf of the President of the Swiss Confederation, THE HEALTH ATTACHÉ AT THE SWISS FEDERAL DEPARTMENT OF FOREIGN AFFAIRS, thanked Unitaid for the invitation to Switzerland to participate as an observer in the Executive Board meeting which had been issued during a meeting between the

Board Chair and the President a few weeks earlier. He noted that Switzerland saw Unitaid's work as complementary to that of the Global Fund, which Switzerland actively promoted and supported.

The CHAIR thanked the observers for their remarks and acknowledged the support of the Executive Board Vice-Chair who had provided him with invaluable advice during his first year of office.

The agenda of the 27th session of the Executive Board was adopted without amendment.

2. Minutes from previous meeting: EB26, 13-14 December 2016

Minutes from the previous Executive Board meeting had been circulated to Board Members in advance of the meeting and no comments were raised on the draft presented.

The minutes from the 26th session of the Executive Board were adopted without amendment.

3. Report from the Executive Director

The EXECUTIVE DIRECTOR gave an overview of the current status of Unitaid following the outline provided in the letter from the Executive Board Chair in October 2015 (document UNITAID/EB27/2017/3).

The transformation of Unitaid started with the Functional review in December 2014 and led to a review of Unitaid's vision, role and position. Following extensive discussion and consultations this had crystalized into the mission statement which underpinned the new 2017-2021 strategy – Maximize the effectiveness of the global health response by catalysing equitable access to better health products. While Unitaid did not set the global health agenda, it worked closely with global leaders in health and was positioned between the developers of new health products and the populations most in need of the innovations for the fight against the three diseases. The new strategy, developed through a consultative process with partners and civil society and approved by the Board at its 26th meeting (EB26) in December 2016, set out the details of Unitaid's operations and business practices within the context of the high level goals and strategic directions. The new strategic and operational Key Performance Indicators (KPIs) approved at EB26 would form the basis of the annual progress report to the Board together with an analysis of operational challenges and opportunities. The new resource mobilization plan approved at EB26 had been discussed at the Committee meetings in April 2017 and at the Executive Board retreat on 6 June 2017.

Unitaid had developed a robust framework and methodology for identifying and prioritizing areas for intervention, selecting proposals with high impact and good value for money, ensuring efficiency, effectiveness and scalability of the grants and monitoring their progress during implementation. The new grant performance reporting, which included one-page summaries of each project in a standard format together with a critical analysis of progress and challenges, provided a clear overview of Unitaid's current portfolio by disease area.

Addressing progress in the staffing and structure of Unitaid, the EXECUTIVE DIRECTOR acknowledged the excellent support received from the WHO Legal Team, Human Resources and Staff Association. Management of day-to-day operations has been streamlined under the new organisation structure with 46 positions filled since October 2015 and new recruits rapidly trained and integrated into the organization. There was strong investment in staff development and training, clarity of each team's role and function and mechanisms to identify areas where team responsibilities intersected and collaboration needed. Procedures had been developed for induction of new staff, mentoring, shadowing other staff members and providing support where needed. Staff performance had included 360 reviews of all Senior Management Team members and the 2014 staff satisfaction survey was to be repeated in 2017.

The EXECUTIVE DIRECTOR emphasised the importance of exploring issues at the intersection of the three focus diseases, AIDS, tuberculosis and malaria. He also highlighted specific risks of key importance to the Secretariat, in particular the risk that Unitaid investments in new technologies were not scaled up and introduced in a sustainable manner in countries, and the risk of staff being overworked and demotivated due to impending salary cuts as the UN post adjustment system was revised.

The EXECUTIVE DIRECTOR concluded his remarks by referring to the dashboard in the appendix to his written report which summarizes the status of the different indicators against the objectives set in the "Chairman's letter" and thanked Board Members for their support and guidance throughout the transformation process.

Discussion

BOARD MEMBERS thanked the Executive Director for his report and congratulated him and the Secretariat on their achievements over the past year, the successful transformation process and the new 2017-2021 strategy. Specific comments made by Board Members and Observers included:

- The DEPUTY DIRECTOR OF UNAIDS congratulated and thanked Unitaid for reaching out to political leaders, particularly in the African region where HIV/AIDS remained the biggest killer of young people. He noted that health outcomes were much improved when point-of-care diagnostics tools, such as those introduced by Unitaid, were available.
- The REPRESENTATIVE OF FRANCE considered that the new strategy had increased Unitaid's visibility within the global health architecture and that Unitaid was now identified as a key stakeholder in the response.
- The REPRESENTATIVE OF THE COMMUNITIES LIVING WITH THE DISEASES stressed the importance of ensuring that Unitaid's successful introductory programs were scaled up and sustained after completion.
- The REPRESENTATIVE OF BRAZIL stressed that Unitaid must continue to build relations with donor governments and governments in countries where it invested, and also underline its role as an intermediary to reduce market barriers to health innovations, but not to be a long-term financier of health services.
- The REPRESENTATIVE OF THE UNITED KINGDOM noted that its investments in Unitaid increased the value of investments made with other international health bodies, such as the Global Fund. He cautioned that the expectations and demands on Unitaid now outstripped its financial resources which would lead to difficult decisions on prioritization. He considered that tools

to prioritize in an appropriate and transparent manner were now available, but warned that good applicants with high value projects might be deterred from applying if the prioritization process was not well managed. He also highlighted the very good rating of Unitaid by the United Kingdom Multilateral Development Review, mentioning that it would probably rate even higher now, after this transformation.

- The REPRESENTATIVE OF NORWAY echoed the catalytic impact of investments in Unitaid to add value to other investments made by her country in global health. She noted that the Board was responsible for raising the visibility of the organization, exploring the potential for raising more resources and ensuring that the funds available were spent wisely.
- The REPRESENTATIVE OF THE FOUNDATIONS joined other delegations in congratulating the Executive Director and Secretariat on their achievements and stressed the importance of investing and acknowledging the critical role which all staff played in the success of the organization. She welcomed the participation of Japan and Switzerland as observers in the meeting and underlined the importance of collaborating closely with governments in implementing countries and development partners to ensure that interventions were sustained. The ultimate measure of success was that market access barriers were solved to the benefit of underserved populations.
- The REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS supported the importance of sustainability of interventions, but stressed that this was ultimately the responsibility of governments and development institutions. Unitaid had a difficult challenge to communicate this clearly and unambiguously. He thanked the Executive Director and Secretariat for their work to operationalise and champion relations with civil society and for the recognition of their role in supporting innovation, reducing market barriers and advocating for sustainable interventions.
- The REPRESENTATIVE OF CHILE added her thanks and reported that she had derived great benefit from witnessing Unitaid's work at country level during a recent country visit to Cameroon.
- The REPRESENTATIVE OF ASIAN COUNTRIES noted the clear articulation of Unitaid's vision and mission described in the new strategy, and commended the Secretariat on the quality of the documentation on areas for intervention, disease narratives and proposals seen by the Board. She also recognised the challenges to prioritize use of scarce resources.
- The REPRESENTATIVE OF WHO reported that the host organization had a very productive relationship with Unitaid which had been used as a model for other hosted organizations. The work of hosted partnerships was now reported to the WHO Executive Board which increased the visibility of such arrangements among Member States.
- The REPRESENTATIVE OF SPAIN noted that evidence of scalability and sustainability of Unitaid's interventions was an important metric for his government's investment in development assistance. He noted that the clarity of Unitaid's vision and position facilitated his interactions with colleagues.

In conclusion the CHAIR stressed that all Board Members had a responsibility to communicate to countries and other development partners the catalytic role of Unitaid. Unitaid was not only an intermediary, but an intermediary that ensured initiatives of others were scaled up and sustained. He underlined the importance of using opportunities to raise the profile of Unitaid and expected that the President of Chile would host a special event to highlight the role of Unitaid at the forthcoming UN General Assembly. He noted that success attracted more demands on Unitaid's resources and hoped that success would also attract more resources from current and new donors. To this end, he had promoted the role and objectives of Unitaid to the President and Vice-Presidents of the New Development Bank established by BRICS countries in 2014.

Executive Board Members noted the report of the Executive Director and congratulated him and the Secretariat for their work and achievements in defining the new strategy and developing clear and comprehensive documentation about Unitaid's role and business model.

4. Grant Portfolio update

A panel of Secretariat members consisting of DIRECTOR FINANCE AND ADMINISTRATION, DIRECTOR OPERATIONS, TEAM LEAD STRATEGY, and TEAM LEAD RESULTS, facilitated by SENIOR PARTNER BOSTON CONSULTING GROUP, provided an overview of the 2016 Unitaid grant portfolio (document UNITAID/EB27/2017/4).

DIRECTOR, FINANCE AND ADMINISTRATION reported a total of 32 active grants in 2016 for a total value \$M 762 with almost half in the area of HIV (16 grants, total value \$M 330 or 43%), followed by Malaria (6 grants, total value \$M 213 or 28%), Tuberculosis (4 grants, total value \$M 127 or 17%) and cross-cutting issues (6 grants, total value \$M 92, or 12%). Grant performance was rated Strong for 10 grants (31%), Good for 12 grants (38%) and Weak for 10 grants (31%), with no active grants rated as Critical. This contrasted with 2015 when two grants had been considered critical and had been subsequently terminated. Grants were implemented in over 40 countries with an increased presence in West Africa compared with previous years. Several new grantees had become recipients in 2016, reflecting the Secretariat's work to diversify the grantee base and strengthen capacity, particularly of national and NGOs to function as lead grantees.

DIRECTOR, OPERATIONS provided more detail on the grants within the HIV/AIDS portfolio and highlighted the impact of an intervention implemented by the Clinton Health Access Initiative and UNICEF to introduce point-of-care diagnostic for early diagnosis of infants born to mothers with HIV infection. This had reduced the median turn-around time for diagnosis from 60-90 days with centralised laboratory testing to less than 1 day with point-of-care testing. This had resulted in an increase from 39% of HIV infected infants under treatment after 6 months to 93% after 2 months in the pilot programs. Early initiation of antiretroviral treatment was a key to increased survival. A further example of impact was the HIV self-testing grant implemented by PSI in Malawi, Zambia and Zimbabwe, which had increased HIV testing uptake and identified many new people living with HIV, particularly men at high risk of infection. The second phase of the HIV self-testing project was currently in the Grant Agreement Development phase and was expected to be submitted for Executive Board review in July. On the same topic (HIV self-testing), new proposals were being reviewed with a view to bringing selected proposals forward for Board Go-Ahead decision in the near future.

TEAM LEAD, STRATEGY provided an overview of the portfolio of grants in the Tuberculosis (TB) portfolio, four of which were developed under the previous operating model and had closed in 2016 or early 2017. New grants on paediatric TB diagnosis and treatment were being developed in 2017 and a new call for proposals to address multi-drug resistant TB had been launched in May 2017. She highlighted the catalytic impact of the grant with the TB Alliance to bring new paediatric formulations (fixed-dose combinations) to market which had resulted in over 44 countries placing orders for the new formulation using their domestic funds. New investments will focus on

preventing TB in those at highest risk, including young children, and on improving the diagnosis and the management of paediatric TB, notably in non-specialised health services where children seek care.

TEAM LEAD, RESULTS summarized the Malaria portfolio with a total value of \$M 213 in 2016. The new call for proposals for improved vector control has potential for spill-over effects on other vector-borne diseases, such as Zika. He highlighted the grant on seasonal malaria chemoprevention with the Malaria Consortium as an example of both risk management issues and good performance. The project budget reflected a mix of air and sea transport for the procurement of medicines to the Sahel countries. However, due to planning and supply issues, all the medicines were transported by plane, resulting in higher than expected costs. On the performance side of the same grant, following the initial \$M 68 grant from Unitaid, the Global Fund and the President's Malaria Initiative were now supporting scale up through the Sahel region, and the team anticipated that by 2022 the intervention will have resulted in 114 M children treated, 41 M malaria cases averted, 240 thousand children's lives saved, \$M 278 saved by health systems and \$M 325 saved by households. The benefits were estimated to be more than 90 times greater than the Unitaid investment in this project. A further example of good return on investment was provided by the project with the Medicines for Malaria Venture to improve severe malaria outcomes by use of injectable artesunate which had led to a dramatic reduction in child mortality. Following Unitaid's initial investment, use of injectable artesunate in high burden countries was projected to increase 14-fold by 2021 based on national procurement plans. Return on Investment was projected to exceed 100:1.

DIRECTOR, OPERATIONS provided an overview of the cross-cutting grant portfolio which included grants for improving the quality of medicines and diagnostics, intellectual property, and pooled procurement with a total value of \$M 92 (active grants) in 2016.

He also presented the meta-analysis covering the six external evaluations done in 2016 along the criteria of relevance, efficiency, effectiveness, impact and sustainability. As regards scaling up and transitioning, in particular the capacity to secure funding, three projects rated Good and one project (WHO prequalification) rated Weak. There were concerns about the performance of the diagnostic arm of the programme and the long-term sustainability of the overall WHO prequalification model in its present form. The programme was developing a new financing mechanism to support at least half the budgetary requirements and working to build greater national and regional regulatory capacity in low and middle income countries. Unitaid was working closely with the Bill & Melinda Gates Foundation, another major funder of WHO prequalification, to support the reform process.

In discussion, team members noted that over 50% of the grant portfolio had been renewed in the past two years, investments were more strategic, methodologies to estimate value for money and return on investment were better structured and based on higher quality data, the grant packages presented to the Board for final approval had a clearer structure, and interactions with grantees to monitor grant implementation were now at least on a quarterly basis.

Discussion

EXECUTIVE BOARD MEMBERS thanked the Secretariat for the clear and informative overview of the grant portfolio and congratulated them on the excellent written report. The one-page summaries of individual grants were very helpful and informative, as was the combined analysis by portfolio area. These clearly illustrated how Unitaid worked closely with development partners to bring the interventions to scale and were very useful documents for communicating Unitaid's work and achievements.

Specific suggestions on ways to improve the summaries proposed by Board Members included:

- Consider including a measure on how performance has evolved over time, i.e. whether individual grant performance was deteriorating or improving, as well as reflecting the stage of the grant. As an example, a low assessment of scalability was less of a concern at the early stages of grant implementation, but much more critical as the grant neared completion.
- Consider being more explicit as to the precise market problem the grant was aiming to address, the specific solution implemented and its eventual impact.
- Consider celebrating success stories / major achievements.

The REPRESENTATIVE OF THE COMMUNITIES LIVING WITH THE DISEASES joined others in congratulating the Secretariat and noted that there appeared to be more successes in the HIV portfolio than other areas. He suggested that many barriers in the TB area lie not only in markets, but also within the health system. This underlined the importance of investing in health systems and community groups on effective use of the new innovations. He reminded Board Members that the Communities Delegation was planning a retreat and Community dialogue in Zimbabwe in September 2017 to which he invited interested Board Members to attend. Exact dates and arrangements would be communicated at a later date.

The REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS added his congratulations to the Secretariat for the presentation and quality of documentation, but urged that the document be made available earlier to allow sufficient time for review by NGO Delegates. With regard to the grants to the WHO prequalification programme, he suggested that the lack of progress in strengthening national drug regulatory authorities in low and middle income countries should not threaten the continuation of the grant. He questioned why WHO did not appear to be promoting the Collaborative Registration System which allowed countries to fast track their own registration in under 90 days, and also considered that the Global Fund e-Marketplace for Procurement of Public Health Commodities (wambo.org) was not likely to result in price reductions when fully implemented but was more likely to have an impact on the efficiency of the procurement system.

THE SECRETARIAT thanked Board Members for their comments and was pleased that the one-page summaries were useful. The team proposed to promote their use more widely including when approaching current and potential donors. With regard to the grants to support the WHO prequalification process, it was agreed that building national regulatory capacity was a long-term process and the WHO prequalification programme would remain crucial for many years. However, Unitaid and the other main funder (Bill & Melinda Gates Foundation) were concerned to see a transition to a sustainable, self-financing model. At present, it was important to allow the WHO

internal reform process to mature and take into account the views of the incoming administration, as well as to evaluate the impact of the new prequalification financing model.

Executive Board Members congratulated the Secretariat on the clear and concise summary of the grant portfolio and thanked them for a very useful and critical review of progress on grant implementation and performance.

5. Introduction to the Areas for Interventions (Afls)

TEAM LEAD, STRATEGY provided a reminder of the methodology for identifying and refining potential Areas for Intervention (Afls). The starting point was the specific Disease Narrative which provided an overview of where and how Unitaid's strategy fitted with challenges and needs, also considering the work of development partners. For the Afls to be presented subsequently, further analysis was undertaken to focus on interventions to optimize expected impact (burden of disease, degree of change, equity), investment required (right-sized investment for potential interventions), and the degree of risk (strategic risk, implementation risk, and sustainability risk).

6. Area for Intervention: Better tools for integrated management of childhood fever

TECHNICAL MANAGER FOR MALARIA STRATEGY presented the Malaria Investment Case which positioned Unitaid's current and future investments as part of the global response to malaria. While there had been unprecedented progress in malaria with over 40% reduction in malaria cases and over 60% reduction in malaria deaths over the period 2000 – 2015, there remained 212 million malaria cases, of which 90% occurred in Africa and 429 thousand malaria deaths annually, with 70% occurring in children under five. Malaria continued to affect the youngest and most vulnerable people. This was attributable to inadequate and inequitable coverage of core malaria tools, as well as biological threats such as drug and insecticide resistance which threaten future progress. In particular, further efforts are needed to strengthen malaria diagnosis and treatment which is most effectively achieved through integrated management of childhood fever. Over 60% of child deaths were associated with febrile illnesses, yet there was poor management of non-malarial fevers, inadequate use of rapid diagnostic tests (only about 30% of children with fever receive RDTs) and poor targeting of treatments to those with documented infection which contributes to drug resistance and wastage. Evidence shows that integrated management of childhood fever can improve malaria outcomes and reduce inappropriate drug use. Such an approach can lead to a reduction in mortality in children under 5 years of age, slow progression of resistance to core drugs, save costs and generate efficiencies.

Integrated fever case management requires the availability of effective, quality-assured diagnostics and treatments, supported by strong delivery platforms. Based on Unitaid' prioritization criteria, potential near-term opportunities for intervention included market shaping for malaria RDTs, new point-of-care tests to distinguish bacterial from non-bacterial infections, and point-of-care tests to triage according to severity. However, further exploration would also be undertaken to assess the

potential to work on other key challenges such as those related to poor access to treatment. The Secretariat therefore proposed the general Afl on 'better tools for integrated management of childhood fever' for consideration by the Board.

Discussion

The CHAIR invited the DIRECTOR OF THE WHO GLOBAL MALARIA PROGRAMME and the CHIEF EXECUTIVE OFFICER (CEO) OF THE ROLL BACK MALARIA PARTNERSHIP to address the Board.

THE DIRECTOR OF THE WHO GLOBAL MALARIA PROGRAMME thanked the Board for the opportunity to comment and congratulated the Secretariat for the clear and persuasive summary of a very complex technical area. He noted that the malaria community had focussed in recent years on drug and insecticide resistance, and had paid less attention to the over 400 thousand deaths which occurred annually. Malaria was diagnosable and treatable so these deaths should not occur. He therefore strongly supported the proposed work to improve diagnosis and treatment.

THE CEO OF ROLL BACK MALARIA also supported the proposed area for intervention by stating that integrated management would be a game changer but cautioned that any tool was only as good as the service delivery platform through which it was delivered. He therefore urged Unitaid also to consider the health systems issues to deliver new technologies.

BOARD MEMBERS thanked the Secretariat for summarising the rationale behind the new Afl. Some Members (in particular the REPRESENTATIVES OF FOUNDATIONS, FRANCE, the UNITED KINGDOM and NON-GOVERNMENTAL ORGANIZATIONS) noted the potential impact of this area but expressed concern about the complexity and fragmentation of this area which involved many investors, many suppliers of commodities and often conflicting provider incentives, all of which make widespread scale-up more challenging. Issues which cut across disease areas were inherently more complex than areas, such as HIV, where the disease was very specific, treatments were available through a limited number of suppliers using centralised funds and specially trained providers. While such fragmentation did not preclude investing in this area, it was important to be specific regarding the interventions envisaged, and how success might be measured. They proposed consulting more widely with development partners and countries, particularly on scale-up pathways, and identifying one or more targeted areas for intervention.

By contrast, the REPRESENTATIVE OF THE COMMUNITIES LIVING WITH THE DISEASES urged Unitaid to become involved as febrile illnesses were responsible for many deaths and Unitaid was created to address such complex issues. Waiting for more clarity or consulting more widely may not provide the desired clarity which was inherent in this complex disease area.

The CHAIR proposed that the Secretariat discuss whether it was appropriate to add specificity to the resolution and revert to the Board later in the meeting. The originally proposed resolution was revised to reflect strong support for fever management, but requesting the Secretariat to continue to refine work in this area with the aim of bringing Areas for Intervention for the Board's consideration.

The Executive Board thanked the Secretariat for the analysis of potential actions within the area of childhood fever and adopted Resolution 1: Better tools for integrated management of childhood fever.

The Executive Board requested the Secretariat to investigate further on specific actions within the broad area of childhood fever for consideration by the Board.

7. Report from the Policy and Strategy Committee (PSC)

The CHAIR OF THE POLICY AND STRATEGY COMMITTEE summarised the key discussions and recommendations of the 17th PSC meeting held on 27 April (document UNITAID/EB27/2017/6). These included a review of the New Operating Model which was considered fit for purpose, facilitated more strategic discussions during Board meetings and had resulted in an improved quality and diversity of project proposals. The PSC had welcomed the development of the Grant Performance System but cautioned that the costs and added value of the proposed External Verification Agent needed to be carefully weighed before expanding the pilot. The PSC had reviewed its Terms of Reference which dated back to 2011 and proposed several changes for consideration by the Executive Board to reflect the new Unitaid structures and ways of working (document UNITAID/EB27/2017/7). Amongst the changes proposed, was the proposal for the PSC to perform the functions of a PRC Nominations Sub-Committee.

A major discussion item had been the review of the Proposal Review Committee (PRC) whose role had evolved with the implementation of the new Operating Model. Specific requests from PSC to the Board were to validate the proposed updated PRC Terms of Reference (document UNITAID/EB27/2017/8), approve the appointment of the current PRC Chair for a further three years, and allow the Secretariat to launch a call for applications for replenishing PRC membership.

EXECUTIVE BOARD MEMBERS were supportive of the proposed changes to the PSC Terms of Reference as well as those of the Proposal Review Committee. The REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS asked whether the new Joint Review Committee procedure for proposal review, which involved both the PRC and members of the Secretariat, maintained the necessary independence of the external review procedure. He acknowledged that the emphasis to reach consensus had succeeded so far but that the independent role of the JRC should be monitored by the PSC. In addition Board Members suggested for the PRC to have a role in oversight of grant performance while not constituting a further layer of formal review. The PRC Chair responded that the PRC and Secretariat reviews of project proposals were always done independently and the written reviews were considered together at the Joint Review Committee. These independent reviews were consolidated and differences reconciled during the Joint Review Committee review. This was a very efficient way of working. The PRC Chair also noted that the Committee had access to the reviews of grant implementation performance which were consulted as necessary by the Committee.

The Executive Board thanked the PSC Chair for her report and adopted Resolution 2: Amended Terms of Reference of the Policy and Strategy Committee,

The Executive Board adopted Resolution 3: Amended Terms of Reference for the Proposal Review Committee.

8. Report from the Finance and Accountability Committee (FAC)

The CHAIR OF THE FINANCE AND ACCOUNTABILITY COMMITTEE summarised the key outcomes of the 18th Finance and Accountability Committee held on 26 April (document UNITAID/EB27/2017/9). The FAC had reviewed in detail the financial statements for 2016 and recommended their adoption by the Executive Board. The FAC had noted the good performance against the set targets. Secretariat costs in 2016 represented 2.2% of the total portfolio value compared with the target of 2%, but were expected to reduce to 2.1% in 2017.

The WHO appointed External Auditor issued their audit report on the Unitaid financial statements for the year ended 31 December 2016 with an unqualified opinion. The five recommendations in the Management Letter for the year under review were all being addressed by the Secretariat. Similarly, four recommendations from the previous year were expected to be closed before the end of 2017.

Projections in project funding requirements and expected income for 2017 required two promissory notes from the United Kingdom to be drawn down in 2017 and a projected \$M 72 shortfall in 2018. FAC Members had advised a reduction in planned commitments for 2018, with the removal of one planned Area for Intervention (Afi) for an amount of \$M 80. The FAC called for an explicit discussion of criteria for prioritizing investments

Contributions over the period 2017 to 2021 were projected to rise as new contributions were expected following implementation of the resource mobilization plan. However, the FAC had emphasized the importance of maintaining the current level of contributions from existing donors and ensuring their engagement in promoting Unitaid and its work.

Risk management had been discussed at a joint meeting of the FAC and PSC. Members advised that the focus of the remaining internal reviews in 2017 should be on grant implementation, resource mobilization and communications, and the internal review plan for 2018 should be reconsidered once the organizational risk assessment had been updated in preparation for the 19th FAC meeting in November 2017.

The FAC Chair reported that they had considered a shortlist of five candidates for the role of independent financial expert to sit on the Committee and act as a 'third party' advisor. A preferred candidate had been identified by FAC and negotiations had been satisfactorily completed for his appointment for a period of two years. The FAC Chair introduced Chartered Accountant Mr Richard Golding, currently attending the Executive Board meeting as an observer, who had worked as an independent consultant since 2012 following a career with PwC and considerable experience of the United Nations system in Geneva and other locations, including internal oversight of the International Labour Organization. He would participate in the next FAC meeting in November.

EXECUTIVE BOARD MEMBERS thanked the FAC Chair for her report and her excellent chairing of the Committee as this was her last report in this role. The Chair welcomed the representatives of

Foundations (Jamie Morris) and Non-Governmental Organizations (Diarmaid McDonald) who would assume the roles of Chair and Vice-Chair respectively.

The Executive Board thanked the FAC Chair for her report and adopted Resolution 4: Unitaid 2016 Audited Financial Statements

9. Restricted Session

Board Members, Alternates and selected members of the Secretariat met in restricted session.

10. Area for Intervention: HIV coinfections and comorbidities

TECHNICAL MANAGER HIV, STRATEGY, introduced the Area for Intervention on HIV coinfections and comorbidities. While there had been a 23% increase in coverage of antiretroviral therapy (ART) between 2005 and 2015, mortality in people infected with HIV had declined only 6% over the same period. In order to further reduce mortality it is important to address the risk of coinfections and comorbidities associated with advanced HIV disease, HPV and cervical cancer, and hepatitis. Advanced HIV disease represents a collection of opportunistic infections, in particular fungal (cryptococcal meningitis, *Pneumocystis jiroveci* pneumonia, disseminated histoplasmosis) and non-fungal (toxoplasmosis encephalitis, cytomegalovirus disease, Kaposi sarcoma) infections, which could quickly lead to death if not treated within the first 48 hours. Advanced HIV disease occurs in people not yet receiving ART as well as, increasingly, in people that are receiving ART but have either treatment failure or have stopped treatment. Advanced disease is a sign of ART failure and should not occur in patients under treatment. WHO has developed guidelines, to be released in July 2017, on a package of interventions to prevent, diagnose and treat advanced HIV disease. These interventions are expected to make a major contribution to reducing mortality, provided this minimum package of interventions could be scaled-up rapidly. There is an opportunity for Unitaid to support short-term interventions with a significant impact on mortality. Potential short-term market-shaping interventions include addressing the affordability, quality and supply security of existing and emerging key commodities within the minimum package, and supporting country introduction of the minimum package identifying the most effective delivery models.

Women living with HIV have a five-fold higher risk of acquiring human papilloma virus (HPV) infection and risk to progress to cervical cancer is faster than in women not co-infected with HIV infection. Key emerging screening and treatment tools are not available to women in low and middle-income countries, while access to these tools could have an important impact on cervical cancer mortality. In order to address these inequities, potential short-term market shaping interventions included expanding the market in low and middle-income countries for emerging screening and treatment tools for HPV and cervical cancer, and supporting country introduction through the most effective delivery mechanisms.

TECHNICAL MANAGER IP/HCV, STRATEGY, reported that there were estimated to be 2.7 million people worldwide coinfecting with HIV and Hepatitis B, 2 million of whom were in Africa, and 2.3 million

with HIV and Hepatitis C infection. There was poor access to appropriate and affordable testing and treatment for both Hepatitis B and C in people living in low and middle-income countries. To address these issues several short-term market shaping interventions were proposed, notably supporting late-stage development of new, effective and affordable treatments for Hepatitis C, supporting demand creation for diagnosis, treatment and care for people coinfecting with HIV and Hepatitis C, and supporting access to more reliable quality-assured tests for Hepatitis B coinfection. This last intervention could be primarily accommodated through adding some limited funding to existing grants in this area.

Discussion

The CHAIR thanked the presenters and invited representatives of the Global Fund, UNAIDS and WHO to address the Board.

THE DIRECTOR OF WHO DEPARTMENT OF HIV AND GLOBAL HEPATITIS PROGRAMME congratulated the Secretariat for putting forward this new Area for Intervention which was very timely. Many interventions were available to address these coinfections and comorbidities, but not for people living with HIV infection in low and middle-income countries. The proposed investments by Unitaid were complementary to other actions already taken, such as the new guidelines for management of advanced HIV disease. There was a strong case for investment in this area as there had been a large investment in ART scale up to prevent death from HIV infection, yet patients in low and middle-income countries are still dying of coinfections and comorbidities. He further noted that there is a strong human as well as economic argument for Unitaid to continue investments in hepatitis.

SENIOR DISEASE COORDINATOR HIV FROM THE GLOBAL FUND reported that 13 low and middle-income countries have requested reprogramming current Global Fund resources or have asked for additional resources from the Fund to address coinfections. This underlined the importance that countries placed on this area and a targeted investment by Unitaid to help shape the markets could catalyse the impact of other investments in countries.

DEPUTY EXECUTIVE DIRECTOR AND SENIOR SCIENCE ADVISOR FROM UNAIDS added their congratulations to the Secretariat for the clear presentation and strongly supported Unitaid investment in this area. Despite the major advances in ART scale up and earlier initiation of ART in people with HIV infection, patients are still dying of advanced HIV disease. They strongly welcomed the proposal to consider cervical cancer and HPV coinfection in women with HIV infection as this was an issue which linked HIV programmes with those addressing sexual and reproductive health and rights. There are clearly good opportunities for Unitaid to catalyse work in this area. While Unitaid is already engaged with hepatitis coinfection, they noted that there were strong similarities between the market failures for hepatitis and HIV treatments. They urged Unitaid engagement to help unblock access to hepatitis treatments.

The REPRESENTATIVE OF BRAZIL questioned whether market-shaping interventions would have much impact on cervical cancer and HPV coinfection as the failures of screening, prevention and treatment were mainly due to limitations within the health system.

The REPRESENTATIVE OF FOUNDATIONS welcomed the proposed Area for Intervention, but urged that Unitaid focus on specific issues given the limited resources available.

The REPRESENTATIVE OF FRANCE strongly supported the Area for Intervention and considered that the time was now right for Unitaid to launch calls in this area.

The REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS also supported the Area for Intervention stating that the shift towards transversality in the new strategy was appreciated. He also noted that the Secretariat had a good sense of the markets, the diseases, potential impact and risks, and that there are different partners necessary to take successful interventions to scale. He was pleased to hear the support of Global Fund, UNAIDS and WHO in this area. He hoped that the important role played by civil society in developing and supporting treatment literacy would feature in the eventual proposals submitted for consideration. He noted that further work would be required on advanced disease, while in hepatitis, priorities are already clear.

The REPRESENTATIVE OF THE COMMUNITIES LIVING WITH THE DISEASES welcomed the proposed Area for Intervention, particularly as improved access to simpler and more reliable diagnostic tests for infections resulting from advanced HIV disease would avoid delays and complications associated with current diagnostic facilities.

The REPRESENTATIVE OF THE UNITED KINGDOM added his support to the proposed Area for Intervention, noting that this represented a more comprehensive approach to disease management, and welcomed the synergies with the investments made by the Global Fund, as well as with other Unitaid investments, such as the HIV self-testing work and the support to the Medicines Patent Pool.

Executive Board Members proposed several textual modifications to the draft resolution to improve the clarity and specificity of the new Area for Intervention.

The Executive Board thanked the Secretariat for the background work to prepare the new Area for Intervention and adopted Resolution 5: Optimizing management of coinfections and comorbidities in people living with HIV.

11. Governance

The REPRESENTATIVE OF NORWAY provided an update of the work of the Governance Working Group, which was chaired by herself and open to all Board members interested to participate. The Working Group had met in the margins of Committee meetings as opportunities arose. The work of the group was motivated by the need for periodic review of procedures and had not been precipitated by any governance or management crisis. Its mandate covered the following issues: review of key governance documents and procedures, management of Board conflicts of interest, Board membership, leadership of Committees, Board oversight of Committees and Secretariat, procedures for Board approval of proposals including timelines, and assessment of Board and Committees. The Working Group had recommended merging the Board Operating Procedures and By-Laws. No consensus had yet been reached on Board membership, a complex issue which had also been discussed at the Executive Board retreat. The Working Group had agreed on the principles for the

Board Conflict of Interest policy, which would be formally drafted for consideration by the Board. The preferred option for Board and Committee assessment was a self-assessment procedure with external support, subject to further discussion by the Board. The issues related to Board approval of proposals had been addressed with the development of the new Operating Model and needed no further consideration. Forthcoming activities of the Working Group included further thoughts about Board membership, Board oversight of Committees, drafting new Board governance and Conflict of Interests documents for further consideration, reviewing protocols for leadership of Committees and refreshing Committee membership. Under current procedures, the Board could have up to three Committees which were open to Board members who expressed an interest in response to formal requests issued by the Board leadership. Such a call for interest for Committee membership shall be launched soon.

BOARD MEMBERS thanked the Chair of the Governance Working Group for her report and leading the discussions. The REPRESENTATIVE OF CHILE noted that her country had never been a member of a Committee and the Ambassador had requested to become a member of the Policy and Strategy Committee. The REPRESENTATIVE OF ASIAN COUNTRIES cautioned that it was important to maintain the motivation of current and traditional donors when considering expanding Board membership to other parties.

The Executive Board thanked the Governance Working Group for their report.

12.AOB & closure of the Executive Board meeting

The next Board meeting was proposed to be convened in Geneva 7-8 December 2017 but several BOARD MEMBERS noted that this clashed with the 19th International Conference on AIDS and STIs in Africa (ICASA) scheduled for 4-9 December in Abidjan, Cote d'Ivoire. There was support for convening the meeting in Abidjan in order to increase visibility and enhance communication with people in the African region, or for changing the date of the Board meeting to avoid the date conflict and allow participation of members of delegations in the ICASA conference.

The Chair requested Secretariat to explore the feasibility of convening the next Board meeting in early December during the ICASA conference in Abidjan and, if that was not possible, proposed that the next Board meeting be convened in Geneva on 19-20 December 2017.

The CHAIR noted that the Board meeting was the last to be attended by Brook Baker who had completed his term as Representative of Non-Governmental Organizations. The Chair was joined by Board Members, alternates, observers and Secretariat in warmly thanking Brook by acclamation for his contributions to Unitaid over many years. Brook in turn thanked the Board and noted that it had been a major honour to have worked with Unitaid.

THE CHAIR reported that he had identified a Cape Verde artist who was willing to work with him to promote Unitaid. Any costs incurred could be taken from the budget allocated to support the Chair's work. The REPRESENTATIVE OF NORWAY requested that a discussion of ways to increase Unitaid's

visibility, through for example the appointment of a Goodwill Ambassador or promotion through art or music, be tabled at a future Board meeting.

There being no further business the CHAIR thanked Board Members, Alternates, Additional Members of Delegations and Secretariat for their active participation in the meeting and closed the 27th session of the Executive Board at 13:30 on 8 June 2017.

Appendix: List of Participants

BOARD MEMBERS	
CHAIR	H.E. Celso Amorim
CHILE	Alt: Rosalia Framil
ASIAN COUNTRIES – Republic of Korea	Un-Yeong Go Additional members of Delegation Jongkyun Choi
BRAZIL	Alexandre Fonseca Santos Alt : Guilherme Patriota Additional members of delegation: Igor Barbosa
COMMUNITIES LIVING WITH THE DISEASES	Violeta Gracia Ross Quiroga Alt.: Kenly Sikwese Additional members of delegation: Wim Vandavelde Blessi Kumar, Carol Nawina, Ibrahim Umoru
FRANCE	Michèle Boccoz Additional member of delegation: Catherine Dauphin-Llorens
FOUNDATIONS (GATES)	Blair Hanewall Additional member of delegation: Jessica Jones
NGOs	Brook Baker Alt.: Diarmaid McDonald Additional members of delegation: Robin Jacob Morgane Ahmar, Khalil Elouardighi Thiru Balasubramaniam, Mohga Kamal-Yanni Austin Arinze Obiefuna, Philip Waweru Mbugua, Katy Athersuch, Sharonann Lynch Charles Gore, David Ruiz Villafranca Subrat Mohanty
NORWAY	Bjørge Sandkjær Additional member of delegation: Jens Plahte
UNITED KINGDOM	Sarah Boulton (Vice-Chair) Alt: James Droop Additional members of delegation: Emma Foster ; Dany Greymore

WHO	Additional member of delegation: Issa Matta
PROPOSAL REVIEW COMMITTEE	
Proposal Review Committee	Andy Gray (Chair)
PARTNERS (INVITED GUESTS)	
Global Fund	Ade Fakoya (Senior Disease Coordinator HIV)
UNAIDS	Luis Loures (Deputy Executive Director) Carlos Passarelli (Senior Expert Treatment) Peter Godfrey-Faussett (Senior Science Advisor) Joy Backory (Senior Advisor Governance)
WHO	Gottfried Hirnschall (Director, HIV/AIDS and Global Hepatitis Programme) Pedro Alonso (Director , Global Malaria Programme)
ROLL BACK MALARIA PARTNERSHIP	Kesete Admasu (Chief Executive Officer)
OBSERVERS	
Japan	Eiji Hinoshita Nishizawa Hideaki
Switzerland	Federico Peter
RESOURCE PERSONS	
Boston Consulting Group	Patricia Ceballos, Mathilde Jan, Mathieu Lamiaux.
Consultants	Valerie Terranova (VT-International) Richard Golding (FAC independent Expert)
UNITAID SECRETARIAT	
Executive Director	Lelio Marmora
Deputy Executive Director	Philippe Duneton
Director, Finance and Administration	David Curry
Director, External Relations	Mauricio Cysne
Director, Operations	Robert Matiru
Team Lead, Strategy	Janet Ginnard

Senior Adviser to Executive Director	Sanne Fournier-Wendes
Senior Legal Officer	Sonia Lees-Hilton
Team Lead, Results	Vincent Bretin
Team Lead, Operations	Judith Polsky
Team Lead, Operations	Eva Nathanson
Manager, Value for Money	Ross Leach
Technical Manager – IP/Hepatitis, Strategy	Karin Timmermans
Technical Manager - HIV, Strategy	Carmen Perez Casas
Technical Officer, Strategy	Olawale Ajose
Executive Officer	Claudia Diebold
Manager, Grant Applications	Martins Pavelsons
Technical Manager - Malaria, Strategy	Alexandra Cameron
Technical Officer, Strategy	Katerina Galluzzo
Legal Officer	Kristen Dorman
Legal Officer	Jason Marett
Grant Performance Manager	Timothy Ryan
Grant Finance Officer	Mattheiu Vittot
Grant Finance Manager	Irina Avchyan
Programme Officer	Sina Zintzmeyer
Programme Officer	Desislava Tarlton
Programme Officer	Danielle Ferris
Programme Manager	Katherine Hencher
Assistant, Results	Caroline Brodier
Programme Manager	Heather Ingold
Board Support:	
Board Relations and Governance Manager, External Relations	Marina Hue

Governance Officer, External Relations	Oksana Koval
Partnerships Officer, External Relations	Laetitia Sieffert
Advisor to the Chair of the Board	Fernanda Cruz Ribeiro