



**Unitaid Executive Board Meeting
29th Session
20-21 June 2018
Villa du Lac
93 Chemin du Chatelard
01220 Divonne- les-Bains
France**

Agenda item 2

**Minutes of the 28th Executive Board meeting
(19-20 December 2017)**

For Information For Review and Advice For Approval

Executive Summary

- The agenda for the 28th session of the EXECUTIVE BOARD was adopted taking into account the request to extend the session on MDR TB.
- The minutes from the 27th session of the EXECUTIVE BOARD were adopted without amendment.
- THE EXECUTIVE BOARD acknowledged the report of the Executive Director and congratulated him and the Secretariat for their work and achievements in 2017.
- The EXECUTIVE BOARD agreed on the replacement of one candidate and adopted Resolution 1: Replenishment of Unitaid's Proposal Review Committee.
- The EXECUTIVE BOARD amended the ToRs of the PRC (point 3.3) and adopted Resolution 2: Adoption of the Terms of Reference of the Proposal Review Committee.
- The EXECUTIVE BOARD adopted Resolution 3: Approval of the 2018 Unitaid budget.
- The EXECUTIVE BOARD adopted Resolution 4: Unitaid Commitment Policy.
- FRANCE will commit to Unitaid on a multiyear contribution for the period 2017-2019. With the aim to strongly encourage the search for other donors, France wishes its contribution to Unitaid not to represent more than 50% of the overall funds received by Unitaid for the period 2017-2019. In this context, the contribution of France for 2017 will be € 80 million. The pledge for the multiyear period of 2017-2019 will be of an average of € 85 million per year.
- BOARD MEMBERS thanked the Team lead results and the Secretariat for the excellent work done and suggested to use these impact stories to communicate more broadly.
- THE SECRETARIAT will update the Board on the Investment Plan on a regular basis at every PSC or joint sessions.
- THE EXECUTIVE BOARD adopted Resolution 5: Fever management Area for Intervention.
- THE EXECUTIVE BOARD adopted Resolution 6: Governance Working Group, Extension of Mandate.
- THE EXECUTIVE BOARD adopted Resolution 7: Appointment of PSC and FAC members.
- THE EXECUTIVE BOARD requested the Secretariat to explore and propose new dates for the next meetings in 2018.

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1. Opening remarks and adoption of agenda

The CHAIR opened the 28th session of the Executive Board at 09:00 on 19 December 2017 and welcomed THE VICE-CHAIR, Board Members, Alternates, Observers, and the Secretariat.

He highlighted a few of Unitaid 2017 achievements:

- Intellectual property: Following the call for proposals in February, the Board gave its go-ahead for the development of three different proposals to support countries' use of international trade provisions (TRIPS flexibilities) with a view to allow increased access to affordable medicines.
- Antimicrobial resistance (AMR): further to a meeting between the Chair and the UN Secretary General, Unitaid was asked to lead the sub-group on R&D and innovation. The CHAIR congratulated the EXECUTIVE DIRECTOR and his team on this selection and on the great work to contribute in a significant way to tackling the challenge posed by AMR.
- Visibility and donor mobilisation: a High-Level Event in the margins of the UN General Assembly in New York in September was co-hosted by the CHAIR together with President Michelle Bachelet of Chile, calling the attention of Heads of States and Governments to the importance of investing in women, children and adolescents' health.
- Country engagement: in September, Unitaid and the Government of Mozambique launched an ambitious project to prevent malaria in pregnancy. Three months later, Unitaid launched a project to help prevent HIV among young women at high risk of infection with South Africa, and kicked-off a four-year research project to cut Tuberculosis (TB) deaths among children.

The CHAIR recalled that one of its main tasks was to increase Unitaid's visibility. He reported that Unitaid's work was being increasingly recognized in the global health arena and beyond, and that he would continue to use any opportunity to speak about Unitaid's unique identity and aspirations. He commended Unitaid's work in IP and the great commitment in favour of more holistic approaches and crosscutting issues - as reflected in the recent projects and discussions related to reproductive, maternal and child health, to the treatment of HIV co-infections, and now to childhood fever management. He expressed confidence that Unitaid was moving in the right direction and that the task of promoting equity and inclusiveness, as set out in Unitaid's five-year strategy, was seriously taken up.

The CHAIR then mentioned a few areas where he felt progress was still needed:

- Partners' diversification, especially with institutions and agencies in the developing world;
- Increase in Unitaid's membership, not only with a view to diversify and expand the donor base but also to welcome the views and ideas of some other key players in the international arena.

He then welcomed a guest from Japan, Dr Manabu Sumi - Director of the Global Health Policy Division, International Cooperation Bureau, in the Ministry of Foreign Affairs of Japan - who kindly accepted Unitaid's invitation to attend this Executive Board meeting as observer.

THE DIRECTOR OF THE GLOBAL HEALTH POLICY DIVISION, INTERNATIONAL COOPERATION BUREAU, MINISTRY OF FOREIGN AFFAIRS OF JAPAN, thanked the CHAIR for inviting Japan as an observer for the second time. He briefly introduced the three objectives of his participation:

- 1) Understand better how Unitaid complements the Global Fund (GF)'s interventions. Japan has supported the GF since its creation and pledged USD 800 million to the GF last year;
- 2) Understand how Unitaid contributes to the Universal Health Coverage (UHC), access to medicines being one important component of it ;
- 3) Evaluate a potential collaboration between the Global Health Innovative Technology Fund (GHIT), a Japanese Fund which supports R&D for HIV, TB and Malaria and Neglected and Tropical diseases, and Unitaid; particularly as access and delivery are not in the mandate of the GHIT fund.

The CHAIR thanked the guest for his intervention and expressed the wish that Japan would soon join Unitaid. He then welcomed new representatives of constituencies joining this 28th Session:

- Minister Counsellor Nilo Dytz, who recently joined the Brazilian Mission to the UN in Geneva and represents Ambassador Maria Nazareth as the Board Member for Brazil;
- Ms Fifa Rahman, who joined the NGO delegation in November 2017 as Alternate Board Member; and
- Mr Jean-François Pactet, Deputy Director of Health and Human Development in the French Ministry for Europe and Foreign Affairs, Alternate Board Member for France.

Finally, he warmly congratulated two other members of this Board for their recent awards:

- In November, Ambassador Marta Mauras, Unitaid's Board Member representing Chile, was included in the list of the most influential Latin American intellectuals in 2017 by the Spanish media outlet "Esglobal" and the platform "Hay Mujeres"; and
- Earlier that month, Violeta Quiroga, was awarded the "Prix franco-allemand des droits de l'Homme et de l'État de droit".

Regarding the agenda of the 28th Session, some Board Members asked that the time allocated to the MDR-TB agenda item be extended. The Chair indicated that he had some personal constraints but that he would do his best to meet this request.

The Agenda of the 28th Session of the Executive Board was adopted, taking into account the request to extend the session on MDR TB.

2. Minutes from previous meeting: EB27, 7-8 June 2017

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 27th session of the Executive Board were adopted without amendment.

3. Report from the Executive Director

THE EXECUTIVE DIRECTOR gave an overview of Unitaid's achievements and successes in 2017, emphasising that the Secretariat was now fully functional after the comprehensive transformation process undertaken over the past three years. A number of different systems and initiatives were put in place: a new narrative and new positioning of the organization in the global health arena, a new strategy 2017-2021, a new operating model with a very strong Value for Money focus, a new risk management framework totally embedded, a rebranding exercise, a new investment case in the framework of the resource mobilisation (RM) strategy, an Investment Plan and a strong set of KPIs as a basis for measuring performance. He added that 2017 was a pivotal year as Unitaid shifted from designing the model to implementing it and that we started to get more evidence and results. He listed three areas in which Unitaid got stronger: 1) the human capital. In this area, he presented the very positive results of the staff survey and mentioned three key elements that were strongly developed: the corporate identity with 4 values defined; the institutional dynamic aiming to bring talents together and the "sense of community"; 2) more coherence at all levels in the Secretariat, including the alignment of the systems and the model; 3) Focusing on results: a new way of presenting our work in defining the problem, outlining Unitaid's role and the expected results. Unitaid boosts the capacity to fill gaps /solve problems in the global response, which implies assuming an "enabler" role among other big players. He presented three examples across the three diseases (Dolutegravir, Seasonal Malaria Chemoprevention (SMC), Step TB), stressing that various actors were working together for the common good.

The EXECUTIVE DIRECTOR announced that Unitaid was moving forward in four areas in particular:

- Institutional positioning: in 2017, Unitaid's interactions with the actors of the response have changed. Unitaid being more mature and more effective, more space is given to the organization to lead initiatives, for example the new generation LLINS project, the Diagnostics Coordination Group, the AMR UN working group etc. There is a vote of confidence and recognition of Unitaid's added value in the global response.
- Integrated approach: Unitaid has adopted a much more integrated approach. It is expanding its mandate, trying to capitalize on the transversal gains that resonate with donors' priorities, WHO's priorities in terms of Universal Health Coverage and civil society's priorities. This is reflected in the structure of the new AfIs.
- Relations with grantees: Unitaid is working to build a better, more transparent and accountable relationship and is on a good trajectory. A meeting will be organized in February with grantees.
- Communication: Unitaid's communication on its work and success has improved. Unitaid was present and visible in more events and conferences, communicating solid results e.g. IAS in Paris, the World Conference on Lung Health, the Hepatitis Summit. The new website is now fully running; press coverage has increased in many countries and the Annual Report for the 2016-2017 period is finalized and will be published early 2018.

Discussion

BOARD MEMBERS thanked the Executive Director for his report and congratulated him and the Secretariat on the work and achievements over 2017. Specific comments made by Board Members and Observers included:

- The CHAIR congratulated the EXECUTIVE DIRECTOR for his leadership and capacity to strengthen team work. On the communication side, he suggested that the Secretariat increases its visibility through major TV channels, such as TV5 Monde, the BBC, channels in Brazil etc. Communication is key for the resource mobilisation efforts. Related to this, he expressed concern about current donors reducing their contribution and stressed that it was also the Board members' responsibility to increase communication and visibility of Unitaid.
- The REPRESENTATIVE OF CHILE thanked the Secretariat for the good report, which clearly assessed the transformative work done both in terms of management with the high quality of the work performed and the impressive results of the staff survey, but also in terms of vision and operating model. She welcomed the integrated approach in particular in RMNCH and Fever management, and the new KPIs which will enable a better understanding of Unitaid's performance. Unitaid's increased visibility is linked to its increased performance and she is convinced that this will help Unitaid in its resource mobilisation efforts.
- The REPRESENTATIVE OF FRANCE echoed the congratulations and thanked THE EXECUTIVE DIRECTOR for the optimisation of resources, the relation of trust he created between the Secretariat and the Board and for the on-going spirit of improvement.
- The REPRESENTATIVE OF BRAZIL referred to the communication issue, on which he agreed with the Chair's proposal, and reiterated the invitation for Unitaid to visit Brazil in order to showcase its work among civil society, decision makers, and academia and to a broader audience.
- The REPRESENTATIVE OF FOUNDATIONS noted the very impressive results of the staff survey and congratulated THE EXECUTIVE DIRECTOR. She also shared her great appreciation of the meeting planned with grantees in order to foster ways to work better together. She asked the Secretariat for reflections on any potential impact from Unitaid mandate's/activities expansion and about the priorities for the next year.
- The REPRESENTATIVE OF NORWAY welcomed Unitaid moving towards a more integrated way of thinking also reflecting some of Norway's priorities including the three diseases and reproductive, maternal, newborn and child health (RMNCH), which she looks forward to seeing translated into tangible projects and results. She was also interested in seeing how the new goal of Universal Health Coverage will be embedded into this integrated approach. Regarding communications, she added that Unitaid was highly visible at the ICASA Conference in Abidjan.
- The REPRESENTATIVE OF THE UK recognized the strength of the Secretariat at many levels. This was reflected in Unitaid's A+ rating by DFID in its recent annual review. The performance targets set out for 2017 were met, meaning that the full DFID support to Unitaid for 2017 (£44 million) would be released. 2017 was the final year of the 3-year agreement and a new 3-year agreement (2018-2020) is being developed.
- The REPRESENTATIVE OF KOREA stressed their strong interest in procurement and informed that the Secretariat's visit in November 2017 on this topic was much appreciated by industry and the government.
- The REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS noted the tangible changes. He reflected on two key points: 1) the willingness to learn and to improve should be retained as Unitaid was now used to change; 2) the focus on current donors should not be overlooked in the work around resource mobilisation.

- The REPRESENTATIVE OF THE COMMUNITIES LIVING WITH THE DISEASES suggested that Unitaid communicates more on the equitable aspect of bringing innovations to the communities. She further mentioned three main areas that shall be sustained: 1) Country engagement; 2) Civil Society engagement – the dialogue with communities/civil society and grantees should be strengthened 3) Resource mobilisation – this should be another area of priority for Unitaid in order to secure its sustainability.
- The REPRESENTATIVE OF WHO informed that WHO and the Secretariat were working on a high level event in January on the margins of the WHO Executive Board to communicate on the recently signed enabler grants and the RTS/S grant. He explained that WHO was also working on the review of the hosting relationship, which could also represent a great opportunity to familiarize WHO's member states with Unitaid's work.
- The REPRESENTATIVE OF THE AFRICAN COUNTRIES suggested that Unitaid also outreaches to South-based media in order to promote its work in countries in the South. He welcomed the work conducted on South-South cooperation with Nigeria and Egypt and encouraged Unitaid to pursue and consolidate this work.
- The REPRESENTATIVE OF UNAIDS thanked the Executive Director for the closer partnership engagement with UNAIDS in 2017. He encouraged working more closely together on strategic opportunities, in particular with regard to countries engagement. He offered support in political engagement at the country level where Unitaid's programmes are implemented.

The EXECUTIVE DIRECTOR thanked the Board for its confidence. He agreed that Unitaid shall continue improving on communication and on increasing its visibility. Regarding the relationship with the grantees, he confirmed the continued strengthening and indicated that the February meeting would be a great opportunity in that direction. He indicated that the outcomes would be reported back to the PSC. He also reaffirmed the Secretariat's commitment to engaging more closely with the civil society (CS) which will contribute to an increased effectiveness. He insisted on the need for Board members to support the Secretariat in its resource mobilisation efforts, and that political support was crucial.

The Executive Board acknowledged the report of the Executive Director and congratulated him and the Secretariat for their work and achievements in 2017.

4. Report from the Policy and Strategy Committee

THE CHAIR OF THE PSC reported on three strategic points from the last PSC meeting related to:

- 2018 Key performance indicators (KPIs) reporting. For the first time, the Secretariat will report based on the new set of KPIs approved in December 2016. The scope of this reporting will focus on grants closing in 2017;
- The role of Unitaid in the global AMR Agenda. The role of Unitaid in this area has increased not only in terms of projects with a portfolio investment of US\$ 500 million, but also in terms of strategic dialogue and particularly with Unitaid leading the sub-group on R&D and innovation of the UN Interagency Coordination Group;

- The calendar of calls for proposals and Afls. This will constitute a regular agenda item for the next meetings. This was also an opportunity to mention the catalytic initiative with the Global Fund on vector control highlighted by the EXECUTIVE DIRECTOR earlier.

In addition to these strategic elements, the PSC had been entrusted to act as the nomination sub-committee for the replenishment of the Proposal Review Committee (PRC) within the framework of a revised PRC format adopted under the new terms of references (ToRs). The PSC acknowledged the need for a more diverse expertise at different stages of the selection process of the proposals and not only for initial evaluation.

THE CHAIR OF THE PSC highlighted the excellent profile of the applications received and preselected. Therefore, the PSC proposed for the Board's validation the updated PRC terms of reference and the nomination for a period of three years of 8 preselected candidates for the core group of experts and 6 experts for the group in charge of specific diseases issues.

THE CHAIR OF THE PRC was invited to provide additional information on the process and the profiles of the experts retained. Following a very extensive call for nominations through various channels, 80 nominations were received and considered by the Secretariat, then reviewed by the CHAIR OF THE PSC together with THE CHAIR OF THE PRC and nominated through the PSC. That joint process led to the selection of 8 core members, 6 disease or issues specific members and 2 alternates for each of those lists.

THE CHAIR OF THE PRC reported that regarding the disease specific areas of expertise, the 14 members nominated present an appropriate coverage of the major issues in terms of HIV, TB, malaria, the co-infections and cross-diseases integration as well as the new field of RMNCH. In addition, it was felt that the group comprised the right mix in terms of market dynamic, health economic, intellectual property, product development, supply chain, regulation, scalability and country implementation. He highlighted that there was also good coverage in terms of health systems as well as monitoring, evaluation and impact. He added that 9 of the members were Northern-based, 5 were Southern based, 11 had work experience in Africa, 6 in Asia, 5 in Latin America and the Caribbean and that together they reflected an exact fifty-fifty gender balance. He summed up that all areas of expertise were strongly covered including the five newly approved areas with a balanced representation in terms of gender as well as geographical representation. Furthermore, as instructed, there was no more than a fifty percent change in the current composition of the PRC, ensuring that some institutional memory and capacity were retained.

Discussion

THE CHAIR first asked members to comment on Resolution n°2 (Unitaid/EB28/2017/R2), which was an amendment of the PRC ToRs (Unitaid/EB28/2017/4/Annex 2).

THE ADVISOR TO THE EXECUTIVE DIRECTOR, focal point for the PSC in the Secretariat, clarified that the amendment in the PRC ToRs consisted in a clarification regarding the joint chairing (Secretariat/PRC) of the joint review committee (JRC).

The REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS asked how the PRC and the Secretariat, as part of the JRC, would manage a scenario where there was no consensus, as the ToRs explicitly state that the JRC would reach consensus.

A discussion on this topic, involving various Board members, the Board Chair, the PRC Chair, and the PSC Chair, followed. Both the PSC Chair and the PRC Chair reassured that, while the objective of the JRC was to make a recommendation to the Board, there was and would be no “forced” consensus. The PRC Chair highlighted the complete independence of the PRC and explained that in the unlikely event that the JRC fails to find a consensus; both positions would be reported to the Board with clear explanations on the disagreements.

An agreement on the language was found among the Board constituencies and the Secretariat, resulting in an amendment in the wording and an additional sentence in the PRC ToRs (point 3.3).

<p>The EXECUTIVE BOARD adopted Resolution 2: Adoption of the Terms of Reference of the Proposal Review Committee</p>

THE CHAIR then invited for comments on Resolution 1 (Unitaid/EB28/2017/R1) regarding the replenishment of the PRC (Unitaid/EB28/2017/4/Annex 1).

The REPRESENTATIVE OF THE COMMUNITIES LIVING WITH THE DISEASES expressed their dissatisfaction regarding the absence of community expertise in the preselected group of experts. She also noted that there was no representation from the Eastern European Region, which was heavily affected by Hepatitis, MDR-TB and HIV.

The REPRESENTATIVE OF CHILE commented on a particular candidate, Mr Peter McDermott, and raised the question of conflict of interest as he is at present the Chair of the Board of ViiV Healthcare. She requested clarification on this. This was seconded by the REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS who requested that another candidate be considered with a similar quality of expertise.

The REPRESENTATIVE OF UK welcomed the rigorous and comprehensive process. He inquired whether the level of skills in the area of market shaping, product roll-out and introduction was well captured. He added a concern whether this was the right forum to discuss this conflict of interests’ issues or whether the Board should delegate this process to another place and respond to the outcomes.

THE CHAIR OF THE PSC clarified that the communities’ expertise was represented, especially in the field of health systems strengthening (HSS), and that if needed the approved ToRs allow the recourse to add hoc expertise for a particular call. She reminded that among the 14 members selected, 5 were Southern-based. She added that if there was any clear conflict of interest, the candidate should be replaced with one of the alternates. THE CHAIR OF THE PRC endorsed this suggestion.

Considering the above, THE CHAIR **recommended the adoption of the proposed PRC replenishment, including a replacement for the candidate who was considered conflicted. He also recommended that the comment made by the Constituency of the Communities living with the diseases on the**

geographical representation be taken into consideration in the future. The Board agreed with this proposal and approved the amended composition of the PRC.

The EXECUTIVE BOARD agreed on the replacement of one candidate and adopted Resolution 1: Replenishment of Unitaid's Proposal Review Committee.

5. Report from the Finance and Accountability Committee

The CHAIR OF THE FINANCE AND ACCOUNTABILITY COMMITTEE (FAC) summarised the two resolutions brought to the Board by the FAC along with a few updates.

On the budget highlights for 2018, the FAC recommends an operating expense budget of USD 30.197 million, which represents a 6% increase from the 2017 forecast budget. A key driver to the 2018 Opex budget is related to staff costs (89 staff) which amount to USD 19.1 million. The Secretariat had requested for 4 additional staff positions, which, in light of the UN wide salary reductions, the FAC believes it will be net neutral to the overall budget. A structural change was made in the budget regarding the governance travel costs for both Communities and NGOs which have been shifted to the Governing Bodies budget (from the Secretariat budget).

The CHAIR OF THE FAC then reported on the Financial Commitment Policy and stressed the absolute need of cash commitment and cash management as Unitaid moves forward in its financial management. Many donors are requesting to align cash with the commitment in need. The FAC is recommending a very high level commitment policy and requests Unitaid to hold uncommitted cash sufficient to fund the investment pipeline of the following year.

The REPRESENTATIVE OF NORWAY thanked THE CHAIR OF THE FAC and THE SECRETARIAT for the great work and in addition to Norway approving the budget, she expressed her satisfaction regarding the key indicators set i.e on the operational cost that should be less than 2%. She nevertheless communicated that it would have been appreciated to receive the full budget earlier. Last, she mentioned Norway's strong support around the Communities and the NGOs grants.

The REPRESENTATIVE OF FOUNDATIONS seconded Norway in expressing support to the Communities and NGOs. She expressed concerns regarding the recruitment of additional staff in the context of the challenging resource mobilisation situation and asked the Board to take this into account.

The Executive Board adopted Resolution 3: Approval of the 2018 Unitaid budget.

The Executive Board adopted Resolution 4: Unitaid Commitment Policy.

The CHAIR OF THE FAC highlighted other topics the FAC has been working through over the past year, in particular the funding ceiling and the funding forecast. The FAC along with the Secretariat has been refining these tools. The Secretariat was asked to develop 2 actionable scenarios based on the best information to date: a baseline scenario reflecting the commitments to date and an adjusted scenario that assumes additional funds and more success in fundraising. The FAC endorsed these

two funding scenarios as a tool to be used for the investment plan and how to match the funding with investment pipelines.

The CHAIR OF THE FAC reported that risk management will need to be worked through in 2018 jointly by the FAC and the PSC. She noted that the Secretariat did a great job embracing that topic in its day to day work. Additionally, she mentioned that the FAC worked on a plan for internal reviews on a go forward basis. Early next year, the first advisory report on grant implementation will be reviewed by the FAC with the objective to better understand the implications of these review reports and better advise on the plans.

Finally she reported the FAC started discussions on the financial implications of the move to the Health Campus. The Secretariat had conversations over the past months with the Global Fund and the topics still in negotiation were around the overall level of rent, the service charges associated with that rent and the start date for the payment of the rent. She concluded that the Secretariat was still in negotiations.

THE DIRECTOR OF EXTERNAL RELATIONS presented an update on resource mobilization. He informed that Unitaid received over USD 250 million for 2017 - about USD 145 million in cash and £88 million in promissory note (total amount depends on the conversion rate), with two promissory notes paid in one year.

Country specific updates included:

- Brazil: payment of 30 million reals was received. Brazil will make a similar commitment between 30 and 40 million reals for 2018;
- Chile: the contribution remains steady with USD 1.5 million;
- Bill & Melinda Gates Foundation: new 5-year agreement negotiated this year with some flexibility allowing Unitaid to align much more with both disbursement needs and the payment schedule, bringing the total contribution in payments and commitments to USD 150 million;
- Norway: 40 million Norwegian kroners received for 2017 with an indication of a reduction in the contribution for 2018;
- Spain: good news regarding an agreement with the Spanish Agency for Cooperation and Development in the amount of € 500 000. The Secretariat is looking at ways to engage more with Spain hopefully with a stronger contribution.

THE DIRECTOR FOR EXTERNAL RELATIONS explained that Unitaid had been working with new donors such as Switzerland, Germany and Japan, and the expectation was that Unitaid receives a cumulative contribution of around USD 20 million from these new donors for 2018. This figure was used in the funding ceiling and in the investment plan scenarios. He added that for 2018, Unitaid expects to engage in multiyear discussions and contribution agreements with the UK, as part of the 20 year agreement Unitaid has with the UK, but also with the Republic of Korea. He then handed over to France who asked for the floor.

THE REPRESENTATIVE OF FRANCE reminded the historical commitment of France to Unitaid and reaffirmed their intention to sustain it. He added that France wishes to reinforce the legibility and predictability of its contribution to Unitaid. In that perspective, France wants to engage a dialogue with Unitaid in the coming weeks, which could result in an official agreement letter to Unitaid with two major objectives: 1) multiyear commitment: France's commitment will cover the 2017-2019

period; 2) encouraging new donors to join: with that objective in mind, France would like its contribution not to represent more than 50% of the overall funds received by Unitaïd for the period 2017-2019. The pledge for the multiyear period of 2017-2019 will be of an average of € 85 million per year which corresponds to USD 100 million. In 2017, the contribution shall amount to € 80 million.

The VICE-CHAIR welcomed France's announcement and warmly thanked THE REPRESENTATIVE OF FRANCE.

THE EXECUTIVE DIRECTOR echoed the Vice-Chair in thanking France for this multiyear commitment. He highlighted the quality of the relationship with the various French stakeholders and mentioned the recent contacts with French parliamentarians who showed great interest in Unitaïd's work.

The REPRESENTATIVE OF SPAIN thanked France for its effort and commitment, noting that this information was of great value to pass on to Madrid. He underlined that the Spanish government had recently resumed its funding to Unitaïd, as a result of the efforts conducted by the Secretariat. He encouraged the Secretariat to pursue these efforts.

The REPRESENTATIVE OF NORWAY explained that the reduction of the Norwegian support was in no way linked to Unitaïd's performance but rather to a streamlining of Norwegian support for global health into large funding streams.

The REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS AND OF THE COMMUNITIES both thanked France for its important effort and contribution, and SPAIN for contributing again. They also stressed the importance of multiyear commitments for predictability.

6. Highlight on Project Results

TEAM LEAD, RESULTS, gave a presentation on project results on behalf of the entire Secretariat. He reminded that in 2016, a common language to present Unitaïd's results and impact was defined, along with a value for money framework and new set of KPIs. In 2017, the Secretariat started developing impact stories along those lines.

One of Unitaïd's objectives from its 5-year Strategy is to maximize the effectiveness of the global response, which represents a bold claim for a small organization. While Unitaïd's investments (about USD 200 million disbursements a year) only represent 1% of the global response to the 3 diseases, we now have the evidence that Unitaïd can make a difference at a global scale, and that this claim is valid.

He presented some of the tremendous progress in the HIV area in the last 15 years and the simple and powerful paradigm presently structuring the HIV response "Test, treat, prevent and monitor". Along this paradigm, Unitaïd's portfolio spread over 12 grants with 4 projects in self-testing, 5 grants on optimal ARVs and 3 enabler grants.

Self-testing and Dolutegravir are great illustrations of Unitaids impact and it is estimated that through these two sets of interventions, Unitaid could address as much as a third of the gaps seen in HIV today.

He presented self-testing as a game changer, as 1) it empowers individuals / allows individuals to have full control about the approach to testing; 2) it creates large opportunities for national programmes. Through Unitaid investments, more than half a million tests will be distributed in three countries, resulting in a decrease of the price down to USD 3. Based on numerous evidence, WHO launched guidelines to recommend the use of self-testing a year ago. As of today, 42 countries have adopted self-testing into their own guidelines.

As a result of Unitaids work with WHO Prequalification (PQ) programme, one of the tests is now prequalified. Finally, the Bill & Melinda Gates Foundation announced a buy-down agreement making the self-test kit accessible at USD 2. He underscored the positive data so far from the pilots: high acceptability through key populations; 20% increase in the rate of people having conducted a test in the last 12 months and even more in some region, 6% of people tested positive with up to 80% linked to care. He concluded that wide adoption can happen, and that we have evidence that this tool works in filling the gaps.

TEAM LEAD, RESULTS, then presented the Dolutegravir (DTG) grants and mentioned it is promising as: 1) it is a faster acting treatment, contributing to reducing transmission faster; 2) there are fewer side effects which has an impact not only on the quality of life but also on adherence to the treatment; 3) it is more robust to resistance and this has a direct link with the AMR agenda; 4) it is potentially cheaper.

He underlined that almost 60% of people living with HIV are based in a country that has introduced DTG in their national guidelines, being the fastest introduction of an ARV ever. The price for a year of DTG treatment for a patient has decreased to USD 75 and this may just be the beginning as the volumes are still very small and the price can still come down. The savings could pay for 40% of the gap in the next few years. DTG has the potential to reach 14 million people, a third of the people living with HIV. He concluded that this will have important implications for health systems, as it will contribute to reduce the burden on them, showing that benefits actually go beyond the actual projects targets.

Discussion

BOARD MEMBERS thanked the TEAM LEAD, RESULTS, for the compelling presentation and congratulated the Secretariat for the great work. Specific comments made by Board Members included:

- The REPRESENTATIVE OF THE AFRICAN COUNTRIES asked more information regarding the acceptability level of the Self-testing interventions; he also regretted that his country, Morocco, was not involved in these interventions.
- The REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS congratulated the presenter for the impressive work, how the story was told and the impact Unitaid can make in the response.

- The REPRESENTATIVE OF THE COMMUNITIES LIVING WITH THE DISEASES echoed the congratulations for the fantastic presentation. He mentioned that this was a great opportunity for Board Members to appreciate the way their funding can change a disease and impact people's lives. The role of the communities was now to monitor this impact.
- The REPRESENTATIVE OF UNAIDS noted that this story really communicates the unique added value of Unitaid and this has to be more widely disseminated. He mentioned that self-testing was a game changer and that we will not reach the fast track goals by 2020 without its large scale up. He added that DTG will certainly improve adherence to treatment and the cost reduction will definitely help putting more people on treatment. He concluded that Unitaid should consider working more closely with the generators of these innovations and the implementing countries to engage discussion very early when the products are in the pipeline; this should help and accelerate the transition phase.
- The EXECUTIVE DIRECTOR stressed the pivotal role of the Bill & Melinda Gates Foundation, which contributed to secure the USD 75 price thanks to its USD 500 million commitment. He added that, despite these great results, there was still a massive challenge ahead particularly in West and Central Africa where the response was less structured and less organized.

BOARD MEMBERS thanked the TEAM LEAD, RESULTS and the SECRETARIAT for the excellent work done and suggested to use these impact stories to communicate more broadly.

7. Investment Plan

TEAM LEAD, STRATEGY, introduced the investment plan presentation by reflecting on two main themes: 1) where Unitaid is now, considering the progress the organization has made over the past three years, and 2) where Unitaid should invest in the coming years to build on this foundation and realize the full potential of Unitaid's strategy and model. She noted that the Investment Plan 2018-2020 (UNITAID/EB28/2017/6) had been developed to provide visibility on Areas for Intervention and to inform the Executive Board's funding decisions by providing high-level visibility on potential future investments. A living tool, the investment plan is subject to revision with the evolution of disease landscapes, partner investments and market conditions. As such, the Secretariat will update the plan regularly to serve as a basis for discussion (e.g. at each PSC meeting).

TEAM LEAD, STRATEGY gave the example of Unitaid's investments in the HIV area. She emphasised the importance of considering the broader strategic context, and understanding how Unitaid investments can be relevant to broader priorities in the global health and development agenda. In addition to monitoring the products' pipeline, Unitaid needs to make sure it is engaging with the right partners, including new partners supporting upstream innovation, as well as the downstream delivery partners especially for some of the more integrated areas.

TEAM LEAD, STRATEGY, provided an overview of simplified paradigms that can be used as frameworks to consider potential opportunities within each disease. She acknowledged that there is intuitively a good understanding of relative priorities within a particular area but mentioned the difficulty to develop a more holistic portfolio view to define the next areas in which Unitaid can invest. She underscored the importance of the investment plan in prioritizing those opportunities with working assumptions on impact, cost and risk.

TEAM LEAD, STRATEGY, presented the key themes that the Unitaid Secretariat sees as promising for potential future investments (not an exhaustive list):

- Long acting technologies
- Malaria elimination or *P. vivax* single-dose radical cure
- Innovative diagnostics across several disease areas

The investment plan's structure reflects the context and rationale for these and other opportunities, summarizes the prioritization methodology, and presents a consolidated plan. The investment plan also reconciles this plan against available funds (baseline scenario in which the current resources remain stable and an adjusted scenario that reflects net expectations for any changes in resources).

Discussion

EXECUTIVE BOARD MEMBERS thanked the SECRETARIAT for the excellent document and presentation. They agreed that this was a key document which should be put as a recurrent item of the PSC agenda to periodically review, adjust, discuss and prioritize before bringing the recommendations to the Board. Many noted the urgent need to find solutions in MDR-TB and that Unitaid should have an active role there.

The REPRESENTATIVE OF KOREA welcomed the investment plan reflecting a very holistic approach. She underscored the strong and important paradigm linking the test, treat, prevent and monitor as a whole but also stressed the need for an aggressive investment in tuberculosis.

The REPRESENTATIVE OF THE COMMUNITIES LIVING WITH THE DISEASES expressed the constituency's view on each disease area. On HIV, she expressed support for Unitaid's exploration of opportunities related to long acting technologies but stressed the importance of ensuring equitable access. On TB, she suggested to consult largely to align all stakeholders as there is no agreement in TB on what needs to be done to eliminate the disease. She also formulated the wish to see another call launched in MDR-TB. On malaria, she expressed interest in shorter treatments and reduced cost of bed nets, and noted the relevance of *P. vivax* for Latin America and Asia. Regarding intellectual property, she suggested further work to secure sustainability, even though she noted that good projects were in development at present.

The REPRESENTATIVE OF BRAZIL asked for clarification on 2018 funding assumptions for IP work in development, and whether further investment may be envisioned in the three-year period covered by the investment plan.

The REPRESENTATIVE OF UK highlighted the quality of the investment plan, noting that the strategy, the funding and the opportunities put together really create a very strong platform for prioritization. He made three comments: 1) among other factors, one issue that drives the opportunities and the grant pipeline is the strength of the pipeline of commodities. For example, in HIV, there is a very healthy pipeline of grant opportunities but in other areas where the pipeline is less healthy, there is a risk of potential decline of the footprint of Unitaid. In such areas, could Unitaid consider higher-risk opportunities? 2) simple models are good ways of considering the issues but could such tools be applied to consider cross-cutting opportunities? 3) the real challenge will be to use this plan as a living document, revisiting it regularly and adjusting as needed.

The REPRESENTATIVE OF FRANCE commended the quality and clarity of the presentation and document, and commented on three aspects: 1) the weakness of the TB pipeline. He stressed that Unitaid should play a proactive role in finding solutions in this area. He suggested gathering partners and operators to define the next move forward. He also suggested exploring the concept of Innovation Challenge for TB and malaria. 2) Regarding molecular diagnostics, he raised the issue of the waste generated and the impact on both the environment and health. He mentioned that Unitaid has also a responsibility in the analysis of the issues related to waste management of these technologies. 3) He stated that the Investment Plan should, in addition to be informative, serve as an engagement tool to guide the Board in its choices and decisions.

The REPRESENTATIVE OF CHILE welcomed the Investment Plan as a tool for a more integrated and optimized approach on the resources, and is all the more appreciated as it addresses co-infections and comorbidities. The new opportunities in RMNCH are very much appreciated, as well as PrEP and self-testing interventions in HIV. She stressed the importance of deepening the analysis on MDR-TB and recommended considering increasing the investments in IP as the impact in public health can be outstanding.

The REPRESENTATIVE OF FOUNDATIONS mentioned that this is exactly the document Unitaid needs both for resource mobilisation and for the Board to have discussions on the prioritization. She expressed her support for the investments' directions for year one, considering they will be further discussions as we evolve in a changing environment, and suggesting that the plan be revisited on a rolling basis at the PSC. She requested clarity on the innovation calls and around the cross-cutting areas Unitaid would like to pursue.

The REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS commented that the investment pipeline presented was very exciting. He flagged questions on the balance between different AfIs and the likely timing of when some of the long lasting technologies will come to fruition. He echoed the urgency in finding solutions in MDR-TB, and the interest in continuing the discussions, with several suggestions for areas to explore (regulatory barriers, IP, quality assurance).

The REPRESENTATIVE OF AFRICAN COUNTRIES joined other Board members in asking the Secretariat to update the Board on a regular basis on the Investment Plan and allowing a discussion space for this.

The REPRESENTATIVE OF SPAIN echoed words from other BOARD MEMBERS, especially on MDR-TB and suggested there is potential in doing more in vector control and with regards to cross-cutting opportunities such as quality assurance.

TEAM LEAD, STRATEGY, thanked THE BOARD for the very constructive comments. She reaffirmed that Unitaid remains committed to TB and noted this would be discussed further during the second day of the Executive Board (EB) meeting. On IP, she mentioned that 3 grants in active development would be brought to the Board for funding decisions in 2018. Only then will the Secretariat be able to determine whether further work is needed in that area. Regarding the document itself, she stated that it will be revisited on a regular basis to provide context for each decision brought to the Board (e.g., go-aheads, funding decisions). She also welcomed the idea of using the investment plan as a platform for ongoing discussion and sharing explorations at the PSC. With the amount allocated in different areas, including IP, she gave reassurance that Unitaid would revisit earlier estimates, and

reconcile resources with needs. Finally, she acknowledged that additional work would be needed on the idea of an innovation challenge to solicit new ideas.

The Secretariat will update the Board on the Investment Plan on a regular basis at PSC/joint meetings.

8. Restricted Session

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

9. Presentation of Fever Management Area for Intervention (Afl)

TECHNICAL MANAGER MALARIA, STRATEGY, reminded that this topic had been introduced during the June Board Meeting (EB27). She presented the public health challenge this Afl tries to address: in 2016, there were 5.6 million deaths in children under five and half of these deaths occurred in sub-Saharan Africa. There are 3 diseases- malaria, pneumonia and diarrhoea - which together account for nearly 50% of the deaths in children under five. By focusing the efforts geographically and on severe diseases, a large impact in child mortality can be reached. Unitaid proposes to do this through an integrated approach (integrated fever case management). Addressing the key causes of childhood illness and child mortality in an integrated manner makes sense because:

- 1- **Integrated approaches improve outcomes.** Malaria outcomes can improve if a holistic approach to fever management is taken. In integrated approaches, malaria treatment rates have been seen to almost double, care seeking has gone up by 20% where integrated fever management has been applied, and a drastic reduction in ACT use and ACT overuse is seen.
- 2- **Many children are co-infected.** Approximately 20% of children with malaria have other illnesses and infections at the time they have malaria. By addressing malaria and not the other sources of illness, the expected gains will not be achieved.
- 3- **The signs of severe disease are common across multiple different conditions.** These signs and symptoms, by being common, provide an opportunity to identify the sickest kids and try to prevent the worst outcome. One particular sign of severe disease is low oxygen saturation in the blood and is common to pneumonia, to malaria and many other child illnesses as well. There is a real opportunity to improve the detection of low oxygen saturation as a signal that these children need immediate referral and care to save their lives.
- 4- **Integrated fever management supports rational drug use and combats resistance.** With the gains seen in malaria over recent years, even in malaria endemic areas, a large proportion of fevers in children are not caused by malaria. Approximately 80% of those fevers are actually not malaria. When childhood fever is diagnosed as malaria negative, in 70% of the cases, children receive antibiotics, provided as default in a lot of cases and leading to AMR.

TECHNICAL MANAGER MALARIA, STRATEGY provided an overview of the current Unitaid malaria portfolio, with a value of approximately USD 235 million. There are multiple grants in prevention and many of

these are new, with grants in chemoprevention in children as well as in pregnant woman; grants in vector control with more coming very shortly; and a new grant on the malaria vaccine. Case management related grants include: a quality assurance of diagnostics grant that is ending very shortly and a new and important grant on severe malaria, providing rectal artesunate as a pre-referral treatment which is an important part of the treatment of severe malaria for children. Finally, the portfolio includes cross-cutting grants that support the other activities: MMV and WHO enabler and WHO prequalification.

The majority of Unitaids' grants today are focused on the highest risk populations in high burden low income countries, addressing the most vulnerable and areas of greatest need. This focus, endorsed by the Executive Board, is all the more relevant today because for the first time in 10 years, the progress in the malaria response is stagnating. The 2017 World Malaria Report shows an increase in malaria cases from 211 million in 2015 to 216 million in 2016. This increase comes primarily from high burden countries.

TECHNICAL MANAGER MALARIA, STRATEGY, recalled the outcomes of the June Executive Board meeting: A resolution was signed signalling the Board's enthusiasm and support for integrated fever management. She also recalled the two Executive Board requests:

- To come back with a narrowed focus on core interventions to optimize impact. A suggestion was made to take a stepwise approach starting with diagnostics in particular.
- To better understand the transition potential of any investments in this space.

Since June, 40 bilateral consultations with new and existing partners were held. In particular, many discussions with stakeholders and partners that is working in maternal and child health, pneumonia, and other topics.

Another accomplishment since June was finalizing the Fever Diagnostics Landscape. This is a unique document that partners were eagerly anticipating. A high level summary of the outcomes was presented at a side event co-hosted with FIND at the American Society of Tropical Medicine and Hygiene annual meeting (ASTMH) and was extremely well received.

Finally, the work on assessing the market for malaria Rapid Diagnostic Tests (RDT) was pursued. Unitaids sits on a malaria RDT procurement task force with multiple partners such as the Global Fund, the Bill & Melinda Gates Foundation, PMI, the World Bank and others. Unitaids has conducted RDT market assessments to understand which interventions might be needed. Those discussions have been very active over the past six months and are still on-going.

It was validated that diagnostics make sense as a first area of focus within integrated fever management. Diagnostics present the most actionable near-term opportunities which are aligned with Unitaids' mandate. Within the field of diagnostics, the opportunities that were presented to the Board members were refined and a prioritization exercise was carried out to understand which ones have the highest potential. The sustainability and scale up environment was also analysed.

Two high potential opportunities have been identified for Unitaids in the immediate term:

- 1- **Being able to differentiate bacterial sources of fever from non-bacterial.** Currently, this cannot be done in primary healthcare in low and middle income countries because of the

lack of diagnostics tools. This is a challenging diagnostic tool to develop but this is viewed by the community as a real game-changer, not only for the health of children but also for an antibiotic stewardship as well.

The key related public health challenge is pneumonia, the leading cause of child mortality that accounts for a quarter of all deaths in children under five. There are multiple causes of pneumonia: bacterial, viral or fungal and currently there are no diagnostics to help define the type of pneumonia a child has. This results in an overuse of antibiotics and of antimalarials. The point of care tools adapted for a primary health care in low and middle income countries do not exist yet. However, there is now an interesting pipeline, notably in connection with the increased awareness of antimicrobial resistance. It includes biomarker tests that can detect a marker of infection, not telling what the infection is, but looking at the natural response to infection and whether the infection is bacterial or not. Some of these tools are in late stage development but the testing has been done exclusively in high income countries.

Therefore, the proposed interventions would focus on **late stage product development of these diagnostics and particularly validating them for use in low and middle income country settings**. The level of investment is likely to be moderate, given the complexity of the studies required and the need to invest in more than one diagnostic to offset the risk of failure. The impact is high as the development of effective tools would change the paradigm for children with fever. The risks appear quite high particularly as these tests need to work well to be recommended and adopted. But it is a risk considered worth taking given the potential impact. Particular mitigation measures will be put in place, such as putting in very clear stage gates into any eventual Unitaid grants.

- 2- **Tools to identify children with fever caused by severe disease**, who are at the highest risk of death. This is about finding the sickest kids and referring them immediately so they can get the care they need in higher levels of facilities. In particular, identifying children that have low oxygen saturation in the blood which is a key indicator for severe disease, for malaria, as well as for pneumonia and several other illnesses.

The public health challenge is that children with fever caused by severe disease are at the highest risk of dying. The signs of severe disease are often overlooked, including low oxygen saturation in the blood. Currently, there is no testing of low oxygen saturation in the blood that occurs at primary healthcare though this is recommended in the WHO guidelines. The tools that are used to detect oxygen saturation, called pulse oximeters, are not adapted for use in primary healthcare. However there are opportunities with a pipeline of new tools to identify severe disease. A few new pulse oximeters better adapted to lower levels of care have reached the market; they are handheld, more robust and they have probes that they can be used in children of all ages including infants. Also a new set of multi-model devices take the oxygen saturation measure and combine it with other important measures to diagnose and treat children, such as temperature, haemoglobin as well as respiratory rate. These tools are at various stages of development but some of them are moving to late stage

and almost ready for market. At a more upstream level, a biomarker type test to detect severe disease is also in the design phase at the moment.

The proposed interventions here would be:

- To pilot new pulse oximeters tools in primary health care in some high potential countries as a proof of concept.
- Late stage product development of multi-model devices with field evaluation.

This would be a moderate level of investment with a high potential impact given the targeted population and as we are already investing in severe malaria. Tools that can actually detect severe diseases, including severe malaria, will help amplify the impact of the rectal artesunate investment. The risk, linked to weak referral systems, is considered moderate.

On the sustainability and scale up environment, two main conclusions have been reached:

- Many efforts by a diversity of partners are underway to enable access to care for children including for febrile illness.
- However actions and initiatives are diffused and fragmented, it will require greater planning and coordination across a range of different actors.

The Global Fund (GF)'s efforts in this area are quite substantial. Between 2014 and 2017 the GF has spent USD 125 million on integrated case management of childhood illnesses (iCCM) across 38 countries. The GF also has a MoU with UNICEF to scale up iCCM. UNICEF is a key scale up partner and does procurement and delivery of key commodities for childhood illness. PMI and USAID are also considered as key scale up partners, working on the scale up of integrated care for children including malaria but also other common causes of fever. The emergency community is also working on childhood fever management and is therefore another potential avenue to explore. In addition, a number of individual initiatives are to be flagged, such as the Global Financing Facility (GFF), a financing mechanism channelled towards operationalizing countries strategic plans for RMNCH. GFF is operational in 16 countries and will expand to another 11 countries. It is seen as a key partner to work with in the future. Some other more innovative approaches, such as social entrepreneurship put in place to look at innovative way to deliver in particular oxygen could be expanded as well. Of course, countries need to be at the forefront of these discussions as they are the ones coordinating on the ground all of these different individual initiatives. TECHNICAL MANAGER MALARIA, STRATEGY, concluded that a scale up pathway is seen as challenging but viable.

Discussion

The REPRESENTATIVE OF FOUNDATIONS thanked TECHNICAL MANAGER MALARIA, STRATEGY, for a very helpful presentation and the hard work done in this short period of time considering the very complex area. She also stressed three major observations/questions:

- Will there be one encompassing Afl or two different ones? Past experiences showed that when the topic is very broad, it is difficult to get the expected proposals. Diagnostics is a very complex environment, with a lot of products, of which a large number ever make it to the market. Would incentive work via some prizes or advance market commitment be considered? If so how? ;

- Sustainability and scale up may need to be considered differently for fever commodities.

The REPRESENTATIVE OF THE COMMUNITIES LIVING WITH THE DISEASES echoed the congratulations and indicated that this could be a great success story, provided that the communities are involved. Working closely with the partners is critical. This is also an opportunity for informing communities, working with them, identifying the communities that work in public health and in fever management, incorporating this kind of knowledge in their training etc. Considering this a very important area, the REPRESENTATIVES OF THE COMMUNITIES would like to work along with the Secretariat making sure they have the right understanding, the right education in order to start communicating with communities in the chosen countries and sites.

The REPRESENTATIVE OF THE AFRICAN COUNTRIES commended the quality of the presentation on a very complex area and expressed the wish that the interventions benefit broader groups than only children under five. He also mentioned that expanding access to testing will have not only an impact on the health of these populations but also on larger markets creation and therefore on lowering the prices of the products.

The REPRESENTATIVE OF THE UK congratulated the Secretariat and expressed UK's support for this work. He acknowledged the great work since June and stressed the importance for the malaria response as well as the wider health benefits. The scale up analysis was much appreciated as this is considered very important for the assurance around this area. He raised the consideration of the specification of the calls for proposals: the same level of analytical thinking and rigour needs to be applied as have already been applied in the process to date. Thinking forward, this process may bring opportunities related to the strengthening of health systems and engagement with the private sector.

The REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS thanked the Secretariat for its proactive work in investigating this potential area, noted a strong and compelling documentation, notably the high quality fever diagnostic landscape that will be launched. The proposed Afl is a solid first step that will be beneficial in supporting antibiotic stewardship, and therefore supporting efforts to combat antimicrobial resistance. There is a consensus target product profile that already exists for the bacterial and non-bacterial test for low and middle income countries. NGOs requested that this is promoted as a reference with manufacturers and donors. He also requested that the Afl would not be limited to children health, but rather cover all febrile populations. Broadening the scope beyond paediatrics would have tremendous benefits, not only in terms of public and individual health but also in terms of market size and volumes. Subject to this clarification, the NGOs delegation informed they would be glad to support the resolution.

The REPRESENTATIVE OF WHO expressed the strong support from the Global Malaria Programme (GMP) to this Afl and commended the presentation. The scale up of malaria diagnostics in recent years combined with a decreasing malaria transmission has resulted in a significant number of febrile patients being tested and diagnosed as malaria negative. Evidence suggests that many of these non-malarial fevers are due to viral diseases and not appropriately managed due to lack of appropriate clinical algorithm and diagnostic tools leading to overuse of both ACTs and antibiotics, increasing the spread of antibiotic resistance. Integrated strategies are needed to improve fever case management.

DEPUTY EXECUTIVE DIRECTOR indicated that this Afl highlights Unitaid's shift in terms of approach from a purely medical approach to an approach closer to the needs of the patients enabling more efficient health systems.

The REPRESENTATIVE OF BRAZIL congratulated the Secretariat for the work and presentation and acknowledged the great progress from the first proposal in June.

The CHAIR commended the comprehensive presentation and work but stressed the lack of involvement of developing countries' institutions and governments. He pointed out that many of the risks are linked to the capacity of having these new tools being used. He mentioned that their early-on involvement is very important to understand how they see the problem, along with the communities' views; and opportunistic discussions may not be enough.

TECHNICAL MANAGER MALARIA, STRATEGY, agreed that more needs to be done to understand how these tools would fit in and what ground work needs to be done to ensure they can be incorporated at country level. Regarding the question on the number of Afls, she explained that it would be a single Afl with a broader goal that brings the two topics together. As for the call(s), this is not defined yet. The type of outreach that would need to be done in order to solicit the appropriate proposals also needs to be thought through. Regarding incentives such as market commitments or prize funds, this could also be explored. On the question of the target population of children under five, it was positioned that way because of the chosen entry point, malaria, and also because of the impact Unitaid is trying to achieve; but these tools clearly have a broader applicability.

TEAM LEAD, STRATEGY, thanked the Board for very constructive comments and suggestions and acknowledged the work of the malaria team in Strategy on all the consultations. She mentioned that country perspectives are also considered, notably through the ongoing discussions that the Secretariat has with South Africa, Latin American countries such as Brazil and others. Those discussions have most recently focused on PrEP, ARVs, paediatrics but this is part of a holistic set of discussions.

The REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS wanted to clarify the point around the target population. To his view, it is important that evidence for the whole populations is gathered, not only children under five. It will have to be explicit in the way the calls are designed.

The CHAIR suggested, because of the complexity of the area, that some kind of progress report could be produced by the Secretariat to update the Board. THE VICE-CHAIR proposed that updates could be presented at the PSC, as part of the investment plan update.

The Executive Board adopted Resolution 5: Fever management Area for Intervention.

10. Outcome of the MDR-TB call for proposals

TEAM LEAD, STRATEGY recalled the outcome of the MDR-TB call for proposals (no proposal recommended for go ahead). She acknowledged the Board members' understanding and support for a very difficult decision, this was much appreciated by the Secretariat.

She shared some of the Secretariat's reflections from the call: while there is a strong political momentum, particularly in the context of the AMR agenda, there is no consensus on what is required technically. There is limited innovation in the pipeline for TB, compared to HIV, with few options for investment beyond the existing grants.

TEAM LEAD, STRATEGY noted that TB is and has always been central to the mandate and strategy of Unitaid. The organization has invested USD 460 million in TB since its creation, flagship projects include diagnostics and paediatric treatment market creation. New investments of USD 120 million were signed in September and October 2017. Unitaid was also the first major donor organisation to make a strong investment (USD 58 million) in latent TB.

MDR TB remains a strategic priority for Unitaid with an endorsed Afl and a continuing USD 60 million investment with the "endTB" project. Early results were shared at the Union Conference in Mexico in October. The project contains an observational trial but also a clinical trial to shorten and improve MDR-TB treatment; some of the observational trial results are already showing that with supportive care and with appropriate use, treatment with new TB drugs can offer greatly improved outcomes. Unitaid is working very hard with "endTB" grantees - Partners in Health, MSF and IRD, to ensure those results inform policy in use.

The MDR TB call launched in May 2017, intended to capture opportunities beyond the endTB project.

On the call outcome, TEAM LEAD, STRATEGY noted that 5 of the 6 proposals considered by the Joint Review Committee were not recommended for go-ahead.¹ One proposal (additional arm to the End TB trial) was considered as potentially eligible if work could be done at marginal increased cost. The reasons for not selecting those proposals were: the time required for impact, the added value of Unitaid funding and the fit with the strategy and model. Many of the proposals were proposing clinical development programs that were very early stage which are not typically funded by Unitaid. The TEAM LEAD, STRATEGY noted that while this outcome is unusual, it is one possible result and not incoherent with Unitaid's Operating Model. Recognizing the exceptional nature of the outcome, and the challenges of funding work in MDR TB, the Joint Review Committee noted areas to monitor:

1. Sutezolid, an investigational TB drug in early stage development (phase 2a) that could replace linezolid, a component of MDR-TB treatments. It may be less toxic and more effective. The Medicines Patent Pool in-licenced the compound from Johns Hopkins University in January 2017 and out-licenced to the TB Alliance for further development in September-October 2017. So while Unitaid is already playing a role by funding the Medicines Patent Pool, there might be an interest in Unitaid offering further targeted support to clarify a line to market in the future.
2. Diagnostics to guide treatment, including next-generation sequencing. Diagnostics is another area Unitaid is monitoring closely, considering the role of next generation sequencing or other innovative tools to advance TB diagnosis and target treatment appropriately. TEAM

¹ 22 proposals were received. The level 1 is a high level screening to understand strategic fit with the call. 11 passed into level 2. Level 2 review considers operational feasibility, the logic of the project and the likelihood of impact. 6 passed into this level. 5 proposals were not recommended for a go-ahead into grant development by the JRC. 1 proposal from that cohort as an additional arm to the EndTB trial could potentially be eligible if more work could be done at only marginal increased cost.

LEAD, STRATEGY noted that innovative diagnostics are reflected in the Investment Plan presented earlier.

These and other areas are under active exploration – together with partners – to determine if a call could be re-issued with an expectation of more concrete, actionable opportunities for Unitaid to fund.

One question that arose as a result of this call is how to manage negative feedback to proponents; it is quite a difficult and sensitive message to convey if not going ahead with a particular proposal. At the time of the Board, the proponents had not been notified yet, with results of the call still under an embargoed period. Challenges and questions are expected, but it is important to be aligned with a common voice on our positioning in TB and underlining our continued commitment to this area. Furthermore, the Secretariat has reflected extensively on how we can keep critical proponents engaged, even when the outcome of a particular proposal submission is negative. While a benchmarking exercise revealed that many other organizations do not provide feedback on negative proposals, the Secretariat recognizes that there could be some merit and value in engaging more directly with the most advanced proponents. Therefore, in addition to standard response letters to each proponent, the Secretariat plans to provide high level feedback to proponents whose proposals were considered in the Joint Review Committee but not recommended for go ahead. This will be undertaken on a trial basis with experience relayed to the Executive Board in a future session.

Discussion

The CHAIR thanked the presenter. In light of time constraints, and while recognising that there was a large number of questions around this call, he suggested to limit the session to a short discussions which could be taken forward by the PSC.

The REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS stressed the urge of moving in this area of MDR-TB and mentioned that there are already a number of ideas that could be discussed to move forward.

The REPRESENTATIVE OF FRANCE asked that, in the future, all proponents should receive a feedback response from the Secretariat whether they succeeded or failed, noting that keeping an active portfolio of innovators engaged as potential implementers is crucial for the organization.

The REPRESENTATIVE OF THE UK agreed that this topic should be discussed at the next PSC meeting considering there would be work done by the Secretariat in advance to prepare for a good discussion with the ambition to emerge with a recommendation for a more structured and a more proactive way forward.

The REPRESENTATIVE OF THE COMMUNITIES LIVING WITH THE DISEASES stressed the importance of this topic and mentioned that the discussions should take place during the EB meeting with some additional comments sent in writing after if needed. While disappointed with outcomes of the call, her constituency also understands the challenges that this call revealed. She agreed with the suggestion of giving better feedback to proponents, and suggested, considering the huge need in MDR-TB,

convening stakeholders to determine the best path forward. She requested either the re-opening of the call or engaging further with the best of the current proponents.

THE EXECUTIVE DIRECTOR reaffirmed Unitaid's sustained engagement in TB. Half a billion dollars were invested in the last years by Unitaid. The current portfolio amounts to USD 170 million out of which USD 120 million were signed in the last quarter. Unitaid is therefore very active in this area and the second or third biggest investor in TB research in the world. Investing in TB is complex but future plans are already defined, starting with organizing another round of consultations, bringing all the actors around the table to clarify and get a more coherent way to move forward with a clear aim to re-open the call. The UNGA high level meeting on TB in September 2018 will be an important moment and potential opportunity to launch a new call. The EXECUTIVE DIRECTOR agreed the Secretariat will give feedback to all proponents, starting with this call, recognising that this could sometimes be risky, due to the many aspects taken into consideration and the relative subjectivity of any decision.

The REPRESENTATIVE OF NON-GOVERNMENTAL ORGANIZATIONS flagged that there was not enough space dedicated to this incredibly important discussion during the Board meeting considering the urgency of the situation. He thanked TEAM LEAD, STRATEGY, for the reflections on the call and potential areas for improvement and thanked the EXECUTIVE DIRECTOR for its commitment to move forward. He agreed with UK that a piece of work could be done between now and the next PSC meeting. He suggested looking back at the outcomes of the call to explore whether some proposals could potentially be reworked. He suggested to launch a new call for proposals by June and to take the opportunity of the UNGA to make go-ahead announcements.

The CHAIR agreed the call launch should happen by June 2018, as it would be of great importance to show Unitaid's engagement in this area at the UN high level meeting.

DEPUTY EXECUTIVE DIRECTOR reaffirmed Unitaid's willingness to launch a new call and to make things move in this area, if concrete opportunities could be identified. He clarified that the decision was to not proceed with proposals received in the recent call but to move to a more prescriptive new call.

The REPRESENTATIVE OF FOUNDATIONS (GATES) suggested that the Secretariat updates the Board/PSC members on the next steps decided in writing over the next couple of months so that everybody is aligned on how to interact with the field and to support the Secretariat.

THE CHAIR suggested holding a teleconference in March 2018 to bring a more mature discussion to the PSC.

Before leaving the floor, the CHAIR welcomed Ms Faith Nakigudde from Uganda, representing the Communities as an alternate Board member from January 2018; and thanked again Violeta Quiroga for her invaluable contribution to the Board over the past years. A gift was offered behalf of the Board, to Violeta Quiroga as an expression of gratitude. The CHAIR delegated his role to THE VICE-CHAIR for the end of the session.

11. Governance

The REPRESENTATIVE OF NORWAY, CHAIR of the Governance Working Group (GWG), thanked the Secretariat and WHO legal for great support and provided a brief update on the work conducted. While progress had been made on the various topics the GWG was delegated, the work was not fully completed yet. Therefore, a request is made to the Board to extend the mandate of the Governance Working Group until the end of 2018. She summarised the main tasks set by the Board: review governance documents (By-Laws and Board Operating Procedures- BOPs); review and update conflict of interest policy, review thinking around Board membership, review protocols for leadership of Committees, Board oversight of committees, review procedure for Board approval of proposals and Board performance evaluation which was added at a later stage. Regarding the first item, a draft new BOPs document resulting from the merging of the past BOPs and by-laws has been discussed recently by the GWG. Additional feedback from GWG members will be requested on this latest version of the BOPs, but also input on the principles the Board would like to apply to include new members in Unitaid governance. She added that the Board members will be requested to fill out a survey on the Board Performance Assessment in early 2018.

In addition, she suggested the GWG meet to discuss the Governance issues as it was found difficult to proceed by email or by phone. The meeting is planned on 14 March in Geneva with 3 items on the agenda:

- The BOPs;
- The Conflict on Interest Policy with a document to review at that time;
- How to accommodate new members in Unitaid Governance.

THE VICE-CHAIR confirmed that the 12 months mandate extension was needed as new governance issues arise and thanked the REPRESENTATIVE OF NORWAY for having agreed to continue leading that group with consent of the Board.

The Executive Board adopted Resolution 6: Governance Working Group, Extension of Mandate.

THE VICE-CHAIR informed about the last action to be undertaken in this session which was appointing the FAC and the PSC members for a two year mandate, renewable once. She reported that the Board received applications from most of the constituencies and noted that regrettably there were more applicants than spaces on the PSC. This should be taken into account in two years-time when looking at the committee membership again. She noted there is still one space on the FAC and the Board is keen to receive applications particularly from members not represented on any committee at the moment.

THE VICE-CHAIR thanked the applicants for volunteering time to serve on these committees to support the work of Unitaid. She reminded that the Chair and Vice-Chair of the PSC are France and Brazil and the Chair and Vice-Chair of the FAC are The Gates Foundation and the NGOs. The criteria for selecting the membership for committees was, as agreed, connected with expertise but also with geographical balance.

The REPRESENTATIVE OF CHILE suggested for further discussion, rethinking the concept of “renewable” in this context.

THE VICE-CHAIR underlined this comment was helpful and that more work will be done on the concept of renewal more generally and this will be rolled up into that work.

The Executive Board adopted Resolution 7: Appointment of PSC and FAC members.

12. AOB & closure of the Executive Board meeting

Regarding the Dates of Board and Committee meetings, The REPRESENTATIVE OF FRANCE informed that the dates in April do not fit their Agenda. THE VICE-CHAIR then suggested coming back with a revised proposal for the dates.

There being no further business the VICE-CHAIR thanked Board Members, Alternates, Additional Members of Delegations and Secretariat for their active participation in the meeting and closed the 28th session of the Executive Board.

Appendix: List of Participants



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

List of Participants

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