Minutes of the third meeting of the Regional Steering Committee (RSC) for the Global Fund Regional Artemisinin Initiative (RAI)

28th March 2014

Intercontinental, Phnom Penh, Cambodia

Minutes taken by: Lorenz von Seidlein

Attendees - Appendix 1
Agenda – Appendix 2

The meeting started at 8.30 am. New committee members and those attending for the first time were introduced. There was a special welcome for her Excellency Prof. Or Vandine, Director General of the Ministry of Health in Cambodia.

The minutes of the last meeting (6th December, 2013) triggered some comments – a revised version of the minutes was distributed with the agenda. The revised minutes were approved/accepted.

RSC membership and Executive Committee

The RSC voted to include the private sector representative as a voting member in the understanding that this delegate represents the whole private sector and adheres to the Conflict of Interest (COI) policies of the RSC (see also below).
The RSC's day to day activities will be addressed by the executive committee which consists of:

- Chair.
- Vice Chair.
- WHO representative.
- ADB representative.
- 2 Rotating country representatives starting with Myanmar and Cambodia.

Conflict of interests

The following definition of COI in accordance with Global Fund principles was accepted:

> *"COI occurs when a member of the RSC, RSC Executive Committee, panellists, or RSC Secretariat uses his or her position to advance personal ambitions or interests, the interests of an institution with which he or she is affiliated, those of a family member, or close associate, or in a way that disadvantages or excludes others, or compromises the performance of the RSC functions and overall effectiveness or program implementation"*

Managing COI:

- Global Fund eligibility requirement is to have a COI policy endorsed by the RSC.
- The policy must state, and CCMs must document, that members will not take part in decisions where there is an obvious/potential COI, including decisions related to oversight and selection or financing PRs or SRs.
- Members should disclose any potential COI (to the Chair and/or COI disclosure form).
- There should be a process to manage/mitigate COI (including recusal from deliberations and voting if applicable).
- Needs to be documented (minutes of meeting and/or COI disclosure form).

Prof. Arjen M. Dondorp (Chair of the RSC) and Mr. Promboon Panitchpakdi (civil society representative) announced that they would not participate in the selection of ICC proposals as entities linked to their home institutions submitted a proposal.

Principle of representation

The representatives for groups such as private sector and donors do not only represent their specific organisation but represent the group and are bound to consult and share documents with their respective constituency.

The RSC Secretariat
The secretariat will be hosted by the WHO country office in Phnom Penh, Cambodia. The ToRs of the secretariat have been finalised. The secretariat will exclusively work for the RSC. The secretariat will report technically to the RSC and report administratively to the WHO. A funding agreement was finalised with WPRO in the week preceding the meeting and provides for USD $217k over 2 years for the RSC Secretariat. The funds are to be used for setting up the secretariat as well as RSC meetings, constituency engagement, country visits.

The GF has offered to second a staff member from Geneva and has shared the CV of the candidate with the Chair who will distribute the document to the voting members. The Chair proposed not to advertise the position due to urgency. The candidate will be interviewed by a panel consisting of voting members of the RSC including:

- Chair.
- Vice chair.
- WHO country representative (WR) for Cambodia.
- RSC WHO representative.
- Australian Government representative (M. O'Dwyer).

ACTION POINTS:

1. The Global Fund / RSC Chair will distribute the CV of the candidate for the Executive Secretary.
2. The Global Fund / RSC chair will distribute COI forms for signing by all RSC members.

Discussion and endorsement of the implementation of the Inter-Country Component (ICC) of the RAI (for this agenda item the Chairmanship was handed over to Dr. Chanvit Tharathep (Vice Chair))

The Chair of the ICC Implementers selection panel, Roberto Garcia, presented the implementation plan. The critical recommendations made by the panel included:

1. Fund top-3 proposals out of 8: CPI, MAM, SMRU.
2. Conduct budget negotiations up to max US$ 3 m (US$4 or US5m to be considered after mapping is done)? – optimize geographical coverage & some research components to be funded from other sources (see map).
3. Set up an executive committee at RSC level to oversee the mapping areas targeted by implementing partners (with UNOPS).
4. National ownership indispensable (appropriately resourced).
5. Make timely reporting and sharing data a prerequisite.
6. 9-month evaluation: what works, what doesn't?
7. Consider 5 remaining proposals for funding through RAI-country component (co-funding with other sources?).

Discussion after Roberto's presentation
The following key points were made:

Artemisinin resistance is spreading and cross-border mechanisms are needed to stop the spread. The independent, repeated emergence of artemisinin-resistant Pf strains well outside the currently recognised tiers requires rapid action, as well as data sharing in real time (to be reviewed by TEG).

This is a first phased response, which should be followed in other border areas. In particular, a move to the Myanmar/Bangladesh border may be needed. There may be room for the RSC to ask UNOPS to split or move implementation of one or more proposals (e.g. CPI) from east to west Myanmar. A need for GF projects/action in Laos was also highlighted, at its borders with Cambodia and Viet Nam.

A second call for proposals is needed urgently, i.e. after the next TEG meeting.

National/country ownership is of paramount importance. Ownership by countries and region has implications for data sharing but this also requires a regional spirit. The ICC activities should also be based on a clear regional strategy/approach.

The large region has different epidemic patterns in its different parts and this will result in a locally tailored heterogeneous mosaic-like response to the current emergency. The ICC activities have to be coordinated with the CCMs to minimise overlap and duplication of public health activities. The current approach in each country component assures a minimum in duplication and a workable solution appears to be emerging: the different local plans are responding well to the local epidemic and context and thus the country components are complementing each other making it a tailored regional response and the emerging regional "puzzle" is showing a good picture. The ICC component will further this synergy and adds a flexible modality to address remaining gaps in a regional response. **The RSC has to ensure harmonisation between ICC and RAI country proposals.**

It was noted that all three highest ranking proposals have extensive experience working in Myanmar. National ownership (i.e. by NMCP) is critical. In principle, Myanmar will agree to all three proposals. SMRU is working in a former conflict area; the government support in these areas is and will be improving. The government of Myanmar has to be assured that all applicants intending to work in Myanmar sign agreements with the government and obtain adequate authorisation. The PR (UNOPS) will require appropriate authorisation or assurance that successful candidate organisations are in a process to obtain such authorisation. UNOPS will support this process of authorisation including the signing of Project Agreements and MOUs.

Conclusions:

1. The 3 proposals that received the highest score from the review panel will be funded; this includes the proposals from Community Partners International (CPI), Medical Action Myanmar (MAM), and the Shoklo Malaria Research Unit (SMRU, which is administered under the Mahidol-Oxford Tropical Medicine Research Unit, MORU).

2. The funding of each proposal has to be negotiated with an upper ceiling for the 3 proposals together of USD 3Mio for the first year, with a buffer of plus or minus 10%.

3. The activities in the ICC on the Myanmar-Thai border will be overseen by the RSC, supplemented with additional country representation.

4. Timely reporting and sharing of data to be generated by the funded projects will be a prerequisite for funding; data sharing will be initially with the RSC secretariat and will then be made available in an appropriate format to the ERAR Hub and Ministries of Health of the appropriate countries.

5. The projects will be evaluated for progress and impact after 9 months; this to facilitate the RSC to discuss and decide on follow-on funding from the RAI-ICC after the first year of implementation.

Integration of impact indicators (Dr. Pongwit Bualombai)
Dr. Pongwit Bualombai presented a proposal of an integrated data management system, based on the "biofix" system. ADB has also expressed interest in programmes on this topic. After the presentation, several aspects of the importance of a harmonised data collection system were discussed.

The creation of a working group was proposed, to be composed of:

- ERAR hub (chairing);
- RSC Secretary;
- ADB representative;
- Representatives from all participating countries.

The central components are hardware, software, and skilled staff. There is an urgent need to harmonise the indicator set, methods of data collection and data field definitions in order to assure that data are comparable. Several countries have well developed systems in place, and the aim will be to reach out to the countries which do not have these in place, yet. It was requested to integrate Bangladesh and China in this working group, which was agreed on.

Independent monitoring and evaluation (Mr. Roberto Garcia)
IRT = independent review team

Some concerns were raised regarding the risk that a monitoring working group would create another layer of administration and lead to duplication, for instance of the M&E activities of UNOPS.

It was highlighted that the work by the IRT should not overlap with the M&E activities of the PR, who does the routine monitoring, progress review, etc. The IRT, however, will gather additional 'higher level' information on efficacy and impact of the different activities within the RAI, as necessary to ensure strategic decisions by the RSC. In addition, this information has to be completely independent, as recommended by the Global Fund. The IRT's role would be to inform the RSC whether the RAI is achieving its goals and the followed elimination strategies are functioning.

It was agreed that an independent monitoring group on a consultancy basis will be appointed by the RSC, but to be embedded within the WHO ERAR-hub to avoid duplication of efforts and reinforce collaboration. A small working group will be established to draft the ToRs of this consultancy and define strategic goals and impact indicators. It was agreed that this working group will consist of:

- RSC chair;
- ERAR Hub Coordinator;
- PMI.

Strengthening cross border communication and elimination of monotherapy: the WHO ERAR HUB was presented by Dr. Walter Kazadi.
The ADB thanked the WHO for their cooperation and promised a presentation on Asia Pacific Leaders Malaria Alliance (APLMA) during the next RSC meeting. The WHO representative provided an overview of the ongoing therapeutic efficacy studies. Kelch 13 monitoring offers a new approach to artemisinin resistance monitoring.

Updates on RAI Country Activities (UNOPS Coordinator, Dr. Attila Molnar)
UNOPS is the Principal Recipient (PR) in Myanmar, Cambodia, Lao for the ICC and has a more limited role

in Thailand and Vietnam, mostly to receive and review reports, disburse funds and support with procurement.
Discussion:

- The RSC was invited to participate in annual and review meetings held with partners.
- The RSC Chair indicated that the next RSC meeting is planned to be held around the reporting from UNOPS, and scheduled for 30 September. UNOPS intends to report to the RSC in September 2014.

Communication strategies

Aspects of communication include the communication within the RSC, communication of RSC members with their constituencies, and communication with other organizations and media. The civil society representative gave a short presentation on communication to the outside world and in relation to this the exploration of additional funding sources.

Regarding the first point it was proposed to develop a 'sharepoint' website, where documents and other information can be shared between RSC members. Another proposal is to have a monthly newsletter for updates. UNOPS offered to the RAI-RSC support the internet communication/platform including website support on its already running website. The soon to be established RAI secretariat is expected to play a critical role in communications, and will be tasked to develop these initiatives.

RSC members are requested to communicate all relevant information from the RSC, such as meeting minutes and other RAI-related documents, with their constituencies. E.g. the country CCM/CCC representatives will have to inform their members as well as other interested parties (such as NMCPs) It was suggested that the RSC Secretariat could take on the responsibility to share documents with CCM members and interested parties, in order to minimise the burden on the individual RSC delegates. The confidentiality status of documents should be respected and distribution adjusted accordingly, including where specific Global Fund rules of confidentiality apply.

Further coordination outside of the RSC will be necessary, in particular with other regional initiatives. ADB has contracted a consultant (David Wilkinson) to explore and describe the landscape of agencies working on artemisinin resistance. It was suggested that the RSC support this consultancy to formulate recommendations.
There is also a need to mobilise additional financial resources to fill existing funding gaps.

Vietnam: update

Dr. Tran Thanh Duong (Vietnam NMCP) provided an update of RAI activities in Vietnam.

The next meeting: 30 September 2014. It was suggested and agreed to conduct the next meeting in Myanmar.

The meeting was closed at 17:30.