



UNITAID Executive Board Meeting (EB16)

12-13 June 2012

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1. Executive Summary

- The UNITAID Executive Board Meeting (EB16) was held Tuesday, 12th June, and Wednesday, 13th June 2012, at the WHO Headquarters, Salle D, Geneva, Switzerland. The meeting commenced at 10.02 on 12th June.
- THE CHAIR of the Executive UNITAID Board thanked UNITAID's Board members and the Secretariat for their hard work in preparing for the Executive Board Meeting. He reported on his activities undertaken in 2011-12 on behalf of UNITAID.
- THE EXECUTIVE BOARD adopted the agenda and approved the minutes of EB15 and of the EB15 Special Session, after the amendments requested by Board members were implemented.
- THE EXECUTIVE DIRECTOR reported on the Secretariat's activities since EB15.
- THE EXECUTIVE BOARD passed three resolutions to approve the 2010-11 audited financial statements, the 2012 budget update, and one modification in the FAC Terms of Reference. It was noted that The Secretariat has suspended recruitment of some of the new positions proposed in its human resource plan. The Secretariat's staffing and structure will be reviewed to meet the requirements of the new Strategy.
- THE EXECUTIVE BOARD requested greater clarity from the Secretariat regarding the Strategy proposal for 2013-2016. The Strategy framework will focus on UNITAID's role and positioning, aims, priorities, resources and risk analysis. The Secretariat will circulate the draft proposal to the Board in August for review prior to the Board retreat in November.
- The draft report from the Five year evaluation is expected to be available in early September. The International Steering Committee is working with the Secretariat to feed any relevant information into the Strategy process.
- The report on the 2011 Key Performance Indicators will be available at the end of June 2012. THE EXECUTIVE BOARD took note of the update on KPI status and requested that the FAC review the refined targets for 2012. Modifications will be made after the new Strategy has been validated.
- THE SECRETARIAT provided a report on the implementation of projects approved by the Board and an update on the Paediatric ARV transition process.
- THE SECRETARIAT reported on the recent call for Letters of Intent (LOIs). Sixty six LOIs were received and they are being screened by the Secretariat. The proposals will be evaluated by the Proposal Review Committee (PRC) in the autumn of 2012.
- THE EXECUTIVE BOARD approved a sum of up to US\$2.4 million for the implementation of Phase One of the France Expertise Internationale (FEI) project, entitled 'Open Polyvalent Platforms (OPPs) for a sustainable access to quality and affordable viral load testing in resource limited settings'. At the end of Phase One, the Secretariat and the PRC will present an evaluation of the project to the Board.
- THE EXECUTIVE BOARD approved funding for the WHO/FIND/Stop TB proposal to scale up access to the GeneXpert MTB/RIF: up to US\$30 million.
- THE CHAIR of the Advisory Group on Funding Priorities (AGFP) reported on the Group's activities since its formation in late 2011. He suggested that further consideration should be given to its terms of reference and role within the UNITAID structure.

- The Medicines Patent Pool has on-going discussions on licensing agreements with Johnson & Johnson, Abbott and Merck, and with several other patent holders.
- THE SECRETARIAT provided information on the point of care (POC) HIV diagnostics market entry project. THE EXECUTIVE BOARD approved of the Secretariat's work on market entry of diagnostic products that can be used at the POC in order to improve the care of people living with HIV/AIDS.
- The Millennium Foundation has undergone a winding down process since the discontinuation of the MASSIVEGOOD project. It now has only two staff members. The Board considered whether the Foundation continued to play a useful role in fund raising activities for UNITAID. The Board agreed to review recent performance and results at the end of 2012.
- The Executive Board meeting closed at 15.45 on 13th June 2012.

2. Welcome and opening of the session

THE CHAIR of the UNITAID Executive Board, Dr Philippe Douste-Blazy, welcomed all of the participants to the 16th Executive Board meeting (EB16), which was held Tuesday, 12th June, and Wednesday, 13th June 2012, at the WHO Headquarters, Salle D, Geneva, Switzerland. The meeting commenced at 10.02 on 12th June. THE CHAIR noted that the meeting was quorate and formally opened the meeting.

THE CHAIR thanked UNITAID's Board members and the Secretariat for their hard work in preparing for EB16. He reported on his activities undertaken in 2011-12 on behalf of UNITAID (his 2011 report was sent to FAC members after the 8th Committee meeting). THE CHAIR described UNITAID as a 'key player in global health'. A key activity for the rest of 2012 is the updating of the UNITAID Strategy, which will guide the organisation's activities for the next three years.

2.1. Adoption of the agenda

THE CHAIR moved that the agenda be adopted. The UNITED KINGDOM asked that more time be devoted to the revision of the UNITAID strategy.

DECISION

THE EXECUTIVE BOARD adopted the agenda.

2.2. Minutes of EB15 and EB15 Special Session

The UNITED KINGDOM and NORWAY, as well as THE PRC CHAIR and THE GATES FOUNDATION, submitted a few changes to the minutes of the EB15 and EB15 Special Session meetings. Once the minutes had been amended by the Secretariat, the Board approved the minutes.

DECISION

THE EXECUTIVE BOARD approved the minutes of the EB15 and EB15 Special Session meetings, after the amendments requested by Board members were implemented.

2.3. Overview of progress since EB15

THE EXECUTIVE DIRECTOR of UNITAID presented a report on the Secretariat's activities since the last Executive Board meeting (EB15). He noted that the Secretariat's budget was approved in December 2011 and reviewed in June 2012. Approximately 60 applications were received for the communications post: it is hoped that a suitable person will be appointed soon.

The Secretariat has been working on the Memoranda of Understanding (MOUs) for the diagnostic proposals, following the Board's funding decisions in March 2012. It is also working with proponents who responded to the calls for letters of intent (LOIs) (on paediatric antiretroviral drugs [ARVs] and the open call) that were issued in March 2012. The aim is to develop co-funded projects in the future. The 2013-15 UNITAID strategy is being updated. Regular interactive sessions between the Board, the Secretariat, the UNITAID committees and consultants are planned from July 2012 onwards to ensure that the strategy is finalised by the end of the year.

The Secretariat is working with a long term consultant on the implications of the Test and Treat approach to HIV. UNITAID is in negotiation with the Indian government about the purchase of commodities for the prevention of transmission of HIV from mother to child (PMTCT). A considerable amount of work has focused on the governance structure of the Affordable Medicines Facility Malaria (AMFm). UNITAID has a seat on the AMFm Working Group, which is chaired by Alan Court (Senior Advisor to the United Nation's Secretary General's Envoy for Malaria) and which is evaluating the performance of the AMFm. Rectal artemisinin has recently been approved to treat severe malaria in children: UNITAID is working with partners in industry and organisations focused on malaria to ensure that it becomes available as soon as possible, hopefully in 2013. Work on ACT forecasting is ongoing. The Secretariat is working with a number of governments and organisations to expand access to GeneXpert diagnostic technology for TB. UNITAID organised a technical briefing session on Multi Drug Resistant TB (MDR TB) during the 65th World Health Assembly (21st May 2012); it was very well attended. Access to treatment for MDR TB, especially in the BRICS countries, was addressed.

THE EXECUTIVE DIRECTOR reported that relationships between UNITAID and national governments, as well as implementing partners, are being strengthened. Meetings have been held with Ministers of Health from South America and Africa, as well as representatives of the US government. The Global Fund is an important partner for UNITAID; the Secretariat now holds the Partners Constituency seat on its Board. UNITAID participates in the Global Fund Market Dynamics committee and the Executive Director sits on the Fund's financial committee. There is a close relationship between UNITAID and UNAIDS. UNITAID is also developing links with a number of academic institutions. Resource mobilisation is an important aspect of the Secretariat's work: meetings have been held with a number of Finance Ministers to discuss implementation of the airline ticket levy. Communication of UNITAID's activities is a key activity: coverage on the internet (e.g. Twitter, Facebook, web sites) and in the press has increased recently. THE EXECUTIVE DIRECTOR concluded by paying tribute to Dr Bermudez's stewardship of UNITAID.

3. Report of the Finance and Accountability Committee

THE CHAIR OF THE FINANCE AND ACCOUNTABILITY COMMITTEE (FAC) presented the FAC report. Executive Board approval was requested for the following items:

- 2010-11 Audited financial statements
- 2012 Revised budget
- FAC Terms of Reference

The 2010-11 financial statements had received an unqualified opinion from the WHO external auditors. No unidentified issues were found in the management letter. The financial statements had been endorsed by the FAC at the meeting in May 2012.

Budgeted donor contributions for 2012 are US\$293.7 million. UNITAID Executive Board member countries donate US\$289.25, which represents 98% of the total contributions.

The 2012 expenses budget of US\$192.706 million was approved in December 2011. This budget has been updated, giving a new total of US\$219.483 million. The updated budget takes account of changes in project costs and the budget for the Strategy review.

THE FAC CHAIR indicated that, two issues had been raised during the review of the proposed budget. The first concerned the Secretariat's Human Resource (HR) plan: several FAC members had expressed concern about the scale and pace of the increase in the Secretariat's staff. The Secretariat had revised its HR plan since the FAC meeting; the proposal presented to the Executive Board for approval was based on a more modest rate of growth.

US\$700,000 had been agreed by Executive Board for the budget line for the Strategy development process, but only US\$478,000 appeared in the revised budget proposal. The GATES FOUNDATION sought assurance that sufficient funds would be available to carry out the Strategy development as efficiently as possible.

THE FAC CHAIR also updated the Executive Board on disbursements to implementing partners and the status of the WHO hosting agreement.

Finally, the Executive Board was asked to approve a small textual change in Section IV of the FAC Terms of Reference regarding the internal audit function. This change had been requested following discussions with the WHO.

3.1. Discussion

BRAZIL apologised for the delay in Brazil's contributions for the last three years, due to an internal problem within the Brazilian finance ministry. The member assured the Executive Board that the funds were available and expressed Brazil's continued commitment to UNITAID.

Several questions about the speed of expansion of the Secretariat were raised by the Executive Board members. The representatives for NORWAY, FRANCE, GATES FOUNDATION and the NGOs agreed that staffing requirements should be in line with the demands

made by the new Strategy so recruitment decisions should not be made until the Strategy review has been completed.

BOARD MEMBERS requested more detailed information on the HR plan and the potential impact of freezing five new positions on external relations and resource mobilisation. The NGOs requested that the 'frozen' positions should nevertheless appear on the Secretariat's organigram.

FRANCE noted that blocking recruitment for 2012 would result in a saving of nearly US\$800,000. This should remain in the Secretariat's budget and could be used to provide additional finance for the Strategy development (e.g. external consultants) if required.

THE EXECUTIVE DIRECTOR pointed out that, although the new Strategy may subsequently lead to changes in staff structure, it would not affect the immediate need for more people to handle the increasing number of grants and to support new implementing partners. He explained that a functional review of the Secretariat was being conducted in parallel with the Strategy development work to assess future staffing requirements.

THE EXECUTIVE BOARD requested that the Secretariat present an updated HR plan after completion of the functional and Strategy reviews.

DECISION

THE EXECUTIVE BOARD *passed the following resolutions:*

N°1: Approval of the UNITAID Audited Financial Statements.

N°2: Approval of the UNITAID Revised Budget 2012.

N°3: Approval of the Finance and Accountability Committee revised Terms of Reference.

4. Report of the Policy and Strategy Committee

THE CHAIR OF THE POLICY AND STRATEGY COMMITTEE (PSC) reported on the 7th PSC meeting. Topics addressed included global health architecture, intellectual property, priority setting and value for money. The Committee had also reviewed current operational activity, the role of Advisory Group on Funding Priorities (AGFP), in-country activities, and the UNITAID Strategy review.

It is planned that the updated Strategy will be finalised by December 2012; however, this deadline could be extended if necessary, particularly as results of the five year evaluation (5YE) will not become available until September 2012. An Executive Board Retreat to review the Strategy proposal is planned for 7th-8th November 2012 in the Geneva area.

THE DEPUTY EXECUTIVE DIRECTOR presented information on the strategic tradeoffs in terms of Strategy scope; allocation of resources between the disease areas, product types and countries; the positions in the value chain where UNITAID should intervene; the prioritisation process; and the role of the AGFP.

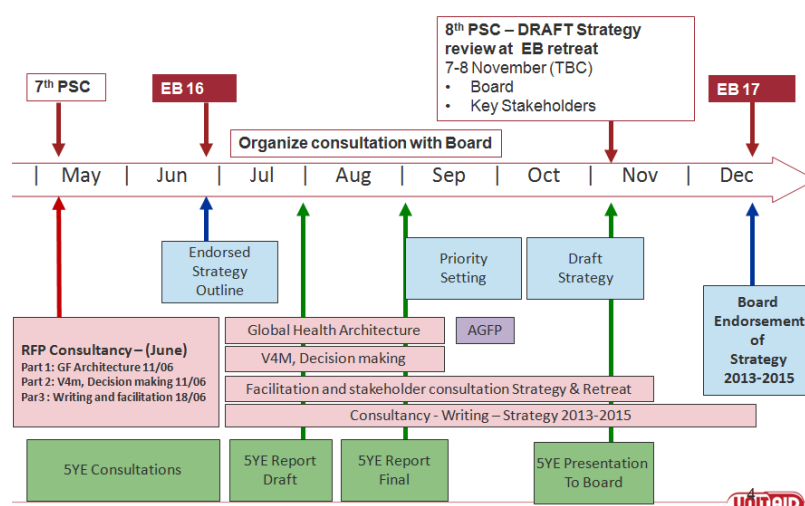
The proposed duration of the new Strategy is now four years, 2013-2016, rather than three years as originally planned. This will provide vision over a longer term.

UNITAID’s scope will remain limited to the three disease areas with consideration given to the inclusion of hepatitis C, which is a significant co-morbidity of HIV/AIDS. The main focus is on treatment, diagnostics and prevention of the three diseases in low income countries. The impact of middle income countries on the markets for these commodities will be taken into account.

THE SECRETARIAT assured the Executive Board that UNITAID would continue to be proactive and flexible to country needs. The maximum number of will be limited to between four and eight proactive, ‘themed’ calls, and four reactive, ‘open’ calls over the total time span of the Strategy. Clear prioritisation and assessment of risk is required to calculate the resources that need to be assigned to the projects. The AGFP’s role is to identify areas of intervention for the proactive calls.

The Strategy development process consists of consultation and preparatory meetings, the Executive Board retreat and the implementation phase (Figure 1).

Figure 1: Timeline and overview of Strategy development process



4.1. Discussion

The GATES FOUNDATION suggested adopting a goal driven approach that would answer the question ‘Who are we?’ and would define how far upstream or downstream in the value chain that UNITAID could intervene. As technical and disease landscapes are constantly evolving, this type of Strategy would have to be revisited on a regular basis. The AGFP could play an important role in the Strategy development by reviewing assumptions and offering expertise.

THE PSC CHAIR and OTHER EXECUTIVE BOARD MEMBERS agreed that they would like a clearer focus within the Strategy framework. It should set well defined goals and clear priorities that are in accordance with UNITAID’s limited funding. Proactive and flexible interventions should be encouraged.

THE EXECUTIVE DIRECTOR commented that internationally approved goals already exist for the three diseases, such as those established by the WHO, UNAIDS, Stop TB and Rollback Malaria. Public health impact targets are well defined. UNITAID has project goals that can be measured in terms of success or failure because it is dealing with markets for commodities.

FRANCE stressed the importance of concentrating on UNITAID's overall purpose. Risk analyses should guide investment decisions.

The UNITED KINGDOM was concerned that the suggestion of diversifying into co-morbidities could dilute UNITAID's impact and effectiveness. Resources should be directed to the major disease areas, in his opinion.

The NGOS proposed that UNITAID should concentrate on the low income countries with the highest disease burdens. Multi-drug resistant tuberculosis (MDR TB) is the only exception to this approach, because it is a limited problem in the poorest countries.

NORWAY noted that the Global Fund is already very active in low income countries. Sustainability and transferability should be the key considerations for strategic decisions.

THE CHAIR concluded the session saying that the Strategy should be based on well defined objectives and proposed that the Strategy document should include aims and priorities; resources needed; risk analysis; as well as UNITAID's role and positioning. The Secretariat was asked to circulate the draft Strategy to the Executive Board by August so that it could be discussed prior to the Board retreat.

DECISION

THE EXECUTIVE BOARD took note of the PSC report and requested that THE SECRETARIAT circulate the draft Strategy in August for consultation prior to the Board retreat.

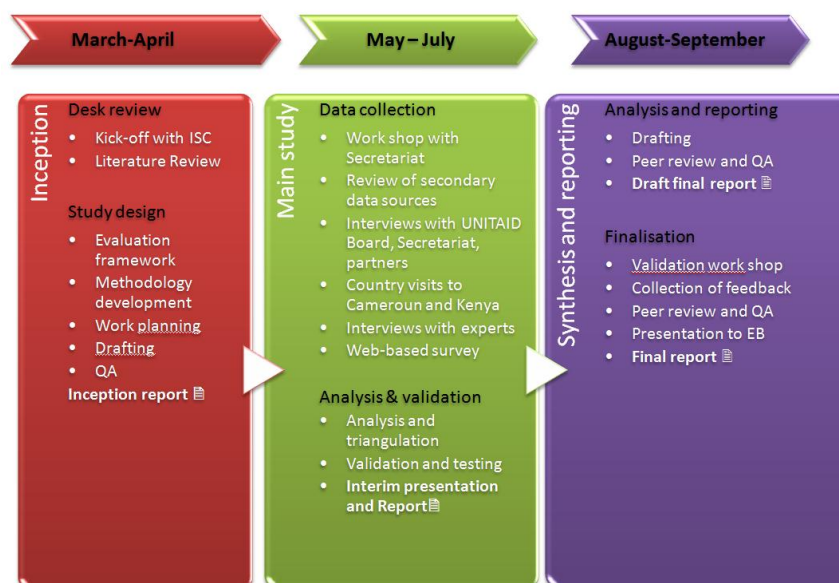
5. Independent Five Year Evaluation of UNITAID

THE CHAIR OF THE 5YE INDEPENDENT STEERING COMMITTEE (ISC) gave an update on the progress of the Five year evaluation of UNITAID. The data collection phase is ongoing and substantial background information has already been provided by the Secretariat. Executive Board members, partners, and other stakeholders are taking part in interviews. In total, over 80 interviews will be conducted. The Evaluation Team has arranged visits to countries to gather project information over the coming weeks. A Theory-of-Change workshop; a market dynamics briefing with the Secretariat; a web-based survey; and two country studies in Cameroon and Kenya are also planned.

The interim report will be ready for Steering Committee review in July 2012. The draft final report will be available in September to allow relevant information to be fed into the UNITAID Strategy development. This report will be presented to the PSC and circulated to the Executive Board. The final presentation will take place during the Board retreat in November.

An overview of three phases of the five year evaluation and the timelines are given in Figure 2.

Figure 2: Overview of the 5 Year Evaluation activities and timelines



5.1. Discussion

On behalf of the Executive Board, the representative for BRAZIL thanked the Evaluation Team and Steering Committee for working so efficiently and within a very tight timeframe. He noted that the 5YE information would feed into the Strategy process to ensure that UNITAID achieves maximum market impact.

DECISION

THE EXECUTIVE BOARD took note of the update on the independent Five year evaluation.

6. Key Performance Indicators

THE DEPUTY EXECUTIVE DIRECTOR updated the Executive Board on the status of Key Performance Indicators (KPIs) for 2011 and 2012.

The 2011 KPI report covering UNITAID's market impact, operational effectiveness and grant performance will be finalised by the end of June 2012.

KPI targets for 2012 have been reviewed by the FAC and the PSC. Some fine-tuning is necessary, so modifications will be made after the new UNITAID Strategy has been validated. The 2012 KPI report will be presented to the Executive Board in June 2013.

6.1. Discussion

THE CHAIR noted that, although it may be possible to improve the KPI targets, it is essential to maintain a consistent method of assessment from one year to the next to allow meaningful comparisons to be made.

The NGOs requested a move towards more numeric targets, adding that additional indicators are necessary to evaluate cost savings and successful transitions. The PROPOSAL REVIEW COMMITTEE (PRC) CHAIR agreed that targets should be more quantitative and precise.

NORWAY pointed out that the indicators should be drawn up at the outset, and not during the course of the year, and so it is too late to amend the indicators for 2012. The indicators for 2013 should be under discussion at this point. THE DEPUTY EXECUTIVE DIRECTOR responded that the 2012 KPIs had already been defined and only minor refinements to the targets were necessary in the area of organisational effectiveness.

THE CHAIR concluded that further information regarding modifications was required before the resolution to approve the revised 2012 KPI targets could be passed. This topic should be addressed at the next FAC meeting.

DECISION

THE EXECUTIVE BOARD took note of the update on KPI status and requested that the FAC review the refined targets for 2012.

7. Update on Market Dynamics and Operations

THE SECRETARIAT provided an update on the Market Dynamics and Operations teams' work.

7.1. Report on implementation of projects approved by the Board

During 2011, generic manufacturers supplied 84% of all antiretroviral drugs (ARVs), 73% of all ACTs and 100% of all anti-TB medications provided by UNITAID. Twenty of the priority medicines provided by UNITAID and ten of the diagnostic tests were pre-qualified. The price of second line ARVs has fallen since 2008, while the number of suppliers has increased. Access to heat stable, ritonavir boosted atazanavir (ATV/r) has been achieved: it costs 25% less than lopinavir/r and is only one pill per day. Price reductions of over 80% have been achieved for leading fixed dose combinations of paediatric ARVs since 2007. Although TB is a difficult and challenging market, progress has been made in increasing access to MDR TB testing facilities in 13 high burden countries. Over one million children infected with TB in 57 countries have been treated. A total of 151 million ACT treatments have been delivered via AMFm and ACT costs have been reduced from US\$10 to US\$0.33-1.33 per treatment.

UNITAID's portfolio is approximately US\$1.3 billion, of which US\$729 million is assigned to HIV projects; US\$315 million to malaria projects; US\$196 million to TB; and US\$100 million to cross cutting projects. The majority of funds are spent in low income countries (89.6%), while spending in lower middle income countries accounts for 8.1% of the funds and 2.3% in upper middle income countries.

A new tool, UNIPRO, is being used to monitor and manage the UNITAID portfolio. In future, grants will be evaluated on an annual basis using a sustainability heat map, which will help to identify areas of risk during the transition process. This information will be fed into the Annual Transition Status Report. Transition plans will be incorporated into grant life cycles and included in the Memorandum of Understanding that is signed with each partner.

End of project evaluations are in progress for two projects and three evaluations will start in 2012. A mid term review will be conducted for one project. Four new projects will be developed in 2012 and the new LOIs and project proposals will be evaluated

and developed in the second half of 2012. UNITAID's effectiveness will be reported upon in the Key Performance Indicators Report for 2011, which is due at the end of June 2012.

7.2. Update on Paediatric ARV transition

THE SECRETARIAT provided an update on the Paediatric ARV transition process. Approximately two and a half years ago, UNITAID started to work with the Global Fund on the transition of this project. The cancellation of the Global Fund Round 11 funding has had a serious impact on the planning. Of the 40 countries that were involved in the project, 22 had transitioned to alternative funding by June 2012; 13 are expected to transition after June 2012; and five countries lack transition funding for 2013. By contrast, all of the adult second line ARV projects (25 countries) have transition financing in place. A number of action items have been identified to overcome this funding gap and to ensure that paediatric treatment is not interrupted, including efforts by the Paediatric ARV Procurement Working Group; re-programming of existing grants; and identifying resources from other funding sources. In the long term, a sustainable market should be established to supply optimised ARV products for children. THE SECRETARIAT requested that the Board support a resolution asking the Global Fund to implement its 2011 Board decision to fund paediatric ARVs.

Discussion

THE PRC CHAIR asked about the size of the budget gap. THE SECRETARIAT responded that approximately one third of the project funds are spent in the five countries that lack transition funding. THE PRC CHAIR pointed out that the Board has a moral imperative to maintain paediatric ARV treatment or children will die prematurely. He asked if contingency funding could be allocated to cover this gap if the Global Fund is unable to take over the funding. The NGOS and the COMMUNITIES LIVING WITH THE DISEASES both said that the five countries should be encouraged at the country level by the Board and civil society organisations to apply to the Global Fund. They expressed the hope that the Global Fund would respond to UNITAID's request to implement its 2011 Board decision so that stock outs and treatment interruptions do not occur. In the long term, countries cannot depend on the Global Fund and may have to consider innovative funding mechanisms and South/South collaborations to fund healthcare for the three diseases. Encouraging low and middle income countries to become members of UNITAID was supported by the COMMUNITIES LIVING WITH THE DISEASES and NORWAY.

The GATES FOUNDATION asked whether other funders, such as PEPFAR, have been approached and whether re-programming of existing grants is possible in the five countries. He suggested that a country by country analysis should be conducted to find the best solution for each country. The representative for FRANCE agreed with this proposal. The representative for BRAZIL called for a 'Plan B' in case the Global Fund is unable to fund the paediatric ARV transition projects for the five countries. THE EXECUTIVE DIRECTOR pointed out that Board approval is needed for UNITAID expenditure and grants cannot be re-programmed to cover paediatric ARV transition. He reported that the Secretariat is working with PEPFAR on transition plans for some countries; these will be implemented before the end of 2012.

The representative for FRANCE said that the Global Fund Board would meet in September 2012 for an Extraordinary Session to decide on the allocation of approximately US\$1.1-1.5 billion via a new model of funding. It would be useful for

the UNITAID Board to communicate with the Global Fund Board about this potential opportunity to fund paediatric ARV transition projects. She requested that an additional clause be added to the Resolution: 'in the context of its new funding framework'. BRAZIL agreed with this proposal. FRANCE requested that the UNITAID Secretariat provides the Global Fund with precise details of the funding required since the Director General of the Global Fund has the power to approve funding up to a certain level. The representative of the NGOs agreed with this suggestion.

NORWAY referred to the fact that UNITAID Board Members represented entities that also were on the board of the Global Fund and expressed the opinion that one Board should not pressurise another Board. NORWAY then asked for clarification about the last sentence of the Resolution. The UNITED KINGDOM agreed with NORWAY on this matter and added that UNITAID has a responsibility to ensure that the children who had received ARVs via UNITAID project were able to stay on treatment. He suggested that the Chairs of the UNITAID Board and of the Global Fund meet to discuss possible methods of avoiding the risk of treatment interruptions. THE CHAIR agreed with this proposal and said that he would report back to the Board after the meeting so that a resolution could be agreed upon. He also suggested that a letter be sent to the Global Fund Board (Resolution N° 6). The Board unanimously agreed upon Resolution N° 6.

DECISION

THE EXECUTIVE BOARD approved Resolution N° 6.

7.3. Update on Letters of Intent (LOIs)

THE EXECUTIVE DIRECTOR reported on the recent call for Letters of Intent (LOIs). Sixty six LOIs were received and they are being screened by the Secretariat. Proponents will be notified in late June 2012 if they have passed the screening process. They will be invited to submit full proposals by the end of August 2012. The proposals will be reviewed in early September 2012 by the Secretariat and by the PRC in October 2012. The PRC's recommendations will be submitted to the Board for their meeting in December 2012 (EB17).

Only two proposals on paediatric ARVs were received. Meetings and discussions with the proponents will be held by the Secretariat in order to clarify the proposals. The majority of the open call LOIs was from new potential implementers. There was an approximately equal distribution of LOIs across the three diseases and a considerable number of LOIs focused on cross cutting issues. A very broad range of activities were covered by the LOIs, from upstream research to market interventions. THE EXECUTIVE DIRECTOR commented that the process of reviewing the LOIs was yielding a considerable amount of useful market information that will assist in future calls for LOIs. He warned that very few organisations have the expertise and capacity to undertake UNITAID projects on a global scale. The Secretariat will give proponents feedback and support so that they can generate high quality proposals.

Discussion

The GATES FOUNDATION and NORWAY sought clarification on how much money would be allocated between the open and targeted calls for LOIs. The GATES FOUNDATION expressed the hope that the revised Strategy will assist in prioritisation of the projects and warned that the PRC will have to make difficult decisions. He suggested that a proportion of funding, e.g. 20%, should be allocated to open calls in the future. NORWAY expressed disappointment that, although there is considerable interest in

treating children with HIV, only two LOIs were received in response to the targeted call. THE EXECUTIVE DIRECTOR commented that open calls might not yield proposals that are best aligned with UNITAID's strategy and that targeted calls might be more useful. However, screening the LOIs was a relatively fast process since many of the LOIs did not meet UNITAID's mandate and could be rejected quickly. The LOIs that fulfil UNITAID's criteria can be developed into full proposals. The two LOIs on paediatric ARVs will be evaluated and it is hoped that projects in this area can begin in 2013. They will not overlap with the existing paediatric ARV projects. The paediatric ARV market is shrinking and becoming increasingly fragmented, thanks to effective prevention of mother to child transmission of HIV, but it will be necessary to maintain the market until there are no more HIV positive children.

The NGOs asked if any LOIs on the management of multi drug resistant TB or paediatric TB have been received. She also sought information on the AMFm project. THE EXECUTIVE DIRECTOR responded that LOIs in these areas had been received and he hoped that they could be developed into interesting proposals. He added that the first report on the AMFm is expected at the end of June 2012. A number of future options will be considered in August or September 2012. The evaluation will be completed in October 2012. The representative for the NGOs considered that it would be problematical if there were another *ad hoc* request for funding for the AMFm in 2012.

8. Follow up on FEI proposal

8.1. Summary

The France Expertise Internationale (FEI) proposal entitled ‘Open Polyvalent Platforms (OPPs) for a sustainable access to quality and affordable viral load testing in resource limited settings’ was reviewed by the PRC in February 2012. It was referred back to the FEI consortium (composed of the ANRS (French National Agency for Research on AIDS), the public interest group, ESTHER, the public interest group, FRANCE Expertise Internationale (FEI), and the NGO, SOLTHIS) for clarification and revision during the EB Special Session 15 (Resolution EBSS15/7). The Secretariat held discussions with the FEI and reported back to the Board at EB16 on the revised proposal. The FEI submitted a Proposal Supplement that addressed three points raised by the Secretariat:

1. The potential to scale up and commercialise the OPPs was described, e.g. to obtain WHO final qualification of the Biocentric OPP system; to achieve endorsement of the OPP model by national authorities; to support producers’ attempts to increase their capacity; and to assist suppliers to develop business plans.
2. THE SECRETARIAT considered that the FEI had addressed point ii) of the EBSS15/7 resolution by describing the target market. A full Business Plan and Intellectual Property strategies for each product should be provided by FEI.
3. The FEI has provided clarification of the roles and responsibilities of each of the consortium members and has simplified the consortium structure.

THE SECRETARIAT considered that the additional information supplied by FEI in the Proposal Supplement was sufficient and has demonstrated the potential of the project to achieve market impact. THE SECRETARIAT recommended that the project should be split into a number of implementation phases. During Phase One, the project should be focused on activities that will contribute to market impact. Further funding should be conditional on completion of Phase One activities.

8.2. Discussion

The UNITED KINGDOM raised a process point: the PRC did not recommend funding the FEI project but, during EBSS15, the Board commissioned the Secretariat to work with the FEI consortium to improve the proposal. The UNITED KINGDOM considered that the PRC should have reviewed the proposal supplement and then presented its recommendations to the Board. He requested that the PRC’s opinion on the revised proposal be sought and that the PRC should be involved in the assessment of the Phase One activities and revised Business Plan. THE CHAIR acknowledged that the PRC should be involved in reviewing all proposals and agreed that the PRC should review the FEI business plan. The GATES FOUNDATION supported the UNITED KINGDOM’s point about the need for PRC review. THE PRC CHAIR referred to the minutes of the EBSS15 and said that the PRC had expected to review the proposal formally and submit its recommendations to the Board at EB16. At present, the PRC has no official stance on this proposal but would welcome the opportunity to review the project. The NGOs representative stated that the Board should be consistent in its approach and the representative for FRANCE agreed with this stance. THE CHAIR expressed his agreement with the point made by UNITED KINGDOM, GATES FOUNDATION and NGOS. He pointed out that the Secretariat had followed the Board’s instructions after the EB15/SSDP. He

asked that the resolution be amended to include the statement that the PRC will review the business plan and that approval of Phase One was subject to favourable review by the PRC.

The NGOs said that they could support Phase One, if the PRC reviewed the revised proposal and if two clarifications were addressed satisfactorily:

1. Will the system amplify HIV in all 28 countries, e.g. non-West African countries?
2. Clarification of the projected number of viral load tests should be provided.

The representative of the GATES FOUNDATION stressed that quality assurance (QA) is very important and asked who is responsible for QA in Phase One? He requested that full costings for robust QA in the countries should be supplied.

The representative of FRANCE expressed support for the Secretariat's recommendation to fund Phase One of the project. The GATES FOUNDATION, FRANCE and the UNITED KINGDOM supported the involvement of the PRC in the review of the results of Phase One before a funding decision is taken with respect to Phase Two.

DECISION

THE EXECUTIVE BOARD *approved* Resolution N° 4 after it had been amended. A sum of up to US\$2.4 million will be available for the implementation of Phase One of the project. At the end of Phase One, THE SECRETARIAT and the PRC will present an evaluation of the project to the Board.

9. Follow up on WHO/FIND/Stop TB proposal

9.1. Summary

The WHO/FIND/Stop TB proposal to scale up access to the GeneXpert MTB/RIF technology was reviewed by the PRC in February 2012. The PRC requested a number of clarifications from the proponents and the responses were reviewed in depth by the TB Core Group. The entire PRC also had the opportunity to comment on the clarifications. The PRC found the replies from the consortium acceptable.

THE SECRETARIAT presented an overview of its actions pursuant to the EB15 Resolution number 8. Due diligence analyses of Xpert cartridge pricing and of buy down options were undertaken. Discussions were held with USAID/PEPFAR (USG) and the Bill and Melinda GATES FOUNDATION (BMGF) to agree on a cost share of the buy down. Joint negotiations (UNITAID, USG and BMGF) were undertaken with Cepheid about pricing options. The public health components of the project were extensively explored and alternative country scale up scenarios were considered. Immediate access to a cartridge price of US\$ 9.98 was achieved for more than 145 public sector purchasers and an agreement has been reached with Cepheid that this price will not increase for 10 years. The USG, BMGF and UNITAID have agreed to share the costs of the buy down. UNITAID's proportion of the buy down will be reduced, depending on global volume thresholds in 2013 and 2014.

THE PRC CHAIR noted that, in the light of the high level of contact between the proponents and the Secretariat, it was essential that the PRC provided an independent evaluation of the revised proposal. He warned of the risk of 'capture' when the Secretariat becomes closely involved in the proposal development process.

The PRC had no objections to the revised WHO/FIND/Stop TB proposal.

9.2. Discussion

The representative for BRAZIL considered that all of the questions about this proposal had been addressed. He praised the PRC's involvement in improving the proposal and expressed pleasure about the partnerships between global health actors that have been built to enable this project to take place. THE UNITED KINGDOM representative expressed his support for THE PRC CHAIR's concerns about the risk of 'capture' if the Secretariat becomes too proactive in developing proposals. He was uncertain of the value to UNITAID of a buy down credit and was concerned that this might result in a pre-approval of a cost extension. THE SECRETARIAT explained that the credit would be reserved to ensure the availability of the cartridges rather than returning the money to UNITAID. It was accepted that the pros and cons of this approach must be carefully considered. THE EXECUTIVE DIRECTOR stated that UNITAID wants to obtain the best conditions for countries buying the GeneXpert system components.

The representative of the COMMUNITIES LIVING WITH THE DISEASES expressed pleasure that there will be active engagement with in-country NGOs and that the test will be free of charge to patients in countries where the UNITAID project is operating. The linkage between testing and access to therapy is very important. The representative of the NGOs agreed that this is a very important project that will have a major public health impact. Annual price negotiations with Cepheid were suggested in order to ensure that the prices of the cartridge and machine are as low as possible. The representative of the GATES FOUNDATION said that the buy down mechanism would ensure price transparency. THE EXECUTIVE DIRECTOR explained that the manufacturer is linking price to volume: high volumes of demand will ensure that the price stays low. He agreed that regular reviews of the prices should be conducted.

DECISION

THE EXECUTIVE BOARD approved Resolution N° 5.

10. Report by THE CHAIR of the Advisory Group on Funding Priorities (AGFP)

10.1. Summary of report

THE CHAIR of the Advisory Group on Funding Priorities (AGFP) reported on the Group's activities since its formation in late 2011. He noted that it is a new UNITAID committee and suggested that further consideration should be given to its role within the UNITAID structure, including its terms of reference. The AGFP is a committee of seven international experts in HIV, TB and malaria, who were chosen by the Board for their strategic input. The AGFP has an advisory role and does not generate information in the way that the Market Dynamics or UNITAID consultants do. The aim is to create a balance between a more proactive Secretariat, which is starting to work with applicants to improve their proposals, and the providing independent advice, especially in relation to the UNITAID strategy, to the Board. The AGFP is not tasked with reviewing proposals but with providing input on priority areas for UNITAID.

The induction meeting of AGFP was held 29th February-1st March 2012 and three teleconferences have taken place since it was set up in late 2011. THE AGFP CHAIR acknowledged that a considerable proportion of the induction meeting was devoted to educating the AGFP about UNITAID and its unique place in global health. The AGFP started to discuss the prioritisation criteria but more work is needed on this aspect. The committee is anxious not to duplicate the Market Dynamics Team's work and is awaiting certain critical documents, which will form the basis for its considerations. During the second quarter of 2012, there were closer contacts between the AGFP and the Executive Board in an attempt to more precisely define the mission of the AGFP. The responses from the Board members indicated that there is a range of opinions on this point. Increased clarity of the Board's requirements is essential. A face to face meeting of the AGFP in September 2012 is planned, when the committee will review and provide input on the documents generated by the Secretariat, including the draft updated Strategy. The concept of 'value for money' will also be discussed. Refining the process for prioritisation will be an ongoing exercise for the AGFP and it will be informed by the Strategy, the results of the Five year evaluation and the Board's goals beyond 2013. The members will also review the implications of Treatment as Prevention for HIV and UNITAID's role within the global health arena. During Q4 2012, the AGFP Chair will provide feedback to the PSC and the Executive Board via face to face meetings, one to one meetings and teleconference calls. THE AGFP CHAIR concluded by expressing his wish to receive further input from the Executive Board.

10.2. Discussion

THE PSC CHAIR thanked THE AGFP CHAIR for his report and commented that it is important to have expert input into the Secretariat's work. She added that it is now necessary to better define the AGFP's terms of reference and asked that all Board members to consider the issue of whether the AGFP is still needed, given the changes that have occurred at UNITAID in the past year. The NGOS representative said that the NGOS had sent some comments about the AGFP's role prior to the Executive Board meeting. She questioned whether seven experts could cover all aspects of the three diseases and suggested that *ad hoc* committees that focus on specific issues might be more useful. NORWAY said that the AGFP would provide valuable input into the Strategy update. She accepted that it takes time for outside experts to become

familiar with UNITAID's work and approach, and thought it was premature to consider disbanding the AGFP. She noted that the structure of the AGFP could be adjusted after the new Strategy had been finalised. The representative of the UNITED KINGDOM agreed with NORWAY and said that the AGFP should only focus on the three diseases. THE CHAIR noted that the AGFP is seeking clarification of its terms of reference and called upon the Board to prepare for a full discussion on this topic. He added that expert input is needed to help UNITAID fulfil its mission in the three diseases and to look to the future.

The NGOs called for hepatitis C (HCV) to be included in UNITAID's mission since it is a co-infection with HIV. Current treatment for HCV is expensive and challenging but new therapeutic options are emerging.

The NGOs suggested that the role of the AGFP should be reviewed at the end of 2012 after the updated Strategy has been finalised.

THE AGFP CHAIR thanked the Board for their input and said that the current terms of reference do allow *ad hoc* reviewers or experts to participate in the AGFP. However, he noted that it is challenging to find experts in the three diseases who are also familiar with UNITAID's approach. The original terms of reference created a 'Chinese Wall' between the AGFP and the PRC. THE AGFP CHAIR suggested that this might not be necessary and involving PRC members in the AGFP's work and *vice versa* might be beneficial since they would understand UNITAID's approach. Additional *ad hoc* members could be recruited as necessary.

The representative for FRANCE called for UNITAID to use its own capacity more efficiently rather than setting up more expert groups within the organisation. She noted that the Board and Secretariat need people with a wide range of expertise who can provide a holistic and integrated view of the three diseases. In her opinion, they should be familiar with UNITAID and be able to provide advice to the Board. She expressed support for the continuation of the AGFP in its present format but said that it should be provided with a clearer framework. Better communication between the AGFP, Board, Secretariat and PSC would be helpful.

The representative of the GATES FOUNDATION said that there is a specific need for the AGFP to provide input into the updated Strategy by reviewing the various drafts. He proposed that the AGFP's function should be reviewed after it had been in existence for 12-24 months. The UNITED KINGDOM agreed with both of these statements and said that is very important to have an external challenge to the Board and the Secretariat. An alternative option to the AGFP might be to have a non-voting Board member who represents the constituency of experts.

DECISION

THE EXECUTIVE BOARD received THE CHAIR of the AGFP's report and will respond to his request for clarification of the terms of reference for the AGFP.

11. Progress report on the Medicines Patent Pool Foundation

THE SECRETARIAT (Executive Director) expressed continued enthusiasm and support for the Medicines Patent Pool (MPP). THE EXECUTIVE DIRECTOR observed that, despite negative pressure from pharmaceutical companies, there had been many successes in voluntary licensing, which have enabled people to gain access to treatment or to commence treatment at an earlier stage. He mentioned that both UNAIDS and the Clinton Foundation had expressed interest in the Patent Pool.

The former Executive Director of the Patent Pool, Ellen 't Hoen, resigned in April 2012 for personal reasons. The Board of the Patent Pool is now seeking a replacement. The MPP Board member, Dr Sigrun Mogedal and the interim Executive Director, Mr Chan Park, gave an overview of the progress of the Patent Pool in 2012.

Even though there were political challenges and technical problems to be overcome, the Patent Pool has ongoing discussions on licensing agreements with Johnson & Johnson, Abbott and Merck, and with several other patent holders. It is hoped that the Patent Pool would be able to make some positive announcements during the International AIDS Society Congress (IAS) in July 2012.

Dr Park reported to the Executive Board on licensing; the patent status database; policy, advocacy and communications; and various aspects related to governance and finance. UNITAID and the MPP Board have already agreed a milestones framework for 2011-2015 that reflects the medium term vision of the Patent Pool. Many of the detailed milestones for 2012 have already been achieved.

Discussion

The representative of the Ngos praised UNITAID's innovative approach and willingness to engage with the Patent Pool project.

THE CHAIR drew the Board members' attention to the fact that, thanks to the Patent Pool, Gilead's fixed combination product, Quad, will become simultaneously available in both rich and poor countries. This will be the first time that drugs are available at the same time in both high and low income countries.

The Ngos observed that there are two other licensing initiatives that are proving less effective than the Patent Pool. There is the ARV Collaboration (now HIV Medicines Alliance), driven by Johnson & Johnson/Merck and supported by the Wellcome Trust, which promotes bilateral licensing agreements for the lowest income countries. The second is an initiative from CHAI and UNAIDS that endeavours to set standards for voluntary licensing. The Ngos noted that these standards are lower than those set by the Patent Pool. CHAI is also active in brokering bilateral deals between innovator and generic companies. The Ngos solicited the help of the Chair and the Executive Director in contacting CHAI and UNAIDS, both of which are UNITAID partners, to persuade them to collaborate with UNITAID in approaching companies to participate in the Patent Pool rather than pursuing their own initiatives.

The MPP Executive Director informed members that the Patent Pool is actively engaged in discussions with UNAIDS and the ARV collaboration. He pointed out that, unlike bilateral licensing agreements, the Patent Pool respects Public Health and political considerations to ensure that TRIPS flexibility is maintained. The Patent

Pool's voluntary mechanism ensures drug access for as many people as possible in lower and middle income countries.

BRAZIL informed the Executive Board that the Brazilian Oswaldo Cruz Foundation is in contact with the Patent Pool regarding the Foundation's fixed dose combinations (FDCs), paediatric ARVs and other products. Support from the Patent Pool can speed up time to market for drugs destined for use in Brazil and in other countries.

The representative for the COMMUNITIES LIVING WITH THE DISEASES congratulated the Patent Pool for its achievements to date, including its proactive engagement with Civil Society. However, clearer and more concrete communications would be appreciated, to ensure that expectations at the country level are realistic and practical.

THE EXECUTIVE DIRECTOR offered to support the Patent Pool with its communication campaigns. He stressed the need to remain firm on licensing standards. The Patent Pool should continue to lead the way in managing the legal aspects of its work and in defining the future of Intellectual Property in relation to ARVs.

The NGOs commented that support from the Chair and the Executive Director would be welcome to encourage pharmaceutical companies to participate in the MPP and also to assist with its communications. The HIV Medicines Alliance is expected to have a significant presence at the 2012 IAS meeting; it is important that the MPP also has visibility.

THE CHAIR echoed the importance of communication and encouraged the Civil Societies to work together on this aspect. THE CHAIR also proposed that he should write to CHAI, which has close relationships with the pharmaceutical industry, to ask for its support.

DECISION

THE EXECUTIVE BOARD took note of the report from the Medicines Patent Pool Foundation.

12. Point of care HIV Diagnostics Market Entry

12.1. Overview

THE SECRETARIAT (Market Dynamics Co-ordinator) provided information on the point of care (POC) HIV diagnostics market entry project. Access to HIV diagnostics lags behind access to ARV treatment, thus compromising treatment effectiveness. Traditional diagnostic technologies require expensive instruments, sophisticated laboratory infrastructure and highly trained staff. Samples have to be transported from rural areas to centralised laboratories for analysis and results returned to the patient and healthcare worker in a timely manner so that treatment decisions can be made. Although the definition of POC tests differs, some common characteristics of POC tests include simple 'all in one' instruments; minimal service/maintenance; low per test cost; and provision of results on the same day as the test is performed. The goal is improved patient retention and improved quality of care.

However, only limited POC tests are available for CD4 cell counts and no POC tests for viral load or early infant testing are on the market. There are major barriers in terms

of limited funding for POC tests development; lack of international and national quality assurance standards for POC tests; regulatory delays; the need to update health policies to reflect the use of POC tests; and providing training for healthcare workers.

Nine LOIs received in response to the call for diagnostic LOIs were put on hold until the Secretariat had developed a market entry implementation plan, as requested by the Executive Board in December 2011. Eight of the LOIs focused on activities to secure marketing approval at country level while one LOI focused on enabling activities for marketing approval at regional and global levels. The market entry implementation plan calls for target product profiles (TPPs) to be developed for POC tests that UNITAID might invest in, so that funders and potential users can assess the technical specifications and performance characteristics of new POC tests. TPPs have been developed for viral load and early infant diagnosis tests, and are in development for CD4 cell count tests. The nine proponents will be asked to submit a standard proposal plus additional information, including the product profile and technical specifications; the business case and commercialisation strategy; intellectual property (IP) information; field evaluation protocols; and ethics approval. This information will be reviewed by experts who specialise in IP and commercial strategies. Their reports and the full proposals will be submitted to the PRC for review. The PRC will make their recommendations to the Board for decision at EB17. Due diligence will be carried out of approved projects before the market entry projects are initiated.

THE SECRETARIAT outlined additional components of the UNITAID strategy to address market barriers to HIV POC diagnostics.

12.2. Discussion

THE CHAIR and the UNITED KINGDOM representative described the presentation as very helpful. The UNITED KINGDOM questioned whether there are enough funds to cover all of the possible projects that will be reviewed in Autumn 2012. THE SECRETARIAT noted that the Board had set aside US\$20 million for these market entry activities but it is likely that the project will require less money than this.

The NGOS and the GATES FOUNDATION expressed support for the market entry implementation plan. The NGOS suggested that the intended price should be included in the TPP; THE SECRETARIAT agreed with this. The GATES FOUNDATION representative was pleased that UNITAID is providing intellectual leadership in this area. He called for consideration to be given to how funds are divided amongst the different products in development and asked how UNITAID would facilitate market entry of products that manufacturers are already planning to launch. THE SECRETARIAT explained that UNITAID's investment might help a manufacturer launch a diagnostic product in a greater number of markets than initially planned (e.g. by gaining market approval or by funding field evaluation trials in a larger number of target countries).

THE PRC CHAIR said that the key issue in improving access to POC tests is the development of a global pre-qualification process that would render national regulatory approval unnecessary.

The GATES FOUNDATION asked whether any negotiations had been initiated with the manufacturers of the PIMA technology in order to reduce prices. THE SECRETARIAT replied that no formal discussions have taken place with UNITAID but CHAI is in discussion with the manufacturer about this issue.

DECISION

THE EXECUTIVE BOARD *approved* of the Secretariat's work on market entry of diagnostic products that can be used at the point of care in order to improve the care of people living with HIV/AIDS.

13. Update on the Millennium Foundation

THE CHAIR opened the session on the Millennium Foundation by posing the question as to whether or not UNITAID should continue to support the Foundation and whether the Foundation still has a role to play by fund raising within the private sector.

The Millennium Foundation's Managing Director, Mr Henk Mulder, described the recent winding down process. Relationships with providers and partners have been terminated without ill feeling, following the discontinuation of the MASSIVEGOOD software project. The Foundation's staff has been reduced from twenty to two members of staff.

On a positive note, UNICEF has decided to take on the software technology that had been developed for the Millennium Foundation by Amadeus. UNICEF was also involved in development of the software and considers it to be a tremendous tool, not only for voluntary contributions but also for raising money securely in disaster situations.

Mr Mulder described the Millennium Foundation's current activities. THE EXECUTIVE DIRECTOR pointed out that there might also be opportunities in India. He described his recent visit there to discuss the implementation of an air ticket levy with the Indian government. He met with several major corporations and made a presentation at the Bombay Stock Exchange. The Stock Exchange has agreed to act as an ambassador for UNITAID with the listed companies to discuss how part of their Corporate Social Responsibility payments could be allocated to UNITAID.

13.1. Discussion

NORWAY was pleased that the MASSIVEGOOD investment could be used by UNICEF.

The NGOs observed that possibilities for private fundraising are very limited and gives a poor return on investment. Seeking funds from private companies may attract negative publicity if it were to come under press scrutiny. The NGOs proposed closing down the Millennium Fund and recouping any remaining money for the benefit of UNITAID.

THE CHAIR pointed out that some of the WHO funding comes from the private sector. As the Millennium Foundation has identified opportunities for attracting new donations over the next few months, and no financial support is required from UNITAID, THE CHAIR proposed reviewing the situation again at the end of the year.

The UNITED KINGDOM noted that, technically, it is the Board of the Millennium Foundation's decision to close it down. The UNITED KINGDOM asked for a future update regarding the amount of funds collected by UNICEF using the Amadeus software. He wondered whether this technology could also be useful for the Disasters Emergency

Committee in the United Kingdom. THE CHAIR proposed setting up a meeting with parties interested in collecting funds in emergency situations.

THE CHAIR thanked the Mr Mulder for his hard work when facing a difficult situation.

DECISION

THE EXECUTIVE BOARD will review the future of the Millennium Foundation at the next Board meeting.

14. Calendar of future Executive Board meetings and closure of meeting

Several members were not available on the dates proposed for Executive Board meetings in 2013. It was agreed that the Secretariat would initiate an electronic consultation process with Board members to check availability. Confirmed dates will then be confirmed electronically.

DECISION

THE EXECUTIVE BOARD requested that THE SECRETARIAT consult with Board members to identify suitable dates for Board meetings in 2013.

14.1. Any other business

THE SECRETARIAT (Deputy Executive Director) informed the Executive Board that the Secretariat would organise a teleconference, videoconference or physical meeting in July or August to move the Strategy discussions forward, prior to the Board retreat.

THE CHAIR noted that this was the last Executive Board meeting for the representative of the COMMUNITIES LIVING WITH THE DISEASES, Dr Esther Tallah. She will be replaced by the alternate, Mr Nelson Otwoma, at future meetings.

On behalf of the Executive Board, THE CHAIR thanked Dr Tallah for the very important role she had played in the fight against disease and suffering.

14.2. Closure of the meeting

THE CHAIR of the UNITAID Executive Board thanked the members for their constructive contributions.

THE CHAIR expressed the Executive Board's thanks to the Secretariat for organising the meeting.

The 16th Session of the Executive Board closed at 15.45 on Wednesday 13th June 2012.

15. Appendix

List of Participants

BOARD MEMBERS

CHAIR	– Dr Philippe Douste-Blazy
VICE-CHAIR - CHILE	– <u>Alt.</u> : Dr Guy Fones
AFRICAN COUNTRIES	– <u>Alt.</u> : Mrs Fernande Mvila
BRAZIL	– <u>Alt.</u> : Dr Jorge Bermudez
FRANCE	– Mrs Mireille Guigaz
NORWAY	– Ms Sidsel Bleken – <u>Alt.</u> : Ms Beate Stirø
SPAIN	– Mr Miguel Casado Gómez
UNITED KINGDOM	– Mr Carlton Evans
COMMUNITIES LIVING WITH THE DISEASES	– Dr Esther Tallah – <u>Alt.</u> : Mr Nelson Otwoma
NGOs	– Ms Kim Nichols – <u>Atl.</u> : Dr Tido von Schoen-Angerer
CONSTITUENCY OF FOUNDATIONS – BILL AND MELINDA GATES FOUNDATION	– Mr Girindre Beeharry – <u>Alt.</u> : Mr Kieran Daly
WHO	– Dr Hiroki Nakatani

OTHER MEMBERS OF DELEGATIONS

ASIAN COUNTRIES – REPUBLIC OF KOREA	– Dr Ganglip Kim
BRAZIL	– Mr José Roberto de Andrade Filho – Ms Stephanie Dauch – Mr Guilherme Suedekum
FRANCE	– Mr Stephane Renaudin – Ms Laurène Aubert
NORWAY	– Ms Kirsten Myhr – Mr Christian Eliassen
UNITED KINGDOM	– Ms Amy Kesterton
CONSTITUENCY OF FOUNDATIONS – BILL AND MELINDA GATES FOUNDATION	– Ms Beatrice Nere – Mr Richard Wilder
COMMUNITIES LIVING WITH THE DISEASES & NGOs	– Ms Jessica Hamer
WHO	– Mr Issa Matta – Ms Loubna Al Atlassi
PROPOSAL REVIEW COMMITTEE	
CHAIR	– Mr Andy Gray
VICE-CHAIR	– Dr Stephanie Simmonds
ADVISORY GROUP ON FUNDING PRIORITIES	
CHAIR	– Prof James McIntyre
PARTNERS	
THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA	– Dr Debrework Zewdie – Mr Yuniwo Nfor – Ms Tala Jallow – Mr Jan Van Damme
ROLL BACK MALARIA PARTNERSHIP	– Dr Thomas Teuscher

STOP TB PARTNERSHIP	– Dr Lucica Ditiu
UNAIDS	– Dr Carlos Passarelli
MEDICINES PATENT POOL FOUNDATION	– Mr Chan Park – Dr Sigrun Møgedal
MILLENNIUM FOUNDATION – INNOVATIVE FINANCE FOR HEALTH	– Mr Henk Mulder
INDEPENDENT STEERING COMMITTEE – 5YE	
CHAIR	– Mrs Johannah-Joy Phumaphi
CONSULTANTS – 5YE	
ITAD	– Mr Sam McPherson – Mr Soren Peter Andreasen – Mr Marco Schaferhoff
SPECIAL INVITEES	
PEPFAR	– Mr William Coggin
OBSERVERS	
NGOs AND COMMUNITIES LIVING WITH THE DISEASES	– Mr Louis da Gama (Global health Advocates, France) – Mr Casco Mubanga (Network of Zambian People Living with HIV/AIDS) – Ms Mercy Douala (REMEDI, France) – Mr Moses Ndegwa Mutiga (Ambassador of Change, Kenya) – Ms Krista Cox (KEI, USA) – Mr Stephen McGill (Stop AIDS Liberia) – Attapon Ngoksin (ITPC, Thailand) – Dr Mohga Kamal-Yanni (Oxfam GB, UK) – Mr Khalil Elouardighi (Coalition Plus, France) – Coco Jervis (Treatment Action Group, USA) – Mr Patrick Bertrand (Avocats pour la Santé dans le Monde, France) – Mr Thiru Balasubramaniam (KEI)
UNITAID SECRETARIAT	

- Dr Denis Broun (Executive Director)
- Dr Philippe Duneton (Deputy Executive Director)
- Dr Raquel Child (Director, Market Dynamics and Operations)
- Ms Brigitte Laude (Director, Administration and Finance)
- Ms Brenda Waning (Coordinator, Market Dynamics)
- Mr Edward Vela (Senior Adviser to Executive Director)
- Ms Sonia Hilton (Legal Advisor)
- Mr Frédéric Martel (Strategy and Planning Officer)
- Ms Sophie Genay-Diliautas (Board Relations Officer)
- Ms Paloma Cuchi (Portfolio Manager, HIV/AIDS)
- Mr Robert Matiru (Portfolio Manager, TB)
- Ms Louise Kleberg, Technical Officer, PRC & Advisory Committees)
- Ms Gelise McCullough (Technical Officer)
- Ms Vibhu Garg (Executive Officer)
- Ms Susanna Volk (Executive Board Assistant)