



**INFORMATION**

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RBM Working Group Meeting – Geneva, 2-3 Feb 2009

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Minutes

# 4<sup>th</sup> RBM Procurement and Supply chain Management Working Group Meeting

Geneva, Switzerland  
2 – 3 February 2009

## Monday February 2nd 2009

The meeting was opened by the RBM PSM WG co-chairs and RBM Secretariat, and the meeting agenda was reviewed. The minutes of the Third PSM WG meeting were adopted

The RBM and Global Fund Board meeting decisions and recommendations were presented.

Various mechanisms for identification and resolution of country-level bottlenecks were presented; including regular country and partner teleconferences, annual planning and review meetings and the harmonized workplan questionnaire. Adhoc requests can also be managed through liaising between the SRNs and working groups.

Examples of PSM bottlenecks to which the PSM WG has contributed were given; Procurement of ACTs in South Sudan; changes in LLIN distribution in Tanzania; a change in ACT order pattern (>80% 5-15kg) and disbursement on hold while previous grants are renegotiated in Uganda. It was noted that through direct payment and the voluntary pooled procurement services, some bottlenecks may be resolved.

Decision point/ next step:

- *RBM Secretariat and EARN to follow-up on Tanzania and Uganda bottlenecks*
- *RBM Secretariat and SRNs to continue pro-active bottleneck detection through teleconferences with countries and partners*
- *There was consensus on the need to circulate information on identified bottlenecks and for a sub group(s) of the PSM WG to take the lead in mobilising support for PSM bottleneck resolution. It was suggested that the ACT supply taskforce takes on case management bottlenecks and LLIN bottleneck taskforce is continued for bottleneck resolution (DFI and co-chairs to look into future leadership of this taskforce) .*

Issues and opportunities on the regulatory status of ACTs were presented by WHO. This included discussing the promotion of self-medication with ACTs and the re-classification of ACTs by NDRAs from prescription only medicines (POM) to over the counter (OTC). In addition, discussion on impacting on the use of monotherapies and the emergence of resistance.

Next step:

- *Targeting the National Drug Regulatory Authorities, and developing documents and disseminating results are suggested activities that the PSM WG could undertake.*

The online PSM technical assistance roster was presented, as a tool within the RBM mechanisms to resolve bottlenecks.

Next step:

- *PSM WG members are invited to contribute to the roster (also with French and Portuguese-speaking technical assistants) and highlight their institutional expertise (number of experts, domains, focal point, flexibility).*

The results of the LLIN Scale-up Bottleneck questionnaire were presented and discussed. Among the next steps, there will be workshops and meetings to engage partners and countries on certain issues. E.g. a Donors meeting and a regulatory meeting jointly organized with WHOPEP.

Tenders were identified as a key entry point where the PSM WG could contribute to greater transparency, reduced delays and standardized specifications.

The PSM WG has contributed to the grant signature process for Round 7 and 8. In December 2008, a joint workshop was organized by the PSM WG, the Harmonization Working Group (HWG) and the Monitoring and Evaluation Reference Group (MERG) to accelerate grant signature. Delegates from 14 countries were among the 128 participants that attended the workshop and supported the identification of technical assistance needs for the grant signing and implementation process. The target in the PSM WG workplan is "80% of the PSM plans for Round 8 approved within 3 months of workshop".

In Round 9 the PSM WG will again contribute to the preparation of proposals (through the mock TRP, planned for April 28-.30 in Nairobi), and to a similar workshop for the acceleration of grant signature towards the end of 2009 and technical assistance.

Regular teleconferences are held by the Harmonization Working Group taskforces on round 8 grant signature and round 9 proposal submission. These include participation from the PSM WG co-chairs and members such as UNICEF and the Global Fund as well as the RBM Secretariat.

At their November 2008 Board Meeting, the Global Fund Board approved the revised Quality Assurance Policy, which will be effective as of July 1st 2009. The differences were highlighted and the role of the "Expert Review Panel" in reviewing products that are needed which may not be SRA registered was discussed.

Voluntary Pooled Procurement services of the Global Fund were also presented and discussed, including the Capacity Building Services.

End of Day 1.

### **Tuesday February 3rd 2009**

The second day of the meeting was opened with no outstanding issues from day 1 and an update was given on the MMV-Novartis launch of the dispersible formulations of AL. The 2 smaller pack-sizes will be replaced by the dispersible from April 2009 onwards. It is Novartis intention once a country has imported the dispersible tablet repeat orders for the old presentation will no longer be supplied. The dispersible is currently registered at a stringent regulatory authority, but not yet WHO prequalified.

An overview of RDT quality assurance issues was given by TDR. This included an update on the first round of product testing which took place throughout 2008, with results to be published in the first quarter of 2009. The second round of product testing is open, and more strict product limits will apply, with a higher threshold needed to pass to phase two. Panels with recombinant antigens are seen as a promising future tool, as well as positive control wells for end-user quality assurance in the field.

Next step:

- The PSM WG could contribute in forecasting RDT demand, disseminating information on RDTs and promoting RDTs in donor proposals and implementation plans which would require update guidance on use from WHO and the WHO-led RBM Case Management WG.

The partners were updated on the development of WHO procurement guidelines for ACTs, RDTs, and LLINs. WHO is still seeking a writer for the LLIN procurement guidelines, and called for suggestions/CVs. WHO would also welcome reviewers for all procurement guidelines.

Technical assistance for the Affordable Medicines Facility malaria (AMFm) was presented in relation to the orientation workshop to be held on February 12-14 2009 in Nairobi. .

UNITAID representative confirmed that the board recently approved a USD 130 million contribution to the co payment of ACTs under the AMFm, adding to an earlier pledge of GBP 40 million (~USD 70 million) by DFID .

Latest developments on global ACT demand forecasting and forecasting for the AMFm were presented by the Forecasting TaskForce, outlining the differences in methodology and approaches. Since recent the input from various partners using different methodology is based on the use of a common framework

Next step:

- Common data gaps were shared for further PSM WG involvement.
- The different methods of discounting actual demand were exchanged

Artemisinin supply was discussed through the forecasted global ACT demand and the delays in production of ACTs from field to shelf. Alternatives to agricultural production will not reach the market for several years, and the concept of a revolving fund was presented.

As a follow up of the position paper the market mapping task force has presented a concept note to Unitaid for consideration. As lead partner in that concept note Triodos bank from the Netherlands, who has a long experience in financing similar agricultural projects.

For information sharing, the RBM website was quickly presented, with the specific pages on Commodity Services and the PSM working group, the calendar of events and "Malaria in the News". The RBM toolbox was also presented in its current form, and input from the partners is sought for completing and updating the toolbox.

As an example the Novartis training material and MMV Uganda training material were mentioned as useful input.

John Parsons, the Inspector General of the Global Fund (accompanied by Frank Datan) encouraged partners to let his office know of any wrong-doing or corruption linked to the use of Global Fund funds. If allegations prove to be true, serious consequences could fall upon the Global Fund, the grant recipients and the suppliers. Codes of conduct are being developed for the Global Fund Secretariat, procurement agents, suppliers and grant recipients.

Next step:

- A link to the Inspector General's office will be added to the PSM WG page of the RBM website.

Subregional RBM Networks were introduced from their place in the RBM Partnership and Secretariat. These networks, currently four in Africa, meet annually for planning meetings, and their steering committees meet quarterly. Liaising with working groups was presented as a key measure for enhanced support to countries, through consensus documents, joint missions and bottleneck resolution generally.

Activity gaps and additional activities to be considered:

- Fundraising - co-chairs accepted to continue their efforts to have approved taskforce activities funded, but appealed on additional partners to engage in this
- Bottleneck resolution points of contact include the co-chairs and the RBM secretariat, but additional partners are encouraged to join, Ralph Rack volunteered to support
- Local production is to be included in the ACT supply taskforce workplan for the second and third quarter
- Tenders and transparency, in relation to procurement guidelines will be discussed by email as a potential issue for the next biennium workplan
- Procurement guidelines for IRS, depending on WHOPES input, could be on next biennium workplan.
- Dissemination of guidelines to be included in the 2009/2010 workplan
- Engaging in the field of RDTs, and how the working group can contribute, is to be considered both for medium-term RDT scale-up and short term RDT bottleneck resolution. PSM WG calls for WHO to update RDT use in the upcoming treatment guidelines and for the WHO-led RBM Case Management WG to update best practices on RDT use in the field.
- In this respect the revitalisation of the Case management working group was brought forward, co chairs to contact the chair of this WG
- Input for the next biennium workplan is needed by end of February 2009
- The process of election of co-chairs will be undertaken in the perspective of the next working group meeting.
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Next PSM WG meeting: possibly back to back with other relevant meetings, and tentatively planned for October 2009.

Proposals for a palatable acronym for the "RBM PSM WG" are welcome.

The closing remarks included very positive feedback on the working group's activities, the involvement of all the partners, the increasing level of confidence and the RBM Secretariat's support as well. Finally the co-chairs' leadership and contribution was strongly acknowledged and applauded.

**Annex: upcoming meetings:**

Alliance for Malaria Prevention – Feb 4,5 Geneva

RBM AMFm workshop – Feb 12-14 Nairobi

Round 9 Mock TRP – April 28-30 Nairobi

AMFm Phase 1 Mock TRP - May 1<sup>st</sup> Nairobi

Harmonization Working Group meeting – May 11,12 Geneva

RBM Board meeting – May 13,14,15 Geneva