Global Fund Private Sector Delegation Companies and Representatives – 2015

Board Member: Mr. Paul Schaper, Executive Director, Global Public Policy, Merck|MSD
Alternate Board Member: Ms. Erika Satterwhite, Director, European Policy and Market Access, Mylan
Focal Point: Ms. Cassie Dormond, Manager, Global Programs & Partnerships, GBCHealth

ABBVIE
Claudia Caravetta, Director, Government Affairs
Sally Canfield, Senior Director, International Government Affairs

ABT ASSOCIATES
Nazareno Todini, Chief of Party, Vietnam

ACCESS BANK PLC
Omobolanle Victor-Lanyian, Director of Communications

ANGLO AMERICAN PLC
Stefaan Van Der Borght, Head of Health

BAYER S.A.S
Justin McBeath, Market Segment Manager/Vector Control

BD (Becton, Dickinson and Company)
Renuka Gadde, Vice President, Global Health

ECOBANK TRANSNATIONAL INCORPORATED
Charles Kie, Group Executive
David Pitts, Country Head-UK; Global Accounts Manager, Int. Organizations
Nadia Rahmoune, Account Manager – Development

ELI LILLY
Evan Lee, Vice President, Global Health Programs
Amy Israel, Program Director, Global Health Programs

GILEAD SCIENCES
Jirair Ratevosian, Director, Government Affairs
Graeme Robertson, Director, International Access Operations

HETERO LABS
Shailesh Pednekar, Senior Vice President
Bhavesh Shah, Director, International Marketing
Joseph Perriens, Strategic Advisor Access Markets

JOHNSON & JOHNSON
Jami Taylor, Senior Director, Global Access Policy

MERCK|MSD
Paul Schaper, Executive Director, Global Public Policy

MYLAN
Erika Satterwhite, Director, European Policy and Market Access

NOVARTIS
Vanessa Racloz, Head of Public Affairs, Novartis Malaria Initiative

PRODUCT(RED)
Luisa Engel, Director, External Relations

SANOFI
François Desbranpes, Deputy Director, Access to Medicines Malaria Program

SUMITOMO CHEMICAL
Adam Flynn, Strategic Communications and Marketing Manager
Lisa Goldman-Van Nostrand, Strategic Advisor

VALE
Adriana Verdiere, External Affairs Manager
Heloisa Jardim, Global Health Corporate Analyst, Health & Safety Department

VESTERGAARD
Caroline Desrousseaux, Global Account Manager

Affiliate Members

ACCENTURE DEVELOPMENT PARTNERSHIPS
Natasha Sunderji, Global Health Lead

THE PALLADIUM GROUP
Farley Cleghorn, Chief Knowledge Officer & Global Health Practice Leader
2015 was a critically important year for the Global Fund as the Secretariat both publicly launched the development of a new strategy to guide its investments and programs in the post-2015 era, and introduced new Board leadership. In April, the Board appointed a new Chair and Vice Chair for a two-year term (2015-2017). Norbert Hauser, former interim Inspector General and member of the Global Fund’s High-Level Panel that created a blueprint for reform at the Fund in 2011, was appointed as Board Chair and Aida Kurtovic, former Board member for the Eastern Europe and Central Asia constituency, was appointed as Vice Chair. We welcome the new Board leadership and trust that they will ably shepherd the Fund during this critical period that includes the development of a new organizational strategy, the launch of the Fifth Replenishment Period to renew donor commitments to the Fund, and the beginning of a second funding cycle since the redesign of the Fund’s grant-making approach.

The Private Sector Constituency selected new leadership in 2015, as well — Erika Satterwhite (Director of European Policy and Market Access, Mylan) began her first team as Alternate Board Member in April of 2015. We welcome Erika’s expertise and are confident that her skills as a strong cross-sector collaborator will help to shape the Constituency’s input in numerous critical discussions for the Fund in the coming two years. I was also re-elected for a second term as Board Member in April 2015, and look forward to continuing to serve the delegation.

As a voting member of the Global Fund Board, the Private Sector is committed to capturing the inputs of a diverse cross-section of private sector companies and business organizations to help shape the future direction of the Global Fund and the fight against the three diseases. The PSD recognizes that a strong 2017-2022 Strategic Framework is critically important in outlining the Fund’s future direction and laying the foundation for an accelerated response to end the epidemics of HIV/AIDS, TB and malaria. Over the course of 2015, the PSD worked with the Global Fund Secretariat to enhance its global consultative process by hosting a series of meetings targeting the private sector’s input to the Fund’s new Strategy. These consultations both informed the development of official Private Sector comments on the 2017-2022 Strategy and increased private sector representation in the Fund’s strategic planning efforts.

The private sector has had a voice in all of the Fund’s major 2015 achievements, from the adoption of the 2017-2022 Strategic Framework and a revised Market Shaping Strategy, to the restructuring of the Board’s standing committees. Over the course of the year, we’ve strengthened collaboration with other stakeholders — technical partners such as the Asia Pacific Leaders Malaria Alliance and the Stop TB Partnership, the Secretariat’s procurement unit, and fellow Board constituencies like Private Foundations and constituencies within the Donor Group — which has helped us achieve broader reach and unlock new opportunities for partnership.

Finally, as Erika and I embark on our new terms in Private Sector Constituency leadership roles, we want to take a moment to acknowledge Renuka Gadde, Vice President, Global Health at BD, for her tremendous work during her two consecutive terms as Private Sector Board Alternate. On behalf of the delegation, I would like to express my gratitude for her commitment over the years.

Paul Schaper
Executive Director, Global Public Policy, Merck|MSD

Erika Satterwhite
Director, European Policy and Market Access, Mylan
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2015 – A YEAR IN REVIEW

The Private Sector Delegation (PSD) actively contributed to shaping many important Global Fund governance and policy decisions over the course of the year. Through interventions at Board meetings, Private Sector representation at committee meetings, comments in electronic votes and policy papers submitted in advance of decisions, the Delegation consistently brought private sector perspectives and a focus on efficiency, transparency and progress to Global Fund deliberations.
Global Fund 2017-2022 Strategy Development

2015 marked the beginning of the Global Fund’s engagement with stakeholders to inform the development of its next strategy “Investing to End Epidemics,” covering the 2017-2022 period. The current Global Fund strategic framework — 2012-2017 “Investing for Impact” — was developed and adopted during a time of significant change and transformation for the Fund. With the exception of the Strategic Vision, which has remained the same, the bulk of the current strategy was updated or revised for the upcoming strategic period to reflect changing contexts — including updating the mission, which had previously linked to the Millennium Development Goals (MDGs) — recalibrating targets, and setting new objectives.

In addition to refreshing the strategy’s content, the 2017-2022 strategy encompasses a six-year implementation period, as opposed to the five-year strategy cycles of the past. The Board approved a recommendation to extend the Global Fund’s future strategies — starting with the 2017-2022 strategy — from five years to six years in order to align them with the three-year allocation and replenishment cycles with a mid-point review of progress and implementation. The Private Sector constituency supported the approval and agreed that a mid-point strategy review will be a valuable check to ensure that the strategy remains fit for purpose through its six-year implementation. 2015 represented the consultation and analytical work phase of the strategy development process.

There were several key meetings leading to the presentation of the strategic framework to the Board for approval, including three Global Fund Partnership Forums and meetings of the Board’s Strategy, Investment and Impact Committee (SIIC). There were also a variety of more discrete inputs considered in the development of the next strategy. These included smaller stakeholder consultations outside of the Partnership Forum and various strands of analysis, such as the report of the Development Committee Working Group (DCWG) issued earlier in 2015, a needs assessment conducted with technical partners, the Equitable Access Initiative (EAI), which is broader than the Fund but of which the Fund is a co-convening partner, and a variety of consultations on community, rights and gender. The major strategy milestone within 2015 was the November Board approval of the strategic framework.

Per the approved Framework, the core objectives of the Global Fund 2017-2022 Strategy are to:

- Maximize impact against HIV, TB & malaria
- Build resilient and sustainable systems for health
- Promote and protect human rights and gender equality
- Mobilize increased resources

The new strategy and its accompanying implementation plan will be approved in full in late 2016 and will set the agenda for the Global Fund’s objectives, priorities and activities in the post-2015 health and development landscape.

Overview & Outcomes of Strategy Consultations

As a public-private partnership, the Global Fund sought input from a broad array of stakeholders throughout 2015 through three in-person Partnership Forum events, an online e-Forum survey, and Committee- and Board-level discussions. The Global Fund Private Sector Delegation, as a voting member of the Global Fund Board and the official voice of the private sector in the Fund’s governance structure, launched a series of smaller, targeted consultations for the private sector between June and August of 2015 to complement the Global Fund-led Partnership Forum events and ensure robust engagement with a diverse cross-section of companies and business organizations in shaping the future direction of the Global Fund.
Consultations were conducted in coordination and alignment with the Global Fund Secretariat and allowed input from companies to be channeled directly into wider strategic dialogues. Meetings took place in a variety of different geographies and sought to include private sector representatives from bodies such as: Global Fund corporate partners, members of Country Coordinating Mechanisms (CCMs), private sector implementers of Global Fund grants, companies active in markets where the Global Fund invests, suppliers of health products and services, and other corporate leaders in HIV/AIDS, tuberculosis, malaria and health systems. The consultations were held in Bangkok, Thailand; Geneva, Switzerland; Lagos, Nigeria; and New York City, United States, and offered companies the opportunity to learn about the Global Fund’s current model and recent strategic discussions, and help shape the Fund’s future strategy and partnership approaches.

The consultative series surfaced five key strategic insights to inform the Global Fund’s strategy development process:

- The Global Fund should drive towards true cross-sector inclusivity at the operational country level.
- As a key actor in economic and social development, how to utilize the capacity and capabilities of the private sector should be considered as part of efforts to foster long-term sustainability, especially in countries approaching transition.
- Strengthening health system capacity requires leveraging a mix of public and private health care provision.
- The Global Fund should carefully design its role in market shaping to ensure long-term success.
- There is an opportunity for the Fund to boost its involvement in quality assurance and quality standards application.

**Private Sector Delegation Input**

The Private Sector Delegation built on the themes identified during the private sector strategy consultations during the 2015 PSD Retreat in Geneva, Switzerland. The Constituency identified the relationship between innovation and the facilitation of introducing new health technologies and implementation models, the need for flexibility in allowing for a public/private mix in service provision, and the importance of exploring innovative financing models, as key themes to carry forward throughout the strategy development and implementation process. Concretely, following a robust discussion on the specific language at the sub-objective level within the Strategic Framework, the PSD submitted line-item edits of the Framework to the Global Fund’s Policy Hub for consideration. Two of the PSD’s revisions are included in the final version of the Framework.

In November 2015 at the 34th Global Fund Board Meeting, the Board unanimously approved the Framework and agreed that nuances and recommendations voiced during the comment period prior to the vote could be adequately addressed through the development of the Strategy’s narrative. During the discussion, the Private Sector Delegation emphasized that it will be crucial to prioritize within the framework’s sub-objectives and to identify which objectives are truly within scope for the Global Fund and which are best served through collaborative efforts with partners.

**STRATEGIC OBJECTIVES**

**Click to expand**

**Maximize Impact Against HIV, TB and Malaria:** Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics

**Build Resilient and Sustainable Systems for Health:** Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics

**Promote and Protect Human Rights and Gender Equality:** Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics

**Mobilize Increased Resources:** Increased programmatic and financial resources are needed to accelerate the end of the epidemics
Global Fund Enhanced Governance Structure

In December of 2014, after the Global Fund’s 32nd Board Meeting, the Board approved the creation of the Transitional Governance Committee (TGC), tasked with developing an enhanced governance structure for the Board, its composition, and its committees. At the 34th Board Meeting, the Board considered the TGC’s recommendations on the mandates, compositions, and bylaws of three standing committees: an Audit and Finance Committee; an Ethics and Governance Committee; and a Strategy Committee. As these recommendations represented a departure from the historic committee structure, and included a significant level of detail, the Board chose to only approve the recommendation “in principle” — that is, the Board agreed on the amended purpose, function, and composition of the three proposed standing committees and then approved the granular bylaws of the new committees in January of 2016.

In line with the previous committee structure, the new standing committees will be composed of both voting and non-voting representatives from the implementer group, donor group, and ex-officio constituencies of the Board. As stated in the approved bylaws, the new committee structure took effect immediately after the 35th Board Meeting in April 2016.

Global Fund Market Shaping Strategy

The Global Fund is one of the largest procurers of health-related commodities in the world, and as a result this purchasing power inevitably shapes the markets in which it operates. Recognition of this market shaping power led to the development of a strategy to guide the Global Fund’s approach to market engagement. The Private Sector played a key role in development of the first iteration of the Fund’s Market Shaping Strategy (MSS) in 2011 through its position on the Market Dynamics Committee of the
Global Fund Board. The Private Sector Constituency was again an active participant in the Global Fund’s 2015 initiative to revise its Market Shaping Strategy (MSS), bringing its unique insights to bear on evaluating the potential impact of the new Strategy from perspectives of the delegation’s member companies and other private sector constituents.

The Private Sector Delegation, through its Procurement & Quality Assurance Task Force, contracted consultant Ian Boulton (TropMed Pharma) to work in concert with Board Alternate Erika Satterwhite on the development of (i) a comprehensive position paper outlining the private sector’s perspectives on the Fund’s proposed new Market Shaping Strategy and (ii) a one-page briefing document for use as persuasive collateral while socializing the Private Sector’s positions with other constituencies. To inform the PSD’s position development, the constituency convened a series of external stakeholder consultations, with an eye to capturing the viewpoints of those diverse companies that do not enjoy representation on the official Private Sector Delegation. The constituency then crafted targeted written feedback for submission to the Global Fund Secretariat team leading the MSS revision process.

The revised MSS, as recommended for Board approval, reflected input from the Private Sector and addressed some of the key concerns raised by constituents. As a result of the Private Sector’s efforts, the revised MSS includes more overt recognition of the need to incentivize innovation, whether directly through “pull” mechanisms directed towards incremental innovation or more broadly in setting the right tone for engagement with partners and suppliers to address the critical need for fundamental innovation in combatting the three diseases. The revised strategy’s increased focus on supporting countries in conducting cost-effectiveness and health technology assessment could also contribute positively to the selection of an optimal product basket to meet the needs of end users, instead of focusing procurement decisions on price of product options without considering value-for-money of total patient care.

Looking ahead, the Private Sector will remain a vocal and engaged participant as the MSS is implemented, and is committed to providing a conduit for constituent feedback and oversight.

**2015 Private Sector Delegation Hosted Events**

In addition to hosting four global forums on the Global Fund’s 2017-2022 Strategy (see Section 1), the Private Sector Delegation took important steps to broaden and deepen private sector engagement in its activities, including holding an Annual Retreat to enhance the Delegation’s understanding of key areas within the Secretariat, and hosting multi-stakeholder events and forums to facilitate inter-constituency conversation and education.

**Health Systems Strengthening and the Role of the Private Sector: Side Forum hosted by the Private Sector Delegation to the Board on the Occasion of the 33rd Global Fund Board Meeting**

In the course of several statements made throughout 2015, Global Fund Executive Director Mark Dybul has drawn attention to opportunities for private sector partners to bring core business expertise to strengthening country health systems. The PSD hosted an event on the sidelines of the 33rd Board Meeting in late March, focused on the role that strong health systems play in combatting HIV/AIDS, TB and malaria.

> Over 60 representatives from the Global Fund Board, Board constituencies, the PSD, Secretariat staff and technical partners attended the event. Presenters included Patrik Silborn, Head of the Secretariat’s private sector team, and PSD members Amy Israel (Eli Lilly), Renuka Gadde (BD) and Brian Brink (Global Fund Donor Group Chair). Paul
Schaper also moderated a panel discussion with members of the Global Fund’s Health Systems Strengthening and Policy Hubs and the Board’s Strategy, Investment and Impact Committee.

Speakers shared examples of various ways that the private sector is engaging both with the Global Fund and directly with in-country public sector partners to build capacity, improve quality, and increase value for money. Relating to the private sector’s efforts in supporting the operations of the Global Fund, Patrik Silborn shared examples from the Global Fund’s Innovation Hub – an initiative to leverage private sector expertise to address recurring challenges faced by the Fund. He highlighted partnerships under the Hub, including an initiative with SAP AG to build a grant management platform for program implementers, and a partnership with PSD member Ecobank Transnational to improve financial management and reporting skills among program implementers.

Following the presentations, Paul Schaper engaged panelists Abdalla Sid Osman (Board member from the Global Fund’s Eastern Mediterranean Region Constituency) and Secretariat representatives Emanuele Capobianco and Viviana Mangiterra in a discussion on lessons learned throughout the implementation of the new funding model and its implications for future health systems strengthening work. As the event was held in the midst of the 2017-2022 Global Fund Strategy development process, panelists also expressed that they would endeavor to feature the engagement of the private sector in relation to health systems strengthening as part of the next Strategy.

**5th PSD Annual Retreat**

In August 2015, Eli Lilly hosted the 5th Annual PSD Retreat in Geneva, Switzerland. Representatives from PSD member companies AbbVie, Accenture Development Partnerships, BD, Ecobank, Eli Lilly, Gilead, Johnson & Johnson | Janssen, Merck | MSD, Mylan, Novartis, Sanofi, Sumitomo, TropMedPharma, and Vestergaard attended. The main objectives for the retreat were to hold joint dialogues with Global Fund Secretariat members, finalize PSD positions on private sector priority issues within the 2017-2022 Global Fund Strategy, and to deepen the delegation’s understanding of the Equitable Access Initiative and the e-Marketplace platform.

Attendees had in-depth and wide-ranging discussions of recent and current issues within the Board and PSD, pinpointing areas in which the private sector can add unique value and increase impact. The retreat also provided the delegation with an opportunity to meet with six representatives from the Global Fund Secretariat and two representatives from UNITAID. Secretariat presentations included:

- Revisions to the Market Shaping Strategy (presented by Chris Game and Rebecca Solow)
- An update on the work of the Private Sector Engagement team (presented by Patrik Silborn)
- An introduction to the e-Marketplace (presented by Maxime Parmentier and Anna van Nieuwenhuizen)
- A question & answer session on the 2017-2022 Global Fund Strategy development process (led by Harley Feldbaum)

Sanne Fournier-Wenedes and Janet Ginnard (UNITAID) provided an update to the delegation on UNITAID’s new strategy, launching in 2017, and talked through UNITAID’s updated operating model, vision and understanding of its unique role in the global health landscape.

The PSD used the Secretariat presentations to inform the development of Private Sector positions and comments on: the Global Fund’s new Market Shaping Strategy, the e-Marketplace, and the 2017-2022 Draft Strategic Framework (See earlier in Section 1 for more details on the 2017-2022 Strategy).
Finally, the PSD reviewed its accomplishments from the past year, including its successful advocacy for an increased focus on ethics, the completion of four consultations on the Global Fund’s 2017-2021 Strategy, and 66 completed grant reviews. The Board Chair introduced new task force leads — Renuka Gadde (BD) as the lead of the Procurement & Quality Assurance Task Force and Jami Taylor (Johnson & Johnson) as the lead of the Health Systems Strengthening Task Force. Paul Schaper (Merck|MSD) serves as the lead of the Strategy, Investment & Impact Committee Task Force and Nazzareno Todini (Abt Associates) serves as the lead of the Finance & Operational Performance Committee Task Force.

Private Sector Consultation on the Equitable Access Initiative
In September 2015, on the sidelines of the 70th session of the United Nations General Assembly, the Private Sector Constituency — together with the Business Council for the United Nations — hosted a private sector-focused consultation on the Equitable Access Initiative (EAI).

The EAI is a multi-stakeholder initiative, jointly convened by The Global Fund to Fight AIDS, TB, and Malaria; UNAIDS; UNICEF; UNDP; UNFPA; UNITAID; WHO; the World Bank; and Gavi, the Vaccine Alliance. The initiative was established by the nine partners in early 2015 to build a new framework to better understand the health needs and constraints that countries experience, particularly as they move along the development continuum from low- to middle-income status.

After a period of rapid economic growth, many developing countries have reached middle-income status. Now, most of the world’s at-risk populations reside in middle-income countries (MICs); over 100 MICs account for 70 percent of the world’s population, 70 percent of the world’s poor, and the greatest proportion of the world’s disease burden. As a country’s income status — universally measured by Gross National Income (GNI) per capita — increases, it becomes ineligible for many health and development resources.

However, GNI masks levels of inequality in a country and is recognized as an inadequate measure of a government’s true capacity or willingness to provide equitable access to health for all.

The EAI arose out of a need to identify new indicators that better gauge health needs, health systems capacity, poverty and inequality within and across countries; it aims to produce a more nuanced health framework, or menu of frameworks, that can guide global health investments and better inform decision-making processes to ensure that people most affected by diseases are not
left behind. Following a call for proposals, the co-conveners selected four analytical groups to develop potential models to classify countries by components of equitable access to health.

The private sector consultation was one in a series of global consultations to gather stakeholder feedback on the analytical groups’ proposed models. Participants from over 20 companies, ranging from the pharmaceutical industry to financial institutions and diagnostics companies, had the opportunity to hear from the analytical groups and two of the convening partners. Through a facilitated discussion the group was able to provide valuable input to help inform the development of this important new health framework.

Dominik Zotti, Senior Advisor at The Global Fund, opened the event by describing the objectives, expected outcome, and governance of the EAI. The group then had the opportunity to hear from all four analytical groups — Norwegian Institute of Public Health; University of Oxford; University of Sheffield - Imperial College London; and University of Washington - Institute of Health Metrics and Evaluation — on their proposed range of approaches to identify alternate indicators that are more reflective of a countries’ health and development needs. While the models were still under development at the time, the suggested approaches presented included:

1. A simple formula that adjusts GNI to account for inequitable access to health within countries (University of Oxford, Blavatnik School of Government)

2. A complex formula that looks at three dimensions of health coverage, including access to care, performance on financial risk protection, and capacity for domestic health financing (University of Sheffield – Imperial College London)

3. A comparative approach, which will inform a menu of frameworks that attribute varying levels of importance to indicators for health need, country capacity and equity (Norwegian Institute of Public Health)

4. A flexible framework that classifies countries based on the need for resources to meet targets in a specific health focus area, relative to current and potential government spending (University of Washington – Institute for Health Metrics and Evaluation)

Following a question and answer session on the presentations, a conversation then took place with Renee Van de Weerdt, Senior Technical Advisor for Reproductive Health Commodities at UNFPA, regarding how the Initiative’s findings might inform co-conveners deliberations on funding and policy decisions. While the presenters reiterated that the EAI and its oversight panel are not decision-making bodies, it was valuable for participants to hear how the governance bodies of varying co-conveners might consider the candidate frameworks in relation to their own organizational needs and priorities.
PRIVATE SECTOR DELEGATION MEMBERS IN ACTION

The global business community is an essential partner in achieving the ambitious sustainable development agenda because of its proven ability to devise innovative solutions for some of today’s most pressing social issues. The initiatives and partnerships highlighted here illustrate the depth of work that PSD member companies, and the private sector more broadly, are undertaking to fight the three diseases and build strong and resilient systems for health around the world. Working both directly with the Global Fund and with a wide range of partners across sectors at the international, national, and local levels, Private Sector Constituency members enhance the Global Fund’s ability to deliver on its strategic priorities and get results. Their efforts are expanding access to affordable and high quality health products, addressing the growing challenge of insecticide resistance, streamlining internal Global Fund processes, improving financial management capacities at the Secretariat and country level, and much more.
ABBVIE: Expanding Access to Key Pediatric and Adult Second-Line ARV

AbbVie has a longstanding (25+ years) and ongoing commitment to people living with HIV worldwide.

In December 2014, the Medicines Patent Pool (MPP) and AbbVie announced a licensing agreement for lopinavir (LPV) and ritonavir (r), the WHO-preferred HIV regimens for first-line treatment for children under three and second-line treatment for older children. The license will enable other companies and organizations to reformulate and manufacture specially designed LPV/r pediatric treatments, and covers 102 low- and middle-income countries. Provisions also allow for the manufacture and distribution in countries where AbbVie does not hold patents, such as India. This was AbbVie’s first agreement with the Medicines Patent Pool and the first time the company granted a license for generic production of its HIV drugs. This licensing agreement supports the work of the Pediatric HIV Treatment Initiative (PHTI), a collaboration of UNITAID, the Clinton Health Access Initiative (CHAI), Drugs for Neglected Diseases initiative (DNDi) and the Medicines Patent Pool (MPP), to better address pediatric AIDS, which is both complicated and disproportionately affects poor countries (90 percent of cases are in sub-Saharan Africa). PEPFAR and the Global Fund are working with the PHTI to ensure procurement and availability in developing countries once new and effective children’s regimens have been formulated. MPP Executive Director Greg Perry described the agreement as a “crucial license for pediatric programs in resource-limited countries,” giving the MPP and partners a “green light to speed the development and distribution of new formulations for young children, the vast majority of whom have no access to HIV therapy.”

Civil society welcomed the news, calling the license the “most inclusive of any voluntary license for HIV” and “welcome news for children living with HIV.” In May 2015 the MPP and Hetero Labs signed a sub-licensing agreement allowing Hetero to manufacture pediatric formulations of lopinavir and ritonavir (LPV/r) for pediatric use.

In response to the anticipated increase in demand for second-line ARV treatments in the coming years across Africa, AbbVie and the MPP completed a second licensing agreement in December 2015 to address future demands for HIV treatment LPV/r in South Africa and across Africa. Leveraging the existing relationship between AbbVie and the MPP, the two parties were able to complete the agreement for LPV/r licenses for Africa in a few short weeks to initiate the process for second-line ARV suppliers as quickly as possible. The agreement allows for WHO-prequalified generic manufacturers who have a licensing agreement with MPP to supply this key HIV combination treatment for the African continent. Specifically, alternative suppliers will be able to manufacture and sell generic versions of LPV/r throughout Africa, as well as combinations of ritonavir with other ARVs, such as atazanavir and darunavir, as alternative second-line treatments. South African Minister of Health Aaron Motsoaledi praised the agreement and said: “This agreement, which the South African government actively encouraged, will significantly help the Ministry of Health to care for its communities living with HIV.” To date, MPP has signed licensing agreements with Desano, Emcure and Aurabindo.

These efforts will help to expand access to life-saving treatments to children and adults living with HIV/AIDS across Africa.
The problem of insecticide resistance in the fight against malaria is well documented and widely recognized. This challenge has been well taken up by Bayer and some other insecticide manufacturers, as seen by the accelerated development of new modes of action, which offer alternatives to the limited options available today. Over the next three to five years there will be new insecticides available for indoor residual spraying (IRS), as well as in long-lasting insecticide-treated mosquito nets; offering greater choice and flexibility for malaria control programs to address insecticide resistance during their operations. These new compounds will be based on re-purposed insecticides already in use in agricultural crop protection. In the longer term there should also be completely new modes of action made available as a result of the investment from IVCC (Innovative Vector Control Consortium), and its partnership with certain insecticide manufacturers.

The availability of new compounds and new tools is only one part of the story, however; one of the other main challenges is ensuring that these new tools are ‘fit for purpose’ across a diverse range of geographical and biological conditions. For Bayer, local testing under local conditions is the key focus in the preparation and development of its new IRS combination product, Fludora Fusion. “This is the first IRS two-way combination product [based on two active ingredients] which will be available,” said Justin McBeath, Market Segment Manager - Malaria Vector Control, “...and it is therefore critically important for its usage to be well understood and for its fit within an insecticide resistance management strategy to be well defined. For that reason we have partnered with numerous in-country centers of excellence, investing into the largest field-trial testing program that we have ever embarked upon in vector control.” Bayer is working with multiple countries across Eastern, Western and Southern Africa to ensure that Fludora is robustly tested under local conditions by African entomologists who have the most relevant experience and expertise for their local environment. These trials will determine the residual life on relevant local surfaces and, in most cases, establish the level of activity against local resistant mosquito strains. This information is critically important in order to determine the potential fit of such a new product within an indoor residual spray program.

We kicked this process off with a workshop in Kampala in July 2015, where entomologists from more than a dozen malaria endemic countries joined Bayer to discuss insecticide resistance, challenges faced currently with IRS and points which need to be taken into account in the development of new IRS products. This interaction and feedback from the field guided a lot of the trial protocol development as well as a few other aspects of the new product design.

Over the past decade, the company’s investment into vector control product development has increased by nearly five times. Bayer sees these developments and this commitment to local, on-the-ground, science as key to supporting the goals of Global Fund and other committed stakeholders in the fight against Malaria.
**BD (BECTON, DICKINSON & COMPANY): Partnering to Transform HIV and TB Healthcare in Africa**

In April 2016, leaders from PEPFAR, CDC and BD officially published results of the “Labs for Life” partnership in the Journal of Infectious Diseases supplement, showcasing the positive impact of the collaboration in transforming diagnostics and treatment of HIV/AIDS and tuberculosis (TB) across four countries in Africa. This program is one successful example of a public-private partnership in the health space; its success has spurred a trend in cross-sector collaboration.

Phase I of the Labs for Life program (2007-2011) aimed to improve laboratory skills and systems in partnership with the Ministries of Health in four African countries with high HIV burdens — Ethiopia, Kenya, Mozambique and Uganda. In Phase I, US $18 million was invested to enhance technical skills, streamline testing and treatment for HIV and other diseases, increase diagnostic accuracy and improve laboratory safety and quality. Building on the successes of Phase I, the partnership launched Phase II (2012-2017), which is continuing to improve laboratory infrastructure in Africa and expanding those efforts to India.

“The BD-PEPFAR partnership is a great example of the private sector leveraging its core competencies in collaboration with the public sector. This program offers a unique opportunity for BD Global Health Fellows to work hand-in-hand with the local laboratory professionals to improve laboratory systems and enable sustainable improvements with measureable outcomes,” said Renuka Gadde, Vice President, BD Global Health.

BD efforts are spearheaded by their Global Health team.

Highlights from Phase I of the partnership include:

- **In Ethiopia**, a streamlined specimen logistics system utilizing the Ethiopian Postal Service Enterprise was established to transport laboratory specimens from remote sites to specialized laboratories, reducing turnaround time by 50 percent in the Amhara region, and by 71 percent in Addis Ababa. Laboratory staff and postal workers were trained to ensure their safety and specimen integrity for accurate diagnosis.

- **In Uganda**, to meet the need for rapid and reliable drug-susceptibility testing for TB patients, the partnership used GIS technology to map 93 percent of health facilities and streamlined specimen delivery by identifying the nearest local post office or tiered TB unit. To increase the speed and accuracy of diagnostic evaluation, 724 healthcare and postal staff were trained, resulting in a 10-fold increase in referrals of patients with presumptive MDR-TB and reduced specimen turnaround time.

- **In Kenya**, an evaluation of the quality of phlebotomy procedures in eight healthcare facilities across four regions identified significant quality issues. To ensure patient and health worker safety, as well as specimen quality, 91 healthcare workers received training in phlebotomy procedures and safety.

- **In Mozambique**, the partnership supported the Ministry of Health in establishing a quality assurance program to improve the accuracy of laboratory testing. The partnership trained 18 qualified auditors and 28 quality officers to manage laboratory improvement.

“BD was the first company to step up and offer to help improve labs across Africa. And they didn’t say ‘We have a product to sell’ but instead they said ‘We have talent to share’. BD has helped every step of the way.” - Ambassador-at-Large Deborah Birx, M.D., U.S. Global AIDS Coordinator & U.S. Special Representative for Global Health Diplomacy
ECOBANK: Fostering Financial Management Capabilities of the Global Fund and Principal Recipients

The Ecobank Foundation is the primary corporate social responsibility arm of the Ecobank Group working with affiliates in partnership with communities and other organizations. Our human and financial resources are leveraged to support the socioeconomic transformation of the continent. The CSR program is dedicated to supporting community welfare and development, challenging financial exclusion across Africa and encouraging and supporting diversity and a high ethical standard across all its operations.

In December 2013, Ecobank Foundation and the Global Fund embarked on a three-year innovative financing partnership; aligned with Ecobank’s mission to support sustainable development in Africa, the partnership follows a several-pronged approach to (i) strengthen the financial management capabilities of Global Fund implementing partners; (ii) support the Global Fund Treasury function cash and risk management solutions; (iii) work as a member of the Innovation Coalition; and (iv) provide advocacy for the Global Fund by leveraging Ecobank’s network. Ecobank and the Ecobank Foundation have pledged US $3 million over the term of the partnership, 50 percent in cash which comes in the form of both direct cash contributions to the Global Fund and financial support for Ecobank-run projects, and 50 percent in-kind support from Ecobank and Accounting for International Development (AfID) staff to support those projects and other Global Fund-related initiatives.

Financial management of Global Fund grants and public resources at the implementation level can be suboptimal, which limits transparency and accountability, negatively affects countries’ ability to absorb and invest funds, and directly impacts program implementation and potential lives saved. With approximately 65 percent of

Global Fund funds allocated to Sub-Saharan Africa, the partnership initially rolled out its ‘Strengthening Financial Management Capacity’ work in Nigeria — one of the Global Fund’s largest portfolios — and South Sudan. Then in 2015, it expanded to Senegal. To build financial management capacity within the finance departments of local implementers (NGOs and government agencies), Ecobank provided onsite technical training at both group and individual employee level, and placed consultants from AfID with implementers on two or three month assignments. Employees received training in treasury and cash management practices, reporting policies, budgeting, risk management assurance, organizational infrastructure needs and accounting system skills. In Nigeria alone, 14 implementing organizations have received training, adding up to 96 weeks of accounting support. Together, these organizations manage over US $111 million in grant funding. The Global Fund country teams already recognize the improved financial status of the recipients and anticipate more streamlined grant implementation processes.

Ecobank, through its Research unit, also advised the Global Fund Treasury on foreign exchange risks, inflation risks, counterparty risk, country/regulatory and fiduciary risk. Further, Ecobank staff has supported the Global Fund on missions to Nigeria, Kenya and Zambia and facilitated meetings with market regulators, central banks, government entities, bank associations, and Ecobank subsidiaries. In a next phase, Ecobank will support operationalization of the Global Fund Treasury policies and procedures, including advice on the tailoring of solutions in the country context and situational needs, consultation with Ecobank local Treasury teams, and consultations on any country policy and regulatory constraints.
Promising results were recently announced by the International Union against Tuberculosis Southeast Asia (the Union), as part of the Lilly MDR-TB Partnership in India. The Union published encouraging outcomes from a pilot project working with Apollo Hospital-Hyderabad, to integrate private healthcare sector TB treatment with the Indian National TB Control Program and improve treatment adherence for people sick with TB. Components of this project will now be scaled up to other private doctors and hospitals around India through Global Fund grants.

According to the WHO, the Indian government spends around US $110 for finding and treating one TB case in the public sector. Yet estimates show that up to 70 percent of people seek treatment in the private sector — where quality, cost and access can be barriers to treatment adherence — for any health condition. In India it is mandatory to report TB cases to the government, yet there was no easy way for private providers to notify cases to the Indian government’s electronic notification portal, called NIKSHAY. An mHealth model for notifying the government of cases, systematically tracking treatment adherence and providing follow-up support was needed in private sector settings.

This pilot project, supported as part of the Lilly MDR-TB Partnership, aimed to develop and test a model that facilitates notification to NIKSHAY while giving treatment adherence support to people sick with TB through daily reminder SMS and twice weekly interactive voice response calls (IVRC) in a cohort of 200 patients. Telephonic counseling was also tested for those that had problems with their treatment (indicated by IVRC responses).

The project demonstrates an efficient, cost-effective and scalable model to facilitate notification and treatment adherence in the private sector. From June 2015 to March 2016, 200 patients being treated on an outpatient basis at Apollo Hospital-Hyderabad were successfully reported to NIKSHAY, the national government portal. Of the cohort, 165 patients agreed to receive SMS and IVRC. Analysis of the calls showed 95 percent treatment adherence rate over the nine month pilot, well above the national average of 85 percent treatment completion. All people who missed doses received telephonic counselling by a trained provider, and 95 percent of people found the SMS reminders helpful. Through Global Fund grants, the notification and SMS/IVRC components will be scaled to additional private hospitals and donors around the country.
Through the establishment of Gilead’s HIV Access Program in 2003 and its innovative generic licensing program in 2006, 8.7 million people living with HIV in developing countries were receiving Gilead-based antiretroviral regimen by the end of 2015. In 2016, the goal is to reach 10 million patients.

Aside from expanding the availability of antiretroviral therapy, Gilead also supports the HIV response in the developing world by advancing the science of treatment and building partnerships to extend the reach of prevention, screening and care.

In 2015, Gilead — in collaboration with the Vatican’s Good Samaritan Foundation — launched an HIV “Test-and-Treat” demonstration project in Shinyanga, Tanzania. The project, implemented together with PharmAccess and the Italian NGO Doctors with Africa-CUAMM, aims to screen up to 250,000 people for HIV and link diagnosed patients to treatment over a five-year period. The project seeks to achieve community-wide viral load reduction through earlier treatment initiation regardless of CD4 staging. Strengthening of health systems is another major component of the project, including the modernization of four diocesan hub clinics and laboratories and the cultivation of a rural health delivery model using mobile clinics and community health workers. The project also aspires to strengthen the local healthcare work force by increasing training programs and novel task-shifting initiatives through collaborations with the local Ministry of Health, as well as a local medical university.

The data and demonstration experience gathered from this project will provide valuable evidence that starting patients on HIV treatment earlier not only improves clinical outcomes but also synergistically improves broader health systems strengthening outcomes despite the challenges of a resource-limited setting.
JOHNSON & JOHNSON: Commitment to Global Public Health

As the world’s most broadly-based healthcare company, Johnson & Johnson is committed to improving the health of individuals, families and communities around the world, including the most vulnerable populations. Our legacy in global health is strengthened by longstanding international and local partnerships that have produced significant gains against infectious and neglected diseases. Some of our most important work includes developing treatments and supporting programs to slow the spread of HIV among adolescent girls and combat the emergence of MDR-TB; developing novel pediatric formulations of drug compounds to treat children infected with intestinal worms; and accelerating development of vaccines against pandemic threats, such as the Ebola virus.

With tuberculosis, our goal is eliminate deaths from extensively drug-resistant (XDR) and MDR-TB and to simplify treatment regimens. In 2012, we introduced the first therapy in several decades with a novel mechanism of action against TB for patients who do not have other therapeutic treatment options. Since then, we have expanded our partnership with USAID to broaden patient access to novel MDR-TB therapies, building on our current engagements and providing US $15-20 million of incremental funding to our program partners over the next three years.

These efforts contribute to our existing collaboration with USAID to support the Bedaquiline Donation Program, which includes a donation of 30,000 treatment courses for use in low and middle-income countries across the globe. Building on our longstanding partnerships with the Union and TB Alliance, last year we also announced a new partnership with the Foundation for Innovative New Diagnostics to accelerate the development of highly portable and affordable point-of-care molecular diagnostic tools for TB and drug resistance.

To help create an HIV-free generation, we are investing in R&D for new treatments and an HIV vaccine, while expanding novel approaches to increase access to therapies for low-income communities. Our longstanding licensing agreements and collaborations have expanded access to branded and generic versions of our medicines in 112 resource-limited countries, serving the needs of more than 500,000 people globally. Most recently, Johnson & Johnson joined the PEPFAR DREAMS initiative as an anchor partner to provide support services to programs that empower adolescent girls to protect their health and improve access to prevention and treatment options. We have committed up to US $15 million over two years in combined funding and in-kind contributions to the PEPFAR DREAMS program as part of our commitment to halting the spread of HIV among adolescent girls, who account for more than 70 percent of new infections in Sub-Saharan Africa.

Our work in TB and HIV initiatives is part of a broader collaborative effort by Johnson & Johnson to improve global health outcomes. Together with our partners, Johnson & Johnson is committed to developing and delivering the integrated, evidence-based solutions that are essential to fulfilling the promise of improved global health for all.
Merck for Mothers is a founding partner of Saving Mothers, Giving Life (SMGL). SMGL is a public-private partnership between the U.S. Government, the Governments of Norway, Uganda, Zambia and Nigeria, Merck for Mothers, Every Mother Counts, Project C.U.R.E. and the American College of Obstetricians and Gynecologists aimed at dramatically reducing maternal and newborn mortality in sub-Saharan African countries. Other key supporters include the Government of Sweden, the Lafarge Foundation, the Bill & Melinda Gates Foundation, and the ELMA Foundation.

Merck for Mothers is Merck’s 10-year, US $500 million initiative to help end preventable maternal mortality. As part of SMGL, Merck for Mothers supports programs to strengthen local private health providers in Uganda and programs to develop entrepreneurial models for maternity waiting homes in Zambia.

In Uganda, Merck for Mothers is supporting SMGL’s district-level approach to health systems strengthening by implementing a comprehensive program to improve the delivery of private maternal healthcare. With more than half of people in Uganda seeking care from local private providers like independent doctors, midwives, clinics and drug shops, Merck for Mothers is working to make maternal health services offered by the local private health sector more affordable, more accessible and higher quality. Now in 43 districts, the MSD for Ugandan Mothers program — a partnership with PSI and its local affiliate, PACE — has already improved access to quality care for 75,000 women. In the target districts, maternal mortality has declined by 45 percent in facilities and 41 percent in the communities, and there has been an increase of 87 percent in the number of women who tested HIV+ who received treatment to prevent transmission to their infants.

In Zambia, Merck for Mothers is supporting efforts to reduce maternal mortality by exploring the effectiveness of maternity homes in overcoming the barrier that Zambia’s challenging terrain and remote communities pose for pregnant women to reach health care facilities. Maternity homes are residential facilities located at or near health facilities where women in the late stages of pregnancy can stay before they go into labor. Merck for Mothers is supporting partners to develop and test entrepreneurial models to ensure that the maternity homes and the services they provide are operationally and financially sustainable. In the target districts, the institutional maternal mortality ratio has declined by 53 percent and the number of women who received ARVs for the prevention of mother-to-child transmission increased by 81 percent.
Despite concerted efforts to reduce mother-to-child transmission, the prevalence of pediatric HIV remains extremely high. UNAIDS estimates that 1.8 million children under the age of 15 are living with HIV, with another 150,000 becoming infected each year.

Pediatric treatment presents a special challenge for drug development. First, there is the scientific challenge of determining the appropriately scaled dosage for each molecule so as to have the equivalent effect for a child at different ages. In part because there are few children in the developed world with HIV, there is a limited array of products available for pediatric populations. What drugs are available tend to lag those for adults: for instance, in 2006, children were still being put on the relatively toxic stavudine (D4T) when adults were using the more modern nevirapine (NVP) and efavirenz (EFV).

Even after these dosage issues are solved, manufacturers must also develop unique presentations for infants and children. Most adults consume their anti-retroviral medicines by swallowing pills, which infants and babies simply can’t do. The typical formulations that are used for children in other therapeutic areas also tend to not be well suited for HIV in resource-limited settings. For instance, syrups tend to be heavy, bulky, and difficult to transport. Dispersible tablets that can be dropped into a glass of water can be easier to use. However, for several key antiretrovirals, these dispersible tablets can have an extremely bitter, unpleasant taste.

Through forums such as the International Workshop on HIV Pediatrics (IWHP) and the Conference on Antiretroviral Drug Optimization (CADO), partners including UNAIDS, the WHO, PEPFAR, and CHAI helped define the target molecules, dosages, and forms for what they were looking for in such novel pediatric formulations. The abacavir/lamivudine (ABC/3TC) combination was identified as a critical backbone for pediatric treatment that was unavailable on the market in a child-friendly form.

Mylan and Viiv worked together to create new taste-masked Abacavir and Lamivudine Tablets for Oral Suspension, 60 mg/30 mg and 120 mg/60 mg. The ABC/3TC taste masked, dispersible combination creates a complete NRTI backbone that may be used in children ≥ 3 months. The development process was complex; it took several distinct rounds of product iteration to find one that both was acceptable to children and delivered the needed drug in the right amounts. The products were approved by the US FDA in 2014.

In other markets, pediatric products might be priced disproportionately high compared to adult products, to represent the additional R&D, regulatory, and management complexity in delivering them. However, because of Mylan’s commitment to ensuring access to critical HIV medicines, the new pediatric products were priced in proportion to the direct cost of producing the pill. So a child’s dose that might require a 60mg/30mg formulation will be priced far lower than that of an adult’s 600mg/300mg product. This is a strong reflection of Mylan’s basic philosophy of “doing good and doing well” and supports the Global Fund’s mission to end the three diseases of HIV, TB and malaria.
By the end of 2015, Novartis provided over 800 million antimalarial treatments, including 300 million of its pediatric formulation. This milestone was made possible with the support of organizations such as the Global Fund, the President’s Malaria Initiative, affected countries, the WHO and other long term partners. Further enabling greater treatment access, the Novartis malaria treatment Coartem® 80/480mg received WHO prequalification in July of 2015.

Another highlight of the year was the Malaria Initiative and Novartis’ active participation at the Swiss World Malaria Day, organized in collaboration with the Swiss Malaria Group, which ‘advocates for a new era of comprehensive action against malaria under the 2030 Agenda for Sustainable Development’; Novartis acted as an ambassador for the event, bolstering Swiss research, industry, academia and non-governmental organizations and their role in innovation to fight malaria. In line with the commitment to address malaria elimination, Novartis recently expanded its partnership with Medicines for Malaria Venture — in collaboration with the Bill & Melinda Gates Foundation — to develop next-generation antimalarial treatments, focusing on their potential role in combating the increasing issue of insecticide resistance.

Novartis’ membership in the Private Sector Delegation of the Global Fund, as well as the Malaria Partnership (formerly the Roll Back Malaria Partnership), demonstrates the company’s long-term commitment to the global malaria elimination goals. A recent merger between the Novartis Access team, led by Dr. Harald Nusser, and the Malaria Initiative team will further enhance Novartis’ role as a global leader in the access to medicines movement.

Ray Chambers, Special Envoy for Health in Agenda 2030 and for Malaria, acknowledged the company’s continued commitment at the 10th anniversary gala for Malaria No More in April 2016.

The theme of 2016’s National Malaria Control Programmers Best Practice Sharing Workshop, Race to Elimination: Maintaining the Momentum, is a clear sign of concerted action and collaboration across a wide spectrum of partners in the fight against malaria.
As of July 2016, (RED) has generated US $350M for the Global Fund to support HIV/AIDS grants in Ghana, Kenya, Lesotho, Rwanda, South Africa, Swaziland, Tanzania and Zambia. The Global Fund grants that (RED) helps to finance have impacted more than 70 million people through programs which deliver prevention, treatment, counselling, and HIV testing and care services. 2015 saw the launch of several new partnerships, including:

- **Fresh**: Beauty products launched as a (RED) partner with their best-selling lip product, SUGA(RED) Lip Treatment. 25 percent of the retail price goes to (RED)’s fight. SUGA(RED) became the #2 best-selling product on fresh.com and brought in 24 percent new shoppers to Fresh.

- **Alex and Ani**: The jewelry company launched their (RED) partnership with the Kindred Cord (PRODUCT)RED Heart Collection. Each bracelet sold contributes enough money to provide 14 days of lifesaving medication.

- **Uber**: After the initial launch during EAT (RED) 2015 with UberEats, Uber went (RED) for World AIDS Day offering riders the opportunity to donate directly to (RED) within the app experience.

- **Alessi**: Alessi launched their (RED) partnership during EAT (RED) 2015 with their best-selling products turning (RED) and two in-store launch events in New York City and San Francisco.

- **GAP**: As (RED)’s original apparel partner, the clothing company launched a new (GAP)RED World AIDS Day collection of t-shirts, denim jackets and baby onesies.

The culinary world turned (RED) in June in support of ‘EAT (RED) DRINK (RED) SAVE LIVES’

In 2015, the EAT (RED) DRINK (RED) SAVE LIVES campaign, spearheaded by chef Mario Batali, spanned the entire month of June. The campaign launched with ‘The (RED) Supper,’ an al fresco dinner for 1,000 guests on New York City’s Pier 26. During the month, more than 14,000 locations worldwide including restaurants, bars and food trucks, activated (RED) food and drink experiences which raised money and awareness to fight AIDS.

**The first ever (SHOPATHON)RED launched in support of World AIDS Day**

On December 1, 2015 the first annual (SHOPATHON)RED launched with a full (RED) takeover of ABC’s “Jimmy Kimmel Live!”. To raise money and awareness, (SHOPATHON)RED offered fans the chance to win once-in-a-lifetime celebrity experiences through Omaze.com, purchase (RED) products through Gilt.com, and bid on special auctions to brunch with top CEO’s via eBay.com.
SANOFI: Working For Malaria Elimination and Containment of Antimalarial Drug Resistance in the Greater Mekong Subregion

In the Asia Pacific region, antimalarial drug resistance poses a great threat to malaria control and elimination efforts. In the Greater Mekong Subregion (GMS), malaria parasites have developed resistance to the currently recommended antimalarial medicines, namely the artemisinin compounds and ACT partner drugs. The potential spread of parasitic resistance to antimalarial drugs beyond the GMS into South Asia and Sub-Saharan Africa, where most malaria cases occur, could be catastrophic. The global community, Sanofi included, is taking action to stem the spread by accelerating the development of innovative new prevention and treatment options, spearheading advocacy campaigns, and ramping up efforts to improve the coordination and impact of activities, technical support and financing.

In December of 2013 the Global Fund allocated US $100 million for the Regional Artemisinin-resistance Initiative (RAI), to combat artemisinin-resistance in five countries in the GMS through the biggest regional grant ever run. The Regional Steering Committee (RSC), which operates as a regional coordinating mechanism for the Global Fund grant, was established to provide strategic oversight over the development and implementation of the RAI. Like a country coordinating mechanism, the RSC is comprised of various stakeholders, including representatives of recipient governments, development partners, civil society, academia and the private sector. The private sector has been represented on the RSC since its inception by François Desbrandes, Deputy Director for Access to Medicines Malaria Program at Sanofi.

In 2015, Sanofi was also actively engaged in two RSC sub-committees. A Review Panel was set up to identify the best implantation strategies and implementors for inter-country component of the RAI and proposed funding allocation for cross-border activities that strengthen surveillance efforts and improve service delivery to key high-risk populations, including migrant and mobile populations, in the shared border areas of Myanmar, Cambodia, Thailand, Laos and Viet Nam. A Working Group was created to provide recommendations to tackle antimalarial commodities supply challenges in the region. And, in March 2016, Sanofi provided financial support for a half-day forum, Healthy People, Healthy Region: Driving Corporate Action to Eliminate Malaria in Asia Pacific, convened during Joint Malaria Week in Bangkok, Thailand. At the event, which served as an opportunity for private sector stakeholders operating in the GMS and the region more broadly to share lessons learned and explore the various ways the Private Sector may contribute as an effective and experienced partner.

Sanofi is a leader in the fight against malaria and has a long history of working closely with government agencies, NGOs, and other bi- and multi-lateral partners around the globe to advance the research agenda on antimalarial resistance; ensure quality medicines are accessible and affordable for the most disadvantaged patients; train communities in the basics of malaria transmission, prevention and treatment; and train community health workers in the management of malaria.
In September 2015, Sumitomo Chemical announced a major new initiative, The Million Nets Pledge, with Nothing But Nets, the world’s largest grassroots campaign to fight malaria. Sumitomo Chemical issued a matching grant challenge to Nothing But Nets supporters, alongside a pledge for significant campaign support, which includes support for crucial local behavior change education, in a partnership that aims to protect one million vulnerable refugees from malaria through distributing life-saving bednets.

Today, there are more than 50 million refugees and families displaced by violence around the world — and 60 percent of them live in areas where malaria is transmitted. Malaria is a major threat to refugees and the surrounding communities and the influx of refugees often poses an unsuspected burden on national malaria programs. The nets provided through this initiative, which are to be distributed by UNICEF and UNHCR, are complementing and reinforcing Global Fund funded national malaria strategies in the Central African region.

Refugees and their families face unspeakable odds. After all they have endured and survived, we at Sumitomo Chemical believe they should not have to worry about malaria. This Million Nets Pledge by Sumitomo Chemical and Nothing But Nets will help families have the opportunity to rebuild and be healthy. The ambitious program aims to raise over US $10 million over two years and is on track to deliver one million nets to families fleeing violence, particularly in Central Africa, by the end of 2016.
The global community touts malaria control as one of the greatest public health successes of the past 15 years. Malaria deaths have been reduced by 60 percent since 2000 and long-lasting insecticidal bed nets (LLINs) are largely credited with this impact. LLINs are estimated to be responsible for a 68 percent reduction in malaria deaths in Africa, where half of the population sleeps under a bed net.

Yet, despite this success, malaria kills one child every 60 seconds and hundreds of thousands of people are expected to die from malaria this year. Further, control efforts are facing a serious problem, as malaria-carrying mosquitoes are increasingly resistant to pyrethroids, the only class of insecticides currently approved by the WHO for use on bed nets. In 2015, WHO reported 65 countries with insecticide resistance and experts expect that it will be at least a decade before the advent of an insecticide class to replace pyrethroids. The Lancet has warned that “the threat of resistance derailing malaria control has become an issue of urgency that can no longer be ignored without risking a global public health catastrophe.”

As the leading manufacturer of LLINs, Vestergaard has been instrumental in the fight against malaria and more than 1.3 billion people have benefited from the company’s PermaNet bed nets. To address the problem of insecticide resistance, Vestergaard developed PermaNet 3.0, the only LLIN recommended by WHO for increased efficacy against insecticide resistant mosquitoes. The combination bed net incorporates a synergist (piperonyl butoxide or PBO) with a pyrethroid, to enhance its effect by blocking enzymes responsible for certain types of resistance. Pilot deployment of Permanet 3.0 has now been made possible and large scale distribution is in progress.

Vestergaard has also been supporting the fight against insecticide resistance through the development of an online mapping system, IR Mapper. The database and interactive mapping tool is the most comprehensive online tool for mapping insecticide resistance. Consolidating published reports onto filterable maps, IR Mapper aids in decision making for deployment of the most effective insecticidal tools in specific areas. Vestergaard developed IR Mapper in collaboration with the Kenya Medical Research Institute and GIS software distributor Esri Eastern Africa; the tool contains published data from 1954 to present day and is updated regularly.
During the past year, Accenture Development Partnerships has been supporting the Global Fund mainly through two major initiatives. As discussed during the 34th Global Fund’s Board, analysis of programmatic and financial metrics available through GF systems, including the Finance Step-up initiative, has enabled the Secretariat to identify 20 countries where there was a need to ensure accelerated use of funds and progress on key programmatic indicators at the country level. Accenture Development Partnerships has supported the Implementation Through Partnership (ITP) project which will drive collaboration with partners to strengthen capacity to alleviate bottlenecks to program implementation, increase operational efficiency, and maximize impact. Accenture Development Partnerships has been facilitating the reporting between partners and has contributed in defining new ways of working within the organization. Accenture Development Partnerships has been also working with the Global Fund on the Differentiation for Impact (D4I) initiative.

The project aims to improve the impact of Global Fund investments by tailoring the engagement approach to specific characteristics of a country portfolio or program. In collaboration with The Global Fund functional teams, the D4I project aims to: (i) ensure alignment of various differentiation initiatives through a coherent framework; (ii) improve effectiveness of Global Fund engagement tailored to characteristics of the portfolio categories; and (iii) align allocation of Global Fund human resources with defined engagement approaches. Accenture Development Partnerships has been supporting the Global Fund in shaping the new business model and processes, developing the people strategy and achieving effective change management.

In addition, Accenture Development Partnerships has supported work to strengthen healthcare systems in Global Fund recipient countries. In Kenya, Accenture has partnered alongside Amref Health Africa, Safaricom, Mezzanine, and mPesa Foundation to train frontline health workers using Leap — a mobile platform that delivers capacity-building content and tools to mobile phones through (SMS) and audio (IVR). This solution has been scaled to over 3000 community health workers in Kenya, resulting in improved knowledge retention and health outcomes. Accenture Development Partnerships is also supporting Population Services International to build the global evidence for HIV self-testing (HIVST) and its potential to contribute to the UN 90-90-90 target. The project will help to improve understanding of the global market for HIVST, including the potential demand in nine priority countries, supply barriers and enabling environment factors critical to the success of HIVST. We are also identifying market interventions and donor investment needs to establish a secure supply of quality-assured, appropriately-priced HIV self-test kits that meet global demand. Finally, Accenture is working with a global pharmaceutical company to improve stock visibility and security in Nicaragua using GS1 barcoding standards. Using a tool developed by adding barcoding functionality to OpenLMIS code, a proof of concept pilot was implemented at seven different sites, at three different levels of the Nicaraguan national supply chain. 92 percent of users reported improved data collection and reporting processes, and the ability to accurately integrate data between sites at different levels of the supply chain.
ANNEXES

  • Strategy, Investment and Impact
  • Finance and Operational Performance
  • Performance Based Grant Review
  • Procurement and Quality Assurance
  • Health Systems Strengthening and Business Engagement

Annex 2: Strategic Objectives

Annex 3: PSD Calendar of Events 2016

Annex 4: Johnson & Johnson Global Health Roadmap
ANNEX 1: PSD Task Force Structure - 2015

Finance and Operational Performance
Nazzareno Todini, Abt Associates (Lead)
Claudia Caravetta, AbbVie
Sally Canfield, AbbVie
Omobolanle Victor-Laniyan, Access Bank
Gerhard Hesse, Bayer
Renuka Gadde, BD
David Pitts, Ecobank
Jirair Ratevosian, Gilead Sciences
Paul Schaper, Merck|MSD
Erika Satterwhite, Mylan

Priorities
- Provide oversight of the financial management of Global Fund resources and ensure optimal performance in the operations and corporate management of the Secretariat.

2015 Accomplishments
- Submitted feedback to the FOPC on the Global Fund’s 2015 KPI Mid-Term and Year-End Results and provided extensive input into the development of the KPIs for the 2017-2019 period.
- Nazzareno Todini (Abt Associates), PSD representative on the FOPC, stepped down in Fall 2015. Alternate Board Member Erika Satterwhite (Mylan) filled in for the remainder of the two year term, representing the PSD at the Committee’s final meeting of 2015.

Performance-Based Grants
Paul Schaper, Merck|MSD (Co-Lead)
Erika Satterwhite, Mylan (Co-Lead)
Nuphar Rozen-Adler and team,
BD (Becton, Dickinson & Company)
Jirair Ratevosian, Gilead Sciences
François Desbrandes, Sanofi
Ian Boulton, TropMed
Caroline Desrousseaux, Vestergaard
Adam Flynn, Sumitomo Chemical

Priorities
- Support the formation of Private Sector Delegation positions in monthly, or bi-weekly, votes on grant approvals and provide an ongoing monitoring mechanism for the Global Fund grant portfolio.

2015 Accomplishments
- The Board received 14 review requests, inclusive of 255 Grant Agreements (new funding requests and costed and un-costed grant extensions).
- Reviewed grant materials and submitted technical and strategic input on prioritized funding requests. Key issues identified by the task force, which were submitted to the Board and shared with country teams, include:
  - Domestic financing and sustainability planning;
  - Procurement and supply chain risks and capacity;
  - Inclusion of the private sector in national systems;
  - Clarity of key populations plans and interventions;
  - Strength of MDR-TB programming;
  - Impact of shortened implementation periods on 2017 funding and continuity of services;
  - Differentiated approaches for challenging operating environments;
  - Impact of countries’ political and legal context on program services;
  - Adoption of new technologies and international standards;
  - Transparency around funding decisions
2015 Accomplishments

- Hosted consultations on the Fund’s Market Shaping Strategy in Bangkok and Geneva (36 attendees representing the pharmaceutical, manufacturing, extractives, food and beverage, consulting, and banking sectors).
- Developed PSD Position Paper on the review of the Market Shaping Strategy, which was shared with Global Fund standing committees and during inter-constituency meetings at the 34th Board Meeting.
- Two amendments to the Market Shaping Strategy were accepted at the 34th Board Meeting; the new Strategy now includes regular consultations with private sector stakeholders and external experts to guide its implementation.

Priorities

- Provide oversight and input into the revision of the Global Fund’s Market Shaping Strategy.
- Engage with various Secretariat teams on issues related to market dynamics, procurement strategy, Quality Assurance policies, global supply chain and efficiency.

Priorities


2015 Accomplishments

- Hosted inter-constituency calls on the new Strategy and solicited PSD feedback via an online survey. A PSD position paper on the Strategy was developed for consideration at the SIIC retreat in June.
- Convened four global private sector consultations on the new Strategy with the support of the Global Fund Secretariat (80 people attended the forums in Bangkok, Geneva, Lagos, New York City). A summary report of broader private sector input into the Strategy was circulated widely.

2015 Accomplishments

- Hosted a side event at the 33rd Board Meeting on innovative ways that private sector companies are working with country partners to strengthen health systems (60+ attendees).
- Early discussions with the Secretariat’s Private Sector Engagement team on best pathways to engage with and support their work.

Priorities

- Ensure that the Global Fund’s Health Systems Strengthening policies are effective, well-implemented, and contribute to the Fund’s mission of advancing the fight against the three diseases by sharing knowledge and best practices, when possible and appropriate.
- Explore the Secretariat’s approach to private sector partnerships under the Innovation Coalition.
ANNEX 2: PSD Calendar of Events 2016

JANUARY – MARCH
• MARCH 3: PSD-Hosted Consultation Event on the Equitable Access Initiative (Geneva, Switzerland)
• MARCH 8-10: Meeting of the Global Fund Board Standing Committees (SIIC, AEC, and FOPC)
• MARCH 14: Quarterly PSD Teleconference

APRIL – JUNE
• APRIL 21: PSD Pre-Board Teleconference
• APRIL 23: PSD Pre-Board Meeting (Abidjan, Côte D’Ivoire)
• APRIL 24-25: Global Fund Pre-Board Briefings and Donor and Inter- Constituency Meetings (Abidjan, Côte D’Ivoire)
• APRIL 26-27: Global Fund 35th Board Meeting (Abidjan, Côte D’Ivoire)
• MAY 10: PSD-Hosted Side Event at the Asia-Pacific Leaders Malaria Alliance Summit (Bangkok, Thailand)
• JUNE 14-15: 1st Meeting of the New Global Fund Board Standing Committees (Strategy, AFC, and EGC)

JULY – SEPTEMBER
• AUGUST: Quarterly PSD Teleconference
• SEPTEMBER 16: Fifth Replenishment Conference (Montréal, Canada)
• SEPTEMBER 20-26: United Nations General Assembly (New York, USA)

OCTOBER - DECEMBER
• OCTOBER 13-14: 2nd Meeting of the New Global Fund Board Standing Committees
• NOVEMBER 14: PSD Pre-Board Meeting (Montreux, Switzerland)
• NOVEMBER 15: Global Fund Pre-Board Briefings and PSD-Hosted Side Forum on Innovative Finance (Montreux, Switzerland)
• NOVEMBER 16-17: Global Fund 36th Board Meeting (Montreux, Switzerland)
• DECEMBER: Quarterly PSD Teleconference
ANNEX 3: Strategic Objectives

1. Maximize Impact Against HIV, TB and Malaria
   Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics
   a. Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases
   b. Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs
   c. Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money
   d. Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships
   e. Support sustainable responses for epidemic control and successful transitions

2. Build Resilient and Sustainable Systems for Health
   Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics
   a. Strengthen community responses and systems
   b. Support reproductive, women’s, children’s and adolescent health, and platforms for integrated service delivery
   c. Strengthen global and in-country procurement and supply chain systems
   d. Leverage critical investments in human resources for health
   e. Strengthen data systems for health and countries capacity for analysis and use
   f. Strengthen and align to robust national health strategies and national disease-specific strategic plans
   g. Strengthen financial management and oversight

3. Promote and Protect Human Rights and Gender Equality
   Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics
   a. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights
   b. Invest to reduce health inequities including gender- and age-related disparities
   c. Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services
   d. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes
   e. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes

4. Mobilize Increased Resources
   Increased programmatic and financial resources are needed to accelerate the end of the epidemics
   a. Attract additional financial and programmatic resources from current and new public and private sources
   b. Support countries to use existing resources more efficiently and to increase domestic resource mobilization
   c. Implement and partner on market shaping efforts that increase access to affordable, quality-assured key medicines and technologies
   d. Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up and cost-effective health technologies and implementation models
ANNEX 4: Johnson & Johnson Global Health Roadmap

- **International Partnership for Microbicides (IPM) granted exclusive royalty-free license**
  - **Expansion in May 2014**
  - **MAR 2004**

- **TB Alliance agreement - royalty-free access and development license**
  - **JUN 2009**

- **Pharmstandard OJSC exclusive licensing agreement**
  - **JAN 2013**

- **Stichting International Dispensary Association (IDA Foundation) collaboration**
  - **SEP 2014**

- **Memorandum of Understanding with USAID - contribution of US$30 million worth of bedaquiline / approx. 30,000 treatment courses**
  - **DEC 2014**

- **Janssen and ViiV announced LATTE 2 Phase IIb data for long-acting formulations of HIV medicines**
  - **NOV 2015**

- **Preclinical study results published in Science of an HIV vaccine regimen used in non-human primates**
  - **JUL 2015**

- **Policy expansion to enhance access to new HIV pediatric products**
  - **MAY 2015**

- **3x Janssen treatments (for HIV, MDR-TB & HCV) added to the World Health Organization’s (WHO) Essential Medicines List**
  - **MAY 2015**

- **USAID - four-year anti-MDR-TB treatment donation collaboration**
  - **APR 2015**

- **USAID - four-year anti-MDR-TB treatment donation collaboration**
  - **MAR 2015**

- **INTELENCE: included as the product for the collaborative procedure for accelerated registration**
  - **MAR 2015**

- **4 x public-private partnerships - reducing the burden of HIV incidence and empowering women & girls in HIV prevention**
  - **DEC 2015**

- **FIND (non-profit organization) diagnostics collaboration**
  - **DEC 2015**

- **IPM collaboration on darunavir**
  - **DEC 2015**

- **PEPFAR’s DREAMS up to US$150 million commitment over two years for 10 Sub-Saharan countries**
  - **DEC 2015**

- **CHAI collaboration development and delivery of a fixed-dose combination therapy**
  - **DEC 2015**

- **Launch of Ugandan Academy for Health Innovation and Impact collaboration**
  - **DEC 2015**

- **2016 & BEYOND**
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