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# The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Twentieth Board Meeting  
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GF/B20/7  
Decision

## REPORT OF THE AFFORDABLE MEDICINES FACILITY - MALARIA (AMFm) AD HOC COMMITTEE (AHC)

### OUTLINE:

1. This report summarizes the deliberations of the AMFm Ad Hoc Committee (AHC) at its meeting on 1-2 October 2009 and its conference calls on 14 September and 13 October 2009. It includes an overview of progress in preparing to launch AMFm Phase 1 and the AHC's recommendations to the Twentieth Board Meeting for decision.

## PART 1: INTRODUCTION

1.1 This report provides an update on progress in major work areas in preparation for implementation of AMFm Phase 1. It also describes the Committee's decision to develop an updated demand forecast for AMFm Phase 1 and presents funding currently available for co-payment. Finally, this report presents several issues regarding implementation of AMFm Phase 1 for consideration and decision by the Board. These issues include: the Ad Hoc Committee's recommendation on an amended AMFm Phase 1 timeline; a recommendation to introduce a universal logo for co-paid ACTs; *and* the revised AMFm Phase 1 policy. This report contains four parts plus two annexes:

- PART 1: Introduction
- PART 2: Update on progress
- PART 3: Updated demand forecast and funding for AMFm Phase 1 co-payment
- PART 4: Committee recommendations regarding AMFm Phase 1 implementation
- Annex 1: Revised AMFm Phase 1 policy
- Annex 2: Guidance on location of further information

## PART 2: UPDATE ON PROGRESS

For information

### Applications to AMFm Phase 1

2.1 The Global Fund received applications to AMFm Phase 1 from all 12 eligible applicants.<sup>1</sup> Applications were screened for completeness by the Global Fund Secretariat and were submitted for review by the Technical Review Panel (TRP) during its meeting in Montreux, Switzerland from 24 August to 5 September 2009. A full analysis of the applications, including TRP funding recommendations, as well as a description of the process followed by the TRP, is provided in the Report of the TRP and the Secretariat on Applications to the First Phase of the Affordable Medicines Facility - malaria (AMFm Phase 1) (GF/B20/10).

2.2 As detailed in the Report of the TRP of AMFm Phase 1, the total budget for supporting interventions in applications recommended for funding is approximately US\$ 126.6 million. Of this, it is estimated that US\$ 98.1 million will be provided through savings gained in the budgets of the recommended countries' existing Global Fund malaria grants (from the lower price of artemisinin-based combination therapies (ACTs) under AMFm).<sup>2</sup> A further US\$ 11 million will be provided from other sources. The total value of requests for incremental new funding for AMFm Phase 1 supporting interventions in applications recommended by the TRP is approximately US\$ 17.5 million.<sup>3</sup> The proposed decision point approving the AMFm Phase 1 applications is also included within the TRP Report on AMFm Phase 1 Applications.

2.3 In conducting its review, the TRP made a recommendation that a clarifications period was necessary in order for the TRP to be able to fully review all AMFm applications. The AHC agreed with this recommendation. In order to avoid delays to the AMFm implementation timeline, the AHC decided that, in line with Global Fund practice, applicants should be notified of the TRP's recommendations within one week following submission to the Board of the TRP Report on AMFm

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<sup>1</sup> Benin, Cambodia, Ghana, Kenya, Madagascar, Niger, Nigeria, Rwanda, Senegal, Tanzania, Uganda and Zanzibar

<sup>2</sup> Where these savings will be gained in grants other than the AMFm host grant, they will be transferred to the host grant.

<sup>3</sup> These amounts include budget amounts submitted in Euro (€). The US\$ equivalent was calculated according to the official United Nations Exchange Rate of 1 October 2009. These amounts may change according to fluctuations in the exchange rate.

Phase 1 Applications and that the clarifications period should begin immediately upon receipt by applicants of such notifications.

2.4 Subsequent to the AHC meeting, the Board voted by email not to pre-notify countries of the TRP's funding recommendations for Round 9. Taking this into consideration, as well as the resource constrained environment, the Secretariat consulted the Chair and Vice-Chair of the Board on the AHC's recommendation to pre-notify AMFm applicant countries of the TRP's recommendations. Having reviewed the considerations, the Chair and Vice-Chair of the Board recommended against preliminary notification for AMFm Phase 1. The Chair of the AMFm AHC was advised of this recommendation and agreed with the position of the Chair and Vice-Chair of the Board. The Secretariat will therefore not issue preliminary notification of the TRP's recommendations on AMFm Phase 1 and instead will issue final notification of the Board's decision on funding following the Twentieth Board Meeting. A clarifications process, facilitated by the Secretariat, will commence following the Board's decisions on funding with a planned completion date of 1 February 2010.

2.5 In accordance with the AMFm business plan (GF/PSC9/03) approved by the Board at its 17th meeting (GF/B17/DP16) and the AMFm implementation plan (GF/B18/7) approved by the Board at its 18th meeting (GF/B18/DP7), supporting interventions for AMFm will be funded, for both the public and private sectors, through the Global Fund's existing grant financing mechanism, including through reprogramming of savings in existing grants. It should be noted that these savings will arise from the significantly reduced price of ACTs resulting from the AMFm co-payment and that there will be no reduction in ACT treatment targets in existing grants. The Developed Country NGOs constituency representative expressed concern at the Committee meeting that this will result in savings gained in the public sector being used to fund supporting interventions implemented in the private sector, and they wished to state their objection to this.<sup>4</sup>

### **Negotiations with manufacturers**

2.6 Negotiations with eligible ACT manufacturers are progressing. Maximum prices for each ACT formulation and strength have been established. All eligible ACT manufacturers have agreed that prices for private sector buyers will be at the same level as for public sector buyers. The co-payment amount for each formulation and pack size is currently being established and will be the same fixed amount for all products for each formulation and pack size, as defined in the co-payment strategy.

2.7 Most eligible manufacturers have now signed a term sheet with the Global Fund, which is a non-binding commitment from each manufacturer to provide its products at or below the established maximum prices and under specified terms and conditions. The term sheet sets out the core conditions of participation in AMFm, including the pre-requisite not to market, sell or distribute artemisinin monotherapy for patient use in any country. The signed term sheets will be used as the basis for negotiating binding master supply agreements with eligible manufacturers. These agreements are expected to be signed in early 2010.

2.8 To be eligible to purchase AMFm co-paid ACTs, first-line buyers must sign a non-negotiable legally binding undertaking with the Global Fund which sets out the terms and conditions of participation by first-line buyers in AMFm Phase 1. As part of the undertaking, each first-line buyer must agree, among other things: (i) to abide by the goals and objectives of AMFm and, in

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<sup>4</sup> The use of savings arising from the lower purchase price of ACTs in Global Fund grants, including for supporting interventions in the private sector, was proposed by each CCM in accordance with the AMFm application guidelines.

particular, to apply a reasonable margin on the prices of AMFm co-paid ACTs; and (ii) to sell co-paid ACTs only within countries participating in AMFm Phase 1. A draft of this undertaking has been developed, and it is expected that first line buyers will sign the undertaking beginning in early 2010.

## **Quality control**

2.9 Quality control testing of co-paid ACTs supplied through AMFm will be managed and funded by the Global Fund Secretariat. In order to provide a comprehensive testing scheme for AMFm Phase 1, the Secretariat will arrange random quality control testing of all ACTs pre-qualified by WHO or approved for use by a Stringent Regulatory Authority, in addition to ACTs recommended by the Expert Review Panel (ERP), for procurement by both public and private sector buyers. This differs from testing conducted through the standard grant portfolio, in which the Secretariat only arranges random quality control testing for products recommended by the ERP.

## **System for making co-payments**

2.10 Consistent with the decision of the Board at its Seventeenth Board Meeting and with the AMFm Phase 1 Policy, resources contributed for co-payment will be held separately from funds for the general grant portfolio, and no funds will be transferred from the general grant portfolio to fund co-payment. To this end, the Secretariat has established a US dollar sub-account with the trustee for the separate and segregated holding and administration of AMFm co-payment funds (the "Co-Payment Fund"). Interest earned on AMFm contributions will be credited to, and account management fees debited from, the Co-Payment Fund. Two separate accounts (US dollar and Euro) have been established with Credit Suisse for making co-payments to manufacturers through the Global Fund ERP System (GFS) for supplier payment.

## **Monitoring and evaluation of AMFm Phase 1**

2.11 The Secretariat has finalized the AMFm Phase 1 Monitoring and Evaluation Technical Framework. This was developed with guidance and input from the AMFm Ad Hoc Committee, the Technical Evaluation Reference Group (TERG), the Expert Advisory Group and other stakeholders. A summary of the framework is attached as Attachment 1 to this report.

2.12 Based on the Monitoring and Evaluation Technical Framework, the Secretariat has issued a request for proposals (RFP) for service providers to conduct the Independent Evaluation of AMFm Phase 1 and a separate RFP for service providers to conduct the Baseline Data Collection. Bids have been reviewed in accordance with standard Global Fund procedures, and the Secretariat expects that a provider will have been selected and negotiations begun by the time of the Twentieth Board Meeting.

## **Operational Research**

2.13 Operational research studies for the AMFm will: (i) be selected to address issues of strategic relevance and importance to the Global Fund, and (ii) be conducted in time for the findings to feed into the Phase 1 independent evaluation report, which will inform the Global Fund Board's decision on the future of AMFm beyond Phase 1. The Secretariat has held consultations with partners in order to refine research priorities for multi-country operational research for AMFm Phase 1 and explore options for parallel or joint financing of this research. Through this consultation, six thematic areas for research have been identified, with the aims of filling gaps in knowledge and 'learning by doing' during AMFm Phase 1:

- i. Rational use of diagnostics and prescription of ACTs by frontline health workers (in both public and private sectors) alongside adherence to full treatment regimens by consumers
- ii. Reaching the poor and other vulnerable groups
- iii. ACT delivery models
- iv. Public/private sector interactions
- v. Supply chains
- vi. Drug quality

### **Managing grant timing challenges in AMFm 'host' grants**

2.14 Following Board approval of AMFm Phase 1 applications, the Secretariat will work with the Principal Recipients to incorporate AMFm activities and budgets into their proposed 'host' grant agreements, taking into consideration the individual circumstances of the host grants. The sole objective of amending an existing 'host' grant agreement, rather than negotiating a new grant for AMFm Phase 1, is to streamline grant negotiations and management for participating countries and to accelerate the disbursement of funds for supporting interventions. This is in keeping with the Global Fund's broader efforts to simplify and align grant processes.

2.15 Approval of funding for AMFm applications (whether re-programmed savings within a grant or for new grant funding) is for a period of two years for each AMFm application. However, this timing will not always align directly with the 'host' grant life cycle, and the AMFm Phase 1 implementation period may overlap with other grant management processes in the 'host' grant. For example, the 'host' grant may undergo a Phase 2 review during the AMFm Phase 1 period, or the Phase 1 or Phase 2 Ending Date of the 'host' grant may occur during the AMFm Phase 1 period. This could result in unintended delays at a critical time during implementation of AMFm Phase 1 supporting interventions.

2.16 In these circumstances and on the basis of the approval of the AMFm application for a period of two years for each AMFm application, the AHC endorsed the proposed approach to managing grant timing challenges which may arise during AMFm Phase 1, as outlined in the Secretariat paper provided to the AHC.<sup>5</sup>

### **AMFm Ad Hoc Committee membership**

2.17 In advance of the Committee's meeting of 1-2 October 2009, the US constituency advised the Committee Chair, Board Chair and Vice-Chair, and the Secretariat on 25 September that it was resigning its membership of the AMFm Ad Hoc Committee with immediate effect, in order to take up a position on the Ad Hoc Market Dynamics Committee (MDC). The Committee Chair accepted the US constituency's resignation. The US representative therefore did not participate in the Committee meeting of 1-2 October and its teleconference of 12 October; however, the Committee took account of the US constituency's position on a variety of issues, as formally communicated in their resignation letter. Members of the AMFm Ad Hoc Committee appreciate the contributions of the US representative to issues discussed on AMFm at the Committee level. The AMFm Ad Hoc Committee also understands that the rule that limits membership by constituencies to two committees does not apply to the AMFm and MDC Ad Hoc Committees. (The two-committee limit was specifically excluded by the Board when the AMFm and MDC committees were established). Therefore, members of the AMFm Ad Hoc Committee strongly encourage the US to reconsider its decision so that its representative can continue to contribute as a member of the AMFm Ad Hoc Committee.

<sup>5</sup> Annex C to GF/AMFmAC05/02, as listed in Annex 2 to this report.

2.18 The AMFm Ad Hoc Committee stressed the importance of increasing participation by the implementing country constituencies represented on the Committee.

### **PART 3: UPDATED DEMAND FORECAST AND FUNDING FOR AMFm PHASE 1 CO-PAYMENT**

For information

#### **Updated demand forecast and funding for AMFm Phase 1 co-payment**

3.1 As specified in the AMFm Phase 1 Policy, the Board may approve overall funding for AMFm Phase 1 co-payment, based on the forecast co-payment need for the full duration of AMFm Phase 1, up to the cumulative, uncommitted amount of assets that the Board determines will be available from the AMFm Co-Payment Fund at the time of concluding AMFm Phase 1 co-payment commitments.<sup>6</sup> It is expected that this funding principle will be satisfied at the time the Board considers the TRP's recommendations on the AMFm Phase 1 applications at the Twentieth Board Meeting.

3.2 A forecast of ACT demand under AMFm Phase 1 was presented at the Eighteenth Board Meeting. Based on this forecast, resources required to fund co-payments for the full AMFm Phase 1 period were estimated at US\$ 225-233 million. This forecast was developed by UNITAID with McKinsey & Company, the Clinton Foundation, MIT Zaragoza and Dalberg Global Development Advisors.

3.3 The Global Fund Secretariat has updated the approximate forecast, *ad interim*, to take into account the specific countries whose AMFm Phase 1 applications have been recommended for funding by the TRP. The AHC requested this rapid update of the forecast while planning for a more refined estimate that is expected after about six months of implementation. The estimate of resources needed under this revised approximate forecast is US\$ 212-220 million.<sup>7</sup>

3.4 Based on resource mobilization activities conducted to date, the AHC anticipates that up to approximately US\$ 214 million will be available for funding AMFm co-payment. The Board of UNITAID approved up to US\$ 130 million in funding for AMFm Phase 1. A Memorandum of Understanding with UNITAID for the contribution of funds to the Co-payment Fund is currently being finalized. The Bill and Melinda Gates Foundation is finalizing a contribution agreement for US\$ 20 million. The United Kingdom's Department for International Development is finalizing a contribution agreement for GBP 40 million.<sup>8</sup>

3.5 The updated estimate of funding available for co-payment under AMFm Phase 1 will be presented by the Secretariat to the Board at the Twentieth Board Meeting.

3.6 In addition, and consistent with the AMFm Phase 1 Policy which requires a regular updating of the forecast co-payment need, the AHC has decided to establish a technical group under the leadership of RBM, in consultation with UNITAID, the Global Fund Secretariat and other partners

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<sup>6</sup> An "AMFm Phase 1 co-payment commitment" is a commitment by the Global Fund to a manufacturer under a master supply agreement to pay the co-payment portion of an order placed by a first-line buyer (plus carriage and insurance costs). The financial commitment is made at the time the Global Fund issues a 'confirmation of co-payment', with the order specifying the maximum amount of the co-payment commitment.

<sup>7</sup> This estimate is subject to methodological and data refinements in an exercise that is being convened by Roll Back Malaria (RBM) at the request of the AMFm Ad Hoc Committee.

<sup>8</sup> Equivalent to US\$ 63.68 million, as of 30 September 2009.

with relevant expertise, to review the forecast. This technical group will produce a refined demand forecast after approximately 6 months' implementation of AMFm Phase 1.

#### **PART 4: COMMITTEE RECOMMENDATIONS REGARDING AMFm PHASE 1 IMPLEMENTATION**

For decision

##### **AMFm Phase 1 timeline**

4.1 At its Nineteenth meeting in May 2009, the Global Fund Board approved the launch of AMFm Phase 1 in 2009 with the aim of the Board making a decision on a global roll-out of AMFm in November 2011, based on an independent evaluation commissioned by the Secretariat.

4.2 The Global Fund Board decided, at its Seventeenth Meeting, that the Independent Evaluation would "assess potential failures and short-comings ("red flags") in the AMFm" (GF/B17/DP8). The Board also decided that "Expansion from the initial phase to a full roll-out in all eligible countries will occur within a year of launch unless clear failures ("red flags") in the AMFm design are observed." During the course of the development of the Monitoring and Evaluation Technical Framework and parameters for the independent evaluation, the AHC, in consultation with the Secretariat and the TERG, raised concerns that the proposed implementation timeline would not allow sufficient time for a conclusive evaluation of AMFm Phase 1, given the short period during which AMFm co-paid ACTs would be in-country under the existing timeline. The AHC considered various options for addressing these concerns.

4.3 Taking into account current resource constraints, the AHC decided that the time between baseline and endpoint assessments should not be materially extended but that more time should be allowed for country preparedness before baseline data collection. Baseline data collection activities will be completed by 1 June 2010. Endpoint data collection activities will take place a year later in May 2011. **The AHC therefore recommends to the Board that the decision by the Board on global roll-out of AMFm should be deferred to the Board's first meeting in 2012.** Under this proposal, first-line buyers will be eligible to receive co-paid ACTs in-country under the AMFm from 1 June 2010. This will allow countries sufficient time to prepare for the launch of AMFm in-country and allow up to 12 months of implementation to be evaluated. The independent evaluator will report to the AHC the findings of this evaluation, providing a basis for the AHC to make a recommendation to the Board, at which time the Board would determine whether to expand, accelerate, modify, terminate or suspend the AMFm business line at its first meeting in 2012. This modified timeline is expected to result in a shorter period of funding for wind-down or continuation of activities following the Board decision in 2012.

4.4 The AHC is aware that a 12 month implementation timeline presents issues regarding the parameters of the evaluation given the difficulty of measuring success in 12 months. In particular, since the Seventeenth Board meeting, some constituencies have stated that AMFm Phase 1 must provide definitive proof of attributable increases in ACT use among the poorest and most remote populations. The majority of AHC members acknowledge that this is not a realistic expectation within 12 months in the context of many implementing countries. AMFm is a new business model without direct precedent in global health. ACTs are no longer new technologies, but co-paid ACTs will be new. In the Final Report of the Global Fund Five-Year Evaluation: Study Area 3, it was noted that *"The findings related to ACTs are the most perplexing and worrisome of the four primary malaria interventions because they show the least improvement."* A key lesson from the Five-year Evaluation relates to the timeline for measurable changes that can be attributed to a new intervention or business model: *"Most importantly, five years is an extraordinarily limited*

*amount of time over which to measure global level outcomes and impact, especially in a new program with a new model. Investments of both new resources and new approaches require time to take root and bear fruit”.*<sup>9</sup> The AHC will work to define reasonable parameters for success or otherwise of AMFm Phase 1, based on the Monitoring and Evaluation Technical Framework and the timeline for implementation. The Developed Country NGOs constituency expressed a concern that, in measuring the use of ACTs, the Monitoring and Evaluation Technical framework would measure not only malaria specific fevers but fevers due to other causes<sup>10,11</sup>. The Developed Country NGOs constituency also wished to have it noted that in their opinion, impact of AMFm on use of co-paid ACTs among the poorest and remote populations must form the basis for a “red flag” regardless of the evaluation period, and they would not compromise on this.

## Recommendation on a universal logo

4.5 At the Eighteenth Board Meeting, the Global Fund Board agreed that in order to help monitor the distribution of AMFm co-paid ACTs, manufacturers would be required to apply an ‘identifier’ on packaging for all AMFm co-paid ACTs (GF/B18/7). This identifier was intended to be a discreet mark to facilitate tracking of products. The identifier would not use the Global Fund or AMFm name or logo and would not be used for communication campaigns. The Board also agreed that effective communication campaigns would be one of the key means of creating demand for high-quality ACTs under AMFm and recognized the value of using a logo to identify quality-assured ACTs. It was intended that countries would be free to develop their own individual logos as part of their communication campaigns for AMFm.

4.6 Since the Eighteenth Board Meeting, new information from countries, manufacturers and partners has become available regarding the use of a logo for AMFm. Officials from countries eligible to apply for AMFm Phase 1 have noted the need for a logo, whilst acknowledging that this could be applied at either a national level or across all countries participating in AMFm Phase 1. Partners with relevant field experience, including Medicines for Malaria Venture (MMV) and Population Services International (PSI), as well as RBM, recommend a universal logo for AMFm Phase 1 across all countries, emphasizing that a universal logo is an essential tool for successful implementation of AMFm. Based on their experience of implementing branded marketing campaigns for ACTs, these partners also recommend a universal logo for the practical and financial reasons of economies of scale, efficient use of time and flexibility of production, order management and stock management. Discussions with eligible ACT manufacturers have shown a strong preference for a universal logo to be used across all countries participating in AMFm Phase 1 for reasons of economies of scale and the need for flexibility in managing orders, which will facilitate timely delivery and help to avoid stock outs.

4.7 In addition, since the Eighteenth Board Meeting, the parameters for the independent evaluation have been developed. It is expected that household surveys will be conducted, during which respondents will be asked about their recent use of malaria treatment. Such surveys will be better able to measure use of co-paid ACTs if patients or care-givers are able to identify and recall such products through an easily recognizable logo.

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<sup>9</sup> Source: The Five-Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Synthesis of Study Areas 1, 2 and 3. March 2009.

<sup>10</sup> Per Paragraph 2.12 of this report, rational use of diagnostics is a thematic area identified for operational research. Further work and capacity building at the country level will be addressed in a workshop to be co-convened by WHO/TDR and WHO/AFRO before the end of 2009.

<sup>11</sup> The majority of applications to AMFm Phase 1 proposed the introduction or expansion of rapid diagnostic tests to support scale-up, including undertaking operational research where needed to inform scale-up in the private sector. The Technical Review Panel welcomed this as a sound approach to malaria case management.



4.8 While the use of a universal logo for AMFm is expected to have significant benefits, its use may also result in increased risks to the Global Fund, including legal and reputational risks. These risks are more fully described in the Secretariat paper submitted to the AHC.<sup>12</sup> These papers also describe measures that may be taken to mitigate such risks, as well as recommended conditions on use of the universal logo to help ensure accurate representations in country communication campaigns.

4.9 The AHC has reviewed this information and considered the risks and benefits of applying a universal logo for AMFm. Given the need to ensure successful communication campaigns for AMFm and bearing in mind the benefits of economies of scale at the manufacturer level and the timing implications of developing country-specific logos, the AHC recommends the introduction of a logo that will be universal for all countries participating in AMFm Phase 1. This logo will be additional to the AMFm 'identifier' that will be used to facilitate tracking of co-paid ACTs. The AHC has requested that the Secretariat begin work on developing the universal logo, in order to ensure it is finalized before the launch of AMFm Phase 1 in 2010.

4.10 The AHC agreed that it would be preferable to apply the logo to all quality-assured ACTs in a participating country, rather than only those co-paid by AMFm. The Developed Country NGO delegation opposed the recommendation to introduce a universal logo on only AMFm co-paid ACTs on the basis that this may lead to negative perceptions of quality-assured ACTs that are not co-paid by AMFm. However, given calls for proof of AMFm-attributable changes in ACT use and the agreed need to ensure that benefits of co-payment are passed down the supply chain, the AHC agreed that it would be inconsistent to apply a logo across all quality-assured ACTs within a country.

4.11 The AHC therefore recommends to the Board that, as a modification to the position set out in the AMFm Implementation Plan, in addition to the AMFm 'identifier', all AMFm co-paid ACTs should bear a logo that is universal for all countries participating in AMFm. During implementation of AMFm Phase 1 and based on lessons learned, discussions with participating countries and with due regard to the independent evaluation, other donors should be encouraged and permitted to use the logo on ACTs procured directly by such donors, provided that such ACTs meet the Global Fund's quality assurance policy. The AHC recommends that the Board requests RBM to work with participating countries, donors and all partners to coordinate progress towards a universal logo for all quality ACTs.

### **AMFm Phase 1 Policy**

4.12 At its Eighteenth Board Meeting, the Global Fund Board approved the AMFm Phase 1 Policy (GF/B18/DP7). Since that time, a number of developments have taken place that need to be reflected in this policy. These include:

- i. Clarification of the Global Fund's position on the use of fixed-dose combination ACTs in AMFm Phase 1 (as agreed at the Nineteenth Board meeting);
- ii. Development of greater specificity on packaging requirements;
- iii. Development of refined eligibility criteria for first-line buyers;
- iv. Updating the order cycle and co-payment flow for AMFm co-paid ACTs;
- v. Development of a revised policy on the structure of the co-payment amount;
- vi. Committee recommendation to introduce a universal logo for AMFm co-paid ACTs;

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<sup>12</sup> It should be noted that the legal advice provided to the Committee in those papers represents attorney/client work product and should therefore be treated as confidential.

- vii. Updating how the AMFm co-payment will be addressed through the AMFm Phase 1 monitoring and evaluation system.

The financial principles outlined in the Phase 1 Policy have not changed. The *AMFm Phase 1 Policy* has been updated to reflect these developments and is attached as Annex 1 for Board approval.

**Decision Point: AMFm Implementation**

*The Board refers to its earlier decisions regarding the Affordable Medicine Facility - malaria ("AMFm").*

*The Board requests the AMFm Ad Hoc Committee to review the findings of the independent evaluation of AMFm Phase 1 and to make a recommendation to the Board at its first meeting in 2012 on whether to expand, accelerate, modify, terminate or suspend the AMFm business line.*

*The Board decides that, in addition to the AMFm 'identifier', all AMFm co-paid ACTs should bear a logo that is universal for all countries participating in AMFm. During implementation of AMFm Phase 1, based on lessons learned and discussions with participating countries and with due regard to the independent evaluation, other donors should be encouraged and permitted to use the logo on ACTs procured directly by such donors, provided that such ACTs meet the Global Fund's quality assurance policy. The Board requests RBM to work with participating countries, donors and all partners to coordinate the progress towards a universal logo for all quality-assured ACTs.*

*The Board approves the revised AMFm Phase 1 Policy attached as Annex 1 to the Report of the AMFm Ad Hoc Committee to the Board (GF/B20/7).*

**This decision does not have material budgetary implications.**

This document is part of an internal deliberative process of the Fund and as such cannot be made public. Please refer to the Global Fund's documents policy for further guidance.

## Affordable Medicines Facility for Malaria: Phase 1 Policy (AMFm Phase 1 Policy) (REVISION 1)

### Part 1: Policy Purpose and Overview

1. The Affordable Medicines Facility for malaria (AMFm) is a financing mechanism that negotiates a reduced price for Artemisinin Combination Therapy (ACTs), and then makes a fixed **co-payment** directly to manufacturers on behalf of buyers, thus lowering the sales price to public and private sector buyers in malaria-endemic countries.<sup>1</sup> Through this co-payment, AMFm intends to make ACTs more affordable to first-line buyers in the public, private not-for-profit and for-profit sectors, and ultimately to patients in need of effective anti-malarial treatment.
2. At its 17<sup>th</sup> meeting, the Global Fund Board decided that AMFm would be launched in a small group of countries for a limited period (AMFm Phase 1) in order to provide lessons learned about its design and implementation (GF/B17/DP8). The Board also decided that AMFm Phase 1 would be assessed through an independent evaluation in order to determine the extent to which AMFm can meet its objectives. The results of the independent evaluation will inform the Board's decision on whether to roll out AMFm globally. The Board is expected to make this decision at its first meeting in 2012.
3. The specific objectives of AMFm Phase 1 are:
  - (a) **Increase ACT availability:** The AMFm will contribute to making quality assured ACTs widely available through public, private for-profit and not-for-profit channels.
  - (b) **Increase ACT affordability:** The AMFm offers low-cost, quality-assured ACTs to national wholesalers (called "first-line buyers") in public, private for-profit and not-for-profit sectors.
  - (c) **Increase use of ACTs:** This includes use in vulnerable populations of interest, such as poor people, rural residents and children under 5 years of age.
  - (d) **Increase the market share of ACTs ("crowd out" monotherapies):** The AMFm seeks to increase the market share of quality assured ACTs relative to undesirable antimalarials, thereby displacing artemisinin monotherapies (which increase the likelihood of developing artemisinin-resistant strains of malaria parasites) and increasingly ineffective medicines for treatment, such as chloroquine. ACT resistance monitoring is beyond the *immediate scope* of the evaluation of AMFm Phase 1.
4. In order to help meet these objectives, additional activities ("**supporting interventions**") will also be carried out to assist the safe and effective implementation of the AMFm. Supporting interventions are funded and implemented through the Global Fund's grant system and are subject to the policies and practice of that system.
5. This AMFm Phase 1 Policy provides guidance and rules of conduct for key areas of Global Fund policy in relation to AMFm Phase 1. This includes the co-payment mechanism between key

<sup>1</sup> The design of AMFm is described in detail elsewhere. Refer to: "Affordable Medicines Malaria Facility - malaria (AMFm): Technical Design" prepared with guidance from the AMFm Task Force of the Roll Back Malaria Partnership, November 2007. <http://rollbackmalaria.org>

parties, financial principles, and the application of performance-based funding. More specifically, areas covered are:

- Co-Payment Principles
- Financial Principles
- ACTs Eligible for Co-Payment
- AMFm Participants: Eligibility Criteria
- Operational Arrangements
  - Order cycle for ACTs
  - Payment flow for co-paid ACTs
  - Contractual arrangements
- Amount of Co-Payment, Maximum Price and Review Arrangements
- Performance-Based Decisions
- Monitoring and Evaluation
- Reporting and Audit

## Part 2: Co-Payment Principles

6. The Affordable Medicines Facility - malaria (AMFm) is a financing mechanism designed to make co-paid ACTs more accessible, and by so doing reduce the use of undesirable treatments. By reducing the cost of ACTs across all providers/dispensers of medicines, the AMFm aims to serve as a platform for scaling up access to ACTs and to curtail emerging resistance to artemisinin resulting from the use of artemisinin monotherapies.
7. The key principles of the AMFm co-payment are as follows:
  - (a) The Global Fund will co-pay only for ACT products that meet the Global Fund's Quality Assurance policy.
  - (b) Manufacturers participating in AMFm commit to sell co-paid ACTs at a price that (i) does not differentiate between sectors (public and private), and (ii) is based on the reduced price for ACTs offered to the public sector. They also commit not to market or sell oral artemisinin for patient treatment.
  - (c) First-line buyers undertake to contribute to the goals of AMFm by applying a reasonable margin on the prices of AMFm co-paid ACTs that they procure and sell, taking into account that the end-user price is expected to be competitive with other inexpensive anti-malaria treatments, such as chloroquine and sulfadoxine-pyrimethamine.

## Part 3: Financial Principles

8. The financial principles set out in this section govern resource mobilization and funding for AMFm co-payment. To the extent there are any differences with clauses in the Comprehensive Funding Policy and/or the Policy on Restricted Financial Contributions, they are treated as temporary exceptions to these policies given the experimental nature of AMFm Phase 1. Resource mobilization and funding for AMFm supporting interventions are governed by the Comprehensive Funding Policy and the Policy on Restricted Financial Contributions.
9. The Global Fund shall establish a separate sub-account with the Trustee for AMFm co-payment resources (the "AMFm Co-Payment Fund") into which contributions for AMFm co-payment shall be remitted. Interest earned on AMFm contributions will be credited to, and account management fees debited from, the Co-Payment Fund. Funds from the AMFm Co-Payment

Fund shall only be used for AMFm co-payments and the costs of carriage and insurance for co-paid ACTs. Funds from the Global Fund's "general" account with the Trustee (the "Global Fund General Fund") shall not be used to support AMFm co-payment commitments, nor the costs of carriage and insurance for co-paid ACTs.

10. Resources mobilized by the Global Fund for the AMFm Co-Payment Fund shall be additional to and separate from resources raised for the Global Fund General Fund. Resource mobilization for AMFm supporting interventions will be part of ongoing resource mobilization for the Global Fund General Fund.
11. The Global Fund may accept contributions that are restricted to the AMFm Co-Payment Fund (including through Official Development Assistance or new public mechanisms). Contributions to the AMFm Co-Payment Fund may not be further restricted in any way. There is no limitation on the amount of contributions that the Global Fund may accept that are restricted to the AMFm Co-Payment Fund.
12. A forecast of the resources available for AMFm Phase 1 co-payment, based on confirmed pledges, will be announced by the Secretariat to the Board at the time that the applications for AMFm access by eligible countries are considered by the Board for approval.
13. The Board may approve funding for AMFm Phase 1 co-payment, based on the forecast co-payment need for the full duration of Phase 1, up to the cumulative, uncommitted amount of assets that the Board determines will be available from the AMFm Co-Payment Fund at the time of concluding AMFm Phase 1 co-payment commitments.<sup>2</sup>
14. This approval of funding for co-payment applies across all approved AMFm Phase 1 countries. The amount of approved funding for co-payment is not specified for individual countries or first-line buyers.
15. AMFm is a demand-driven mechanism. Subject to the availability of funds in the AMFm Co-Payment Fund and taking into consideration forecast demand for AMFm Phase 1 by country, there are no quotas, or minimum or maximum levels, for accessing co-paid ACTs, at either a country or first-line buyer level.
16. The Secretariat shall ensure that the forecast of the AMFm Phase 1 co-payment need is periodically updated during Phase 1 and reported to the AMFm Ad Hoc Committee.
17. An amount of assets<sup>3</sup> equivalent to the maximum financial commitment under an AMFm Phase 1 co-payment commitment must be deposited with the Trustee in the AMFm Co-Payment Fund, or readily available upon demand, prior to the Secretariat issuing each 'confirmation of co-payment'.
18. If AMFm Phase 1 is discontinued at any time and funds remain in the AMFm Co-Payment Fund, after settlement of all commitments and the orderly winding down of AMFm Phase 1, then the Global Fund shall return such funds to the donors of the AMFm Co-Payment Fund on a pro rata

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<sup>2</sup> An "AMFm Phase 1 co-payment commitment" is a commitment by the Global Fund to a manufacturer under a master supply agreement to pay the co-payment portion of an order placed by a first-line buyer (plus carriage and insurance costs). The financial commitment is made at the time the Global Fund issues a 'confirmation of co-payment', specifying the maximum amount of the co-payment commitment

<sup>3</sup> "Assets" for the purposes of concluding AMFm Phase 1 co-payment commitments shall have the meaning assigned to it in the Comprehensive Funding Policy.

basis. Donors to the AMFm Co-Payment Fund may request that their portion of such funds is instead contributed to the Global Fund General Fund.

#### **Part 4: ACTs Eligible for Co-Payment**

19. The Global Fund will co-pay only for ACTs that satisfy the Global Fund's quality assurance policy.
20. The Global Fund will co-pay for ACTs formulated as either co-blistered or fixed-dose combination products. Pending guidance from WHO, the Global Fund has noted that fixed-dose combination ACTs are strongly preferable to co-blistered ACTs, as they are expected to improve patient adherence and help delay the onset of parasite resistance to artemisinin.
21. The packaging for AMFm co-paid ACTs must be compliant with WHO good manufacturing practices. In addition, manufacturers must ensure that the packaging includes clear marking and differentiation of the intended recipient groups, and that instructions are user-friendly.
22. Manufacturers will be required to use an identifier on packaging for all AMFm co-paid products to facilitate the tracking of co-paid ACTs.
23. It is intended that all ACTs co-paid under the AMFm will bear a single, universal logo to identify them as AMFm co-paid products. This logo will not make use of the AMFm or Global Fund name or logo. Principal Recipients undertaking supporting interventions in participating countries will be free to use this logo in their communication campaigns for AMFm co-paid ACTs, subject to any conditions on logo use that the Global Fund may consider appropriate.
24. The Global Fund name and logo and the 'AMFm' name must not be used in any marketing of co-paid ACTs.

#### **Part 5: AMFm Participants: Eligibility Criteria**

25. The key participants in AMFm are manufacturers of quality-assured ACTs, approved countries and first-line buyers.
26. Manufacturers are eligible to participate in AMFm if they satisfy the following criteria:
  - (a) The ACT products produced by the manufacturer meet the standards for AMFm Phase 1, specified above.
  - (b) The manufacturer agrees to sell its ACTs under the AMFm co-payment scheme at a price that (i) does not differentiate between the public and private sectors, and (ii) is consistent with the reduced price for ACTs ordinarily offered by the manufacturer to the public sector.
  - (c) The manufacturer agrees not to sell or market oral artemisinin monotherapies for the treatment of patients in any country.
  - (d) The manufacturer commits to the principles, and terms and conditions of AMFm through a master supply agreement.
27. AMFm Phase 1 will be implemented in a limited number of countries. Benin, Cambodia, Ghana, Kenya, Madagascar, Niger, Nigeria, Rwanda, Senegal, Tanzania (both mainland and Zanzibar) and Uganda were selected as eligible to apply to participate in AMFm Phase 1 based on consideration of the following criteria:

- (a) The country has a moderate to high malaria mortality rate (defined as >0.1/1000/year by World Health Organization).
- (b) The country has previous experience of large-scale ACT programs.
- (c) Consideration of the following factors:
  - Strength of country monitoring and evaluation systems
  - Presence of a conducive regulatory environment
  - Effective in-country supply chain management
  - Strength of private sector involvement in malaria treatment distribution
  - In the case of Kenya, to achieve a consolidated cluster approach in East Africa
  - In the case of Cambodia, to address emerging resistance to artemisinin that has been increasingly demonstrated in Cambodia,

28. The Country Coordinating Mechanisms (CCMs) of these countries were invited to submit an application to the Global Fund for participation in AMFm Phase 1, describing the country's current and planned supporting interventions. A country will only be eligible to participate in AMFm Phase 1 if its CCM's application is approved by the Board, based on the recommendation of the Technical Review Panel. Such approval is required even if the supporting interventions are being funded by another donor. The Global Fund Board's decision on countries approved to participate in AMFm Phase 1 is not subject to appeal.

29. First-line buyers are eligible to participate in AMFm if they satisfy the following criteria:

- (a) The first-line buyer holds all licenses, waivers or other approvals necessary to export, import, sell and distribute co-paid ACTs within the participating country.
- (b) The first-line buyer has signed a standard non-negotiable undertaking, in which it agrees, among other things, (i) to abide by the goals and objectives of AMFm and, in particular, to apply a reasonable margin on the prices of AMFm co-paid ACTs; *and* (ii) to sell co-paid ACTs only within countries participating in AMFm Phase 1.

30. First-line buyers for AMFm may include public sector entities, private sector not-for-profit entities, private sector for-profit entities, and international and national procurement agents, or any other organization that holds all required licenses, waivers or other approvals to export, import, sell and distribute co-paid ACTs within the participating country. Principal Recipients of Global Fund grants may be first-line buyers under AMFm.

## **Part 6: Operational Arrangements**

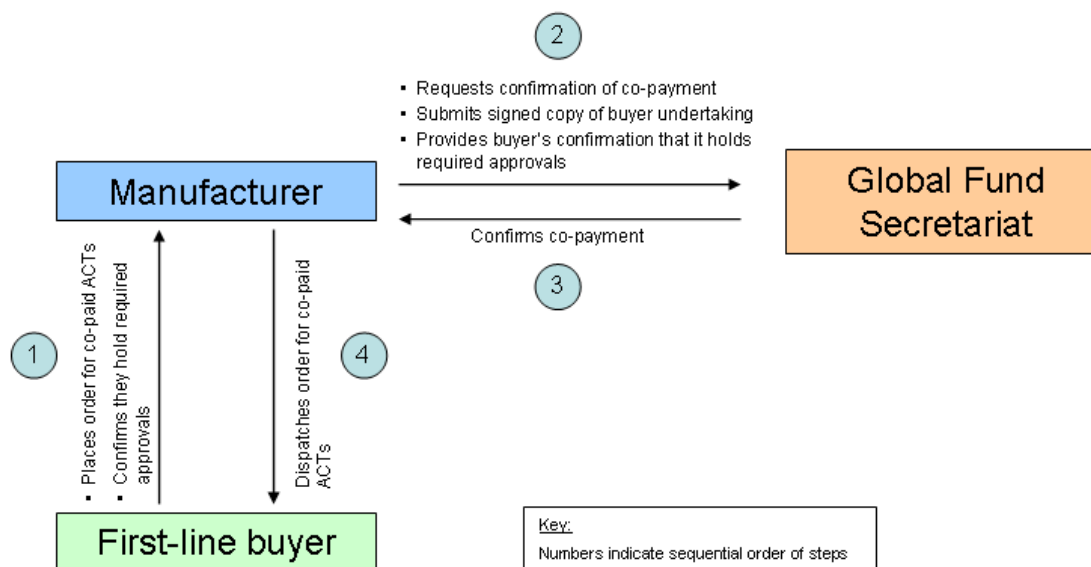
31. This Part describes the operational arrangements for AMFm Phase 1, including the roles of the different participants in AMFm. The operational arrangements will be regularly monitored and adjusted as necessary based on lessons learned to help ensure effective and responsible implementation of AMFm. All participants in AMFm are expected to observe the highest standards of ethics and integrity during the procurement and distribution of co-paid ACTs.

### **The order cycle for co-paid ACTs**

32. The order cycle for co-paid ACTs follows, as closely as possible, the normal order cycle for first-line buyers of ACTs. Participating manufacturers will be asked to inform all their pre-existing first-line buyers in AMFm Phase 1 countries about the AMFm. This includes making clear to buyers the eligibility criteria for first-line buyers under the AMFm.

33. The first time a first-line buyer places an order for co-paid ACTs, the manufacturer will ensure that the buyer signs the standard, non-negotiable first-line buyer undertaking. The manufacturer will forward the original signed first-line buyer undertaking to the Global Fund. The undertaking will apply to all subsequent orders and does not need to be re-submitted.
34. For the first, and each subsequent order, the manufacturer must also provide the Global Fund with:
- the first-line buyer order
  - the total co-payment amount to be made in respect of the order
  - the total estimated carriage and insurance costs
  - written confirmation from the buyer that the buyer has all necessary licenses, waivers or other approvals to export, import, sell and distribute co-paid ACTs within the participating country.
35. Provided that all eligibility criteria are met, that there are sufficient assets available in the AMFm Co-Payment Fund, and that there are no other reasons to reject the order, the Global Fund confirms that it will pay the co-payment and relevant carriage and insurance costs for the order ('confirmation of co-payment'). The manufacturer, in turn, confirms the order and dispatches the ACTs to the first-line buyer, as per the order. Figure 1 illustrates the order cycle for co-paid ACTs.

Figure 1: Order Cycle for Co-Paid ACTs



### The payment flow for co-paid ACTs

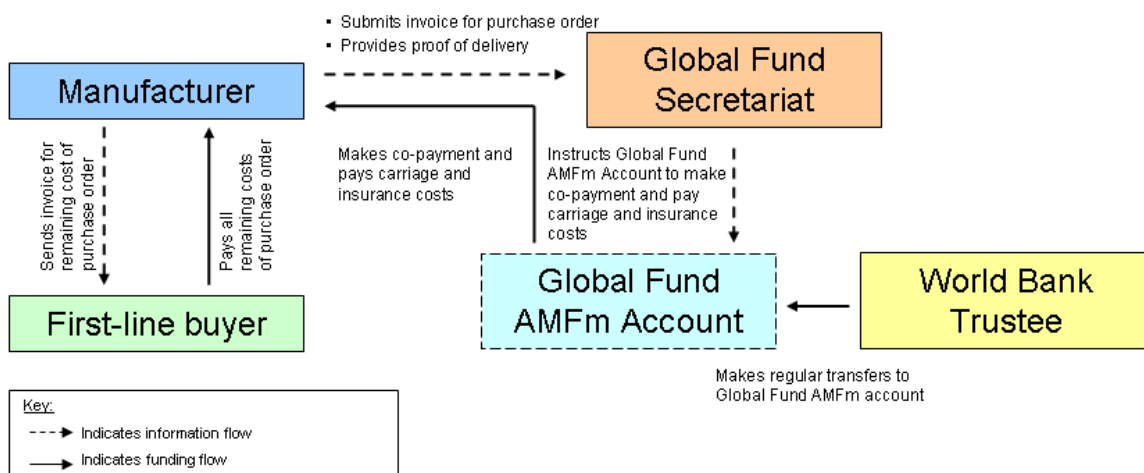
36. Funds for the AMFm co-payment, plus carriage and insurance costs, will be held in the AMFm Co-Payment Fund. In order to minimize the transaction costs to the Trustee, funds from the AMFm Co-payment Fund will be regularly released into the Global Fund AMFm bank account, from which individual payments to the manufacturer will be made directly by the Global Fund.



37. In order for the Global Fund to pay the co-payment, carriage and insurance costs, the manufacturer must submit:
  - (a) an invoice for the order;
  - (b) invoices from carriage and insurance vendors indicating the actual carriage and insurance costs incurred; and
  - (c) proof that the ACTs have been delivered to the first point of entry in the participating country.
38. The Global Fund will reconcile with the manufacturer any differences between the final invoice submitted for payment and the 'confirmation of co-payment'.
39. The Global Fund will then pay the co-payment, plus carriage and insurance costs, from the Global Fund AMFm account to the manufacturer in accordance with the terms of the relevant Master Supply Agreement.
40. The first-line buyer will be responsible for paying all other amounts to the manufacturer, in accordance with the purchase order and on terms and conditions as agreed with the manufacturer. The first-line buyer will also be responsible for paying any importation and customs and other taxes for the ACTs.

Figure 2 shows the payment flow between the Global Fund, first-line buyers and manufacturers for co-paid ACTs.

Figure 2: Payment Flow for Co-Paid ACTs



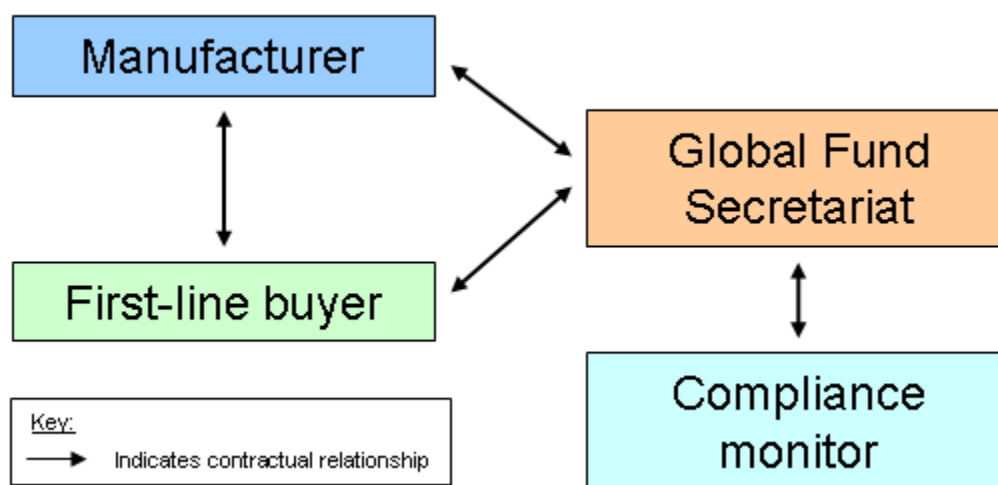
### Contractual arrangements

41. There are four key relationships in the contractual arrangements for AMFm co-payment (Figure 3).
  - (a) The first and primary relationship is between a manufacturer and a first-line buyer for the procurement of ACTs. This relationship is established by an agreement between the manufacturer and the first-line buyer, to which the Global Fund is

not a party. This agreement need not be specific to AMFm. The first-line buyer places orders for co-paid ACTs under its agreement with the manufacturer.

- (b) The second relationship is between each participating manufacturer and the Global Fund. This relationship is established by agreements between each manufacturer and the Global Fund on the pricing of AMFm co-paid ACTs. The first-line buyer is not a party to these agreements, but benefits from it.
- (c) The third relationship is between the Global Fund and the first-line buyers. This is formalized through a standard non-negotiable undertaking signed by the first-line buyer (see 29b).
- (d) The fourth relationship is between the Global Fund and an independent third party agent (a "Compliance Monitor") with appropriate qualifications to monitor compliance by AMFm first-line buyers with the terms of the first-line buyer undertaking. This may be the Local Fund Agent or another independent expert engaged by the Global Fund.

Figure 3: Contractual Arrangements and Accountability between Entities Involved in the Co-Payment Process



#### Part 7: Amount of Co-Payment, Maximum Price and Review Arrangements

- 42. The AMFm co-payment, maximum price and review arrangements have been developed both to help ensure that a healthy and competitive market for ACTs is preserved under AMFm and to promote long-term patient welfare.
- 43. The co-payment amount will be fixed for each ACT combination and dosage level available under AMFm. The exact amount for each combination and dosage level will be determined on the basis of the expected price from the lowest-cost manufacturer and will apply to all manufacturers. The co-payment amount will equal the expected price from the lowest-cost manufacturer (per combination and dosage level), less the target price to first-line buyers for that combination and dosage level. The co-payment amount will be subject to review and may be adjusted during the course of Phase 1.

44. The Global Fund will also set a **maximum price** for each ACT combination and dosage level available under AMFm. These maximum prices will be indexed to the respective price from the lowest-cost manufacturer. In order to participate in AMFm Phase 1, manufacturers must sell their ACTs to first-line buyers at or below the applicable maximum price. These maximum prices will be reflected in the Master Supply Agreement with manufacturers and may be re-negotiated at least once per year, to account for fluctuations in the price of the active pharmaceutical ingredient, or other factors.

#### **Part 8: Performance-Based Decisions**

45. Supporting interventions funded by Global Fund grants will be subject to established performance-based funding principles, policy and practice for Global Fund grants, including reporting obligations. Supporting interventions funded by a donor or donors will be subject to the requirements of these other donor(s).

46. Similarly, where the first-line buyer is a principal recipient of Global Fund grants and uses Global Fund grant funds to purchase ACTs via the AMFm, it continues to be subject to the established performance based funding principles, policies and practices for Global Fund grants, including reporting obligations. For co-paid ACTs purchased by first-line buyers using other sources of funding, performance management is conducted as described below.

47. The Secretariat will monitor and respond to manufacturer compliance with contract terms, behavior and practice. If a manufacturer is found to be in breach of its obligations, the Global Fund may take any appropriate measure available to it, including temporary or permanent suspension of eligibility status, and other means of redress.

48. To the extent possible, the Secretariat will monitor first-line buyer practice and behavior, and respond at country level if there are grounds for concern and action (such as hoarding or selling to non-Phase 1 countries), or explore possible interventions to help make the market more effective. This will be based on information gathered by the AMFm Compliance Monitor during on-site visits to first-line buyers. These visits will be initiated based on: (i) risk-based sampling; (ii) the buyer's behavior; (iii) other sources of information, including, among other things, partner input and the results of the monitoring and evaluation system. First-line buyers will commit to cooperate with the Global Fund and respond to reasonable requests for information and access for these purposes.

49. In cases where the first-line buyer is also a grant recipient, the Secretariat will also take into account relevant grant disbursement evaluations and decisions. If a first-line buyer is found to be in breach of its obligations, the Global Fund may take any appropriate measure available to it, including temporary or permanent suspension of eligibility status, and other means of redress.

#### **Part 9: Monitoring and Evaluation**

50. The approach to monitoring and evaluating AMFm Phase 1 is described in the AMFm Phase 1 Monitoring and Evaluation Technical Framework. This framework establishes the design and methods to be employed across the three core components of the monitoring and evaluation system. The purpose of each component and its specific relationship to the AMFm co-payment is set out below:

- (a) In-country monitoring of supporting interventions: to keep track of implementation progress on supporting interventions, identify problems that require the attention of managers, and inform subsequent decisions and action. In-country monitoring of supporting interventions will not directly monitor the AMFm co-payment.
- (b) Operational research: to enable 'learning by doing' and alleviate constraints on implementation via studies whose findings will be applicable to the local context. Additionally, operational research involving multiple countries will be undertaken to examine cross-cutting issues for AMFm.<sup>4</sup> AMFm operational research may investigate the application of the AMFm co-payment and identify its effects in specific circumstances.
- (c) Independent evaluation: to determine whether, and to what extent, AMFm Phase 1 achieves its objectives: increasing ACT affordability, availability, use and market share.<sup>5</sup> The independent evaluation will consider both the introduction of the co-payment and the implementation of supporting interventions.

51. The results of the independent evaluation will inform the Global Fund Board's decision whether to proceed to global roll-out the AMFm. The independent evaluation will also identify any 'red flags', which will indicate clear failures in the design of the AMFm. The Board will also consider the presence or absence of 'red flags' when deciding whether to expand AMFm.

52. The AMFm Phase 1 monitoring and evaluation approach is broadly consistent with the Global Fund's overall Monitoring and Evaluation Strategy,<sup>6</sup> although it differs in two key ways:

- Performance-Based Funding
- Management Arrangements for AMFm Phase 1 Monitoring and Evaluation

The application of the principle of *Performance-Based Funding* to AMFm Phase 1 has already been described above. For *management arrangements*, the AMFm Ad Hoc Committee will have overall oversight of monitoring and evaluation activities for Phase 1, including the independent evaluation.

## Part 10: Reporting and Audit

53. As part of its ongoing management of the AMFm, the Global Fund Secretariat will track the volume and price of co-paid ACTs supplied by manufacturers by ACT product, Phase 1 country, and first-line buyer. Data will be monitored at regular intervals on an aggregate and non-aggregate basis. This information will be compiled by the Secretariat from manufacturers' invoices. The Secretariat will report on this information and provide an analysis to the AMFm Ad Hoc Committee on a regular basis. The Secretariat will also determine appropriate ways to share this information.

54. The Trustee will report to the Global Fund Board on the resources raised, spent and invested in the AMFm Co-Payment Fund on an annual basis in accordance with the standard practice for the Global Fund. The annual audit of the Global Fund will be expanded to encompass the AMFm activities, which will be separately identified in the Global Fund's financial statements.

<sup>4</sup> Multi-country operational research studies will be supported by donors and/or contracted out by the Global Fund Secretariat by competitive tender.

<sup>5</sup> The independent evaluation will be undertaken by an independent contractor to be selected by competitive tender.

<sup>6</sup> The Global Fund to fight AIDS, Tuberculosis and Malaria: Monitoring and Evaluation Strategy. 17 October 2003.

## GUIDANCE ON LOCATION OF FURTHER INFORMATION

The below table indicates where further information on items dealt with in this report can be found:

Where indicated documents are available on the PSC password-protected website:

<http://extranet.theglobalfund.org/cme/default.aspx>

Item:	Further information available:
1. Update on progress	<p>Report of the TRP and the Secretariat on Applications to the First Phase of the Affordable Medicines Facility - malaria (AMFm Phase 1) (GF/B20/10)</p> <p>Annex C to the Draft Report of the AMFm Ad Hoc Committee (GF/AMFmAC05/02)</p>
2. Committee recommendations regarding AMFm Phase 1 implementation	<p>Report of the AMFm Ad Hoc Committee to the Eighteenth Board Meeting (GF/B18/7)</p> <p>Annex 6b to the Report of the AMFm Ad Hoc Committee to the Eighteenth Board Meeting (GF/B18/7)</p> <p>Global Fund position paper on logo use, "Enabling success at the country level: the rationale for providing countries with a universal logo for local adaptation and communication" (18 August 2009)</p> <p>Supplemental information for the AHC (on the above) (25 September 2009)</p> <p>Updated paper prepared for the AMFm Ad Hoc Committee on AMFm Phase 1 Estimates and Projections of ACT demand and co-payment costs (26 October 2009)</p>