

The background of the cover is a complex abstract graphic design. It features several overlapping circles and gear shapes in various shades of blue, from light to dark. A prominent red gear is visible in the upper left. In the center, there is a large, stylized red and black shape that resembles a bird or a winged figure. To the right of this central shape is a smaller gear, with a red and black section. The overall composition is dynamic and layered, suggesting themes of innovation and interconnectedness.

UNITAID:
INNOVATION
IN GLOBAL HEALTH

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Introduction



A TIME FOR BOLDNESS IN GLOBAL HEALTH

Unitaid takes inspiration from the idea that we are all part of the human family and that no single country can view the well-being of its own people in isolation from others.

The advances we have witnessed in global health since the turn of the millennium have been truly remarkable. The sharp fall in deaths from HIV/AIDS, tuberculosis and malaria over the past 15 years gives us cause for celebration. However, the Sustainable Development Goals (SDGs), adopted in 2015 by all heads of state and government of the United Nations (UN), are a valuable reminder that this is no time for complacency.

We must move faster to reach the most vulnerable and to target the regions with the heaviest burden of disease if we are to make serious headway.

Unitaid has carved out a special role for itself in the global effort to eliminate some of the world's most dangerous diseases by 2030, as prescribed by SDG3, which calls for healthy lives for all.

Since its foundation in 2006, innovation and solidarity have guided Unitaid's work, both in raising financial resources and supporting work by countries and organizations to tackle HIV/AIDS, tuberculosis and malaria. Unitaid acts in situations in which market forces alone are unable to provide a solution.

American economist and Nobel Prize winner Joseph Stiglitz recently wrote that “markets on their own are incapable of providing the protection that societies need. When markets fail, as they often do, collective action becomes imperative.” I believe Stiglitz’s words capture the essence of Unitaid.

Unitaid has been highly active in the past year. In February, a call for proposals was launched to help countries use international trade rules to increase access to affordable drugs. In April, our Executive Board approved new grants to help prevent malaria deaths among pregnant women and children, who are especially vulnerable to the disease. And in July, Unitaid announced the expansion of a flagship project to create incentives for HIV self-testing in Africa.

Looking to the future, Unitaid has turned its attention to reproductive, maternal and child health as well as treatment of HIV co-infections, including TB. As part of the UN Interagency Coordination Group, we are tackling the challenge posed by antimicrobial resistance (AMR). Under a new five-year strategy adopted in 2016 by the Executive Board, we are committing ourselves to promote equity and inclusiveness.

At Unitaid we do not pursue innovation for its own sake, but rather as a way to change outcomes in the real world. Medicines will not become magically available through the promotion of innovation alone. They must be made affordable and suited to the special needs of underprivileged populations.

The challenge laid down by SDG3, encompassing child and maternal health, HIV/AIDS, malaria and other diseases, is formidable. SDG3 spells out what needs to be done for every person to enjoy the most basic of human rights: the right to a healthy life. Unitaid is leading efforts to bring this about.

Celso Amorim

Chair of the Executive Board, Unitaid



UNLEASHING A WAVE OF HEALTH INNOVATION

Rarely have the odds looked better for ridding the world of HIV/AIDS, tuberculosis, malaria and other deadly infectious diseases.

The distinguished futurologist Yuval Noah Harari has summed up the mood: “In the struggle against natural calamities such as AIDS and Ebola, the scales are tipping in humanity’s favour.”

The numbers speak for themselves. Deaths from the three diseases have more than halved since 2000, tumbling from 6 million a year to less than 3 million. The signs are that the downward trajectory could accelerate in the years ahead. As Harari puts it, in the arms race between doctors and germs, the doctors are the ones who are running faster.

Unitaid’s Executive Board has adopted a strategy for 2017-21 to aim at the heart of the pandemics by capitalizing on our strengths as a catalyst for innovation. Unitaid’s core activity is to invest in developing and unlocking markets so that health innovations can be introduced on a massive scale, putting them in reach of everyone who needs them.

We still have a mountain to climb if we are to end the three pandemics by 2030, but the task no longer seems insurmountable.

Dramatic progress since 2000 in rolling back diseases owes a great deal to putting the best available medications in reach of millions, by making them affordable and easily accessible.

Unitaid’s three new strategic objectives are: to connect innovators who are developing better health products with the people who most need them; to overcome barriers to widespread access to the best health products; and to work with partners to ensure that our interventions are scaled up.

Unitaid will maintain its commitment to the three diseases while supporting a more integrated approach to health, particularly in reproductive, maternal, newborn and child health.

In pursuit of our strategy, we are supporting a variety of programmes, which include introducing HIV self-testing kits on a large scale; launching state-of-the-art HIV drugs in low- and middle-income countries; developing better treatments for drug-resistant tuberculosis; and working on new treatments for severe malaria and on preventing malaria deaths among pregnant women and infants.

Unitaid is also stepping up access to hepatitis C diagnostics and treatment. An estimated one-fifth of all people living with HIV worldwide are infected with hepatitis C.

Meanwhile, growing resistance to standard drugs is challenging us to protect our hard-won progress. Resistance to medication for tuberculosis, for example, is a serious threat that could derail gains made against the disease. We have responded by committing more than half our portfolio to tackling resistance so that standard treatments do not lose their power to cure. We support projects that make it easier for people to stick to treatment by offering regimens that are less toxic and require them to take fewer pills.

Today, a world without the three pandemics is entirely within our grasp. Unitaid is at the forefront of efforts to introduce the health innovations that are vital to achieving this goal.

Lelio Marmora

Executive Director, Unitaid

What we do

United invests in new ways to prevent, diagnose and treat HIV/AIDS, tuberculosis and malaria more quickly, affordably and effectively. We also work to improve access to diagnostics and treatment for HIV co-infections including hepatitis C. We bring the power of new medical discoveries to the people who most need them. Unitaid helps set the stage for the large-scale introduction of new health products. We do this by collaborating with governments, industry, technical agencies, civil society and funding partners.

Our new strategy

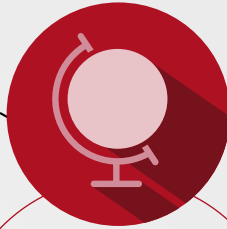
United adopted a strategy for 2017 to 2021 to support global efforts to end HIV/AIDS, malaria and tuberculosis, and to help reduce inequality in access to healthcare.

Unitaid's strategic objectives are to foster innovation and create the right conditions for mass introduction of pioneering medicines, diagnostic tests and prevention tools. The strategy follows the Sustainable Development Goal on health, which sets out to promote access to healthcare as a basic human right over the next 15 years.

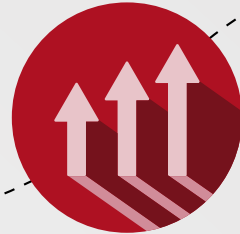
OUR MISSION



Ambitious global health targets and waning international resources call for a **more effective response**.



Maximize effectiveness of global health response by **catalyzing equitable access to better health products**.



Unitaid enables equitable access to innovative health products and **works with partners to scale up our initiatives**.

WE HAVE 3 STRATEGIC OBJECTIVES



INNOVATION

Unitaid **connects innovators** who develop **better health products** with people who need them the most.



ACCESS

Unitaid **overcomes barriers to access** to health products.



SCALABILITY

Unitaid **works with partners** to realize the full impact of its interventions and to **ensure scale-up**.

WE HAVE 4 INVESTMENT COMMITMENTS



WE STRIVE FOR EQUITY

Addressing the needs of the people most affected by diseases.



WE MAXIMIZE VALUE FOR MONEY

Making the most of every dollar spent.



WE SUCCEED IN PARTNERSHIP

Working hand in hand with partners to achieve greater impact.

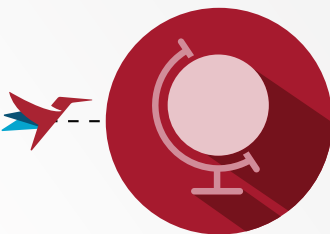


WE INVEST IN PRODUCTS THAT IMPACT HEALTH SYSTEMS

Selecting investments with the most benefit.

HOW WE WORK

Unitaid collaborates with global health partners and governments to:



IDENTIFY

shortcomings in the global response.



SEARCH FOR

smart new ideas to help close the gaps.



CHOOSE

the best proposals and fund their development.



ACCELERATE

full-scale deployment of practical solutions.

Top game-changing investments

In just over 10 years, Unitaid has invested US\$2.5 billion through 59 grants with key partners across the globe. Below we describe eight flagship projects designed to bolster global efforts to end HIV/AIDS, tuberculosis and malaria.

- 1. Large-scale introduction of rapid HIV self-tests**
- 2. New HIV drugs in low- and middle-income countries**
- 3. Better hepatitis C diagnostics and treatment**
- 4. New TB treatments for children**
- 5. Better, shorter treatments for drug-resistant TB**
- 6. Bringing new antimalarial insecticides to market**
- 7. New treatments for severe malaria**
- 8. Generating a supply of affordable, life-saving generic medicines**

An abstract graphic design featuring a dark red background with various overlapping geometric shapes in shades of red and blue. A prominent white circle containing the number '1' is centered in the middle. To the right, there is a light blue rounded rectangle and a white circle. In the top left, there is a blue arrow-like shape. The overall composition is dynamic and modern.

1



Large-scale introduction of rapid HIV self-tests



US\$ 72.2 MILLION
INVESTED BY UNITAID

Unitaid is working to provide Africa with a self-testing kit that costs only US\$ 2, compared to US\$ 50 in the US. The price reduction will help make a diagnosis possible for the estimated 14.5 million people living with HIV who do not know they are infected.

The results of the world's largest HIV self-test evaluation, funded by Unitaid in Malawi, Zambia and Zimbabwe, show that HIV self-tests can reach those who have never been tested for HIV. New WHO guidelines recommend the use of HIV self-testing to help get people diagnosed and put on treatment. The Bill & Melinda Gates Foundation supported the price negotiation.

Unitaid's self-testing portfolio is quickly evolving. Projects focused on self-testing in francophone Africa

are in development for 2018 with Solthis and MTV's Staying Alive Foundation.

Unitaid is investing US\$ 72.2 million to evaluate the benefits of HIV self-testing in resource-limited settings, and to develop a market for HIV self-testing. The HIV Self-Testing Africa (STAR) project was implemented in 2015 in three African countries by our partner Population Services International (PSI) and expanded to three more countries in the summer of 2017. STAR promotes user-friendly tests to increase the number of people who know their HIV status, and to ensure they have access to treatment and prevention services. The kits allow people to test themselves using an oral swab or a pinprick and provide results in minutes. By demonstrating demand for HIV self-testing, the project also seeks to influence national and global policies. The STAR project accounts for more than 90 percent of all self-tests currently distributed in Africa. The Bill & Melinda Gates Foundation launched a collaboration with OraSure in June 2017, reducing the price of their HIV self-testing product, OraQuick, in 50 countries and making the product more accessible. The agreement offers security of supply at affordable rates and will reinforce scale-up of the STAR project.

“We have evidence now that demand and acceptability of HIV self-test kit use is high when offered in communities and at health facilities. We are reaching people who would otherwise not access HIV testing services.”

Dr. Karin Hatzold

STAR Project Director, PSI

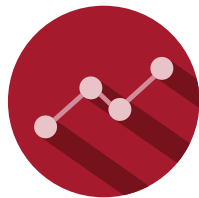
Self-testing has the potential to turn the course of the epidemic by increasing the number of people who know their HIV status. Self-testing can strengthen HIV diagnostics in resource-limited settings and can help get more HIV-positive people into treatment. Those who test negative can be referred to other prevention services, such as voluntary medical male circumcision (VMMC) or pre-exposure prophylaxis (PrEP).



2



New HIV drugs in low- and middle-income countries



US\$ 67 MILLION

INVESTED BY UNITAID

Unitaid is working with partners to lower the cost of optimal HIV treatment to US\$ 75 per person per year, a mere fraction of the cost in high-income countries.

More than 21 million people are on HIV treatment, but in low- and middle-income countries an almost equal number still need to be enrolled. Emerging antiretrovirals offer great potential for simpler and better HIV treatment. More robust, less toxic treatments could be produced at lower cost and in smaller tablets.

But before the new ARV medicines can be introduced, studies must be conducted into their safety and how well they work in specific groups, such as pregnant women and people co-infected with TB. The drugs must also be made in affordable generic formulations.

Unitaid has committed more than US\$ 67 million to overcome these barriers and bring the new ARVs to those in need. The grant money will fund research on medicines and support the work necessary to getting new drugs approved and available in the marketplace in various countries.

Unitaid's investment in antiretroviral therapy (ART) optimisation includes a US\$ 34 million grant to the Clinton Health Access Initiative (CHAI) for the Optimal ARV project. This three-year collaboration is expected to speed introduction of new optimal HIV medicines and make them more available and affordable. The project is expected to save US\$ 1.6 billion in treatment costs through 2024.

To accelerate access to better ARVs, the government of Kenya and Unitaid announced in June 2017 the introduction of dolutegravir, a new first-line drug for people living with HIV, making Kenya the first African country to introduce the generic version of this drug for routine use. Dolutegravir has few side effects and is administered in one small pill a day.

Unitaid is also investing more than US\$ 33 million in four clinical research grants directed at ART optimisation. These include projects with France's Institut Bouisson Bertrand and the National Agency for Research on AIDS and Hepatitis, University of Liverpool, University of New South Wales, and Wits Reproductive Health and HIV Institute.

Unitaid also provides funding to the WHO's Prequalification of Medicines programme, which assesses the quality and safety of medicines and diagnostics.

“It is important to ensure that developing countries have access to the most recent HIV treatment formulations. Research is not only essential to strengthen HIV care for patients, but is also necessary to update global and national HIV guidelines.”

Prof. Jean-François Delfraissy

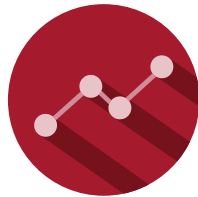
Former Director of the French National Agency for Research on AIDS and Hepatitis (ANRS)

The image features a dark red background with several overlapping, semi-transparent geometric shapes. In the upper right, there are two irregular, organic shapes in shades of blue and cyan. In the lower half, there are several angular, triangular shapes in various shades of red and maroon. Centered in the middle is a white circle containing the number '3' in a bold, white, sans-serif font.

3



Better hepatitis C diagnostics and treatment



US\$ 57.5 MILLION
INVESTED BY UNITAID

Unitaid is helping to build the core elements of a global response to the hepatitis C epidemic: more affordable treatment, simpler diagnostic and treatment protocols, better tests, and targeted campaigns to raise public awareness of the disease.

Some 71 million people around the world are chronically infected with the hepatitis C virus (HCV), and each year 400,000 die from related diseases. With new, shorter and less toxic treatments, hepatitis C can be cured in three months, but access to diagnosis and treatment is poor. In low- and middle-income countries where three-quarters of infections and deaths occur, less than 5 percent of those infected know their status.

Better tests to more easily diagnose and monitor HCV are urgently needed to screen and test communities at risk, notably patients co-infected with HIV and HCV.

A US\$ 38.3 million Unitaid grant, implemented by the Foundation for Innovative New Diagnostics (FIND) and partners, will support the development of better, simpler point-of-care HCV diagnostic tools, and will support their implementation in Cameroon, Georgia, India, Malaysia, Myanmar and Vietnam. This three-year project aims to make HCV diagnosis and treatment more affordable and more widely available.

In 2016, WHO adopted a Global Viral Hepatitis Strategy that set targets for 2030: a 90 percent reduction in new cases, a 65 percent reduction in mortality, 90 percent of HCV infections diagnosed, and 80 percent of patients receiving treatment.

FIND will introduce simpler HCV diagnostics, establishing innovative models for screening and treatment in HIV/HCV co-infected populations, and finding ways to cut costs. FIND estimates that two million years of good health and large savings for health systems could be gained, if countries involved fully adopt the diagnostics over a five-year period.

“The treatment breakthrough offers a tremendous opportunity to address HCV, particularly among HIV/HCV co-infected people, who progress faster to serious disease than HCV mono-infected people. Testing and treatment must go hand in hand, and the main obstacle now is the lack of appropriate diagnostic tests.”

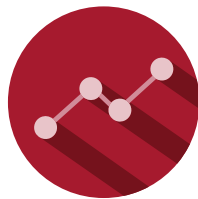
Catharina Boehme
Chief Executive Officer, FIND

The image features a complex, abstract composition of overlapping, semi-transparent shapes in various shades of blue and teal. A prominent white circle is centered in the middle, containing a bold white number '4'. To the right of the circle, there are several overlapping, rounded rectangular shapes in a vibrant red color. The overall aesthetic is modern and geometric, with a focus on layered, organic forms.

4



New TB treatments and diagnostics for children



US\$ 67.9 MILLION
INVESTED BY UNITAID

Unitaid has invested heavily to bring correctly dosed and palatable TB medicines to children in some of the world's poorest countries, confronting a disease that kills 200,000 children per year.

Before Unitaid's investment, children around the world did not have access to appropriate TB medicine. Caregivers often had to cut or crush tablets intended for adults. Imprecise dosing frequently led to continued illness.

Tuberculosis is among the top 10 causes of illness and death among children, commonly passed from adults to children within the same family and household. Each year, 1 million children get sick with TB.

In 2012, Unitaid invested US\$ 16.6 million in the development of child-friendly TB treatments through the STEP-TB project implemented by TB Alliance and partners.

The new fixed-dose combinations of the three most commonly used drugs to treat drug-sensitive TB are soluble, fruit-flavoured, affordable, and in the correct WHO-recommended dose.

In December 2015, affordable, appropriately formulated, first-line paediatric TB medicines were launched on the market in high TB burden countries in both the public and private sectors. In October 2016, Kenya became the first country in the world to launch the child-friendly TB medicines nationwide. As of December 2016, more than 13 countries had started to procure these new medicines. By June of 2017, more than 325,000 treatment courses had been ordered, and 56 countries with a high TB burden had adopted the fixed-dose combinations.

New projects for 2017 and beyond seek to improve TB diagnosis in children, and to gather evidence on innovative models of care for childhood TB in areas such as HIV clinics, nutrition wards and mother-and-child clinics.

“Childhood TB is a problem that can be solved when we choose to act. We need to make sure all children with TB are diagnosed and treated with the best medicines possible. I’m proud to say Kenya adopted these new products for our children immediately, which will greatly improve our response to treating drug-sensitive TB.”

Dr. Enos Masini

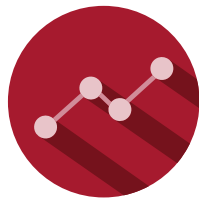
National Tuberculosis Programme Manager, Kenya

5





Better, shorter treatments for drug-resistant TB



US\$ 60 MILLION
INVESTED BY UNITAID

Unitaid is supporting introduction of the first new drugs for drug-resistant TB in nearly half a century. The medications slash the time it takes to cure the disease from two years to 6-9 months.

To date, treatments for multidrug-resistant TB (MDR-TB) have been long and toxic, involving injections, and often with severe side effects. Only half of all people treated are cured.

New, more affordable regimens use pills, in fewer doses with fewer side effects. The new regimens, which replace dozens of existing combinations, will attract manufacturers who have been hesitant to enter a fragmented market.

In the last 25 years, deaths from tuberculosis have halved. Yet 1.7 million people still die from this curable disease each year.

In 2015, Unitaid launched a US\$ 60 million project to increase access to better, shorter treatments for MDR-TB. The four-year endTB project to expand new drug markets for TB is being implemented by Partners in Health, Médecins Sans Frontières, and Interactive Research & Development. It plans to treat MDR-TB patients with the new drugs bedaquiline and delamanid as part of an observational trial. More patients will be enrolled in the clinical trial, part of an effort to establish shorter, simpler, less toxic treatment regimens.

Georgia was the first country to start enrolling patients in the observational study in 2015. As of December 2017, 16 of the 17 project countries had started enrolment in the observational study. Vietnam was added to the study in July 2017 and is expected to start enrolment in early 2018. The clinical trial for the regimens including the new drugs bedaquiline and delamanid began in February 2017 with Georgia, Kazakhstan and Peru currently enrolling patients. Kyrgyzstan, Lesotho, and South Africa are expected to start enrolment by March 2018. The implementing partners have worked with national TB control programmes in project countries to incorporate the principles of patient management with new TB drugs into the national TB guidelines, and have facilitated the dissemination of evidence to support the use of new TB drugs globally.

“I couldn’t stand up. I was always falling down. Two months after taking the new TB drug—bedaquiline—I felt better. I never thought I could survive this disease. It was very difficult financially while I was sick, but today anything is possible.”

Robinzon “Ramaz” Ganjelashvili

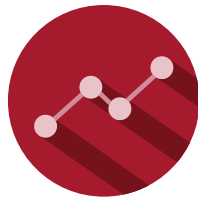
34-year-old man from Georgia with extensively drug-resistant tuberculosis (XDR-TB)

The image features a vibrant, abstract background composed of various shades of blue. The composition includes several overlapping geometric shapes: a large, dark blue silhouette of a person's head and shoulders on the right side, a white circle in the center containing the number '6', and various other shapes like triangles and circles in lighter and darker blue tones. The overall style is modern and graphic.

6



Bringing new antimalarial insecticides to market



US\$ 65 MILLION
INVESTED BY UNITAID

Unitaid is investing to create a market for new, affordable insecticidal sprays to replace older sprays which no longer work.

Mosquito populations around the world are developing increasing genetic resistance to insecticides. Spraying the walls and eaves of houses with insecticide, a technique called indoor residual spraying (IRS), is an effective way to kill malarial mosquitoes. Mosquito nets impregnated with insecticide also protect people from getting bitten.

Spraying of homes in some malaria-endemic areas has declined 40% in four years because

newer insecticides are too expensive and older formulations do not work.

Since 2000, the number of people dying from malaria has more than halved. But those gains are threatened.

The four-year Next Generation IRS project, known as NgenIRS, is a partnership led by the Innovative Vector Control Consortium (IVCC). NgenIRS works in close collaboration with leading insecticide manufacturers, national malaria-control programmes, the President's Malaria Initiative, the Global Fund and other stakeholders. The project aims to protect as many as 50 million people from malaria in 16 African countries. Two to three new insecticides are expected to reach the market by 2020.

“Recent evidence has shown that insecticides are the first line of defence against malaria, responsible for nearly 80 percent of malaria cases averted since 2000. We are working with our industry partners to bring to market as soon as possible novel insecticides that are in the pipeline.”

Dr. Nick Hamon
Chief Executive Officer, IVCC

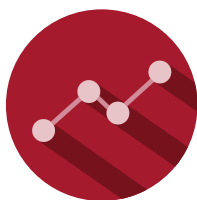
According to Gerald Muzungu, the mayor of Kirehe, a district of 340,000 inhabitants in eastern Rwanda, malaria cases had soared from 5,000 to 45,000 cases a year after spraying of homes in the district was halted in 2014. Resumption of spraying, with new insecticides, led to a sharp drop in cases in 2016. “The evidence shows that spraying works,” Muzungu said.

The background is a complex abstract composition. It features several overlapping geometric shapes in various shades of blue and teal. On the left side, there are three circular elements: a dark blue circle at the top, a light blue circle in the middle, and a medium blue circle at the bottom. A large, light blue gear-like shape is partially visible at the top left. In the bottom right corner, there is a prominent red structure that resembles a stylized tree or a branching network of lines. The overall aesthetic is modern and technical.

7



New treatments for severe malaria



US\$ 53 MILLION

INVESTED BY UNITAID

Unitaid's investments accelerated the global adoption of injectable artesunate and prepared healthcare workers to quickly integrate this optimal malaria drug into its standard of care. Injectable artesunate is more effective and safer than quinine, but few have access to it.

Typically, children with severe malaria are given an intravenous quinine drip that must be changed every eight hours for up to a week. This method requires intense monitoring that strains healthcare systems and increases the risk to patients.

Meanwhile, another Unitaid project is introducing rectal artesunate, a lifesaving emergency treatment for children with severe malaria.

In 2015, malaria killed an estimated 303,000 children under the age of five.

Led by the Medicines for Malaria Venture (MMV), the project was designed to stimulate demand for injectable artesunate as an alternative to quinine in Cameroon, Ethiopia, Kenya, Malawi, Nigeria and Uganda. The 2013-2016 project helped new manufacturers of injectable artesunate get WHO approval, worked to prevent stock-outs, and reduced the drug price by at least 20 percent.

Unitaid funding brought about speedier development of WHO-prequalified rectal artesunate for treatment of children with severe malaria as an emergency measure before referral for curative therapy. Administering these suppositories can buy time for an infant with severe malaria to reach a health facility.

Data on severe malaria cases is limited, but experts estimate that injectable artesunate could save 66,000 lives per year.

“The introduction of injectable artesunate has helped Uganda to deal with the epidemic. Within the public sector, the efforts have resulted in a complete switch from quinine to injectable artesunate to treat severe malaria.”

Dr. Agaba Byamukama
Luweero Hospital, Uganda

Two-year-old Kamaragi was suffering from severe malaria when he was brought to the Luweero Hospital in northern Uganda. Fortunately for him, he was given injectable artesunate, a malaria treatment that can bring children back from the brink of death.

8





Generating a supply of affordable, life-saving generic medicines

Patents are intended to reward innovation, but they can also make the price of new, life-saving drugs unaffordable in low- and middle-income countries.

In 2010, Unitaid created and invested in the Medicines Patent Pool (MPP) to negotiate voluntary licenses for HIV medicines. Its mandate was later extended to cover medicines for tuberculosis and hepatitis C virus (HCV).

Since then, more than 4.7 billion tablets, equivalent to 2.9 million patient-years, have been supplied by sublicensees to people living with HIV, HCV and TB in 131 countries. Savings arising from the generic versions of these treatments have amounted to at least US\$ 312 million.

The MPP manages 100 projects with pharmaceutical manufacturers to help speed the availability of quality-assured generic versions of new treatments, including fixed-dose combinations.

To date, the MPP has signed agreements with nine patent holders for 12 HIV antiretrovirals, two HCV direct-acting antivirals, one TB treatment and one HIV technology platform.

MPP licenses enable the manufacturing of generic ARVs and their sale in developing countries that are home to between 87 and 91 percent of people living with HIV.

The MPP is also working to ensure access to new treatments for TB, including drug-resistant strains. Similar to its role in HIV, the MPP has signed a licensing agreement with Johns Hopkins University for the clinical development of drug candidate sutedzolid.

“New public health mechanisms such as the MPP are desperately needed to address pressing access to medicines challenges.”

Dr. Marie-Paule Kieny

Chair, MPP

Through its innovative business model, the MPP partners with governments, industry, civil society, international organizations, patient groups and other stakeholders to forecast, prioritize and license needed medicines. The organization encourages generic manufacture and the development of new formulations through patent pooling.

Quick facts about Unitaid

1

Unitaid makes life-saving drugs affordable and accessible. Prices for adult second-line antiretrovirals dropped by 60 percent in 10 years, and more people living with HIV were put on treatment thanks to Unitaid's efforts.

2

Unitaid is speeding access to better, shorter treatments for multidrug-resistant tuberculosis (MDR-TB). Unitaid also helped scale up the use of a new, affordable, rapid test for drug-resistant tuberculosis, increasing detection of MDR-TB.

3

Unitaid has increased access to quality antimalarial drugs and new diagnostic techniques, contributing to a 50 percent reduction in malaria deaths since 2000.

4

Unitaid is spurring innovation for paediatric treatments by supporting the best new medicines specially adapted for children living with HIV, TB or malaria. Unitaid funded the first tuberculosis drug specially adapted for children, which has been adopted by more than 60 countries worldwide.

5

In just over ten years, Unitaid has invested close to US\$ 2.5 billion through 59 grants with key partners across the globe, to bring better health products to those who need them most.

2016 HIGHLIGHTS

JANUARY

The Medicines Patent Pool, fully funded by Unitaid, signs licenses for the generic production of a hepatitis C drug.



FEBRUARY

Unitaid partners with IVCC to develop new insecticides to fight malaria in 16 African countries. US\$ 65 million is to be invested over four years.



MARCH

Unitaid's Executive Board endorses three areas for intervention to end TB: increased access to better, shorter treatments for drug-resistant TB; better treatments for children; and preventive therapy for those at greatest risk of developing active TB.

Unitaid issues a call for funding proposals to widely introduce better TB treatment for children.

MMV announces a new soluble formulation to protect African children under five who are at high risk of malaria, part of a three-year Unitaid-funded project to increase access to seasonal malaria chemoprevention.

APRIL

Unitaid publishes two reports forecasting rising demand for malaria diagnostics and treatment through 2018.



MAY

Unitaid issues a call for innovative proposals to make new, shorter preventive TB treatment regimens more easily available.



JUNE

At an Executive Board meeting in Paris, Unitaid welcomes former Brazilian Foreign Minister Celso Amorim as the new Unitaid Chair, replacing Philippe Douste-Blazy, Unitaid's founding Chair.

The UK's Sarah Boulton is appointed as Vice-Chair.

Unitaid announces it will work with partners to pilot the RTS,S, a malaria vaccine that could have a significant impact on global health.



JULY

First patients enrolled in endTB observational trial in Peru to accelerate access to better multidrug-resistant TB treatments. US\$ 60 million invested by Unitaid over four years (2015-2019).

SEPTEMBER

Unitaid celebrates its 10-year anniversary

Unitaid invests an additional US\$ 14.7 million in the OPP-ERA project led by Solthis to expand access to quality, affordable viral-load testing in Western and Central Africa over three years.

Kenya becomes the first country to roll out child-friendly TB medicines nationwide, made available by a US\$ 16.6 million Unitaid investment.



OCTOBER

Unitaid partners with FIND to improve diagnostics and treatment for hepatitis C in a US\$ 38.3 million project over three and a half years.



NOVEMBER

Unitaid partners with Clinton Health Access Initiative to accelerate introduction of pioneering HIV drugs. US\$ 34 million is to be invested in the programme over three years.

Unitaid and ANRS launch an initiative in Cameroon to bring new HIV treatments to Africa.



DECEMBER

The UK's latest Multilateral Development Review gives Unitaid a strong vote of confidence for its innovative work to end HIV, TB and malaria.

Unitaid's Executive Board approves a US\$ 30 million investment on optimisation of ARVs. The four grants are focused on one of the three areas for intervention the Board established in March.

Unitaid's Executive Board adopts a new five-year strategy to support global efforts to end HIV/AIDS, TB, malaria and hepatitis C and agrees to fund more projects supporting integration in reproductive, maternal, newborn and child health.



2017 HIGHLIGHTS

JANUARY

Unitaid calls for proposals to create and accelerate the demand for and adoption of HIV self-testing in low- and middle-income countries, particularly among underserved populations at high risk of HIV infection.



FEBRUARY

Unitaid launches a new call for proposals to help countries take advantage of provisions under global intellectual property rules that allow increased access to affordable medicines in order to safeguard public health.



MARCH

Unitaid joins WHO in its efforts to mobilize countries and partners to unite to end tuberculosis. This year's focus is the stigma, discrimination and marginalization that many people with tuberculosis face in low-income countries.



APRIL

On World Malaria Day, Unitaid's Executive Board approves three new malaria grants totaling over US\$ 72 million. The grants will help prevent malaria deaths among pregnant women and children under five, high-risk groups for the disease.



MAY

Unitaid joins experts in calling for new tools to tackle vector-borne diseases at an international vector control conference in Madrid. The event is organized by Unitaid in partnership with ISGlobal, the WHO and the Fundación Ramón Areces.



JUNE

To accelerate access to better antiretroviral drugs, the government of Kenya and Unitaid announce the introduction of dolutegravir, a new first-line drug for people living with HIV, making Kenya the first African country to introduce the generic version of this drug for routine use. Dolutegravir is a more effective drug, has few side effects, and is administered in one small pill a day.



JULY

Unitaid and the Global Fund jointly launch a public awareness campaign in Paris to highlight their dynamic partnership in global health, as well as France's engagement in the fight against HIV/AIDS, tuberculosis and malaria.

During the G20 summit in Hamburg, Unitaid joins a call by 33 "global health" organizations for G20 countries to make health a priority, with emphasis on antimicrobial resistance, pandemic preparedness and poverty-related neglected diseases.

The expansion of the HIV Self-Testing Africa (STAR) initiative is announced in Paris at the 9th IAS Conference on HIV Science. Funded by Unitaid, STAR is the largest effort to date to create a thriving market for HIV self-testing in Africa. Evidence from STAR's first phase showed that more people learn their HIV status when they can test themselves in private.



SEPTEMBER

In Maputo, the government of Mozambique and Unitaid launch TIPTOP, a US\$ 50 million project implemented by Jhpiego to bring lifesaving anti-malarial medication to hard-to-reach pregnant women in four African countries.

Unitaid's Executive Board approves a pair of grants worth a combined US\$ 74 million to prevent the spread of TB in populations most at risk of contracting the disease and to increase TB diagnosis in children.

Unitaid teams up with UNAIDS and other organizations to announce a breakthrough pricing agreement that will allow affordable, high-quality antiretroviral therapy to be launched in South Africa, Kenya and over 90 low- and middle-income countries.



OCTOBER

Unitaid is tapped to chair a new working group on innovation and access for the UN's Interagency Coordination Group on Antimicrobial Resistance, a role that supports global efforts to avert a "post-antibiotic era" in which treatments for common infections no longer work.

Unitaid's Executive Board approves two grants focused on childhood TB. The grants total US\$ 43 million and combine with September's two TB grants to provide \$117 million in new investment to fight the disease.

NOVEMBER

The Médecins Sans Frontières HCV project, which Unitaid has funded for the past three years, secures a price of US\$ 120 for complete hepatitis C treatments. The news is a milestone in the race to eliminate viral hepatitis.



DECEMBER

Unitaid and Wits Reproductive Health and HIV Institute launch a US\$ 10.6 million project to deliver prevention services, including pre-exposure prophylaxis (PrEP) medication, to adolescent girls and young women in South Africa.

With the University of Bordeaux, Unitaid launches TB-Speed, a four-year research project to cut TB deaths among children by making available fast tests that can be used in remote settings.

For the second year in a row, Unitaid scores an A-plus rating in the UK's Department for International Development's (DFID) Annual Review, which sets rigorous performance standards for all projects that the UK financially supports.

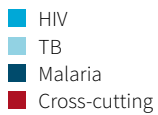
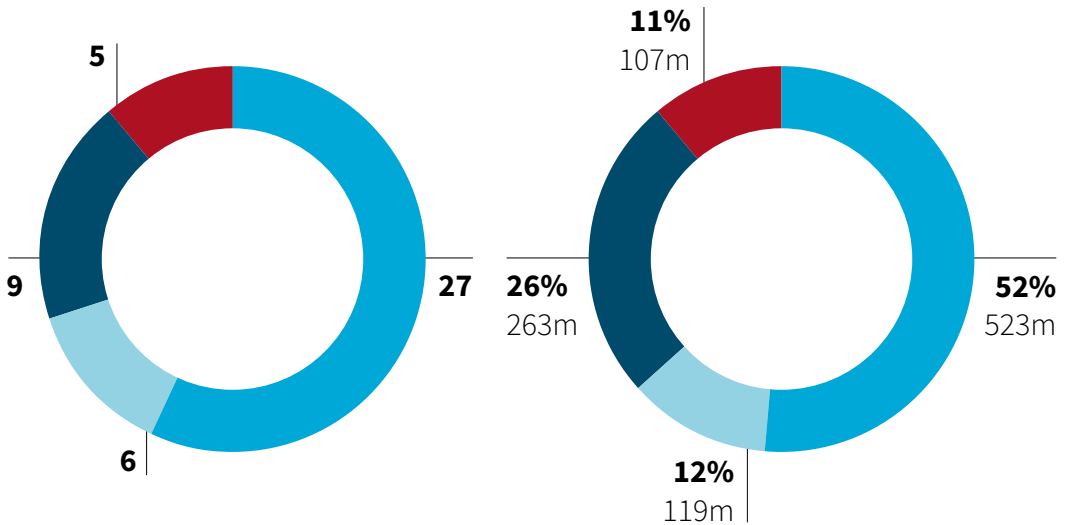


Portfolio

July 2017

47 GRANTS

US\$ 1,011 MILLION



Our donors

Unitaid's current donors are France, the United Kingdom, Brazil, Norway, Chile, the Republic of Korea, Spain and the Bill & Melinda Gates Foundation. A key source of income is innovative financing, specifically the international solidarity levy on airline tickets.

| Cumulative contributions of top eight donors since inception (2006 - 2016) | In m of US\$ |
|--|----------------|
| France | 1,605.4 |
| United Kingdom of Great Britain and Northern Ireland | 607.3* |
| Norway | 183.0 |
| Bill & Melinda Gates Foundation | 100.0 |
| Brazil | 90.3 |
| Spain | 81.6 |
| Republic of Korea | 51.0 |
| Chile | 33.5 |
| Others** | 20.8 |
| Total | 2,772.9 |

* Includes £88 m of promissory notes translated to US\$107.7 m as at 31.12.2016.

**Includes contributions from Cameroon, Democratic Republic of Congo, Guinea, Luxembourg, Madagascar, Mali, Mauritius and Niger.



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