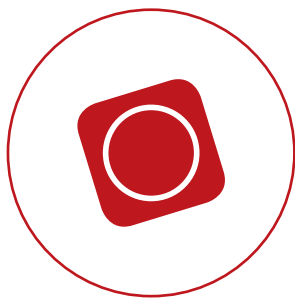
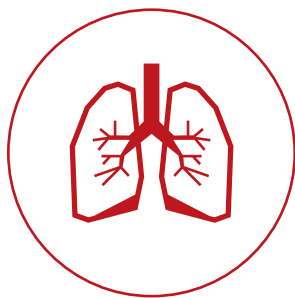
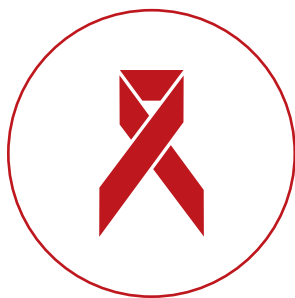
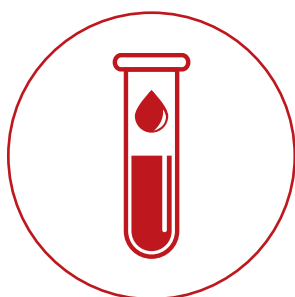


# UNITAID IMPACT 2014



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# Acronyms and abbreviations

<b>3TC</b>	Lamivudine, HIV/AIDS medicine
<b>A2S2</b>	Assured Artemisinin Supply Service
<b>ABC</b>	Abacavir, HIV/AIDS medicine
<b>ACT</b>	Artemisinin-based combination therapy for malaria
<b>AFRO</b>	African Regional Office (WHO)
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AMFm</b>	Affordable Medicines Facility for malaria
<b>Am</b>	Amikacin, anti-TB medicine
<b>AMRO</b>	Regional Office of the Americas (WHO)
<b>API</b>	Active Pharmaceutical Ingredient
<b>ART</b>	Anti-retroviral treatment for HIV/AIDS
<b>ARV</b>	Anti-retroviral medicine for HIV/AIDS
<b>ASAQ</b>	Artesunate/Amodiaquine malaria medicine
<b>ASLM</b>	African Society for Laboratory Medicine
<b>ATV</b>	Atazanavir HIV/AIDS medicine
<b>AZT</b>	Azidothymidine (Zidovudine), HIV/AIDS medicine
<b>BMGF</b>	Bill and Melinda Gates Foundation
<b>CD4</b>	Immunological indicator of treatment failure for HIV/AIDS
<b>CHAI</b>	Clinton Health Access Initiative
<b>Cm</b>	Capreomycin, anti-TB medicine
<b>Cs</b>	Cycloserine, anti-TB medicine
<b>DNDi</b>	Drugs for neglected diseases initiative
<b>EID</b>	Early infant diagnosis
<b>EMRO</b>	Eastern Mediterranean Regional Office (WHO)
<b>EOI</b>	Expression of interest
<b>ESTHER</b>	Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau
<b>Eto</b>	Ethionamide, anti-TB medicine
<b>FDC</b>	Fixed-dose combination
<b>FEI</b>	France Expertise Internationale
<b>FIND</b>	Foundation for Innovative New Diagnostics
<b>GDF</b>	Global Drug Facility of the Stop TB Partnership
<b>GFATM</b>	The Global Fund to fight AIDS, TB and malaria
<b>GLI</b>	Global laboratory initiative (WHO)
<b>HIV</b>	Human Immunodeficiency Virus
<b>KPI</b>	Key Performance Indicator

<b>LICs</b>	Low income countries
<b>LMICs</b>	Lower-middle-income countries
<b>UMICs</b>	Upper-middle-income countries
<b>Lfx</b>	Levofloxacin, anti-TB medicine,
<b>LLIN</b>	Long-Lasting Insecticide-Treated Nets
<b>LOI</b>	Letter of Intent
<b>LPV/ r</b>	Lopinavir/ritonavir, HIV/AIDS medicine
<b>MC</b>	Malaria Consortium
<b>MDR-TB</b>	Multi-drug resistant TB
<b>MoU</b>	Memorandum of Understanding
<b>MSF</b>	Médecins Sans Frontières
<b>MTB/RIF</b>	Mycobacterium Tuberculosis/Resistance to Rifampicin
<b>NGOs</b>	Non-governmental Organisations
<b>NVP</b>	Nevirapine, HIV/AIDS medicine
<b>OECS</b>	Organization of Eastern Caribbean States
<b>PAS</b>	Para-Aminosalicylate Sodium, anti-TB medicine
<b>PEPFAR</b>	The United States President's Emergency Plan for AIDS Relief
<b>POC</b>	Point of care
<b>PQP</b>	Prequalification of Medicines and Diagnostics Program (WHO)
<b>PQR</b>	Price & Quality Reporting (procurement database from GFATM)
<b>GPRM</b>	Global Price Reporting Mechanism for HIV, tuberculosis and malaria (database from WHO)
<b>Pto</b>	Prothionamide, anti-TB medicine
<b>PRC</b>	Project Review Committee
<b>PSI</b>	Population Services International
<b>RDT</b>	Rapid Diagnostic Test
<b>RHZ</b>	Rifampicin + Isoniazid + Pyrazinamide, anti-TB medicine
<b>RUTF</b>	Ready-to-use therapeutic food
<b>SCMS</b>	Supply Chain Management System
<b>SEARO</b>	South-East Asian Regional Office (WHO)
<b>SO</b>	Strategic objective
<b>SRS</b>	Strategic Rotating Stockpile for MDR-TB medicines
<b>TB</b>	Tuberculosis
<b>TDF</b>	Tenofovir- antiretroviral medicine, HIV/AIDS medicine
<b>UN</b>	United Nations
<b>UNAIDS</b>	The United Nation's Agency for HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>UNIPRO</b>	UNITAID Portfolio Management System
<b>UNITAID</b>	United Nations International Drug Purchase Facility
<b>VPP</b>	Voluntary Pooled Procurement
<b>WB</b>	World Bank
<b>WHO</b>	World Health Organization
<b>XDR-TB</b>	Extensively resistant tuberculosis

# Introduction

UNITAID was launched in 2006 at the United Nations General Assembly by the governments of Brazil, Chile, France, Norway and the United Kingdom to improve access to vital medicines, tests and prevention products for people living with HIV/AIDS, TB and malaria in low income countries. UNITAID's pioneering investments, financed through innovative financing mechanisms, including an air ticket levy, have shaped markets for critically needed tests, treatments and preventive products. Aligned with this mission, UNITAID's strategy for 2013-2016 focuses on 6 strategic objectives<sup>1</sup> to reduce the burden of the three diseases in the world's poorest populations.

The results included in this report demonstrate that UNITAID's interventions are diverse in their areas of work and approach, tackling both market limitations as well as addressing public health needs allowing to do more with less. Investments are designed to be innovative – making new formulations, medicines, technologies or systems available – and they are typically designed to be catalytic, allowing scale-up of access to medicines, diagnostic and prevention tools for the fight against the three diseases by the large multilaterals (The Global Fund to Fight AIDS, Tuberculosis and Malaria), bilateral programmes (PEPFAR), and governments.

A Functional Review was conducted by the Secretariat in late 2014 as well as a staff satisfaction survey that the Secretariat plans to repeat in 2015. Key findings were reported to the Executive Board in December 2014 (EB21). In brief, the Functional Review noted many positive aspects of UNITAID, including: delivery of successful projects; significant growth, including the number and diversity of grantees and of types of interventions, highlighted by an innovative business model. In addition, 5 key areas were identified for potential strengthening:

- 1** Operational model, internal processes and systems.
- 2** Structure and resource allocation.
- 3** Institutional dynamics and culture.
- 4** Communication on impact and on value for money.
- 5** Articulation with other Global Health stakeholders.

<sup>1</sup> See Table 1.



Based on the findings of the 2014 Functional Review, several key initiatives were launched for 2015:

- A new operating model to deliver increased alignment with partners, more sustainable impact, and transparency in a process that is faster and more agile than today;
- A more robust approach to Value for Money to secure UNITAID's institutional position, better capture the impact of its projects, and help guide investment decisions;
- A more robust risk management to lead to better and faster implementation as well as better and more efficient decision-making;
- A new organizational structure that strengthens the Secretariat.

In the coming months, UNITAID will focus on transforming its operating model and standard operating procedures to secure the long-term success of the organization as well as its funded projects. As these changes are implemented in 2015 and 2016, there will likely be changes to the indicators reported in future Key Performance Indicator Reports. These will be discussed and described comprehensively in future KPI reports.

# Top achievements 2014



## **STRATEGIC OBJECTIVE 1**

---

### **Simple point of care (POC) diagnostics**

- Over 1.2 million POC CD4 tests and 100,000 Viral Load tests done in decentralized, low resource settings to bring patients closer to better treatment and care faster than ever before.
- A cumulative 10 million Xpert MTB/RIF cartridges have been procured in the public sector in 116 of the 145 countries eligible for concessional pricing. Initial estimates suggest this saved the global response to TB \$55 million. UNITAID-funded Xpert MTB/RIF tests have detected more than 55,000 incident TB patients, including over 15,000 Rifampicin resistant cases.
- Countries with high malaria burden accessing more than 1.9 million rapid diagnostic tests in private sector outlets to detect and treat malaria effectively and efficiently.
- Three innovative point of care tests for HIV/AIDS are entering the market to ensure that people living with HIV are identified and treated quickly especially in low resource settings.



## **STRATEGIC OBJECTIVE 2**

---

### **Affordable, adapted paediatric medicines**

- UNITAID has catalysed the paediatric market for ARVs, enabling over 750,000 children worldwide to access better adapted HIV treatment, a 10-fold increase since 2006. In 2014, UNITAID, in collaboration with Medicines Patent Pool, Drugs for Neglected Disease initiative, and the Clinton Health Access Initiative launched the Pediatric HIV Treatment Initiative (PHIT) to accelerate the development of paediatric ARV formulations as recommended by WHO.



## **STRATEGIC OBJECTIVE 3**

---

### **Treatment of HIV/AIDS and co-infections**

- Four licensing agreements<sup>2</sup> for ARVs were signed with the Medicines Patent Pool. Existing licensing agreements allowing generic manufacturers to produce ARVs have already saved the global response to HIV \$78 million in drug costs.



## **STRATEGIC OBJECTIVE 4**

---

### **Treatment of malaria (ACTs)**

- Accelerated product development and policy adoption of injectable Artesunate, a safer and more effective treatment for severe malaria. The project aims to increase annual use up to tenfold by 2016 compared to 2011. The first 324,000 vials were delivered to Kenya, Nigeria and Ethiopia.



## **STRATEGIC OBJECTIVE 5**

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### **Treatment of second line TB**

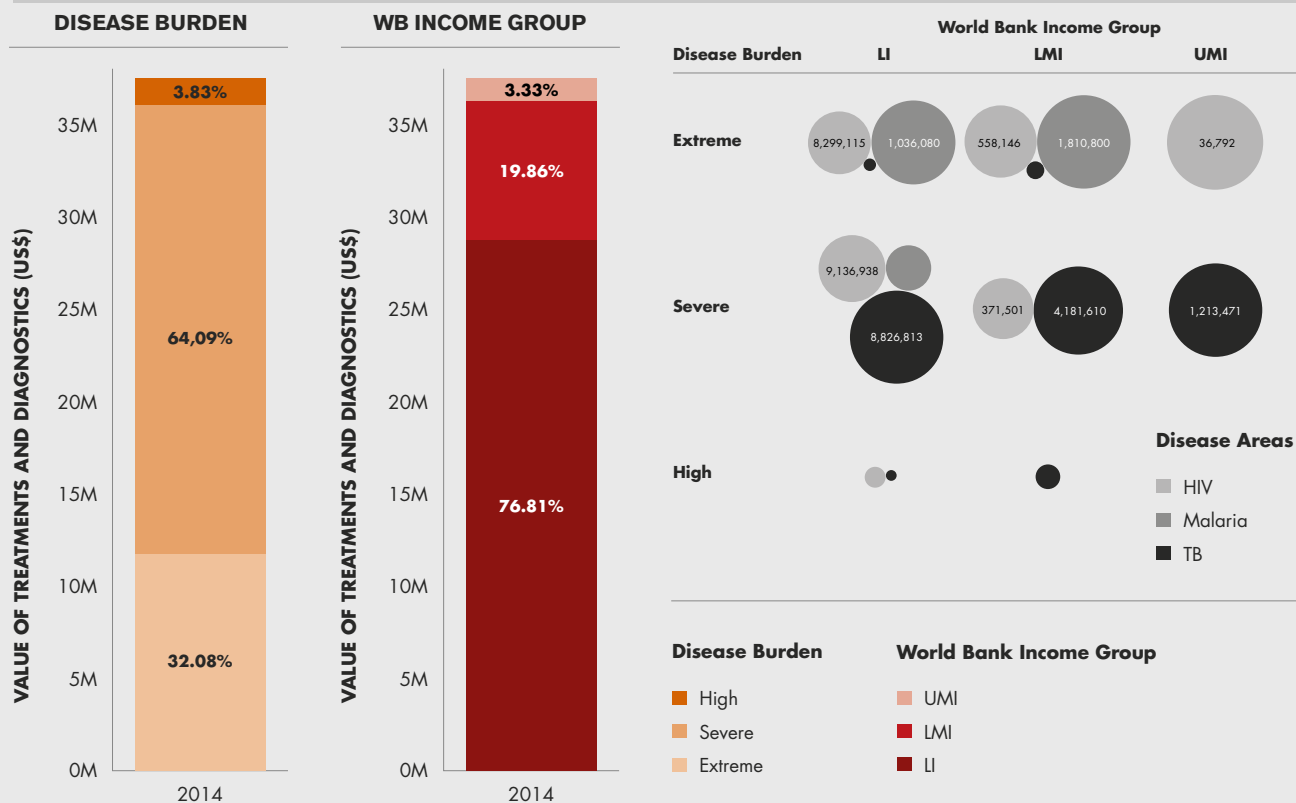
- The MDR-TB Strategic Rotating Stockpile Project (SRS) is increasing access to quality MDR-TB medicines by smoothing demand fluctuations and facilitating faster delivery of needed medicines. A total of 67 countries ordered products worth over 9 million US\$ in 2014.

<sup>2</sup> Ritonavir (RTV), Abbvie; Lopinavir (LPV) Abbvie; Dolutegravir (DTG) ViiV Healthcare Ltd.; and Tenofovir Alafenamide Fumarate (TAF) Gilead.

# I. MONITORING MARKET AND PUBLIC HEALTH OUTCOMES

## KPI 1 : Monitoring performance towards Public Health outcomes

UNITAID's product purchases cover LI, LMI and high burden countries



UNITAID grants are increasingly covering key products where people seek care

SO	Disease	Product	Description	Coverage
SO1	HIV	PoC (PIMA)	CD4 tests	3.0% coverage
	Malaria	Rapid diagnostic tests	private sector	2.3% coverage
	TB	MDR-TB Gene Xpert tests	public sector	5.2% coverage
SO2	HIV	AZT/ 3TC/NVP (60/30/50 mg), LPV/r (80/20 mg), LPV/r (100/25 mg)	paeds ARVs	2.9% coverage
	Malaria	Injectable artesunate 60 mg	severe malaria treatments	16.2% coverage
	TB	Children on ARVs	paeds treatments	11.3% coverage
SO3	HIV	ATV/r (300/100 mg), LPV/r (200/50 mg)	2L ARVs	23.4% coverage
SO5	TB	Intensive phase: 12 mo. Cm Pto Cs Mxf PAS (high cost)/ 8 mo. Am Eto Cs Lfx (low cost)	MDR-TB treatments in the public sector	10.0% coverage

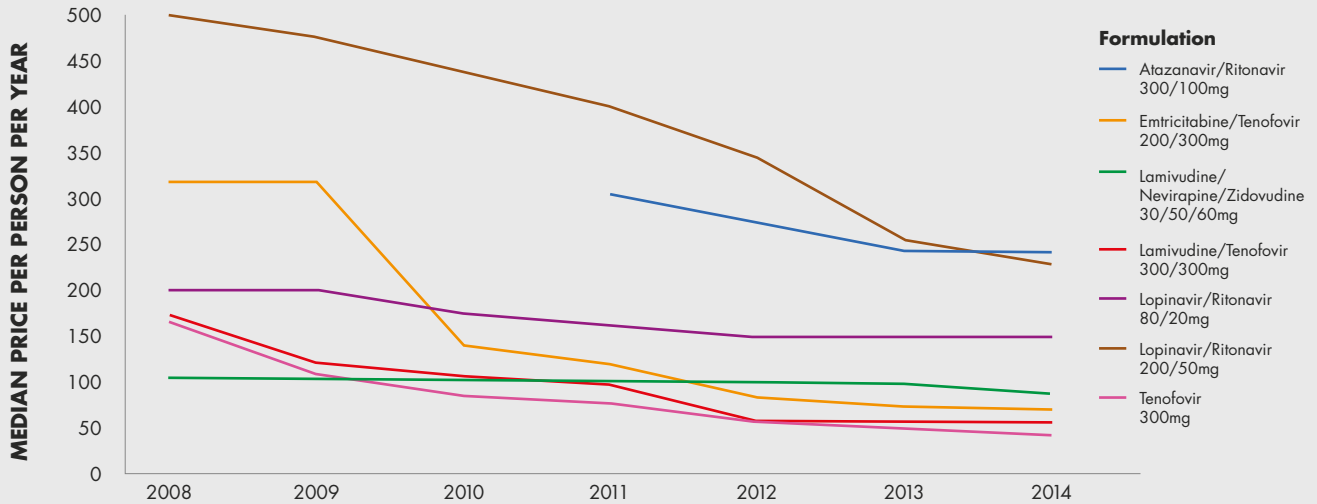
UNITAID continues to support the testing and treatment of people living with the 3 diseases

SO	Disease	Description	Value
SO1	HIV	CD4*	109,985
		EID**	220,178
		Viral Load***	106,859
	Malaria	Number of private sector RDTs procure	1,900,125
	TB	# cases detected with other TB test types	35,304
		# cases detected with Xpert****	55,604
# tests performed with other TB test types*****		514,106	
SO2	HIV	New children on treatment (ARVs)	31,254
SO3	HIV	Adults initiated on treatment less than 1 month after testing	1,408
		Adults initiated on treatment same day as tested	403
		Adults switched to 2nd line ARVs after testing	1,238
SO4	Malaria	Volume of Injectable Artesunate delivered	324,000

\*Combines figures from the CHAI/UNICEF PoC and MSF Diagnostics and OPP-ERA grants projects; \*\*Combines figures from the MSF Diagnostics and CHAI Paediatric grants; \*\*\* Combines figures from MSF Diagnostics and OPP-ERA grants; \*\*\*\*Incident TB cases; \*\*\*\*\*LPA and DST test

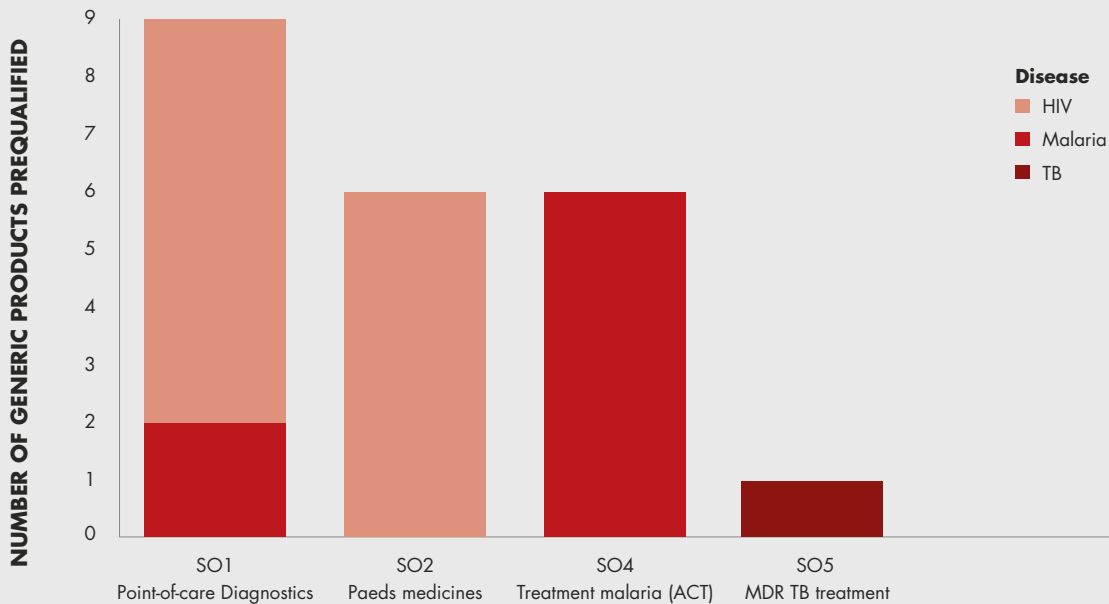
## KPI 2 & 3: Monitoring performance towards market outcomes

### Prices of key second-line ARVs continue to decline

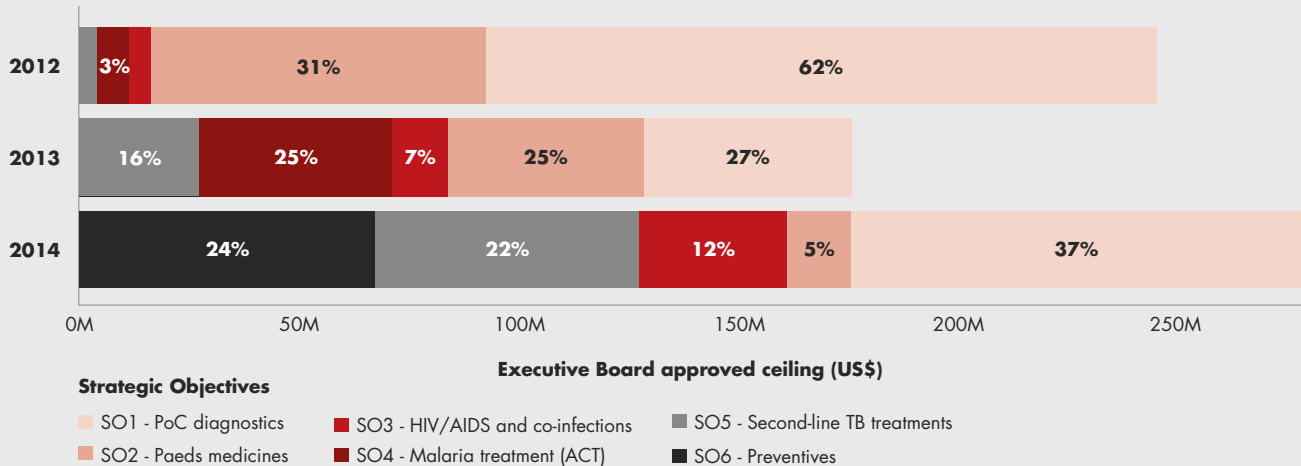


Source: Procurement data from the market intelligence system (includes PQR, VPP, SCMS UNITAID project data) for lower income countries

### Support to WHO PQ lowers barriers to entry for key generic products



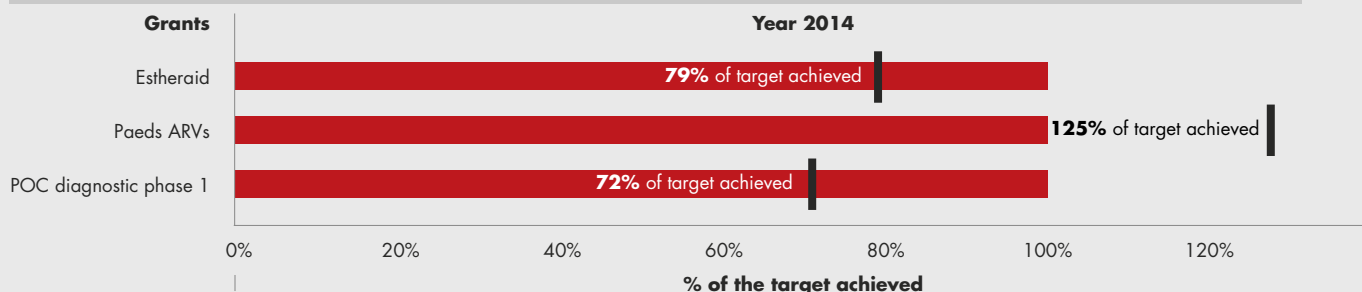
### Proposals are increasingly responding to UNITAID's strategy



## II. MANAGING PORTFOLIOS & GRANT PERFORMANCE

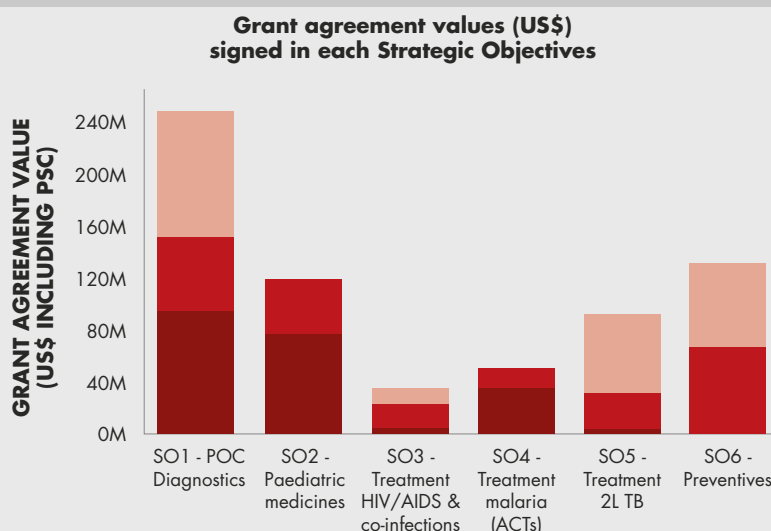
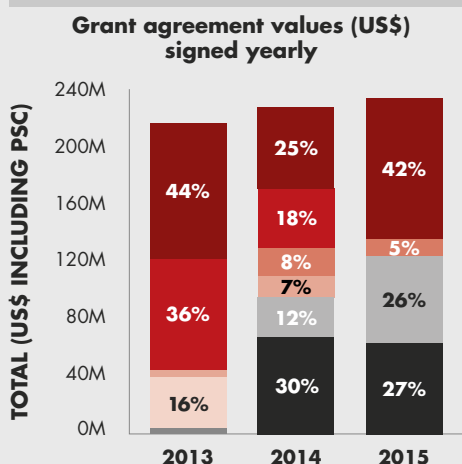
### KPI 1 & 2 : Grants ending in 2014 achieved most of their target

All UNITAID grants achieved their public health target



### KPI : Grants will cover all 6 UNITAID strategic objectives by 2015

Grant agreement values (US\$) signed yearly



2015 value is a projection. This projection includes grant signed in the first semester of 2015, 2014 Board approved projects that are about to be signed and the IVCC project which received a go-ahead by the Executive Board in June 2015

Grant agreement values capture the project budget amount as specified in the legal agreement.

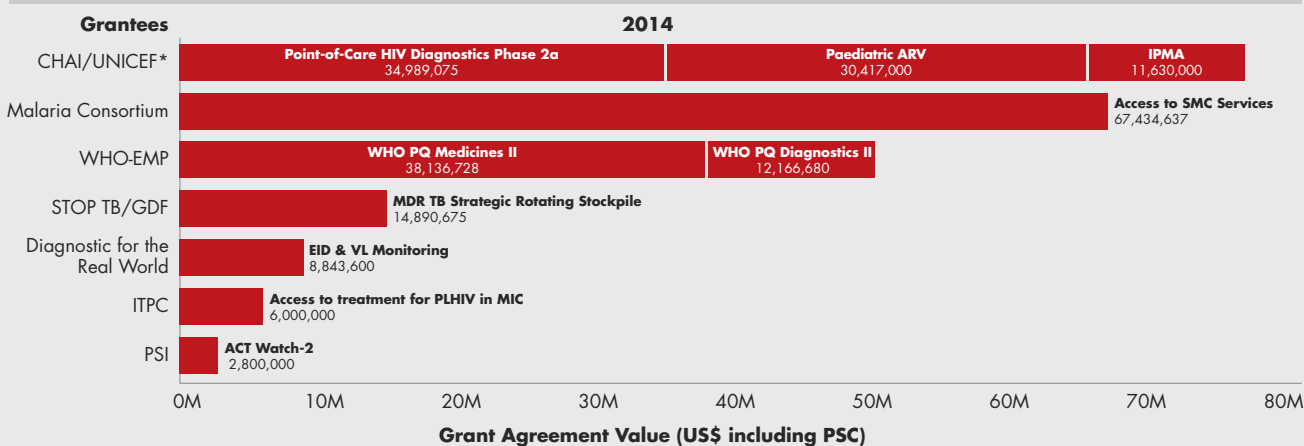
#### Strategic Objectives

- SO1 - POC Diagnostic
- SO2 - Paediatric medicines
- SO3 - Treatment HIV/AIDS & co-infections
- SO4 - Treatment malaria (ACTs)
- SO5 - Treatment 2L TB
- SO6 - Preventives

#### Signature date of grant agreements

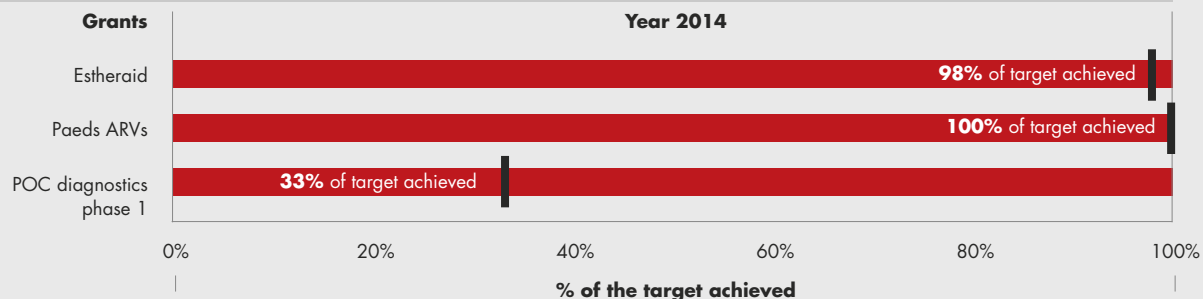
- 2015
- 2014
- 2013

### Eight grantees signed grant agreements in 2014



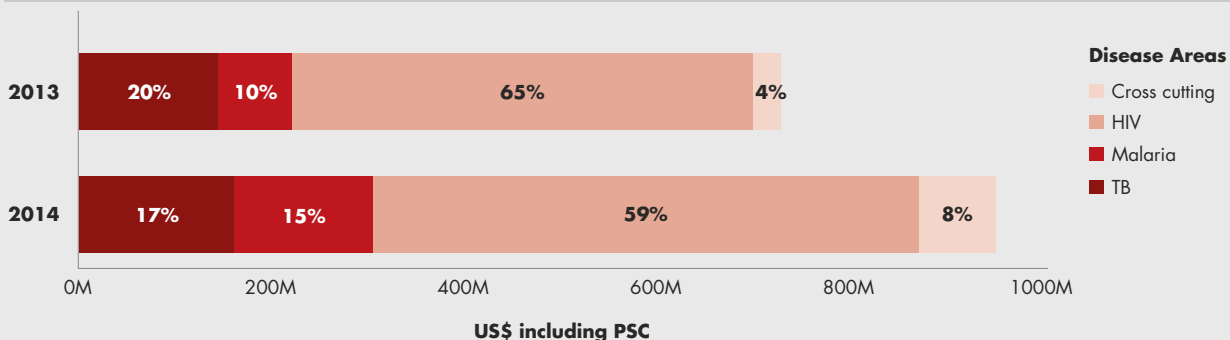
\*Point-of-Care HIV Diagnostics Phase 2a project signed with both CHAI and UNICEF. The Paediatric ARV and IPMA projects signed with CHAI. Grant agreement values capture the US\$ project budget amount as specified in the legal agreements.

**Two out of the three grants ending in 2014 achieved their market targets**

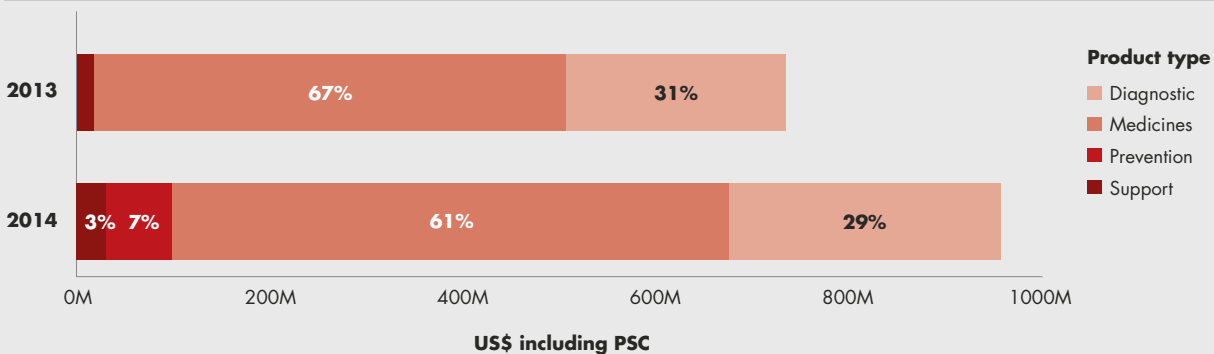


**KPI 4: Trends in active grants as of 2014 (cumulative grant agreement values)**

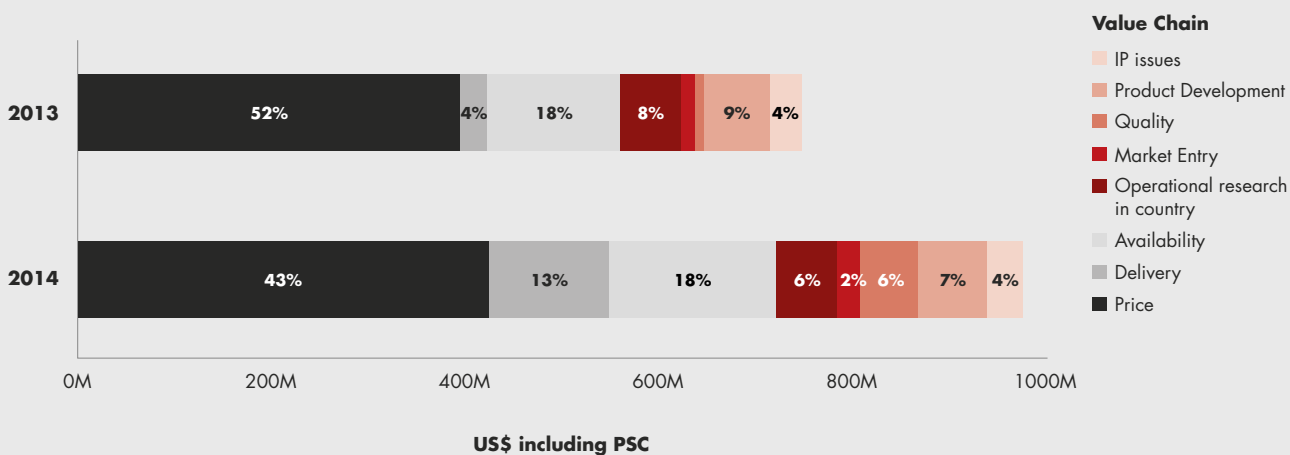
**Investments across disease areas have remained stable**



**Investments in prevention were made in 2014**



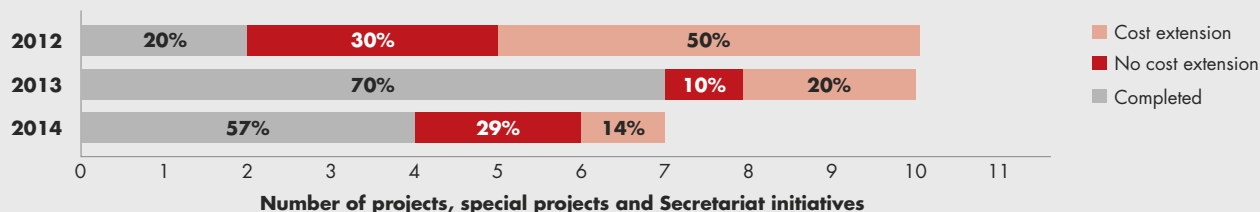
**The cumulative value of UNITAID's active grants is spreading upstream along the value chain**



### III. MEASURING UNITAID SECRETARIAT PERFORMANCE

#### KPI 4 : Grant management

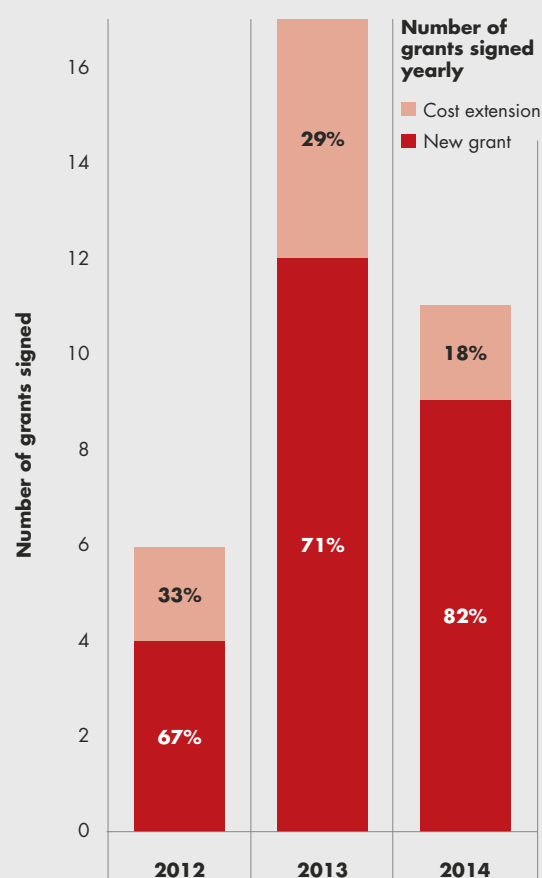
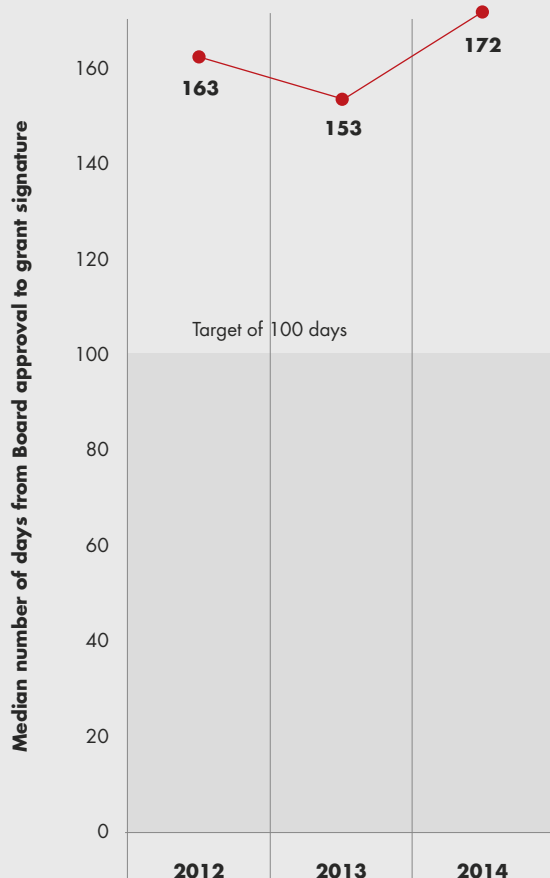
Fewer grants ended in 2014 compared with 2013



This indicator measures the percentage of projects, special projects and secretariat initiatives that were scheduled to end annually but did not and received a no cost or cost extension (the same year or the year after). This indicator cannot be compared to KPI 4.4 which shows the number cost extension grants signed each year

Time to signature increased despite fewer grants signed in 2014

11 grants signed in 2014



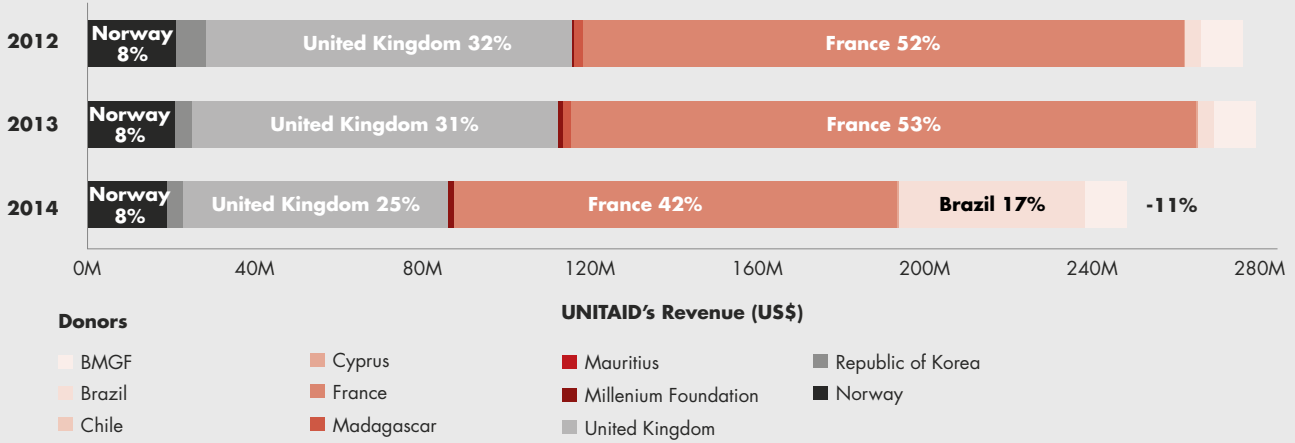
36% of UNITAID grants include co-investment with other global public health donors and investor

Disease	Project	Grantees	Co-investor(s)
Cross Cutting	Prequalification of Diagnostics	WHO	BMGF
	Prequalification of Medicines	WHO	BMGF
HIV	Disposable POC CD4	Zyomyx	Multiple, BMGF, private sector (Mylan etc.)
	Manufacture & Validation Rapid POC CD4	The Burnet Institute	YRG Centre for AIDs Research and Education (YCARE), South African National Health Laboratory Services, Omega Diagnostics Group PLC
	Operational Studies POC CD4 Counters	Daktari	Shareholders
Malaria	Quality Assurance of Rapid Diagnostic Test	FIND	BMGF
	RDTs in the private Sector	PSI	BMGF (until June 2014), DFID (current)
TB	Expand MDR TB Diagnostics	STOP TB/GDF, WHO, FIND	GFATM, USAID
	MDR TB Strategic Rotating Stockpile	STOP TB/GDF	USAID
	STEP Paediatric TB	TB Alliance	USAID

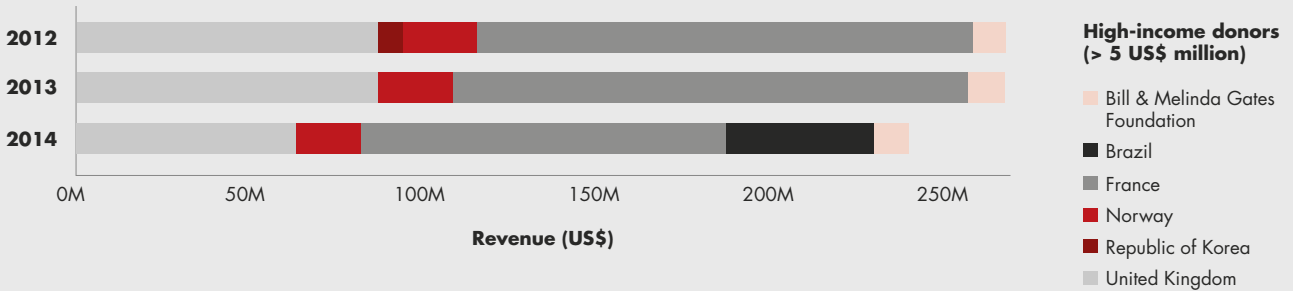


## KPI 5 & 7 : Resource mobilization & management

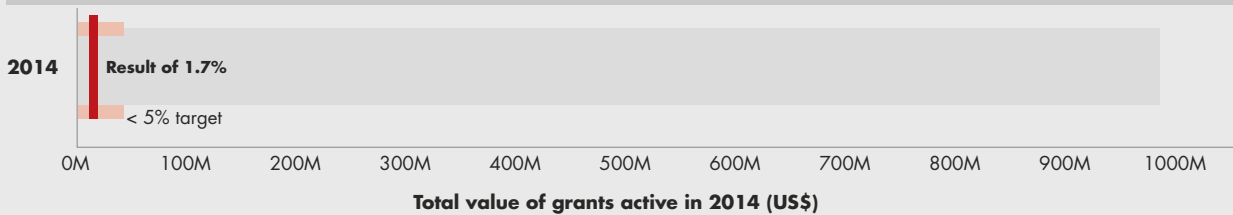
The overall donor contribution to UNITAID decreased by 11% in 2014



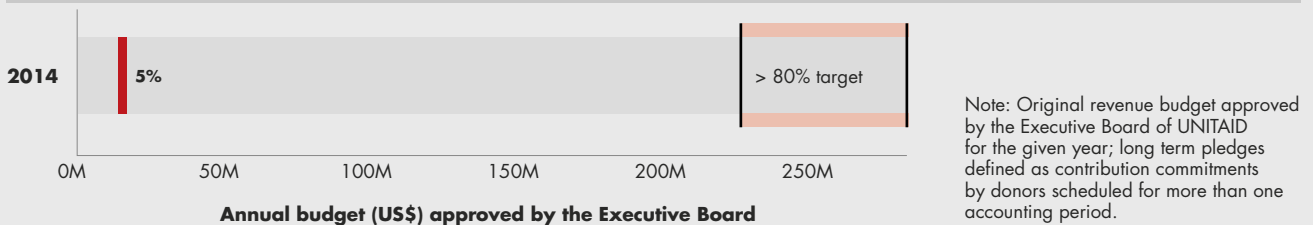
Five donors contributed over US\$ 5 million in 2014



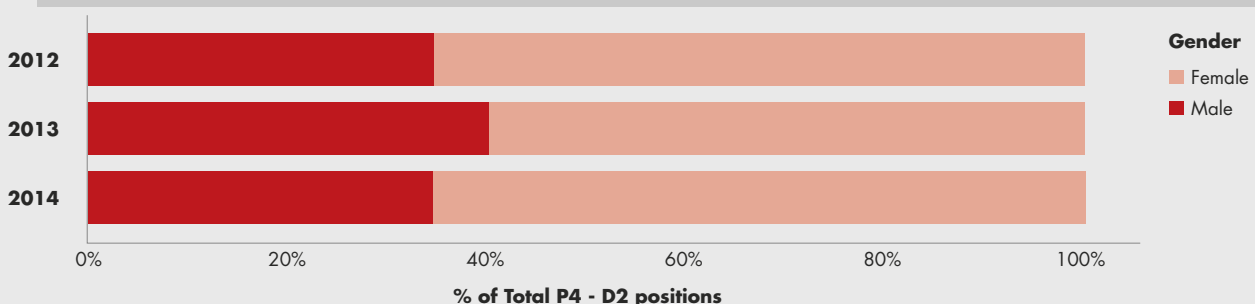
UNITAID has a lean Secretariat costing 1.7% of the total value of its active grants in 2014



Long term donor contributions secured 5% of the approved budget in 2014



66% of UNITAID's senior staff were female in 2014



# Background

UNITAID<sup>3</sup> produces an annual report on Executive Board-approved key performance indicators (KPIs) on 30 June each year for the preceding calendar year. This report presents UNITAID's results for 2014, measuring performance towards achieving the 6 strategic objectives outlined in UNITAID's Strategy 2013-2016. The 6 strategic objectives are presented below in Table 1.

**TABLE 1**  
UNITAID's six strategic objectives for the period 2013-2016

1

## **SIMPLE, POINT OF CARE (POC) DIAGNOSTICS**

**Increase access to simple, point of care (POC) diagnostics for HIV/AIDS, TB and malaria.**

2

## **AFFORDABLE, ADAPTED PAEDIATRIC MEDICINE**

**Increase access to affordable paediatric medicines to treat HIV/AIDS, TB and malaria.**

3

## **TREATMENT OF HIV/AIDS AND CO-INFECTIONS**

**Increase access to emerging medicines and/or regimens as well as new formulations, dosage forms or strengths of existing medicines that will improve the treatment of HIV/AIDS and co-infections such as viral hepatitis.**

<sup>3</sup> A partnership hosted by the World Health Organization (WHO) created in 2006 by Brazil, Chile, France, Norway and the United Kingdom and designed to increase access to affordable, high quality commodities used to prevent and treat HIV/AIDS, tuberculosis (TB), and malaria in low- and middle-income countries.

**4**

#### **TREATMENT OF MALARIA (ACT)**

Increase access to artemisinin-based combination therapies (ACTs) and emerging medicines, which in combination with appropriate diagnostic testing, will improve the treatment of malaria.

**5**

#### **TREATMENT OF SECOND LINE TUBERCULOSIS**

Secure supply of second-line tuberculosis medicines and increase access to emerging medicines and regimens that will improve treatment of both drug-sensitive and MDR TB.

**6**

#### **PREVENTATIVES FOR HIV/AIDS, TB AND MALARIA**

Increase access to products for the prevention of HIV, TB and malaria, notably to improve the availability of devices for male circumcision and of microbicides, once they are approved; and to increase access to vector control tools to prevent malaria transmission.

## **Measuring UNITAID's performance in 2014**

UNITAID uses several tools, other than KPIs, to monitor its Organizational performance. These include audits, internal management indicators, routine monitoring and evaluation of grant performance and external organizational evaluations. All play a role in strengthening and improving UNITAID's performance. Summaries and data related to these performance measures can be found at [www.unitaid.org/impact](http://www.unitaid.org/impact).

The 2013-2016 KPIs focus on UNITAID's market shaping role and its uniqueness in global public health. The grants that UNITAID made in 2014 contribute directly to the results presented here.

Seven KPIs and their 23 associated measures of performance are presented in this report. These are divided into two areas reflecting UNITAID's strategy:

1. Monitoring market and public health outcomes, as presented in the 6 Strategic Objectives of UNITAID's strategy; and
2. Monitoring the 5 core action areas that drive the success of UNITAID as an organization.

The framework for the KPIs is presented in Table 2.

**TABLE 2****The framework for Key Performance Indicators for 2013-2016****MONITORING PERFORMANCE  
TOWARDS MARKET AND PUBLIC  
HEALTH OUTCOMES****KPI 1:** Public Health outcomes by Strategic Objective**KPI 2:** Market outcomes by Strategic Objective**MONITORING MARKET  
INTELLIGENCE GATHERING  
AND ANALYSIS****KPI 3:** Accessibility of market information**PORTFOLIO AND GRANT  
MANAGEMENT****KPI 4:** Grant implementation management**RESOURCE MOBILIZATION AND  
FUNDRAISING****KPI 5:** Safeguarding predictable and stable funding**STRONG RELATIONSHIPS WITH  
GLOBAL PARTNERS, COUNTRIES  
AND CIVIL SOCIETY****KPI 6:** Adding value to international efforts to improve the health of people living with HIV, TB and malaria**SECRETARIAT MANAGEMENT AND  
GOVERNANCE****KPI 7:** Resource management

The measures associated with KPIs 1 and 2 describe the outcomes of UNITAID's interventions on the markets for products and the resulting public health benefit that they bring to people living with HIV, TB and malaria in low and middle income countries. They include measures derived from UNITAID's six strategic objectives (Table 1).

The measures under KPIs 3 through 7 show how UNITAID works as an organization. They measure the 5 core action areas of UNITAID's strategy to show how UNITAID manages its grant portfolios, relationships with important stakeholders and its own internal management. Measures of effectiveness and efficiency of core action areas are important to supporting the organization as a whole. The core action areas that we report on in this report are:

1. Market intelligence gathering and analysis;
2. Portfolio and grant management;
3. Resource mobilization and fundraising;
4. Strong relationships with global partners, countries and civil society; and
5. Secretariat management and governance.

# Structure of this report

This report presents UNITAID's annual results for 2014. New features include performance dashboards that highlight UNITAID results for 2013 across three areas:

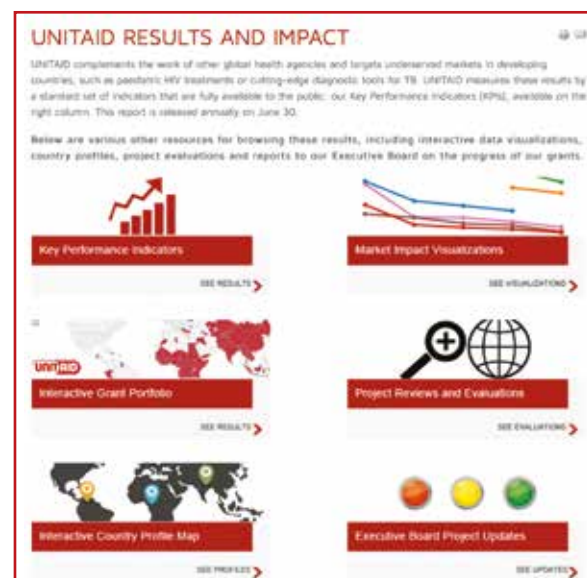
1. Monitoring market and public health outcomes;
2. Managing portfolios and grant performance; and
3. Measuring UNITAID Secretariat Performance.

The Annex at the end of the report collates the programmatic results of UNITAID's grants for 2014. These results are shared with UNITAID by its grantees as part of the semi-annual reporting cycle that is a requirement of receiving UNITAID grants. Validation and verification have been performed to the best of our ability to confirm that these results are accurate and represent a true picture of what has been achieved by grantees for 2014.

## Using the UNITAID web-based results

Additional programmatic data are available on the UNITAID web-site at the link: [www.unitaid.org/impact](http://www.unitaid.org/impact).

The impact page also displays the results of grant evaluations and all of the Operations Updates to the UNITAID Executive Board.





## KPI 1

# Monitoring performance towards Public Health outcomes

UNITAID is committed to ensuring that its investments result in real change in low and middle income countries where the burden of HIV/AIDS, TB and malaria are highest. These indicators reflect the public health impact of UNITAID's investment in tests, treatments and preventive products for HIV/AIDS, TB and malaria in 2014.

Measures	Description
1.1	Per cent coverage of UNITAID supported products by strategic objective.
1.2	Number of people on treatment/tested for HIV, TB and malaria by strategic objective.
1.3	Per cent of grant public health targets achieved as per grant agreements.
1.4	Per cent of UNITAID investments <sup>4</sup> covering a) low income countries, b) high burden countries.

## Q DESCRIPTION

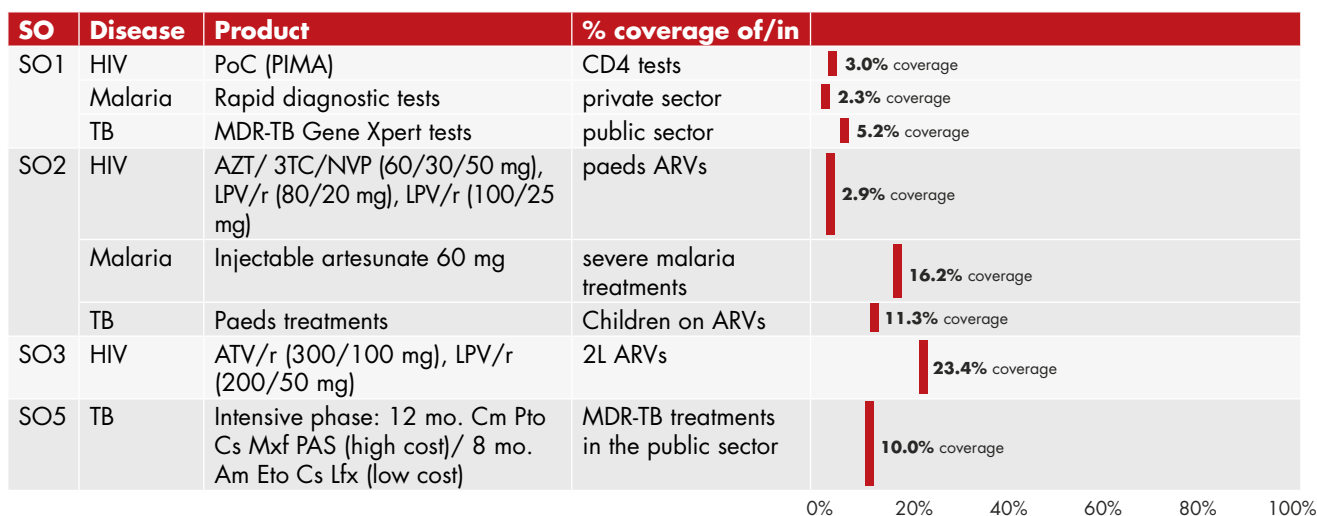
### 1.1. Per cent coverage of UNITAID supported products by strategic objective

This indicator measures the coverage of UNITAID supported products in specific markets to identify gaps in the need for tests and treatments. UNITAID uses 6 strategic objectives as a framework for investment decisions and is very specific about the markets that it enters. Priority products for UNITAID are those that address market challenges that will make the biggest difference to health outcomes of people living with disease. Figure 1 describes the impact that we have had to date within specific markets.

<sup>4</sup> Commodity-based investments only.

## FIGURE 1

### UNITAID grants are increasingly covering key products where people seek care



When reflecting on this indicator, it is important to note that UNITAID grants are not intended to test and treat large numbers of people living with disease. Instead, we introduce products that are more effective, better adapted and result in better health outcomes for those most in need. Here we outline, by strategic objective, the products that we supported in 2014 and how this support has contributed to the global goals for HIV/AIDs, TB and malaria agreed by the international Global Health community, including WHO and all other major stakeholders.

#### SO1: Simple, point of care tests for HIV TB and malaria

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated
HIV	Test results are needed at point of care so that people can start or switch treatment regimens timely	POC CD4 tests that can measure patient response to ARVs without need to referral to a central hospital	Number of POC CD4 tests performed through grants to CHAI/UNICEF and MSF	Estimated number of people on treatment in 2014 assuming that they will need 2 tests annually to monitor treatment effectiveness
	Detecting children born with HIV quickly so that they can start treatment and maintain good health	Simple POC early infant diagnostic tests that can be done at point of care	Number of POC tests available through UNITAID support in 2014	Estimated number of pregnant women living with HIV in 2013 as reported by UNAIDS
	Test results are needed at point of care so that people can start or switch treatment regimens immediately	POC Viral Load tests that can measure patient response to ARVs without need to referral to a central hospital	Number of POC tests available through UNITAID support in 2014	Estimated number of people on treatment in 2014 assuming the need for at least 1 viral load test for each to monitor treatment effectiveness

## SO1: Simple, point of care tests for HIV TB and malaria

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated
<b>TB</b>	Testing followed by appropriate treatment prevents the spread of TB, including drug resistant strains	Rapid tests to detect and treat MDR-TB	Number of Gene Xpert MTB/RIF tests performed in 2013	Estimated number of people who developed TB in 2013
<b>Malaria</b>	Rapid diagnostic tests needed at source of treatments to ensure effective use of ACTs	Rapid diagnostic tests in the private sector where 40% of people in high burden countries seek treatment	Number of rapid tests procured in 2014 for high burden countries through UNITAID support	40% of the 207 million estimated cases of malaria in 2012. This represents an estimate of the private sector market for RDTs



### HIV

As of December 2014, there are two POC CD4 Diagnostics on the market, the Pima CD4 test made by Alere and the Facs Presto made by Becton Dickinson. With the arrival of new tools in the market in 2015, especially for infant diagnosis, UNITAID's HIV Diagnostics portfolio will be focused on demonstrating the impact, cost effectiveness, and utility of new tools and optimized sample transport for conventional tools, and on developing the evidence needed to inform health policy and normative guidance. Questions on where and how to introduce the new tools and enhance the use of conventional platforms will need to be answered for each country setting to maximize the impact of scale up of testing in high burden countries.

We report on the number of these tests that were performed through our grants to MSF and CHAI/UNICEF relative to the need for these tests as expressed by the estimated number of people on treatment in 2013, assuming that 2 tests will be needed annually to monitor disease progression in these patients.



### TB

The Gene Xpert MTB/RIF platform represents a game-changing approach to TB detection. Although it is not strictly a POC test, UNITAID is supporting this product as the quickest way to detect and treat TB cases through grants to WHO, the Stop TB Partnership and FIND. We report on the number of tests performed using this platform compared to the estimated number of people who developed TB in 2013.





## MALARIA

UNITAID's investments in malaria diagnostics focus on innovative approaches to improve the availability, affordability and access to quality point-of-care tests, including a special focus on the private sector. UNITAID works with FIND, WHO, PSI and Malaria Consortium (MC) to ensure that people seeking treatment in public and private sector outlets have access to testing at low prices so that they get the needed treatment for their fever. We report on the number of tests procured in these countries in 2014 and compare that to an estimate of the private sector market for these products, 40% of the 207 million of cases of malaria in 2013.

### SO2: Paediatric medicines for HIV, TB and malaria

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated
<b>HIV</b>	Need for safe, effective and better adapted ARVs for children	A 4 in 1 treatment that includes a protease inhibitor in granules and sprinkles	Person years of treatment for the 4 in 1 product expected from DNDi in 2015	Number of children under 15 on treatment in 2014
<b>TB</b>	Since 2011 <sup>5</sup> , there are no longer any appropriate formulations for treating children with TB	New formulations to treat children with TB	Person years of treatment with TB alliance developed products expected in 2015	Number of children with TB in 2014
<b>Malaria</b>	Infants and young children are most at risk of severe malaria and death	Injectable Artesunate and inter-rectal Artesunate to improve patient outcomes	Number of injectable Artesunate treatment courses procured in 2014 for countries support by UNITAID's grant to MMV	Number of severe malaria cases reported annually



## HIV

A key product to better treat children living with HIV is being developed through a UNITAID grant to DNDi. This 4 in 1 fixed dose combination is being produced as granules and sprinkles and is expected to be on the market soon. To support the use of this product, the Paediatric HIV Treatment Initiative (PHTI) was launched in 2014 during the 67th World Health Assembly by UNITAID, MPP, CHAI and DNDi. UNITAID is involved in two other complementary initiatives (launched in 2014) aimed at accelerating achievement of paediatric ARV treatment.

<sup>5</sup> WHO changed the treatment guidelines for TB in children.

For 2014, our estimate of coverage is based on person years of treatment with a key fixed dose combination formula for children, AZT/3TC/NVP and two formulations of the protease inhibitor LPV/r. The number in need of treatment is the estimated number of children on treatment in 2013 (WHO, UNAIDS). UNITAID is taking action with other global health partners to meet global goals including:

- Accelerating Children's HIV/AIDS Treatment (ACT) Initiative, established by PEPFAR in partnership with the CIFF which aims to double to 300,000 the number of children on ARV treatment by end 2016.
- Global Paediatric ARV Commitment-to-Action (Commitment-to-Action): PEPFAR, the PHTI, and the Global Fund bring together, via this initiative, all leading organizations as well as industry to accelerate the development of missing high-priority paediatric ARV co-formulations for first-and second-line treatment by 2017.



## TB






Appropriate anti-TB medicines for children are not yet available since WHO changed the guidelines for treating children with TB in 2011. A UNITAID grant to the TB alliance is developing these much needed products and these are expected in 2015.



## MALARIA






Infants and young children are most at risk of severe malaria and a life-saving treatment, injectable Artesunate, is now available. This product is important because it is easier to provide the correct dose for children than with quinine, an older product. UNITAID's grant to MMV is working to replace quinine with injectable Artesunate and a related product, inter-rectal Artesunate in low resource settings. We provide an estimate of coverage coverage here based on procurement data available from MMV from beneficiary countries of the UNITAID grant.

### SO3: Increase access to treatments for HIV and co-infections

Disease	 Health problem	 UNITAID market target	  Number of tests/ treatments (numerator)	 Number in need (denominator) based on estimated
<b>HIV</b>	Better medicines with lower pill burdens are needed to increase adherence to treatment for people who need second and third line ARVs to stay healthy	Pipeline medicines. Until end of 2012, UNITAID supported the uptake of ATV/r, a protease inhibitor that is well tolerated and can be taken once a day	Person years of treatment with key 2nd line ARVs <sup>6</sup>	2% of the number of adults and children on first line treatment in 2013 (UNAIDS)

UNITAID support to CHAI for the 2nd line ARV programme ended in 2012 with all countries able to transition funding support to either their own national governments or grants from PEPFAR or the GFATM. Price reductions of key 2nd line regimens encouraged the entry of up to 15 generic manufacturers across a range of 2nd line ARVs. Generic manufacturers were responding to a growing need for 2nd line ARVs as more and more people were accessing first line treatment but also to the resources made available by UNITAID for procurement of these products. In addition to making a needed protease inhibitor (LPV/r) affordable, UNITAID support encouraged widespread access to a new protease inhibitor, ATV/r, that offered the benefits of being a better tolerated medicine with a lower pill burden (1 a day) compared to LPV/r (2 a day). For this indicator we track the person years of treatment for these two medicines and estimate the number in need of this treatment by taking 2% of the number of adults and children estimated to be receiving ARVs in 2014<sup>7</sup>. The number of people receiving ARVs has increased significantly from 2012, thanks to global efforts to support the provision of medicines to where they are most needed.





### SO4: Access to artemisinin-based combination therapies (ACTs) and emerging medicines

Disease	 Health problem	 UNITAID market target	  Number of tests/ treatments (numerator)	 Number in need (denominator) based on estimated
<b>Malaria</b>	Getting better, more efficacious treatment for severe malaria to patients in treatment centres and communities	Making sure that injectable Artesunate, a safer alternative to quinine, is used to treat severe malaria patients	Number of injectable Artesunate treatments procured through MMV in 2014	Estimated incidence of severe malaria in 2013 (WHO 2014)

<sup>6</sup> The proxy used for this calculation is the person years of treatment for Atazanavir/ritonavir (300/100 mg) and Lopinavir/ritonavir (200/50 mg).

<sup>7</sup> UNAIDS, Fast-Track: World AIDS Day Report 2014 (Geneva, October 2014).

UNITAID's current investments in malaria treatment focus on improving the availability, affordability and access to the best available treatment for severe malaria at the home and community (intrarectal artesunate) and at health facilities (injectable artesunate). The Improving Severe Malaria Outcomes Project implemented by MMV, is working to reduce severe malaria deaths through improved access to and use of injectable artesunate. By the end of 2014, 4.8M vials of injectable artesunate were procured through the combined efforts of MMV, UNITAID and the Global Fund, resulting in not only lives saved, but also shaping the market for this medicine for the future. We report the volume of injectable Artesunate provided through UNITAID grants compared to a recent estimate of global incidence of severe malaria<sup>8</sup>.

<b>SO5: Secure supply of second-line tuberculosis medicines and increase access to emerging medicines for MDR TB</b>				
<b>Disease</b>	 <b>Health problem</b>	 <b>UNITAID market target</b>	 <b>Number of tests/ treatments (numerator)</b>	 <b>Number in need (denominator) based on estimated</b>
<b>TB</b>	MDR TB treatment duration ranges from 18 to 24 months, placing an enormous burden on healthcare systems and people with the disease	Better medicines are needed to reduce the duration of treatment for MDR-TB and to stop the spread of drug resistant strains.	Number of MDR-TB treatment units procured in the public sector in 2014	Number of 2 <sup>nd</sup> line patient treatments procured in the public sector (GDF annual data for 2013)

MDR-TB is notoriously difficult to treat and contain in a community because of the ease of transmission of drug resistant strains and the lack of modern, effective medicines to treat the disease. UNITAID's market for MDR-TB is patients seeking treatment for the disease in the public sector. Our estimate of coverage is based on the number of MDR-TB treatments procured through the Global Drug Facility (GDF) of the Stop TB Partnership for the intensive phase of MDR-TB treatment for two different regimens<sup>9</sup>. This has been compared with the most recently reported number of MDR-TB patient treatments procured by GDF in the public sector.

## **1.2. Number of people on treatment/tested for HIV, TB and malaria by strategic objective**

This indicator measures the number of people treated and tested for the three diseases as a result of UNITAID grants in 2014. Grantees report these numbers to UNITAID and UNITAID verifies the results with other sources where possible. The numbers reported

<sup>8</sup> 2014 WHO. Tropical Medicine and International Health. John Wiley & Sons., 19 (Suppl. 1), 7–131.

<sup>9</sup> High cost regimen based on 12 months of Capreomycin, Prothionamide, Cycloserine, Moxifloxacin and PAS; Low cost regimen based on 8 months of Amikacin, Ethionamide, Cycloserine and 16 months of Ethionamide, Cycloserine and Levofloxacin.

here represent the direct effect of UNITAID's catalytic investment to open the market for products and facilitate availability and affordability of these to other donors. The results reported here will be monitored over the strategic period (2013-2016) so that trends over time can be reported and gaps identified. Results for each active grant in 2014 by beneficiary country and value of products procured are available in the Annex of this report. Results for completed grants, across all years since 2007 and by country are available on the UNITAID web site at [www.unitaid.org/impact](http://www.unitaid.org/impact).

**TABLE 3**

**UNITAID continues to support the testing and treatment of people living with the three diseases**

Disease	SO	Description	Result
Malaria	SO1	Number of private sector RDTs delivered	1,900,125
	SO4	Volume of Injectable Artesunate delivered	324,000
HIV	SO1	CD4*	1,269,814
	SO1	EID**	220,178
	SO1	Viral Load***	106,859
	SO2	New children on treatment (ARVs)	31,254
	SO3	Adults initiated on treatment same day as tested	403
	SO3	Adults initiated on treatment less than 1 month after testing)	1408
	SO3	Adults switched to 2nd line ARVs after testing	1238
TB	SO1	Number of cases detected with other TB test types	35,304
	SO1	Number of cases detected with Xpert****	55,604
	SO1	Number of tests performed with other TB test types*****	514,106

\*Combines figures from the CHAI/UNICEF PoC and MSF Diagnostics and OPP-ERA grants projects; \*\*Combines figures from the MSF Diagnostics and CHAI Paediatric grants; \*\*\* Combines figures from MSF Diagnostics and OPP-ERA grants; \*\*\*\*Incident TB cases; \*\*\*\*\*LPA and DST test

**1.3. Per cent of grant public health targets achieved as per grant agreements**

UNITAID asks grantees to specify the public health targets that their grant aims to achieve. These targets are monitored by the Portfolio teams through semi-annual reporting from grantees. For this measure, public health targets set by grantees of grants ending in 2014 refer primarily to treatment targets provided in grant agreements signed with UNITAID. Three grants<sup>10</sup> ended this year, ESTHERAID, CHAI Paediatric ARV and CHAI/UNICEF Point of Care diagnostics phase 1. An average for each grant across all years of UNITAID support is displayed in the figure below. This information is also made available to our broader stakeholders

<sup>10</sup> The Zyomyx grant was cancelled in July 2014. It was not considered to be a completed grant for reporting on this indicator.

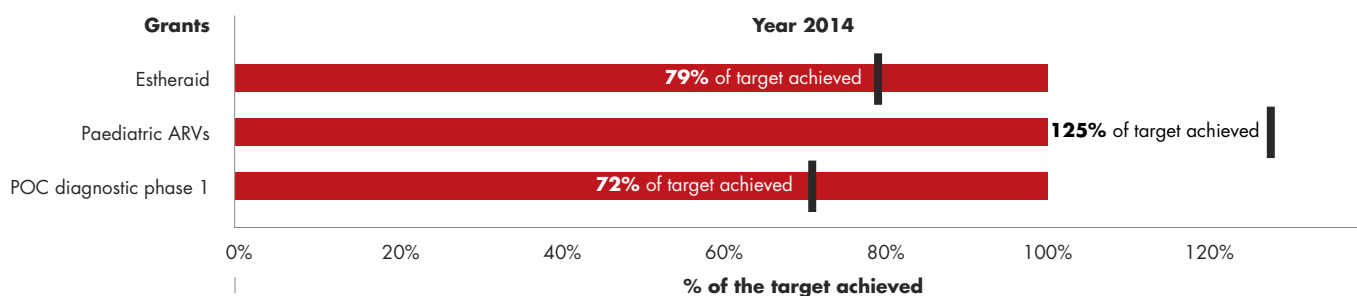
at [www.unitaid.org/impact](http://www.unitaid.org/impact). Table 4 provides a context for the results reported here. Key outcomes for grants ending in 2014 were:

- The Paediatric ARV project with CHAI achieved up to 90% of the treatment targets set for their respective grant;
- Number of children receiving ARVs and 2nd Line patients receiving appropriate treatment were effectively tracked by ESTHER in Francophone West African countries; and
- POC testing was started in focus countries during phase 1 of the CHAI/ UNICEF POC diagnostic project.

**TABLE 4**  
Results compared to treatment targets set for grants ending in 2014

Grants	Treatment targets	Results	%
Paediatric ARVs (CHAI)	400,000 new children on ARV treatment	498,573 new children on treatment	125
Point of Care phase 1 (CHAI/ UNICEF)	1,720,667 POC tests performed in POC focus countries	1,239,885 POC tests performed	72
ESTHERAID	5,123 new and existing children receiving ARVs (4 countries)	5,007 new and existing children receiving ARVs	98
	10,871 new and existing 2nd line patients receiving ARVs (4 countries)	6,533 2nd line patients receiving ARVs	60

**FIGURE 2**  
All UNITAID grants are achieving their public health targets



#### **1.4. Per cent of UNITAID investments covering a) low income countries, b) high burden countries**

The majority of UNITAID's product investments benefit low and lower-middle-income countries<sup>11</sup>. This indicator has been reported since the inception of UNITAID with 2012 showing the highest percentage of UNITAID product investments delivered to low income countries (95%). For 2014, the percentage delivered to low income countries is higher than for 2013. 77% of UNITAID's product investments were delivered to low income countries in 2014 compared with 59% in 2013. Continuing this improvement, 20% of UNITAID supported products were purchased for low-middle-income countries, compared to 41% in 2013.

The 2014 results reflect the fact UNITAID is increasing its investments in grants that are not solely focused on product procurement and placement in countries, namely Intellectual Property, product development, operational research and market entry. This means that reporting product-based investments in countries according to World Bank income classification does not completely capture the indirect impact of UNITAID's investments in low income countries.

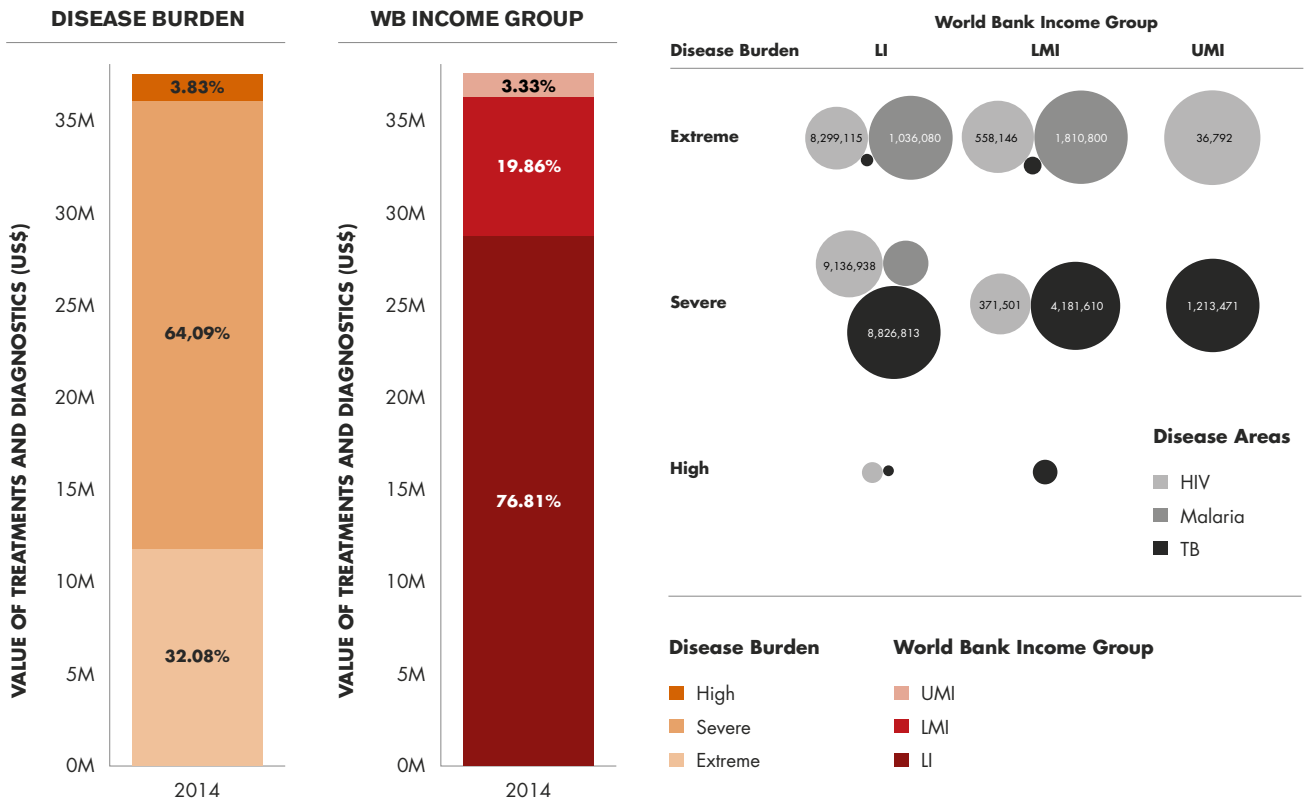
Nonetheless, UNITAID's investments remain focused on low and lower-middle income countries which suffer from a high burden of the three diseases. To monitor that UNITAID support goes to high burden of disease countries, we use the GFATM definition of high burden of disease<sup>12</sup>. This aligns our approach with the GFATM's approach to supporting these countries with the best possible products to prevent, test and treat the three diseases. The results for 2014 show that over 96% of investments remain focused in countries with severe or extreme disease burden for HIV, TB and malaria. 97% of the value of products purchased with UNITAID monies are delivered to low and lower-middle-income countries. The disease burden in these countries ranges from extreme to severe range for HIV/AIDS, TB and malaria.

<sup>11</sup> As defined by the World Bank and updated on 01 July of each calendar year. UNITAID bases its analysis on the classification of the country at the time of grant signature.

<sup>12</sup> The GFATM classification in 2014 includes 5 categories: extreme, severe, high, moderate, and low.

### FIGURE 3

UNITAID's investment in products covers low and lower-middle-income countries with high disease burdens







## KPI 2

# Monitoring performance towards market outcomes

UNITAID's strategy safeguards value for money for preventives, tests and treatment for low resource countries by funding quality, game-changing new products for HIV/AIDS, TB and malaria. UNITAID investments reduce market barriers for quality innovative products so that these can be provided at affordable prices and in acceptable formulations for specific populations that are currently under-supported<sup>13</sup>. Other partners, including national governments and larger international donors like the GFATM, benefit from the better products now available at lower prices because of the improved market conditions that UNITAID grants generate.

The indicators reported in this section reflect UNITAID's support to projects that have made substantial changes in key markets in 2014.

Measures	Description
2.1	Number of products entering the market with UNITAID support by strategic objective.
2.2	Per cent price reduction of UNITAID supported <sup>14</sup> products by strategic objective a) over grant life or b) 3 years after grant closure, where applicable.
2.3	Number of countries procuring at or below UNITAID obtained price a) over grant life or b) 3 years after grant closure.
2.4	Per cent of grant market targets achieved as outlined in their grant agreements.

<sup>13</sup> People living in poverty, those needing second or third line treatment to survive, children and pregnant women.

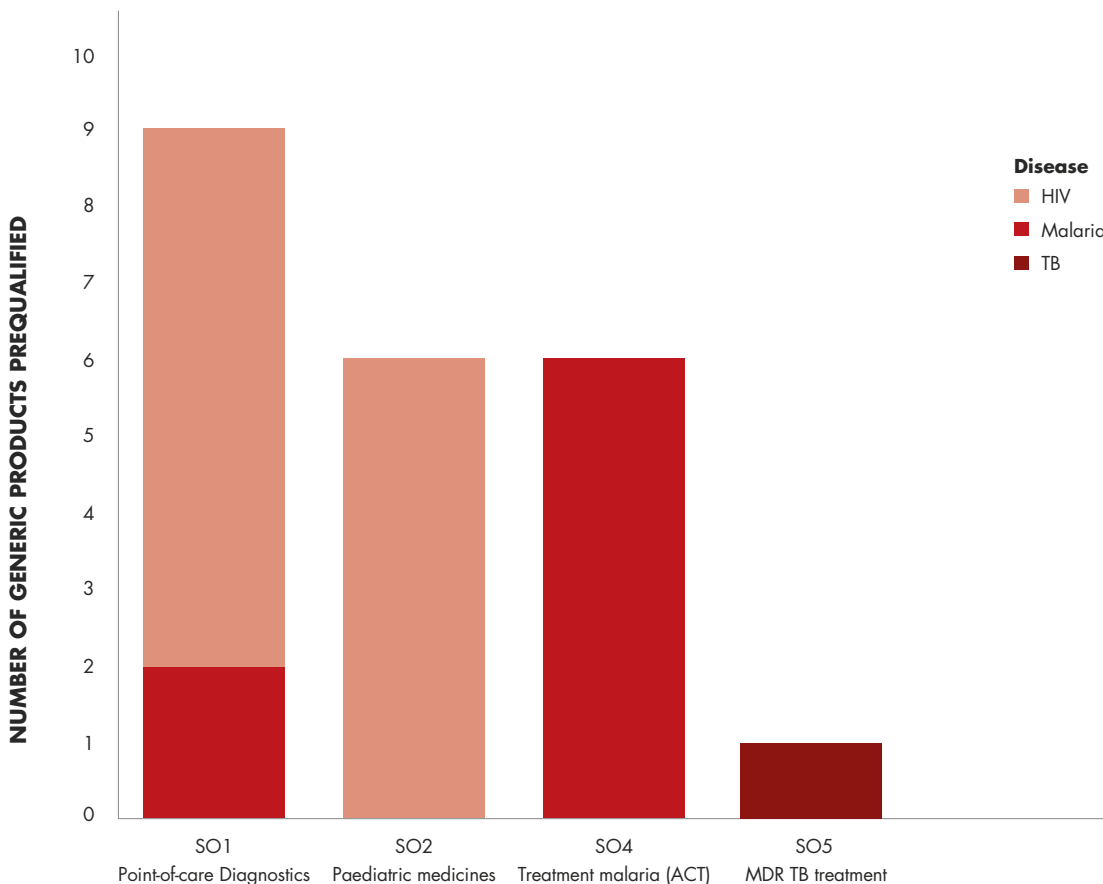
<sup>14</sup> Key medicines include 3 new first line paediatric ARVs, at least 3 new paediatric TB medicines, injectable Artesunate, a low cost MDR-TB regimen, and 2nd line ARVs (for example ATV/r). Key diagnostics include HIV POC tests (CD4, VL and EID), quality RDTs for malaria and MDR-TB detection platforms.

## DESCRIPTION

### 2.1. Number of products entering the market with UNITAID support by strategic objective

UNITAID supports the entry of new products and new manufacturers entering the market for existing products by providing grants to the WHO Prequalification programme for medicines and diagnostic tests (PQP medicines and PQP diagnostics). This is the first step in making sure that quality medicines and tests are available to global donors and national governments. The PQP medicine issues an Expression of Interest (EOI) to invite manufacturers to submit their products for assessment and eventual prequalification. There are various stages in the prequalification process, beginning with an initial screening, through to eventual review of the dossier, on-site inspections and full pre-qualification.

**FIGURE 4**  
Support to the WHO Prequalification programme lowers barriers to market entry for key generic products



Note: Analysis based on the WHO prequalification programme for medicines and diagnostics.

In 2014, the PQP medicines accepted 27 dossiers from manufacturers for review of UNITAID priority medicines. 81 dossiers are under assessment and 28 key products were prequalified. 21% of the prequalified<sup>15</sup> products were for TB, 25% for Malaria and the remaining 54% were for HIV. The breakdown of specific product categories within the three diseases is presented in Table 5.

**TABLE 5**  
**WHO Prequalification programme dashboard for UNITAID priority medicines for 2014**

Strategic objective	Disease	Accepted for Assessment	Under Assessment	Medicines Prequalified
<b>TOTAL</b>	<b>HIV</b>	<b>6</b>	<b>22</b>	<b>15</b>
SO2 – Paediatric medicines	Paediatric <sup>1</sup>	3	6	6
SO3 – Treatments HIV/AIDS & co-infections	2 <sup>nd</sup> line <sup>2</sup>	1	5	0
Others		3	11	9
<b>TOTAL</b>	<b>Malaria</b>	<b>2</b>	<b>14</b>	<b>7</b>
SO4 – Treatment of malaria (ACT)	ACTs	2	13	6
Other			1	1
<b>TOTAL</b>	<b>TB</b>	<b>19</b>	<b>45</b>	<b>6</b>
Other	1 <sup>st</sup> line <sup>3</sup>	6	12	5
SO5 – MDR TB	MDR <sup>4</sup>	2	11	1
<b>GRAND TOTAL</b>		<b>27</b>	<b>81</b>	<b>28</b>

Footnotes:

<sup>1</sup> HIV Paediatric: Specifically noted as paediatric in UNITAID's priority list

<sup>2</sup> HIV 2<sup>nd</sup> line: Atazanavir/ritonavir, Lopinavir/ritonavir

<sup>3</sup> TB 1<sup>st</sup> line: Isoniazid, Rifampicin, Ethambutol, Pyrazinamide (and combinations of those)

<sup>4</sup> TB MDR: Injectable only (powder of solution for injection)

In 2014, PQP diagnostics prequalified 9 new tests, the majority of which were rapid diagnostic tests for HIV. A summary of tests prequalified is provided in the table below by strategic objective. A detailed breakdown by test type and manufacturer is provided in the Annex of this report.

<sup>15</sup> Note that these 28 products are those that are UNITAID priority medicines. The entire list is provided in the Annex.

**TABLE 6****WHO Prequalification programme dashboard for UNITAID priority diagnostics for 2014**

Strategic objective		Accepted for Assessment	Under Assessment	Tests Prequalified
SO1	Malaria RDTs	1	7	2
	HIV/AIDS	0	17	6
	HCV		3	0
	HBC	1	2	1
<b>Grand Total</b>		<b>2</b>	<b>29</b>	<b>9</b>

Historical information from past years for the medicines and tests prequalified is available on UNITAID's website in the impact page: [www.unitaid.org/impact](http://www.unitaid.org/impact)

## **2.2. Per cent price reduction of UNITAID supported products by strategic objective a) over grant life or b) 3 years after grant closure, where applicable**

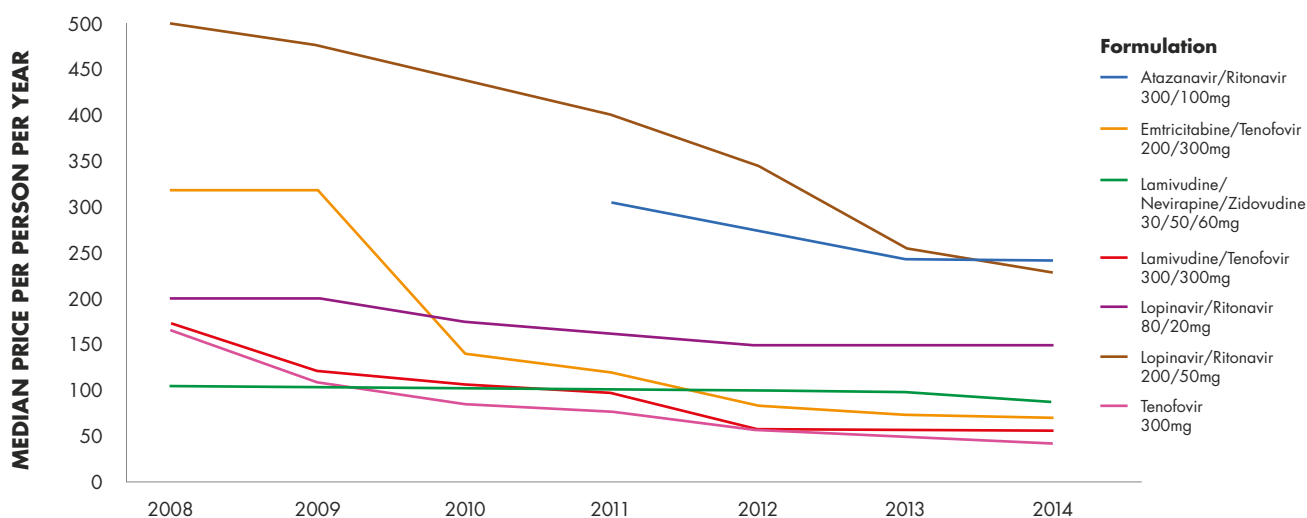
Grantees continue to reduce the prices of vital products through a number of mechanisms including negotiating long term agreements, increasing volume of procurement or helping to lower barriers to market entrance for generic manufacturers. UNITAID has been monitoring the price reductions achieved by its grants since 2009. Grants for which median price, range and interquartile range have been reported are:

- HIV: CHAI 2nd line ARV project (now closed), CHAI paediatric ARV project (ending in 2014);
- TB: MDR-TB scale up high range and low range cost of the intensive phase of MDR-TB treatment (grant to Stop TB Partnership/GDF ended 2013); Gene Xpert, price of cartridges for Gene Xpert devices in UNITAID/WHO beneficiary countries and other countries who are purchasing the product; and
- Malaria: AMFm prices for co-paid ACTs (grant to GFATM, ended 2013), price paid for injectable Artesunate in low income countries.

The results are mainly positive with key second line treatment regimens continuing to fall in price while paediatric prices have remained constant from 2012 to 2014. Significant price reductions also continue for the intensive phase of MDR-TB regimens. These are presented in the figure and table below.

**FIGURE 5**

**Prices of key second-line ARVs continue to decline**



Source: Procurement data from the market intelligence system (includes PQR, VPP, SCMS UNITAID project data) for lower income countries

**TABLE 7**

**Prices of UNITAID supported products in 2014**

Disease	Product	Unit	2012	2013	2014
HIV	PIMA PoC CD4 cartridge	Unit test		5.95	5.95
TB	Xpert MTB/RIF cartridge from CEPHEID	Unit test		9.98	9.98
Malaria	RDT	Unit test			
HIV	AZT/3TC/NVP 60/30/50mg	Paediatric ARV price per patient per year	104	104	104
HIV	TDF/3TC (300/300mg) & LPV/r (200/50mg)	Second line ARV regimen price per patient per year	392	309	279.6
	TDF/FTC (300/200mg) & LPV/r (200/50mg)		416	326.3	283.2
	TDF/3TC (300/300mg) & ATV/r (300/100mg)		332.4	320.8	313.9
Malaria	Artemether/Lumefantrine (20/120mg) (pack size 6x2)	ACT FDC treatment course (child 15-25 kg)	0.23-0.93	0.33-1.98	na
Malaria	Artemether/Lumefantrine (20/120mg) (pack size 6x4)	ACT FDC treatment course (adult > 35 kg)	0.45-2.01	0.46-2.17	na
TB	12 Cm Pto Cs Mxf PAS/12 Pto Cs Mfx PAS	TB treatment course for MDR-TB (high range cost)	6,621.46	5,870.16	5,351.04
TB	8 Am Eto Cs Lfx/16 Eto Cs Lfx*	TB treatment course for MDR-TB (low range cost)	2,059.11	1,533.27	

\* Range of median prices: US\$ (Madagascar's median price - Nigeria's median price)  
 Full prices and information on calculation methods are available in the Annex of this report.  
 Na: Next outlet survey for Anti-malarials in the private sector planned for 2015 by ACT Watch.

### 2.3. Number of countries procuring at or below UNITAID obtained price a) over grant life or b) 3 years after grant closure

UNITAID grants are small and catalytic. The projects are intended to transition to other funding sources to continue on a larger scale. Potential partners for such a scale-up of successful projects include larger global health donors including the GFATM and PEPFAR. The results of these partnerships as well as additional information reported by grantees in 2014 are reported by this indicator. For 2014, the results include:

1. grantee reported results for grants that will continue through the strategy period; and
2. Public procurement<sup>16</sup> results for grants that ended in 2013.

The results, although incomplete across all grants for 2014, indicate that low and lower-middle-income countries are the main beneficiaries of UNITAID secured prices. A good example of this is the GeneXpert MTB/RIF platforms and cartridges now being procured in the public sector by 116 countries, nearly all of which are low or lower-middle income countries<sup>17</sup>. More grants are expected to be able to report on this indicator in 2015 and the results presented in the table below form the baseline against which trends can be measured for the remaining years of the strategy period.

**FIGURE 6**  
Number of countries reported to be buying at or below UNITAID grant obtained prices

SO	Disease	Generic Name	Price per patient per treatment/test (median US\$)	Number of countries
SO1	HIV	PIMA PoC CD4 cartridge	5.95	9
	TB	Xpert MTB/RIF cartridge	9.98	144
SO2	HIV	Lamivudine/Nevirapine/Zidovudine 30/50/60mg	87.6	5
		Lopinavir/Ritonavir 80/20mg	150	17
SO3	HIV	Lopinavir/Ritonavir 200/50mg	230	19
		Lamivudine/Tenofovir 300/300mg	56.2	18
		Emtricitabine/Tenofovir 200/300mg	70.6	12
		Atazanavir/Ritonavir 300/100mg	243.3	20
SO4	Malaria	Injectable Artesunate	1.71	6
SO5	TB	High end MDR-TB regimen, cheapest suppliers <sup>1</sup>	5,351.04	134

<sup>1</sup> 2014 best manufacturers prices EXW, Stop TB Partnership Annual report 2014.

<sup>16</sup> The price quality and reporting database of the GFATM accessed 16 June 2015.

<sup>17</sup> WHO TB Xpert project page, [www.who.int/tb/laboratory/mtbrifollout/en](http://www.who.int/tb/laboratory/mtbrifollout/en), 15 June 2015.

## 2.4. Per cent of grant market targets achieved as outlined in their grant agreements

UNITAID has measured the achievement of market targets for grant that closed in 2014 by using the milestones and targets submitted by grantees as part of their grant agreements. Portfolio teams track progress towards these achievements semi-annually. For the measure reported here, annual reports and end of grant evaluations from projects which ended in 2014 were used to compare the reported market achievements compared with the targets set for each grant over the grant implementation period. Three grants ended in 2014, CHAI Paediatric ARV project, ESTHERAID and the CHAI/UNICEF Point of Care phase 1 grant. An average for each grant across grant years is displayed in the figure below.

Additional information about how market targets were measured for grants ending in 2014 is reported in Table 8. More information is also available to our broader stakeholders at [www.unitaid.org/impact](http://www.unitaid.org/impact).

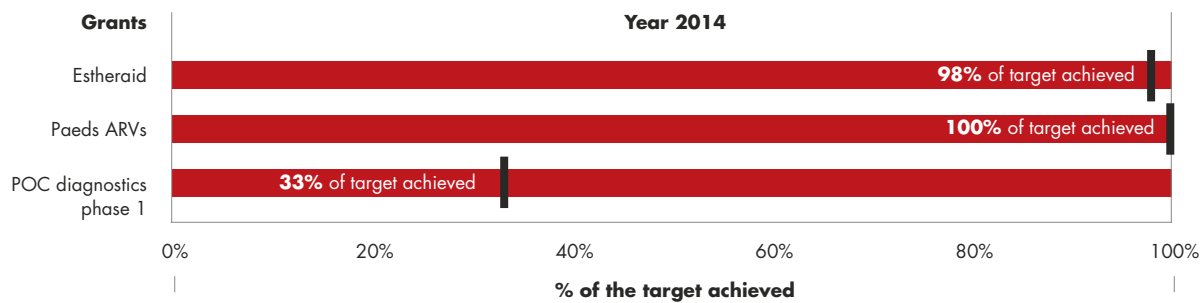
**TABLE 8**  
Comparison of targets to results for market achievements in grants ending in 2014

Grants	Description	Market target	Results	%
CHAI Paediatric ARV	Average price reduction achieved for key paediatric ARV formulations	Year on year decrease for all key formulations	all prices over 10% lower on average than 2008 prices	100
CHAI/UNICEF Point of Care diagnostics for HIV/AIDS ph. 1	POC products available for scale up	3 CD4, 2 EID and 1 VL	2 (Pima CD4, Alere Q for EID)	33
ESTHERAID	Number of sites with patient monitoring tool	55	57	96
	Number of sites with stock management tool	57	57	100

The results show that two grants ending in 2014 achieved the market targets set in their original project plans. The CHAI/UNICEF POC grant was not able to achieve its market target but the grant will continue with this target in phase 2.

## FIGURE 7

Two out of the three grants ending in 2014 achieved their market targets







## KPI 3

# Accessibility of market information

UNITAID is constantly screening the markets and analyzing them to identify needs, challenges and opportunities for improving health outcomes for the three diseases. It prepares annual landscapes/analyses on medicines, diagnostics and preventives for HIV/AIDS, TB and Malaria and on other topics based on need. Partner input is sought both for the creation and validation of these landscape reports.

Based on the landscape reports and on interactions with the partners, the Secretariat prepares a market dynamics dashboard ([www.unitaid.org/en/unitaid-market-dynamics-dashboard](http://www.unitaid.org/en/unitaid-market-dynamics-dashboard)) which summarizes for HIV, TB and Malaria medicines, diagnostics and preventives the current access, market shortcomings in terms of quality, affordability, availability and delivery, as well as the opportunity for UNITAID to intervene in the short or longer term. These analyses developed by the UNITAID teams form the basis for the identification of opportunities for intervention and provide the Secretariat with the “raw material” for further discussions with external partners.

Measures	Description
3.1	Per cent of new proposals that correspond to opportunities identified in the landscape reports/market fora annually.
3.2	Per cent of UNITAID priority products for which price and supplier information is held in UNITAID's market intelligence information system.

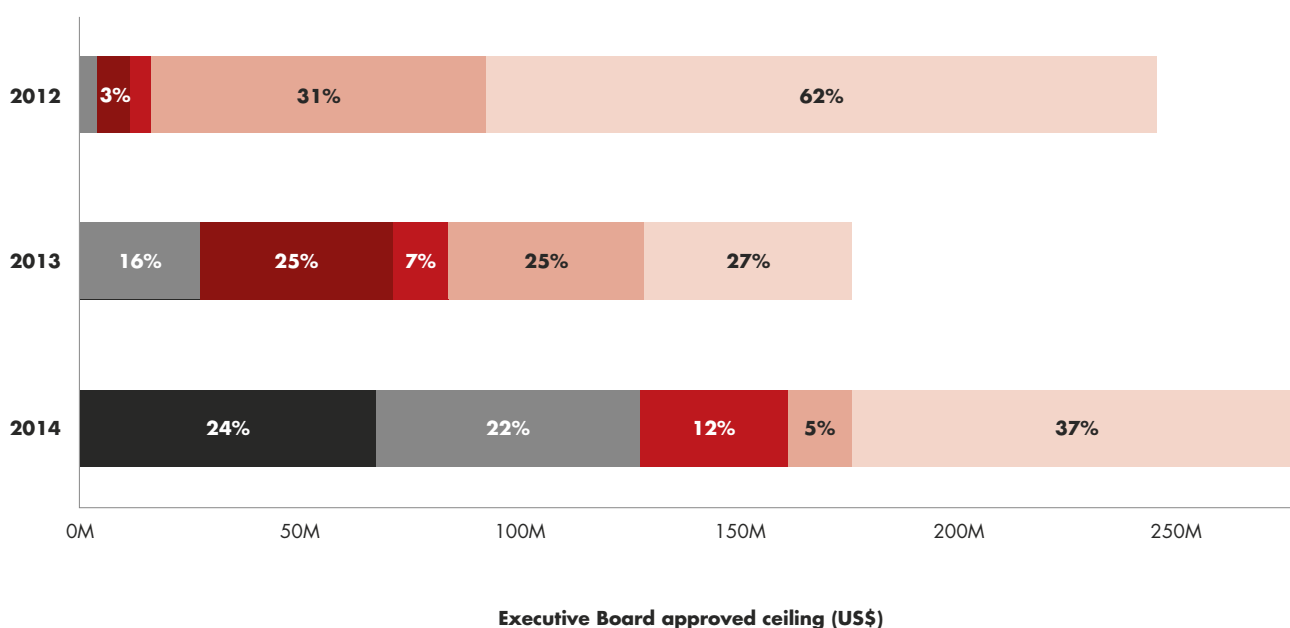
## DESCRIPTION

### 3.1. Per cent of new proposals that correspond to opportunities identified in the landscape reports/market fora annually

One measure of how effectively UNITAID spreads its knowledge about the markets for products for HIV/AIDS, TB and malaria is the number of proposals that correspond to opportunities identified in the market landscapes and fora. All of the proposals to UNITAID in 2014 correspond to opportunities identified by its Market Dynamics team, meaning that UNITAID is on-track to implement its strategy through investment in grants which are aligned with its objectives.

Figure 8 shows that UNITAID continues to invest in its Strategic Objectives. The increasingly diverse grant portfolio targets key areas where action is needed to make progress in tackling the three diseases.

**FIGURE 8**  
Board approved proposals for 2014 show an increasingly diverse grant portfolio



#### Strategic Objectives

- SO1 - Poc diagnostics
- SO2 - Paeds medicines
- SO3 - HIV/AIDS and co-infections
- SO4 - Malaria treatment (ACT)
- SO5 - Second-line TB treatments
- SO6 - Preventatives

### **3.2 Per cent of UNITAID priority products for which price and supplier information is held in UNITAID's market intelligence information system**

The market intelligence system will be able to provide “real-time” market information across the entire value chain to improve the efficiency and timeliness of landscape analyses as well as provide supplementary market data to support and evaluate information reported in UNITAID's portfolio management system. The system describes the key health market parameters that can be analyzed to show non-optimal market conditions, trends, unmet needs in addition to the impact of events or interventions in the areas of HIV, TB and malaria. The development of this system is ongoing with a Proof of Concept expected by the end of 2015. An initial database, including procurement data for key UNITAID-supported medicines and diagnostics, was used in the production of this report.



## KPI 4

# Monitoring grant management

UNITAID is committed to managing grants for optimal results. The indicator reported here monitor how well UNITAID is managing grants from development of grant agreements to monitoring performance towards and timely completion of grant objectives.

Measures	Description
4.1	Per cent of total investment by strategic objective and by disease, product type and lead grantee annually.
4.2	Grantee satisfaction with grant related processes (based on annual survey) intelligence information system.
4.3	Per cent of grants receiving extensions annually.
4.4	Median number of days from Board approval to grant signature.

### DESCRIPTION

#### **4.1. Per cent of total investment by strategic objective and by disease, product type and lead grantee annually**

Twenty-eight grants<sup>18</sup> were active in 2014. The indicator reported here is a composite of four sub-measures, dividing UNITAID's investment by strategic objective, disease, product type and lead grantee. Product type is defined as either medicines, diagnostics or support to placement of these products in countries or on the market. In addition to reporting by product type, analysis showed that there was additional information gained when

<sup>18</sup> Projects, Special projects and Secretariat initiatives.

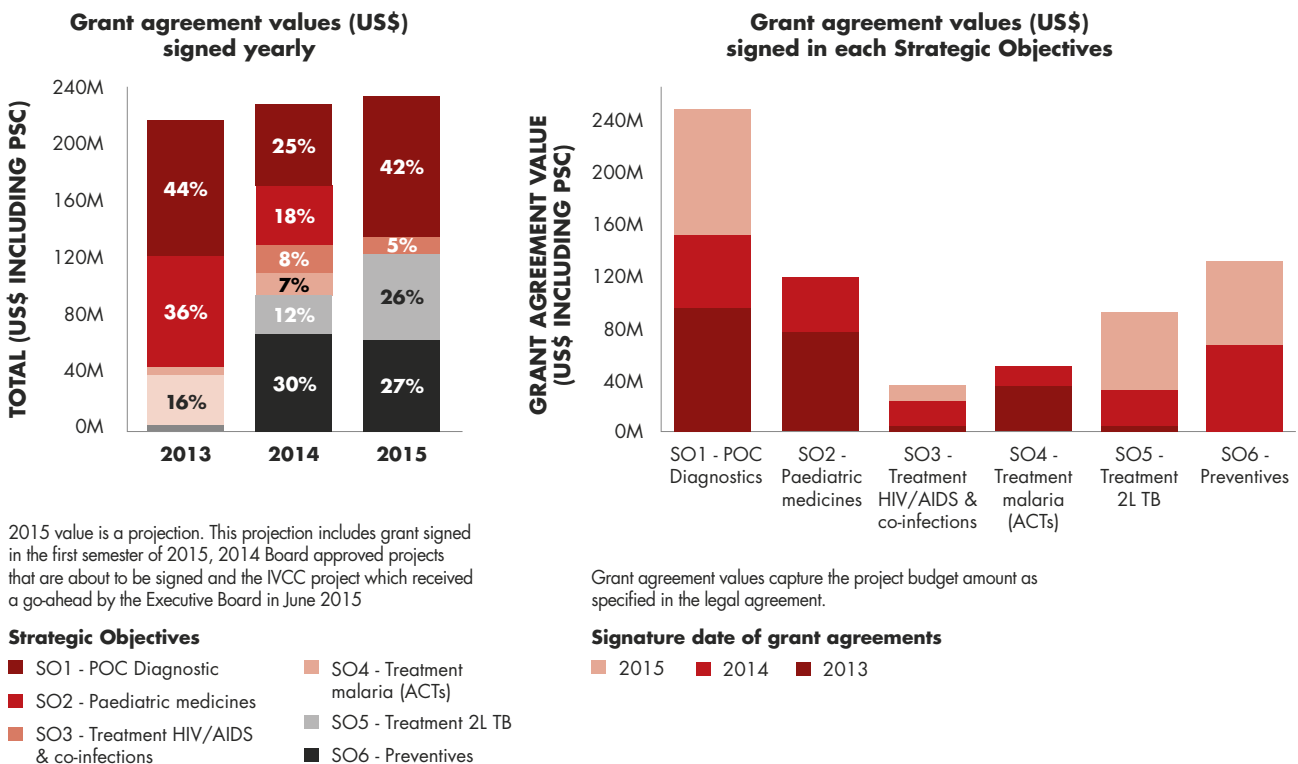
reporting investments across the value chain for products<sup>19</sup>. Investment is measured in two ways:

1. When results are presented by Strategic Objective and grantee, the measure is non-cumulative and reflects only the year presented; and
2. For results presented by disease, product type and value chain, the measure is the cumulative grant agreement value of grants active in 2014.

In 2014, UNITAID further diversified its support to the full range of potential product types from medicines, diagnostics to prevention and other actions that support the uptake of the vital products in low resource settings. Support for prevention and uptake of better adapted products has increased in 2014 relative to 2013. Investments are spread across all 6 strategic objectives. The projection for 2015 represents a decline in the range of grant types supported by UNITAID and a return to more support to POC diagnostics for HIV/AIDS.

The results presented in the figures below show how UNITAID investments are growing across the strategic objectives, the value chain for the markets and through the inclusion of grantees from a wider range of institutions.

**FIGURE 9**  
Recent investments are diversifying UNITAID’s grants across the full range of its Strategic Objectives



2015 value is a projection. This projection includes grant signed in the first semester of 2015, 2014 Board approved projects that are about to be signed and the IVCC project which received a go-ahead by the Executive Board in June 2015

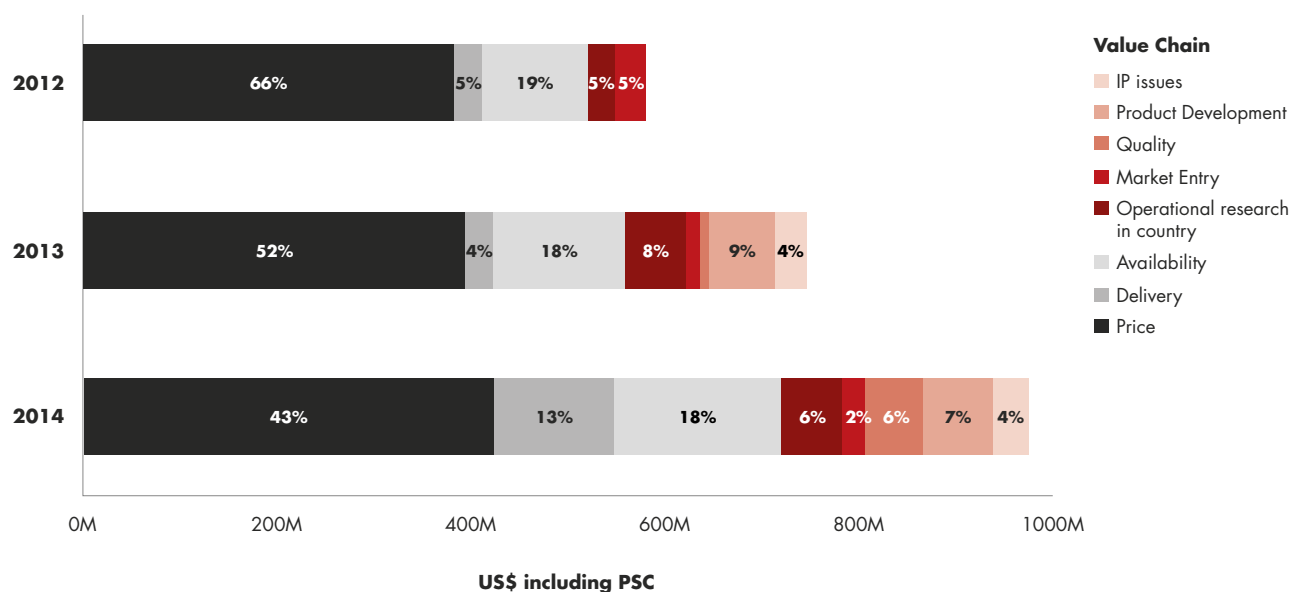
Grant agreement values capture the project budget amount as specified in the legal agreement.

<sup>19</sup> The value chain includes IP issues, product development, quality, market entry, operational research, availability, price and delivery.

The value of grant agreements signed yearly has increased steadily from 2012 to 2014. The signature of additional grants in 2014 increased the value of agreements signed compared to 2013 but also increased the range of strategic objectives covered by UNITAID grants.

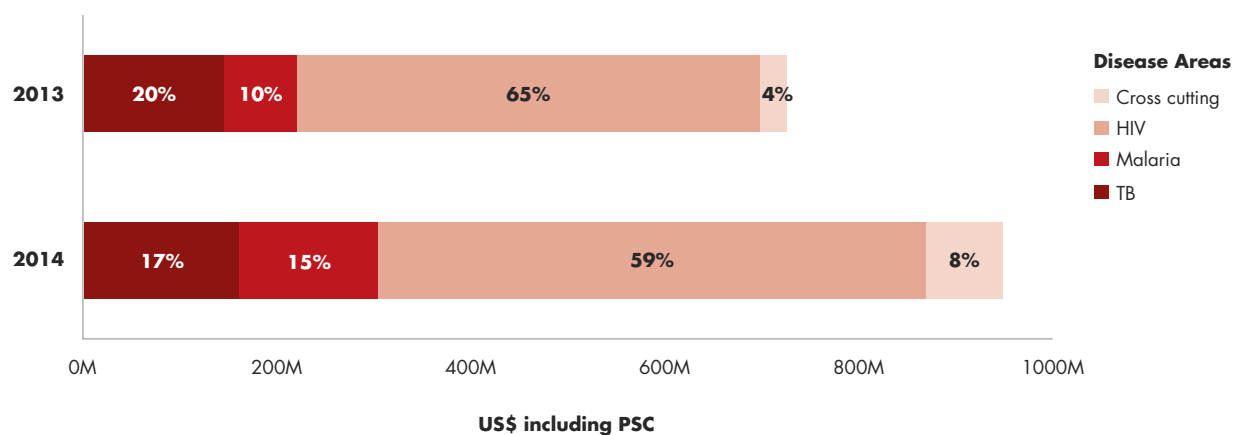
### FIGURE 10

The cumulative value of UNITAID's active grants is spreading upstream along the value chain



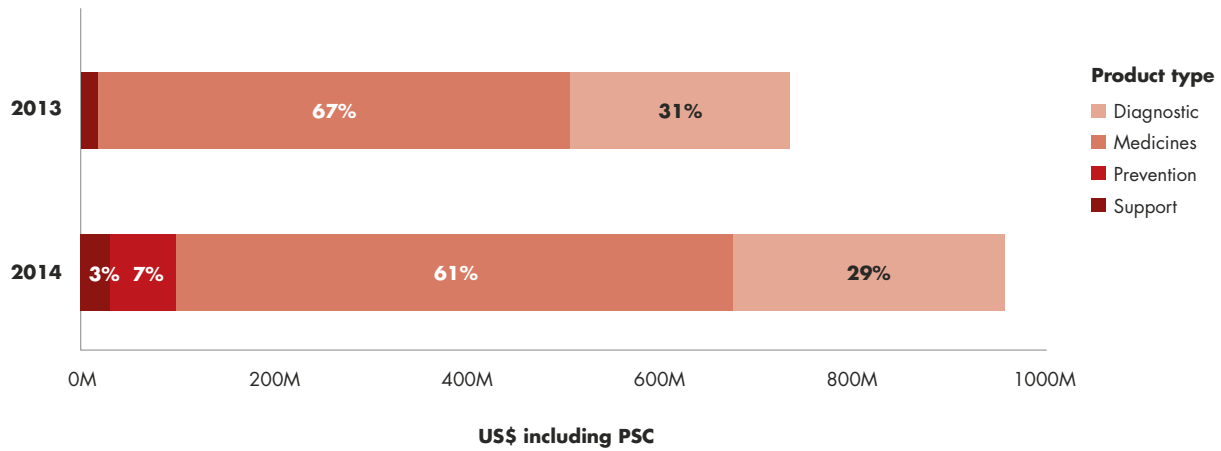
### FIGURE 11

The proportion of grants covering the disease areas has remained stable over recent years



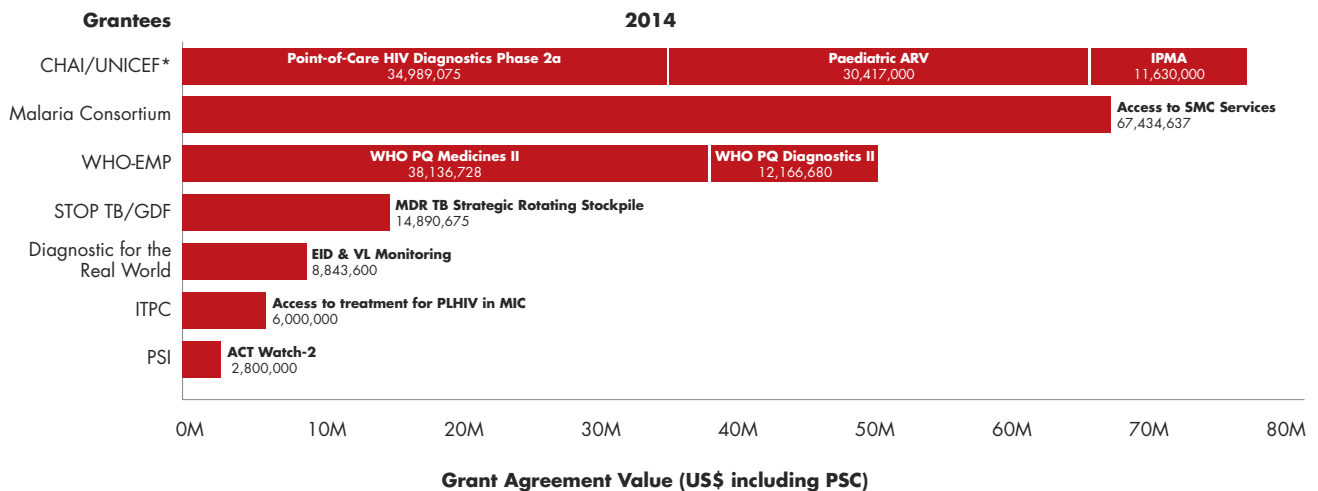
## FIGURE 12

Investments in prevention were made in 2014



## FIGURE 13

Eight grantees signed grant agreements in 2014



\* Only the Point-of-Care HIV Diagnostics Phase 2a project signed with both CHAI and UNICEF. The Paediatric ARV and IPMA projects signed with CHAI.

Grant agreement values capture the US\$ project budget amount as specified in the legal agreements.

Grantees from a wide range of institutions, representing NGOs, public-private partnerships, and UN organizations, are now working with UNITAID. These grantees are extending the range of actions UNITAID can take to improve access to tests, medicines and preventives for the three diseases for low income countries.

## **4.2. Grantee satisfaction with grant related processes (based on annual survey)**

Grantee satisfaction is an important indicator of grant management for UNITAID. To track this indicator over time, UNITAID launched a standard survey of grantees in 2014. The response rate from grantees was good with over 70% responding within the required timeframe. Six questions measured the satisfaction of grantees with grant processes. These are:

1. Timeliness of UNITAID's grant attribution process;
2. Relevance of UNITAID's due diligence processes;
3. Flexibility of UNITAID's processes regarding financial and programmatic adjustments during the implementation of the project;
4. Relevance of UNITAID's reporting processes for the size and nature of project;
5. Timeliness of decisions regarding UNITAID's project management processes (e.g. disbursement requests, procurement decisions, risk mitigation measures); and
6. Relevance of UNITAID's evaluation process by an independent and external evaluators.

An average of the six questions produced a Grantee satisfaction rate of 56.6%. This rate is below the target of 80% satisfaction with UNITAID's grant processes but represents a baseline from which improvement can be measured over time.

## **4.3. Per cent of grants receiving extensions annually.**

UNITAID investments are short term and catalytic because they shape the markets for quality health products so that they can be provided at affordable prices and in acceptable formulations for low income countries. Other global health partners benefit from better products available at lower prices through the improved market conditions that UNITAID grants generate. Unfortunately the nature of working in resource poor settings means that some projects suffer unforeseen delays and set-backs, leading to the need for no-cost or even cost-extensions. Some projects will inevitably need extensions but we work to keep these to a minimum because extensions represent an opportunity cost for UNITAID. They limit our ability to invest in innovative new opportunities to improve the health of people living with HIV/AIDS, TB and malaria. In tracking the per cent of grants that receive extensions annually, the following is observed:

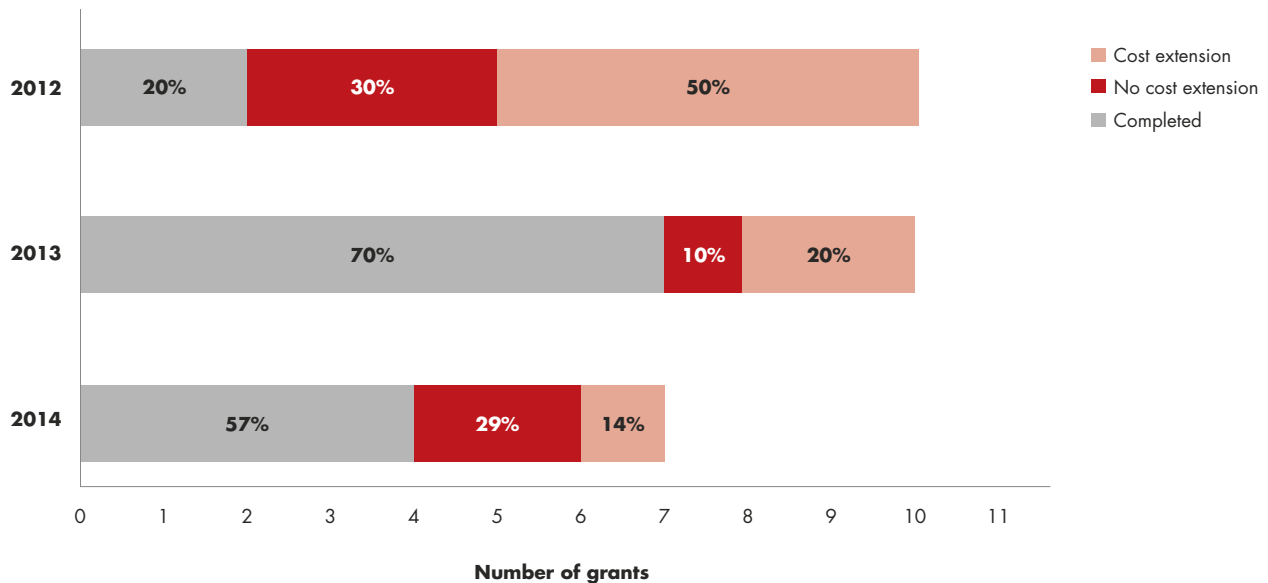
- There were more new grants relative to extended grants in 2014; and
- Fewer grants with cost extensions were processed in 2014 (2 grants<sup>20</sup>) compared to 2012 (3 grants) and 2013 (6 grants).

<sup>20</sup> CHAI paediatric ARV project and MDR-TB Strategic Rotating Stockpile.



These positive results are contributing to UNITAID's ability to diversify into other areas as gaps are identified and opportunities are presented from the market and from calls for proposals.

**FIGURE 14**  
Fewer grants ended in 2014 compared with 2013



#### 4.4. Median number of days from Board approval to grant signature.

Eleven grants<sup>21</sup> were signed in 2014 compared with 16 in 2013. Nonetheless, the median number of working days to grant signature increased. The results show that:

- Diagnostics and support type grants required more than 100 working days to grant signature;
- Two Secretariat initiatives (WDI<sup>22</sup> and ACT Watch-2 with PSI) contributed to the increase in number of days to grant signature by both requiring more than 300 days from approval to agreement;
- There is an increase in the number of working days from Board approval to grant signature for 2014 compared to 2012 and 2013.

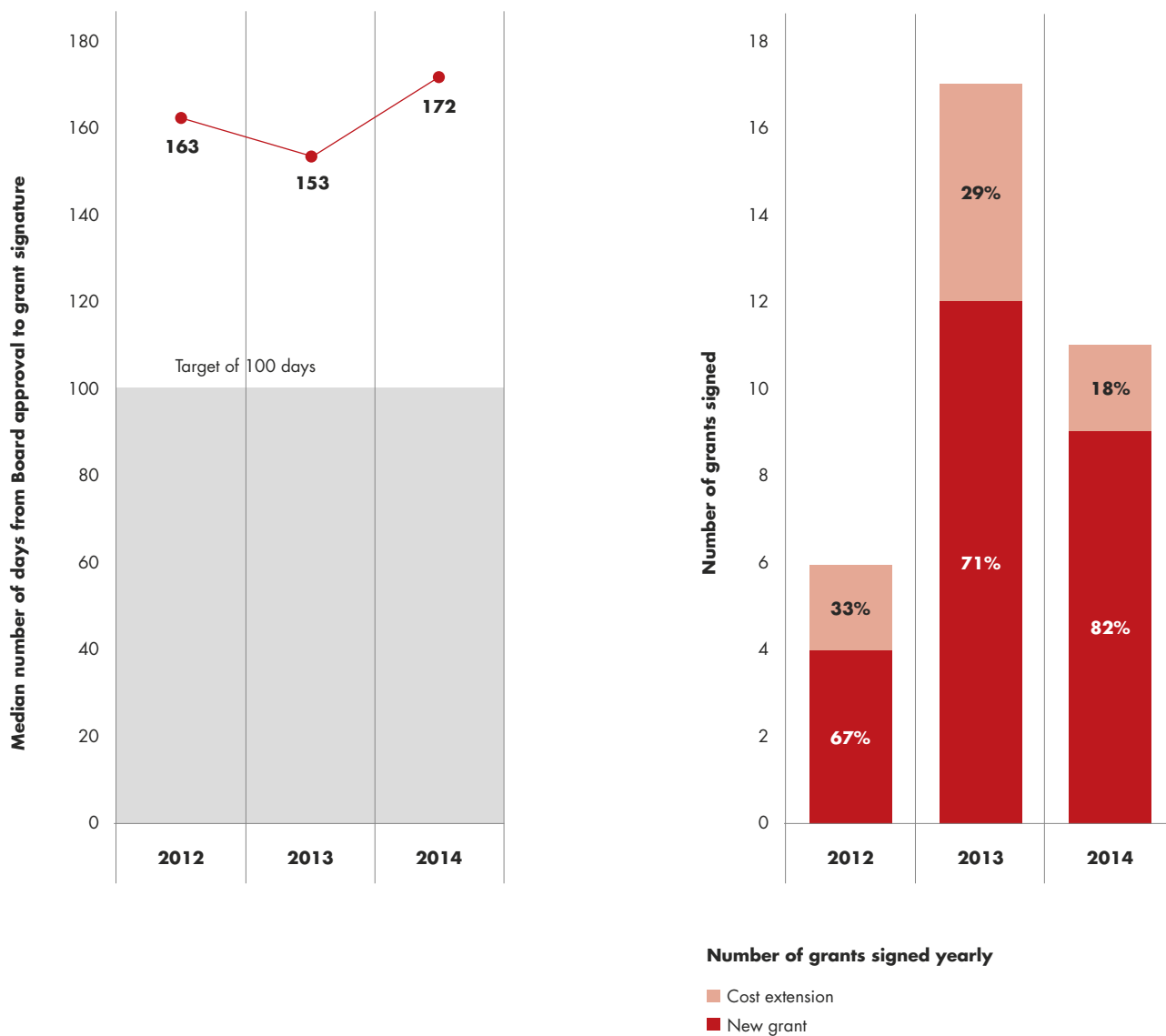
UNITAID's Portfolio teams will continue to refine grant agreement development processes throughout the strategy period to meet the 2016 target of a median of 100 working days from Board approval to grant signature for straightforward grants (see Figure 15).

<sup>21</sup> Including 2 cost extensions.

<sup>22</sup> William Davidson Institute support to provision of Market Intelligence.

## FIGURE 15

Time to signature increased despite fewer grants being signed in 2014





## KPI 5

# Safeguarding predictable and stable funding

Safeguarding predictable and stable funding is critical for the achievements of UNITAID now and into the future. Measures 5.1 to 5.3 were designed to show the progress made by UNITAID in maintaining stable funding.

Measures	Description
5.1	Variance in donor contribution to UNITAID revenue annually.
5.2	Variance in the number of high income donors contributing more than US\$ 5 million a year.
5.3	Per cent of the approved revenue budget secured through long term donor contributions.



### DESCRIPTION

#### 5.1. Variance in donor contribution to UNITAID revenue annually.

This measure helps verify that UNITAID receives a consistent level of resources to facilitate planning and enhance credibility. In 2014 UNITAID received 11% less annual revenue from donor contributions than in 2013.

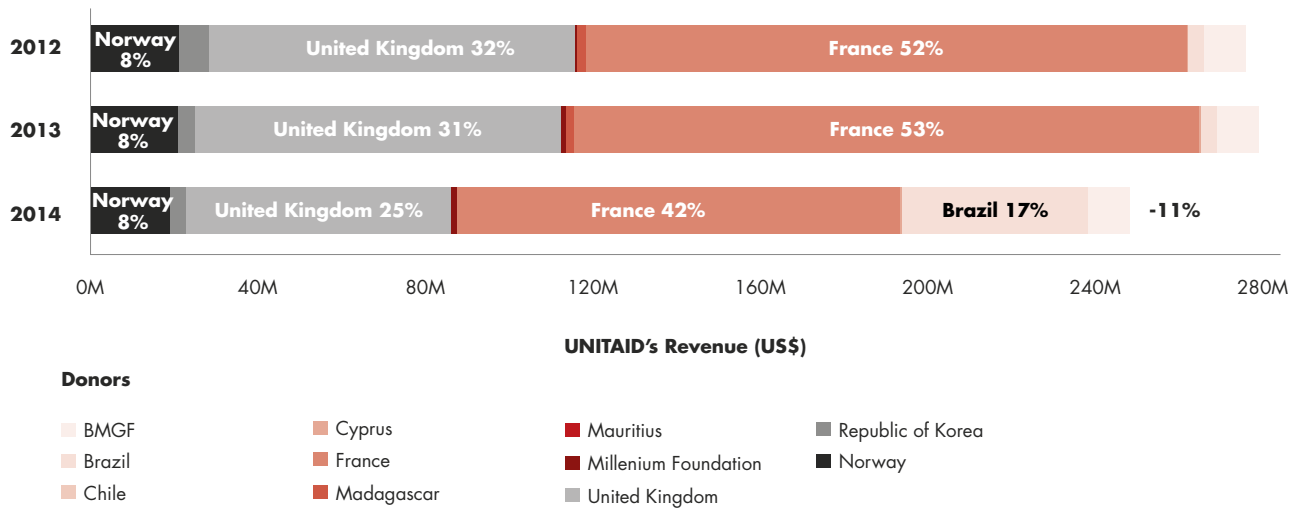
**TABLE 9**

**Amount and per cent change in UNITAID donor contributions for 2013 and 2014**

	2013 (US\$)	2014 (US\$)	% Change
% change in the total annual revenue from donor contributions compared to 2013	279,668,469	248,784,902	-11

## FIGURE 16

The overall donor contributions to UNITAID decreased in 2014

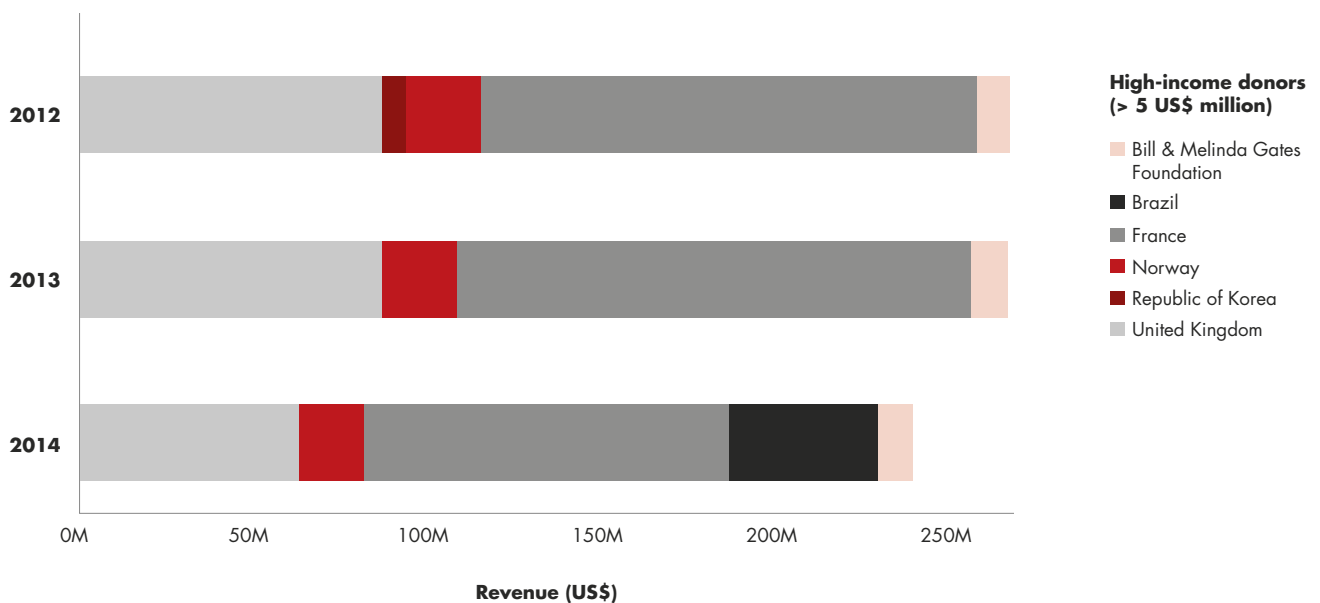


### 5.2. Variance in the number of high income donors contributing more than US\$ 5 million a year.

This indicator measures the level of trust and commitment to UNITAID from its top donors. The list of donors that made contributions to UNITAID of at least US\$ 5 million in 2014 was supplemented by 1 additional donor, totalling 5 donors in 2014 versus 4 donors in 2013. Four out of these 5 donors have historically been the largest donors of UNITAID funds (see Figure 17).

## FIGURE 17

Fewer high-income donors are contributing more than US\$ 5 million

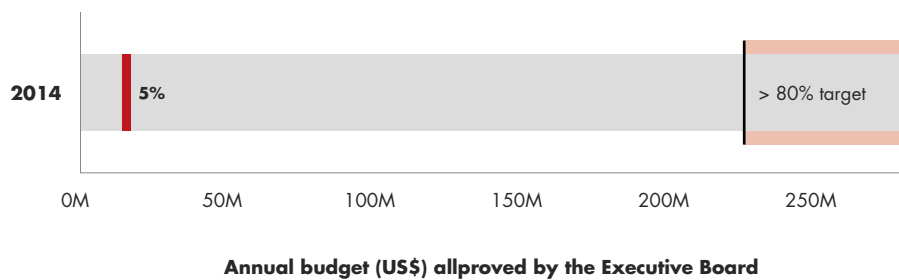


### 5.3. Per cent of the approved revenue budget secured through long term donor contributions.

This indicator captures the risk of losing predictability of UNITAID funding, predictability being a key condition to UNITAID's performance as a grant making agency. This predictability indicator is low in 2014 with only 5% of the 2014 annual revenue earned through the multi-year donor contributions. Work is ongoing in this area to improve the predictability indicator for the future periods. As of the writing of this report, 1 out of the 4 largest donors to UNITAID has signed a multi-year agreement.

## FIGURE 18

Long term donor contributions secured 5% of the approved revenue budget in 2014



Note: original revenue budget approved by the Executive Board of UNITAID for the given year; long term pledges defined as contribution commitments by donors scheduled for more than one accounting period.



## KPI 6

# Aligning and harmonizing with international efforts to improve the health of people living with HIV, TB and malaria

UNITAID has a strong emphasis on strengthening and leveraging partnerships with a focus on results. The importance of partnerships in support of UNITAID's role in global public health has two objectives:

1. Alignment on strategy and areas for intervention; and
2. Ensuring implementation of projects in the low resource countries, with a view to securing scale-up and sustainable impact, through complementarity (non-duplication) and efficient coordination of investments.

UNITAID aims to engage partners throughout the life-cycle of a grant (from inception to transition/close) thus, enabling partners to do more with less, ultimately providing the populations in need with quality, affordable and effective commodities for HIV, TB and malaria and making them available faster.

Measures	Description
6.1	Number of grants that include co-investment with other global public health donors and national programmes.
6.2	Number of countries with UNITAID supported medicines and diagnostics being part of their national programmes.
6.3	Number of grants that have active participation by Civil Society in their grant agreements.

## Q DESCRIPTION

### 6.1 Number of grants that include co-investment with other global public health donors and national programmes.

Co-investment is defined as additional support, financial or in-kind, provided to a grant to ensure its success. This measures the support that other global health donors provide to the work of UNITAID and demonstrates that they value the investments that UNITAID is making to shape the markets for products of public health importance. In 2014, the key results were:

- Ten active grants were supported by the investments of other global donors such as the UK Government (DFID), BMGF, USAID and the GFATM; and
- Three market entry grants were supported by investments from various public and private sources including, BMGF, CIFF, YRG Centre for AIDS Research and Education (YRGCARE), South African National Health Laboratory Service, Omega Diagnostic group PLC and various private sector investments.

Table 10 provides a breakdown of these results by disease area, project and grantee.

**TABLE 10**  
36 % of UNITAID grants include co-investment with other global public health donors and other investors

Disease	Grant	Grantees	Co-investor(s)
<b>Cross Cutting</b>	Prequalification of Medicines	WHO	BMGF
	Prequalification of Diagnostics	WHO	BMGF
<b>HIV</b>	Operational Studies POC CD4 Counters	Daktari	Shareholders
	Providing access to early infant diagnosis and viral load by SAMBA	DRW	CIFF (until November 2014)
	Manufacture & Validation Rapid POC CD4	The Burnet Institute	YRG Centre for AIDS Research and Education (CARE), South African National Health Laboratory Service, Omega Diagnostics Group PLC
<b>Malaria</b>	RDTs in the private Sector	PSI	BMGF (until June 2014), DFID (current)
	Quality Assurance of Rapid Diagnostic Test	FIND	BMGF
<b>TB</b>	Expand MDR TB Diagnostics	STOP TB/GDF, WHO, FIND	GFATM, USAID
	MDR TB Strategic Rotating Stockpile	STOP TB/GDF	USAID
	STEP Paediatric TB	TB Alliance	USAID

## 6.2. Number of countries with UNITAID supported medicines and diagnostics being part of their national programmes.

UNITAID grants bring innovative new tests, treatments and preventive products to the market. It is equally important that countries are aware of the availability and affordability of these products for their own communities living with disease. This indicator measures the uptake of key products by national programmes as a way of making sure that UNITAID's grants are visible in countries and are being provided to people in need. In 2014, there were several new UNITAID supported products that were available for purchase in national programmes (Table 11). This will increase dramatically in the coming years as the market entry POC diagnostic tests supported by UNITAID become available. In the meantime, there are some key achievements in this area. These are:

- Diagnostic project (MSF): **2 countries**<sup>23</sup> started to field test the first POC VL SAMBA (SAMBA-1);
- HIV POC testing in low resource settings (CHAI/UNICEF, MSF): **9 countries**<sup>24</sup> are using POC CD4 tests with Pima devices and cartridges; and
- TB Xpert (WHO): **145 countries** procuring Xpert cartridges at concessional prices.

Additionally, UNITAID grantees also supported countries to switch to more effective, better adapted medicines for severe malaria and HIV/AIDS. Increasing the use of optimal, efficacious and better adapted medicines for people living with the three diseases has always been a key part of UNITAID's strategy. The results for 2014 were:

- Improving severe malaria outcomes (MMV): **6 countries** including injectable Artesunate in country plans as a replacement for quinine;
- CHAI Paediatric ARV project (closed 2014): increased procurement and use of FDC paediatric ARVs in dispersible formulations, including AZT/3TC/NVP (60/30/50 mg); and
- CHAI 2<sup>nd</sup> line ARV project (closed in 2012): increased procurement of Atazanavir/ritonavir, a UNITAID supported ARV that replaces Lopinavir/ritonavir in 2<sup>nd</sup> line treatment with lower pill burden (i.e. 1 pill a day as opposed to 4 pills per day).

Results for countries that are purchasing products initiated by UNITAID grants are shown in Table 11.

<sup>23</sup> Uganda and Malawi.

<sup>24</sup> Ethiopia, Lesotho, Kenya, Malawi, Mozambique, Tanzania, Uganda, Zimbabwe, Swaziland.



**TABLE 11**

In 2014 continued to report uptake of UNITAID supported medicines and diagnostics in national programmes of low and lower-middle-income countries

Diagnostics	Product name	National result-2014
TB Xpert (WHO)	Rapid TB testing using <b>GeneXpert MTB/RIF</b> testing platform	<b>145 countries</b> procuring cartridges at concessional prices
HIV POC testing in low resource settings (CHAI/UNICEF, MSF)	<b>POC CD 4 tests</b> (PIMA cartridges and devices)	<b>9 countries</b> (Ethiopia, Lesotho, Kenya, Malawi, Mozambique, Tanzania, Uganda, Zimbabwe, Swaziland)
	<b>POC VL</b> (SAMBA-1)	<b>2 countries</b> (Uganda, Malawi)
Treatments		
improving severe malaria outcomes (MMV)	Injectable Artesunate	<b>6 countries</b> (Kenya, Cameroon, Nigeria, Ethiopia, Uganda and Malawi)
CHAI Paediatric ARV project	AZT/ 3TC/NVP (60/30/50mg)	<b>31 countries</b>
CHAI 2nd line ARV project	Atazanavir/ritonavir (300mg/100mg)	<b>22 countries</b>

### 6.3 Number of grants that have active participation by Civil Society in their grant agreements.

Civil Society is critical to raising community awareness about new and existing products that prevent, test and treat the three diseases. Without strong Civil Society support and targeted advocacy within the Communities living with the three diseases, UNITAID grants would be limited in their scope and impact. The Table 12 below summarizes the progress made by UNITAID and its grantees in this area in 2014.

**TABLE 12**

An increasing number of active grants are working closely with Civil Society to ensure that grant objectives are met

Active grants	Disease area	Type	Description of Activities
ITPC	HIV	Intellectual property	Civil Society groups and community-based organizations from Argentina, Brazil, Ukraine and Thailand will be supported to pursue the implementation of TRIPS flexibilities including patent oppositions and compulsory licenses for specific second and third line ARVs.
MSF CD4/VL	HIV	Diagnostic	Regional and country based civil society trainings and workshops, advocacy material and work directly with patient groups on generating demand for viral load testing.
FEI VL	HIV	Diagnostic	Communication plan with Civil Society to promote the use of polyvalent viral load detection platforms in low resource settings.
Lawyers Collective	HIV	Intellectual property	Civil society is involved(HIV and the HCV community) throughout the patent oppositions filing process to ensure that the project outcomes achieve most relevant ground impact.

Active grants	Disease area	Type	Description of Activities <span style="float: right;">(continued from page 57)</span>
DNDI - Peds	HIV	Medicines	DNDi is developing an advocacy toolkit in collaboration with Civil Society, in an effort to raise awareness about early testing, diagnosis and treatment of HIV infection in infants and young children.
PSI - RDTs	Malaria	Diagnostic	Engage a wide variety of stakeholders including key Civil Society organizations in beneficiary countries to improve knowledge awareness and use of RDTs for malaria in the private sector
MMV - severe malaria	Malaria	Medicines	Working group meetings with Civil Society in beneficiary countries to raise awareness about the needs for and appropriate usage of inj Artesunate. No specific budget is provided to civil societies.
Malaria Con -SMC	Malaria	Prevention	Speak-up Africa (SUA), a civil society based in West Africa is a co-implementer in this project. SUA leads the community mobilization task for SMC. SUA receives an estimated USD300,000 annually for three years.
WHO TBXpert	TB	Diagnostics	Target screening approaches and mobilization of patient and CS groups to increase demand for TB testing. Involvement from Treatment Action Group, MSF Access Campaign, CHAI and RESULTS.

UNITAID is actively working with grantees for the new grants to be signed in 2015 to make civil society engagement a stronger part of their project plans and legal agreements.



## KPI 7

# Resource management

Value for money is a key principle that UNITAID applies to its own operations by striving to minimize its operating costs so that most of its financial resources can go towards funding innovative new grants to support people living with HIV/AIDS, TB and malaria in low-income countries. The indicators reported here reflect the organization's commitment to spending the majority of its donor contributions on grants to improve access to life-saving tests, treatments and preventive products.

Measures	Description
7.1	Per cent Secretariat costs relative to total value of active grants (reported semi-annually).
7.2	Level of respondent satisfaction with working at UNITAID (from an anonymous, electronic survey of staff).
7.3	At least 40% representation of each gender in UNITAID's senior professional staff.

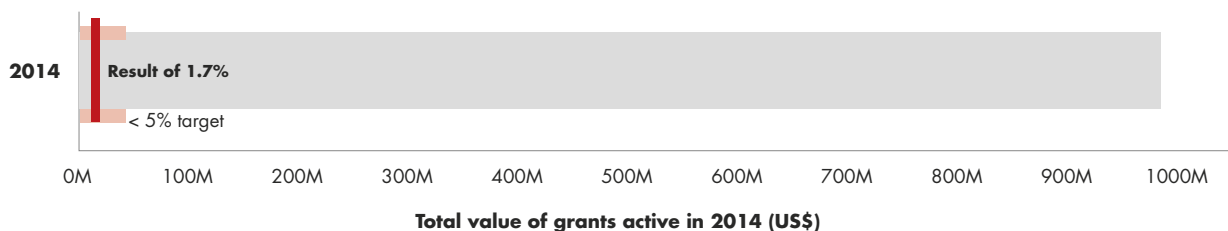
### DESCRIPTION

#### **7.1 Per cent Secretariat costs relative to total value of active grants (reported semi-annually).**

UNITAID remains an efficient organization with a lean organizational structure. A small, but dedicated team carries out the Organization's core business, grant management, on a limited budget. In fact for 2014, Secretariat costs represent 1.7% of the total value of active grants. Table 13 contains a list of grants active in 2014 to provide full transparency on how this measure was derived.

## FIGURE 19

UNITAID has a lean Secretariat costing 1.7% of the total value of its active grants



Note: The analysis includes the 28 projects, special projects and Secretariat Initiatives active in 2014. Grant agreement values capture the US\$ project budget amount as specified in the legal agreement.

## TABLE 13

28 active grants<sup>25</sup> in 2014

Disease Area	Grant Type	Grant	Grantees	Strategic Objectives	Value Chain
Cross Cutting	Project	WHO PQ Diagnostics II	WHO-EMP	SO1	Quality
		WHO PQ Medicines II	WHO-EMP	SO3, SO4, SO5	Quality
	Special Project	Medicines Patent Pool I	MPP Foundation	SO3	IP issues
HIV	Project	Access to treatment for PLHIV in MIC	ITPC	SO3	IP issues
		EID & VL Monitoring	Diagnostics for the Real World	SO1	Market Entry
		ESTHERAID	ESTHER	SO3	Delivery
		HIV CD4 and VL Diagnostics	MSF	SO1	Operational research in country
		IPMA	CHAI	SO2	Delivery
		Manufacture & Validation Rapid POC CD4	The Burnet Institute	SO1	Market Entry
		Novel Disposable POC CD4 Test	Zyomyx	SO1	Market Entry
		Operational Studies POC CD4 Counters	Daktari	SO1	Market Entry
		OPP-ERA Phase 1	FEI	SO1	Market Entry
		Paediatric ARV	CHAI	SO2	Price
		Paediatric ARV formulations	DNDi	SO2	Product Development
		Point-of-Care HIV Diagnostics Phase 1	CHAI/ UNICEF	SO1	Availability
		Point-of-Care HIV Diagnostics Phase 2a	CHAI/ UNICEF	SO1	Availability
		Preventing Patent Barriers	Lawyers Collective	SO3	IP issues
	Secretariat Initiative	Global Network on HIV Monitoring Technologies	LSHTM	SO1	IP Product Development, Quality
Malaria	Project	Access to SMC Services	Malaria Consortium	SO6	Delivery
		Improving Severe Malaria Outcomes - Inj AS	MMV	SO2	Product Development
		Private Sector Market for RDTs	PSI	SO1	Operational research in country
		Quality Assurance of Rapid Diagnostic Test	FIND	SO1	Quality
	Secretariat Initiative	ACT Watch-2	PSI	SO4	Product Development
TB	Project	Cepheid (Buy-down)	Cepheid	SO1	Price
		Expand MDR TB Diagnostics	FIND	SO1	Availability
			STOP TB/GDF	SO1	Availability
			WHO-GLI	SO1	Availability
		MDR TB Strategic Rotating Stockpile	STOP TB/GDF	SO5	Delivery
		STEP Paediatric TB	TB Alliance	SO2	Product Development
		TB Xpert	WHO-GTB	SO1	Availability

<sup>25</sup> Projects, Special projects and Secretariat Initiatives.

### 7.2 Level of respondent satisfaction with working at UNITAID (from an anonymous, electronic survey of staff).

As an organization, UNITAID is investing in management training to implement best practices in creating a positive and empowering work environment. To measure the success of these and related initiatives, UNITAID staff completed an anonymous, electronic survey in 2014. The survey was delivered by an external, independent consultancy firm that specialized in human resource initiatives. The survey had a high response rate with 83% of staff from all areas of the Secretariat completing the survey.

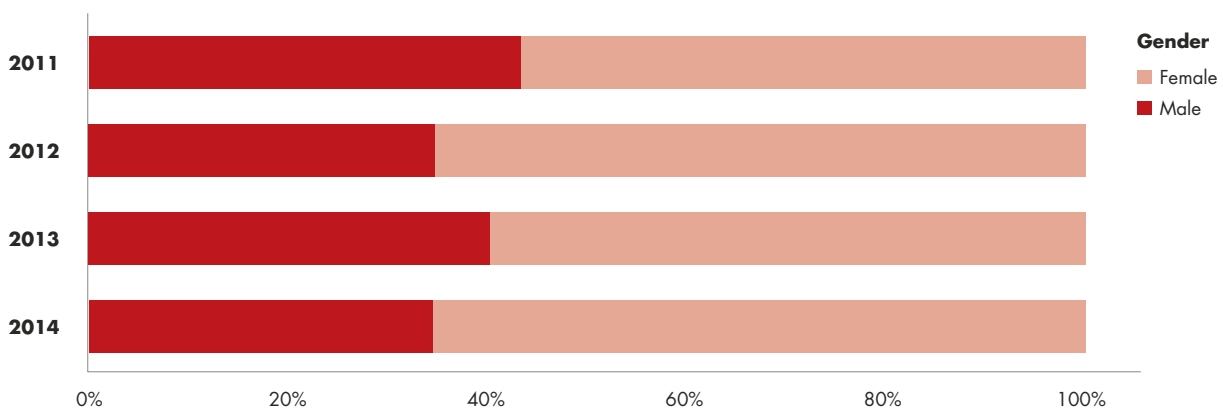
Responding to the statement “I am satisfied and motivated by my job”, 40% of staff reported the statement to be true (28%) or very true (12%). The remaining 60% of staff reported the statement to be partly true (44%) or not true at all (16%). The survey instrument can be repeated annually to measure progress made by senior management in creating a positive and empowering work environment.

### 7.3 At least 40% representation of each gender in UNITAID’s senior professional staff.

The per cent of professional staff members<sup>26</sup> who are male and female has remained relatively constant at UNITAID over the past 3 years. Figure 20 shows between 57 and 66% of the senior professional staff at UNITAID have been female since 2011. However, the few male staff members who were in the organization in 2014 held proportionately higher-level positions than their female counterparts. For example, female staff make up 76% of all UNITAID staff yet only 24% of these are P04 and above. In contrast, males represent only 24% of all UNITAID staff but 76% of these are P04 and above. This indicates that gender balance at UNITAID can still be improved. This measure will be tracked across the strategy period and trends over time will be assessed to monitor the gender balance in the UNITAID work environment.

#### FIGURE 20

66% of UNITAID’s senior staff were female in 2014. This percentage has remained relatively constant since 2011



<sup>26</sup> Defined as senior technical positions in accordance with the WHO human resources classification levels.



# **ANNEX**

PROGRAMMATIC RESULTS  
FOR 2014

**TABLE 1.**

Median prices (US\$) and per cent change in price for selected WHO recommended 2<sup>nd</sup> Line ARVs for 2014

<b>Variation in price per patient per year of key formulations, median (interquartile range)</b>									
<b>Generic 2<sup>nd</sup> line ARV</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>% change 2013-2014</b>	<b>% change accross all years</b>
ABC (300 mg)	335 (75)	228 (48)	202 (36)	174 (0)	na	na	na	na	-48%
ATV/r (300/100 mg)	na	na	na	300 (0)	270 (0)	264.9 (30.42)	243.3 (6.08)	-8%	-19%
LPV/r (200/50 mg) Tab (HS)	496 (73)	441 (126)	420 (21)	396 (24)	330 (35.9)	252.5 (21.66)	227.0 (5.23)	-10%	-54%
TDF (300 mg)	207 (57)	99 (50)	84 (2)	75 (1.2)	56.9 (0)	43.2 (8.74)	42.5 (12.29)	-2%	-79%
TDF/3TC (300/300 mg)	158 (0)	138 (51)	107 (1)	96.2 (1.8)	62.4 (0.6)	56.6 (0.97)	70.6 (3.65)	25%	-55%
TDF/FTC (300/200 mg)	319 (68)	141 (64)	138 (3)	115.2 (5.8)	86.4 (0)	73.9 (3.29)	56.2 (2.57)	-24%	-82%
TDF/3TC (300/300 mg) & LPV/r (200/50 mg)	654 (73)	579 (177)	527 (21)	492 (25.8)	392 (36.48)	309 (22.63)	297.6 (8.88)	-4%	-54%
TDF/FTC (300/200 mg) & LPV/r (200/50 mg)	815 (141)	582 (190)	558 (24)	511 (29.8)	416 (35.88)	326.3 (24.95)	283.2 (7.8)	-13%	-65%
TDF/3TC (300/300 mg) & ATV/r (300/100 mg)	na	na	na	396.2 (1.8)	332.4 (0.6)	320.8 (31)	313.9 (9.73)	-2%	-21%
TDF/FTC (300/200 mg) & ATV/r (300/100 mg)	na	na	na	415.2 (5.8)	356.4 (0)	338.7 (34)	299.5 (8.65)	-12%	-28%

Note: Median Price analysis based on Low Income countries only.

Note: 2013 and 2014 median prices calculations are based on public procurement data including prices from the GFATM, SCMS and WHO databases and UNITAID-CHAI projects. 2014 data were accessed on 22/05/2014.



**TABLE 2.**

Median prices (US\$) and per cent change in price for selected WHO recommended paediatric ARVs purchased with UNITAID funds

<b>Variation in price per patient per year of key formulations, median (interquartile range)</b>										
<b>Pediatric ARVs</b>	<b>Status</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>% change 2013-2014</b>	<b>% change across all years</b>
ABC/3TC (60/30 mg) <sup>1</sup>	Generic	193 (0)	182 (0)	172 (0)	163 (0)	175 (0)	na	175 (0)	na	-9%
AZT/3TC (300/150 mg)	Generic	114 (0)	113 (0)	103 (0)	105 (1)	99 (0)	99 (0)	na	na	-13%
AZT/3TC (60/30 mg) <sup>1</sup>	Generic	85 (0)	84 (0)	81 (0)	75 (0)	74 (0)	74 (0)	74 (0)	0%	-13%
AZT/3TC/NVP (60/30/50mg)	Generic	108 (0)	108 (0)	106 (0)	105 (0)	104 (0)	104 (0)	104 (0)	0%	-4%
AZT/3TC/NVP (300/150/200 mg)	Generic	150 (21)	147 (0)	136 (1)	134 (1)	125 (4)	125 (0)	na	na	-17%
LPV/r (80/20 mg/ml) (brand price only)	Originator	206 (0)	206 (0)	181 (0)	169 (0)	154 (0)	154 (0)	154 (0)	0%	-25%
NVP (50 mg)	Generic	na	na	na	61 (0)	58 (0)	58 (0)	58 (0)	0%	-4.9%
NVP (200 mg)	Generic	40 (5)	35 (0)	32 (0)	32 (0)	36 (0)	38 (0)	na	na	-5%

Note: Median Price analysis based on Low Income countries only.

<sup>1</sup>In 2012, AZT/3TC (60/30 mg) and ABC/3TC (60/30 mg) include prices for both dispersible and non-dispersible formulations.

**TABLE 3.**

**Summary of stock outs in 2014 by product and country**

Please visit [www.unitaid.org/impact](http://www.unitaid.org/impact) for details.

**TABLE 4.****WHO prequalification - summary of UNITAID priority products prequalified by disease area in 2014**

<b>4.1 HIV</b>				
<b>Target Group</b>	<b>Dossier</b>	<b>Product</b>	<b>Date</b>	<b>Manufacturer</b>
ADULT	HA538	Efavirenz (EFV) / Emtricitabine (FTC) / Tenofovir (TDF), 600/200/300 mg, tablets	19 February 2014	Hetero Labs Ltd.
	HA568 <sup>1</sup>	Nevirapine (NVP), 50 mg, tablets	19 February 2014	Micro Labs Ltd.
	HA570	Nevirapine (NVP), 200 mg, tablets	19 February 2014	Micro Labs Ltd.
	HA561	Emtricitabine (FTC) / Tenofovir (TDF), 200/300 mg, tablets	8 April 2014	Macleods Pharmaceuticals Ltd.
	HA514	Lamivudine (3TC) / Tenofovir (TDF), 300/300 mg, tablets	10 April 2014	Macleods Pharmaceuticals Ltd.
	HA524	Lamivudine (3TC) / Nevirapine (NVP) / Zidovudine (AZT), 150/200/300 mg, tablets	13 June 2014	Strides Arcolab Ltd.
	HA527	Efavirenz (EFV) / Emtricitabine (FTC) / Tenofovir (TDF), 600/200/300 mg, tablets	24 October 2014	Ranbaxy Laboratories Ltd.
	HA562	Efavirenz (EFV) / Emtricitabine (FTC) / Tenofovir (TDF), 600/200/300 mg, tablets	17 November 2014	Macleods Pharmaceuticals Ltd.
	HA553	Efavirenz (EFV) / Emtricitabine (FTC) / Tenofovir (TDF), 600/200/300 mg, tablets	12 December 2014	Strides Arcolab Ltd.
CHILD	HA518 <sup>1</sup>	Abacavir (ABC) / Lamivudine (3TC), 60/30 mg, dispersible tablets	8 January 2014	Cipla Ltd.
	HA510 <sup>1</sup>	Nevirapine (NVP), 50 mg, dispersible tablets	19 February 2014	Cipla Ltd.
	HA572	Lamivudine (3TC) / Zidovudine (AZT), 30/60 mg, dispersible tablets	10 April 2014	Mylan Laboratories Ltd.
	HA539	Nevirapine (NVP), 50 mg, dispersible tablets	14 July 2014	Mylan Laboratories Ltd.
	HA634 <sup>1</sup>	Dolutegravir (DTG), 50 mg, tablets	31 December 2014	ViiV Healthcare Ltd.
	HA557	Lamivudine (3TC) / Nevirapine (NVP) / Zidovudine (AZT), 30/50/60 mg, dispersible tablets	24 October 2014	Strides Arcolab Ltd.

<sup>1</sup> First prequalification of this formulation.

<b>4.2 Malaria</b>			
<b>Dossier</b>	<b>Product</b>	<b>Date</b>	<b>Manufacturer</b>
MA102	Amodiaquine (AQ) / Artesunate (AS), 67.5/25 mg, tablets	8 April 2014	Cipla Ltd.
MA103	Amodiaquine (AQ) / Artesunate (AS), 135/50 mg, tablets	8 April 2014	Cipla Ltd.
MA104	Amodiaquine (AQ) / Artesunate (AS), 270/100 mg, tablets	8 April 2014	Cipla Ltd.
MA099	Artemether (A) / Lumefantrine (L), 20/120 mg, tablets	16 May 2014	Mylan Laboratories Ltd.
MA100 <sup>1</sup>	Artemether (A) / Lumefantrine (L), 40/240 mg, tablets	16 May 2014	Mylan Laboratories Ltd.
MA111	Artemether (A) / Lumefantrine (L), 20/120 mg, tablets	6 October 2014	Ajanta Pharma Ltd.
MA098 <sup>1</sup>	Amodiaquine (AQ) + [Pyrimethamine (PYR) + Sulfadoxine (SDX)], 150+[25+500] mg, tablets	20 October 2014	Guilin Pharmaceutical Co. Ltd.

<sup>1</sup> First prequalification of this formulation.

## 4.3 TB

Dossier	Product	Date	Manufacturer
TB206	Prothionamide, 250 mg, tablets	13 June 2014	Lupin Ltd.
TB261 <sup>1</sup>	Capreomycin, 1 g, powder for injection	6 October 2014	Hisun Pharmaceutical (Hangzhou) Co. Ltd.
TB277	Levofloxacin, 250 mg, tablets	24 October 2014	Macleods Pharmaceuticals Ltd.
TB278	Levofloxacin, 500 mg, tablets	25 October 2014	Macleods Pharmaceuticals Ltd.
TB279	Levofloxacin, 750 mg, tablets	26 October 2014	Macleods Pharmaceuticals Ltd.
HA640 <sup>1</sup>	Rifabutin (RFB), 150 mg, capsules	17 November 2014	Lupin Ltd.

<sup>1</sup>First prequalification of this formulation.

## TABLE 5.

### WHO prequalification of diagnostics programme - summary of tests prequalified in 2014

Disease area	Dossier	Product	Date	Manufacturer
HIV	0141-051-00	ABON™ HIV 1/2/O Tri-Line Human Immunodeficiency Virus Rapid Test Device	25 August 2014	ABON Biopharm (Hangzhou) Co., Ltd.
	0197-045-00	BD FACSPresto™ Near-Patient CD4 Counter with BD CD4%CD4/Hb Cartridge and BD FACSPresto™ Cartridges Kit	18 September 2014	Becton, Dickinson and Company
	0036-014-00	ImmunoComb® II HIV 1&2 BiSpot	29 September 2014	Orgenics Ltd.
	0054-006-00	SURE CHECK® HIV 1/2 Assay	8 December 2014	Chembio Diagnostic Systems Inc.
	0200-046-00	COBAS® AmpliPrep/COBAS® TaqMan® HIV-1 Qualitative Test, version 2.0 (TaqMan 96)	15 December 2014	Roche Molecular Systems Inc.
	0221-046-00	COBAS® AmpliPrep/COBAS® TaqMan® HIV-1 Qualitative Test, version 2.0 (TaqMan 48)	15 December 2014	Roche Molecular Systems Inc.
MALARIA	0062-023-00	ParaHIT f Ver. 1.0 Rapid Test for P. falciparum Malaria Device	7 October 2014	M/S Span Diagnostics Ltd.
	0068-023-00	ParaHIT f Ver. 1.0 Rapid Test for P. Falciparum Malaria Dipstick	7 October 2014	M/S Span Diagnostics Ltd.
HBV	0121-043-00	Murex HBsAg Version 3 with Murex HBsAg Confirmatory Version 3	10 October 2014	DiaSorin S.p.A (UK Branch)

**TABLE 6.**

Treatments, diagnostics and related products delivered and estimated patients treated by UNITAID funded projects in 2014

<b>6.1 Treatments supported by UNITAID for HIV/AIDS: Children (2014)</b>			
Country	WB Income Group	WHO region	Estimated number of new children on HIV treatment
			Paediatric HIV (CHAI)
MALAWI	LI	AFR	1 671
MOZAMBIQUE	LI	AFR	19 368
UGANDA	LI	AFR	10 215
<b>Total</b>			<b>31 254</b>

<b>6.2 Testing supported by UNITAID for HIV/AIDS (2014)</b>									
Country	WB Income Group	WHO region	Number of tests performed						Grand total
			Paediatric ARV (CHAI)	Point-of-Care HIV Diagnostics (CHAI/ UNICEF) <sup>1</sup>	OPP-ERA Phase 1 (FRANCE EXPERTISE)	HIV CD4 and VL Diagnostics (MSF)			
			HIV for Early Infant Diagnosis	CD4 Cell Count Diagnostics	HIV viral load	HIV for Early Infant Diagnosis	CD4 Cell Count Diagnostics	HIV viral load	
BURUNDI	LI	AFR	-	-	1 492	-	-	-	1 492
CAMEROON	LMI	AFR	-	-	2 082	-	-	-	2 082
CÔTE D'IVOIRE	LMI	AFR	-	-	5 296	-	-	-	5 296
ETHIOPIA	LI	AFR	-	37 323	-	-	-	-	37 323
GUINEA	LI	AFR	-	-	3 051	-	-	-	3 051
KENYA	LI	AFR	-	30 884	-	-	-	-	30 884
LESOTHO	LMI	AFR	-	-	-	-	2 035	4 902	6 937
MALAWI	LI	AFR	33 698	58 075	-	-	8 592	24 466	124 831
MOZAMBIQUE	LI	AFR	67 975	265 712	-	-	-	15 104	348 791
TANZANIA, UNITED REPUBLIC OF	LI	AFR	-	260 000	-	-	-	-	260 000
SOUTH AFRICA	UMI	AFR	-	-	-	168	-	-	168
SWAZILAND <sup>2</sup>	LMI	AFR	-	-	-	-	19 292	17 874	37 166
UGANDA	LI	AFR	118 337	373 500	-	-	-	6 057	497 894
ZIMBABWE	LI	AFR	-	214 401	-	-	-	26 535	240 936
<b>Grand Total</b>			<b>220 010</b>	<b>1 239 895</b>	<b>11 921</b>	<b>168</b>	<b>29 919</b>	<b>94 938</b>	<b>1 596 851</b>

<sup>1</sup> Values were reported by the CHAI/UNICEF Point-of-Care HIV Diagnostics Phase 1, January through August 2014.

<sup>2</sup> MSF HIV CD4 and VL Diagnostics grant procured EID for Swaziland but no EID tests were performed in 2014.

### 6.3 Injectable Artesunate and SP+AQ<sup>1,2</sup> delivered and Rapid Diagnostic Tests delivered for Malaria (2014)

Country	WB Income Group	Volume of Injectable Artesunate delivered	Volume of SP+AQ <sup>1,2</sup> delivered	Number RDTs procured	Total
BURKINA FASO	LI	-	0	-	0
CAMEROON	LMI	0	-	-	0
CHAD	LI	-	0	-	0
ETHIOPIA	LI	24 000	-	-	24 000
GAMBIA	LMI	-	0	-	0
GUINEA	LI	-	0	-	0
KENYA	LI	210 000	-	0	210 000
MADAGASCAR	LI	-	-	0	0
MALAWI	LI	0	-	-	0
MALI	LI	-	0	-	0
NIGER	LI	-	0	-	0
NIGERIA	LMI	90 000	0	1 200 125	1 290 125
TANZANIA, UNITED REPUBLIC OF	LI	-	-	0	0
UGANDA	LI	0	-	700 000	700 000
<b>Total</b>		<b>324 000</b>	<b>0</b>	<b>1 900 125</b>	<b>2 224 125</b>

<sup>1</sup> Sulfadoxine-pyrimethamine + Amodiaquine.

<sup>2</sup> Grant Agreement signed on 23 September 2014.

### 6.4 Testing supported by UNITAID for Tuberculosis (2014)

Country	WB Income Group	WHO region	Number of TB tests performed						Total
			Expand TB diagnostics (MDR-TB) (STOP TB/GDF, FIND, WHO)					GeneXpert (WHO)	
			DST <sup>1</sup>	LPA <sup>2</sup>	MGIT cultures <sup>3</sup>	Rapid speciation	Xpert		
AZERBAIJAN	LMI	EUR	1 244	2 885	15 085	4 669	7 741	-	31 624
BANGLADESH	LI	SEAR	91	320	5 532	713	-	25 960	32 616
BELARUS <sup>4</sup>	LMI/UMI	EUR	647	389	8 150	2 326	-	7 744	19 256
CAMBODIA	LI	WPR	-	-	-	-	-	20 465	20 465
CAMEROON	LMI	AFR	468	1 140	7 938	1 353	7 578	-	18 477
CONGO	LMI	AFR	-	-	-	-	-	394	394
CÔTE D'IVOIRE <sup>5</sup>	LI	AFR	242	365	3 562	-	1 799	-	5 968
DJIBOUTI	LMI	EMR	-	-	-	-	-	-	-
ETHIOPIA	LI	AFR	84	1 341	2 925	2 716	-	11 253	18 319
GEORGIA	LMI	EUR	898	3 039	5 758	1 634	-	-	11 329
HAITI	LI	AMR	336	565	8 190	2 602	1 471	-	13 164
INDIA <sup>6</sup>	LI/LMI	SEAR	5 129	109 101	70 491	12 788	29 118	67 468	294 095
INDONESIA	LMI	SEAR	574	1 326	2 784	1 275	-	25 521	31 480

## 6.4 Testing supported by UNITAID for Tuberculosis (2014) (continued from page 69)

Country	WB Income Group	WHO region	Number of TB tests performed						Total
			Expand TB diagnostics (MDR-TB) (STOP TB/GDF, FIND, WHO)					GeneXpert (WHO)	
			DST <sup>1</sup>	LPA <sup>2</sup>	MGIT cultures <sup>3</sup>	Rapid speciation	Xpert		
KAZAKHSTAN	UMI	EUR	1 071	1 006	4 978	748	20 850	-	28 653
KENYA	LI	AFR	1 240	2 104	5 521	-	-	16 732	25 597
KYRGYZSTAN	LI	EUR	2 493	3 268	8 502	3 072	-	2 383	19 718
LESOTHO <sup>5</sup>	LI	AFR	515	3 059	6 045	-	10 261	-	19 880
MALAWI	LI	AFR	-	-	-	-	-	13 647	13 647
MOZAMBIQUE	LI	AFR	454	1 352	5 368	1 582	1 783	15 073	25 612
MYANMAR	LI	SEAR	168	1 376	4 547	-	-	5 176	11 267
NEPAL	LI	SEAR	-	-	-	-	-	17 207	17 207
PAKISTAN	LMI	EMR	-	-	-	-	-	30 706	30 706
PERU	LMI	AMR	1 276	10 659	497	3 868	-	-	16 300
PHILIPPINES	LMI	WPR	-	-	-	-	-	3 138	3 138
REPUBLIC OF MOLDOVA	LMI	EUR	2 214	1 996	19 429	4 527	6 027	29 675	63 868
RWANDA	LI	AFR	18	406	1 305	926	20 926	-	23 581
SENEGAL	LI	AFR	21	62	64	157	5 732	-	6 036
SWAZILAND	LMI	AFR	611	951	10 589	2 561	-	2 418	17 130
TAJIKISTAN	LI	EUR	328	3 495	2 168	944	-	-	6 935
TANZANIA, UNITED REPUBLIC OF	LI	AFR	-	-	-	-	-	17 878	17 878
UGANDA	LI	AFR	-	13	3 024	1 788	-	13 182	18 007
UZBEKISTAN	LI	EUR	875	2 829	16 552	3 548	-	5 850	29 654
VIET NAM <sup>6</sup>	LI/LMI	WPR	1 308	1 909	59 732	4 312	-	5 402	72 663
<b>Total</b>			<b>22 305</b>	<b>154 956</b>	<b>278 736</b>	<b>58 109</b>	<b>113 286</b>	<b>337 272</b>	<b>964 664</b>

<sup>1</sup> Drug susceptibility test. - <sup>2</sup> Line Probe Assay. - <sup>3</sup> Mycobacteria growth indicator tube.

<sup>4</sup> Classified as LMI at time of grant signature for Expand TB and UMI for GeneXpert.

<sup>5</sup> Côte d'Ivoire and Lesotho are classified as an LI in Expand TB project, reflecting their status at MoU signature.

<sup>6</sup> Classified as LI at time of grant signature for Expand TB and LMI for GeneXpert.

## 6.5 Case detection of Tuberculosis in UNITAID supported countries (2014)

Country	WB Income Group	WHO region	Expand TB diagnostics (MDR-TB) (STOP TB/GDF, FIND, WHO)	GeneXpert (WHO)			Total
			Number of MDR-TB cases detected	Number of incident TB patients detected	Number of MDR-TB cases detected	Number of rifampicin resistant TB cases detected	
AZERBAIJAN	LMI	EUR	1 171	-	482	-	1 653
BANGLADESH	LI	SEAR	88	2 569	330	316	3 303
BELARUS <sup>1</sup>	LMI/UMI	EUR	548	1 453	-	646	2 647
CAMBODIA	LI	WPR	-	2 656	-	224	2 880

## 6.5 Case detection of Tuberculosis in UNITAID supported countries (2014) (continued from page 70)

Country	WB Income Group	WHO region	Expand TB diagnostics (MDR-TB) (STOP TB/GDF, FIND, WHO)	GeneXpert (WHO)			Total
			Number of MDR-TB cases detected	Number of incident TB patients detected	Number of MDR-TB cases detected	Number of rifampicin resistant TB cases detected	
CAMEROON	LMI	AFR	154	-	62	-	216
CONGO	LMI	AFR	-	110	-	22	132
CÔTE D'IVOIRE <sup>2</sup>	LI	AFR	471	-	-	-	471
DJIBOUTI	LMI	EMR	22	-	-	-	22
ETHIOPIA	LI	AFR	430	1 518	-	271	2 219
GEORGIA	LMI	EUR	479	-	528	-	1 007
HAITI	LI	AMR	134	-	-	-	134
INDIA <sup>3</sup>	LI/LMI	SEAR	18 999	14 567	-	8 860	42 426
INDONESIA	LMI	SEAR	735	4 174	-	333	5 242
KAZAKHSTAN	UMI	EUR	3 343	-	535	-	3 878
KENYA	LI	AFR	91	2 592	269	318	3 270
KYRGYZSTAN	LI	EUR	1 418	892	602	257	3 169
LESOTHO <sup>2</sup>	LI	AFR	548	-	-	-	548
MALAWI	LI	AFR	-	1 797	-	78	1 875
MOZAMBIQUE	LI	AFR	307	2 132	-	169	2 608
MYANMAR	LI	SEAR	1 022	633	1 468	491	3 614
NEPAL	LI	SEAR	-	2 991	-	251	3 242
PAKISTAN	LMI	EMR	-	6 711	-	772	7 483
PERU	LMI	AMR	1 229	-	-	-	1 229
PHILIPPINES	LMI	WPR	-	533	-	140	673
REPUBLIC OF MOLDOVA	LMI	EUR	440	3 771	549	1 251	6 011
RWANDA	LI	AFR	79	-	43	-	122
SENEGAL	LI	AFR	80	-	-	-	80
SWAZILAND	LMI	AFR	204	76	282	8	570
TAJIKISTAN	LI	EUR	917	-	678	-	1 595
TANZANIA, UNITED REPUBLIC OF	LI	AFR	5	1 793	-	77	1 875
UGANDA	LI	AFR	10	2 041	195	88	2 334
UZBEKISTAN	LI	EUR	1 687	1 194	968	398	4 247
VIET NAM <sup>3</sup>	LI/LMI	WPR	693	1 401	916	256	3 266
<b>Total</b>			<b>35 304</b>	<b>55 604</b>	<b>7 907</b>	<b>15 226</b>	<b>114 041</b>

<sup>1</sup> Classified as LMI at time of grant signature for Expand TB and UMI for GeneXpert.

<sup>2</sup> Côte d'Ivoire and Lesotho are classified as an LI in Expand TB project, reflecting their status at MoU signature.

<sup>3</sup> Classified as LI at time of grant signature for Expand TB and LMI for GeneXpert.

**TABLE 7.**

Costs of treatments, diagnostics and related products delivered by UNITAID funded projects to beneficiary countries in 2014

<b>7.1 Monies Spent (US\$) on HIV Treatments for Children (2014)</b>			
Country	WB Income Group	WHO Region	Value of Paediatric ARVs delivered
			Paediatric HIV (CHAI)
MALAWI	LI	AFR	218 140
MOZAMBIQUE <sup>1</sup>	LI	AFR	3 038 066
UGANDA <sup>2</sup>	LI	AFR	5 899 983
<b>Total (Value) US\$</b>			<b>9 156 189</b>

<sup>1</sup> Value includes US\$ 474 043.55 emergency orders.

<sup>2</sup> Value includes US\$ 1 566 979 emergency orders.

<b>7.2 Monies Spent (US\$) on HIV Tests (2014)</b>											
Country	WB Income Group	WHO Region	CHAI	CHAI/ UNICEF	FRANCE EXPERTISE				MSF (part 1)		
			Paediatric ARV	PoC HIV Diagnostics <sup>1</sup>	OPP-ERA Phase 1 <sup>2</sup>				HIV CD4 and VL Diagnostics		
			HIV Test	CD4 Cell Count Diagnostics	OPP devices - extractors	OPP devices - Thermocyclers (amplifiers) <sup>1</sup>	OPP reagents - extraction	OPP reagents - Quantification (amplification)	GeneXpert system	Alere Q Early Infant Diagnosis device	Alere Q Early Infant Diagnosis test
			BURUNDI	LI	AFR	-	-	20 800	27 950	15 183	22 932
CAMEROON	LMI	AFR	-	-	41 600	55 900	33 288	52 119	-	-	-
CÔTE D'IVOIRE	LMI	AFR	-	-	31 200	27 950	50 224	79 221	-	-	-
ETHIOPIA	LI	AFR	-	724 765	-	-	-	-	-	-	-
GUINEA	LI	AFR	-	-	20 800	55 900	25 112	39 610	-	-	-
KENYA	LI	AFR	-	651 727	-	-	-	-	-	-	-
LESOTHO	LMI	AFR	-	-	-	-	-	-	-	-	-
MALAWI	LI	AFR	616 857	275 485	-	-	-	-	-	-	-
MOZAMBIQUE	LI	AFR	1 418 438	943 000	-	-	-	-	-	-	-
SOUTH AFRICA	UMI	AFR	-	-	-	-	-	-	-	24 027	12 765
SWAZILAND	LMI	AFR	-	-	-	-	-	-	-	-	-
TANZANIA UNITED REPUBLIC OF	LI	AFR	-	481 950	-	-	-	-	-	-	-
UGANDA	LI	AFR	1 966 734	1 492 825	-	-	-	-	-	-	-
ZIMBABWE	LI	AFR	-	687 225	-	-	-	-	18 082	-	-
<b>Total (Value) US\$</b>			<b>4 002 029</b>	<b>5 265 977</b>	<b>114 400</b>	<b>167 700</b>	<b>123 807</b>	<b>193 882</b>	<b>18 082</b>	<b>24 027</b>	<b>12 765</b>



## 7.2 Monies Spent (US\$) on HIV Tests (2014) (continued from page 72)

Country	MSF (part 2)										Grand total
	HIV CD4 and VL Diagnostics										
	BIOCENTRIC VL test - amplification reagent	BIOCENTRIC VL test - extraction reagent	BD FACS Presto CD4 tests	HIV for Early Infant Diagnosis	Nuclisens VL test	Pima CD4 devices	Pima CD4 test	SAMBA VL device - amplifcator	SAMBA VL device - extractor	SAMBA VL test - amplification reagent	
BURUNDI	-	-	-	-	-	-	-	-	-	-	86 862
CAMEROON	-	-	-	-	-	-	-	-	-	-	182 897
CÔTE D'IVOIRE	-	-	-	-	-	-	-	-	-	-	188 579
ETHIOPIA	-	-	-	-	-	-	-	-	-	-	724 765
GUINEA	-	-	-	-	-	-	-	-	-	-	141 415
KENYA	-	-	-	-	-	-	-	-	-	-	651 727
LESOTHO	-	-	-	-	-	-	15 768	-	-	-	15 768
MALAWI	-	-	-	-	157 692	42 620	93 116	72 594	108 824	210 199	1 577 386
MOZAMBIQUE	-	-	-	-	402 359	-	-	-	-	-	2 763 798
SOUTH AFRICA	-	-	-	-	-	-	-	-	-	-	36 792
SWAZILAND	224 973	103 086	-	15 591	-	11 377	187 351	-	-	-	542 378
TANZANIA, UNITED REPUBLIC OF	-	-	-	-	-	-	-	-	-	-	481 950
UGANDA	-	-	-	-	-	-	-	14 887	-	195 812	3 670 257
ZIMBABWE	-	-	4 513	-	395 948	-	-	-	-	-	1 105 769
<b>Total (Value) US\$</b>	<b>224 973</b>	<b>103 086</b>	<b>4 513</b>	<b>15 591</b>	<b>955 999</b>	<b>53 997</b>	<b>296 235</b>	<b>87 481</b>	<b>108 824</b>	<b>406 011</b>	<b>12 170 342</b>

Note: EXW values of commodities (devices and reagents). Does not include consumables and transportation costs. Exception: OPP devices - Thermocyclers (amplifiers) is not EXW but CIP.

<sup>1</sup> Values were reported by the CHAI/UNICEF Point-of-Care HIV Diagnostics Phase 1, January through August 2014.

<sup>2</sup> CIP incoterm.

### 7.3 Monies spent (US\$) on Injectable Artesunate and SP+AQ<sup>1</sup> delivered and tests delivered for Malaria (2014)

Country	WB Income Group	Value of Injectable Artesunate delivered	Value of SP+AQ <sup>1</sup> treatments delivered	Value of RDTs delivered <sup>3</sup>	Total (Value) US\$
		Improving Severe Malaria Outcomes (MMV)	Seasonal Malaria Chemoprevention (MC) <sup>2</sup>	Private Sector RDTs (PSI)	
BURKINA FASO	LI	-	0	-	0
CAMEROON	LMI	0	-	-	0
CHAD	LI	-	0	-	0
ETHIOPIA	LI	34 080	-	-	34 080
GAMBIA	LI	-	0	-	0
GUINEA	LI	-	0	-	0
KENYA	LI	298 200	-	0	298 200
MADAGASCAR	LI	-	-	0	0
MALAWI	LI	0	-	-	0
MALI	LI	-	0	-	0
NIGER	LI	-	0	-	0
NIGERIA	LMI	127 800	0	1 177 527	1 305 327
TANZANIA, UNITED REPUBLIC OF	LI	-	-	0	0
UGANDA	LI	0	-	688 000	688 000
<b>Total (Value) US\$</b>		<b>460 080</b>	<b>0</b>	<b>1 865 527</b>	<b>2 325 607</b>

<sup>1</sup> Sulfadoxine-pyrimethamine + Amodiaquin.

<sup>2</sup> Grant Agreement signed on 23 September 2014.

<sup>3</sup> Value given at bundle price (includes training, waste management etc.).

## 7.4 Monies Spent (US\$) on Tests for Tuberculosis (2014)

Country	WB Income Group	WHO Region	Value of diagnostics				
			Expand TB diagnostics (MDR-TB) (STOP TB/ GDF,FIND, WHO) <sup>1</sup>	GeneXpert (WHO) <sup>2</sup>			Total (Value) US\$
				GeneXpert instruments	Xpert MTB/RIF cartridges	Sub-Total (Value) US\$	
AZERBAIJAN	LMI	EUR	415 595	-	-	-	415 595
BANGLADESH	LI	SEAR	90 498	-	347 304	347 304	437 802
BELARUS <sup>3,4</sup>	LMI/UMI	EUR	178 447	-	119 760	119 760	298 207
CAMBODIA	LI	WPR	-	-	129 740	129 740	129 740
CAMEROON	LMI	AFR	471 602	-	-	-	471 602
CONGO	LMI	AFR	-	-	4 990	4 990	4 990
CÔTE D'IVOIRE <sup>4,5</sup>	LI	AFR	136 809	-	-	-	136 809
DJIBOUTI	LMI	EMR	8 388	-	-	-	8 388
ETHIOPIA	LI	AFR	160 929	-	241 516	241 516	402 445
GEORGIA	LMI	EUR	342 449	-	-	-	342 449
HAITI	LI	AMR	152 848	-	-	-	152 848
INDIA <sup>6</sup>	LI/LMI	SEAR	4 345 863	35 340	798 400	833 740	5 179 603
INDONESIA	LMI	SEAR	130 307	-	174 650	174 650	304 957
KAZAKHSTAN	UMI	EUR	1 093 711	-	-	-	1 093 711
KENYA	LI	AFR	79 852	-	99 800	99 800	179 652
KYRGYZSTAN	LI	EUR	250 921	-	59 880	59 880	310 801
LESOTHO <sup>5</sup>	LI	AFR	170 768	-	-	-	170 768
MALAWI	LI	AFR	-	-	140 918	140 918	140 918
MOZAMBIQUE	LI	AFR	244 106	-	181 636	181 636	425 742
MYANMAR	LI	SEAR	38 938	-	-	-	38 938
NEPAL	LI	SEAR	-	-	193 612	193 612	193 612
PAKISTAN <sup>7</sup>	LMI	EMR	-	-	481 535	481 535	481 535
PERU	LMI	AMR	336 999	-	-	-	336 999
PHILIPPINES	LMI	WPR	-	85 000	98 802	183 802	183 802
REPUBLIC OF MOLDOVA	LMI	EUR	571 645	-	212 075	212 075	783 720
RWANDA	LI	AFR	224 523	-	-	-	224 523
SENEGAL	LI	AFR	147 006	-	-	-	147 006
SWAZILAND	LMI	AFR	159 097	-	18 962	18 962	178 059
TAJIKISTAN	LI	EUR	354 570	-	-	-	354 570
TANZANIA, UNITED REPUBLIC OF	LI	AFR	92 089	-	143 812	143 812	235 901
UGANDA	LI	AFR	66 130	51 000	117 265	168 265	234 395
UZBEKISTAN	LI	EUR	292 949	-	82 834	82 834	375 783
VIET NAM <sup>6,7</sup>	LI/LMI	WPR	589 306	68 000	29 940	97 940	687 246
<b>Total (Value) US\$</b>			<b>11 146 343</b>	<b>239 340</b>	<b>3 677 430</b>	<b>3 916 770</b>	<b>15 063 114</b>

<sup>1</sup> Includes cost of equipment, consumables and reagents, and essential supplies of DST, LPA, MGIT cultures, Rapid Speciation and Xpert tests.

<sup>2</sup> Project started in 2013.

<sup>3</sup> Classified as LMI at time of grant signature for Expand TB and UMI for GeneXpert.

<sup>4</sup> Country received tests in 2013 that were paid for in 2014.

<sup>5</sup> Côte d'Ivoire and Lesotho are classified as an LI in Expand TB project, reflecting their status at MoU signature.

<sup>6</sup> Classified as LI at time of grant signature for Expand TB and LMI for GeneXpert.

<sup>7</sup> An additional 10,000 (in Pakistan) and 4,000 (Vietnam) Xpert MTB/RIF cartridges were invoiced and paid in 2013, even though they were delivered in 2014.

**TABLE 8.****Summary of treatments and tests provided by year and by disease area (2007-2014)**

<b>8.1. HIV</b>											
<b>Description</b>	<b>HIV/AIDS (Patients on treatment)</b>										
	<b>Project Name</b>	<b>Grantee</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>Total</b>
Estimated number of patients on second-line ARV treatment <sup>1 2</sup>	Round 6 <sup>3</sup>	GFATM	-	-	3 909	1 879	2 827	-	-	-	<b>8 615</b>
	Second-line ARV	CHAI	61 674	133 322	117 324	113 892	117 141 <sup>4</sup>	-	-	-	<b>543 353</b>
Estimated number of new children on HIV treatment	Paediatric HIV <sup>5</sup>	CHAI	134 677	55 995	60 014	73 578	65 916	32 344	44 412	31 254	<b>498 190</b>
	Round 6 <sup>3</sup>	GFATM	-	-	31 221	8	1 581	-	-	-	<b>32 810</b>
<b>Description</b>	<b>HIV/AIDS (Prevention of mother to child transmission)</b>						<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>Total</b>	
	<b>Project Name</b>	<b>Grantee</b>									
ARV treatments delivered to prevent mother to child transmission	PMTCT	UNICEF				43 764	227 494	540 713	<b>811 971</b>		
Cotrim provided to HIV positive women	PMTCT	UNICEF				48 802	109 633	38 655	<b>197 090</b>		
HIV positive pregnant women on ART/HAART	PMTCT	UNICEF				5 948	45 611	13 318	<b>64 877</b>		
Ready-to-use therapeutic food and cotrim for children	PMTCT	UNICEF				35 187	65 366	101 438	<b>201 991</b>		
<b>Description</b>	<b>HIV/AIDS (Tests)</b>										
	<b>Project Name</b>	<b>Grantee</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>Total</b>
<b>Detection</b>											
HIV tests for early infant diagnosis	Paediatric HIV	CHAI	75 115	168 123	302 578	372 810	422 096	401 959	257 883	220 010	<b>2 220 574</b>
	HIV Diagnostics	MSF	-	-	-	-	-	-	-	168	<b>168</b>
	PMTCT	UNICEF	-	8 064	29 568	25 056	-	-	-	-	<b>62 688</b>
HIV tests for pregnant women	PMTCT	UNICEF	-	819 860	3 105 442	4 086 376	-	-	-	-	<b>8 011 678</b>
<b>Monitoring</b>											
HIV tests for pregnant women	CD4	PMTCT	UNICEF	-	129 200	336 200	410 200	-	-	-	<b>875 600</b>
Number of tests performed / adults	CD4	HIV Diagnostics	MSF	-	-	-	-	-	18 063	29 919	<b>47 982</b>
		PoC Diagnostics <sup>5</sup>	CHAI, UNICEF	-	-	-	-	-	911 299	1 239 885	<b>2 151 184</b>
	VL <sup>6</sup>	HIV Diagnostics	MSF	-	-	-	-	-	54 305	94 938	<b>149 243</b>
		OPP-ERA	FEI	-	-	-	-	-	-	11 921	<b>11 921</b>

<sup>1</sup> Includes Tenofovir ordered exceptionally as first line treatments for Namibia, Uganda and Zambia.

<sup>2</sup> Non-cumulative values.

<sup>3</sup> Results for Laos and Djibouti (Global Fund Round 6) are combined for paediatric and second line treatments. They are presented in the values for adult second line treatments.

<sup>4</sup> Treatment numbers are not available for 2012 because only emergency orders were delivered.

<sup>5</sup> 2014 result represents values reported from January through August 2014.

<sup>6</sup> Viral Load.

## 8.2. Malaria

Description	Malaria (Treatments, Tests and Prevention)									
	Project Name	Grantee	2008	2009	2010	2011	2012	2013	2014	Total
Volume of ACT treatments delivered	ACT Liberia, Burundi	UNICEF	1 401 228	-	-	-	-	-	-	<b>1 401 228</b>
	ACT Scale Up	GFATM, UNICEF	8 200 280	6 961 150	12 551 110	7 781 005	2 216 250	-	-	<b>37 709 795</b>
	Round 6	GFATM	-	1 552 494	216 793	2 125 574	660 101	-	-	<b>4 554 962</b>
Co-paid ACT treatments delivered	AMFm	GFATM	-	-	4 539 990	148 535 741	137 068 559	182 778 220	-	<b>472 922 510</b>
Volume of Injectable Artesunate delivered	ISMO	MMV	-	-	-	-	-	-	324 000	<b>324 000</b>
Volume of SP+AQ delivered <sup>1 2</sup>	SMC Services	MC	-	-	-	-	-	-	-	-
<b>Total Treatments</b>			<b>9 601 508</b>	<b>8 513 644</b>	<b>17 307 893</b>	<b>158 442 320</b>	<b>139 944 910</b>	<b>182 778 220</b>	<b>324 000</b>	<b>516 912 495</b>
LLINs delivered <sup>3</sup>	LLINs	UNICEF	-	13 500 000	6 500 000	-	-	-	-	<b>20 000 000</b>
<b>Total Prevention</b>			-	<b>13 500 000</b>	<b>6 500 000</b>	-	-	-	-	<b>20 000 000</b>
Number of RDTs delivered	Private Sector RDTs	PSI	-	-	-	-	-	510 000	1 900 125	<b>2 410 125</b>
<b>Total Test</b>			-	-	-	-	-	<b>510 000</b>	<b>1 900 125</b>	<b>2 410 125</b>

Note: This table excludes the indirect effects of A2S2 project which provided a loan to artemisinin growers and extractors for the production of ACTs; extraction of artemisinin was not tied to specific treatment deliveries.

<sup>1</sup> Sulfadoxine-pyrimethamine + Amodiaquine.

<sup>2</sup> Grant Agreement signed on 23 September 2014.

<sup>3</sup> 2010 volumes were paid in 2009.

**TABLE 9.****Summary of monies spent (US\$) on products purchased by year and by disease area (2007-2014)**

<b>9.1 HIV</b>												
<b>Description</b>	<b>HIV/AIDS (US\$ Investments)</b>											
	<b>Project Name</b>	<b>Grantee</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>Total (Value) US\$</b>	
Value of ARVs 2 <sup>nd</sup> Line Adults <sup>1</sup>	Round 6 <sup>2</sup>	GFATM	-	-	1 225 082	13 109	86 271	-	-	-	<b>1 324 462</b>	
	Second-line ARV	CHAI	20 741 510	48 917 771	60 634 919	36 964 141	35 723 091	5 445 769	-	-	<b>208 427 200</b>	
Value of Paediatric ARVs delivered	Paediatric HIV	CHAI	20 178 640	25 889 010	16 370 168	17 940 882	26 484 204	12 429 353	12 986 918	9 156 189 <sup>3</sup>	<b>141 435 363</b>	
	Round 6 <sup>2</sup>	GFATM	-	-	-	104 000	5 262 845	-	-	-	<b>5 366 845</b>	
Value of opportunistic infections medicines purchased	Paediatric HIV	CHAI	8 158 958	8 538 277	2 218 649	795 154	2 811 884	1 672 068	-	-	<b>24 194 990</b>	
<b>Sub-Total (Value) US\$</b>			<b>49 079 107</b>	<b>83 345 058</b>	<b>80 448 818</b>	<b>55 817 286</b>	<b>70 368 295</b>	<b>19 547 190</b>	<b>12 986 918</b>	<b>9 156 189</b>	<b>380 748 860</b>	
Value of PMTCT product expenditure	PMTCT	UNICEF	-	4 004 540	16 449 724	13 529 846	-	-	-	-	<b>33 984 109</b>	
Value of ready-to-use therapeutic foods purchased	Paediatric HIV	CHAI	3 887 897	6 316 407	6 364 263	5 544 320	2 019 825	3 741 147	-	-	<b>27 873 858</b>	
	PMTCT	UNICEF	-	-	-	467 704	-	-	-	-	<b>467 704</b>	
<b>Sub-Total (Value) US\$</b>			<b>3 887 897</b>	<b>10 320 947</b>	<b>22 813 986</b>	<b>19 541 870</b>	<b>2 019 825</b>	<b>3 741 147</b>	<b>-</b>	<b>-</b>	<b>62 325 672</b>	
Value of HIV diagnostics	EID <sup>4</sup>	Paediatric HIV	CHAI	1 823 495	2 773 175	13 411 220	14 289 285	17 541 535	10 511 671	4 804 296	4 002 029	<b>69 156 705</b>
		HIV Diagnostics	MSF	-	-	-	-	-	-	-	52 383	<b>52 383</b>
	Pima CD4 devices	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	671 000	674 882	<b>1 345 882</b>
	Pima CD4 tests	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	741 965	4 582 095	<b>5 324 060</b>
	CD4 devices	HIV Diagnostics	MSF	-	-	-	-	-	-	-	53 997	<b>53 997</b>
	CD4 tests	HIV Diagnostics	MSF	-	-	-	-	-	-	-	300 748	<b>300 748</b>
	Viral Load devices	HIV Diagnostics	MSF	-	-	-	-	-	-	-	214 387	<b>214 387</b>
	Viral Load tests	HIV Diagnostics	MSF	-	-	-	-	-	-	-	1 690 069	<b>1 690 069</b>
	OPP devices	OPP-ERA	FEI	-	-	-	-	-	-	-	282 100	<b>282 100</b>
OPP reagents	OPP-ERA	FEI	-	-	-	-	-	-	-	317 689	<b>317 689</b>	
<b>Sub-Total (Value) US\$</b>			<b>1 823 495</b>	<b>2 773 175</b>	<b>13 411 220</b>	<b>14 289 285</b>	<b>17 541 535</b>	<b>10 511 671</b>	<b>6 217 261</b>	<b>12 170 379</b>	<b>78 738 020</b>	
<b>Total (Value) US\$</b>			<b>54 790 498</b>	<b>96 439 180</b>	<b>116 674 024</b>	<b>89 648 441</b>	<b>89 929 655</b>	<b>33 800 009</b>	<b>19 204 179</b>	<b>21 326 568</b>	<b>521 812 553</b>	

<sup>1</sup> Includes Tenofovir ordered exceptionally as first line treatments for Namibia, Uganda and Zambia.

<sup>2</sup> Results for Laos and Djibouti (Global Fund Round 6) are combined for paediatric and second line treatments. They are presented in the values for adult treatments.

<sup>3</sup> The 2014 value includes US\$ 2 041 022.55 off-cycle emergency orders additional to the paediatric ARVs delivered (value of paediatric ARVs delivered is US\$ 7 115 166).

<sup>4</sup> Early Infant Diagnosis.

## 9.2 Malaria

Description	Malaria (US\$ Investments)									
	Project Name	Grantee	2008	2009	2010	2011	2012	2013	2014	Total (Value) US\$
Value of ACT treatments delivered	ACT Liberia, Burundi	UNICEF, WHO	805 340	-	-	-	-	-	-	<b>805 340</b>
	ACT Scale Up	GFATM, UNICEF	6 504 601	5 668 812	12 552 965	8 045 628	1 611 874	-	-	<b>34 383 880</b>
	AMFm	GFATM	-	-	4 662 673	136 801 399	119 937 703	123 591 186	-	<b>384 992 960</b>
	Round 6	GFATM	-	5 317 889	1 067 243	3 659 187	862 531	-	-	<b>10 906 850</b>
Value of Injectable Artesunate delivered	ISMO	MMV	-	-	-	-	-	-	-	<b>460 080</b>
Value of SP+AQ treatments delivered <sup>1</sup>	SMC Services <sup>2</sup>	MC	-	-	-	-	-	-	460 080	-
<b>Total Treatments Value</b>			<b>7 309 941</b>	<b>10 986 701</b>	<b>18 282 881</b>	<b>148 506 214</b>	<b>122 412 108</b>	<b>123 591 186</b>	<b>460 080</b>	<b>431 549 110</b>
LLINs Supply Value <sup>3</sup>	LLINs	UNICEF	-	90 753 691	-	-	-	-	-	<b>90 753 691</b>
<b>Total Prevention Value</b>				<b>90 753 691</b>						<b>90 753 691</b>
Value of Malaria RDTs delivered <sup>4</sup>	Private Sector RDTs	PSI	-	-	-	-	-	220 325	1 865 527	<b>2 085 852</b>
<b>Total Tests Value</b>								<b>220 325</b>	<b>1 865 527</b>	<b>2 085 852</b>
<b>Total (Value) US\$</b>			<b>7 309 941</b>	<b>101 740 392</b>	<b>18 282 881</b>	<b>148 506 214</b>	<b>122 412 108</b>	<b>123 811 511</b>	<b>2 325 607</b>	<b>524 388 653</b>

Note: This table excludes the indirect effects of A2S2 project which provided a loan to artemisinin growers and extractors for the production of ACTs; extraction of artemisinin was not tied to specific treatment deliveries in countries.

<sup>1</sup> Sulfadoxine-pyrimethamine + Amodiaquine, the value of the second phase of the treatment counted in 2012.

<sup>2</sup> Grant Agreement signed on 23 Sept 2014.

<sup>3</sup> All products delivered in 2009 and 2010 were paid for in 2009.

<sup>4</sup> Value given at bundle price (including training, waste management etc.).

## 9.3 Tuberculosis

Description	Tuberculosis (US\$ Investments)											
	Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	2014	Total (Value) US\$	
Value of First Line TB treatments delivered	First-Line Tuberculosis	STOP TB/ GDF	-	-	-	-	15 644 505	-	-	-	<b>15 644 505</b>	
Value of MDR-TB treatments delivered	MDR-TB Scale Up <sup>1</sup>	STOP TB/ GDF	-	-	-	16 094 026	13 394 530	10 096 911	5 651 593	-	<b>45 237 059</b>	
	Round 6	GFATM	-	-	5 990 927	2 229 135	1 121 227	-	-	-	<b>9 341 289</b>	
Value of paediatric treatments delivered	Curative & Prophylaxis	Paediatric TB	STOP TB/ GDF	244 980	1 075 153	2 263 797	1 501 681	1 117 228	335 809	445 169	-	<b>6 983 816</b>
Value of MDR-TB treatments in the SRS	MDR-TB SRS	STOP TB/ GDF	-	11 458 000	-	-	-	-	-	-	<b>11 458 000</b>	
<b>Sub-Total (Value) US\$</b>			<b>244 980</b>	<b>12 533 153</b>	<b>8 254 724</b>	<b>19 824 842</b>	<b>31 277 490</b>	<b>10 432 719</b>	<b>6 096 762</b>	<b>-</b>	<b>88 664 669</b>	
Value of diagnostics delivered	Expand TB diagnostics <sup>2</sup>	STOP TB/ GDF, FIND, WHO	-	-	-	-	7 435 266	6 354 740	9 191 655	11 146 343	<b>34 128 004</b>	
	GeneXpert instruments	GeneXpert <sup>3</sup>	WHO	-	-	-	-	-	3 716 160	239 340	<b>3 955 500</b>	
	Xpert MTB/RIF cartridges <sup>4</sup>	GeneXpert <sup>3</sup>	WHO	-	-	-	-	-	2 482 625	3 677 430	<b>6 160 055</b>	
<b>Sub-Total (Value) US\$</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7 435 266</b>	<b>6 354 740</b>	<b>15 390 440</b>	<b>15 063 113</b>	<b>44 243 559</b>	
<b>Total (Value) US\$</b>			<b>244 980</b>	<b>12 533 153</b>	<b>8 254 724</b>	<b>19 824 842</b>	<b>38 712 755</b>	<b>16 787 460</b>	<b>21 487 201</b>	<b>15 063 113</b>	<b>132 908 228</b>	

<sup>1</sup> MDR-TB treatment is compounded by two phases of 12 months each. For some countries, the first phase was performed during 2012. However, this table shows the value of the second phase of the treatment counted in 2012.

<sup>2</sup> Project started in 2013.

<sup>3</sup> Includes cost of equipment, consumable and reagents, and essential supplies of DST, LPA, MGIT cultures, Rapid Speciation and Xpert tests.

<sup>4</sup> An additional 10,000 (in Pakistan) and 4,000 (Vietnam) Xpert MTB/RIF cartridges were invoiced and paid in 2013 even though they will be delivered in 2014.

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