

UNITAID IMPACT 2012

KEY PERFORMANCE INDICATORS



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Design and layout: blossoming.it

Table of Content

08	LIST OF ACRONYMS AND ABBREVIATIONS
12	UNITAID TOP 10 ACHIEVEMENTS 2012
15	EXECUTIVE SUMMARY
16	UNITAID OVERVIEW
17	OPERATIONAL ACHIEVEMENTS 2012
20	KEY PERFORMANCE INDICATORS FOR 2012
22	AREA 1: Impact of UNITAID on the market for products to treat, diagnose and prevent HIV/AIDS, TB and malaria.
46	AREA 2: Organizational Effectiveness
58	AREA 3: UNITAID Grant Performance
68	ANNEX 1: Programmatic results for 2012
70	Table 1: Prices (US\$) and % change in price for selected WHO recommended 2nd Line ARVs purchased with UNITAID funds (2008 to 2012)
70	Table 2: Approved suppliers by year for 2nd Line ARVs
71	Table 3: Prices (US\$) and % change in price for selected WHO recommended paediatric ARVs purchased with UNITAID funds (2008 to 2012)
72	Table 4: Approved suppliers by year for paediatric ARVs
73	Table 5: Summary of stock outs in 2012 by product and country
	<i>5.1 Coordinated Procurement Planning Initiative (CPP): Information on in-country stock outs from the Procurement Information Exchange platform supported by UNITAID</i>
	<i>5.2 ESTHERAID: Information on stock outs & supply chain management of ARVs in 5 Francophone West African countries</i>
	<i>5.3 Paediatric TB: Stock outs reported by GDF in collaboration with National Tuberculosis Programmes (NTPs)</i>
80	Table 6: WHO Prequalification Programme Dashboard of UNITAID priority medicines prequalified, 2012

- 81** **Table 7: WHO Prequalification - Summary of UNITAID priority products prequalified in 2012 by disease area**
7.1 HIV
7.2 Malaria
7.3 TB
- 84** **Table 8: WHO Prequalification of diagnostics programme - Summary of tests prequalified in 2012**
- 84** **Table 9: Selected manufacturer delivery lead time achievements reported from Implementers of UNITAID grants for 2012 (Area 1, Action 4)**
9.1 Average lead time by manufacturer for orders placed (Paediatric HIV)
9.2 Median lead time by manufacturer for orders placed (MDR-TB Scale Up)
9.3 Median lead time by manufacturer for orders placed (ACT Scale Up)
- 86** **Table 10: Track treatments, diagnostics and related products delivered and estimated patients treated by UNITAID funded projects by beneficiary country and over time (Action 1, Area 3)**
10.1 Treatments and Prevention products supported by UNITAID for HIV/AIDS: Adults
10.2 Treatments and Prevention products supported by UNITAID for HIV/AIDS: Children
10.3 HIV Testing supported by UNITAID for HIV/AIDS: Children
10.4 Patients treated and ACT treatments delivered for Malaria
10.5 Patients treated and treatments delivered for TB: Adults
10.6 Patients treated and treatments delivered for TB: Children
10.7 Case detection of MDR-TB in UNITAID supported countries
- 98** **Table 11: Track costs of treatments, diagnostics and related products delivered by UNITAID funded projects by beneficiary country and over time (Action 2, Area 3)**
11.1 Monies Spent on HIV Treatments for Adults
11.2 Monies Spent on HIV Treatments for Children
11.3 Monies Spent on ACT Treatments for Malaria
11.4 Monies Spent on Treatment of Tuberculosis for Children
11.5 Monies Spent on Treatments and Tests for Multi-Drug Resistant Tuberculosis
- 107** **Table 12: Summary of treatments and tests provided by year and by disease area**
12.1 HIV
12.2 Malaria
12.3 TB
- 110** **Table 13: Summary of monies spent (US\$) on products purchased by year and by disease area**
13.1 HIV
13.2 Malaria
13.3 TB

112 ANNEX 2: UNITAID Country Profiles

- 114 Afghanistan
- 114 Angola
- 115 Antigua and Barbuda
- 115 Azerbaijan
- 116 Bangladesh
- 116 Belarus
- 117 Benin
- 117 Bhutan
- 118 Bosnia and Herzegovina
- 118 Botswana
- 119 Bulgaria
- 120 Burkina Faso
- 121 Burundi
- 122 Cambodia
- 123 Cameroon
- 124 Cape Verde
- 124 Central African Republic
- 125 Chad
- 125 China
- 126 Republic of the Congo
- 127 Côte d'Ivoire
- 128 Djibouti
- 128 Dominica
- 129 Dominican Republic
- 130 The Democratic Republic of Congo
- 131 Egypt
- 131 Eritrea
- 132 Ethiopia
- 132 Gambia
- 133 Georgia
- 133 Ghana
- 134 Grenada
- 134 Guatemala
- 135 Guinea
- 135 Guinea Bissau
- 136 Guyana
- 137 Haiti
- 138 India
- 139 Indonesia
- 139 Iraq
- 140 Jamaica
- 140 Jordan
- 141 Kazakhstan
- 142 Kenya
- 143 Kiribati
- 143 Democratic People's Republic of Korea
- 144 Kyrgyzstan
- 144 Lao People's Democratic Republic
- 145 Lebanon
- 145 Lesotho
- 146 Liberia
- 146 The Former Yugoslav Republic of Macedonia
- 147 Madagascar
- 148 Malawi
- 149 Mali
- 150 Mauritania
- 150 Republic of Moldova
- 151 Mongolia
- 151 Morocco
- 152 Mozambique
- 153 Myanmar
- 154 Namibia
- 154 Nepal
- 155 Niger
- 156 Nigeria
- 157 Pakistan
- 157 Papua New Guinea
- 158 Peru
- 159 Rwanda
- 160 Saint Kitts and Nevis
- 160 Saint Lucia
- 161 Saint Vincent & Grenadine
- 162 Senegal
- 163 Serbia
- 163 Sierra Leone
- 164 Somalia
- 164 South Sudan
- 165 Sri Lanka
- 165 Sudan
- 166 Swaziland
- 167 Syrian Arab Republic
- 167 Tajikistan
- 168 United Republic of Tanzania
- 169 Thailand
- 169 Timor-Leste
- 170 Togo
- 170 Tunisia
- 171 Turkmenistan
- 172 Uganda
- 173 Uzbekistan
- 173 Viet Nam
- 174 Yemen
- 175 Zambia
- 176 Zimbabwe

List of acronyms and abbreviations

3TC	Anti-retroviral medicine, Lamivudine
ABC	Anti-retroviral medicine, Abacavir
ACT	Artemisinin-based combination therapy
AFRO	African Regional Office (WHO)
AIDS	Acquired Immune Deficiency Syndrome
AMFm	Affordable Medicines Facility for malaria
AM	Anti-TB medicine, Amikacin
AMRO	Regional Office of the Americas (WHO)
ANRS	The French National Research Agency on AIDS
API	Active Pharmaceutical Ingredient
ART	Anti-retroviral treatment for HIV/AIDS
ARV	Anti-retroviral medicine for HIV/AIDS
ASAQ	Anti-malarial medicine, Artesunate/Amodiaquine
ATV	Atazanavir, anti-retroviral medicine of the protease inhibitor class
AZT	Azidothymidine (Zidovudine), anti-retroviral medicine
BMGF	Bill and Melinda Gates Foundation
CDC	Centers for Disease Control and Prevention (USA)
CHAI	Clinton Health Access Initiative
Cm	Anti-TB medicine, Capreomycin
Cs	Anti-TB medicine, Cycloserine
CPP	Coordinated Procurement Planning Initiative
DBS	Dried blood spot testing for HIV/AIDS
DNDi	Drugs for neglected diseases initiative
EID	Early infant diagnosis
EMRO	Eastern Mediterranean Regional Office (WHO)
EOI	Expression of interest
ERP	Expert review panel for diagnostics
ESTHER	Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau

Eto	Anti-TB medicine, Ethionamide
FDA	Food and Drug Administration (USA)
FDC	Fixed-dose combination
FEI	France Expertise Internationale
FPP	Finished pharmaceutical product
GDF	Global Drug Facility of the Stop TB Partnership
GFATM	The Global Fund to fight AIDS, TB and malaria
GLI	Global laboratory initiative (WHO)
GMP	Good manufacturing practice
HAI	Health Action International
HIV	Human Immunodeficiency Virus
IATT	Interagency task team on prevention and treatment of HIV (UNAIDS)
LICs	Low income countries
LMICs	Lower middle income countries
UMICs	Upper middle income countries
Lfx	Anti-TB medicine, Levofloxacin
LLIN	Long-Lasting Insecticide-Treated Nets
LOI	Letter of Intent
LPV/r	Anti-retroviral medicine, Lopinavir/ritonavir
MDR-TB	Multi-drug resistant TB
MoU	Memorandum of Understanding
MSF	Médecins Sans Frontières
MTB/RIF	Mycobacterium tuberculosis/resistance to rifampicin
NVP	Anti-retroviral medicine, Nevirapine
OECS	Organization of Eastern Caribbean States
PAS	Anti-TB medicine, Para-Aminosalicylate Sodium
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PIE	Procurement Information Exchange
PMDS	Performance Management and Development System (WHO)
PMTCT	Prevention of Mother-to-Child Transmission of HIV
POC	Point of care
PQP	Prequalification of Medicines Program (WHO)
Pto	Anti-TB medicine, Prothionamide
PRC	Project Review Committee
PSI	Population Services International
QCLS	Quality Control Laboratories
RDT	Rapid Diagnostic Test
RHZ	Anti-TB regimen, Rifampicin + Isoniazid + Pyrazinamide
RUTF	Ready-to-use therapeutic food

SCMS	Supply Chain Management System
SEARO	South-East Asian Regional Office (WHO)
SRA	Stringent regulatory authority
SRS	Strategic Rotating Stockpile for MDR-TB medicines
TB	Tuberculosis
TDF	Tenofovir- antiretroviral medicine known as a nucleotide analogue reverse transcriptase inhibitor (NRTI)
UN	United Nations
UNAIDS	The United Nation's Agency for HIV/AIDS
UNICEF	United Nations Children's Fund
UNIPRO	UNITAID Portfolio Management System
UNITAID	United Nations International Drug Purchase Facility
USG	United States Government
WB	World Bank
WHO	World Health Organization
XDR-TB	Extensively resistant tuberculosis

UNITAID Top 10 Achievements 2012

- 1** UNITAID has made the largest public investment ever in point of care diagnostics for HIV¹ so that people living with HIV can be tested, treated and their treatment monitored more easily than ever before.
- 2** A second-line regimen² for adults is now available at a price that is almost 50% lower than at the start of UNITAID's funding for 2nd line ARVs.
- 3** Uptake of optimal paediatric ARV formulations in low resource settings has increased to 82% as a result of the UNITAID funded paediatric ARV project.
- 4** 65 laboratories in low resource settings now have state-of-the-art facilities for routinely diagnosing and reporting MDR-TB cases.
- 5** 15,886 MDR-TB patient treatments have been delivered to low income countries to treat people detected with MDR-TB since 2007.

¹ CHAI/UNICEF "Accelerating access to diagnostics point of care testing for HIV" November 2012; and MSF " Implementation of CD4 and viral load testing in decentralized, resource-limited settings" December 2012.

² TDF/FTC (300/200 mg) & LPV/r (200/50 mg). Price reductions on two leading FDCs used in 2nd line treatment regimens have been achieved since 2008: -73% for TDF/FTC (300/200 mg) and -61% for TDF/3TC (300/300 mg).

6 463,504 curative and 681,982 prophylactic paediatric TB treatments have been delivered to low income countries since 2007.

7 A total of 290,144,290 ACT treatments have been delivered through the Affordable medicines for malaria project (AMFm) since 2009.

8 UNITAID is creating a private sector market for quality rapid diagnostic tests³ for malaria to promote rational use of ACTs in endemic countries.

9 WHO-prequalified medicines are made by 50 different manufacturers with 34 UNITAID priority medicines⁴ out of 48 medicines prequalified in 2012.

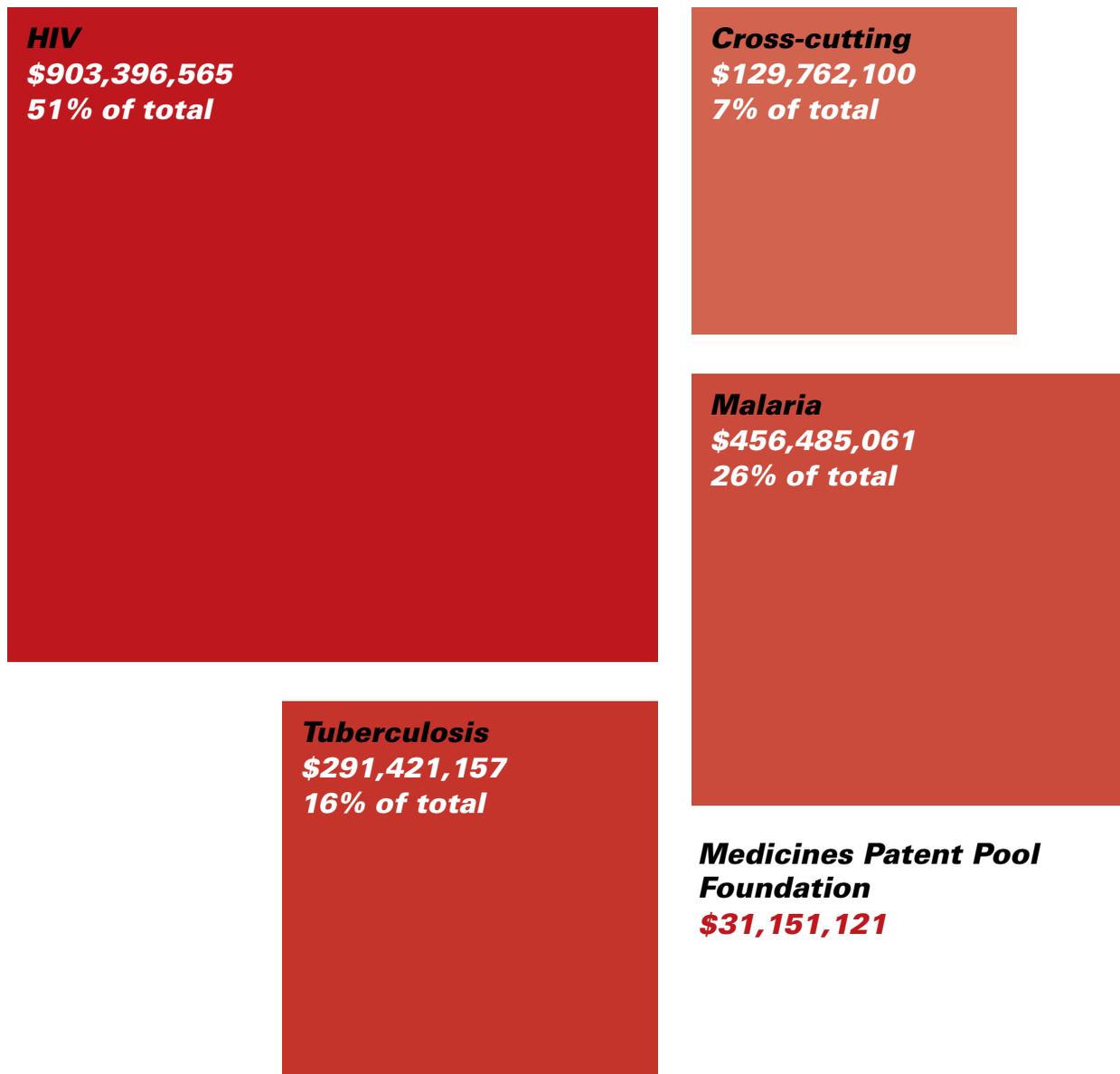
10 Nine new diagnostic tests for HIV and malaria were prequalified in 2012 bringing the total number of prequalified tests to 19⁵.

³ PSI grant entitled "Creating a private sector market for quality-assured RDTs in malaria-endemic countries".

⁴ 6 for HIV, 10 for malaria, 18 for TB.

⁵ 6 rapid tests for HIV, 3 CD4 cell count diagnostics for HIV, and 8 viral load tests for HIV; 2 rapid tests for malaria.

Project funding commitments at the end of 2012 by intervention area



+ Total Amount of UNITAID Executive Board commitments 2006–2012: US\$ 1,812,216,004

Executive Summary

The 2012 report of UNITAID¹ to its Executive Board describes the performance of the organization against its key performance indicators. These indicators provide guidance to UNITAID as they measure the performance of the grants financed by the organisation, their impact on the market and the effectiveness of UNITAID as a corporate entity².

This year's report is the last in a series of four such documents, corresponding to the implementation of the 2010-2012 strategy. With the new strategy 2013-2016 approved by the Board, indicators will be updated to better reflect the new objectives of UNITAID. These indicators will provide continuity with the existing ones to allow for long-term review of the performance of the organization and they will also measure the effectiveness of new activities and the level of achievement of strategic objectives of the organisation.

The 2012 report shows that the performance of UNITAID has been strong in 2012 and positive results have been obtained:

- Price reductions for medicines have been major: over 60% for important fixed dose combination antiretroviral drugs, 16% for intensive phase regimens for multi-drug resistant tuberculosis, 80% for antimalarial drugs in the countries covered by the AMFm³;
- Increased competition has been achieved for high-quality medicines: the number of prequalified medicines corresponding to

UNITAID priorities has doubled over the last four years;

- Market landscapes have been published and updated for medicines and diagnostic tests for the three diseases, providing evidence for UNITAID funding priorities;
- The number of patients covered by existing UNITAID grants has increased and, more importantly, patients continue to receive treatment after the end of UNITAID financing, a direct result of market improvements that make treatment more affordable;
- The performance of UNITAID's grants has improved, with a majority of Implementers being on track for disbursing, reporting and producing results.

In addition, the organisational effectiveness of UNITAID has improved: the time between signature of grants and first disbursement has been reduced by 45%, the rate of execution of the budget has increased by 70%, staff retention has remained high and 95% of all procurement funds were spent in low-income countries – the best performance to date for UNITAID.

The report provides a detailed review and analysis of all key performance indicators requested by the Executive Board. Annexes include comprehensive information on outcomes and costs of all grants made by UNITAID from 2007 to 2012.

¹ 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.

² Detailed performance of these indicators, together with a complete set of country data and profiles are published on the web site of UNITAID (www.unitaid.org/impact).

³ Affordable Medicines Facility for Malaria, financed in majority by UNITAID

UNITAID Overview

UNITAID is the leading example of an innovative financing mechanism, funded through a combination of airline ticket levies and multi-year budget contributions. It focuses on the development and evolution of competitive, innovative, and sustainable markets for health commodities for HIV, TB and malaria in resource-limited settings.

UNITAID uses market intelligence on health commodities to identify market shortcomings that contribute to poor access to medicines, tests and prevention products for HIV, TB and malaria in the world's poorest populations with the highest disease burdens. Market shortcomings are

addressed through grants that improve access to these products in low and middle income countries. Grants are implemented by partners who provide synergistic benefits through their own human, technical and financial resources, adding value to the resources provided by UNITAID.

94 low and middle income countries have benefited from UNITAID's actions to develop competitive markets for medicines, diagnostics and related products. UNITAID has sustained its support to low income countries with 95% of its funds being spent in this income category in 2012. Disease-specific grants are concentrated in countries with high disease burdens.

Operational achievements 2012

22 grants, one special project and one⁴ Secretariat initiative⁵ were active in 2012 (Table 1). Five grants ended on 31 December 2012. Three of these are the subject of end of project evaluations in 2013⁶ and two are awaiting financial closure⁷. The distribution of UNITAID's funding by project type is shown in Figure 1. This shows the shift that UNITAID is making into diagnostic products for detecting HIV, TB and malaria in low resource settings in 2013. This area is an under-resourced area, particularly in low income countries. The UNITAID call for proposals in the area of diagnostic tests for HIV, TB and malaria was successful in 2012 with six projects receiving approval from UNITAID's Executive Board. Contractual agreements were signed for these grants in late 2012 or early 2013⁸. In addition, five projects, A2S2 (i+ Solutions), AMFm (GFATM), the paediatric ARV treatment project (CHAI), paediatric TB project (Stop TB partnership, GDF) and MDR-TB scale-up project (Stop TB partnership, GDF) received Board approval to continue until the end of 2013.

To manage an increasingly complex portfolio, UNITAID uses processes and tools in the area of grant development and management that

have been developed in line with the Quality Management Framework established for the Organization. These processes are designed to provide protocols for portfolio teams to manage grants in a way that optimizes their chances for success. In addition, UNITAID expects rigorous financial reporting and has an audit process in place to ensure the appropriate use of its funds.

UNITAID supports the grant management process by working with Implementers to develop project-specific indicators that allow the grant's achievements, challenges and course corrections to be monitored over time. Complementary to this process are the independent, external evaluations performed at the mid-point of project implementation and again when a project ends. End of project evaluations of two UNICEF grants (PMTCT and LLINs) were completed in 2012. In addition, Mid-term reviews of two projects, ESTHERAID and WHO Prequalification of diagnostics, were started in late 2012 and completed early in 2013. The findings of these reviews are presented to UNITAID's Board and then made available on the UNITAID website at <http://www.unitaid.org/impact>.

⁴ The Medicines Patent Pool Foundation.

⁵ Coordinated Procurement Planning (CPP) with PEPFAR/SCMS, USAID, WHO, UNAIDS and UNICEF.

⁶ 2nd line adult ARV project (CHAI), ACT Scale-up (UNICEF, GFATM), Support to round 6 phase 1 GFATM all closed on 31 December 2012. These projects are the subject of end of project evaluations in 2013. A2S2 project with i+ Solutions ended on 31 May 2013 and is awaiting end of project evaluation.

⁷ First Line anti-TB medicines and PMTCT (I, II, III).

⁸ "Implementation of CD4 and viral load testing in resource limited settings" (MSF), "Accelerating access to diagnostics point of care testing for HIV" (CHAI/ UNICEF), "Open polyvalent platforms for HIV testing" (FEI), "Rapid diagnostic tests for malaria in the private sector" (PSI), "Quality control for rapid diagnostic tests for malaria" (FIND), and "Gene Expert diagnostic testing for TB" (GDF/Stop TB Partnership).

TABLE 1. LIST OF UNITAID FUNDED GRANTS (INCLUDING SPECIAL PROJECTS AND SECRETARIAT INITIATIVES) AS OF 23 APRIL 2013.

HIV	TB	Malaria	Cross cutting
2 nd Line ARV treatment project (CHAI) ⁹	First line anti-TB medicines (GDF) ¹⁰	ACT Scale up (UNICEF/GFATM) ¹¹	Support to GF round 6 (GFATM) ¹²
Paediatric HIV/AIDS treatment program (CHAI)	MDR-TB Scale up (GDF)	Artemisia Supply project (i+Solutions)	Support for quality assurance of medicines (WHO)
Support to PMTCT (I, II, III) (UNICEF) ¹³	MDR-TB Acceleration of Access initiative: Strategic Rotating stockpile (GDF)	Affordable medicines for malaria facility (AMFm) (GFATM)	Support for quality assurance of diagnostics (WHO)
Support to supply chain management of HIV medicines and diagnostics in West Africa (ESTHER)	Paediatric TB project (GDF)	Quality control for malaria rapid diagnostic tests (FIND/WHO)	Medicines Patent Pool ¹⁴
Support to Coordinated Procurement Planning (CPP) Initiative (SCMS) ¹⁵	Expand MDR-TB diagnostics (FIND, GLI, GDF)	Creating a private sector market for QA RDTs (PSI)	
Point of Care Diagnostics for HIV (CHAI/UNICEF)	Scale up access to contemporary diagnostics (GeneExpert) ¹⁶ (WHO/Stop TB)		
Point of Care Diagnostics for HIV (MSF)	Scale up access to contemporary diagnostics (Buy down) (Cepheid)		
Open Polyvalent platforms for sustainable and quality access to viral load (FEI)			

⁹ Ended 31 December 2012

¹⁰ Ended 31 December 2011 but UNITAID is awaiting reimbursement from GDF

¹¹ Ended 31 December 2012

¹² Ended 31 December 2012

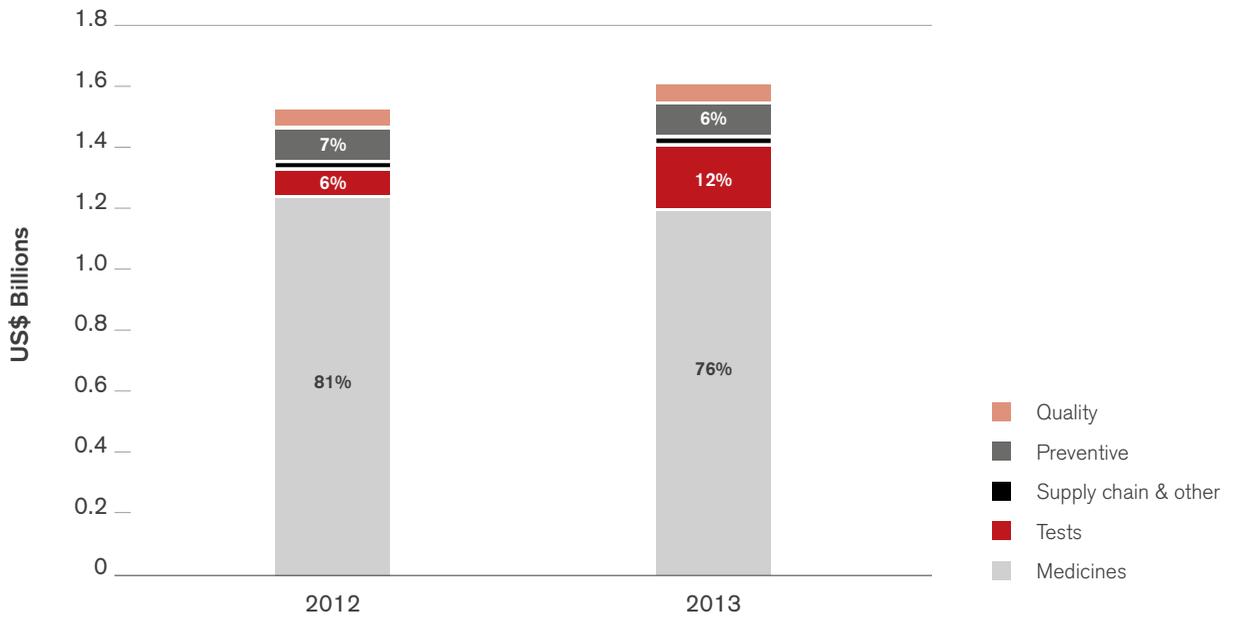
¹³ Ended 31 December 2011 but UNITAID is awaiting reimbursement from UNICEF

¹⁴ UNITAID Special Project

¹⁵ Secretariat Initiative

¹⁶ These discrete financial transactions represent one grant entity.

FIGURE 1. DISTRIBUTION OF BOARD APPROVED FUNDING BY PROJECT TYPE.



Key Performance Indicators for 2012

The purpose of this report is to highlight new developments and key challenges that UNITAID has faced as an organization and donor during 2012. This report will be the last to follow the Board approved key performance indicators (KPIs) set for the UNITAID Strategy 2010-2012. The report summarizes UNITAID's results measured against the targets for 2012 set by its Executive Board at the beginning of the Strategy cycle for 2010-2012. There are some new features in the 2012 Report. These are:

- Visualizations of UNITAID's data in 2012 available on our web site at: www.unitaid.org/impact;
- Annex 2 presenting Country Profiles for each of the 94 countries that benefit from UNITAID's grants; and
- Enhanced analysis of data and results throughout the three Areas of work reported on for 2012.

Moving forward into the 2013 reporting period and beyond, UNITAID has revised its framework for KPIs. The new framework and indicators will align the KPIs with UNITAID's Strategy for the period 2013-2016. The KPI report related to these new indicators will be available on 30 June 2014 and will present achievements made during the 2013 calendar year. UNITAID's Strategy 2013-2016 can be found at: <http://www.unitaid.org/en/strategy>.

UNITAID uses the results of the Key Performance Indicators (KPIs) set by its Executive Board to evaluate and improve UNITAID's performance, set standard operating procedures for the Secretariat and to improve reporting by Implementers. The UNITAID Secretariat shares the Board approved KPIs, milestones and targets for areas one and three of the KPIs with all Implementers to promote a solid understanding of the expectations that UNITAID has for each of its grants. These shared expectations are incorporated into the annual reports of all grants which in turn demonstrate the project achievements towards the UNITAID-Implementer objectives: better, faster and cheaper treatments, tests and related products to support and treat people living with HIV, TB and malaria in countries in need. This report presents the achievements made in three areas:

1. Impact of UNITAID on the market for products to treat, diagnose and prevent HIV/AIDS, TB and malaria;
2. Organizational effectiveness; and
3. Grant performance.

Targets have been set by UNITAID's Board for 2012 and performance across all areas will be measured against these targets in this report.

Area 1

Impact of UNITAID on the market for products to treat, diagnose and prevent HIV/AIDS, TB and malaria

Action	Indicators	Target 2012	
1	<p>The Secretariat monitors achievements of UNITAID's short to medium term funding on the market for products to treat, diagnose and prevent HIV, TB and malaria.</p>	<p>1.1.1 UNITAID has systems & reports in place to monitor the market for UNITAID target products</p> <p>1.1.2 % of UNITAID funded projects reporting annual progress towards well-defined transition plans</p>	<p>Routine monitoring reports produced</p> <p>100%</p>
2	<p>Generate long-term price reductions on medicines and diagnostics</p>	<p>1.2.1 Median prices paid for priority UNITAID medicines, diagnostics and related products reported by Implementers</p> <p>1.2.2 Number of new manufacturers of priority UNITAID medicines, diagnostics and related products used by Implementers reported to UNITAID</p> <p>1.2.3 Proportion of products in each disease area showing same or lower price than previous 12 months</p>	<p>Price reductions for end users, reported to UNITAID systematically</p> <p>An increase in (or optimal number of) new, quality market entrants</p> <p>85% of all UNITAID funded products showing the same or lower price than the previous 12 months</p>
3	<p>Improve quality of medicines, diagnostics and related products</p>	<p>1.3.1 Number of priority UNITAID medicines and diagnostics prequalified annually by niche</p> <p>1.3.2 Median number of days taken to prequalify a medicine</p> <p>1.3.3 Median number of days taken to prequalify a diagnostic test</p>	<p>optimal number of UNITAID medicines and diagnostics prequalified annually</p> <p>less than 300 days for a medicine with a dossier submitted after 2010</p> <p>less than 300 days for a diagnostic test with a dossier submitted after 2010</p>
4	<p>Shorten lead time for delivery of medicines, diagnostics and related products to countries</p>	<p>1.4.1 Manufacturer lead times for key medicines and diagnostics reported to UNITAID annually by Implementing Partners</p> <p>1.4.2 Implementers are reporting on the percentage of beneficiary country facilities that have experienced a stock out of UNITAID funded products at any point during the annual reporting period for the project</p>	<p>Manufacturer lead times indicate that Implementers are buying from suppliers who are performing efficiently</p> <p>Implementers report on the percentage of country facilities that have experienced a stock out</p>
5	<p>Promote the development of user-friendly drugs appropriate for use in developing countries</p>	<p>1.5.1 Implementer report the number of new of paediatric-adapted products for treatment of a) HIV b) TB and c) malaria.</p> <p>1.5.2 Number of fixed dose combination (FDC) treatments for a) 2nd line products and b) ACTs (malaria) to ensure better patient adherence to treatment</p>	<p>An increase in number of paediatric products available for purchase than before 2010</p> <p>An increase in number of FDCs being made for priority UNITAID products than before 2010</p>

ACTION 1: THE SECRETARIAT MONITORS ACHIEVEMENTS OF UNITAID'S SHORT TO MEDIUM TERM FUNDING ON THE MARKET FOR PRODUCTS TO TREAT, DIAGNOSE AND PREVENT HIV, TB AND MALARIA.

Indicator 1.1.1	Monitoring the market: UNITAID has systems and reports in place to track the market for UNITAID target products				
2009	2010	2011	2012	Target 2012	Result
Market Intelligence Information System tender complete. Project teams selected but not contracted until 2010	Hiring process for Market Dynamics team started; landscape analyses started	Landscape Reports presented to Board; Board endorses process of landscape reporting	Landscape analyses produced for medicines and diagnostics for each disease semi-annually; Market Intelligence System re-launched	Routine monitoring report produced annually	met

Indicator 1.1.2	Per cent (%) of UNITAID funded projects reporting annual progress towards well-defined transition plans				
2009	2010	2011	2012	Target 2012	Result
na	50	50	100	100	met



NARRATIVE EXPLANATION

Complete, reliable, and up-to-date information on trends in market dynamics underpins UNITAID's success in increasing access by improving markets for HIV, TB, and malaria. Indicator 1.1.1 monitors one of the ways that the Market Dynamics team tracks these markets through the provision of technical reports (landscape analyses) on the markets for key commodities. These reports are critical to inform decision-making such as priority-setting, grant-making, project management and impact assessment from UNITAID's interventions. They are now routinely available. The markets for these products are constantly changing, and capturing these changes is critical for UNITAID to be able to make timely, strategic interventions to shift market conditions. The frequency at which these reports are updated reflects this need to keep up to date with the latest developments. Table 2

shows the reports available now on www.unitaid.org by disease area.

UNITAID uses the term "transition" to refer to the continued financial support by other agencies and/or national governments for products that it initially funded to make the necessary market change leading to price reductions. Transition happens when there is a need for continued funding of these products in low income countries for a period after the initial investment because there are gaps that need to be filled. Transition is an integral part of project planning for specific grants¹⁷ involving products that countries will continue to need, often for increasing numbers of people in need. The expanding markets for second and third line ARVs are an example of products that will need continued support. Indicator 1.1.2 reports on the progress towards transition of those specifically affected grants (Table 3).

¹⁷ CHAI 2nd Line ARV project, CHAI paediatric ARV project, Paediatric TB, MDR-TB Scale-up, and MDR-TB Strategic Rotating Stockpile

TABLE 2. SUMMARY OF MARKET LANDSCAPE AND TECHNICAL REPORTS AVAILABLE FROM UNITAID IN 2012.

Disease Area	Report type	Date
Malaria		
Malaria diagnostics market landscape	Diagnostics landscape	October 2012
Malaria diagnostic technology landscape	Semi-annual update	December 2012
HIV/AIDS		
HIV/AIDS diagnostic technology landscape	2 nd edition	June 2012
HIV/AIDS diagnostic technology landscape	Semi-annual update	October 2012
HIV/AIDS medicines and pipeline overview	Medicines landscape	November 2012
Tuberculosis		
Tuberculosis diagnostic technology & market landscape	First report	July 2012
Tuberculosis medicines technology landscape	Medicines landscape	August 2012
Tuberculosis diagnostic technology & market landscape	Semi-annual update	December 2012
HIV/TB/malaria		
HIV, TB and malaria medicines landscape	Medicines landscape report	January 2012
Malaria-ACT Forecasting		
Policy Brief- ACT Forecasting		May 2012
ACT Forecasting	Quarterly update (Q1 2012)	May 2012
ACT Forecasting	Quarterly update (Q2 2012)	July 2012
ACT Forecasting	Quarterly update (Q3 2012)	December 2012

TABLE 3. TRANSITION REPORTING FOR GRANTS REQUIRING CONTINUED SUPPORT FOR KEY HEALTH PRODUCTS.

Grant name	End of Grant	Transition plan	Challenges
2 nd Line adult ARV project (CHAI)	31-Dec-2012	All 25 countries secured other sources of funding for 2 nd Line ARVs	Monitoring success of transition to other sources, including grants from GFATM and PEPFAR
Paediatric ARV project (CHAI)	31-Dec-2013	Swaziland ¹⁸ has secured funding for paediatric ARVs. Four other countries are at different application phases for GFATM funding	4 ¹⁹ countries remain without support
Affordable Medicines Facility, malaria (GFATM)	31-Dec-2013	Tanzania and Ghana have both allocated routine GF grant resources to support ACT subsidy. Other project countries ²⁰ have no transition plans	GFATM Board agreed that AMFm would be made part of GFATM funding model. Monitoring of GFATM support for AMFm continues
EXPAND TB (MDR-TB diagnostics) (FIND, GDF, GLI)	31-Dec-2014	Transition plan expected Quarter 4 2013	No funding options exist to maintain critical laboratory facilities in supported countries after 2014
MDR-TB Scale-up initiative (GDF)	31-Dec-2013	Extension granted through 2013 to transition 5 countries ²¹	Better MDR-TB medicines requiring shorter treatment duration are needed to improve health outcomes
MDR-TB Strategic Rotating Stockpile (GDF)	31-Dec-2013	GDF will convene a meeting with the Global Fund and partners during this quarter to further explore options for continuation of the SRS	It is unclear if a transition plan supported in part or solely by the Global Fund and/or other partners will be successful
Paediatric TB (GDF)	31-Dec-2013	Transition of 12 countries ²² expected in 2013	The project was granted an extension for one year during 2013 for an amount of US\$1,472,833. Monitoring the transition of 12 remaining countries continues

¹⁸ Swaziland has secured funds from its own Ministry of Health.

¹⁹ Malawi, Uganda, Mozambique and Zimbabwe

²⁰ Cambodia, Kenya, Madagascar, Niger, Nigeria and Uganda

²¹ Guinea, Kyrgyzstan, Kenya, Myanmar and Nepal

²² Afghanistan, Cambodia, Bangladesh, Pakistan, Somalia, Macedonia, Sri Lanka, DPR Korea, Sudan, South Sudan, Tanzania and Nigeria

Challenges & lessons learnt in 2012

Indicator 1.1.1

In 2012, there were several lessons learnt associated with monitoring the markets and using this information to inform the grant management process. These include the need to:

- ensure that UNITAID has the adequate in-house resources to support the development of needed market intelligence;
- support more proactive and sophisticated work to inform and develop strategic market interventions to ensure that high potential opportunities are not missed; and
- work closely with Implementers to refine interventions at the proposal stage to enable higher performing grants.

Indicator 1.1.2

Table 3 lists the challenges remaining for grants where support for commodities needs to transfer to other funding agencies. These challenges and the lessons learnt from them are further explained by disease area below.



HIV

The transition of countries from the UNITAID grants for ARV treatments has generally been successful because of the substantial gains made in the markets for these products (reduced prices and more generic manufacturers). However, the transition of five countries²³ in the CHAI/UNITAID Paediatric ARV project was delayed in 2012. These countries were not able to secure transition funding for paediatric ARVs for 2013 and beyond. Swaziland has since been able to support its need for paediatric ARVs through its own national government, leaving only four countries in need of further support. In response to this challenge,

CHAI requested an extension of US\$ 7 million to the project through 2013. UNITAID's Board agreed to this request at its 17th Executive Board meeting in December 2012 so that children living in high risk countries would not suffer treatment interruptions while alternative funding sources were being secured. UNITAID and CHAI, through the Paediatric ARV Procurement Working group²⁴ continue to seek transition partners for this project. One potential source of transition funding, the GFATM, has not yet been able to address the current funding gaps.

All countries benefiting from the adult 2nd Line ARV project have secured funding for 2nd Line ARVs after 2012. UNITAID will continue to monitor reports of stock shortages and stock-outs in these countries through its support to the ESTHERAID project and the Coordinated Procurement Planning²⁵ project with PEPFAR/SCMS.



Malaria

The Affordable Medicines Facility-malaria has cumulatively delivered 290,144,290 ACT treatments to private and public sector outlets in Cambodia, Ghana, Kenya, Madagascar, Niger, Nigeria, Tanzania and Uganda. The success of this project encouraged the GFATM's Board to recommend the integration of this mechanism into the new GFATM funding model. Tanzania and Ghana have both allocated routine GFATM grant resources to support subsidized ACTs to the private sector. There are no clear transition plans for continuation of this mechanism in the remaining countries at this time.



Tuberculosis

UNITAID's support to the Global Drug Facility of the Stop TB Partnership (GDF) continues to try and stabilize the markets for treatment and detection of MDR-TB and to make available more

²³ Malawi, Mozambique, Uganda, Swaziland, and Zimbabwe.

²⁴ UNITAID, Supply Chain Management System (SCMS), UNICEF, CHAI, GFATM.

²⁵ A Secretariat Initiative

efficacious TB medicines for children. However, the global market size for UNITAID-supported medicines and diagnostics is small and the concurrent low volume of product needed means that old formulations continue to be priced high. The continued high cost of these medicines and tests makes transition to other sources of funding difficult. The MDR-TB Scale-up and Paediatric TB projects have both required extensions to the end of December 2013 to support countries which are not able to find other sources of financial support for these critical medicines. UNITAID's support for MDR-TB diagnostics has led to more people being diagnosed, thus increasing demand for medicines and encouraging generic manufacturers to enter the market to make these medicines. However, in the shorter term, UNITAID may have to continue to support access to MDR-TB medicines using the Stop TB Partnership (GDF) as the Implementer because there are no other partners who have the mandate in low income countries in this area.

The Strategic Rotating Stockpile (SRS) for MDR-TB has been a successful model to ensure availability of MDR-TB regimens. In 2012, the per cent of time that the stockpile was not fully stocked increased, suggesting that it is too small to meet the current demand. Case detection of MDR-TB is expected to increase with two UNITAID-funded grants addressing diagnostics of MDR-TB²⁶. This means that a new SRS model is needed to meet the expected increase in need for treatment. This new model will also need to consider actions to improve country-level forecasting so that emergency requests for MDR-TB treatments can be minimized by better in-country supply chain management and planning. UNITAID's Implementer, GDF, will convene a meeting with the GFATM and other stakeholders to explore options for continuation of the SRS once the UNITAID grant concludes at the end of 2013.

²⁶ Expand MDR-TB Diagnostics and TBXpert Project

ACTION 2: GENERATE LONG-TERM PRICE REDUCTIONS ON MEDICINES AND DIAGNOSTICS.

Indicator 1.2.1		Median prices paid for priority UNITAID medicines, diagnostics and related products reported by implementing partners to UNITAID				
	2009	2010	2011	2012	Target 2012	Result
HIV	2 nd Line ARVs: 11% and 29% reductions from 2008 prices; Paediatric ARVs: 8% reductions for key AZT and ABC based fixed dose combinations from 2008 prices	2 nd Line ARVs: a further 9% and 4% price reduction on regimens from 2009; Paediatric ARVs: 39% reductions for key AZT and ABC based fixed dose combinations from 2009 prices;	2 nd Line ARVs: a further 7% and 8% price reduction on regimens from 2010; Paediatric ARVs: 29% reductions for key AZT and ABC based fixed dose combinations from 2010;	2 nd Line ARVs: 19% and 20% price reduction on key regimens; 10% reduction on ATV/r and 24% reduction on TDF (300 mg); Paediatric ARVs: up to 7% reductions for key AZT based fixed dose combinations; 9% reduction in LPV/r 80/20 mg;	Price reductions for end users, reported to UNITAID systematically	met
TB	na	na	na	16% price reduction in cost of high range treatment cost per patient from 2011; 1% price reduction in cost of low range treatment cost per patient from 2011		
Malaria	na	80% price reduction for ACTs in private sector	AMFm reported median prices of between US\$0.45 to US\$1.87 per treatment for artemether/ lumefantrine 20/120 mg and between US\$0.32 and US\$1.33 for Artesunate/ Amodiaquine 100/270 mg	AMFm reported median prices of between US\$0.18 to US\$1.85 per treatment for artemether/ lumefantrine 20/120 mg and between US\$0.28 and US\$1.59 for Artesunate/ Amodiaquine 100/270 mg		

Indicator 1.2.2		Number of new manufacturers of priority UNITAID medicines, diagnostics and related products with products available for public procurement				
	2009	2010	2011	2012	Target 2012	Result
HIV	6 new 2 nd Line ARVs suppliers eligible	12 new suppliers for 2 nd Line ARVs	3 new suppliers for 2 nd Line ARVs; 10 new eligible suppliers for paediatric ARVs	2 new suppliers for a key 2 nd Line ARV FDC; 6 new suppliers for UNITAID supported paediatric ARVs	An increase in (or optimal number of) new, quality market entrants	met
TB	na	4 new suppliers in GDF catalogue	17 suppliers of quality assured MDR-TB medicines	TB: 19 suppliers of quality assured 2 nd and 3 rd line drugs submitted bids to GDF		
Malaria	na	na	Master supply Agreement signed with 1 new supplier (QCIL) for artemether/lumefantrine	Treatments delivered from 1 new supplier for Artemether/Lumefantrine and 1 new supplier for DHA/PPQ		

Indicator 1.2.3		Proportion of products in each disease area showing same or lower price than previous 12 months				
	2009	2010	2011	2012	Target 2012	Result
HIV	na	8 out of 9 2 nd Line ARVs decreased in price	All ARVs procured by CHAI maintained or lowered prices	Lower prices for all 2 nd line ARVs	85% of all UNITAID funded products showing the same or lower price than the previous 12 months	met
TB	na	15 out of 16 TB medicines reduced or maintained price	MDR-TB medicine prices remained constant	16% price reduction in cost of high range treatment cost per patient from 2011; 1% price reduction in cost of low range treatment cost per patient from 2011		
Malaria	na	na	Consumer price reductions for ACTs in 5 countries (from 50 to 82% reduction)	Consumer price reductions for ACTs in 5 countries (from 50 to 82% reduction)		

See tables 1 to 4 in Annex 1



NARRATIVE EXPLANATION

Generating long-term price reductions on medicines and tests for HIV, TB and malaria is one of the targets of UNITAID's investments. UNITAID grants address market inefficiencies that keep the prices of important medicines and tests out of the reach of people in low income countries. UNITAID's investments enable national governments and the larger global donors to buy more health products for their money, thus allowing more people suffering from these diseases to receive lifesaving treatments. All Implementers of UNITAID grants which purchase products for the three diseases provide median prices with range and interquartile range to UNITAID so that the price of these products can be monitored over time and procurement efficiency can be measured. Indicators 1.2.1 and 1.2.3 use this information and report on these prices and the reasons for any changes over time.

Indicator 1.2.2 monitors the number of new, generic manufacturers entering a market to make these products. As the number of manufacturers in the market increases, competition between manufacturers keeps prices lower than would be the case if the market contained a sole supplier. In 2012, price reductions were most notable in 2nd Line ARVs, a few key MDR-TB medicines, and anti-malarials (ACTs) in the private sector markets of countries participating in the UNITAID supported Affordable Medicines facility for malaria (AMFm) of the GFATM. Details of the products and their price reductions and the number of manufacturers making them are available in Tables 1 to 4 of Annex 1.



HIV and ARVs

In 2012, there were some advances in the 2nd Line ARV treatment market:

- Price reductions of up to 20% were made against the 2011 purchase prices for leading second line ARV formulations²⁷;
- ATV/r fixed dose combination introduced to the 2nd Line ARV treatment project in 2011 was purchased by 11 countries in 2012 at a lower price than in 2011; and
- The 2012 supplier selection process saw an increase in the number of manufacturers making high quality ARVs available with six new manufacturers being approved to make UNITAID funded ARVs.

Price decreases that continue to be realized on 2nd Line ARVs are consistent with the number of generic manufacturers that make these products, thereby generating healthy competition within this market.

Figure 2 provides a visual representation of the price reductions achieved for this grant since 2008.

The market for paediatric ARVs has also seen improvements over the past year. These include:

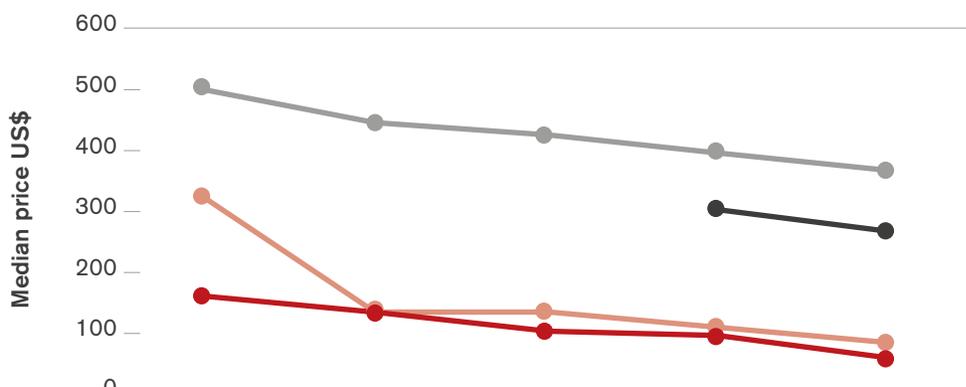
- Key products achieving a 7% to 9% price reduction²⁸ compared with purchase prices in 2011. The prices of other key products remained relatively constant for the reporting period;
- 15 new stringent regulatory authority (SRA) approvals for ARV formulations used in the project;

²⁷ TDF/3TC (300 mg/300 mg) & LPV/r (200mg/50 mg). 16% price reduction for TDF/3TC (300 mg/300 mg) & ATV/r (300mg/100 mg), see Annex 1 for details.

²⁸ 7% for ABC/3TC (60 mg/30mg) and 9% for LPV/r (80mg/20 mg).

- The market for early infant diagnostics (EID) saw the entry of a second supplier for dried blood spot (DBS) collection bundles, making the cost of infant HIV tests lower;
 - UNITAID's grant to CHAI facilitates efforts to increase the uptake of optimal paediatric FDCs
 - 32,727³⁰ new children placed on treatment through CHAI paediatric ARV grant in 2012.
- by countries. More countries than ever before are purchasing optimal paediatric ARVs²⁹ with 82 % optimal ARVs purchased in 2012, an increase from the 52% purchased in 2010; and

FIGURE 2. PRICE PER PATIENT PER YEAR FOR SELECTED ADULT ARVS USED IN SECOND LINE TREATMENT REGIMENS.



	2008	2009	2010	2011	2012
LPV/r (200/50 mg)	496	441	420	396	363
TDF/3TC (300/300 mg)	158	138	107	96.24	62.4
TDF/FTC (300/200 mg)	319	141	138	115.2	86.4
ATV/r (300/100 mg)				300	270

Note that ATV/r (300/100 mg) entered the market in 2011.

²⁹ As defined by the Inter-Agency Task Team on HIV prevention and treatment (UNAIDS, IATT).

³⁰ Includes 30 June 2012 values for Haiti and Mali.

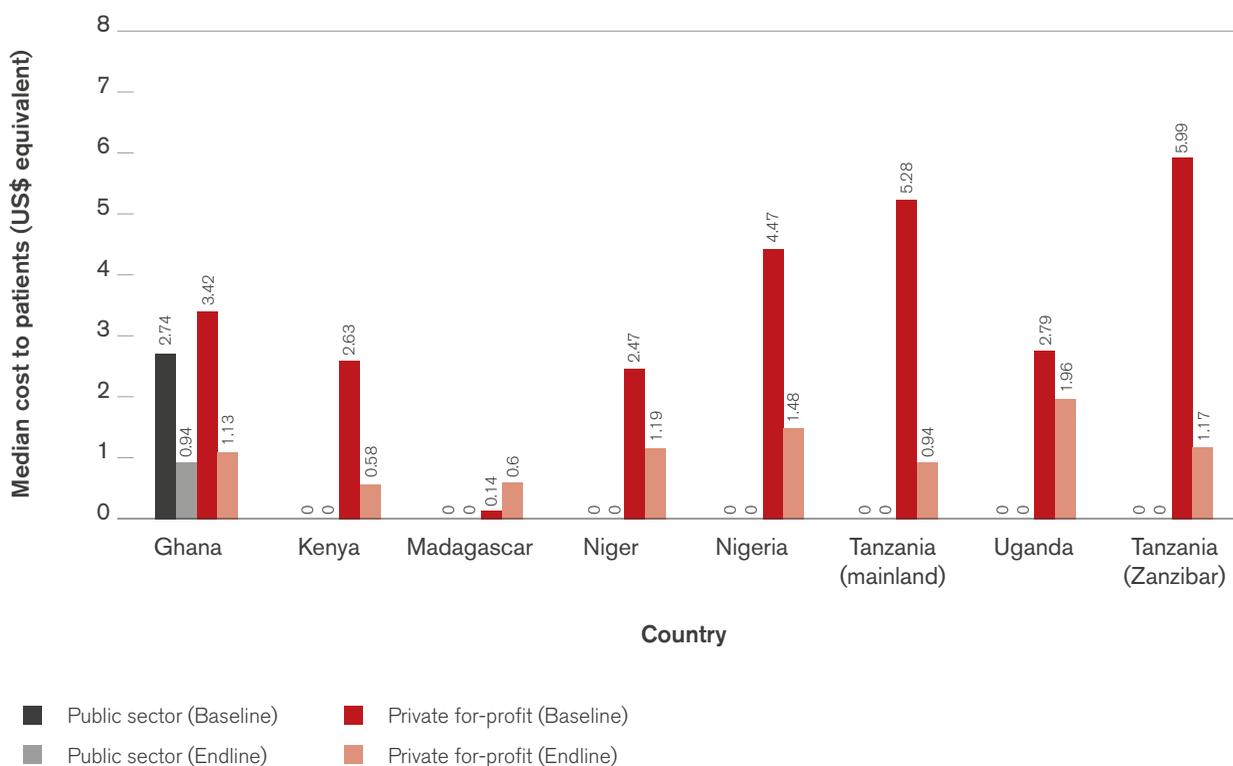


Malaria and ACTs

UNITAID’s interventions in the market for effective malaria medicines (ACTs) have led to considerable change since 2006 when there was only one manufacturer of an ACT co-blistered formulation. UNITAID currently finances two grants addressing the market challenge of quickly replacing ineffective anti-malarial medicines with ACTs, the Affordable Medicines for Malaria facility (AMFm implemented by GFATM) and the Assure Artemisinin supply project (A2S2, with i + Solutions). Price tracking of the AMFm phase 1,

as reported in the AMFm Independent Evaluator’s Report³¹, showed that significant decreases in median price of quality ACTs were seen in the private for-profit sectors in six of the eight pilot countries. Prices paid by end users for quality ACTs ranged from US\$ 1.28 to US\$ 4.82 lower than at the start of the AMFm. The lowest median prices were in Kenya and Madagascar, followed by Tanzania (mainland) (Figure 3). This indicates that the AMFm mechanism is having an effect on the private sector markets in these countries by keeping the prices low for patients needing ACTs.

FIGURE 3. MEDIAN COST TO PATIENTS OF ONE ADULT EQUIVALENT TREATMENT DOSE OF QUALITY ACTS IN PUBLIC AND FOR-PROFIT OUTLETS (2010 US\$ EQUIVALENT), AT BASELINE AND ENDLINE³².



³¹ Multi-Country Independent Evaluation Report: Final Report September 28 2012, AMFm Independent Evaluation Team, ICF International and London School of Hygiene and Tropical Medicine.

³² Adapted from: Multi-Country Independent Evaluation Report: Final Report September 28 2012, AMFm Independent Evaluation Team, ICF International and London School of Hygiene and Tropical Medicine.



Tuberculosis and anti-TB medicines

The fragmented nature of the second line anti-TB medicines market makes it difficult to obtain significant price reductions. However, in 2012, an unprecedented 19 manufacturers of second and third line anti-TB medicines made bids to GDF to supply UNITAID funded grants. A total of 54 medicine/manufacturers were eligible for supply in the GDF 2012 catalogue. More manufacturers in the market has led to price reductions in anti-TB medicines. For example,

a reduction in the cost of cycloserine has resulted in the high range MDR-TB treatment regimen costing 16% less than it did in 2011. Table 4 shows the comparison between the high and low range drug treatment cost for 2011 and 2012. Prices of other medicines have been maintained from 2010 to 2012 through negotiations by GDF and long term agreements signed with manufacturers. The price of capreomycin remains the exception by staying high in 2012³³.

TABLE 4. COST OF HIGH AND LOW TREATMENT REGIMENS FOR MDR-TB, 2011 AND 2012 COMPARED.

Treatment regimen type	US \$ per patient per treatment		
	2011	2012	% change
High range cost (12 CM Pto CS Mxf PAS) ³⁴	7,890.68	6,621.46	-16
Low range cost (8 AM Eto Cs Lfx/16 Eto Cs Lfx) ³⁵	2,069.90	2,059.11	-1

³³ Capreomycin has gone from \$4 per ampoule to \$8 (following technology transfer from Eli Lilly who subsidized the price of the product to Akorn).

³⁴ 12 months of the anti-TB medicines: Capreomycin, Prothionamide, Cycloserine, Moxifloxacacin and PAS

³⁵ 8 months of the anti-TB medicines: Amikacin, Ethionamide, Cycloclerine;16 months of Ethioanamide, Cycloserine and Levofloxacin.

Challenges & lessons learnt in 2012



HIV

Sustaining price reductions and transition planning

Manufacturers are anticipating that the 2nd Line ARV market is growing, with more people having access to first line treatment through the efforts of the international community. There is now a clear need to expand the availability of 2nd Line ARVs and manufacturers are responding to this challenge.

Sustaining gains made with some products in the paediatric ARV project and inducing price reductions in others have been hampered by lack of available quality-assured generic manufacturers with which to negotiate better prices. In addition, five countries³⁶ remained without secured transition funding for the continued supply of paediatric ARVs in 2012.



Tuberculosis

UNITAID's Implementer for TB medicines, GDF, obtained bids through its supplier selection process in 2012 from an unprecedented 19 manufacturers of second and third-line anti-TB medicines. Following a review of the bids, GDF began working with four new suppliers that will begin in 2013 to supply medicines for the treatment of multidrug-resistant TB (MDR-TB) and extensively-resistant TB (XDR-TB). These are:

- Reig Jofre (amoxicilin clavunate);
- Pharmatex/Fisiopharma (amikacin);
- Dong-A (cycloserine); and
- Labatec (imipenem - cilastatin).

GDF will also continue procuring second-line drugs from Macleods, Vianex, Olainfarm, Jacobus and other existing suppliers. As a result of negotiations with bidders, GDF will, in the near future, be able to provide cycloserine at a 37% lower price. This

decrease represents important progress, because cycloserine is one of four medicines (along with capreomycin, kanamycin and PAS products) that together represent 80% of the products used in second-line regimens.



Malaria

The maintenance of price reductions is not without its challenges. In March 2012, AMFm concluded the third round of maximum price negotiations with all manufacturers who signed Master Supply Agreements. In this round of price negotiations, all manufacturers requested an increase in AMFm maximum prices, in some cases up to 30% relative to the 2011 AMFm maximum prices, citing higher artemisinin prices. The decision was made to not respond to pressure to increase the maximum prices that manufacturers may charge first-line buyers, and there was also no increase in the co-payment per formulation pack size of ACTs in 2012. This outcome served to:

- maintain prices to first line buyers;
- increase pricing pressure down the artemisinin supply chain;
- set an upper limit for ACT subsidy prices at the level of prices in 2011; and
- reinforce the importance of the AMFm mechanism to the global ACT market.

In November 2012, the GFATM Board decided to integrate the AMFm mechanism into GFATM grant management processes. The Board also reaffirmed that there would be a transition period in 2013 for AMFm pilot countries to allow time for the GFATM to develop systems so that countries could use GFATM grants to work with the private for-profit sector through a co-payment mechanism for malaria treatments. UNITAID will support this process through 2013, after which its Executive Board may need to consider soliciting project proposals to support access to malaria treatment with ACTs, through other mechanisms.

³⁶ Swaziland, Uganda, Zimbabwe, Malawi and Mozambique.

ACTION 3: IMPROVE QUALITY OF MEDICINES, DIAGNOSTICS AND RELATED PRODUCTS.

Indicator 1.3.1		Number of priority UNITAID medicines and diagnostics prequalified annually by niche				
	2009	2010	2011	2012	Target 2012	Result
Medicines	18	15	20	34 priority medicines (out of 48)	30	met
Diagnostics	na	na	10	9	50	not met

Indicator 1.3.2		Median number of days taken to prequalify a medicine Median number of days taken to prequalify a diagnostic test				
	2009	2010	2011	2012	Target 2012	Result
Medicines	752	664	795	296	Less than 300 days for a medicine with a dossier submitted after 2010	met
Diagnostics	na	15	137	172	Less than 300 days for a diagnostic test with a dossier submitted after 2010	met

See tables 6-8 in Annex 1



NARRATIVE EXPLANATION

UNITAID's support to the WHO/UN Prequalification programme (PQP) is critical to its mission to improve availability of and access to quality medicines and diagnostics in low and middle income countries for HIV, TB and malaria. UNITAID monitors the number of finished product pharmaceuticals and diagnostics tests prequalified by the PQP medicines and PQP diagnostics programmes (Indicator 1.3.1) as well as the time it takes to prequalify these products (Indicator 1.3.2). Both programmes are within the 2012 target number of days (300) taken to prequalify a medicine or test.

In 2012, PQP medicines prequalified a high number of finished pharmaceutical products (FPPs) and active pharmaceutical ingredients (APIs)³⁷. The FPPs included a number of products prequalified

for the first time by the programme³⁸. Compared to other project years, the FPPs prequalified included a large number of antimalarial and anti-TB products, most of which have a paediatric indication. However, at the end of 2012, the number of products in the prequalification pipeline still remained highest for HIV/AIDS medicines. Figure 4 shows the steady progress made in prequalifying UNITAID priority medicines by PQP throughout the years of UNITAID support.

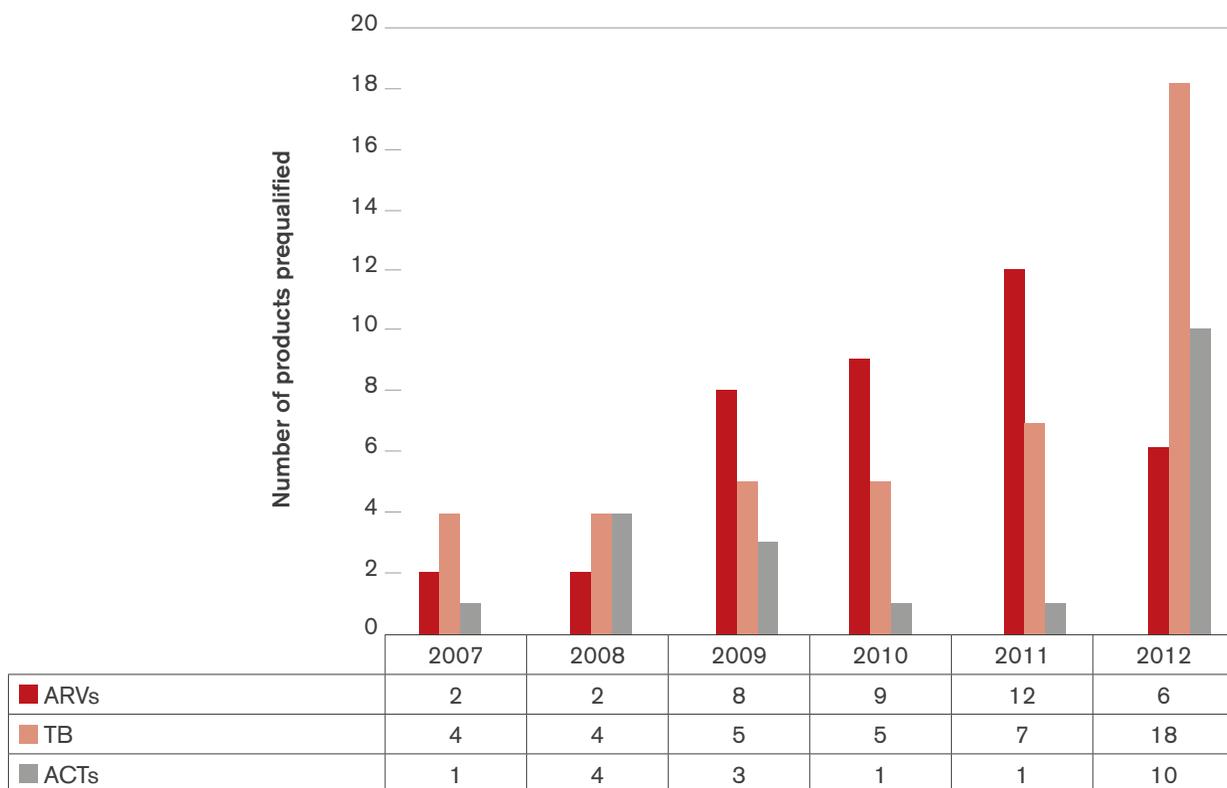
PQP diagnostics prequalified nine tests related to HIV testing and monitoring of patient CD4 counts and viral load levels. It remains behind in reaching its target of 50 prequalified tests in 2012. Nonetheless, the total number of prequalified diagnostic tests prequalified since 2009³⁹ is now 19. The programme has received a cost-extension from March to December 2013 in order to continue to work towards this target.

³⁷ 48 FPPs, 34 of which are UNITAID priority medicines, and 20 APIs.

³⁸ These include dispersible efavirenz 100 mg tablet (HA509); antimalarial tablet containing artesunate + sulfadoxine + pyrimethamine (MA066); true generic fixed-dose amodiaquine + artesunate combinations (MA080, MA0081 and MA082); paediatric lamivudine tablet (HA502); etravirine and darunavir tablets (HA532, HA529 and HA530); artesunate and mefloquine (as HCl) combinations (MA078 and MA079); azithromycin tablet (HA556); diazepam tablets (HA559 and HA560); zinc tablet (DI002); and ganciclovir generic tablet (HA515).

³⁹ 2 malaria rapid tests, 6 HIV rapid tests, 3 CD4 cell count HIV tests and 8 HIV viral load tests.

FIGURE 4. STEADY PROGRESS MADE BY WHO PREQUALIFICATION PROGRAMME ON PREQUALIFICATION OF MEDICINES. 34 OF THE 48 MEDICINES PREQUALIFIED IN 2012 ARE UNITAID PRIORITY MEDICINES.



Challenges & lessons learnt in 2012

Prequalification of medicines has in the past faced challenges in engaging with manufacturers and encouraging the submission of dossiers for prequalification of medicines. However, the recent proactive approach of PQP medicines and the implementation of an accelerated approval of prequalified products has yielded improved results for PQP medicines.

UNITAID priority products, many of which are new, much needed formulation, are evaluated in preference to older products. UNITAID’s quality assurance policy dictates that only quality assured products can be purchased with UNITAID funds so it is vital that there is a mechanism to quality assure products which are the target of UNITAID grants. Some challenges remain. For example, PQP medicines issues an “Expression of Interest” (EOI) for submission of dossiers

related to UNITAID priority products in need of prequalification. Although significant progress was achieved in 2012, there are still some formulations included in the current EOI for which no products have yet been prequalified. For UNITAID priority areas the situation in 2012 was as follows:



HIV/AIDS

61% of EOI formulations have no prequalified products. The gap is greatest for reverse transcriptase inhibitors and medicines for treating opportunistic infections and these, as well as, “missing” paediatric formulations are a priority for evaluation.



Malaria

77% of EOI formulations have no prequalified products. PQP received an application for semi-synthetic artemisinin in 2012 and has prioritized it for assessment. The availability of semi-synthetic artemisinin will help stabilize the price of API for ACTs.



TB

54% of EOI formulations have no prequalified products. 18 UNITAID priority TB medicines were prequalified in 2012. New paediatric TB formulations will continue to be prioritized for evaluation.

Other challenges include:

- PQP medicines require increasing amounts of time spent on “maintenance” activities such as requalification and re-inspection, to ensure that prequalification standards are maintained for all medicines that have already achieved prequalification.
- There are plans to introduce fees for some of the prequalification services in 2013 (subject to approval from the WHO Director-General.) Care will have to be taken to ensure that these do not discourage manufacturers from submitting products for evaluation.

The Prequalification of diagnostics programme continues to face challenges in engaging with manufacturers and encouraging the submission of dossiers. Manufacturers are reluctant to spend money and time on a process that does not necessarily translate into more orders from purchasers for their products. In 2012, the UNITAID grant supporting PQP diagnostics was the subject of an independent, external mid-term evaluation⁴⁰ which was completed in early 2013. This review provided important recommendations designed to improve the performance of this grant. As a result of this review and in order to speed up the process of prequalification of diagnostic tests for the three diseases, UNITAID, the GFATM, the Bill and Melinda Gates Foundation (BMGF) and other stakeholders have requested WHO to develop an Expert Review Panel for Diagnostics (ERPD). It is hoped that this process will accelerate the prequalification, in particular, of HIV POC Diagnostics. The GFATM wishes to lead the ERPD as it has done successfully for medicines. The pros and cons of such an arrangement are being considered by the key stakeholders. In addition, synergy meetings are underway between UNITAID, USG (PEPFAR, USAID, CDC) and the BMGF to align efforts to accelerate prequalification of priority diagnostic tests and devices and discuss the comparative advantages of various players (CDC, WHO) and the roles they can play by working in a complementary manner.

⁴⁰ By Euro Health Group

ACTION 4: SHORTEN LEAD TIME FOR DELIVERY OF MEDICINES, DIAGNOSTICS AND RELATED PRODUCTS TO COUNTRIES.

Indicator 1.4.1		Manufacturer lead times for key medicines and diagnostics reported to UNITAID				
2009	2010	2011	2012	Target 2012	Result	
Table 9	Table 9	Table 9	Table 9	Manufacturer lead times indicate that Implementers are buying from suppliers who are performing efficiently	met	

Indicator 1.4.2		Implementing partners are reporting on the percentage of beneficiary country facilities that have experienced a stockout of UNITAID funded products at any point during the annual reporting period for the project				
	2009	2010	2011	2012	Target 2012	Result
HIV	na	na	UNITAID support to ESTHER and to the Coordinated Procurement Planning Initiative provides country-level stockout information on ARVs and diagnostic tests for HIV	Stock outs reported from beneficiary countries by ESTHERAID and CPP	Implementing partners report on the percentage of country facilities that have experienced a stockout	met
TB	Strategic rotating stockpile reached 5,800 patient treatments for MDR-TB;	GDF reported a stockout of paediatric anti-TB medicines in Niger	GDF reports stockouts of Paediatric products in 7 national programmes	GDF reports stock outs of anti-TB medicines		
Malaria	UNICEF supplied ACTs have buffer stock; 100% of LLINs distributed to 9 countries to prevent stockouts	na	na	AMFm surveys report on stock out to private sector facilities		

See tables 5 & 9 in Annex 1



NARRATIVE EXPLANATION

Timely delivery of medicines, diagnostics and related products to countries benefiting from UNITAID grants is an important part of improving access to medicines and tests for the populations which need them the most. All of UNITAID's Implementers report on manufacturer lead time, defined as the time between placement of an order with a manufacturer and delivery to a country. The results of Indicator 1.4.1 are presented in this report by disease area, product and manufacturer in the Annex 1 (Table 9).

Indicator 1.4.2 monitors stock outs in countries that are associated with UNITAID funded products. Monitoring stock outs is particularly important for UNITAID and its Implementers when grant funded products are starting a transition period to other sources of funding. UNITAID wants to make sure that there are no treatment interruptions resulting from the transition of a grant. To this end, UNITAID is an active participant in the Coordinated Procurement Planning Initiative (CPP) and it has provided a grant to ESTHER (ESTHERAID) to actively engage with countries in Francophone West Africa to monitor the situation related to 2nd Line and paediatric ARVs as well as diagnostic tests. UNITAID has also gained experience over time in monitoring stock-outs of key medicines and tests. Table 5 in Annex 1 presents the information as we have it from Implementers for ARVs and paediatric TB medicines. These tables report the:

- name and formulation of the product out of stock;
- number of days it was out of stock in the reporting period;
- location of the stock out;
- reasons for the stock out; and
- actions taken by the Implementer or country to mitigate treatment interruption.

This information is captured in an effort to be transparent about what is happening with these

products at the country-level so that the global public health donors can take action together to improve the supply of these vital medicines and tests. Our work with a wide variety of global and country partners means that we can hear about the same stock out incident from two or more different sources and this type of information helps to gather more specific information about the stock out, its causes and can lead to prevention of treatment interruptions.

The situation in 2012 for manufacturer lead times and stock outs is reported below by disease area.



HIV

In 2012, CHAI continued to include timeliness of delivery as a decision point when selecting primary, secondary and pool manufacturers for procurement of products for the 2nd Line and paediatric ARV grants. This makes it clear to manufacturers that short lead times are valued by both UNITAID and CHAI.

ESTHER and UNITAID are working together on ESTHERAID, a grant that is building capacity in five Francophone West African countries⁴¹ to manage the supply of ARVs and diagnostic tests for HIV/AIDs. This includes identifying stock outs and shortages in Central and Regional medical stores and at treatment centers throughout the countries. In 2012, ESTHERAID was operational in all five countries, assessing stocks, training staff and putting standard operating procedures in place to manage tests and treatments for HIV/AIDs. In assessing stocks, a number of shortages were identified. ESTHER and UNITAID are participating in the monthly CPP meetings and providing this information to the CPP when it reviews the status of countries at-risk of stock-outs of key ARVs. The information gathered by ESTHER contributes to the CPP Web platform, now formally named the Procurement Information Exchange (PIE). This UNITAID-supported tool is now functional and is helping the public health procurement community identify countries at-risk and to mitigate these

⁴¹ Benin, Burkina Faso, Central African Republic, Cameroon and Mali.

risks to prevent treatment interruptions. Data are also accompanied by quantitative assessments of funding flows relative to country needs for ARVs and a brief qualitative assessment of potential risks. The site also hosts an ARV Supply Risk Assessment. Table 5.1 in Annex 1 shows the results of our joint efforts in 2012.



Tuberculosis

In 2012, 67 country programmes ordered from the strategic rotating stockpile for MDR-TB medicines. An additional 17 countries placed and received emergency orders with the median lead time for delivery of treatments being 55 days, an increase over the 31 days reported to UNITAID by GDF in 2011.

Early 2012 saw a shortage of injectable drugs for MDR-TB but this was successfully managed by GDF and the products are now fully available.



Malaria

The ACT scale-up project with UNICEF and the GFATM ended at the end of 2012. This grant has reported manufacturer lead times for deliveries to countries in 2012 and these are shown in Annex 1. The grant did not report any stock shortages of ACTs related to countries benefiting from these grants.

Procurement under the AMFm has been efficient in 2012 with delivery lead times for all AMFm co-paid ACTs reported as “low”.

Challenges & lessons learnt in 2012



HIV

An independent, external mid-term evaluation⁴² of the ESTHERAID grant was started in 2012 and completed in 2013. A no-cost extension, including redistribution of activities and contingency plans for unforeseen events (e.g. unrest in Mali and the rebellion in the Central African Republic), was recommended to enable the grant to achieve its outcomes and impact in each of the five countries.

A no-cost extension is also anticipated for the CPP Initiative (from August to December 2013) to allow for completion of the analysis of the data collected in the PIE.

UNITAID continues to monitor stock outs of 2nd Line and paediatric ARVs to ensure that countries that have transitioned from its grants with CHAI are not experiencing delays in their transition funding arrangements. This monitoring is vital to maintain not only the market gains achieved through these grants but also the public health impact of more people on treatment with the optimal ARVs and not facing treatment interruptions from these medicines.



Tuberculosis

The per cent of time that the SRS was not fully stocked increased in 2012, suggesting that the stockpile was not large enough to meet the demand for medicines. Case detection of MDR-TB is expected to increase in the near future, particularly because UNITAID is funding grants related to increased detection of MDR-TB⁴³. GDF will convene a meeting with the GFATM and partners in 2013 to explore options for continuation of the SRS to maintain the relatively stable treatment delivery times supported by the current SRS.



Malaria

The ACT scale-up project ended on 31 December 2012 and an external, independent evaluation of the project is now underway. For some countries, ACT quantification appears not to have been based on disease burden, absorptive capacity or historic use, resulting in drug overstocks and expiry. An example of this was seen in Madagascar where 500,000 ACT treatments delivered to the GFATM grant UGP-CRESAN expired before usage and had to be destroyed.

⁴² Performed by DMI Associates.

⁴³ Expand MDR-TB diagnostics (FIND, GDF, WHO) and TB GeneXpert (GDF).

ACTION 5: PROMOTE THE DEVELOPMENT OF USER-FRIENDLY DRUGS APPROPRIATE FOR USE IN DEVELOPING COUNTRIES.

Indicator 1.5.1		Implementing partners report the number of new paediatric-adapted products for treatment of a) HIV, b) TB and c) Malaria				
	2009	2010	2011	2012	Target 2012	Result
HIV	na	na	HIV: 1 (AZT/3TC 60/30 mg dispersible tablets)	15 suppliers with new SRA approvals for existing paediatric formulations	An increase in number of paediatric products available for purchase than before 2010	met
TB	2 additional paediatric TB medicines in GDF catalogue	Isoniazid prequalified	none	na		not met
Malaria	na	na	3 paediatric ACTs	na		not met

Indicator 1.5.2		Number of fixed dose combination (FDC) treatments for a) 2nd Line products and b) ACTs (Malaria) to ensure better patient adherence to treatment				
	2009	2010	2011	2012	Target 2012	Result
HIV	na	ATV and ritonavir co-package	ATV/r (300/100mg); co-pack of ATV with heat stable Ritonavir and TDF/3TC	2 new SRA approved formulations: 1. ATV/r 300/100 mg-Matrix, 2. TDF/3TC 300/300mg + ATV/r 300/100 mg Copack-Matrix; 3 SRA approvals of 2nd line FDCs: TDF/3TC-Macleods; LPV/r Hetero, TDF/3TC Ranbaxy	An increase in number of FDCs being made for priority UNITAID products than before 2010	met
TB	na	na	na	na		not met
Malaria	8 out of 9 prequalified ACTs are FDCs	Artesunate (injectable)		DHA-PPQ purchased for Cambodia; 2 new quality sources for ASAQ FDC		met

See tables 2, 4, & 7 in Annex 1



NARRATIVE EXPLANATION

The focus of UNITAID's funding for this objective has been to ensure that paediatric adapted products for the treatment of HIV, and TB are available from quality assured manufacturers. An additional activity is to promote the production and use of fixed dose combinations (FDCs) to

improve patient adherence to treatment and thus slow the development of drug resistance. This is particularly important for ARV regimens, paediatric anti-TB medicines and for ACTs, where there is a clear need for FDCs to combat high pill burdens or replace co-blistered products. These two indicators (1.5.1 and 1.5.2) monitor the achievements of UNITAID grants in these areas.


HIV/AIDS

Most of the achievements in paediatric formula FDCs were made in 2008 and 2009. In 2012, the effort has concentrated on ensuring their availability and accessibility. The supplier selection process in 2012 saw 15 new SRA-

approvals for paediatric formulations being used in the grant. For the 2nd Line ARV project, there were five newly SRA-approved suppliers of formulations for much needed FDCs in 2012. These are listed along with the paediatric medicines in Table 5, below.

TABLE 5. NEW SUPPLIERS WITH SRA-APPROVALS FOR ARV FORMULATIONS USED IN THE UNITAID GRANT TO CHAI FOR PAEDIATRIC AND 2ND LINE ARV TREATMENT PROGRAMMES.

Product	Supplier	SRA Approval	Date
Paediatric formulations			
3TC (150mg)	Micro Labs	USFDA	May '12
3TC (50/5mg/ml)	Hetero	USFDA	May '12
ABC (20mg/ml)	Hetero	USFDA	July '12
	Meditab Specialities	WHOPOQ	May '12
ABC/3TC (60/30mg)	Matrix	USFDA	Jan '12
AZT/3TC (60/30mg) dispersible	Cipla	USFDA	June '12
AZT/3TC (60/30/50mg) dispersible	Cipla	USFDA	Oct '12
	Strides	USFDA	Sept '12
AZT/3TC/NVP (300/150/200mg)	Macleods	WHOPOQ	May '12
		USFDA	Feb '12
ddl (200mg)*	Aurobindo	USFDA	Aug '12
LPV/r (80/20mg/ml)	Cipla	USFDA	June '12
LPV/r (200/50mg) (HS)	Hetero	USFDA	May '12
NVP (50mg) dispersible	Cipla	USFDA	April '12
NVP (200mg)	Micro Labs	USFDA	May '12
	ScieGen	USFDA	April '12
Second line FDCs			
ATV/r 300/100mg	Matrix	USFDA	Nov '11
TDF/3TC 300/300mg + ATV/r 300/100mg Co-pack	Matrix	WHOPOQ	Nov '11
		USFDA	Submitted Dec '12
TDF/3TC 300/300mg	Macleods	USFDA	Nov '12
	Ranbaxy	WHOPOQ	Sept '12
LPV/r 200/50mg	Hetero	USFDA	May '12



TB

In December 2010, WHO published the “Rapid Advice” guidelines which recommend higher doses for paediatric treatment than has been historically used. In 2012, the existing formulations and FDCs still do not accommodate these recommendations. Nevertheless, several key paediatric products are available today due to UNITAID funding of the GDF paediatric TB grant. One product, Isoniazid (H100 bulk) was prequalified in 2010 and the addition of others in 2011 brings the number of prequalified paediatric products to 13 products consisting of both blister and bulk packaging. More needs to be done to ensure that manufacturers now start to make paediatric medicines that meet the revised WHO guidelines. A consortium including the WHO Essential Medicines Programme, GDF and WHO Prequalification are preparing a plan for supporting paediatric treatment that takes into account that this is a nascent market (new formulations) and there is a need for on-going treatment while new formulations are being developed.



Malaria

The unavailability of an eligible Dihydroartemisinin-Piperaquine (DHA-PPQ) had prevented the launch of AMFm Phase 1 in Cambodia in 2010 and 2011. The launch of AMFm in Cambodia was finally realized in 2012, because of the work of the AMFm project team to redesign the DHA-PPQ packaging of Sigma-Tau to meet Cambodian and AMFm requirements. The supply of this product to Cambodia is a milestone in the treatment of uncomplicated malaria in a geographic region of the world which has demonstrated resistance to Artemisinin. These efforts mean that effective malaria treatments can, at last, be provided through the private sector at reduced prices to a population in great need.

In addition, both Ipca and Guilin achieved WHO Prequalification for Artesunate/Amodiaquine FDC tablets (ASAQ FDC) during 2012, increasing the number of quality-assured sources of ASAQ FDC from one to three. Following the negotiation conducted by the AMFm negotiating agent, both manufacturers agreed to supply their product through AMFm at (or below) the current maximum prices. The Master Supply Agreements were amended accordingly. The packaging for these products was adapted to include the AMFm logo.

Challenges & lessons learnt in 2012

Identifying priorities in paediatric medicines and fixed dose combinations and explicitly communicating these through UNITAID partners, including the WHO Prequalification Programme, has helped to stimulate manufacturers to invest in producing these products and we have seen increases in optimal products on the market and available for purchase through UNITAID's grants.

For both the paediatric TB and HIV markets, changes to the treatment guidelines from WHO present a challenge to both the demand and supply side of the market (in this case, the UNITAID Implementers and manufacturers). The challenge is to produce the required paediatric formulations and prequalify them in a timely manner. To meet this challenge, UNITAID has initiated grants with both the TB Alliance and DNDi that aim to produce new recommended paediatric TB medicines and improved paediatric ARV FDCs of high quality within a short period of time.

Area 2

Organizational Effectiveness

	Action	Indicators	Target 2012
1	Monitor UNITAID's compliance with its Constitutional requirement to allocate the majority of its funds to grants	<p>2.1.1 % of Secretariat Costs in US\$ relative to disbursement to IPs (excludes GB)</p> <p>2.1.2 Ratio of annual disbursements to UNITAID full time equivalent staff members</p>	<p>Secretariat costs are no more than 5% of annual disbursements to Implementers</p> <p>Benchmarking underway to determine suitable milestones and target</p>
2	Optimize Secretariat Performance related to board decisions	<p>2.2.1 Median time between Board approval of project and first disbursement for all projects</p> <p>2.2.2 Median time between board approval and signing of agreements for all projects</p> <p>2.2.3 Median time between signing of agreement and first disbursement for all projects</p> <p>2.2.4 Number of Board set deadlines missed by the Secretariat</p>	<p>120 days</p> <p>All new project agreements signed within 90 days of Board approval</p> <p>30 days for new projects needing first disbursement to commence work</p> <p>None</p>
3	Optimize UNITAID financial accountability	<p>2.3.1 Per cent (%) total budget spent by Secretariat annually</p> <p>2.3.2 Per cent (%) of cumulative commitment of UNITAID per country in LI, LMI and UMI countries</p> <p>2.3.3 Implementer budget variance</p>	<p>85%</p> <p>LI >85%, LMI < 10%, UMI < 5%</p> <p>10% variation in implementer budget annually</p>
4	Optimize staff performance and management	<p>2.4.1 Rate of turnover of professional positions</p> <p>2.4.2 Per cent of staff documented mid-term performance reviews with Supervisors within the first 9 months of each calendar year</p> <p>2.4.3 Per cent of staff with learning and development plan in place and demonstrated progress towards implementing plan annually</p> <p>2.4.4 Per cent of professional posts filled by women</p>	<p>Less than 10%</p> <p>100%</p> <p>100%</p> <p>At least 50%</p>
5	Improve UNITAID's resource mobilization efforts to contribute to the sustainability and predictability of its funds	<p>2.5.1 Funds collected mid-year as per cent of funds collected annually</p> <p>2.5.2 Per cent of donors who have contributed in the previous year and who continue to contribute</p> <p>2.5.3 Per cent increase in number of new donors to UNITAID annually</p>	<p>100% and/or an agreed schedule of commitments by donors is in place</p> <p>75%</p> <p>20%</p>
6	Optimizing UNITAID Governance	<p>2.6.1 Number of Board members who have gone through Board member training within the last three years</p>	<p>100% of Board members have undertaken Board member training and induction</p>

ACTION 1: MONITOR UNITAID'S COMPLIANCE WITH ITS CONSTITUTIONAL REQUIREMENT TO ALLOCATE THE MAJORITY OF ITS FUNDS TO IMPLEMENTERS FOR PROJECTS.

Indicator 2.1.1	Per cent (%) of Secretariat Costs in US\$ relative to disbursement to Implementers (excludes expenses related to Governance)				
2009	2010	2011	2012	Target 2012	Result
2	3.5	10.3	10	No more than 5	not met

Indicator 2.1.2	Ratio of annual disbursements to UNITAID full time equivalent staff members				
2009	2010	2011	2012	Target 2012	Result
na	6.474	2.963	3.020	Benchmarking underway to determine suitable milestones and target	met



NARRATIVE EXPLANATION

UNITAID remains a small and efficient organization. The ratio of Secretariat costs to the volume of disbursements to grantees and the volume of disbursements per FTE (full time equivalent i.e. staff member roughly) are both indicators of UNITAID's efficiency.

Indicator 2.1.1, the ratio of Secretariat costs to the volume of disbursements to grantees, has remained stable in 2012. Secretariat costs increased in 2012 as the Secretariat completed a number of key recruitments against the Executive Board approved Human Resources Plan.

Exceptional expenses were incurred in relation to the five-year evaluation of UNITAID and the production of the Strategy for 2013-2016. The volume of disbursements increased at the same pace even though a number of projects ended in 2012 year because a number of new projects started at the end of 2012. The complexity and diversity of UNITAID's grants means that this indicator will need to be refined in the future to better measure UNITAID's efficiency.

Indicator 2.1.2, the volume of disbursements per FTE increased over 2012, as the increase in disbursements kept ahead of the small increase in staff numbers.

Challenges & lessons learnt in 2012

While maintaining Secretariat costs was within the Secretariat's direct control, disbursements to grantees were not very predictable because some grants were in a transition phase and the timing of transition of funding support to other donors was uncertain.

Maintaining and even improving performance against the two indicators will be a management challenge for UNITAID in 2013 and beyond. The reasons for this are two-fold:

1. The Board has indicated that the costs of the Secretariat should remain stable over time, but disbursements to grantees may not be as high as in the past, especially during the inception phase of the new projects approved in 2012.

2. Portfolio management requires a sustained level of effort from the Secretariat because the number of projects under active management increased by almost 50% in the second half of 2012.

Overall, the complexity and diversity of projects is greater than in the past because funding decisions made in 2012 opened new and challenging areas of work, especially in the area of innovative, new diagnostic tests. At the same time, the financial size of the projects is smaller than that of the past procurement-based projects. Balancing the need for adequate grant management with the size of disbursements to Implementers will be an on-going challenge for UNITAID.

ACTION 2: OPTIMIZE UNITAID SECRETARIAT PERFORMANCE: SIGNING OF AGREEMENTS AND DISBURSEMENT SPEED.

Indicator 2.2.1	Median time between Board approval of project and first disbursement for all projects				
2009	2010	2011	2012	Target 2012	Result
175 days	105 days	115 days	222 days	120 days	not met

Indicator 2.2.2	Median time between board approval and signing of agreements for all projects				
2009	2010	2011	2012	Target 2012	Result
157 days	57 days	69 days	207 days	90 days	not met

Indicator 2.2.3	Median time between signing of agreement and first disbursement for all projects				
2009	2010	2011	2012	Target 2012	Result
18 days	48 days	35 days	27 days	30 days for new grants	met

Indicator 2.2.4	Number of Board set deadlines missed by the Secretariat				
2009	2010	2011	2012	Target 2012	Result
na	na	0	0	None	met



NARRATIVE EXPLANATION

The intent of these indicators is to measure the speed at which Board decisions related to projects are implemented by the Secretariat. The time taken in 2012 to sign agreements following a Board decision was longer than UNITAID's standard as the median was longer than seven months. Disbursements then followed within less than a month of grant signature. Key factors leading to this situation were:

- Five out of the seven projects approved in March and June 2012 were put forward by new Implementers who had not previously worked with UNITAID. It took time to establish a common understanding of the details of the project and to create a good working relationship across the various individuals and units involved in grant implementation both at UNITAID and in the grantee's organization.
- The grants were in the area of innovative, new diagnostics which is a complex and new area of work. Validating and finalizing

of project plans following Board approval of the proposals required substantial efforts and discussions which prolonged the process.

- The UNITAID Operations team which is in charge of developing the grant agreements was mostly new to UNITAID. It took time and effort for them to understand how UNITAID works fully, especially in relation to grant agreements.
- Most grant agreements were made with the lead organization of a consortium of partners. Negotiations across a consortium of partners, including several country offices within the same organization took more time than it would with a single organization.

The time to initiate disbursement following the signature of the agreement remained within one month. The grantee needs to prepare a disbursement request following the signature of the agreement which is then reviewed by the Secretariat. WHO effectively supports UNITAID by processing transfer requests to Implementers quite rapidly.

Challenges & lessons learnt in 2012

While UNITAID works closely with potential Implementers in the course of the development of the proposal, many new working relationships and levels of understanding still need to be developed once the proposal is approved by the Board. This requires time and sustained effort from a number of units within the Secretariat especially for new grantees, multi-Implementer grants or grants in new complex areas. The timeline is also not under UNITAID's sole control as grantees face their own constraints and have to follow their own internal processes. Monitoring UNITAID's performance with the help of a single indicator that does not reflect the complexity of the grants and legal agreements is challenging.

UNITAID Management took mitigating measures as soon as it realized the difficulties in complying with the set deadlines for the new grants. An extensive effort was made to re-design and implement new processes and tools to manage grant development. The Secretariat has also learned how to gauge risks linked to the development of the grant earlier than before and has tested approaches to remedy a number of problems that present themselves during the grant development process. These include, for example, using a phased approach for complex grants where products to be procured are not yet available for purchase by Implementers or registered for use in countries.

ACTION 3: OPTIMIZE UNITAID FINANCIAL ACCOUNTABILITY.

Indicator 2.3.1		Per cent (%) total budget spent by Secretariat annually			
2009 (%)	2010 (%)	2011 (%)	2012 (%)	Target 2012 (%)	Result
64	66	56	85	85	met

Indicator 2.3.2		Per cent (%) of cumulative commitment of UNITAID per country in LI, LMI and UMI countries				
	2009 (%)	2010 (%)	2011 (%)	2012 (%)	Target 2012 (%)	Result
LI	87.2	85.9	89.4	95	>85	met
LMI	9.6	6.9	8.1	3	<10	
UMI	3.2	7.6	2.3	2	<5	

Indicator 2.3.3		Implementing partners budget variance			
2009 (%)	2010 (%)	2011 (%)	2012 (%)	Target 2012 (%)	Result
na	15	30	20	10	not met



NARRATIVE EXPLANATION

These indicators are proxy measures of the effectiveness of financial planning at UNITAID and its grantees. They help monitor the financial accountability of the Secretariat. Indicator 2.3.1 (budget performance) translates the extent to which the Secretariat was able to manage its activities within the Board approved budget. UNITAID's budget performance has improved considerably (by 50%) from 2011 to 2012 both for grant and Secretariat activities which now reach 85% of the total budget.

Indicator 2.3.2 monitors UNITAID's constitutional requirement to spend greater than

85% of its funds in low income countries⁴⁴, less than 10% of its funds in low middle income countries and less than 5% in upper middle income countries. UNITAID has consistently met this challenge.

Indicator 2.3.3 monitors to what extent Implementers of grants are spending UNITAID funds in accordance with their approved budgets for the year. Implementers have improved their performance in 2012, spending on average 79% of the approved budget, even though there were many uncertainties, especially for grants where funding of commodities was being transitioned to other donor support.

⁴⁴ 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.

Challenges & lessons learnt in 2012

The main challenges are listed below by indicator:

- Indicator 2.3.1 : Budget performance is primarily driven by the conformity of disbursements to Implementers with projections. This variance is highly influenced by the nature, the size and the scope of the project as well as the capacity of the Implementers to plan. Budget performance for the Secretariat is driven from the inside of the Secretariat but external events also require internal reallocation of financial resources.
- Indicator 2.3.2: Year on year variation reflects Implementer spending and may fluctuate due to timing of Implementer expenses. UNITAID's requirements for this indicator are explained to each potential grantee and UNITAID monitors compliance with this requirement.

- Indicator 2.3.3 : Results against this indicator are greatly influenced by the Implementer's capacity to plan and the risks or constraints associated with grant implementation. This is especially true at the start of a project. The UNITAID portfolio in 2013 will be mostly made up of projects approved in 2012. The ratio may therefore not improve in the future. The milestone of 10% may have to be revised during the finalization of the KPIs for the strategy period 2013-2016.

Efforts to improve resource planning at the levels of both the Secretariat and grant mean better results for these indicators. The Secretariat is working to strengthen project planning throughout the life cycle of a grant and at the same time, streamlining Secretariat activities and strengthening staff and activity planning. These efforts will continue in 2013. UNITAID funds innovative approaches and finds itself in a fluid global environment. Variations to plans even though plans may be updated regularly are to be expected.

ACTION 4: OPTIMIZE STAFF PERFORMANCE AND MANAGEMENT.

Indicator 2.4.1	Rate of turnover of professional positions				
2009 (%)	2010 (%)	2011 (%)	2012 (%)	Target 2012 (%)	Result
3.5	6.7	5.3	5	< 10	met

Indicator 2.4.2	Per cent (%) of staff documented mid-term performance reviews with Supervisors within the first 9 months of each calendar year				
2009 (%)	2010 (%)	2011 (%)	2012 (%)	Target 2012 (%)	Result
na	41	45	40	100	not met

Indicator 2.4.3	Per cent (%) of staff with learning and development plan in place and demonstrated progress towards implementing plan annually				
2009 (%)	2010 (%)	2011 (%)	2012 (%)	Target 2012 (%)	Result
na	16	45	42	100	not met

Indicator 2.4.4	Per cent (%) of professional posts filled by women				
2009 (%)	2010 (%)	2011 (%)	2012 (%)	Target 2012 (%)	Result
58	57	68	68	> 50	met



NARRATIVE EXPLANATION

Staff performance and management is crucial to UNITAID's continued success. While new positions were staffed in 2012, little change was observed for other positions as indicator 2.4.1 (turnover for professional positions) shows. Turnover has remained quite low (5%). This helps create a stable workforce which in turn facilitates organizational performance through a good understanding of strategic and operational goals and of UNITAID's way of conducting business.

Indicators 2.4.2 and 2.4.3 remain disappointingly low. The level of activity in

the Secretariat was extremely high and the formalization of performance assessment has not always taken priority over other activities. Training activities were also not undertaken to the expected level due to staff shortages and time constraints. This needs to be addressed in the future to ensure staff performance and satisfaction.

Indicator 2.4.4, per cent of professional posts filled by women, is an indicator of how well UNITAID is able to achieve gender balance in the workplace and the percentage remains strong. Sound management of diversity is both essential and important to UNITAID.

Challenges & lessons learnt in 2012

Sound Human Resource Management is essential for UNITAID's success. Turnover has been low which is a good start. This needs to be reinforced by sound practices in all areas of human resource management, including performance management and training. This requires a time investment that was challenging to find in 2012 because of the heavy workload of the Secretariat.

A new impetus on training and performance management will be given partly by strengthening the HR team in the second half of 2013. A new training guideline will be issued in 2013 to ensure that training opportunities in line with UNITAID's interests are identified and used. Supervisors will be requested to attend supervisory and/or performance management training.

ACTION 5: IMPROVE UNITAID'S RESOURCE MOBILIZATION EFFORTS TO CONTRIBUTE TO THE SUSTAINABILITY AND PREDICTABILITY OF ITS FUNDS.

Indicator 2.5.1	Funds collected mid-year as per cent of funds collected annually				
2009 (%)	2010 (%)	2011 (%)	2012 (%)	Target 2012 (%)	Result
17	25	32	8	100	not met

Indicator 2.5.2	Per cent (%) of donors who have contributed in the previous year and who continue to contribute				
2009 (%)	2010 (%)	2011 (%)	2012 (%)	Target 2012 (%)	Result
75	75	100	91	75	met

Indicator 2.5.3	Per cent (%) increase in number of new donors to UNITAID annually				
2009 (%)	2010 (%)	2011 (%)	2012 (%)	Target 2012 (%)	Result
na	0	17	8	20	not met



NARRATIVE EXPLANATION

Sustainable, predictable funding is essential to UNITAID's mandate. It cannot build the necessary credibility in markets and with potential Implementers and other partners without strong, long term commitments from its donors. Those commitments need to be translated into cash flows as early in a calendar year as possible.

Indicator 2.5.1 shows the regularity of funding flows across the year. This indicator plummeted to 8% in 2012. The drop is linked to the delayed payment from the United Kingdom. While UNITAID has not encountered cash flow

problems, such patterns constitute a risk if they are maintained in the future.

Indicator 2.5.2 shows that 10 out of the 11 donors from 2011 also contributed to UNITAID in 2012. This shows donor confidence in the organization for 2012.

Indicator 2.5.3 captures the ability of UNITAID to attract new donors. UNITAID received one contribution from the Millennium Foundation in 2012. New donors need to be attracted in the near future to sustain UNITAID's efforts to reach vulnerable populations with optimal medicines and tests for HIV, TB and malaria.

Challenges & lessons learnt in 2012

UNITAID's contribution mechanism through the air levy is a resource mobilization mechanism that requires substantial, sustained efforts. Introducing a new tax is not an easy undertaking in any country and ensuring that at least a portion of the funds flow to UNITAID is an additional challenge.

The overall funding environment has not been favourable in recent years and other types of contributions have not yet been made by new donors. Resource mobilization is an extremely challenging area for UNITAID. The Secretariat has launched new initiatives to attract new donors but it is too early to see the results of work in this area.

ACTION 6: OPTIMIZING UNITAID'S GOVERNANCE.

Indicator 2.6.1 Number of Board members who have gone through Board member training within the last three years					
2009	2010	2011	2012	Target 2012	Result
na	none	Introduction of Board induction training	Board induction trainings continued	1 Board induction training per year	met



NARRATIVE EXPLANATION

UNITAID's Executive Board performs an essential leadership role for overseeing:

- Performance of UNITAID, by taking a proactive, forward-looking view that (a) focuses on strategy, value creation, resource allocation and mobilization and (b) guides UNITAID's decision-making.
- Its accountability, i.e. conformance with regulations, promotion of transparency, assurance that objectives are achieved and decisions are made timely, efficiently, and in an effective way, monitoring and assessment of UNITAID performance.

The Secretariat depends on its Board to set strategic directions and key policies. UNITAID benefits from using external expertise in the form

of expert groups to help in informed decision making, based on evidence. External expert advice provides inputs to the Secretariat and the Board in setting priorities and review of the technical merits of proposals. This mechanism is used because an informed Board is critical to UNITAID's continued success, especially with its focus on moving the markets for products to successfully treat HIV, TB and malaria. To ensure that decisions are evidence-based and implemented in a decisive and timely manner, UNITAID has also invested in Board Induction training for all new Board members. The first of these was held in 2011 and these trainings continued in 2012. In addition, UNITAID hired a Board Relations Officer in 2012 and now, for the first time, the Board has an established point of contact in the Secretariat for its questions and concerns. The Board Relations Officer also provides timely information about UNITAID's on-going activities to the Board.

Challenges & lessons learnt in 2012

On-going dialogue between the Board and the Secretariat has been key to providing strategies for optimizing UNITAID's governance. The Board Relations Officer has provided a useful and secure point of contact between the Board and the Secretariat in 2012. This indicator needs to be aligned with UNITAID's Strategy 2013-2016. In line with the requirements of the new Strategy 2013-2016, the Executive Board will build on the recent reforms to propose new areas for UNITAID's governance structure to:

- promote further refinement of the Board decision-making and high level consultation

processes, particularly related to the overall proposal review and decision cycles;

- better reflect commitments of donors to UNITAID by exploring the issues of the Board composition, membership arrangements and accession, balance of constituencies, promotion of representation and welcoming new donors to the UNITAID trust fund; and
- promote the effectiveness and efficiency of the Board and the decision making process through periodic self-assessment and external evaluations.

Indicators to monitor and report on these key changes will be presented to the Board in December 2013.

Area 3

UNITAID Grant Performance

	Action	Indicators	Target 2012
1	Track treatments, diagnostics and related products delivered and estimated patients treated by UNITAID-funded projects by beneficiary country and over time	<p>3.1.1 Number of treatments delivered and estimated number of patients (male and female reported separately) treated known for each project on an annual basis</p> <p>3.1.2 Number of patients treated as percentage of number on treatments planned for the year as per national forecasts shared with Implementers</p>	<p>100% of partners can report estimated patients treated with males and females reported separately⁴⁵</p> <p>no more than 10% variance between country agreed forecasts and project results annually</p>
2	Track costs of treatments, diagnostics and related products delivered by UNITAID-funded projects by beneficiary country and over time	<p>3.2.1 Costs (US\$) of treatments delivered provided by country for each project on an annual basis</p>	<p>no more than 10% difference between annual partner reported results and initial annual project budget</p>
3	Track cumulative lives saved and life-years gained by UNITAID supported ARVs, anti-TB medicines and ACTs	<p>3.3.1 Estimated number of lives saved as a result of UNITAID funded ARVs, anti-TB medicines and ACTs</p> <p>3.3.2 Estimated number of life years gained as a result of UNITAID funded ARVs, anti-TB medicines and ACTs</p>	<p>increasing trends in number of lives saved across all disease areas</p> <p>increasing trends of life-years gained across all disease areas</p>
4	Identify the sources of support for operational costs in each beneficiary country at the start of each project	<p>3.4.1 Per cent (%) of UNITAID funded projects that have a costing (US\$) for operational costs and the sources of operational costs provided at the start of project funding</p>	<p>100% of operational costs for UNITAID funded commodities projects funded by implementers</p>
5	UNITAID implementing partners sign MoUs with national governments to commit long term support, align technologies and protocols for working with Ministries of Health	<p>3.5.1 Per cent (%) of UNITAID implementers that have MoUs signed with all national governments before start of the project or within Q1 of the project start year</p>	<p>MoUs always signed with National Governments before the start of UNITAID funded projects.</p>

⁴⁵ No Implementer has yet been able to disaggregate treatment values by patient gender.

ACTION 1: TRACK TREATMENTS, DIAGNOSTICS AND RELATED PRODUCTS DELIVERED AND ESTIMATED PATIENTS TREATED BY UNITAID FUNDED PROJECTS BY BENEFICIARY COUNTRY AND OVER TIME.

Indicator 3.1.1	Number of treatments delivered and estimated number of patients treated known for each project on an annual basis				
2009	2010	2011	2012	Target 2012	Result
Annex 1	Annex 1	Annex 1	Annex 1	100%	met

Indicator 3.1.2	Number of patients treated as percentage of number on treatments planned for the year as per national forecasts shared with Implementing Partners				
2009	2010	2011	2012	Target 2012	Result
na	Annex 1	Annex 1	Annex 1	< 10%	met

See tables 10 & 12 by disease area, grant and product type



NARRATIVE EXPLANATION

UNITAID's Implementers report on the number of treatments and tests and/or patients treated in countries as a result of their UNITAID grant. The data presented in this report are collated and analysed based on the annual reports from Implementers for the year 2012. The results are presented in detail by grant and country in Annex 1. For the 2012 report, Annex 1 contains cumulative updates for treatments/ tests provided by country and the US\$ value of these products for grants that were active in 2012 only (Tables 10 & 11). For a cumulative display of all treatments/tests and associated US\$ dollar values for all grants that UNITAID has funded by year since 2007, see Tables 12 & 13 and the country profiles provided in Annex 2. The country profiles are also available for download on the web site at: www.unitaid.org/impact. This information is important because it is one of the

ways that UNITAID measures its impact on public health.

In 2012, five UNITAID grants ended and several were in the process of transitioning support for treatments and tests to other donors. For this reason, the values for indicator 3.1.1, the number of treatments/tests provided, are lower than for previous years. In fact, for the ARV treatment projects with CHAI, UNITAID support focused on emergency supplies of 2nd Line and paediatric ARVs to support five countries unable to transition in 2012 and countries requiring emergency orders in 2012.

Indicator 3.1.2 was a new indicator for 2011 and more information of this type is expected in the new grants that will start reporting in 2013. In 2012, for continuing projects in HIV, TB and malaria there was no significant difference between what was planned for the year and deliveries in countries.

Challenges & lessons learnt in 2012

The UNITAID Secretariat collates, audits, analyses and disseminates Implementer reported data, checking specifically for completeness and consistency across years. Where externally sourced information is available to check the reliability of the results, the UNITAID Secretariat uses this information and then works with Implementers to ensure that the reasons for changes in the data are fully understood and that inaccuracies, where identified, are fixed. The process of data validation takes time. As a result of our careful checking and consultation with a range of stakeholders, including at the country-level, there may be slight changes in the data from year to year as we refine project data collection techniques and revise inaccuracies. UNITAID did a data reconciliation exercise with several Implementers in 2013 and the current data tables have been updated as a result of this work.

UNITAID launched the Logical Framework Approach (LogFrame) to project planning with

all of its Implementers in late 2010. In 2012, UNITAID has simplified the LogFrame process and has provided step-by-step instructions with an associated template to help Implementers get the best value for their grants out of this planning step. Additionally, UNITAID's KPIs have also been shared with Implementers so that they can see what expectations UNITAID has about the types of information that are important to its Board and other Stakeholders.

UNIPRO, UNITAID's Portfolio Management System holds all of UNITAID's cleaned and validated Implementer reported data. The system is built around the Logical Framework Approach to make it easier for Implementers to put in their project-specific goals, outcomes, outputs and activities and the indicators associated with these levels. Implementers will be able to report directly to UNITAID using a web-based application in the future, thereby simplifying reporting requirements for grants and making data from grants more accessible and transparent.

ACTION 2: TRACK COSTS OF TREATMENTS, DIAGNOSTICS AND RELATED PRODUCTS DELIVERED BY UNITAID-FUNDED PROJECTS BY BENEFICIARY COUNTRY AND OVER TIME.

Indicator 3.2.1		Costs (US\$) of treatments delivered known for each project on an annual basis				
	2009	2010	2011	2012	Target 2012	Result
HIV	116.7 million	89.6 million	90 million	33.8 million	< 10% difference between annual partner reported results and initial annual project budget	met
TB	8.2 million	20.5 million	38.7 million	16.7 million		
Malaria	11 million	109 million	148 million	122.4 million		

Note: Table includes all projects. Numbers may have changed compared to previous reports due to a data reconciliation exercise with implementers in 2013.

See Annex 1 Tables 11 -13



NARRATIVE EXPLANATION

Monitoring the value of treatments and related products in countries is one of the elements needed to measure the value for money of UNITAID's investment. In addition, this information is useful to the broader public health community in order to track where financial resources are currently being spent and where more may be needed in the future.

Implementers report the US\$ value of medicines provided to beneficiary countries as a result of grant agreements with UNITAID. Three types of numbers are tracked:

1. disbursements to Implementers annually as well as the cumulative disbursements from the start of the project funding;
2. actual prices paid by Implementers for products and the median price (range, interquartile range) over the annual project cycle; and
3. total amount spent on medicines and diagnostics in each country benefiting from a UNITAID grant.

The data are essential for monitoring whether or not Implementers are providing value for money through use of UNITAID's funds. UNITAID monitors and documents its achievements by monitoring closely how the markets respond to its interventions.

Indicator 3.2.1 and Annex 1 report the latter values by country and product type (treatment, diagnostic, or prevention). A summary of treatments, tests and preventive products is also provided by year and disease area, although the comparison between this and the monetary value of treatments and tests is not valid because the different treatment regimens registered and used in different countries have very different costs.

UNITAID uses these values to monitor whether or not its funds are being spent according to its constitutional requirement to spend greater than 85% of its annual budget in low income countries, less than 10% in lower middle income countries and less than 5% in upper middle income countries. This year, as reported in Area 2, 95% of UNITAID's funds were spent on products in low income countries, 3% were spent on products in lower middle income countries and 2% were spent in upper middle income countries.

The target for 2012 was met because there were no significant differences between Implementer reported results and annual project budgets. Where differences did occur, they were cost savings generated by the price reductions achieved by a project. In the case of the CHAI paediatric and 2nd Line ARVs projects, these "cost savings" are being used to support the transition of countries that have been unable to find reliable sources of financial support for paediatric and 2nd Line ARVs.

Challenges & lessons learnt in 2012

The values reported for all disease areas are lower than for previous years because five grants closed in 2012 and the associated countries transitioned out of these grants to other funding sources for the products initially supported by UNITAID. Much of the unspent funding was used in 2012 for “no-cost” extensions to prevent treatment interruptions in emergency circumstances. For example, for HIV and TB grants, there were a number of countries that required either emergency orders or continued support for products because of delays in disbursements from the other sources of funding that had been secured earlier to pay for these products. UNITAID works with its Implementers to make sure that the supply of treatments and tests are not interrupted where the purchase of products was initiated by a UNITAID grant.

UNITAID does not have country offices or work directly with countries and it relies on its Implementers to provide timely and accurate information about the cost of products delivered to countries. Therefore, UNITAID relies on Implementers of funded projects to be accountable and transparent over the use of UNITAID funds in countries. They do this by adopting a country-

led approach when implementing projects on behalf of UNITAID, including signing Memoranda of Understanding with national governments. UNITAID, supported by Implementers, has held a number of global-level consultative fora⁴⁶ to further support visibility, accountability and transparency of its work in countries. More specialized in-country consultative fora provide a chance for Implementers and communities living with the three diseases to showcase their activities and achievements *in situ*⁴⁷. These fora serve as a platform for debate, advocacy, fund-raising, inclusion of new partners and to provide feedback, recommendations and advice to UNITAID to ensure active engagement by country-based stakeholders in UNITAID’s activities.

In 2012, UNITAID’s current Implementers fulfilled UNITAID’s requirements for improved forecasting and product delivery at the country level. The LogFrame and Finance pro-forma budget templates were refined and have helped to improve programmatic and financial reporting on activities that Implementers are doing in countries. The UNIPRO Portfolio Management System captures both disbursements to Implementers and the value of treatments delivered to countries, now making it easier to track monetary flows to countries.

ACTION 3: TRACK CUMULATIVE LIVES SAVED AND LIFE YEARS GAINED BY UNITAID SUPPORTED ARVs, ANTI-TB MEDICINES AND ACTS.

Indicator 3.3.1		Estimated number of lives saved as a result of UNITAID funded ARVs, anti-TB medicines and ACTs			
2009	2010	2011	2012	Target 2012	Result
na	Methodology under development	Methodology under development	Methodology under development	Increasing trends in number of lives saved across all disease areas	na

Indicator 3.3.2		Estimated number of life years gained as a result of UNITAID funded ARVs, anti-TB medicines and ACTs			
2009	2010	2011	2012	Target 2012	Result
na	Methodology under development	Methodology under development	Methodology under development	Increasing trends of life-years gained across all disease areas	na

⁴⁶ Geneva (2007), Dakar (2008), Geneva (2011)

⁴⁷ Yaoundé (2011), Nairobi (2011), Lusaka (2012), Kampala (2012).



NARRATIVE EXPLANATION

UNITAID has a very specific mandate and mission. It focuses on increasing access to and availability of products of public health importance to treat, diagnose and prevent HIV, TB and malaria, especially in low income countries with a high disease burden. An investment in UNITAID is good value for money because the potential cost savings achieved through UNITAID's projects far exceed the intervention costs because grants are carefully chosen using the market impact framework, supported by peer-reviewed market landscape reports that are widely disseminated.

The Indicators 3.3.1 and 3.3.2 are an attempt to measure the impact of UNITAID's funding support on global public health outcomes. However, they have limitations for UNITAID's specific business model, including:

1. UNITAID relies on other global public health agencies and its own Implementers to

provide the data that it needs to measure the public health impact. Measurement of this impact needs to be made against a counterfactual, for example the population health situation in the absence of a UNITAID intervention and the impact would be measured in terms of additional life years gained as in indicator 3.3.2;

2. The data used as inputs to public health measurements needs to be estimated based on commonly used models. The assumptions underlying these models will need to be fully transparent and refined as the data improves over time; and
3. Capturing the inputs needed to measure public health impact and developing an adapted methodology to accurately report on indicators 3.3.1 and 3.3.2 will take time and resources and the Secretariat has not been able to allocate sufficient resources to this task.

Challenges & lessons learnt in 2012

There are a range of indicators⁴⁸ and summary measures⁴⁹ that are traditionally used as measures of population health. However, UNITAID's specific business model and interventions require a specific methodology to measure both the market and public health impact of its investments. There are important considerations that are lost in the summary measures as described by indicators 3.3.1 and 3.3.2. For example, it is important to measure public health impact within a disease portfolio (i.e. HIV, TB, malaria) because the combined effect of all interventions in the portfolio will make the greatest change in population health outcomes for the specified disease, thereby contributing in the best way to achieving the

health goals that have been set by the global public health community.

The task moving forward is to refine methods to measure the population health outcomes that result from UNITAID market interventions. Possible inputs into this method are:

- Coverage of treatments, tests or prevention products generated;
- Cost savings in products generated globally as a result of the intervention;
- Value for money as measured by cost-effectiveness analysis^{50,51}; and
- Country-level data on cause specific mortality and morbidity associated with HIV, TB and malaria.

⁴⁸ Reduction in disease-specific mortality and morbidity

⁴⁹ Disability adjusted life years (DALYs), health gap measures

⁵⁰ Menzies NA, Cohen T, Lin H-H, Murray M, Salomon JA (2012) Population Health Impact and Cost-Effectiveness of Tuberculosis Diagnosis with Xpert MTB/RIF: A Dynamic Simulation and Economic Evaluation. *PLoS Med* 9(11): e1001347. doi:10.1371/journal.pmed.1001347

⁵¹ UNITAID has funded a study of cost effectiveness and public health impact for diagnostics.

As part of the implementation of its Strategy 2013-2016, UNITAID will work with a range of stakeholders including WHO, academic institutions and others involved in the analysis of global health statistics to develop a rigorous methodology for

measuring the public health impact of different types of interventions. It will then define a work-plan for implementation with the aim of bringing together all the elements for a working measure of assessing public health impact over the next four years.

ACTION 4: IDENTIFY THE SOURCES OF SUPPORT FOR OPERATIONAL COSTS IN EACH BENEFICIARY COUNTRY AT THE START OF EACH PROJECT.

Indicator 3.4.1		Percent (%) of UNITAID funded projects that have a costing (US\$) for operational costs and the sources of operational costs provided at the start of project funding				
	2009	2010	2011	2012	Target 2012	Result
HIV	na	CHAI spent US\$13 million on complementary funding in UNITAID supported countries	CHAI spent US\$10 million on complementary funding in UNITAID supported countries	CHAI spent US\$4,350,000 towards operational costs for the second line and paediatric projects	100%	not met
TB	na	FIND raised US\$4.2 million additional funds for Expand TB diagnostics	FIND reports having approx. US\$205 million of support "in kind" for Expand TB diagnostics	not reported in 2012		
Malaria	na	US\$86 million were contributed by DFID and Gates Foundation to AMFm phase 1	US\$86 million were contributed by DFID and Gates Foundation to AMFm phase 1	US\$70 million were contributed by the governments of the UK (DFID) and Canada (CIDA) for AMFm phase 1		



NARRATIVE EXPLANATION

UNITAID expects that its Implementers will provide funds to support the programmatic work that they are doing in countries as a result of UNITAID’s funding of the procurement costs for a grant. The global financial crisis which started in 2010/2011 affected some Implementers’ abilities to generate programmatic support externally. This situation has continued in 2012

with both CHAI and GDF requesting that UNITAID provides support for some additional programmatic activities related to their UNITAID grants, including provision of monies for staff costs. The 2012 target of 100% of operational costs for UNITAID-funded commodities grants being provided by Implementers has not been met. UNITAID continues to provide support for these costs where necessary to support a grant to a successful outcome.

Challenges & lessons learnt in 2012

Most Implementers⁵² have reported some additional financial support that they or other stakeholders provide to support operational and programmatic components of their UNITAID-funded commodity grants. However, for the majority of the grants, UNITAID remains the primary or sole funder. In the LogFrame template now provided to new

and potential Implementers, UNITAID requires Implementers to identify up-front the inputs, including financial resources, that will be provided by the Implementer or others to increase the chance of a successful grant outcome. This type of information will increase the chances that UNITAID continues to achieve value for money for its grants into the future by leveraging the support of Implementers and other interested stakeholders.

ACTION 5: UNITAID IMPLEMENTING PARTNERS SIGN MOUS WITH NATIONAL GOVERNMENTS TO COMMIT LONG TERM SUPPORT, ALIGN TECHNOLOGIES AND PROTOCOLS FOR WORKING WITH MINISTRIES OF HEALTH.

Indicator 3.5.1	Per cent (%) of UNITAID implementing partners that have signed MOUs with all national governments before start of project within Q1 of project year				
2009	2010	2011	2012	Target 2012	Result
25%	81%	100%	100%	100%	met



NARRATIVE EXPLANATION

UNITAID interacts with a number of partners, including global health organizations, Implementers, country-level entities, countries, civil society, product developers and manufacturers. Maintaining and strengthening these relationships is critical to ensure that UNITAID's goals, approaches and activities complement and leverage those of other actors in global health. It is also an essential component of disseminating results and lessons learned. To this end, UNITAID expects Implementers to engage with the governments of the countries in which they are working. The signing Memoranda

of Understanding (MoUs) between Implementers and national governments is one way of ensuring that the products supported by UNITAID grants are incorporated into local policies. It also raises the visibility of UNITAID and its specific business model. This in turn provides governments with the information that they need to more easily align the projects with existing national initiatives so as not to duplicate resources or add an additional reporting burden.

For all of UNITAID's Implementers, including UNICEF, GDF, CHAI and ESTHER, MoUs with Ministries of Health are routinely created and finalized.

Challenges & lessons learnt in 2012

In 2012, all Implementers were working within the frameworks of national governments and are succeeding in getting support for their

work from national governments. UNITAID has institutionalized this requirement and it has become a routine condition of our contractual agreements with Implementers.

⁵² FIND was unable to provide values for 2012 within the timeframe of preparing this report.

ANNEX 1

Programmatic results for 2012

Updated for all years of grant implementation based on reconciliation of data reported to UNITAID since project inception.

Numbers may have changed due to a data reconciliation exercise conducted with Implementers in 2013.

TABLE 1. PRICES (US\$) AND % CHANGE IN PRICE FOR SELECTED WHO RECOMMENDED 2nd LINE ARVs PURCHASED WITH UNITAID FUNDS
Variation in price per patient per year of key formulations, median (interquartile range)

Generic 2 nd line ARV	2008	2009	2010	2011	2012	% change 2011-2012	% change across all years
ABC 300 mg	335 (75)	228 (48)	202 (36)	174 (0)	na	na	-48%
ATV/r (300/100 mg)	na	na	na	300 (0)	270 (0)	-10%	na
LPV/r (200/50 mg) Tab (HS)	496 (73)	441 (126)	420 (21)	396 (24)	330 (35.9)	-17%	-33%
TDF 300 mg	207 (57)	99 (50)	84 (2)	75 (1.2)	56.88 (0)	-24%	-73%
TDF/3TC (300/300 mg)	158 (0)	138 (51)	107 (1)	96.2 (1.8)	62.4 (0.6)	-35%	-61%
TDF/FTC 300/200mg	319 (68)	141 (64)	138 (3)	115.2 (5.8)	86.4 (0)	-25%	-73%
TDF/3TC (300/300 mg) & LPV/r (200/50 mg)	654 (73)	579 (177)	527 (21)	492 (25.8)	392 (36.48)	-20%	-40%
TDF/FTC (300/200 mg) & LPV/r (200/50 mg)	815 (141)	582 (190)	558 (24)	511 (29.8)	416 (35.88)	-19%	-49%

Note : Median Price analysis based on Low Income countries only

TABLE 2: APPROVED SUPPLIERS BY YEAR FOR 2nd LINE ARVs

2 nd line ARVs	2008	2009	2010	2011	2012	New Suppliers 2012
ABC 300 mg	Aurobindo, Cipla, Matrix, GSK	Aurobindo, Cipla, Matrix, GSK, Ranbaxy	Aurobindo, Cipla, Matrix, GSK, Ranbaxy, Hetero, Strides, Invagen Pharms	Aurobindo, Cipla, Matrix, Ranbaxy, Hetero, Strides, Invagen Pharms, Viiv (GSK)	Aurobindo, Cipla, Matrix, Ranbaxy, Hetero, Strides, Invagen Pharms, Viiv (GSK)	0
ATV/r (300/100 mg)				Matrix	Matrix	0
LPV/r (200/50 mg)	Abbott	Abbott, Matrix, Aurobindo, Cipla, Hetero	Abbott, Matrix, Aurobindo, Cipla, Hetero	Abbott, Matrix, Aurobindo, Cipla, Hetero	Abbott, Matrix, Aurobindo, Cipla, Hetero	0
TDF 300 mg	Gilead, Matrix	Gilead, Matrix, Aurobindo, Cipla, Ranbaxy, Hetero	Gilead, Matrix, Aurobindo, Cipla, Ranbaxy, Hetero, Invagen Pharms, Strides	Gilead, Matrix, Aurobindo, Cipla, Ranbaxy, Hetero, Invagen Pharms, Strides, Aspen	Gilead, Matrix, Aurobindo, Cipla, Ranbaxy, Hetero, Invagen Pharms, Strides, Aspen	0
TDF / 3TC (300/300 mg) Tab	Matrix	Matrix, Hetero, Cipla	Aurobindo, Matrix, Hetero, Cipla	Aurobindo, Matrix, Hetero, Cipla	Aurobindo, Matrix, Hetero, Cipla, Ranbaxy, Macleods	2
TDF / FTC (300/200mg) Tab	Gilead, Matrix, Aspen, IDS	Gilead, Matrix, Aurobindo, Cipla	Gilead, Matrix, Aurobindo, Cipla, Strides	Gilead, Matrix, Aurobindo, Cipla, Strides, Aspen	Gilead, Matrix, Aurobindo, Cipla, Strides, Aspen	0

 Note: Includes suppliers who were eligible to supply a product in a specified year according to UNITAID's quality assurance policy and not only suppliers who put in a tender for the CHAI projects in the specified year.
 Mylan laboratories Ltd bought Matrix in October 2011.

TABLE 3. PRICES (US\$) AND % CHANGE IN PRICE FOR SELECTED WHO RECOMMENDED PAEDIATRIC ARVs PURCHASED WITH UNITAID FUNDS

Variation in price per patient per year of key formulations, median (interquartile range)

Pediatric ARVs	Status	2008	2009	2010	2011	2012	% change 2011-2012	% change across all years
ABC/3TC (60/30 mg) ¹	Generic	193 (0)	182 (0)	172 (0)	163 (0)	175 (0)	+ 7%	-9%
AZT/3TC 300/150 mg	Generic	114 (0)	113 (0)	103 (0)	105 (1)	99 (0)	- 6%	-13%
AZT/3TC (60/30 mg) ¹	Generic	85 (0)	84 (0)	81 (0)	75 (0)	74 (0)	- 1%	-13%
AZT/3TC/NVP 60/30/50mg	Generic	108 (0)	108 (0)	106 (0)	105 (0)	104 (0)	- 1%	-4%
AZT/3TC/NVP (300/150/200 mg)	Generic	150 (21)	147 (0)	136 (1)	134 (1)	125 (4)	- 7%	-17%
LPV/r (80/20 mg/ml)	Originator	206 (0)	206 (0)	181 (0)	169 (0)	154 (0)	- 9%	-25%
NVP (50 mg)	Generic				61 (0)	58 (0)	- 5%	na
NVP (200 mg)	Generic	40 (5)	35 (0)	32 (0)	32 (0)	36 (0)	+ 13%	-10%

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

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

TABLE 4: APPROVED SUPPLIERS BY YEAR FOR PAEDIATRIC ARVs

Product	2008	2009	2010	2011	2012	New Suppliers 2012
ABC/3TC 60/30 mg Tablet (Dispersible)					Cipla	1
ABC/3TC (60/30 mg)	Aurobindo	Aurobindo, Matrix	Aurobindo, Matrix	Aurobindo, Matrix	Aurobindo, Matrix	0
AZT/3TC 60/30 mg Tablet (Dispersible)				Ranbaxy	Cipla, Ranbaxy	1
AZT/3TC 300/150 mg	Cipla, Aurobindo, Strides, GSK, Ranbaxy	Hetero, Cipla, Aurobindo, Matrix, Strides, GSK, Ranbaxy	Hetero, Cipla, Aurobindo, Matrix, Strides, GSK, Ranbaxy	Hetero, Cipla, Macleods, Aurobindo, Micro Labs, Matrix, Strides, Viiv (GSK)	Hetero, Cipla, Macleods, Aurobindo, Micro Labs, Matrix, Strides, Viiv (GSK)	0
AZT/3TC (60/30 mg)	Matrix	Matrix, Aurobindo	Matrix, Aurobindo	Matrix, Aurobindo	Matrix, Aurobindo	0
AZT/3TC/NVP 60/30/50mg	Matrix	Matrix	Matrix	Matrix	Matrix	0
AZT/3TC/NVP (300/150/200 mg)	Cipla, Hetero, Aurobindo, Apotex	Cipla, Hetero, Aurobindo, Matrix, Apotex	Cipla, Hetero, Aurobindo, Matrix, Apotex	Cipla, Hetero, Aurobindo, Strides, Matrix, Apotex	Cipla, Hetero, Aurobindo, Strides, Matrix, Apotex, Macleods	1
LPV/r (80/20 mg/ml)	Abbott	Abbott	Abbott	Abbott, Aurobindo, Matrix, Cipla	Abbott, Aurobindo, Matrix, Cipla	0
NVP (50 mg)				Aurobindo	Cipla, Aurobindo	1
NVP (200 mg)	Aurobindo, Ranbaxy, Cipla, Boehringer Ingelheim, Strides	Hetero, Aurobindo, Ranbaxy, Cipla, Boehringer Ingelheim, Huahai	Hetero, Aurobindo, Ranbaxy, Cipla, Boehringer Ingelheim, Huahai	Hetero, Aurobindo, Macleods, Strides, Cipla, Matrix, Boehringer Ingelheim	Hetero, Aurobindo, Macleods, Strides, Cipla, Matrix, Boehringer Ingelheim, MicroLabs, ScieGen	2

Note: Includes suppliers who were eligible to supply a product in a specified year according to UNITAID's quality assurance policy and not only suppliers who put in a tender for the CHAI projects in the specified year.
Mylan laboratories Ltd bought Matrix in October 2011.

TABLE 5 : SUMMARY OF STOCK OUTS IN 2012 BY PRODUCT AND COUNTRY
5.1 Coordinated Procurement Planning Initiative (CPP): Information on in-country stock outs from the Procurement Information Exchange platform supported by UNITAID.

Country	Stockout reported	Products	Reasons	Actions taken
Angola	September	For Adults: Zidovudine 200mg/20ml; Zidovudine 300 mg. For Pediatrics: ABACAVIR 20 mg/ml Sol 240ml; DDI 2G; Didanosine 25mg	Delays in the supplying of the mentioned drugs by the supplier due to delayed clearing from the port	na
Benin	June/July	DDI 250 mg gel caps, DDI 200 mg gel caps, DDI 400 mg gel caps, TDF 300 mg tabs, DDI 125 mg gel caps, DDI 100 mg gel caps	na	na
Burkina Faso	na	na	na	na
Burundi	na	na	na	na
Cameroon	February September	AZT/3TC/NVP 300mg/150mg/200mg, AZT/3TC 300mg/150mg , LPV/r 80/20mg Tenofovir disoproxil fumarate/ Lamivudine 300/300mg, tablets, 30 Tabs; Efavirenz/Lamivudine/ Tenofovir disoproxil fumarate 600/300/300mg, tablets, 30 Tabs; Lamivudine/Zidovudine/Nevirapine 150/300/200mg, tablets, 60 Tabs; Lamivudine/Zidovudine 150/300mg, tablets, 60 Tabs; Efavirenz 600mg, tablets, 30 Tabs; Nevirapine 200mg, tablets, 60 Tabs	Cameroon requested emergency assistance from PEPFAR's ECF (Emergency Commodity Fund) as stockouts at all levels were anticipated for 1st line ARVs	Commodities arrived mid-October 2012. The GFATM and MOH provided the cost of first-line ARVs procurement. Second-line and pediatric ARVs were provided by the Clinton Health Access Initiative (CHAI) with UNITAID funds
Central African Republic		na	na	na
Chad	na	na	na	na
Congo	na	na	na	na
Côte d'Ivoire	November/ December	na	No stockouts were reported at central level, but regional sites were stocked out of some ARVs due to irregular distribution from the central warehouse	Addressed by outsourcing transportation contracts
DRC	January	Lamivudine/Zidovudine 150/300mg, 60 Tabs	An ARV stockout was reported due to political strife and poor inventory management	Emergency shipment made
Ethiopia	July February	Nevirapine 10 mg/240 ml oral suspension with syringe Pediatrics syrup Kaletra	potential stockout due to lengthy lead time from manufacturer Delay in PFSA's first order to Abbot	Orders placed in 2012 Gap was filled with emergency procurement
Ghana	na	na	na	na

Country	Stockout reported	Products	Reasons	Actions taken
Guinea Bissau	June	LPV/r 200+50mg heat/ st tabs/PAC-120, ABC300mg+3TC150mg +AZT300mg tabs/PAC-6, ABC60mg+3TC30mg tabs/PAC- 60, Abacavir 300mg tabs/PAC- 60, Efavirenz (EFZ) sirop 30mg/ ml, bot 18, Lamivudine 150mg tabs/PAC-60, Zidovudine 300mg tabs/PAC-60	Procurement made through the GFATM VPP was delayed.	UNICEF made an emergency procurement
Malawi	October	Efavirenz/Lamivudine/Tenofovir, 600/300/300mg 30 Tabs	Delays due to stock being allocated to a large VPP order.	SCMS was requested to fill a \$7.5 million gap during the regimen transition from D4T to TDF. GFATM and USAID were to supply the treatments. 250,000 units are in country but not yet delivered to treatment centers
Mali	na	na	na	na
Mozambique	na	na	na	na
Nigeria	na	na	na	na
South Sudan	na	na	na	na
Swaziland	na	na	na	na
Tanzania	July	Efavirenz 600mg, tablets, 30 Tabs, Lamivudine/Zidovudine 150/300mg, tablets, 60 Tabs	A budget shortfall for a planned procurement.	PEPFAR's ECF (Emergency Commodity Fund) was used to cover this gap. The use of buffer stocks at the facility and emergency procurement prevented treatment interruptions
Togo	May	TDF/3TC (300/150mg), LPV/r (200/50mg), EFV (600mg) , NVP (200mg), AZT+3TC+NVP (60/30/50mg), AZT+3TC (300/150), NVP syrups for PMTCT, ABC+3TC disp 60/30, EFV 200mg scored	Delays with the Global Fund grant for the selection of a procurement agent.	na
Uganda	April	Efavirenz 600mg , 30 Tabs; Lopinavir/Ritonavir 200/50mg, 120 Tabs; Nevirapine 200mg, 60 Tabs; Tenofovir disoproxil fumarate/Lamivudine 300/300mg, tablets, 30 Tabs	Delayed delivery of Global Fund funded ARVs through Quality Chemicals Uganda.	PEPFAR's ECF (Emergency Commodity Fund) was used to cover this gap in central stocks between May and December 2012.
Zambia	December	AZT/3TC 300/150 mg	na	Shipment from UNDP in January 2013

Country	Stockout reported	Products	Reasons	Actions taken
Zimbabwe	June	Stavudine/Lamivudine/Nevirapine for adults, Tenofovir/Lamivudine/Nevirapine for adults, Zidovudine/Lamivudine/Nevirapine for pediatrics	MOHCW could not manage the rate of switch from Stavudine-based to Tenofovir-based regimens for first-line ART patients at the facility level	na
	December	Lopinavir/Ritonavir 200/50mg [Aluvia] 120 Tabs (stockout due to expiration of UNITAID support for 2nd line ARVs)	The stock status for the product at the end of November 2012 was 7.6 months but some stocks were expiring by the end of that month.	First delivery set for 31/01/13

5.2 ESTHERAID: Information on stock outs & supply chain management of ARVs in 5 Francophone West African countries

Country	Product	Number of Days	Location of Stock out	Reasons	Actions Taken	
BENIN	ABC 300 mg	60	Central Medical Store			
	ABC/3TC 60/30 mg Tablet	180	Central Medical Store			
	ATV (300 mg) Tab	15	Central Medical Store			
	AZT 300mg tab	60	Central Medical Store			
	AZT/3TC 60/30 Tablet	150	Central Medical Store			
	AZT/3TC/NVP 60/30/50mg	41	CHD Abomey (TCC)	Challenges in forecasting		
	DDI 400 mg	330	Central Medical Store			
	LPVr 100/25mg		11	CLP Porto Novo (TCC)	Challenges in forecasting	
			30	CNHU CTA Cotonou (TCC)	Challenges in forecasting	
			204	HZ Pobe (TCC)	Challenges in forecasting	
	LPVr 200/50mg		90	Central Medical Store		
			306	CHD Abomey (TCC)	Stock out at the central medical store level during 90 days	
TDF/3TC (300/300 mg) Tab		7	HZ Pobe (TCC)	Challenges in forecasting		
		15	CLP Porto Novo (TCC)	Challenges in forecasting		
BURKINA FASO	NO STOCK OUTS	0	TCC and Central Medical Store	The National Committee of HIV Commodities Management has been set up as part of ESTHERAID project activities and meets every quarter to quantify needs for HIV commodities.		
CAMEROON	AZT/3TC/NVP 60/30/50mg	45	HR Bafoussam (TTC)	Challenges in forecasting		
		99	HR Ebolowa (TCC)	Challenges in forecasting		
		270	HR Limbe (TCC)	Challenges in forecasting		

Country	Product	Number of Days	Location of Stock out	Reasons	Actions Taken
	LPV/r Oral Suspension (80/20 mg)	60	CH ESSOS (TCC)	Challenges in forecasting	
		91	Hôpital Général Yaoundé (TCC)	Challenges in forecasting	
		330	HR Limbe (TCC)	Challenges in forecasting	
	LPVr 100/25mg	60	CH ESSOS (TCC)	Challenges in forecasting	
		275	HR Bafoussam (TCC)	Challenges in forecasting	
	LPVr 200/50mg	13	Hôpital Général Yaoundé	Challenges in forecasting	
		60	HR Limbe (TCC)	Challenges in forecasting	
			HR Maroua (TCC)	Challenges in forecasting	
	TDF/3TC (300/300 mg) Tab	14	HR Ebolowa (TCC)	Challenges in forecasting	
		15	CH ESSOS (TCC)	Challenges in forecasting	
		19	HR Bamenda (TCC)	Challenges in forecasting	
		60	HR Limbe (TCC)	Challenges in forecasting	
	TDF/FTC (300/200 mg) Tab	30	HR Bamenda (TCC)	Challenges in forecasting	
		60	HR Limbe (TCC)	Challenges in forecasting	
		270	Hôpital Général Yaoundé (TCC)	Challenges in forecasting	
CENTRAL AFRICAN REPUBLIC	AZT/3TC/NVP 60/30/50mg	31	Complexe pédiatrique (TCC)	Challenges in forecasting	
	LPV/r Oral Suspension (80/20 mg)	32	Complexe pédiatrique (TCC)	Challenges in forecasting	
	LPVr 100/25mg	18	Complexe pédiatrique (TCC)	Challenges in forecasting	
	LPVr 200/50mg	85	Complexe pédiatrique (TCC)	Challenges in forecasting	

Country	Product	Number of Days	Location of Stock out	Reasons	Actions Taken	
MALI	AZT/3TC/NVP 60/30/50mg	80	CHR Ségou (TCC)			
	LPV/r Oral Suspension (80/20 mg)	214	CHR Ségou (TCC)	Countrywide stock out of LPVr		
	LPVr 100/25mg	243	CHR Ségou (TCC)	Countrywide stock out since 2011		
	TDF / FTC 300/200mg	10	USAC C4 (TCC)	Countrywide stock out since 2011	Patients under TDF/FTC have been switched to ABC/DDI	
		15	Commune V (TCC)			
		40	CHU point G (TCC)	Countrywide stock out since 2011	Patients under TDF/FTC have been switched to ABC/DDI	
		150	CESAC (TCC)	Countrywide stock out since 2011	Patients under TDF/FTC have been switched to ABC/DDI	
		180	CsREF Koutiala (TCC)	Countrywide stock out since 2011	Patients under TDF/FTC have been switched to ABC/DDI	
		206	Commune I (TCC)	Countrywide stock out since 2011	Patients under TDF/FTC have been switched to ABC/DDI	
		214	USAC CENAM (TCC)	Countrywide stock out since 2011	Patients under TDF/FTC have been switched to ABC/DDI	
		300	Gabriel Touré (TCC)	Countrywide stockout since 2011	Patients under TDF/FTC have been switched to ABC/DDI	
		366	CHR Ségou (TCC)	Countrywide stock out since 2011	Patients under TDF/FTC have been switched to ABC/DDI	
		TDF/3TC (300/300 MG) TAB	7	USAC C4 (TCC)	Countrywide stock out since 2011	
			30	Commune V (TCC)	Countrywide stock out since 2011	
			41	Commune I (TCC)	Countrywide stock out since 2011	
			77	Gabriel Touré (TCC)	Countrywide stock out since 2011	
	180		CsREF Koutiala (TCC)	Countrywide stock out since 2011		
	185		CHR Ségou (TCC)	Countrywide stock out since 2011		
	210		CHU point G (TCC)	Countrywide stock out since 2011		

Note: Shortages are defined as less than 2 months of supply of product.
TCC: Treatment and Care Center.

5.3 Paediatric TB: Stock outs reported by GDF in collaboration with National Tuberculosis Programmes (NTPs)

Country	Product	Number of Days	Location of Stock out	Reasons	Actions Taken
BURUNDI	RHZ 60/30/150	n/a	Central Medical Store	n/a	The NTP alleviates the stock out by providing these formulations.
CAMBODIA	RHZ60/30/150, RH60/30	120	Central Medical Store	Treatment expansion was faster than expected, buffer stocks were low, longer than expected GDF lead-times.	Active redistribution of remaining stocks in the country, use of adult formulations and delayed enrolment of new paediatric cases.
CONGO	RH 60/30	365	All levels	Global Fund grant disbursement delay to place an order.	GDF is providing a grant to bridge the gap.
GUINEA-BISSAU	n/a	90	n/a	Global Fund grant disbursement delay to place an order.	GFATM finally placed the order.
KOREA, DEMOCRATIC PEOPLES REPUBLIC OF	RH60/60	60	n/a	Q3 distribution was completed on Jul 18, while the product arrived in Pyongyang Central Medical Warehouse (CMW) on Aug 18. No additional distribution was initiated.	Quality assured drugs from other sources were used to fill the gap.
LESOTHO	n/a	30	Central Medical Store	Delay between GDF Mission and TRC clearance.	n/a
MYANMAR	RHZ 60/30/150	60	n/a	Over diagnosis of paediatric cases.	Use of RH60/60 + Z400 was recommended.
PAKISTAN	RH 60/30	n/a	n/a	2010 floods caused delay in procurement. No buffer stock. government not contributing the expected amount of funds and GF not covering 50% of 1 st line drug needs. other donor grants for anti-TB drugs were reallocated for disaster management in 2010 floods	Local procurement, redistribution of drugs between districts, reprogramming of GF R9 to procure first line drugs.
RWANDA	H100	60	n/a	n/a	Used H300 instead.
SWAZILAND	n/a	30	n/a	Delayed signature of grant agreement by country (Approx. 4 months)	MoH engaged the support of MSF.

Country	Product	Number of Days	Location of Stock out	Reasons	Actions Taken
UGANDA	n/a	n/a	n/a	GFATM withdrawing from the country.	Redistribution practices among health facilities.
YEMEN	RHZ60/30/150, RH60/30, H100, E100	60	National level	n/a	Country requested GDF to speed up delivery of paediatric grant.
ZAMBIA	RH 60/30	30	n/a	n/a	NTP redistributed drugs and or borrowed from Botswana.

Note: GDF does not redistribute drugs on behalf of countries. Redistribution happens internally within the country and is managed by the National TB Programs (NTP). As the drugs stay within the NTP, there is no double debiting.

TABLE 6: WHO PREQUALIFICATION PROGRAMME DASHBOARD FOR UNITAID PRIORITY MEDICINES IN 2012

Summary	Stage 1	Stage 2	Stage 3
ANTI-MALARIALS	2	13	10
FIRST-LINE TB	0	12	6
PAEDIATRIC ARVS	1	6	2
PAEDIATRIC TB	0	1	3
SECOND LINE ARVS	2	20 ¹	4
SECOND-LINE TB	2	23	9
TOTAL	7	75	34

¹ Includes Lamivudine (3TC), tablet, 150 mg. Used for both adults and children.

Stage 1: Dossiers under screening; not yet accepted for assessment

Stage 2: Dossier assessment started.

Stage 3: Prequalification complete.

Note: Analysis based on WHO PQP Annual Report to UNITAID, 2012. Once moved to the next stage, not counted in previous stage.

TABLE 7: WHO PREQUALIFICATION - SUMMARY OF UNITAID PRIORITY PRODUCTS PREQUALIFIED IN 2012 BY DISEASE AREA

7.1 HIV

Target Group	Dossier	Product	Date	Manufacturer
ADULT	HA506	Efavirenz, Tablet, 600mg - EFV (600)	4 December 2012	Macleods Pharmaceuticals Ltd
	HA508	Tenofovir disoproxil fumarate, Tablet, 300mg - TDF (300)	31 October 2012	Hetero Labs Limited
	HA513	Lamivudine + Nevirapine + Zidovudine, Tablet, 150mg + 200mg + 300mg - AZT + NVP + 3TC (300 + 200 + 150)	24 May 2012	Macleods Pharmaceuticals Ltd
	HA517	Zidovudine, Tablet, 300mg - AZT (300)	2 May 2012	Macleods Pharmaceuticals Ltd
	HA525	Lamivudine + Tenofovir disoproxil fumarate, Tablet, 300mg + 300mg - TDF + 3TC (300 + 300)	11 September 2012	Ranbaxy Laboratories Ltd
	HA529	Darunavir (as ethanolate), Tablet, 75mg - DRV (75)	11 September 2012	Janssen-Cilag International NV, Belgium
	HA530	Darunavir (as ethanolate), Tablet, 150mg - DRV (150)	11 September 2012	Janssen-Cilag International NV, Belgium
	HA531	Darunavir (as ethanolate), Film-coated tablet, 600mg - DRV (600)	4 December 2012	Janssen-Cilag International NV, Belgium
	HA532	Etravirine, Tablet, 100mg - ETR (100)	11 September 2012	Janssen-Cilag International NV, Belgium
CHILD	HA453	Abacavir (as sulfate), Oral solution, 20mg/ml - ABC	2 May 2012	Meditab Specialities Pvt Ltd
	HA493	Abacavir (as sulfate), Oral solution, 20mg/ml - ABC	1 November 2012	Hetero Labs Limited
	HA502	Lamivudine, Tablet, 30mg - 3TC (30)	4 July 2012	Cipla Ltd
	HA509	Efavirenz, disp. tablet, 100mg - EFV (100)	2 May 2012	Ranbaxy Laboratories Ltd
	HA533	Lamivudine, disp tablet, 30mg - 3TC (30)	14 September 2012	Ranbaxy Laboratories Ltd

7.2 Malaria

Dossier	Product	Date	Manufacturer
MA066	Artesunate + [Sulfadoxine + Pyrimethamine], tablet, 50 mg + [500mg + 25mg]	24 May 2012	Guilin Pharmaceutical Co., Ltd.
MA080	Amodiaquine (as hydrochloride) + Artesunate, tablet, 67.5mg + 25mg	1 June 2012	Ipca Laboratories Ltd
MA081	Amodiaquine (as hydrochloride) + Artesunate, tablet, 135mg + 50mg	1 June 2012	Ipca Laboratories Ltd
MA082	Amodiaquine (as hydrochloride) + Artesunate, tablet, 270 mg + 100mg	1 June 2012	Ipca Laboratories Ltd
MA083	Amodiaquine (as hydrochloride) + Artesunate, tablet, 67.5mg + 25mg	16 November 2012	Guilin Pharmaceutical Co., Ltd.
MA084	Amodiaquine (as hydrochloride) + Artesunate, tablet, 135mg + 50mg	16 November 2012	Guilin Pharmaceutical Co., Ltd.
MA085	Amodiaquine (as hydrochloride) + Artesunate, tablet, 270 mg + 100mg	16 November 2012	Guilin Pharmaceutical Co., Ltd.
MA092	Artemether + Lumefantrine, tablet, 20mg + 120mg	19 December 2012	Ajanta Pharma Ltd

7.3 TB

Dossier	Product	Date	Manufacturer
TB184	Isoniazid + Rifampicin, disp tablets, 30mg + 60mg	2 July 2012	Lupin Ltd
TB185	Isoniazid + Pyrazinamide + Rifampicin, disp tablets, 30mg + 150mg + 60mg	2 July 2012	Lupin Ltd
TB189	Isoniazid + Rifampicin, tablet, 75mg +150mg	19 December 2012	Svizera Europe B.V. - The Netherlands
TB192	Ethambutol hydrochloride + Isoniazid + Rifampicin, tablet, 275mg + 75mg + 150mg	19 December 2012	Svizera Europe B.V. - The Netherlands
TB193	Ethambutol hydrochloride + Isoniazid + Pyrazinamide + Rifampicin, tablet, 275mg + 75mg + 400 mg +150mg	19 December 2012	Svizera Europe B.V. - The Netherlands
TB196	Isoniazid, tablet, 100mg	31 October 2012	Lupin Ltd
TB198	Ethambutol hydrochloride + Isoniazid, tablet, 400mg + 150mg	19 December 2012	Lupin Ltd
TB202	Isoniazid + Rifampicin, tablet, 75mg +150mg	24 May 2012	Strides Arcolab Limited
TB207	Ethionamide 250mg tablet	19 December 2012	Lupin Ltd
TB216	Ethambutol hydrochloride + Isoniazid + Pyrazinamide + Rifampicin, tablet, 275mg + 75mg + 400 mg +150mg	24 May 2012	Strides Arcolab Limited
TB218	Ofloxacin 200mg tablet	31 October 2012	Macleods Pharmaceuticals Ltd
TB230	Moxifloxacin (as hydrochloride), tablet, 400mg	16 November 2012	Macleods Pharmaceuticals Ltd
TB236	Cycloserine, Capsules, 250mg	16 November 2012	Dong-A Pharmaceutical Co Ltd
TB237	Levofloxacin 250mg tablet	3 October 2012	Micro Labs Limited
TB238	Levofloxacin 500mg tablet	3 October 2012	Micro Labs Limited
TB240	Ofloxacin 200mg tablet	11 September 2012	Micro Labs Limited
TB241	Ofloxacin 400mg tablet	11 September 2012	Micro Labs Limited
TB242	Ethionamide 250mg tablet	19 December 2012	Micro Labs Limited
TB243	Pyrazinamide, tablet, 500mg	4 December 2012	Macleods Pharmaceuticals Ltd

TABLE 8: WHO PREQUALIFICATION OF DIAGNOSTICS PROGRAMME - SUMMARY OF TESTS PREQUALIFIED IN 2012

	Dossier	Product	Manufacturer	Date
HIV RDT	0149-052-00	Uni-Gold HIV	Trinity Biotec	20 December 2012
	0034-013-00	Alere Determine HIV - 1/2 Ag/Ab Combo	Alere Medical Co. Ltd	19 March 2012
	0007-006-00	HIV 1/2 STAT-PAK ®	Chembio Diagnostic Systems Inc.	16 January 2012
CD4 TECHNOLOGIES	0099-032-00	Pima CD4 test ¹	Alere Technologies GmbH	12 November 2012
	0133-045-00	BD FACSCount (absolute Count and percentage)	Becton Dickinson, BD Biosciences	20 November 2012
	0124-045-00	BD FACSCount (absolute Count)	Becton Dickinson, BD Biosciences	20 November 2012
HIV VIROLOGICAL TECHNOLOGIES	0126-046-00	COBAS AmpliPrep/COBAS TaqMan HIV-1 Test, version 2.0 (TaqMan 48)	Roche Molecular Systems Inc.	1 May 2012
	0147-046-00	COBAS AmpliPrep/COBAS TaqMan HIV-1 Test, version 2.0 (TaqMan 96)	Roche Molecular Systems Inc.	1 May 2012
	0115-041-00	VERSANT ® HIV-1 RNA 1.0 Assay (kPCR)	Siemens Healthcare Diagnostics	13 February 2012

¹Pima CD4 test , Alere Technologies GmbH was conditionally prequalified in 2011 (25 Nov) and fully prequalified in 2012.

TABLE 9: SELECTED MANUFACTURER DELIVERY LEAD TIME ACHIEVEMENTS REPORTED FROM IMPLEMENTERS OF UNITAID GRANTS FOR 2012 (AREA 1, ACTION 4)
9.1 Average lead time by manufacturer for orders placed in 2012 (Paediatric HIV)

Manufacturer	Status	Average lead time (in days)
ABBOTT	Generic	40
AUROBINDO	Originator	37
BOEHRINGER INGELHEIM	Originator	443
CIPLA	Generic	196
HETERO	Generic	156
MATRIX	Generic	44
MACLEODS	Generic	115
RANBAXY LABORATORIES LTD	Generic	124
STRIDES ARCOLAB LIMITED	Generic	51

Note: Refers to average number of days between the date a purchase order is confirmed and the date products are ready ex factory per manufacturer of ARVs.

9.2 Median lead time by manufacturer for orders placed in 2012 (MDR-TB Scale Up)
 (= difference in days between orders placed to first delivery per programme supported)

Manufacturer	Cost Exworks (US\$)	Median lead times in days
AKORN INC.	\$229,216.00	184
B. BRAUN MELSUNGEN	\$2,556.00	28
BAYER EUROPE	\$1,470.00	194
BECTON DICKINSON INTERNATIONAL	\$2,575.17	34
CADILA	\$7,814.40	255
CIPLA	\$781,646.44	189
FATOL ARZNEIMITTEL	\$258,288.36	279
JACOBUS PHARMACEUTICAL COMPANY INC.	\$1,526,297.84	231
MACLEODS	\$4,571,075.23	192
MEDOCHEMIE	\$22,125.12	161
MEIJI SEIKA KAISHA LTD.	\$2,536,673.00	279
MICRO LABS LTD. (BROWN AND BURK)	\$3,533.43	92
OLAINFARM	\$23,700.00	46
SVIZERA	\$51,168.75	246
THE CHAO CENTER	\$29,000.00	21
VIANEX SA	\$49,770.00	110

9.3 Median lead time by manufacturer for orders placed in 2012 (ACT Scale Up)

Manufacturer	Product	Median lead time in days (Interquartile range)
AFRICASOINS (SANOFI)	Amodiaquine 135mg+Arte 50mg tab/3/PAC-1	107 (0)
	Amodiaquine 135mg+Arte 50mg tab/3/PAC-25	14 (521)
	Amodiaquine67.5 mg+Arte25mg tab/3/PAC-1	107 (0)
	Amodiaquine67.5 mg+Arte25mg tab/3/PAC-25	14 (521)
CIPLA LTD	Artem20mg+Lumef1 20mg disp tabs/1 2/PAC-30	34 (4)
NOVARTIS PHARMA SERVICES A.G. (ORIGINATOR)	Artem 20mg+Lumef120mg disp tabs/6/PAC-30	164 (0)
	Artem20mg+Lumef1 20mg disp tabs/1 2/PAC-30	164 (0)

Note: Analysis done at UNITAID from UNICEF supplied UNICEF Order Status Table of May 2013 for the year 2012 only.
 Calculation done on delivery lead time from date of purchase order issued to actual arrival in country, includes only 2012 procurements.

TABLE 10: TRACK TREATMENTS, DIAGNOSTICS AND RELATED PRODUCTS DELIVERED AND ESTIMATED PATIENTS TREATED BY UNITAID FUNDED PROJECTS BY BENEFICIARY COUNTRY AND OVER TIME (ACTION 1, AREA 3)
10.1 Treatments and Prevention products supported by UNITAID for HIV/AIDS: Adults (2007-2012)

			Estimated number of patients on second-line ARV treatment	Grand Total
Country	WB Income Group	WHO Region	Second-line ARV ^{1,2,6} (CHAI)	Round 6 (GFATM)
BENIN	LI	AFRO	1,632	
BOTSWANA	UMI	AFRO	9,623	
BURUNDI	LI	AFRO	5,919	
CAMBODIA	LI	WPRO	4,896	
CAMEROON ⁴	LI	AFRO	8,542	
CHAD	LI	AFRO	1,537	
CONGO, DEMOCRATIC REPUBLIC OF	LI	AFRO	4,192	
CÔTE D'IVOIRE	LI	AFRO	1,122	
DJIBOUTI ³	LMI	EMRO		1,008
ETHIOPIA	LI	AFRO	5,179	
GHANA	LI	AFRO	210	
HAITI	LI	AMRO	2,723	
INDIA	LI	SEARO	7,615	
KENYA	LI	AFRO	45,571	
LAO PEOPLE'S DEMOCRATIC REPUBLIC OF ³	LI	WPRO		1,819
LIBERIA	LI	AFRO		2,501
MALAWI	LI	AFRO	1,991	
MALI	LI	AFRO	5,375	
MOLDOVA, REPUBLIC OF	LI	EURO		1,047
MOZAMBIQUE	LI	AFRO	6,741	
NAMIBIA	LMI	AFRO	7,743	
NIGERIA ⁵	LI	AFRO	53,230	
RWANDA	LI	AFRO	2,321	
SENEGAL	LI	AFRO	2,218	
TANZANIA, UNITED REPUBLIC OF	LI	AFRO	6,749	1,879
TOGO	LI	AFRO	5,426	

			Estimated number of patients on second-line ARV treatment		Grand Total
Country	WB Income Group	WHO Region	Second-line ARV ^{1,2,6} (CHAI)	Round 6 (GFATM)	
TUNISIA	LMI	EMRO		361	361
UGANDA	LI	AFRO	155,471		155,471
ZAMBIA	LI	AFRO	187,777		187,777
ZIMBABWE	LI	AFRO	9,550		9,550
GRAND TOTAL			543,353	8,615	551,968

¹ Includes Tenofovir ordered exceptionally as first line treatments for Namibia (2007,2008), Uganda and Zambia (2008, 2009, 2010, 2011), as per country request to CHAI.

² Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

³ For Round 6, patient numbers for Laos and Djibouti are presented only under adult treatments although these were not broken down by paediatric and adult treatments.

⁴ Cameroon is classified as a Low Income Country in the CHAI 2nd Line project only.

⁵ Nigeria was classified as an LI at the time of grant signature for the CHAI 2nd line project.

⁶ Project for 2012 was for emergency orders for countries in need. Therefore, treatment numbers are not available for 2012.

10.2 Treatments and Prevention products supported by UNITAID for HIV/AIDS: Children (2007-2012)

			Estimated number of new children on HIV treatment		Grand Total
Country	WB Income Group	WHO Region	Paediatric HIV ⁴ (CHAI)	Round 6 ³ (GFATM)	
ANGOLA	LMI	AFRO	609		609
BENIN	LI	AFRO	1,493		1,493
BOTSWANA ⁷	UMI	AFRO	9,182		9,182
BURKINA FASO	LI	AFRO	1,878	1,581	3,459
BURUNDI ⁷	LI	AFRO	1,927		1,927
CAMBODIA	LI	WPRO	4,439		4,439
CAMEROON	LMI	AFRO	4,992		4,992
CHINA ⁷	LMI	WPRO	1,849		1,849
CONGO, DEMOCRATIC REPUBLIC OF ⁷	LI	AFRO	5,684		5,684
CÔTE D'IVOIRE ⁷	LI	AFRO	5,938		5,938
DOMINICAN REPUBLIC	LMI	AMRO	950		950
ETHIOPIA ⁷	LI	AFRO	14,504		14,504
GUINEA	LI	AFRO		7,498	7,498
GUYANA	LMI	AMRO	195		195
HAITI ⁶	LI	AMRO	1,890		1,890
INDIA	LI	SEARO	32,500	15,000	47,500
JAMAICA	LMI	AMRO	313		313
KENYA	LI	AFRO	55,156		55,156
LESOTHO	LMI	AFRO	5,779		5,779
LIBERIA	LI	AFRO	570		570
MALAWI	LI	AFRO	35,466		35,466
MALI ⁶	LI	AFRO	1,649		1,649
MOROCCO	LMI	EMRO		2,614	2,614
MOZAMBIQUE	LI	AFRO	25,800		25,800
NAMIBIA	LMI	AFRO	9,346		9,346
NIGERIA ^{5,7}	LI	AFRO	35,535		35,535

			Estimated number of new children on HIV treatment	Grand Total
Country	WB Income Group	WHO Region	Paediatric HIV ⁴ (CHAI)	Round 6 ⁵ (GFATM)
OECS ¹	UMI	AMRO	20	
PAPUA NEW GUINEA	LI	WPRO	447	
RWANDA	LI	AFRO	7,644	
SENEGAL ⁷	LI	AFRO	900	6,109
SERBIA	LMI	EURO		8
SWAZILAND	LMI	AFRO	7,431	
TANZANIA, UNITED REPUBLIC OF ⁷	LI	AFRO	31,653	
TOGO ²	LI	AFRO	1,700	
UGANDA	LI	AFRO	33,729	
VIET NAM	LI	WPRO	3,276	
ZAMBIA ⁷	LI	AFRO	30,700	
ZIMBABWE	LI	AFRO	47,763	
GRAND TOTAL			422,907	32,810

¹ OECS: Organization of Eastern Caribbean States with 6 countries: Antigua and Barbuda (UMI), Dominica (UMI), Grenada (UMI), St. Kitts and Nevis (UMI), St. Lucia (UMI) and Saint Vincent and Grenadines (LMI). Breakdown of treatments by country was not provided by CHAI.

² Togo was added to the UNITAID paediatric program in 2009.

³ Patient numbers for Laos and Djibouti are presented only under adult as these were not broken down by paediatric and adult treatments.

⁴ Estimate of new patients treated updated as of 31 December 2012 except when indicated otherwise. Cumulative figures are an aggregate from 2007 to 31 December 2012

⁵ Nigeria is classified as an LI in the CHAI peds project, reflecting its status when MoU was signed.

⁶ For Haiti and Mali, cumulative results up to 30 June 2012 for CHAI paediatric HIV. Annual numbers were not available at time of data collection.

⁷ For Botswana, Burundi, China, Côte d'Ivoire, DRC, Ethiopia, Nigeria, Senegal, Tanzania and Zambia, cumulative results up to 31 December 2011 for Paediatric HIV (CHAI).

10.3 HIV Testing supported by UNITAID for HIV/AIDS: Children (2007-2012)

			HIV tests for early infant diagnosis
Country	WB Income Group	WHO Region	Paediatric HIV (CHAI)
ANGOLA	LMI	AFRO	674
BENIN	LI	AFRO	2,542
BOTSWANA ³	UMI	AFRO	73,074
BURKINA FASO	LI	AFRO	3,131
BURUNDI ³	LI	AFRO	1,997
CAMBODIA	LI	WPRO	2,903
CAMEROON	LMI	AFRO	48,900
CHINA ³	LMI	WPRO	2,329
CONGO, DEMOCRATIC REPUBLIC OF	LI	AFRO	12,477
CÔTE D'IVOIRE ³	LI	AFRO	4,289
DOMINICAN REPUBLIC	LMI	AMRO	429
ETHIOPIA ³	LI	AFRO	45,009
GUYANA	LMI	AMRO	625
HAITI ³	LI	AMRO	3,148
INDIA	LI	SEARO	42,281
JAMAICA	LMI	AMRO	877
KENYA ²	LI	AFRO	241,129
LESOTHO	LMI	AFRO	16,763
LIBERIA	LI	AFRO	726
MALAWI	LI	AFRO	106,395
MALI ³	LI	AFRO	1,732
MOZAMBIQUE	LI	AFRO	165,907
NAMIBIA	LI	AFRO	34,947
NIGERIA	LI	AFRO	203,343
OECS ¹	UMI	AMRO	86
PAPUA NEW GUINEA	LI	WPRO	1,286
RWANDA	LI	AFRO	32,682
SENEGAL	LI	AFRO	1,283
SWAZILAND	LMI	AFRO	41,468

			HIV tests for early infant diagnosis
Country	WB Income Group	WHO Region	Paediatric HIV (CHAI)
TANZANIA, UNITED REPUBLIC OF	LI	AFRO	119,621
TOGO	LI	AFRO	6,875
UGANDA	LI	AFRO	252,944
VIET NAM	LI	WPRO	3,610
ZAMBIA ³	LI	AFRO	144,119
ZIMBABWE	LI	AFRO	123,080
GRAND TOTAL			1,742,681

¹ OECS : Organization of Eastern Caribbean States with 6 countries: Antigua and Barbuda (UMI), Dominica (UMI), Grenada (UMI), St. Kitts and Nevis (UMI), St. Lucia (UMI) and Saint Vincent and Grenadines (LMI). Breakdown of treatments by country was not provided by CHAI.

² For Kenya, cumulative results up to 30 June 2012. Annual numbers were not available at time of data collection.

³ For Botswana, Burundi, China, Cote d'Ivoire, Ethiopia, Haiti, Mali and Zambia, cumulative results up to 31 December 2011.

10.4 Patients treated and ACT treatments delivered for Malaria (2007-2012)

			ACT treatments delivered		Co-paid ACT treatments delivered	
Country	WB Income Group	WHO Region	ACT Scale Up (GFATM, UNICEF)	Round 6 (GFATM)	AMFm (GFATM)	Grand Total
BANGLADESH	LI	SEARO		169,905		169,905
CAMBODIA	LI	WPRO	295,850	216,793	251,229	763,872
CHINA	LMI	WPRO		91,861		91,861
CÔTE D'IVOIRE	LI	AFRO		456,891		456,891
DJIBOUTI	LMI	EMRO		4,105		4,105
ERITREA	LI	AFRO		43,136		43,136
ETHIOPIA	LI	AFRO	10,491,090			10,491,090
GAMBIA	LI	AFRO		210,962		210,962
GHANA	LI	AFRO	2,790,020		45,104,816	47,894,836
GUINEA	LI	AFRO		1,439,677		1,439,677
GUINEA-BISSAU	LI	AFRO		660,101		660,101
INDONESIA	LMI	SEARO	139,350			139,350
KENYA	LI	AFRO			46,257,838	46,257,838
MADAGASCAR	LI	AFRO	4,505,055		2,838,472	7,343,527
MALI	LI	AFRO		683,798		683,798
MAURITANIA	LI	AFRO		61,741		61,741
MOZAMBIQUE	LI	AFRO	9,500,940			9,500,940
NAMIBIA	LMI	AFRO		363,871		363,871
NIGER	LI	AFRO			4,206,870	4,206,870
NIGERIA	LMI	AFRO			111,588,360	111,588,360
SOMALIA	LI	EMRO		152,121		152,121
SOUTH SUDAN	LI	EMRO	1,234,925			1,234,925
SUDAN	LI	EMRO	3,009,425			3,009,425
TANZANIA, UNITED REPUBLIC OF	LI	AFRO			34,859,525	34,859,525
UGANDA	LI	AFRO			45,037,180	45,037,180
ZAMBIA	LI	AFRO	5,743,140			5,743,140
GRAND TOTAL			37,709,795	4,554,962	290,144,290	332,409,047

10.5 Patients treated and treatments delivered for TB: Adults (2007-2012)

			MDR-TB patient treatments delivered		
Country	WB Income Group	WHO Region	MDR-TB Scale Up ² (GDF/STOP TB)	Round 6 ² (GFATM)	Grand Total
AZERBAIJAN	LMI	EURO	1,260		1,260
BELARUS	LMI	EURO		200	200
BENIN	LI	AFRO		13	13
BHUTAN	LI	SEARO		19	19
BULGARIA	LMI	EURO		50	50
BURKINA FASO	LI	AFRO	57		57
CAMBODIA	LI	WPRO	200		200
CONGO, DEMOCRATIC REPUBLIC OF	LI	AFRO	592		592
DOMINICAN REPUBLIC	LMI	AMRO	324		324
EGYPT	LMI	EMRO		89	89
GEORGIA	LMI	EURO		739	739
GUATEMALA	LMI	AMRO		50	50
GUINEA	LI	AFRO	49		49
HAITI	LI	AMRO	233		233
INDIA ¹	LMI	SEARO	9,850	229	10,079
KAZAKHSTAN ¹	LMI	EURO		381	381
KENYA	LI	AFRO	309		309
KYRGYZSTAN	LI	EURO	600	550	1,150
LESOTHO	LI	AFRO	640		640
MALAWI	LI	AFRO	22		22
MOLDOVA, REPUBLIC OF ¹	LMI/LI	EURO	155	717	872
MOZAMBIQUE	LI	AFRO	104		104
MYANMAR	LI	SEARO	200		200
NEPAL	LI	SEARO	625		625
RWANDA	LI	AFRO		172	172
SENEGAL	LI	AFRO	30		30
SRI LANKA	LMI	SEARO		10	10
SYRIAN ARAB REPUBLIC	LMI	EMRO		30	30
TAJIKISTAN	LI	EURO		42	42

			MDR-TB patient treatments delivered		
Country	WB Income Group	WHO Region	MDR-TB Scale Up ² (GDF/STOP TB)	Round 6 ² (GFATM)	Grand Total
TANZANIA, UNITED REPUBLIC OF	LI	AFRO		15	15
TIMOR-LESTE	LI	SEARO	22		22
UZBEKISTAN	LI	EURO	614		614
VIET NAM	LI	WPRO		101	101
GRAND TOTAL			15,886	3,407	19,293

¹ Classified as LI at time of grant signature for Round 6.

² Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

10.6 Patients treated and treatments delivered for TB: Children (2007-2012)

Country	WB Income Group	WHO Region	Paediatric TB (GDF/STOP TB)		Grand Total
			Paediatric TB (curative) patient treatments delivered	Paediatric TB (prophylaxis) patient treatments delivered	
AFGHANISTAN	LI	EMRO	13,738	133,033	146,771
BANGLADESH	LI	SEARO	18,942	7,667	26,609
BENIN	LI	AFRO	422	7,355	7,777
BURKINA FASO	LI	AFRO	483	4,190	4,673
BURUNDI	LI	AFRO	1,306		1,306
CAMBODIA	LI	WPRO	11,792	7,917	19,709
CAMEROON	LMI	AFRO	3,174	24,342	27,516
CAPE VERDE	LMI	AFRO	103	529	632
CONGO, REPUBLIC OF	LMI	AFRO	398		398
CÔTE D'IVOIRE	LI	AFRO	3,352	40,478	43,830
DJIBOUTI	LMI	EMRO	1,252	439	1,691
EGYPT	LMI	EMRO	1,550	9,360	10,910
ERITREA	LI	AFRO	795	2,360	3,155
ETHIOPIA	LI	AFRO	28,281	3,603	31,884
GAMBIA	LI	AFRO	566	292	858
GEORGIA	LMI	EURO	848	4,919	5,767
GUINEA	LI	AFRO	2,680	22,057	24,737
GUINEA-BISSAU	LI	AFRO	505	289	794
INDONESIA	LMI	SEARO	12,000		12,000
IRAQ	LMI	EMRO	2,585	31,622	34,207
JORDAN	LMI	EMRO	406	1,372	1,778
KAZAKHSTAN	UMI	EURO	7,784	52,741	60,525
KENYA	LI	AFRO	20,400		20,400
KIRIBATI	LMI	WPRO	126	311	437
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	LI	SEARO	16,304		16,304
KYRGYZSTAN	LI	EURO	2,743	4,366	7,109
LEBANON	UMI	EMRO	120	318	438
LESOTHO	LMI	AFRO	3,792	2,956	6,748
MACEDONIA, FORMER YUGOSLAV REPUBLIC OF	LMI	EURO	174	875	1,049
MADAGASCAR	LI	AFRO	6,300	3,814	10,114

			Paediatric TB (GDF/STOP TB)		
Country	WB Income Group	WHO Region	Paediatric TB (curative) patient treatments delivered	Paediatric TB (prophylaxis) patient treatments delivered	Grand Total
MALAWI	LI	AFRO	11,072	9,917	20,989
MALI	LI	AFRO	569	18,267	18,836
MAURITANIA	LI	AFRO	301	180	481
MONGOLIA	LMI	WPRO	1,165	466	1,631
MOROCCO	LMI	EMRO	7,853		7,853
MOZAMBIQUE	LI	AFRO	11,958	10,778	22,736
MYANMAR	LI	SEARO	98,114		98,114
NEPAL	LI	SEARO	10,107	3,003	13,110
NIGER	LI	AFRO	2,292	4,086	6,378
NIGERIA	LI	AFRO	21,932	14,016	35,948
PAKISTAN	LI	EMRO	66,736	72,496	139,232
PAPUA NEW GUINEA	LI	WPRO	3,116		3,116
RWANDA	LI	AFRO	1,290	3,739	5,029
SENEGAL	LI	AFRO	1,533	10,590	12,123
SIERRA LEONE	LI	AFRO	4,241	3,460	7,701
SOMALIA	LI	EMRO	4,941	18,359	23,300
SOUTH SUDAN	LI	EMRO	2,939	4,365	7,304
SRI LANKA	LMI	SEARO	1,279		1,279
SUDAN	LI	EMRO	9,051	47,210	56,261
SWAZILAND	LMI	AFRO	2,986	8,568	11,554
TAJIKISTAN	LI	EURO	1,908	22,340	24,248
TANZANIA, UNITED REPUBLIC OF	LI	AFRO	14,586	9,508	24,094
THAILAND	LI	SEARO	3,606	25,202	28,808
TOGO ¹	LI	AFRO	302	2,115	2,417
TURKMENISTAN	LMI	EURO	706	6,713	7,419
YEMEN	LI	EMRO	1,165	11,375	12,540
ZAMBIA	LI	AFRO	14,835	8,024	22,859
GRAND TOTAL			463,504	681,982	1,145,486

¹ Togo was incorrectly classified as an LMI in the original agreement. It has been changed to LI.

10.7 Case detection of MDR TB in UNITAID supported countries (2007-2012)

			Expand TB diagnostics (MDR-TB) ¹ (GDF/FIND/GLI)				
			Number of MDR-TB cases detected				
Country	WB Income Group	WHO Region	2009	2010	2011	2012	Grand Total
AZERBAIJAN	LMI	EURO			115	516	631
BANGLADESH	LI	SEARO				247	247
BELARUS	LMI	EURO				192	192
CAMEROON	LMI	AFRO			10	207	217
CÔTE D'IVOIRE	LI	AFRO				235	235
DJIBOUTI	LMI	EMRO				58	58
ETHIOPIA	LI	AFRO	271	172	235	449	1,127
GEORGIA	LMI	EURO			804	654	1,458
HAITI	LI	AMRO		30	61	81	172
INDIA	LMI	SEARO		740	3,447	16,028	20,215
INDONESIA	LMI	SEARO					
KAZAKHSTAN	UMI	EURO					
KENYA	LI	AFRO			26	202	228
KYRGYZSTAN	LI	EURO			825	941	1,766
LESOTHO	LMI	AFRO	116	158	118	191	583
MOLDOVA, REPUBLIC OF	LMI	EURO			420	884	1,304
MOZAMBIQUE	LI	AFRO				29	29
MYANMAR	LI	SEARO		90	482	868	1,440
PERU	LMI	AMRO					
RWANDA	LI	AFRO				16	16
SENEGAL	LI	AFRO				29	29
SWAZILAND	LMI	AFRO			369	287	656
TAJIKISTAN	LI	EURO			205	600	805
TANZANIA, UNITED REPUBLIC OF	LI	AFRO			33	43	76
UGANDA	LI	AFRO		110	92	141	343
UZBEKISTAN	LI	EURO	1,423	1,086	657	1,728	4,894
VIET NAM	LI	WPRO				244	244
GRAND TOTAL			1,810	2,386	7,899	24,870	36,965

Note: DRC and Zambia withdrew from the project and were replaced by Rwanda and Mozambique.

¹ Countries where no data were reported are either in transition (requiring laboratory infrastructure, laboratory assessments or needing essential equipment) or awaiting validation of diagnostic algorithms and training.

TABLE 11: TRACK COSTS OF TREATMENTS, DIAGNOSTICS AND RELATED PRODUCTS DELIVERED BY UNITAID FUNDED PROJECTS BY BENEFICIARY COUNTRY AND OVER TIME (ACTION 2, AREA 3)
11.1 Monies Spent (US\$) on HIV Treatments for Adults (2007-2012)

			Cumulative Treatment Values (US\$)		
			Value of ARVs 2 nd line adults		
Country	WB Income Group	WHO Region	Second-line ARV (CHAI)	Round 6 (GFATM)	Grand Total
BENIN ³	LI	AFRO	419,386		419,386
BOTSWANA	UMI	AFRO	11,968,710		11,968,710
BURUNDI	LI	AFRO	2,980,841		2,980,841
CAMBODIA	LI	WPRO	2,927,334		2,927,334
CAMEROON ³	LI	AFRO	10,087,536		10,087,536
CHAD	LI	AFRO	1,140,465		1,140,465
CONGO, DEMOCRATIC REPUBLIC OF ³	LI	AFRO	3,237,295		3,237,295
CÔTE D'IVOIRE	LI	AFRO	1,590,609		1,590,609
DJIBOUTI ²	LMI	EMRO		74,088	74,088
ETHIOPIA	LI	AFRO	3,787,369		3,787,369
GHANA	LI	AFRO	134,964		134,964
HAITI ³	LI	AMRO	1,959,509		1,959,509
INDIA ³	LI	SEARO	6,150,879		6,150,879
KENYA	LI	AFRO	28,245,110		28,245,110
LAO PEOPLE'S DEMOCRATIC REPUBLIC OF ²	LI	WPRO		12,183	12,183
LIBERIA	LI	AFRO		240,529	240,529
MALAWI	LI	AFRO	1,101,251		1,101,251
MALI	LI	AFRO	2,992,215		2,992,215
MOLDOVA, REPUBLIC OF	LI	EURO		732,283	732,283
MOZAMBIQUE ³	LI	AFRO	6,251,819		6,251,819
NAMIBIA	LMI	AFRO	1,465,037		1,465,037
NIGERIA	LI	AFRO	27,649,005		27,649,005
RWANDA	LI	AFRO	2,148,750		2,148,750
SENEGAL	LI	AFRO	1,489,134		1,489,134
TANZANIA, UNITED REPUBLIC OF	LI	AFRO	3,441,117	13,109	3,454,226
TOGO ³	LI	AFRO	3,012,566		3,012,566
TUNISIA	LMI	EMRO		252,270	252,270

			Cumulative Treatment Values (US\$)		
			Value of ARVs 2 nd line adults		
Country	WB Income Group	WHO Region	Second-line ARV (CHAI)	Round 6 (GFATM)	Grand Total
UGANDA ³	LI	AFRO	39,211,295		39,211,295
ZAMBIA	LI	AFRO	40,438,053		40,438,053
ZIMBABWE ³	LI	AFRO	4,596,951		4,596,951
GRAND TOTAL			208,427,201	1,324,462	209,751,663

¹ Reflects values of medicines paid for during the reporting period; excludes shipping and customs, shipping and delivery (CSD).

² Results for Laos and Djibouti for Global Fund Round 6 are combined for paediatric and second line ARVs.

³ Values for Benin, Cameroon, DRC, Haiti, India, Mozambique, Togo, Uganda and Zimbabwe include emergency orders placed in 2012 for the Second-line ARV (CHAI).

11.2 Monies Spent (US\$) on HIV Treatments for Children (2007-2012)

			Cumulative Treatment Values (US\$)					
			Value of diagnostics	Value of opportunistic infections medicines	Value of ready-to-use therapeutic foods	Value of paediatric ARVs		
Country	WB Income Group	WHO Region	Paediatric HIV (CHAI)				Round 6 ^a (GFATM)	Grand Total
ANGOLA	LMI	AFRO	90,430	63,579	368,295	167,687		689,991
BENIN	LI	AFRO	397,592	125,336		407,729		930,657
BOTSWANA	UMI	AFRO	530,995	1,190,445	366,853	4,235,686		6,323,979
BURKINA FASO	LI	AFRO	1,141,003	460,829		879,159	600,000	3,080,991
BURUNDI	LI	AFRO	150,079	48,414		800,545		999,038
CAMBODIA	LI	WPRO	188,553	211,841	151,126	1,029,896		1,581,415
CAMEROON	LMI	AFRO	2,129,534	353,286	329,553	2,967,486		5,779,858
CHINA	LMI	WPRO	47,271	70,575		1,668,759		1,786,605
CONGO, DEMOCRATIC REPUBLIC OF	LI	AFRO	1,206,892	515,606	10,527	2,933,761		4,666,785
CÔTE D'IVOIRE	LI	AFRO	167,599	47,118		1,125,515		1,340,232
DOMINICAN REPUBLIC	LMI	AMRO	77,355	113,956	17,907	508,510		717,729
ETHIOPIA	LI	AFRO	1,326,264	482,580	2,227,477	4,844,025		8,880,347
GUINEA	LI	AFRO					66,000	66,000
GUYANA	LMI	AMRO	46,573	21,000		120,718		188,291
HAITI	LI	AMRO	86,498	51,734	496,800	128,697		763,729
INDIA	LI	SEARO	2,868,507	1,026,630		6,966,939	4,444,445	15,306,521
JAMAICA	LMI	AMRO	40,916	47,656	10,069	55,603		154,245
KENYA	LI	AFRO	3,008,244	1,309,243	207,760	16,995,463		21,520,710
LESOTHO	LMI	AFRO	1,323,681	1,302,440	403,350	1,968,183		4,997,654
LIBERIA	LI	AFRO	61,756	71,376		230,300		363,432
MALAWI	LI	AFRO	6,423,636	1,789,205	5,948,347	8,288,687		22,449,875
MALI	LI	AFRO	45,233	107,769		1,274,970		1,427,972
MOROCCO	LMI	EMRO					37,200	37,200
MOZAMBIQUE	LI	AFRO	6,672,272	4,390,687	5,432,784	8,517,823		25,013,566
NAMIBIA	LMI	AFRO	820,497	492,277	190,182	1,138,775		2,641,731
NIGERIA	LI	AFRO	2,418,808	2,157,708	1,892,615	12,969,404		19,438,535
OECS ^b	UMI	AMRO	15,984	30,898		94,017		140,899
PAPUA NEW GUINEA	LI	WPRO	197,609	89,438	46,993	125,942		459,982

			Cumulative Treatment Values (US\$)					
			Value of diagnostics	Value of opportunistic infections medicines	Value of ready-to-use therapeutic foods	Value of paediatric ARVs		
Country	WB Income Group	WHO Region	Paediatric HIV (CHAI)				Round 6 ⁴ (GFATM)	Grand Total
RWANDA	LI	AFRO	634,643	717,707	1,158,446	2,569,845		5,080,641
SENEGAL	LI	AFRO	54,983	62,840	14,816	481,001	271,200	884,840
SERBIA	LMI	EURO					104,000	104,000
SWAZILAND	LMI	AFRO	1,399,760	334,692	169,341	2,558,110		4,461,903
TANZANIA, UNITED REPUBLIC OF	LI	AFRO	3,508,468	834,620	572,792	6,036,793		10,952,673
TOGO ¹	LI	AFRO	332,032	14,664		343,413		690,109
UGANDA	LI	AFRO	11,643,623	1,714,666	1,880,351	13,487,615		28,726,255
VIET NAM	LI	WPRO	186,364	112,467	1,671	1,309,698		1,610,200
ZAMBIA ²	LI	AFRO	6,019,186	2,326,703	2,581,705	4,813,125		15,740,719
ZIMBABWE	LI	AFRO	5,087,541	1,505,005	3,394,098	7,248,380		17,235,024
GRAND TOTAL			60,350,380	24,194,990	27,873,858	119,292,257	5,522,845	237,234,330

¹ Togo was added to the UNITAID CHAI ARV paediatric project in 2009.

² Does not include the charge of clearing/additional shipping disbursed in 2009.

³ OECS: Organization of Eastern Caribbean States with 6 countries: Antigua and Barbuda (UMI), Dominica (UMI), Grenada (UMI), St. Kitts and Nevis (UMI), St Lucia (UMI) and Saint Vincent and Grenadines (LMI). Breakdown of treatments by country was not provided by CHAI.

⁴ Results for Laos and Djibouti (Global Fund Round 6) are combined for paediatric and second line ARVs. They are presented in the values for adult treatments.

11.3 Monies Spent (US\$) on ACT Treatments for Malaria (2007-2012)

			Cumulative Treatment Values (US\$)				
			Value of ACT treatments delivered				
Country	WB Income Group	WHO Region	ACT Scale Up (GFATM, UNICEF)	AMFm (GFATM)	Round 6 (GFATM)	A2S2 ¹ (i+ solutions)	Grand Total
BANGLADESH	LI	SEARO			315,875		315,875
CAMBODIA	LI	WPRO	962,773	431,813	888,143		2,282,729
CHINA	LMI	WPRO			179,100		179,100
CÔTE D'IVOIRE	LI	AFRO			325,463		325,463
DJIBOUTI	LMI	EMRO			7,456		7,456
ERITREA	LI	AFRO			577,978		577,978
ETHIOPIA	LI	AFRO	11,667,473				11,667,473
GAMBIA	LI	AFRO			3,428,900		3,428,900
GHANA	LI	AFRO	1,697,690	42,035,349			43,733,039
GUINEA	LI	AFRO			2,224,750		2,224,750
GUINEA-BISSAU	LI	AFRO			862,531		862,531
INDONESIA	LMI	SEARO	134,255				134,255
KENYA	LI	AFRO		42,268,396			42,268,396
MADAGASCAR	LI	AFRO	1,271,041	1,887,541			3,158,582
MALI	LI	AFRO			748,016		748,016
MAURITANIA	LI	AFRO			230,076		230,076
MOZAMBIQUE	LI	AFRO	9,164,821				9,164,821
NAMIBIA	LMI	AFRO			1,087,500		1,087,500
NIGER	LI	AFRO		3,275,774			3,275,774
NIGERIA	LMI	AFRO		98,329,270			98,329,270
SOMALIA	LI	EMRO			31,062		31,062
SOUTH SUDAN	LI	EMRO	799,064				799,064
SUDAN	LI	EMRO	2,381,719				2,381,719
TANZANIA, UNITED REPUBLIC OF	LI	AFRO		31,217,201			31,217,201
UGANDA	LI	AFRO		41,956,429			41,956,429
ZAMBIA	LI	AFRO	6,305,044				6,305,044
GRAND TOTAL			34,383,880	261,401,774	10,906,850	9,280,000	315,972,504

¹ The project budget is US\$ 9,280,000 with US\$ 8,400,000 available as a revolving fund to growers and extractors.

11.4 Monies Spent (US\$) on Treatment of Tuberculosis for Children (2007-2012)

			Cumulative Treatment Values (US\$)
			Paediatric TB (GDF/STOP TB)
Country	WB Income Group	WHO Region	Paediatric TB treatments (curative & prophylactic)
AFGHANISTAN	LI	EMRO	337,813
BANGLADESH	LI	SEARO	245,760
BENIN	LI	AFRO	13,283
BURKINA FASO	LI	AFRO	19,885
BURUNDI	LI	AFRO	13,446
CAMBODIA	LI	WPRO	112,689
CAMEROON	LMI	AFRO	78,811
CAPE VERDE	LMI	AFRO	1,825
CONGO, REPUBLIC OF	LMI	AFRO	7,544
CÔTE D'IVOIRE	LI	AFRO	53,391
DJIBOUTI	LMI	EMRO	21,209
EGYPT	LMI	EMRO	29,962
ERITREA	LI	AFRO	10,786
ETHIOPIA	LI	AFRO	493,292
GAMBIA	LI	AFRO	6,086
GEORGIA	LMI	EURO	15,707
GUINEA	LI	AFRO	48,069
GUINEA-BISSAU	LI	AFRO	5,420
INDONESIA	LMI	SEARO	89,349
IRAQ	LMI	EMRO	79,139
JORDAN	LMI	EMRO	6,257
KAZAKHSTAN	UMI	EURO	175,295
KENYA	LI	AFRO	328,218
KIRIBATI	LMI	WPRO	2,811
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	LI	SEARO	129,224
KYRGYZSTAN	LI	EURO	36,948
LEBANON	UMI	EMRO	2,088
LESOTHO	LMI	AFRO	76,902
MACEDONIA, FORMER YUGOSLAV REPUBLIC OF	LMI	EURO	3,089

			Cumulative Treatment Values (US\$)
			Paediatric TB (GDF/STOP TB)
Country	WB Income Group	WHO Region	Paediatric TB treatments (curative & prophylactic)
MADAGASCAR	LI	AFRO	103,131
MALAWI	LI	AFRO	206,263
MALI	LI	AFRO	24,710
MAURITANIA	LI	AFRO	4,233
MONGOLIA	LMI	WPRO	24,000
MOROCCO	LMI	EMRO	88,454
MOZAMBIQUE	LI	AFRO	214,957
MYANMAR	LI	SEARO	1,033,541
NEPAL	LI	SEARO	136,542
NIGER	LI	AFRO	35,988
NIGERIA	LI	AFRO	340,793
PAKISTAN	LI	EMRO	654,393
PAPUA NEW GUINEA	LI	WPRO	55,338
RWANDA	LI	AFRO	24,158
SENEGAL	LI	AFRO	25,877
SIERRA LEONE	LI	AFRO	53,847
SOMALIA	LI	EMRO	73,950
SRI LANKA	LMI	SEARO	13,369
SUDAN	LI	EMRO	241,457
SWAZILAND	LMI	AFRO	65,037
TAJIKISTAN	LI	EURO	56,279
TANZANIA, UNITED REPUBLIC OF	LI	AFRO	183,304
THAILAND	LI	SEARO	104,369
TOGO ¹	LI	AFRO	6,606
TURKMENISTAN	LMI	EURO	14,398
YEMEN	LI	EMRO	25,724
ZAMBIA	LI	AFRO	253,536
GRAND TOTAL			6,508,552

Note: For Philippines the grant was cancelled in 2009.

¹ Togo was incorrectly classified as an LMI in the original agreement. It has been changed to LI.

11.5 Monies Spent (US\$) on Treatments and Tests for Multi-Drug Resistant Tuberculosis (2007-2012)

Country	WB Income Group	WHO Region	Cumulative Values		Grand Total	
			Total product costs (Orders paid cumulatively)	Value of MDR-TB treatments		
			Expand TB diagnostics (MDR-TB) ^{1,2} (GDF/FIND/GLI)	MDR-TB Scale Up (GDF/STOP TB)	Round 6 (GFATM)	
AZERBAIJAN	LMI	EURO	289,634	5,325,978		5,615,612
BANGLADESH	LI	SEARO	213,551			213,551
BELARUS	LMI	EURO	145,540		549,720	695,260
BENIN	LI	AFRO			20,478	20,478
BHUTAN	LI	SEARO			99,000	99,000
BULGARIA	LMI	EURO			229,446	229,446
BURKINA FASO	LI	AFRO		133,762		133,762
CAMBODIA	LI	WPRO		559,450		559,450
CAMEROON	LMI	AFRO	335,614			335,614
CONGO, DEMOCRATIC REPUBLIC OF	LI	AFRO		1,091,343		1,091,343
CÔTE D'IVOIRE	LI	AFRO	182,400			182,400
DJIBOUTI	LMI	EMRO	357,555			357,555
DOMINICAN REPUBLIC	LMI	AMRO		614,493		614,493
EGYPT	LMI	EMRO			522,000	522,000
ETHIOPIA	LI	AFRO	816,132			816,132
GEORGIA	LMI	EURO	465,813		1,836,800	2,302,613
GUATEMALA	LMI	AMRO			55,707	55,707
GUINEA	LI	AFRO		70,279		70,279
HAITI	LI	AMRO	327,945	710,365		1,038,310
INDIA	LMI/LI	SEARO	7,370,487	19,678,128	958,126	28,006,741
INDONESIA	LMI	SEARO				
KAZAKHSTAN	LMI	EURO			332,000	332,000
KENYA	LI	AFRO	83,931	834,313		918,244
KYRGYZSTAN	LI	EURO	500,848	2,062,655	2,501,651	5,065,155
LESOTHO	LI	AFRO	133,875	3,207,254		3,341,129
MALAWI	LI	AFRO		65,829		65,829

			Cumulative Values			
			Total product costs (Orders paid cumulatively)	Value of MDR-TB treatments		
Country	WB Income Group	WHO Region	Expand TB diagnostics (MDR-TB) ^{1,2} (GDF/FIND/GI)	MDR-TB Scale Up (GDF/STOP TB)	Round 6 (GFATM)	Grand Total
MOLDOVA, REPUBLIC OF	LI	EURO	252,944	310,175	1,264,958	1,828,077
MOZAMBIQUE	LI	AFRO	13,839	233,615		247,454
MYANMAR	LI	SEARO	714,425	748,032		1,462,457
NEPAL	LI	SEARO		1,225,754		1,225,754
PERU	LMI	AMRO				
RWANDA	LI	AFRO	39,335		326,749	366,084
SENEGAL	LI	AFRO	79,236	50,518		129,754
SRI LANKA	LMI	SEARO			55,518	55,518
SWAZILAND	LMI	AFRO	292,923			292,923
SYRIAN ARAB REPUBLIC	LMI	EMRO			180,082	180,082
TAJIKISTAN	LI	EURO	201,515		126,000	327,515
TANZANIA, UNITED REPUBLIC OF	LI	AFRO	166,033		126,000	292,033
TIMOR-LESTE	LI	SEARO		44,753		44,753
UGANDA	LI	AFRO	130,322			130,322
UZBEKISTAN	LI	EURO	340,724	2,618,771		2,959,495
VIET NAM	LI	WPRO	335,383		823,381	1,158,764
GRAND TOTAL			13,790,006	39,585,467	10,007,616	63,383,089

¹ Includes equipment costs, consumables, re-agents and essential supplies; excludes freight, insurance and pre-shipment inspection.

² DRC and Zambia withdrew from the project and were replaced by Rwanda and Mozambique.

TABLE 12: SUMMARY OF TREATMENTS AND TESTS PROVIDED BY YEAR AND BY DISEASE AREA (2007-2012)

12.1 HIV

			HIV/AIDS (Treatments)						
Description	Project	Implementer	2007	2008	2009	2010	2011	2012	Grand Total
Estimated number of new children on HIV treatment	Paediatric HIV	CHAI	134,677	55,995	60,014	73,578	65,916	32,727	422,907
	Round 6 ²	GFATM			31,221	8	1,581		32,810
Estimated number of patients on second-line ARV treatment ¹	Round 6 ²	GFATM			3,909	1,879	2,827		8,615
	Second-line ARV ³	CHAI	61,674	133,322	117,324	113,892	117,141		543,353
ARV treatment to prevent mother to child transmission	PMTCT	UNICEF		43,764	227,494	540,713			811,971
HIV positive pregnant women on ART/HAART	PMTCT	UNICEF		5,948	45,611	13,318			64,877
Cotrim provided to HIV positive women	PMTCT	UNICEF		48,802	109,633	38,655			197,090
Ready-to-use therapeutic food and cotrim for children	PMTCT	UNICEF		35,187	65,366	101,438			201,991
Grand Total			196,351	323,018	660,572	883,481	187,465	32,727	2,283,614
			HIV/AIDS (Tests)						
Description	Project	Implementer	2007	2008	2009	2010	2011	2012	Grand Total
HIV tests for early infant diagnosis	Paediatric HIV	CHAI	75,115	168,123	302,578	372,810	422,096	401,959	1,742,681
	PMTCT	UNICEF				25,056			25,056
HIV tests for pregnant women	PMTCT	UNICEF		819,860	3,105,442	4,086,376			8,011,678
HIV positive pregnant women: CD4 tests	PMTCT	UNICEF		129,200	336,200	410,200			875,600

			HIV/AIDS (Tests)						
Description	Project	Implementer	2007	2008	2009	2010	2011	2012	Grand Total
HIV-exposed infants accessing PCR testing at 6 weeks	PMTCT	UNICEF		8,064	29,568				37,632
Grand Total			75,115	1,125,247	3,773,788	4,894,442	422,096	401,959	10,692,647

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

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

³ Project for 2012 was for emergency orders for countries in need. Therefore, treatment numbers are not available for 2012.

12.2 Malaria

			Malaria (Treatments)					
Description	Project	Implementer	2008	2009	2010	2011	2012	Grand Total
ACT treatments delivered	ACT Liberia, Burundi	UNICEF, WHO	1,401,228					1,401,228
	ACT Scale Up	GFATM, UNICEF	8,200,280	6,961,150	12,551,110	7,781,005	2,216,250	37,709,795
	Round 6	GFATM		1,552,494	216,793	2,125,574	660,101	4,554,962
Co-paid ACT treatments delivered	AMFm	GFATM			4,539,990	148,535,741	137,068,559	290,144,290
LLINs delivered	LLINs	UNICEF			20,000,000			20,000,000
Grand total for treatments only			9,601,508	8,513,644	17,307,893	158,442,320	139,944,910	333,810,275

Note 1: This table excludes the indirect effects of the A2S2 project which provided a loan to growers and extractors for the production ACTs and extraction of Artemisinin was not tied to specific treatment deliveries.

Note 2: Grand total excludes figures for LLINs.

12.3 Tuberculosis

			Tuberculosis (Treatments)						
Description	Project	Implementer	2007	2008	2009	2010	2011	2012	Grand Total
First-line TB treatments delivered	First-Line Tuberculosis	GDF	197,584	545,793	41,703				785,080
MDR-TB patient treatments delivered	MDR-TB Scale Up	GDF		1,543	1,535	845	6,568	5,395	15,886
	Round 6	GFATM			2,397	679	331		3,407
Paediatric TB (curative) patient treatments delivered	Paediatric TB	GDF	52,128	81,053	145,709	117,211	57,429	9,974	463,504
Paediatric TB (prophylaxis) patient treatments delivered	Paediatric TB	GDF	60,626	91,995	229,884	173,620	89,304	36,553	681,982
Strategic Rotating Stockpile treatments for MDR-TB	MDR-TB SRS	GDF		800	5,000				5,800
Grand Total			310,338	721,184	426,228	292,355	153,632	51,922	1,955,659
			Tuberculosis (MDR-TB Cases Detected)						
Description	Project	Implementer	2007	2008	2009	2010	2011	2012	Grand Total
Diagnostic tests (for MDR-TB): cases detected	Expand TB diagnostic tests	GLI, GDF, FIND			1,810	2,386	7,899	24,870	36,965

TABLE 13: SUMMARY OF MONIES SPENT (US\$) ON PRODUCTS PURCHASED BY YEAR AND BY DISEASE AREA
13.1. HIV

			HIV (US\$ Investments)						
Description	Project	Implementer	2007	2008	2009	2010	2011	2012	Grand Total
Value of ARVs 2 nd line adults	Round 6 ²	GFATM			1,225,082	13,109	86,271		1,324,462
	Second-line ARV ¹	CHAI	20,741,510	48,917,771	60,634,919	36,964,141	35,723,091	5,445,769	208,427,200
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	119,292,257
	Round 6	GFATM				104,000	5,418,845		5,522,845
Value of opportunistic infections medicines	Paediatric HIV	CHAI	8,158,958	8,538,277	2,218,649	795,154	2,811,884	1,672,068	24,194,990
Value of ready-to-use therapeutic foods	Paediatric HIV	CHAI	3,887,897	6,316,407	6,364,263	5,544,320	2,019,825	3,741,147	27,873,858
	PMTCT	UNICEF				467,704			467,704
Value of PMTCT product expenditure ³	PMTCT	UNICEF		4,004,540	16,449,724	13,529,846			33,984,109
Value of diagnostics	Paediatric HIV	CHAI	1,823,495	2,773,175	13,411,220	14,289,285	17,541,535	10,511,671	60,350,380
Grand Total			54,790,498	96,439,180	116,674,024	89,648,441	90,085,655	33,800,009	481,437,806

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

² Results for Laos and Djibouti for Global Fund Round 6 are combined for paediatric and second line ARVs. They are presented in the values for adult treatments.

³ Includes values for testing, treatments and prevention related products: testing of pregnant women for HIV, CD4 tests for HIV+ pregnant women, efficacious ARVs and ART for pregnant women, Cotrimoxazole treatments for HIV+ mothers, HIV exposed infants accessing PCR and Cotrimoxazole treatments for infants; rapid tests, CD4 tests for ART eligibility, more efficacious ARV treatments for PMTCT treatments for HIV+ mothers for their own health, DBS/PCR tests for infants born to HIV+ mothers.

13.2 Malaria

			Malaria (US\$ Investments)						
Description	Project	Implementer	2008	2009	2010	2011	2012	Grand Total	
LLINs Supply Value	LLINs	UNICEF			90,753,691			90,753,691	
Value of ACT treatments delivered	ACT Liberia, Burundi	UNICEF, WHO	805,340					805,340	
	ACT Scale Up	GFATM, UNICEF	6,504,601	5,668,812	12,552,965	8,045,628	1,611,874	34,383,880	
	AMFm	GFATM			4,662,673	136,801,399	119,937,703	261,401,774	
	Round 6	GFATM		5,317,889	1,067,243	3,659,187	862,531	10,906,850	
Grand Total			7,309,941	10,986,701	109,036,572	148,506,214	122,412,108	398,251,535	

13.3 Tuberculosis

			Tuberculosis (US\$ Investments)						
Description	Project	Implementer	2007	2008	2009	2010	2011	2012	Grand Total
Value of MDR-TB treatments	MDR-TB Scale Up	GDF				16,094,026	13,394,530	10,096,911	39,585,467
	Round 6	GFATM			5,990,927	2,895,462	1,121,227		10,007,616
Value of TB paediatric treatments (curative, prophylactic)	Paediatric TB	GDF	244,980	1,075,153	2,263,797	1,501,681	1,117,228	305,714	6,508,552
Value of 1 st line TB treatments	First-Line Tuberculosis	GDF					15,644,505		15,644,505
Value of MDR-TB (cases detected)	Expand TB diagnostic tests	GLI, GDF, FIND					7,435,266	6,354,740	13,790,006
Value of MDR-TB treatments in the SRS	MDR-TB SRS	GDF		11,458,000					11,458,000
Grand Total			244,980	12,533,153	8,254,724	20,491,169	38,712,755	16,757,365	96,994,145

ANNEX 2

UNITAID Country Profiles

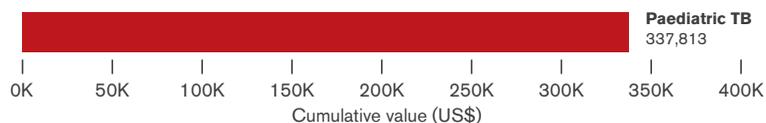
Data as of 31 December 2012:
www.unitaid.org/impact

AFGHANISTAN



Total Population ¹	31,412,000
Under 5 mortality rate per 1,000 live births ¹	101
Number of children receiving ART ²	4
HIV DALYs ('000) ³	18
TB DALYs ('000) ³	459
Malaria DALYs ('000) ³	25

Cumulative Value of Treatments and Tests: US\$337,813



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	133,033
				Paediatric TB (curative) patient treatments delivered	13,738

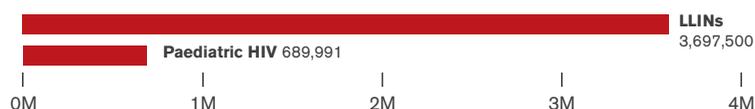
^{1,2,3}see endnotes

ANGOLA



Total Population ¹	19,082,000
Under 5 mortality rate per 1,000 live births ¹	158
Number of children receiving ART ²	2,314
HIV DALYs ('000) ³	688
TB DALYs ('000) ³	279
Malaria DALYs ('000) ³	1,031

Cumulative Value of Treatments and Tests: US\$4,387,491



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	674
				Estimated number of new children on HIV treatment	609
Malaria	LLINs	2009-2010	UNICEF	LLINs delivered	850,000

^{1,2,3}see endnotes

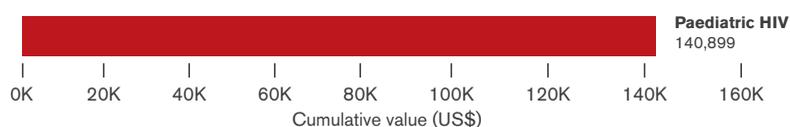
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

ANTIGUA AND BARBUDA



Total Population ¹	89,000
Under 5 mortality rate per 1,000 live births ¹	8
Number of children receiving ART ²	14
HIV DALYs ('000) ³	1
TB DALYs ('000) ³	0
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$140,899



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	86
				Estimated number of new children on HIV treatment	20

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing. Combined figures for six OECS countries: Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines.

AZERBAIJAN



Total Population ¹	9,188,000
Under 5 mortality rate per 1,000 live births ¹	45
Number of children receiving ART ²	15
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	20
Malaria DALYs ('000) ³	18

Cumulative Value of Treatments and Tests: US\$5,615,612



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	MDR-TB Scale Up	2007-2013	GDF/STOP-TB	MDR-TB patient treatments delivered ⁴	1,260
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	631

^{1,2,3}see endnotes

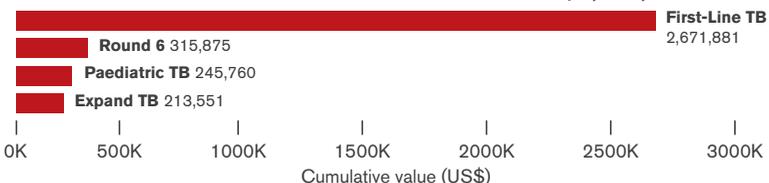
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing. Combined figures for six OECS countries: Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines.

BANGLADESH



Total Population ¹	148,692,000
Under 5 mortality rate per 1,000 live births ¹	46
Number of children receiving ART ²	37
HIV DALYs ('000) ³	18
TB DALYs ('000) ³	2,484
Malaria DALYs ('000) ³	128

Cumulative Value of Treatments and Tests: US\$3,447,067



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	Round 6	2007-2011	GFATM	ACT treatments delivered	169,905
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	147,450
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	18,942
				Paediatric TB (prophylaxis) patient treatments delivered	7,667
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	247

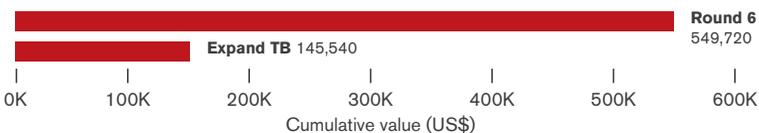
^{1,2,3}see endnotes

BELARUS



Total Population ¹	9,595,000
Under 5 mortality rate per 1,000 live births ¹	6
Number of children receiving ART ²	139
HIV DALYs ('000) ³	56
TB DALYs ('000) ³	32
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$695,260



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁴	200
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	192

^{1,2,3}see endnotes

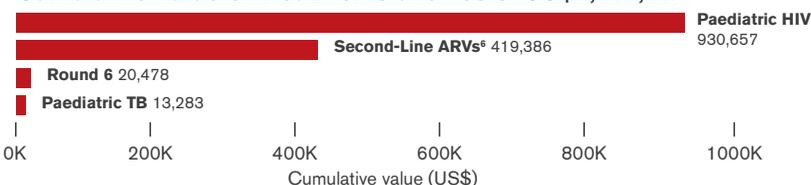
⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

BENIN



Total Population ¹	8,850,000
Under 5 mortality rate per 1,000 live births ¹	106
Number of children receiving ART ²	1,300
HIV DALYs ('000) ³	159
TB DALYs ('000) ³	31
Malaria DALYs ('000) ³	731

Cumulative Value of Treatments and Tests: US\$1,383,804



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs ⁶	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	1,632
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis Estimated number of new children on HIV treatment	2,542 1,493
	ESTHERAID	2010-2013	ESTHER	Support to supply chain management	na
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered Paediatric TB (curative) patient treatments delivered	7,355 422
	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁵	13

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

⁶Cumulative value includes emergency orders placed in 2012.

BHUTAN



Total Population ¹	726,000
Under 5 mortality rate per 1,000 live births ¹	54
Number of children receiving ART ²	3
HIV DALYs ('000) ³	2
TB DALYs ('000) ³	5
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$99,000



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁴	19

^{1,2,3}see endnotes

⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

BOSNIA AND HERZEGOVINA



Total Population ¹	3,760,000
Under 5 mortality rate per 1,000 live births ¹	8
Number of children receiving ART ²	1
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	10
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$63,232



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	First-Line TB	2007-2011	GDF/STOP-TB	First-line TB treatments delivered	3,727

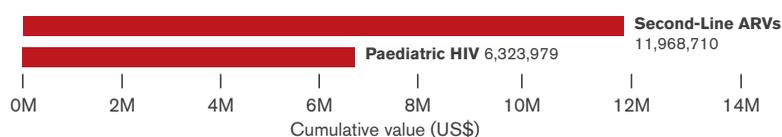
^{1,2,3}see endnotes

BOTSWANA



Total Population ¹	2,007,000
Under 5 mortality rate per 1,000 live births ¹	26
Number of children receiving ART ²	9,702
HIV DALYs ('000) ³	231
TB DALYs ('000) ³	18
Malaria DALYs ('000) ³	1

Cumulative Value of Treatments and Tests: US\$18,292,689



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	9,623
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	73,074
				Estimated number of new children on HIV treatment	9,182

^{1,2,3}see endnotes

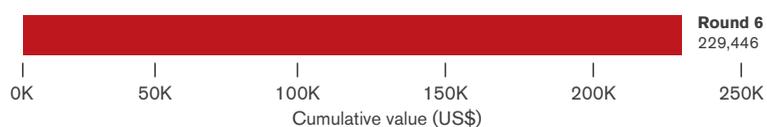
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

BULGARIA



Total Population ¹	7,494,000
Under 5 mortality rate per 1,000 live births ¹	12
Number of children receiving ART ²	6
HIV DALYs ('000) ³	13
TB DALYs ('000) ³	7
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$229,446



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁴	50

^{1,2,3}see endnotes

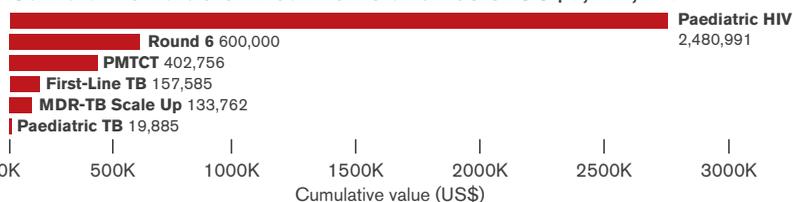
⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

BURKINA FASO



Total Population ¹	16,469,000
Under 5 mortality rate per 1,000 live births ¹	146
Number of children receiving ART ²	1,776
HIV DALYs ('000) ³	386
TB DALYs ('000) ³	55
Malaria DALYs ('000) ³	1,935

Cumulative Value of Treatments and Tests: US\$3,794,979



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁵	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	3,131
				Estimated number of new children on HIV treatment	1,878
	PMTCT	2007-2009	UNICEF	HIV tests for pregnant women	241,610
				ARV treatment to prevent mother to child transmission	7,082
				HIV positive pregnant women: CD4 tests	2,600
				Cotrim provided to HIV positive women	3,557
				HIV positive pregnant women on ART/HAART	258
HIV-exposed infants accessing PCR testing at 6 weeks	1,152				
Ready-to-use therapeutic food and cotrim for children	2,046				
Round 6	2007-2011	GFATM	Estimated number of new children on HIV treatment	1,581	
ESTHERAID	2010-2013	ESTHER	Support to supply chain management	na	
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	8,500
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	4,190
				Paediatric TB (curative) patient treatments delivered	483
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁴	57

^{1,2,3}see endnotes

⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

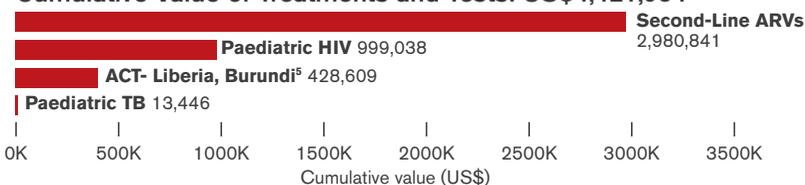
⁵Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

BURUNDI



Total Population ¹	8,383,000
Under 5 mortality rate per 1,000 live births ¹	139
Number of children receiving ART ²	1,927
HIV DALYs ('000) ³	329
TB DALYs ('000) ³	62
Malaria DALYs ('000) ³	130

Cumulative Value of Treatments and Tests: US\$4,421,934



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	5,919
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	1,997
				Estimated number of new children on HIV treatment	1,927
Malaria	ACT- Liberia, Burundi ⁵	2007-2008	UNICEF, WHO	ACT treatments delivered	722,953
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	1,306

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

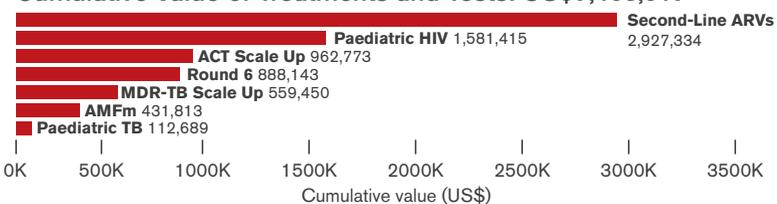
⁵ACT treatment figures for Burundi

CAMBODIA



Total Population ¹	14,138,000
Under 5 mortality rate per 1,000 live births ¹	43
Number of children receiving ART ²	4,439
HIV DALYs ('000) ³	83
TB DALYs ('000) ³	371
Malaria DALYs ('000) ³	43

Cumulative Value of Treatments and Tests: US\$7,463,617



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	4,896
	Paediatric HIV	2007-2013	CHAI	Estimated number of patients on second-line ARV treatment	2,903
				Estimated number of new children on HIV treatment	4,439
Malaria	ACT Scale Up	2008-2012	GFATM, UNICEF	ACT treatments delivered	295,850
	AMFm	2009-2013	GFATM	Co-paid ACT treatments delivered	251,229
	Round 6	2007-2011	GFATM	ACT treatments delivered	216,793
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	7,917
				Paediatric TB (curative) patient treatments delivered	11,792
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁵	200

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

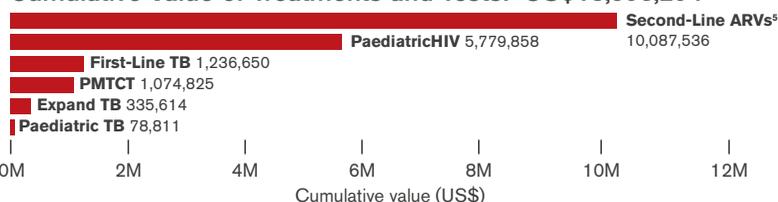
⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

CAMEROON



Total Population ¹	19,599,000
Under 5 mortality rate per 1,000 live births ¹	127
Number of children receiving ART ²	4,440
HIV DALYs ('000) ³	1,847
TB DALYs ('000) ³	218
Malaria DALYs ('000) ³	1,214

Cumulative Value of Treatments and Tests: US\$18,593,294



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs ⁵	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	8,542
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	48,900
				Estimated number of new children on HIV treatment	4,992
	PMTCT	2007-2010	UNICEF	HIV tests for pregnant women	285,055
				ARV treatment to prevent mother to child transmission	18,879
				HIV positive pregnant women: CD4 tests	48,800
				Cotrim provided to HIV positive women	18,484
				HIV positive pregnant women on ART/HAART	411
HIV-exposed infants accessing PCR testing at 6 weeks				1,728	
Ready to-use therapeutic food and cotrim for children				11,548	
ESTHERAID	2010-2013	ESTHER	Support to supply chain management	na	
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	51,806
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	24,342
				Paediatric TB (curative) patient treatments delivered	3,174
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	217

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

⁵Cumulative value includes emergency orders placed in 2012.

CAPE VERDE



Total Population ¹	496,000
Under 5 mortality rate per 1,000 live births ¹	21
Number of children receiving ART ²	58
HIV DALYs ('000) ³	7
TB DALYs ('000) ³	4
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$1,825



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	529
				Paediatric TB (curative) patient treatments delivered	103

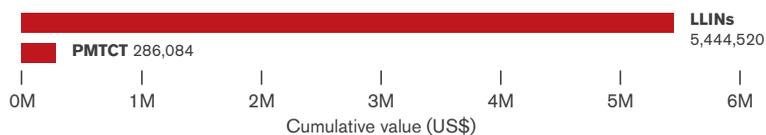
^{1,2,3}see endnotes

CENTRAL AFRICAN REPUBLIC



Total Population ¹	4,401,000
Under 5 mortality rate per 1,000 live births ¹	164
Number of children receiving ART ²	825
HIV DALYs ('000) ³	559
TB DALYs ('000) ³	91
Malaria DALYs ('000) ³	655

Cumulative Value of Treatments and Tests: US\$5,730,604



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	PMTCT	2007-2010	UNICEF	HIV tests for pregnant women	56,117
				ARV treatment to prevent mother to child transmission	18,199
				HIV positive pregnant women: CD4 tests	249,200
				Cotrim provided to HIV positive women	2,643
				HIV positive pregnant women on ART/HAART	507
				Ready-to-use therapeutic food and cotrim for children	3,405
	ESTHERAID	2010-2013	ESTHER	Support to supply chain management	na
Malaria	LLINs	2009-2010	UNICEF	LLINs delivered	1,100,000

^{1,2,3}see endnotes

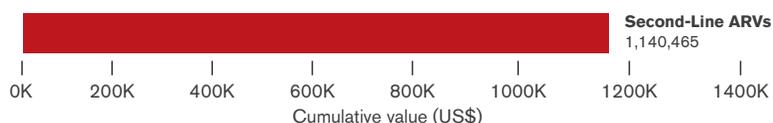
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

CHAD



Total Population ¹	11,227,000
Under 5 mortality rate per 1,000 live births ¹	169
Number of children receiving ART ²	1,531
HIV DALYs ('000) ³	695
TB DALYs ('000) ³	75
Malaria DALYs ('000) ³	1,473

Cumulative Value of Treatments and Tests: US\$1,140,465



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	1,537

^{1,2,3}see endnotes

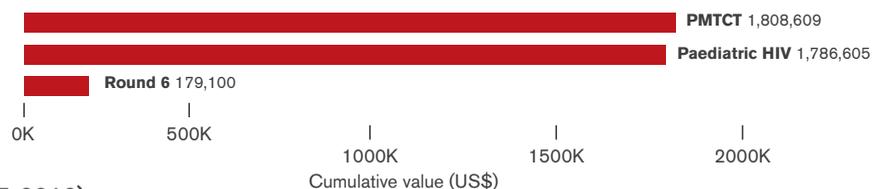
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

CHINA



Total Population ¹	1,348,932,000
Under 5 mortality rate per 1,000 live births ¹	15
Number of children receiving ART ²	2,322
HIV DALYs ('000) ³	2,604
TB DALYs ('000) ³	1,744
Malaria DALYs ('000) ³	10

Cumulative Value of Treatments and Tests: US\$3,774,314



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	2,329
				Estimated number of new children on HIV treatment	1,849
	PMTCT	2007-2010	UNICEF	HIV tests for pregnant women	1,447,125
				HIV positive pregnant women: CD4 tests	12,000
				Cotrim provided to HIV positive women	514
				HIV tests for early infant diagnosis	8,928
Malaria	Round 6	2007-2011	GFATM	Ready to-use therapeutic food and cotrim for children	625
				ACT treatments delivered	91,861

^{1,2,3}see endnotes

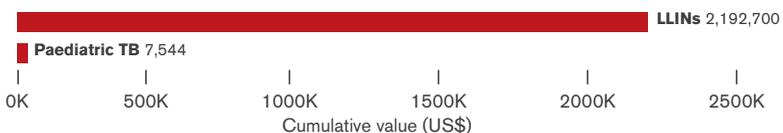
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

REPUBLIC OF THE CONGO



Total Population ¹	4,043,000
Under 5 mortality rate per 1,000 live births ¹	99
Number of children receiving ART ²	1,051
HIV DALYs ('000) ³	264
TB DALYs ('000) ³	68
Malaria DALYs ('000) ³	343

Cumulative Value of Treatments and Tests: US\$2,200,244



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	LLINs	2009-2010	UNICEF	LLINs delivered	470,000
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	398

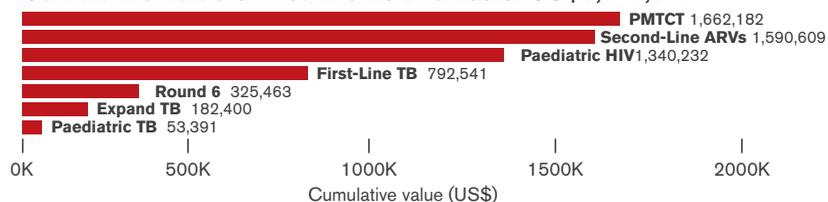
^{1,2,3}see endnotes

CÔTE D'IVOIRE



Total Population ¹	19,738,000
Under 5 mortality rate per 1,000 live births ¹	115
Number of children receiving ART ²	5,190
HIV DALYs ('000) ³	6,086
TB DALYs ('000) ³	1,320
Malaria DALYs ('000) ³	11,671

Cumulative Value of Treatments and Tests: US\$5,946,818



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	1,122
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	4,289
				Estimated number of new children on HIV treatment	5,938
PMTCT	2007-2010	UNICEF	HIV tests for pregnant women	344,725	
			HIV positive pregnant women: CD4 tests	24,400	
			Cotrim provided to HIV positive women	19,201	
			ARV treatment to prevent mother to child transmission	17,969	
			HIV-exposed infants accessing PCR testing at 6 weeks	10,368	
			Ready to-use therapeutic food and cotrim for children	9,219	
			HIV positive pregnant women on ART/HAART	8,112	
Malaria	Round 6	2007-2011	GFATM	ACT treatments delivered	456,891
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	42,476
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	40,478
				Paediatric TB (curative) patient treatments delivered	3,352
Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	235	

^{1,2,3}see endnotes

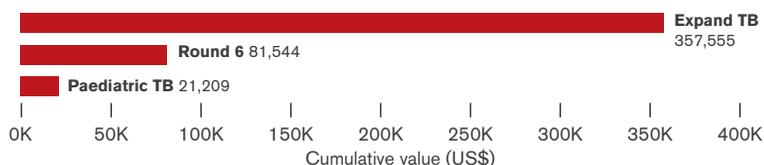
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

DJIBOUTI



Total Population ¹	889,000
Under 5 mortality rate per 1,000 live births ¹	90
Number of children receiving ART ²	41
HIV DALYs ('000) ³	43
TB DALYs ('000) ³	27
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$102,753



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Round 6	2007-2011	GFATM	Estimated number of patients on second-line and paediatric ARV treatment	1,008
Malaria	Round 6	2007-2011	GFATM	ACT treatments delivered	4,105
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	439
				Paediatric TB (curative) patient treatments delivered	1,252
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	58

^{1,2,3}see endnotes

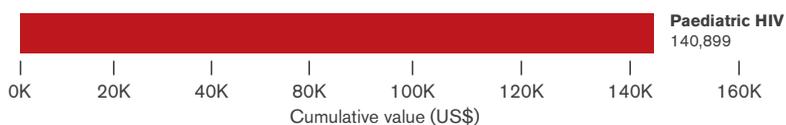
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

DOMINICA



Total Population ¹	68,000
Under 5 mortality rate per 1,000 live births ¹	12
Number of children receiving ART ²	0
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	0
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$140,899



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	86
				Estimated number of new children on HIV treatment	20

^{1,2,3}see endnotes

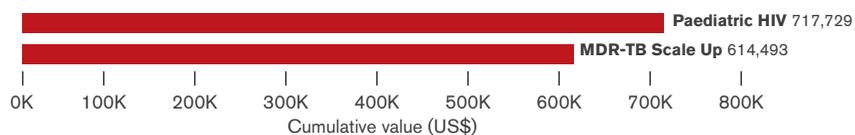
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing. Combined figures for six OECS countries: Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines.

DOMINICAN REPUBLIC



Total Population ¹	9,927,000
Under 5 mortality rate per 1,000 live births ¹	25
Number of children receiving ART ²	1,010
HIV DALYs ('000) ³	92
TB DALYs ('000) ³	32
Malaria DALYs ('000) ³	1

Cumulative Value of Treatments and Tests: US\$1,332,222



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	429
				Estimated number of new children on HIV treatment	950
TB	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁵	324

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

THE DEMOCRATIC REPUBLIC OF CONGO



Total Population ¹	65,966,000
Under 5 mortality rate per 1,000 live births ¹	168
Number of children receiving ART ²	6,238
HIV DALYs ('000) ³	1,997
TB DALYs ('000) ³	1,401
Malaria DALYs ('000) ³	7,629

Cumulative Value of Treatments and Tests: US\$32,446,007



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs ⁶	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	4,192
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	12,477
				Estimated number of new children on HIV treatment	5,684
Malaria	LLINs	2009-2010	UNICEF	LLINs delivered	5,500,000
TB	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁵	592

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

⁶Cumulative value includes emergency orders placed in 2012.

EGYPT



Total Population ¹	81,121,000
Under 5 mortality rate per 1,000 live births ¹	21
Number of children receiving ART ²	32
HIV DALYs ('000) ³	35
TB DALYs ('000) ³	29
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$551,962



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP-TB	Paediatric TB (prophylaxis) patient treatments delivered	9,360
				Paediatric TB (curative) patient treatments delivered	1,550
	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁴	89

^{1,2,3}see endnotes

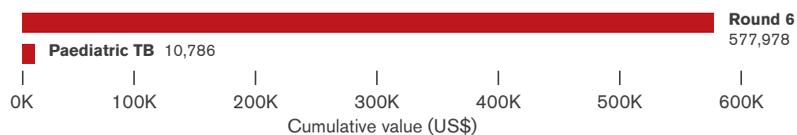
⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

ERITREA



Total Population ¹	5,254,000
Under 5 mortality rate per 1,000 live births ¹	68
Number of children receiving ART ²	517
HIV DALYs ('000) ³	79
TB DALYs ('000) ³	10
Malaria DALYs ('000) ³	23

Cumulative Value of Treatments and Tests: US\$588,764



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	Round 6	2007-2011	GFATM	ACT treatments delivered	43,136
TB	Paediatric TB	2007-2013	GDF/STOP-TB	Paediatric TB (prophylaxis) patient treatments delivered	2,360
				Paediatric TB (curative) patient treatments delivered	795

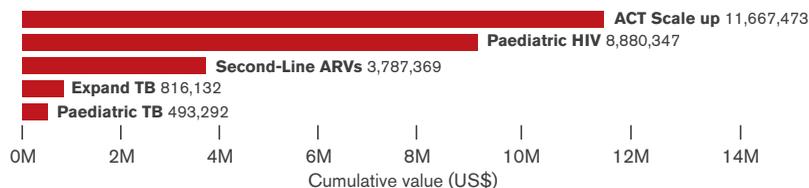
^{1,2,3}see endnotes

ETHIOPIA



Total Population ¹	82,950,000
Under 5 mortality rate per 1,000 live births ¹	77
Number of children receiving ART ²	16,000
HIV DALYs ('000) ³	3,124
TB DALYs ('000) ³	586
Malaria DALYs ('000) ³	259

Cumulative Value of Treatments and Tests: US\$25,644,613



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	5,179
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	45,009
				Estimated number of new children on HIV treatment	14,504
Malaria	ACT Scale up	2008-2012	GFATM, UNICEF	ACT treatments delivered	10,491,090
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	3,603
				Paediatric TB (curative) patient treatments delivered	28,281
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	1,127

^{1,2,3}see endnotes

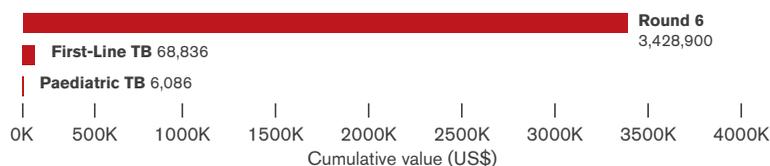
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

GAMBIA



Total Population ¹	1,728,000
Under 5 mortality rate per 1,000 live births ¹	101
Number of children receiving ART ²	161
HIV DALYs ('000) ³	34
TB DALYs ('000) ³	32
Malaria DALYs ('000) ³	134

Cumulative Value of Treatments and Tests: US\$3,503,822



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	Round 6	2007-2011	GFATM	ACT treatments delivered	210,962
TB	First-Line TB	2007-2013	GDF/STOP TB	First-line TB treatments delivered	3,524
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	292
				Paediatric TB (curative) patient treatments delivered	566

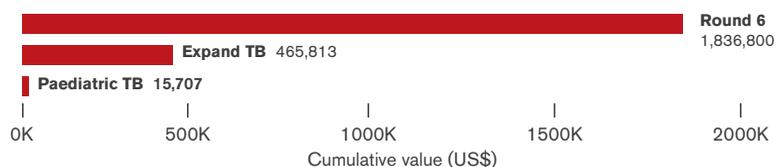
^{1,2,3}see endnotes

GEORGIA



Total Population ¹	4,352,000
Under 5 mortality rate per 1,000 live births ¹	21
Number of children receiving ART ²	35
HIV DALYs ('000) ³	6
TB DALYs ('000) ³	9
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$2,318,320



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	4,919
				Paediatric TB (curative) patient treatments delivered	848
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	1,458
	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁴	739

^{1,2,3}see endnotes

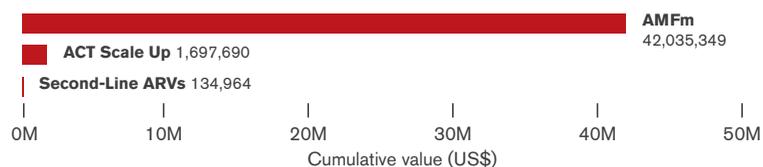
⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

GHANA



Total Population ¹	24,392,000
Under 5 mortality rate per 1,000 live births ¹	78
Number of children receiving ART ²	2,480
HIV DALYs ('000) ³	821
TB DALYs ('000) ³	69
Malaria DALYs ('000) ³	1,263

Cumulative Value of Treatments and Tests: US\$43,868,003



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	210
Malaria	ACT Scale Up	2008-2012	GFATM, UNICEF	ACT treatments delivered	2,790,020
	AMFm	2009-2013	GFATM	Co-paid ACT treatments delivered	45,104,816

^{1,2,3}see endnotes

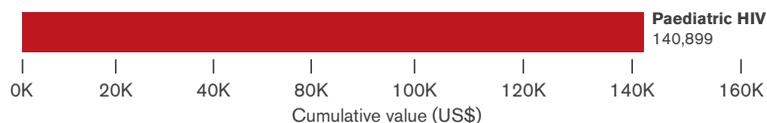
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

GRENADA



Total Population ¹	104,000
Under 5 mortality rate per 1,000 live births ¹	13
Number of children receiving ART ²	3
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	0
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$140,899



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	86
				Estimated number of new children on HIV treatment	20

^{1,2,3}see endnotes

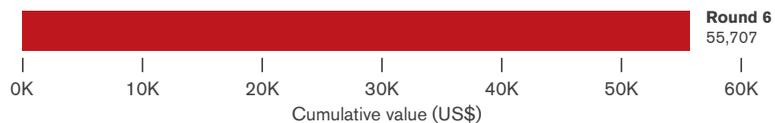
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing. Combined figures for six OECS countries: Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines.

GUATEMALA



Total Population ¹	14,389,000
Under 5 mortality rate per 1,000 live births ¹	30
Number of children receiving ART ²	935
HIV DALYs ('000) ³	131
TB DALYs ('000) ³	14
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$55,707



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁴	50

^{1,2,3}see endnotes

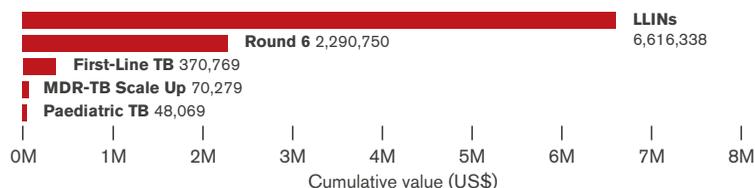
⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

GUINEA



Total Population ¹	9,982,000
Under 5 mortality rate per 1,000 live births ¹	126
Number of children receiving ART ²	745
HIV DALYs ('000) ³	228
TB DALYs ('000) ³	88
Malaria DALYs ('000) ³	1,230

Cumulative Value of Treatments and Tests: US\$9,396,205



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁵	Round 6	2007-2011	GFATM	Estimated number of new children on HIV treatment	7,498
Malaria	Round 6	2007-2011	GFATM	ACT treatments delivered	1,439,677
	LLINs	2009-2010	UNICEF	LLINs delivered	1,300,000
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	18,847
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	22,057
				Paediatric TB (curative) patient treatments delivered	2,680
MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁴	49	

^{1,2,3}see endnotes

⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

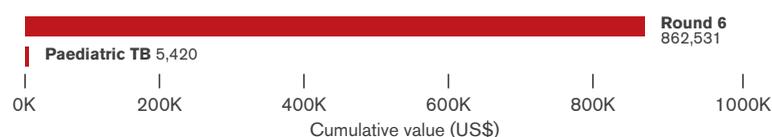
⁵Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

GUINEA BISSAU



Total Population ¹	1,515,000
Under 5 mortality rate per 1,000 live births ¹	161
Number of children receiving ART ²	260
HIV DALYs ('000) ³	54
TB DALYs ('000) ³	14
Malaria DALYs ('000) ³	171

Cumulative Value of Treatments and Tests: US\$867,951



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	Round 6	2007-2011	GFATM	ACT treatments delivered	660,101
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	289
				Paediatric TB (curative) patient treatments delivered	505

^{1,2,3}see endnotes

GUYANA



Total Population ¹	754,000
Under 5 mortality rate per 1,000 live births ¹	36
Number of children receiving ART ²	201
HIV DALYs ('000) ³	13
TB DALYs ('000) ³	9
Malaria DALYs ('000) ³	8

Cumulative Value of Treatments and Tests: US\$188,291



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	625
				Estimated number of new children on HIV treatment	195

^{1,2,3}see endnotes

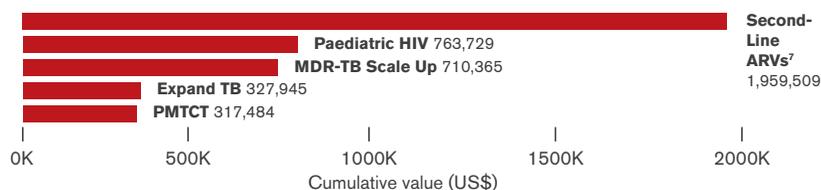
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

HAITI



Total Population ¹	9,993,000
Under 5 mortality rate per 1,000 live births ¹	70
Number of children receiving ART ²	1,969
HIV DALYs ('000) ³	325
TB DALYs ('000) ³	143
Malaria DALYs ('000) ³	17

Cumulative Value of Treatments and Tests: US\$4,079,032



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs ⁵	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	2,723
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	3,148
				Estimated number of new children on HIV treatment	1,890
	PMTCT	2007-2010	UNICEF	Cotrim provided to HIV positive women	6,492
				ARV treatment to prevent mother to child transmission	4,998
				HIV tests for early infant diagnosis	4,320
				Ready-to-use therapeutic food and cotrim for children	3,093
				HIV tests for pregnant women	2,805
HIV positive pregnant women: CD4 tests				2,400	
TB	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	172
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered	233

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

⁵Cumulative results up to 30 June 2012.

⁶Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

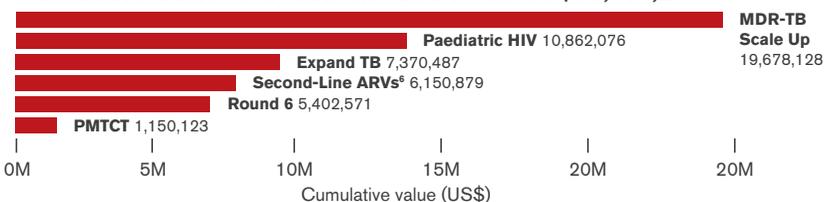
⁷Cumulative value includes emergency orders placed in 2012.

INDIA



Total Population ¹	1,224,614,000
Under 5 mortality rate per 1,000 live births ¹	61
Number of children receiving ART ²	22,896
HIV DALYs ('000) ³	8,644
TB DALYs ('000) ³	10,874
Malaria DALYs ('000) ³	1,991

Cumulative Value of Treatments and Tests: US\$50,614,264



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs ⁷	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	7,615
	Paediatric HIV	2007-2013	CHAI	Estimated number of new children on HIV treatment	32,500
				HIV tests for early infant diagnosis	42,281
	PMTCT	2007-2010	UNICEF	HIV positive pregnant women: CD4 tests	87,000
				HIV-exposed infants accessing PCR testing at 6 weeks	12,096
Ready-to-use therapeutic food and cotrim for children				18,244	
Round 6	2007-2011	GFATM	Estimated number of new children on HIV treatment	15,000	
TB	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	20,215
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁵	9,850
	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁵	229

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

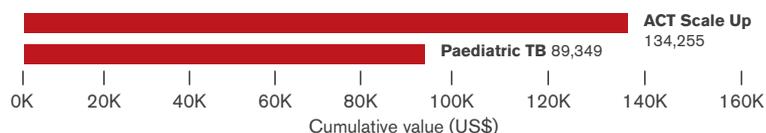
⁶Cumulative value includes emergency orders placed in 2012.

INDONESIA



Total Population ¹	239,871,000
Under 5 mortality rate per 1,000 live births ¹	32
Number of children receiving ART ²	759
HIV DALYs ('000) ³	796
TB DALYs ('000) ³	2,654
Malaria DALYs ('000) ³	436

Cumulative Value of Treatments and Tests: US\$223,604



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	ACT Scale Up	2008-2012	GFATM, UNICEF	ACT treatments delivered	139,350
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	12,000
	Expand TB	2008-2014	GDF/STOP TB	Number of MDR-TB cases detected ⁴	0

^{1,2,3}see endnotes

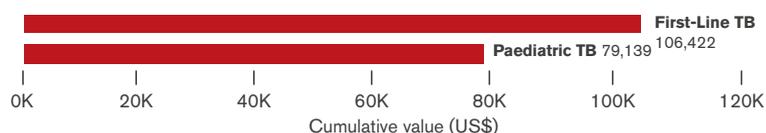
⁴Laboratory infrastructure being completed

IRAQ



Total Population ¹	31,672,000
Under 5 mortality rate per 1,000 live births ¹	38
Number of children receiving ART ²	0
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	63
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$185,561



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	4,820
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	31,622
				Paediatric TB (curative) patient treatments delivered	2,585

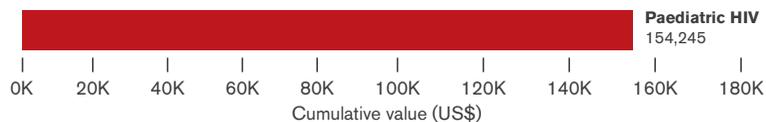
^{1,2,3}see endnotes

JAMAICA



Total Population ¹	2,741,000
Under 5 mortality rate per 1,000 live births ¹	18
Number of children receiving ART ²	462
HIV DALYs ('000) ³	77
TB DALYs ('000) ³	0
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$154,245



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	Estimated number of new children on HIV treatment	313
				HIV tests for early infant diagnosis	877

^{1,2,3}see endnotes

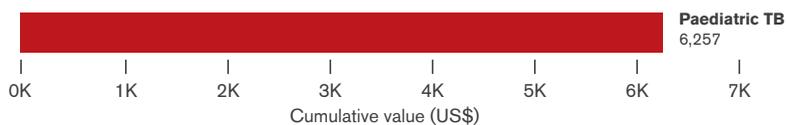
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

JORDAN



Total Population ¹	6,187,000
Under 5 mortality rate per 1,000 live births ¹	21
Number of children receiving ART ²	2
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	3
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$6,257



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	1,372
				Paediatric TB (curative) patient treatments delivered	406

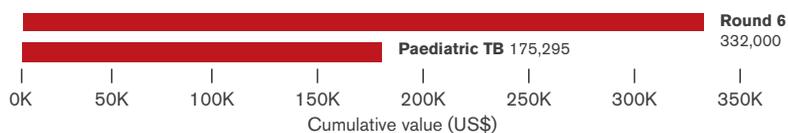
^{1,2,3}see endnotes

KAZAKHSTAN



Total Population ¹	16,026,000
Under 5 mortality rate per 1,000 live births ¹	28
Number of children receiving ART ²	247
HIV DALYs ('000) ³	53
TB DALYs ('000) ³	105
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$507,295



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	7,784
				Paediatric TB (prophylaxis) patient treatments delivered	52,741
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected ⁵	0
	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁴	381

^{1,2,3}see endnotes

⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

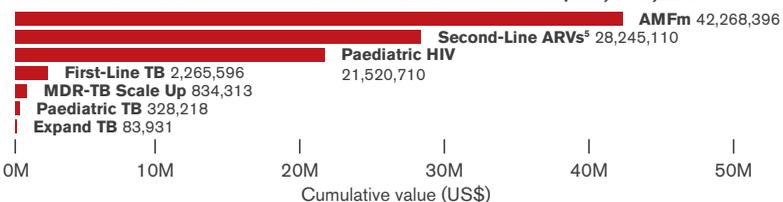
⁵Laboratory infrastructure being completed.

KENYA



Total Population ¹	40,513,000
Under 5 mortality rate per 1,000 live births ¹	73
Number of children receiving ART ²	48,546
HIV DALYs ('000) ³	3,430
TB DALYs ('000) ³	353
Malaria DALYs ('000) ³	254

Cumulative Value of Treatments and Tests: US\$95,546,275



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs ⁵	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	45,571
	Paediatric HIV	2007-2013	CHAI	Estimated number of new children on HIV treatment ⁵	55,156
				HIV tests for early infant diagnosis ⁵	241,129
Malaria	AMFm	2009-2013	GFATM	Co-paid ACT treatments delivered	46,257,838
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	128,508
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	20,400
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	228
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁶	309

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

⁵Cumulative results up to 30 June 2012.

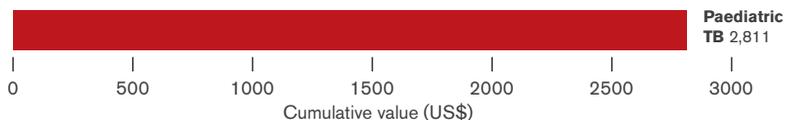
⁶Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

KIRIBATI



Total Population ¹	99,000
Under 5 mortality rate per 1,000 live births ¹	47
Number of children receiving ART ²	1
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	0
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$2,811



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	311
				Paediatric TB (curative) patient treatments delivered	126

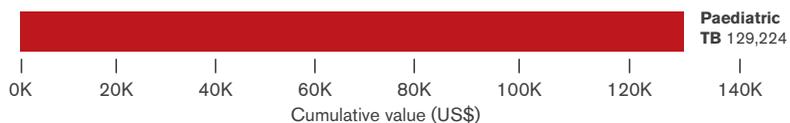
^{1,2,3}see endnotes

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA



Total Population ¹	24,346,000
Under 5 mortality rate per 1,000 live births ¹	33
HIV DALYs ('000) ³	6
TB DALYs ('000) ³	58
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$129,224



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	16,304

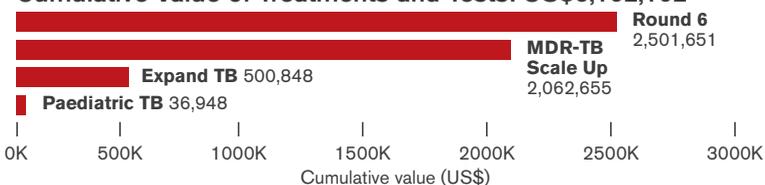
^{1,2,3}see endnotes

KYRGYZSTAN



Total Population ¹	5,334,000
Under 5 mortality rate per 1,000 live births ¹	31
Number of children receiving ART ²	170
HIV DALYs ('000) ³	18
TB DALYs ('000) ³	34
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$5,102,102



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	4,366
				Paediatric TB (curative) patient treatments delivered	2,743
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	1,766
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁴	600
	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁴	550

^{1,2,3}see endnotes

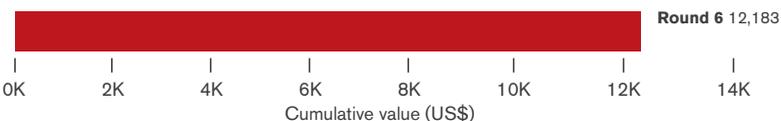
⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

LAO PEOPLE'S DEMOCRATIC REPUBLIC



Total Population ¹	6,201,000
Under 5 mortality rate per 1,000 live births ¹	42
Number of children receiving ART ²	133
HIV DALYs ('000) ³	22
TB DALYs ('000) ³	28
Malaria DALYs ('000) ³	16

Cumulative Value of Treatments and Tests: US\$12,183



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Round 6	2007-2011	GFATM	Estimated number of patients on second-line and paediatric ARV treatment	1,819

^{1,2,3}see endnotes

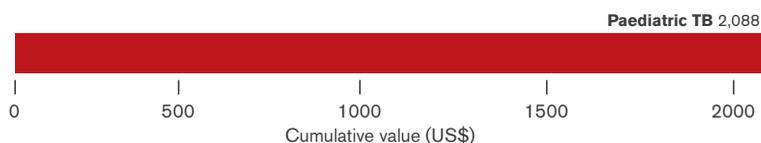
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

LEBANON



Total Population ¹	4,228,000
Under 5 mortality rate per 1,000 live births ¹	9
Number of children receiving ART ²	4
HIV DALYs ('000) ³	9
TB DALYs ('000) ³	4
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$2,088



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	318
				Paediatric TB (curative) patient treatments delivered	120

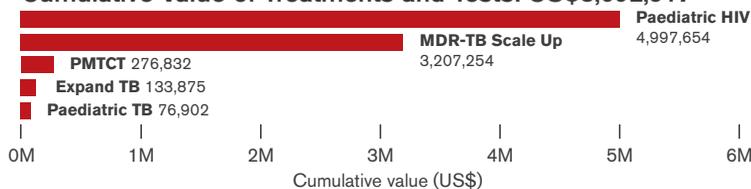
^{1,2,3}see endnotes

LESOTHO



Total Population ¹	2,171,000
Under 5 mortality rate per 1,000 live births ¹	86
Number of children receiving ART ²	6,095
HIV DALYs ('000) ³	799
TB DALYs ('000) ³	14
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$8,692,517



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	16,763
				Estimated number of new children on HIV treatment	5,779
	PMTCT	2007-2010	UNICEF	ARV treatment to prevent mother to child transmission	19,165
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	2,956
				Paediatric TB (curative) patient treatments delivered	3,792
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁴	640
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	583

^{1,2,3}see endnotes

⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

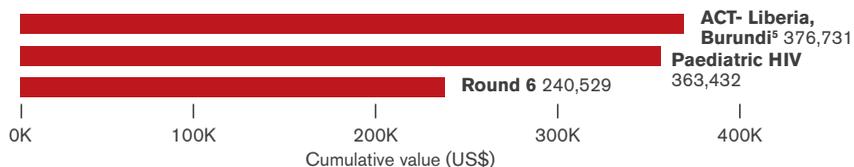
⁵Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

LIBERIA



Total Population ¹	3,994,000
Under 5 mortality rate per 1,000 live births ¹	78
Number of children receiving ART ²	570
HIV DALYs ('000) ³	126
TB DALYs ('000) ³	68
Malaria DALYs ('000) ³	204

Cumulative Value of Treatments and Tests: US\$980,692



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Round 6	2007-2011	GFATM	Estimated number of patients on second-line ARV treatment	2,501
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	726
				Estimated number of new children on HIV treatment	570
Malaria	ACT- Liberia, Burundi ⁵	2007-2008	UNICEF, WHO	ACT treatments delivered	678,275

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

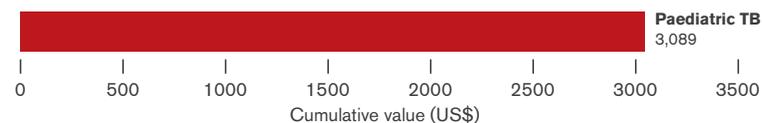
⁵ACT treatment figures for Liberia.

THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA



Total Population ¹	2,061,000
Under 5 mortality rate per 1,000 live births ¹	10
Number of children receiving ART ²	0
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	1
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$3,089



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	875
				Paediatric TB (curative) patient treatments delivered	174

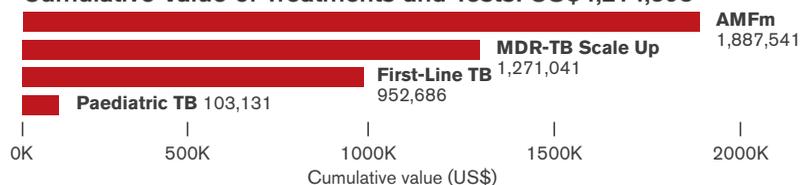
^{1,2,3}see endnotes

MADAGASCAR



Total Population ¹	20,714,000
Under 5 mortality rate per 1,000 live births ¹	62
Number of children receiving ART ²	13
HIV DALYs ('000) ³	138
TB DALYs ('000) ³	379
Malaria DALYs ('000) ³	326

Cumulative Value of Treatments and Tests: US\$4,214,398

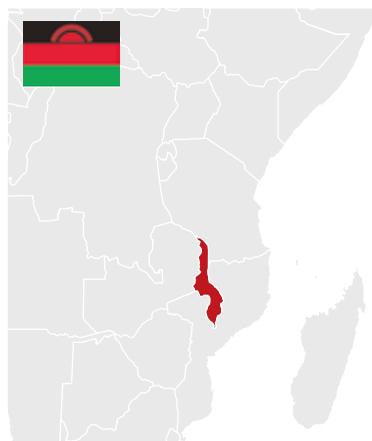


Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	ACT Scale Up	2008-2012	GFATM, UNICEF	ACT treatments delivered	4,505,055
	AMFm	2010-2013	GFATM	Co-paid ACT treatments delivered	2,838,472
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	45,456
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	3,814
				Paediatric TB (curative) patient treatments delivered	6,300

^{1,2,3}see endnotes

MALAWI



Total Population ¹	14,901,000
Under 5 mortality rate per 1,000 live births ¹	83
Number of children receiving ART ²	28,722
HIV DALYs ('000) ³	2,522
TB DALYs ('000) ³	72
Malaria DALYs ('000) ³	651

Cumulative Value of Treatments and Tests: US\$27,064,770



Treatment and Tests Delivered (2007-2012)

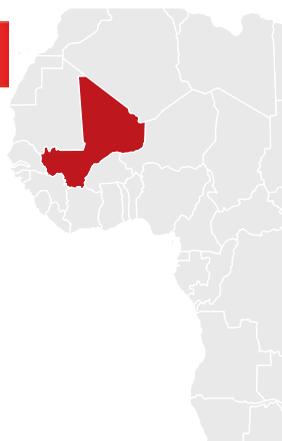
Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	106,395
				Estimated number of new children on HIV treatment	35,466
	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	1,991
	PMTCT	2007-2010	UNICEF	HIV tests for pregnant women	708,210
				ARV treatment to prevent mother to child transmission	34,760
				HIV positive pregnant women: CD4 tests	184,250
				HIV positive pregnant women on ART/HAART	2,885
			HIV-exposed infants accessing PCR testing at 6 weeks	1,920	
			Ready-to-use therapeutic food and cotrim for children	42,968	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	9,917
				Paediatric TB (curative) patient treatments delivered	11,072
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁵	22

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

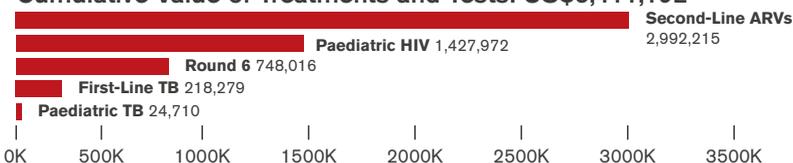
⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

MALI



Total Population ¹	15,370,000
Under 5 mortality rate per 1,000 live births ¹	176
Number of children receiving ART ²	1,732
HIV DALYs ('000) ³	330
TB DALYs ('000) ³	52
Malaria DALYs ('000) ³	1,926

Cumulative Value of Treatments and Tests: US\$5,411,192



Treatment and Tests Delivered (2007-2012)

Cumulative value (US\$)

Disease	Project	Duration	Implementer	Description	Cumulative value (US\$)
HIV ⁵	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	1,732
				Estimated number of new children on HIV treatment ⁴	1,649
	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment ⁵	5,375
	ESTHERAID	2010-2013	ESTHER	Support to supply chain manage	na
Malaria	Round 6	2007-2011	GFATM	ACT treatments delivered	683,798
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	10,842
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	18,267
				Paediatric TB (curative) patient treatments delivered	569

^{1,2,3}see endnotes

⁴Cumulative results up to 30 June 2012.

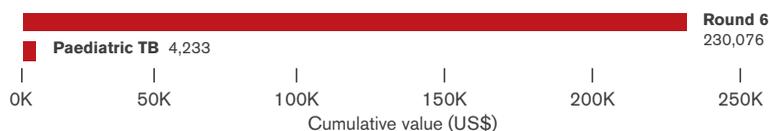
⁵Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

MAURITANIA



Total Population ¹	3,460,000
Under 5 mortality rate per 1,000 live births ¹	112
Number of children receiving ART ²	76
HIV DALYs ('000) ³	79
TB DALYs ('000) ³	109
Malaria DALYs ('000) ³	82

Cumulative Value of Treatments and Tests: US\$234,309



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	Round 6	2007-2011	GFATM	ACT treatments delivered	61,741
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	180
				Paediatric TB (curative) patient treatments delivered	301

^{1,2,3}see endnotes

REPUBLIC OF MOLDOVA



Total Population ¹	3,573,000
Under 5 mortality rate per 1,000 live births ¹	16
Number of children receiving ART ²	52
HIV DALYs ('000) ³	38
TB DALYs ('000) ³	19
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$2,560,360



Treatment and Tests Delivered (2007-2012)

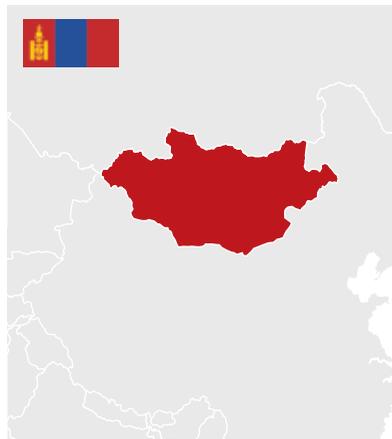
Disease	Project	Duration	Implementer	Description	
HIV ⁴	Round 6	2007-2011	GFATM	Estimated number of patients on second-line ARV treatment	1,047
TB	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	1,304
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁵	155
	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁵	717

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

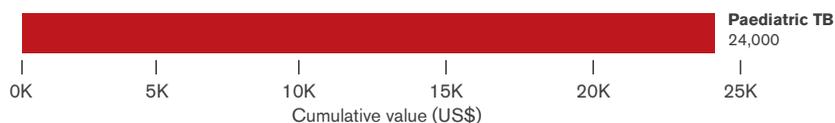
⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

MONGOLIA



Total Population ¹	2,756,000
Under 5 mortality rate per 1,000 live births ¹	31
Number of children receiving ART ²	0
HIV DALYs ('000) ³	1
TB DALYs ('000) ³	8
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$24,000



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	1,165
				Paediatric TB (prophylaxis) patient treatments delivered	466

^{1,2,3}see endnotes

MOROCCO



Total Population ¹	31,951,000
Under 5 mortality rate per 1,000 live births ¹	33
Number of children receiving ART ²	205
HIV DALYs ('000) ³	82
TB DALYs ('000) ³	170
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$125,654



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Round 6	2007-2011	GFATM	Estimated number of new children on HIV treatment	2,614
TB	Paediatric HIV	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	7,853

^{1,2,3}see endnotes

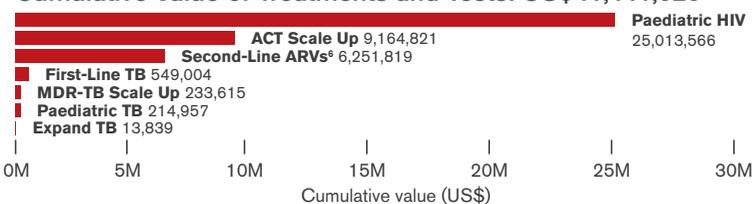
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

MOZAMBIQUE



Total Population ¹	23,391,000
Under 5 mortality rate per 1,000 live births ¹	103
Number of children receiving ART ²	23,053
HIV DALYs ('000) ³	4,248
TB DALYs ('000) ³	428
Malaria DALYs ('000) ³	1,887

Cumulative Value of Treatments and Tests: US\$41,441,620



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs ⁵	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	6,741
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	165,907
				Estimated number of new children on HIV treatment	25,800
Malaria	ACT Scale Up	2008-2012	GFATM, UNICEF	ACT treatments delivered	9,500,940
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	23,439
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	10,778
				Paediatric TB (curative) patient treatments delivered	11,958
	Expand TB	2008-2014	WHO-GLI, GDF, FIND	Number of MDR-TB cases detected	29
MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁵	104	

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

⁶Cumulative value includes emergency orders placed in 2012.

MYANMAR



Total Population ¹	47,963,000
Under 5 mortality rate per 1,000 live births ¹	62
Number of children receiving ART ²	2,995
HIV DALYs ('000) ³	778
TB DALYs ('000) ³	939
Malaria DALYs ('000) ³	315

Cumulative Value of Treatments and Tests: US\$5,581,919



Treatment and Tests Delivered (2007-2012)

Cumulative value (US\$)

Disease	Project	Duration	Implementer	Description	Cumulative value (US\$)
HIV ⁵	PMTCT	2007-2010	UNICEF	HIV tests for early infant diagnosis	143,217
				ARV treatment to prevent mother to child transmission	4,636
				HIV positive pregnant women: CD4 tests	800
				Cotrim provided to HIV positive women	821
				HIV tests for early infant diagnosis	288
				HIV positive pregnant women on ART/HAART	630
				Ready-to-use therapeutic food and cotrim for children	997
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	114,627
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	98,114
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	1,440
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁴	200

^{1,2,3}see endnotes

⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

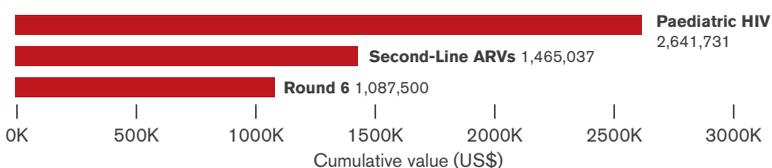
⁵Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

NAMIBIA



Total Population ¹	2,283,000
Under 5 mortality rate per 1,000 live births ¹	42
Number of children receiving ART ²	10,284
HIV DALYs ('000) ³	292
TB DALYs ('000) ³	12
Malaria DALYs ('000) ³	1

Cumulative Value of Treatments and Tests: US\$5,981,268



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	2,112
				Estimated number of patients on first-line ARV treatment	5,631
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	34,947
				Estimated number of new children on HIV treatment	9,346
Malaria	Round 6	2007-2011	GFATM	ACT treatments delivered	363,871

^{1,2,3}see endnotes

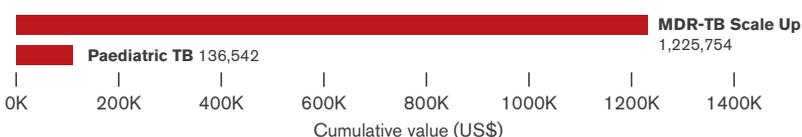
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

NEPAL



Total Population ¹	29,959,000
Under 5 mortality rate per 1,000 live births ¹	48
Number of children receiving ART ²	432
HIV DALYs ('000) ³	233
TB DALYs ('000) ³	256
Malaria DALYs ('000) ³	1

Cumulative Value of Treatments and Tests: US\$1,362,296



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	3,003
				Paediatric TB (curative) patient treatments delivered	10,107
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁴	625

^{1,2,3}see endnotes

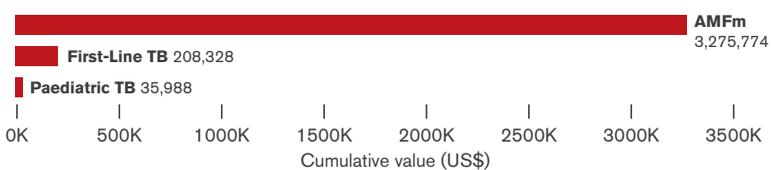
⁴ Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

NIGER



Total Population ¹	15,512,000
Under 5 mortality rate per 1,000 live births ¹	125
Number of children receiving ART ²	496
HIV DALYs ('000) ³	223
TB DALYs ('000) ³	99
Malaria DALYs ('000) ³	1,321

Cumulative Value of Treatments and Tests: US\$3,520,090



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	AMFm	2009-2013	GFATM	Co-paid ACT treatments delivered	4,206,870
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	9,679
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	4,086
				Paediatric TB (curative) patient treatments delivered	2,292

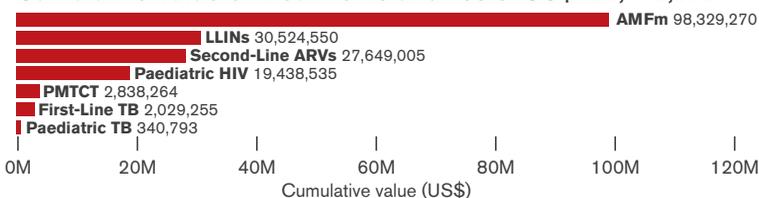
^{1,2,3}see endnotes

NIGERIA



Total Population ¹	158,423,000
Under 5 mortality rate per 1,000 live births ¹	124
Number of children receiving ART ²	36,716
HIV DALYs ('000) ³	12,121
TB DALYs ('000) ³	1,001
Malaria DALYs ('000) ³	13,725

Cumulative Value of Treatments and Tests: US\$189,149,673



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	53,230
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	203,343
				Estimated number of new children on HIV treatment	35,535
	PMTCT	2007-2010	UNICEF	HIV tests for pregnant women	483,293
				ARV treatment to prevent mother to child transmission	123,549
				HIV positive pregnant women: CD4 tests	56,800
				Cotrim provided to HIV positive women	18,173
HIV positive pregnant women on ART/HAART				7,067	
Ready-to-use therapeutic food and cotrim for children	9,299				
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	110,542
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	21,932
				Paediatric TB (prophylaxis) patient treatments delivered	14,016
Malaria	AMFm	2009-2013	GFATM	Co-paid ACT treatments delivered	111,588,360
	LLINs	2009-2010	UNICEF	LLINs delivered	6,500,000

^{1,2,3}see endnotes

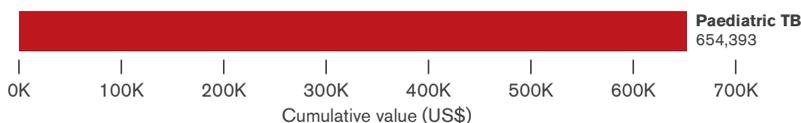
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

PAKISTAN



Total Population ¹	173,593,000
Under 5 mortality rate per 1,000 live births ¹	72
Number of children receiving ART ²	105
HIV DALYs ('000) ³	252
TB DALYs ('000) ³	2,169
Malaria DALYs ('000) ³	198

Cumulative Value of Treatments and Tests: US\$654,393



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	66,736
				Paediatric TB (prophylaxis) patient treatments delivered	72,496

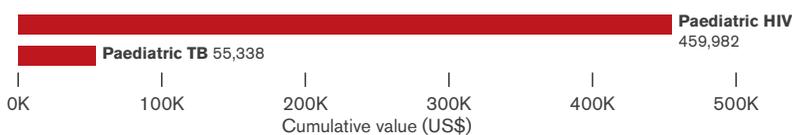
^{1,2,3}see endnotes

PAPUA NEW GUINEA



Total Population ¹	6,858,000
Under 5 mortality rate per 1,000 live births ¹	58
Number of children receiving ART ²	608
HIV DALYs ('000) ³	66
TB DALYs ('000) ³	164
Malaria DALYs ('000) ³	185

Cumulative Value of Treatments and Tests: US\$515,320



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	1,286
				Estimated number of new children on HIV treatment	447
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	3,116

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

PERU



Total Population ¹	29,077,000
Under 5 mortality rate per 1,000 live births ¹	18
Number of children receiving ART ²	495
HIV DALYs ('000) ³	156
TB DALYs ('000) ³	90
Malaria DALYs ('000) ³	3

Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Expand TB	2008-2014	GDF/STOP TB	Number of MDR-TB cases detected ⁴	0

^{1,2,3}see endnotes

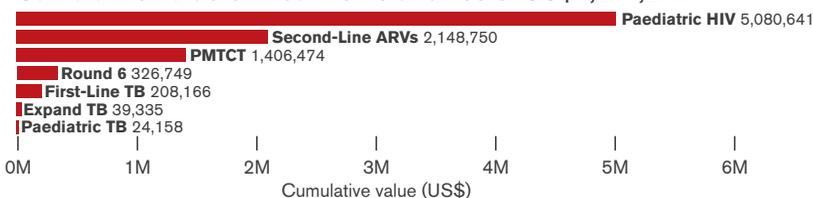
⁴Laboratory infrastructure being completed.

RWANDA



Total Population ¹	10,624,000
Under 5 mortality rate per 1,000 live births ¹	54
Number of children receiving ART ²	7,597
HIV DALYs ('000) ³	315
TB DALYs ('000) ³	46
Malaria DALYs ('000) ³	40

Cumulative Value of Treatments and Tests: US\$9,234,273



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description		
HIV ⁴	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	2,321	
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	32,682	
				Estimated number of new children on HIV treatment	7,644	
				PMTCT	2007-2010	UNICEF
					ARV treatment to prevent mother to child transmission	19,295
					HIV positive pregnant women: CD4 tests	26,600
					Cotrim provided to HIV positive women	22,545
					HIV positive pregnant women on ART/HAART	3,813
HIV-exposed infants accessing PCR testing at 6 weeks					576	
				Ready-to-use therapeutic food and cotrim for children	56,565	
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	10,144	
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	1,290	
				Paediatric TB (prophylaxis) patient treatments delivered	3,739	
	Expand TB	2008-2014	WHO-GLI, GDF, FIND	Number of MDR-TB cases detected	16	
Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁵	172		

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

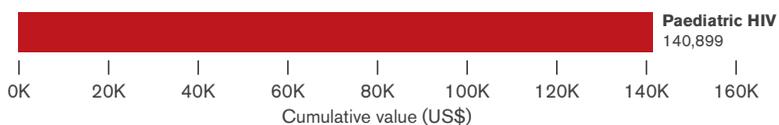
⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

SAINT KITTS AND NEVIS



Total Population ¹	52,000
Under 5 mortality rate per 1,000 live births ¹	7
Number of children receiving ART ²	1
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	0
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$140,899



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	86
				Estimated number of new children on HIV treatment	20

^{1,2,3}see endnotes

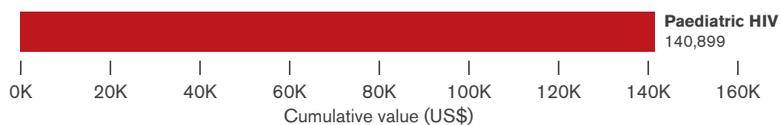
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing. Combined figures for six OECS countries: Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines.

SAINT LUCIA



Total Population ¹	174,000
Under 5 mortality rate per 1,000 live births ¹	16
Number of children receiving ART ²	3
HIV DALYs ('000) ³	1
TB DALYs ('000) ³	0
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$140,899



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	86
				Estimated number of new children on HIV treatment	20

^{1,2,3}see endnotes

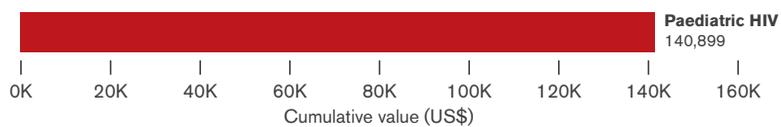
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing. Combined figures for six OECS countries: Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines.

SAINT VINCENT AND GRENADINES



Total Population ¹	109,000
Under 5 mortality rate per 1,000 live births ¹	21
Number of children receiving ART ²	4
HIV DALYs ('000) ³	1
TB DALYs ('000) ³	0
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$140,899



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	86
				Estimated number of new children on HIV treatment	20

^{1,2,3}see endnotes

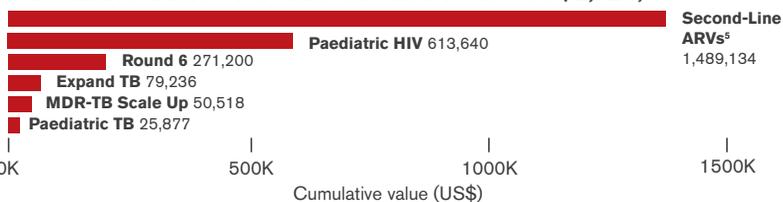
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing. Combined figures for six OECS countries: Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines.

SENEGAL



Total Population ¹	12,434,000
Under 5 mortality rate per 1,000 live births ¹	64
Number of children receiving ART ²	599
HIV DALYs ('000) ³	89
TB DALYs ('000) ³	90
Malaria DALYs ('000) ³	422

Cumulative Value of Treatments and Tests: US\$2,529,605



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	2,218
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	1,283
				Estimated number of new children on HIV treatment	900
	Round 6	2007-2011	GFATM	Estimated number of new children on HIV treatment	6,109
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	1,533
				Paediatric TB (prophylaxis) patient treatments delivered	10,590
	Expand TB	2008-2014	WHO-GLI, GDF, FIND	Number of MDR-TB cases detected	29
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁵	30

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

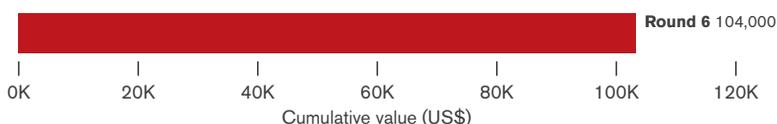
⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

SERBIA



Total Population ¹	9,856,000
Under 5 mortality rate per 1,000 live births ¹	7
Number of children receiving ART ²	9
HIV DALYs ('000) ³	6
TB DALYs ('000) ³	5
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$104,000



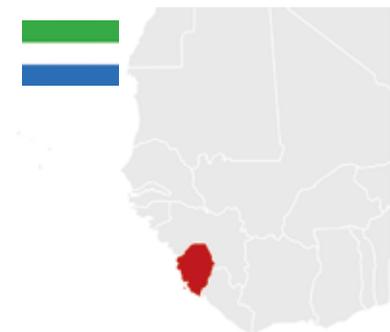
Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Round 6	2007-2011	GFATM	Estimated number of new children on HIV treatment	8

^{1,2,3}see endnotes

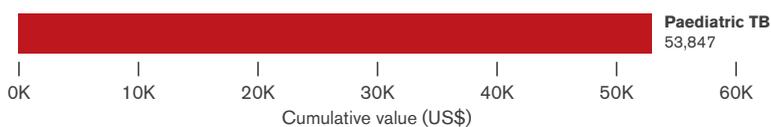
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

SIERRA LEONE



Total Population ¹	5,868,000
Under 5 mortality rate per 1,000 live births ¹	185
Number of children receiving ART ²	533
HIV DALYs ('000) ³	142
TB DALYs ('000) ³	352
Malaria DALYs ('000) ³	719

Cumulative Value of Treatments and Tests: US\$53,847



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP-TB	Paediatric TB (curative) patient treatments delivered	4,241
				Paediatric TB (prophylaxis) patient treatments delivered	3,460

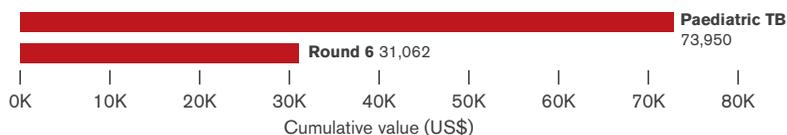
^{1,2,3}see endnotes

SOMALIA



Total Population ¹	9,331,000
Under 5 mortality rate per 1,000 live births ¹	180
Number of children receiving ART ²	48
HIV DALYs ('000) ³	167
TB DALYs ('000) ³	214
Malaria DALYs ('000) ³	437

Cumulative Value of Treatments and Tests: US\$105,012



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	Round 6	2007-2011	GFATM	ACT treatments delivered	152,121
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	4,941
				Paediatric TB (prophylaxis) patient treatments delivered	18,359

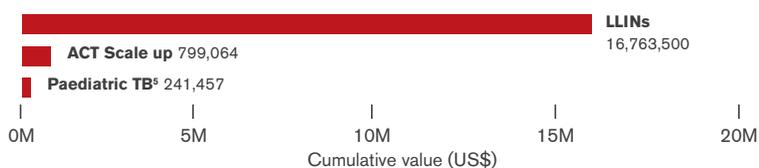
^{1,2,3}see endnotes

SOUTH SUDAN



Total Population ¹	43,552,000
Under 5 mortality rate per 1,000 live births ¹	86
Number of children receiving ART ²	138
HIV DALYs ('000) ³	613
TB DALYs ('000) ³	115
Malaria DALYs ('000) ³	285

Cumulative Value of Treatments and Tests: US\$17,804,021



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	ACT Scale up	2008-2012	GFATM, UNICEF	ACT treatments delivered	1,234,925
	LLINs	2009-2010	UNICEF	LLINs delivered ⁴	3,850,000
TB	Paediatric TB ⁵	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	2,939
				Paediatric TB (prophylaxis) patient treatments delivered	4,365

^{1,2,3}see endnotes

⁴Combined data for Sudan and South Sudan, before South Sudan was established as an Independent Nation in July 2011.

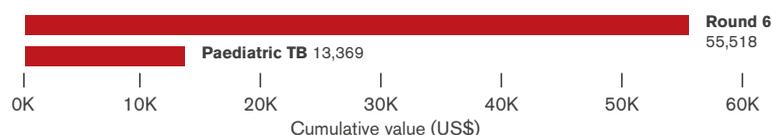
⁵Treatment values are a combined figure for Sudan and South Sudan.

SRI LANKA



Total Population ¹	20,860,000
Under 5 mortality rate per 1,000 live births ¹	12
Number of children receiving ART ²	18
HIV DALYs ('000) ³	13
TB DALYs ('000) ³	44
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$68,887



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	1,279
	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁴	10

^{1,2,3}see endnotes

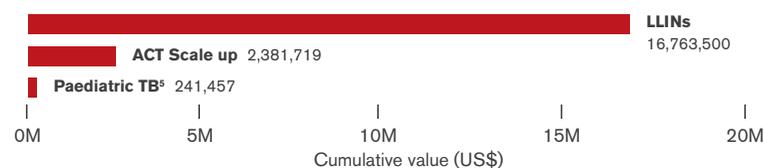
⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

SUDAN



Total Population ¹	43,552,000
Under 5 mortality rate per 1,000 live births ¹	86
Number of children receiving ART ²	263
HIV DALYs ('000) ³	287
TB DALYs ('000) ³	284
Malaria DALYs ('000) ³	526

Cumulative Value of Treatments and Tests: US\$19,386,676



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
Malaria	ACT Scale up	2008-2012	GFATM, UNICEF	ACT treatments delivered	3,009,425
	LLINs	2009-2010	UNICEF	LLINs delivered ⁴	3,850,000
TB	Paediatric TB ⁵	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	47,210
				Paediatric TB (curative) patient treatments delivered	9,051

^{1,2,3}see endnotes

⁴Combined data for Sudan and South Sudan, before South Sudan was established as an Independent Nation in July 2011.

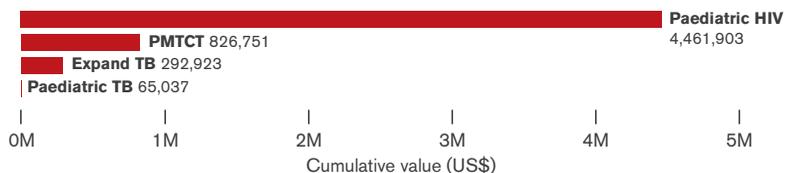
⁵Treatment values are a combined figure for Sudan and South Sudan.

SWAZILAND



Total Population ¹	1,186,000
Under 5 mortality rate per 1,000 live births ¹	104
Number of children receiving ART ²	6,567
HIV DALYs ('000) ³	384
TB DALYs ('000) ³	24
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$5,646,614



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	CHAI	Estimated number of new children on HIV treatment	41,468
				Estimated number of new children on HIV treatment	7,431
	PMTCT	2007-2010	UNICEF	ARV treatment to prevent mother to child transmission	21,818
				Cotrim provided to HIV positive women	6,755
				HIV positive pregnant women on ART/HAART	3,812
			Ready-to-use therapeutic food and cotrim for children	9,416	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	8,568
				Paediatric TB (curative) patient treatments delivered	2,986
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	656

^{1,2,3}see endnotes

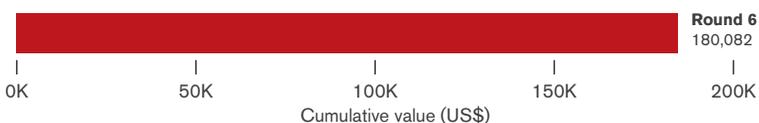
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

SYRIAN ARAB REPUBLIC



Total Population ¹	20,411,000
Under 5 mortality rate per 1,000 live births ¹	15
Number of children receiving ART ²	1
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	22
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$180,082



Treatments and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁴	30

^{1,2,3}see endnotes

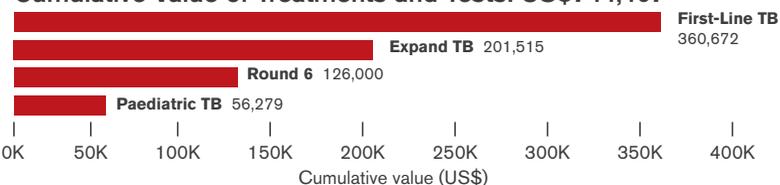
⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

TAJIKISTAN



Total Population ¹	6,879,000
Under 5 mortality rate per 1,000 live births ¹	63
Number of children receiving ART ²	56
HIV DALYs ('000) ³	31
TB DALYs ('000) ³	58
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$744,467



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	16,202
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	22,340
				Paediatric TB (curative) patient treatments delivered	1,908
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	805
Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁴	42	

^{1,2,3}see endnotes

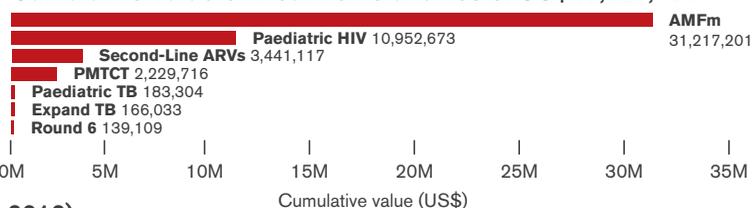
⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

UNITED REPUBLIC OF TANZANIA



Total Population ¹	44,841,000
Under 5 mortality rate per 1,000 live births ¹	68
Number of children receiving ART ²	18,298
HIV DALYs ('000) ³	4,585
TB DALYs ('000) ³	247
Malaria DALYs ('000) ³	1,176

Cumulative Value of Treatments and Tests: US\$48,329,154



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁵	Second-Line ARVs	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	6,749
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	119,621
				Estimated number of new children on HIV treatment	31,653
	PMTCT	2007-2010	UNICEF	HIV tests for early infant diagnosis	108,244
				ARV treatment to prevent mother to child transmission	32,537
				HIV positive pregnant women: CD4 tests	45,000
				Cotrim provided to HIV positive women	4,566
				HIV positive pregnant women on ART/HAART	6,549
HIV-exposed infants accessing PCR testing at 6 weeks				7,200	
Ready-to-use therapeutic food and cotrim for children	13,194				
Round 6	2007-2011	GFATM	Estimated number of patients on second-line ARV treatment	1,879	
Malaria	AMFm	2009-2013	GFATM	Co-paid ACT treatments delivered	34,859,525
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	14,586
				Paediatric TB (prophylaxis) patient treatments delivered	9,508
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	76
	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁵	15

^{1,2}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

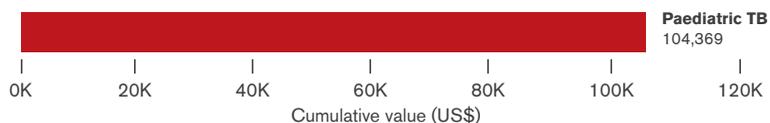
⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

THAILAND



Total Population ¹	69,122,000
Under 5 mortality rate per 1,000 live births ¹	12
Number of children receiving ART ²	6,510
HIV DALYs ('000) ³	1,146
TB DALYs ('000) ³	375
Malaria DALYs ('000) ³	11

Cumulative Value of Treatments and Tests: US\$104,369



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	25,202
				Paediatric TB (curative) patient treatments delivered	3,606

^{1,2,3}see endnotes

TIMOR-LESTE



Total Population ¹	1,124,000
Under 5 mortality rate per 1,000 live births ¹	54
Number of children receiving ART ²	3
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	29
Malaria DALYs ('000) ³	11

Cumulative Value of Treatments and Tests: US\$44,753



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁴	22

^{1,2,3}see endnotes

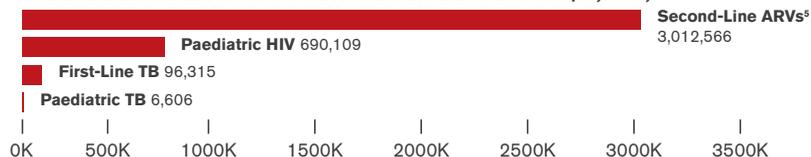
⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

TOGO



Total Population ¹	6,028,000
Under 5 mortality rate per 1,000 live births ¹	110
Number of children receiving ART ²	1,676
HIV DALYs ('000) ³	484
TB DALYs ('000) ³	20
Malaria DALYs ('000) ³	409

Cumulative Value of Treatments and Tests: US\$3,805,595



Treatment and Tests Delivered (2007-2012)

Cumulative value (US\$)

Disease	Project	Duration	Implementer	Description	
HIV ⁵	Second-Line ARVs ⁵	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	5,426
	Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	6,875
				Estimated number of new children on HIV treatment ⁴	1,700
TB	First-Line TB	2007-2011	GDF/STOP TB	First-line TB treatments delivered	3,824
	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	2,115
				Paediatric TB (curative) patient treatments delivered	302

^{1,2}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

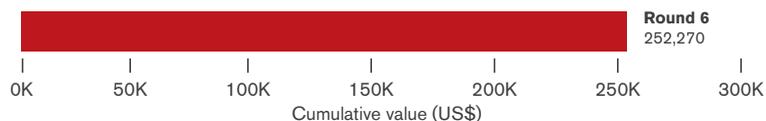
⁵Cumulative value includes emergency orders placed in 2012.

TUNISIA



Total Population ¹	10,481,000
Under 5 mortality rate per 1,000 live births ¹	16
Number of children receiving ART ²	19
HIV DALYs ('000) ³	3
TB DALYs ('000) ³	20
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$252,270



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Round 6	2007-2011	GFATM	Estimated number of patients on second-line ARV treatment	361

^{1,2,3}see endnotes

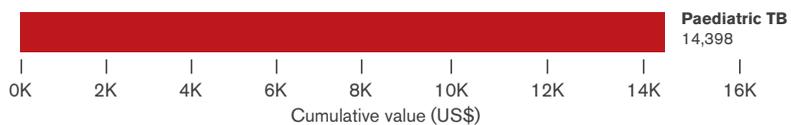
⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

TURKMENISTAN



Total Population ¹	5,042,000
Under 5 mortality rate per 1,000 live births ¹	53
HIV DALYs ('000) ³	0
TB DALYs ('000) ³	28
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$14,398



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	6,713
				Paediatric TB (curative) patient treatments delivered	706

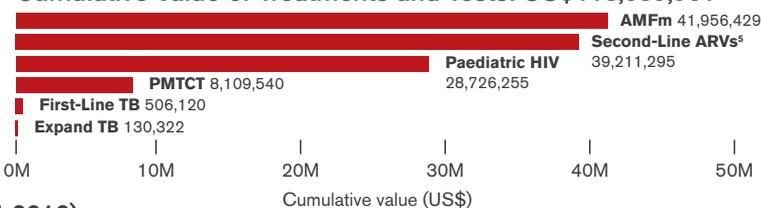
^{1,2,3}see endnotes

UGANDA



Total Population ¹	33,425,000
Under 5 mortality rate per 1,000 live births ¹	90
Number of children receiving ART ²	24,735
HIV DALYs ('000) ³	3,518
TB DALYs ('000) ³	191
Malaria DALYs ('000) ³	1,660

Cumulative Value of Treatments and Tests: US\$118,639,961



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Second-Line ARVs ⁵	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	41,198
				Estimated number of patients on first-line ARV treatment	114,273
Paediatric HIV	2007-2013	CHAI	HIV tests for early infant diagnosis	252,944	
			Estimated number of new children on HIV treatment	33,729	
PMTCT	2007-2010	UNICEF	HIV tests for pregnant women	3,300,219	
			ARV treatment to prevent mother to child transmission	104,117	
			HIV positive pregnant women: CD4 tests	101,500	
			Cotrim provided to HIV positive women	58,661	
			HIV positive pregnant women on ART/HAART	5,849	
			Ready-to-use therapeutic food and cotrim for children	13,289	
Malaria	AMFm	2009-2013	GFATM	Co-paid ACT treatments delivered	45,037,180
TB	First-Line TB	2008-2014	GDF/STOP TB	First-line TB treatments delivered	30,667
	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	343

^{1,2}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

⁵Cumulative value includes emergency orders placed in 2012.

UZBEKISTAN



Total Population ¹	27,445,000
Under 5 mortality rate per 1,000 live births ¹	49
Number of children receiving ART ²	1,794
HIV DALYs ('000) ³	243
TB DALYs ('000) ³	103
Malaria DALYs ('000) ³	0

Cumulative Value of Treatments and Tests: US\$2,959,495



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	4,894
	MDR-TB Scale Up	2007-2013	GDF/STOP TB	MDR-TB patient treatments delivered ⁴	614

^{1,2,3}see endnotes

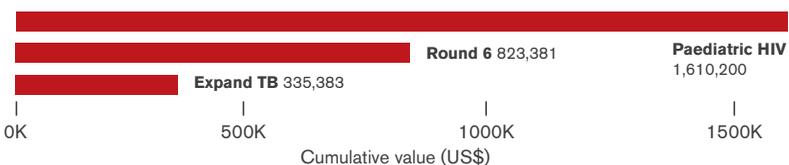
⁴Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

VIET NAM



Total Population ¹	87,848,000
Under 5 mortality rate per 1,000 live births ¹	22
Number of children receiving ART ²	2,668
HIV DALYs ('000) ³	571
TB DALYs ('000) ³	1,114
Malaria DALYs ('000) ³	4

Cumulative Value of Treatments and Tests: US\$2,768,964



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2011	CHAI	Estimated number of new children on HIV treatment	3,276
				HIV tests for early infant diagnosis	3,610
TB	Expand TB	2008-2014	GLI, GDF, FIND	Number of MDR-TB cases detected	244
	Round 6	2007-2011	GFATM	MDR-TB patient treatments delivered ⁵	101

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

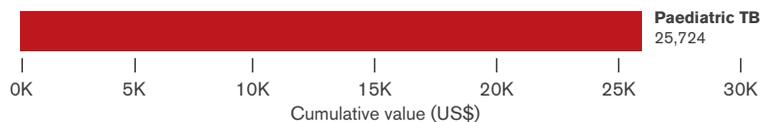
⁵Each treatment provided represents treatment for an 18 to 24 month period. Variations in patient treatment costs across countries are due to the different treatment regimens adopted by each country.

YEMEN



Total Population ¹	24,053,000
Under 5 mortality rate per 1,000 live births ¹	77
Number of children receiving ART ²	38
HIV DALYs ('000) ³	84
TB DALYs ('000) ³	76
Malaria DALYs ('000) ³	74

Cumulative Value of Treatments and Tests: US\$25,724



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (prophylaxis) patient treatments delivered	11,375
				Paediatric TB (curative) patient treatments delivered	1,165

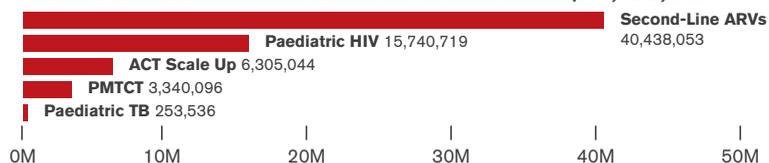
^{1,2,3}see endnotes

ZAMBIA



Total Population ¹	13,089,000
Under 5 mortality rate per 1,000 live births ¹	83
Number of children receiving ART ²	30,187
HIV DALYs ('000) ³	1,889
TB DALYs ('000) ³	122
Malaria DALYs ('000) ³	621

Cumulative Value of Treatments and Tests: US\$66,077,448



Treatment and Tests Delivered (2007-2012)

Cumulative value (US\$)

Disease	Project	Duration	Implementer	Description	Cumulative Value (US\$)
HIV ⁴	Paediatric HIV	2007-2013	CHAI	Estimated number of new children on HIV treatment	30,700
				HIV tests for early infant diagnosis	144,119
	PMTCT	2007-2010	UNICEF	ARV treatment to prevent mother to child transmission	41,472
				Cotrim provided to HIV positive women	31,421
				HIV positive pregnant women on ART/HAART	9,225
				HIV positive pregnant women: CD4 tests	30,200
				HIV tests for pregnant women	367,780
				HIV-exposed infants accessing PCR testing at 6 weeks	2,592
				Ready-to-use therapeutic food and cotrim for children	8,083
Second-Line ARVs	2008-2012	CHAI	Estimated number of patients on first-line ARV treatment	144,603	
			Estimated number of patients on second-line ARV treatment	43,174	
Malaria	ACT Scale Up	2008-2012	GFATM, UNICEF	ACT treatments delivered	5,743,140
TB	Paediatric TB	2007-2013	GDF/STOP TB	Paediatric TB (curative) patient treatments delivered	14,835
				Paediatric TB (prophylaxis) patient treatments delivered	8,024

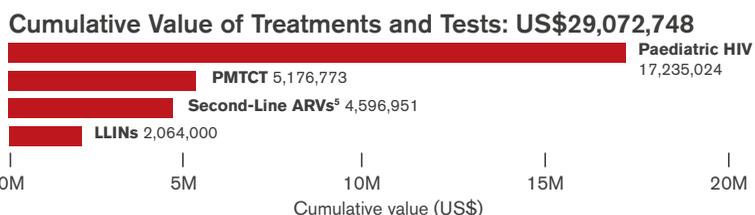
^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

ZIMBABWE



Total Population ¹	12,571,000
Under 5 mortality rate per 1,000 live births ¹	67
Number of children receiving ART ²	40,140
HIV DALYs ('000) ³	3,352
TB DALYs ('000) ³	220
Malaria DALYs ('000) ³	919



Treatment and Tests Delivered (2007-2012)

Disease	Project	Duration	Implementer	Description	
HIV ⁴	Paediatric HIV	2007-2013	2007-2013	Estimated number of new children on HIV treatment	47,763
				HIV tests for early infant diagnosis	123,080
	Second-Line ARVs ⁵	2007-2012	CHAI	Estimated number of patients on second-line ARV treatment	9,550
	PMTCT	2007-2010	UNICEF	ARV treatment to prevent mother to child transmission	318,242
				Cotrim provided to HIV positive women	3,257
				HIV positive pregnant women on ART/HAART	15,000
				HIV positive pregnant women: CD4 tests	4,050
			HIV tests for early infant diagnosis	11,520	
			HIV tests for pregnant women	355,088	
Malaria	LLINs	2009-2010	UNICEF	LLINs delivered	430,000

^{1,2,3}see endnotes

⁴Estimates of patients treated (new and existing) are based on data provided by the Ministry of Health/Implementing partners or on volumes ordered where data are missing.

⁵Cumulative value includes emergency orders placed in 2012.

Endnotes:

¹WHO Global Health Observatory: Total Population (2009), Under 5 mortality rate per 1,000 live births (2011)

²UNAIDS: Number of children receiving ART (2011)

³WHO (2013): HIV, Malaria, TB Disability Adjusted Life Years (2011)

Figures for Country Profiles as of 31 December 2012.

Treatment numbers and values are based on Implementer reports submitted to UNITAID. Numbers may have changed compared to previous profiles due to a data reconciliation exercise done with Implementers in 2013.

For more information, visit www.unitaid.org/impact



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