



UNITAID Executive Board Meeting
19th Session
12 - 13 December 2013
CCV, Salle A
Geneva, Switzerland

Agenda item 15

Operations Update

For Information **For Review & Advice** **For Decision**

Background

This document summarizes UNITAID's Operational activities for the first two quarters of 2013. It provides the Executive Board with an overview of UNITAID's active grants by the six Strategic Objectives (SOs) of UNITAID's strategy 2013-2016. Key achievements and challenges are highlighted under each SO. A brief summary of grant performance, actions taken to implement new projects, and mid-term and final evaluations is also provided. New sections highlight UNITAID's strategic partnerships, efficiencies and systems improvement, work with countries, and staff capacity building.

Overview of Grants by Strategic Objective

UNITAID currently has investments in 54 countries through its 20 active grants (Figure 1). This section describes the highlights of these grants by the six strategic objectives defined in UNITAID's Strategy 2013-2016. Figure 2 shows the cumulative investment across SO for active grants only in 2012 and 2013. Values for 2014 onward are projections that are included to show how we can track UNITAID's progress across the SOs over time to prioritize investments and monitor the implementation of the strategy.

Figure 1 Active UNITAID grants in countries

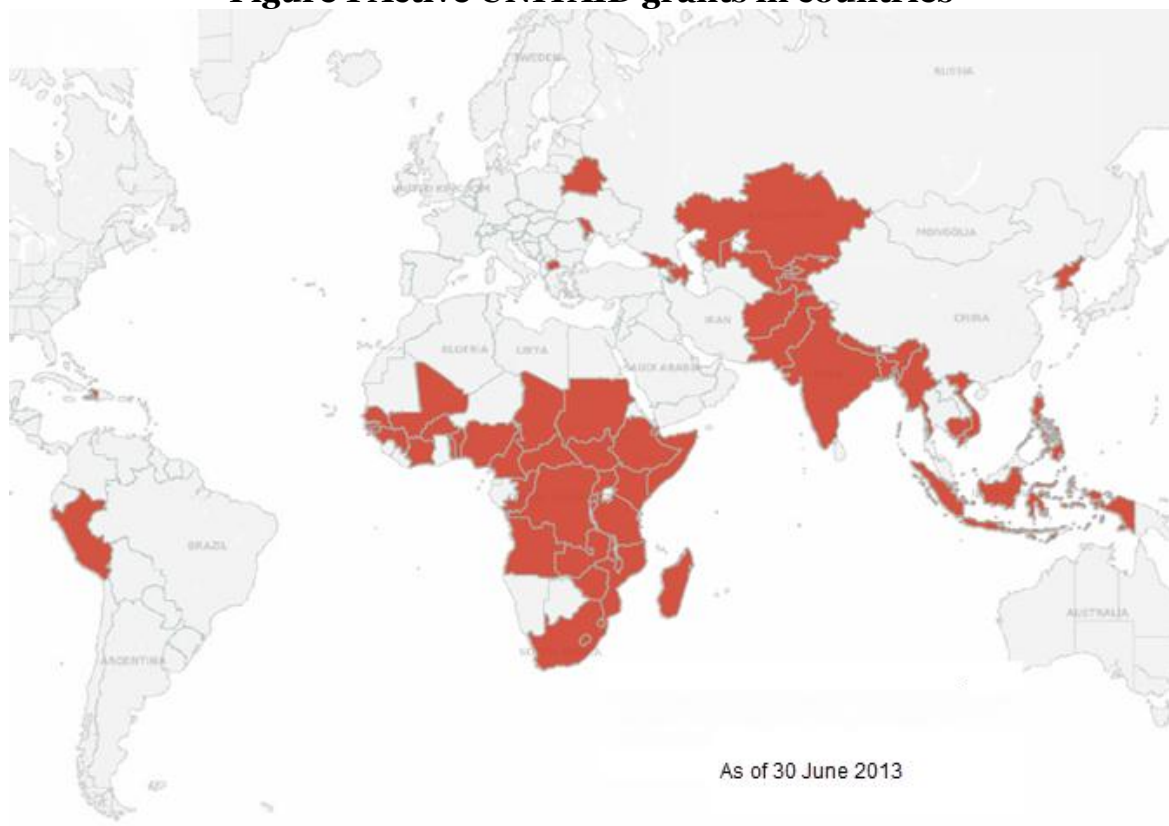
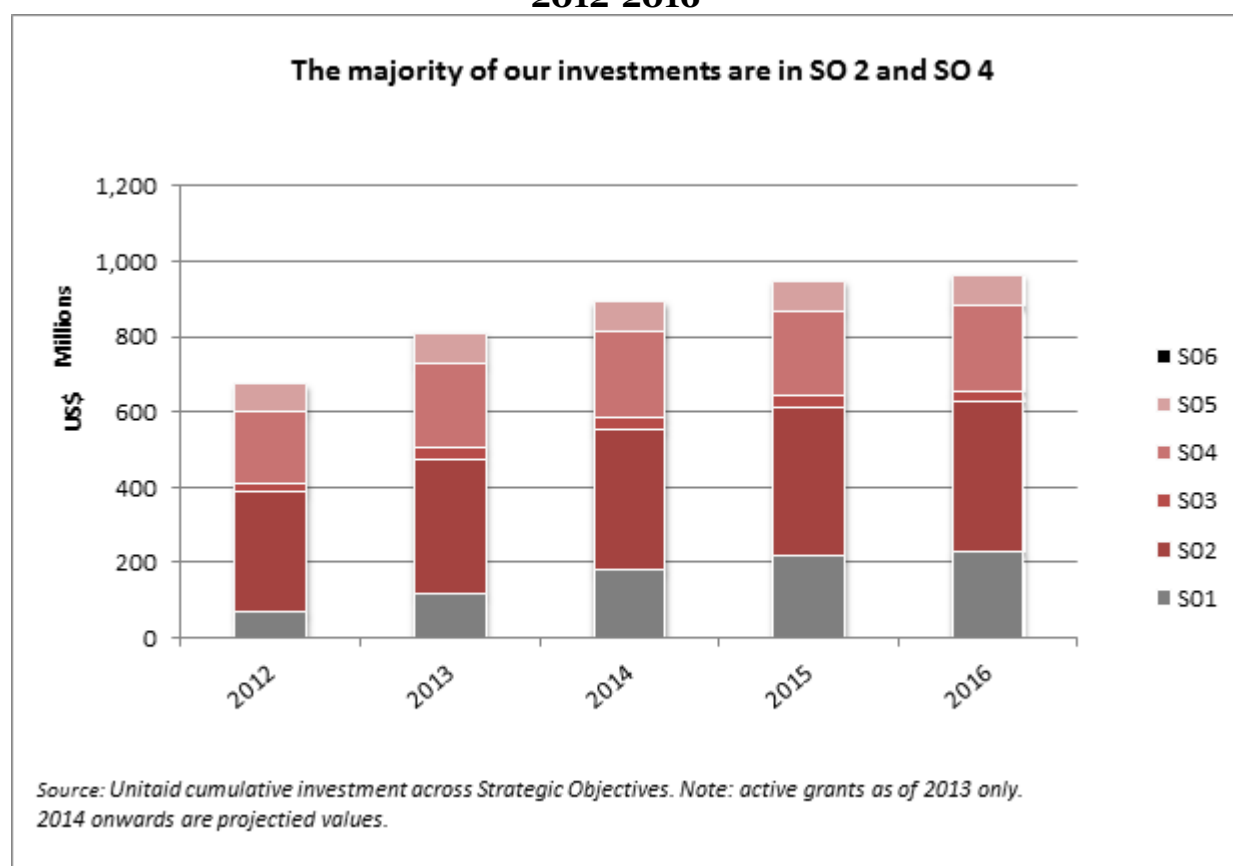


Figure 2 UNITAID cumulative investments by Strategic Objective, 2012-2016



Achievements, challenges and main actions taken in the management of these grants are recorded in the tables displayed below by SO.

STRATEGIC OBJECTIVE 1: INCREASE ACCESS TO SIMPLE, POC DIAGNOSTICS FOR HIV/AIDS, TB AND MALARIA.

| GRANT | ACHIEVEMENTS | CHALLENGES | ACTIONS TAKEN |
|--|---|--|---|
| HIV | | | |
| 3 grants | | | |
| Accelerating access to Innovative POC HIV diagnostics (Phase 1) (CHAI/UNICEF) | First deliveries of HIV POC diagnostics to Kenya, Malawi and Mozambique | <ul style="list-style-type: none"> Longer timeline for new POC CD4 test to enter the Market New WHO guidelines required introduction of VL to the project and scale –down of CD4 diagnostics | <ul style="list-style-type: none"> Volume cap placed on procurement of existing CD4 diagnostic (PIMA) to leave room for competing projects Phase 2 proposal submitted to PRC including changes stemming from new WHO guidelines |
| Implementation of CD4 and VL testing in decentralized, resource-limited settings (MSF) | Early research findings already being used to set national policy e.g. decentralization of lab-based diagnostics for VL testing in Malawi | <ul style="list-style-type: none"> MoU with South Africa pending Room for improved synergy between CHAI/UNICEF project | <ul style="list-style-type: none"> MSF is working with South Africa to finalize MoU More frequent meetings between diagnostic grantees planned for 2014 |
| Open polyvalent platforms (OPP) for | Launch of competitive tender to select multiple | <ul style="list-style-type: none"> Forecasting of demand for OPP is | <ul style="list-style-type: none"> FEI is working with target countries to |

| | | | |
|---|--|---|--|
| sustainable and quality access to VL in resource limited settings (OPP-ERA) (FEI) | source products for OPP. | difficult | improve forecasting OPP VL test demand |
| TB | | 2 grants | |
| Multi Drug Resistant TB Diagnostics (EXPAND) | 86,687 liquid cultures, 8,111 liquid culture DSTs, 71,839 line probe assays and 16,034 Xpert tests were carried out in the Project countries. ¹ | Increased diagnostic testing is increasing MDR-TB treatment demand | Transition plan to be completed by May 2014 |
| Scaling up access to contemporary TB diagnostics (GeneXpert) | Xpert roll out has resulted in 3 million cartridges being ordered by eligible countries. | Prices of Xpert are unlikely to come down unless there is a fast-follower TB test on the market. | Ongoing discussion with GDF on how to facilitate the introduction of new TB diagnostics in the market |
| Malaria | | 2 grants | |
| Sustainable Global and National Quality Control for Malaria Rapid Diagnostics Tests (FIND, WHO) | Projects initiated and first disbursements made | No significant challenges | |
| Creating a Private Sector Market for Quality Assured RDTs in Malaria-Endemic Countries (PSI, WHO) | Projects initiated and first disbursements made | Pending finalization and approval of the procurement plans | PSI and Malaria Consortium are finalizing the procurement plan with UNITAID support |
| Cross cutting | | 1 grant | |
| Quality Assurance of Diagnostics (WHO) | <ul style="list-style-type: none"> 5 new UNITAID priority products prequalified in the first half of 2013 | <ul style="list-style-type: none"> Delay in launching the Expert Review Panel for Diagnostics (EPRD) | <ul style="list-style-type: none"> Key stakeholders meeting to finalize EPRD held in October. |

STRATEGIC OBJECTIVE 2: INCREASE ACCESS TO AFFORDABLE, PAEDIATRIC MEDICINES TO TREAT HIV/AIDS, TB AND MALARIA.

| GRANT | ACHIEVEMENTS | CHALLENGES | ACTIONS TAKEN |
|---|---|--|--|
| HIV | | 2 grants | |
| Paediatric ARV Program (CHAI) | CHAI agreement with Abbott Molecular Diagnostics of up to 50% cost reduction of lab-based EID reagents/consumables. | Transition funding needed for Malawi, Mozambique, and Uganda for the CHAI Paediatric ARV project | UNITAID and CHAI are working with GFATM to include paediatric treatments for these countries in 2015 plans |
| Market entry of an improved solid protease inhibitor-based first-line ARV combination | Project initiated | Poor results from Cipla's Phase I comparative bioavailability study of | Cipla has now developed several improved formulations for retesting |

¹ The EXPAND TB project countries are: Azerbaijan, Bangladesh, Belarus, Cameroon, Cote d'Ivoire, Djibouti, Ethiopia, Georgia, Haiti, India, Indonesia, Kazakhstan, Kenya, Kyrgyz republic, Lesotho, Mozambique, Myanmar, Peru, Republic of Moldova, Rwanda, Senegal, Swaziland, Tajikistan, Uganda, UR Tanzania, Uzbekistan, Viet Nam.

| | | | |
|---|--|---|--|
| therapy for infants and young children with HIV/AIDS (DNDi) | | LPV/r granules | |
| TB | | 2 grants | |
| STEP TB (TB alliance, WHO) | Major milestone met in Oct 2013 to sign on MoU with the first prospective manufacturer | No significant challenges | |
| Paediatric TB Program (GDF) | Deliveries have been made to countries requesting support | Countries lack much need new paediatric TB formulations | GDF to provide a new proposal to UNITAID to support new paediatric formulations being developed by TB Alliance |
| Malaria | | 1 grant | |
| Improving severe malaria outcome (MMV) | Grant agreement signed on 5 June 2013 | Pending finalization and approval of the procurement plans | UNITAID and MMV are working together to finalize the procurement plan |
| Cross cutting | | 1 grant | |
| Pre-qualification of Medicines (WHO): SO2,3,4 & 5 | <ul style="list-style-type: none"> PQ of 109 finished pharmaceutical products and 39 active pharmaceutical ingredients (cumulative) A new submitted for a decision by EB19 on new 3-year funding | <ul style="list-style-type: none"> Diversified and additional funding sources for PQP still lacking Quality of reporting from PQP medicines | <ul style="list-style-type: none"> Assessment of new funding model options for PQ New agreements will have standard reporting template finalized |
| Special project | | 1 grant | |
| Medicines Patent Pool (MPP): SO2, SO3 | See SO3 | | |

STRATEGIC OBJECTIVE 3: INCREASE ACCESS TO EMERGING MEDICINES AND/OR REGIMENS AS WELL AS NEW FORMULATIONS, DOSAGE FORMS, OR STRENGTHS OF EXISTING MEDICINES THAT WILL IMPROVE THE TREATMENT OF HIV/AIDS AND CO-INFECTIONS SUCH AS VIRAL HEPATITIS.

| GRANT | ACHIEVEMENTS | CHALLENGES | ACTIONS TAKEN |
|---|---|--|---|
| HIV | | 1 grant | |
| Easing and safeguarding the availability of ARV treatment (ESTHERAID) | Standardized patient and cohort monitoring systems work in five countries | Long delay in development of ART stock management software | Decision to use existing software, adding specific ARV management modules in Benin and Burkina Faso |
| Cross cutting | | 2 grants | |
| Pre-qualification of Medicines (SO2,3,4,5) | See SO2 | | |
| Preventing Patent Barriers (Lawyers collective) | Grant has started | No significant challenge | |
| Special project | | 1 grant | |

| | | | |
|---------------------------------------|--|---|---|
| Medicines Patent Pool (MPP): SO2, SO3 | <ul style="list-style-type: none"> MPP and ViiV Healthcare launched a license agreement on paediatric abacavir. Three additional sub-licenses with Shasun Pharma Solutions, Shilpa Medicare and Aurobindo. | Delay in recruiting three business development specialists (for out-licensing). | Positions are being advertised more widely and recruitment status update will be available in early 2014. |
|---------------------------------------|--|---|---|

STRATEGIC OBJECTIVE 4: Increase access to artemisinin-based combination therapies (ACTs) and emerging medicines, which, in combination with appropriate diagnostic testing, will improve the treatment of malaria.

| GRANT | ACHIEVEMENTS | CHALLENGES | ACTIONS TAKEN |
|---|--|---|----------------------------------|
| Malaria | | | |
| Affordable Medicines for Malaria (AMFm) | Transfer of Round 6 undisbursed (US\$ 10.9m) funds to AMFm | Reconciliation of Round 6 undisbursed funds between GFATM and UNITAID | Agreement was reached in Q2 2013 |
| Cross cutting | | 1 grant | |
| Pre-qualification of Medicines (WHO): SO2,3,4 & 5 | See SO2 | | |

STRATEGIC OBJECTIVE 5: Secure supply of second-line tuberculosis medicines, and increase access to emerging medicines and regimens that will improve treatment of both drug-sensitive and MDR TB.

| GRANT | ACHIEVEMENTS | CHALLENGES | ACTIONS TAKEN |
|--|--|--|--|
| TB | | | |
| Multi Drug Resistant Tuberculosis (MDR-TB) Scale up | All requested treatments have been delivered | Demand for MDR-TB treatments has increased | Transition to GFATM at the end of 2013 |
| MDR-TB Accelerating and Access Initiative – Strategic Rotating Stockpile (SRS) | Median lead time achieved in 2013 is 63 days | SRS unable to cope with increased demand | GDF SRS cost extension request (18 months). Pending GFATM Rapid Supply Mechanism |
| Cross cutting | | 1 grant | |
| Pre-qualification of Medicines (WHO): SO2,3,4 & 5 | See SO2 | | |

STRATEGIC OBJECTIVE 6: Increase access to products for the prevention of HIV, TB, and malaria, notably to improve the availability of devices for male circumcision and of microbicides, once they are approved; and to increase access to vector control tools to prevent malaria transmission.

There are no active grants that relate solely to SO6.

Update on Grant Performance

Assessment of project programmatic performance uses a 6 colour code scheme (Table 1) to assess a grant's performance. Performance according to planned milestones and targets, timeliness and completeness of reporting and budget implementation rate are all taken into consideration when scoring grants.

The green zone includes grants that are “on track” or suffering from only “minor delays”. These grants are expected to meet their annual milestones and targets according to plan. Grants in the yellow to orange and red zone require more management action from UNITAID in order to get back of track according to their project plans. Such actions may include a no-cost or cost extension to the grant to facilitate transition of grant countries or to bring the grant to a close.

Changes made to the grants as a result of external, independent mid-term evaluations may help a grant progress from the orange/red zone into the green zone over the course of the grant cycle.

Table 1 Key to assessment of projects

































| Performance score | Interpretation | Indication |
|------------------------------------|---|---|
| On track | Project performing according to project plan with milestones and targets reached or on track to be reached within timeframe of contractual agreement with UNITAID. |  |
| Minor delays | Project off to a slower than expected start or is experiencing unforeseen but resolvable delays. |  |
| Delayed | Project delayed due to technical difficulties but is still expected to deliver on milestones and targets within the timeframe of the agreement with UNITAID. |  |
| May not meet all objectives | Project will meet some but not all objectives by the end of the contractual agreement with UNITAID. |  |
| Poor Performance | Project performance does not meet the requirements as set out in contractual agreement with UNITAID. |  |
| Unable to assess | Not enough information is available at the time of reporting or the project environment is too uncertain to make an assessment about if the project will meet its milestones and targets. |  |

Table two (below) documents the changes to grant performance over time as measured consistently using the same criteria on the same scale. Grants are presented by disease area for ease of comparison within a portfolio area.

Table 2 Grant performance

| Grant | Past | Current | Actions Taken |
|---|---|--|--|
| HIV | | | |
| 6 grants | | | |
| Paediatric ARV Program |  |  | Working with GFATM and CHAI to transition 3 remaining countries |
| ESTHERAID - Easing and safeguarding the availability of ARV treatments |  |  | Delay in implementing stock management systems has led to no-cost extension of grant through 2014 |
| Accelerating access to Innovative POC HIV diagnostics (Phase 1) | N/A |  | Intensive in-country planning and preparation for faster adoption of new technologies when they become available |
| Implementation of CD4 and VL testing in decentralized, resource-limited settings (MSF) | N/A |  | Implementation delay in South Africa due to unsigned MoU being addressed through a follow up work with the government and a revision of planned activities |
| Open polyvalent platforms for sustainable and quality access to VL in resource limited settings (OPP-ERA) | N/A |  | On track |
| Market entry of an improved solid protease inhibitor-based first-line antiretroviral combination therapy for infants and young children with HIV/AIDS | N/A |  | Suboptimal results from the Phase I comparative bioavailability study of LPV/r granules has led to formula change |
| TB | | | |
| 6 grants | | | |
| Paediatric TB Program |  |  | On track (project ends at the end of 2013) |
| Multi Drug Resistant Tuberculosis (MDR-TB) Scale Up |  |  | Grant ends on 31 December 2013 |
| MDR-TB Acceleration and Access Initiative - Strategic Rotating Stockpile |  |  | Cost extension being requested for 18 months |
| Multi Drug Resistant TB Diagnostics (EXPAND) |  |  | Reallocation of consumables will support new sites and increase MDR-TB case detection |
| Scaling up access to contemporary TB diagnostics (GeneXpert) | N/A |  | On track |
| Paediatric TB Centre of Excellence (STEP-TB) | N/A |  | On track |
| Malaria | | | |
| 4 grants | | | |
| Affordable Medicines for Malaria (AMFm) |  |  | On track |

| | | | |
|--|---|--|--|
| Sustainable Global and National Quality Control for Malaria Rapid Diagnostics Tests | N/A | N/A | N/A |
| Creating a Private Sector Market for Quality Assured RDTs in Malaria-Endemic Countries | N/A | N/A | N/A |
| Improving Severe Malaria Outcome | N/A | N/A | N/A |
| Cross cutting | | 3 grants | |
| Pre-qualification of Medicines |  |  | New proposal is being submitted for continued support |
| Quality assurance of Diagnostics |  |  | ERPD to facilitate accelerated access to new POC diagnostic tests is expected to start in early 2014 |
| Preventing Patent Barriers | N/A | N/A | |
| Special project | | 1 grant | |
| Medicines Patent Pool (MPP) |  |  | Awaiting external evaluation of MPP Foundation |

Updates on the New Grants

There were no new grants approved by the EB18.

Update on 4 new Market Entry grants (Approved by EB17)

Four new market entry grants will start in December 2013. This is a new type of grant for UNITAID and the development of these grant agreements has required specialized assistance from a dedicated Project Officer who has completed the due diligence process for the grants. The technical details of the products have been assessed and verified. Project plans, including both financial and programmatic components are now finished. The grant agreements will be finalized by the end of November. UNITAID and implementers will also be developing mechanisms for risk oversight and a methodology for verifying testing outcomes.

The grants that are starting include the following diagnostic tests:

- Visitect CD4 (Burnet Institute , EB17-Res.17)
- Daktari CD4 (Daktari, EB17-Res.19)
- SAMBA EID (Development for the Real World, EB17-Res.20)
- Zyomyx CD4 (Zyomyx, EB17-Res.24)

Update on Mid-term and Final Evaluations

Evaluations completed in 2013

Mid-term and end-of-project evaluations are performed by independent, external evaluators that meet specific quality criteria for working with UNITAID. Evaluators are selected on the basis of their experience with the types of grants under review and their proposal for providing the evaluation (including budget and timeline). Most of our reviews to date have been desk reviews with few if any country visits. This will change in 2014 and country visits will be required for grants with a strong country focus.

During the 2013 calendar year, UNITAID has completed 2 mid-term and 4 end of project evaluations. These reviews have led to specific management actions that are provided in Table 3 (below). Table 4 provides an overview of evaluations planned for 2014 with the rationale for the decision on the timing of those evaluations.

Table 3 Completed evaluations 2013

| Name of grant | Evaluator | Type | Actions triggered |
|---|--------------------------------------|-------|--|
| ESTHERAID (ESTHER) | DMI Associates | mid | Definition of new grant specific indicators related to training |
| Prequalification of diagnostics programme (WHO) | Euro Health Group | mid | Identification of support from other sources to increase capacity (CDC-USA) |
| ACT Scale Up Initiative (UNICEF & GFATM) | Euro Health Group | final | Changes to indicator and budget templates for all grants now in place |
| Round 6, Phase 1 Initiative (GFATM) | Cambridge Economic Policy Associates | final | LogFrames are now required for all grants. Project logs are now kept in UNIPRO to improve tracking and accountability |
| A2S2-Assured Artemisinin Supply System Project (i+ Solutions, Triodos Bank, FSC, Artepal) | Dalberg | final | Implementer capacity to respond in a flexible way to changing market circumstances is assessed for new, high risk grants |
| Second Line HIV/AIDS Project (CHAI) | Dalberg | final | Planning for transition is being enhanced with options to co-fund grants or engage potential funding sources earlier |

Table 4 Evaluations planned in 2014

| Name of grant | Type | Rationale |
|--|-------|---|
| HIV diagnostics (MSF) | mid | Q2/Q3 2014 represents the mid-term of the grant. |
| Open Polyvalent Systems for access to viral load (OPP-ERA) (FEI) | mid | A review in Q3/Q4 2014 will provide lessons learnt for phase 2 of the grant. |
| Paediatric HIV (DNDi) | mid | A review in Q4 2014 represents a good opportunity to identify challenges in making the medicines available in low resource countries. |
| Paediatric TB (GDF, Stop TB) | final | Project ends in December 2013 |
| MDR-TB Scale up (GDF, Stop TB) | final | Project ends in December 2013 |
| MDR TB SRS /GDF, Stop TB) | final | Project ends in December 2013 |
| TB Xpert (WHO-STB) | mid | Q2 2014 is mid-term for the grant. |

| | | |
|-----------------------|-----|---|
| STEP TB (TB Alliance) | mid | A review in Q4 2014 represents a good opportunity to identify challenges in making the medicines available in low resource countries. |
|-----------------------|-----|---|

Strategic Partnerships

UNITAID's continued impact depends on strong partnerships with other organizations in global public health. UNITAID continues to develop partnerships to:

- Gather market intelligence that can be transformed into innovative grants to overcome market challenges for products for HIV, TB and malaria;
- Incorporate new research on tests, treatments and other products for the three diseases into grant development and implementation;
- Share experiences on managing grants and developing suitable performance measurement tools to increase impact and value of UNITAID investments
- Facilitate transition of funding for key products to the larger global donors to ensure sustainable access to products that UNITAID has initiated; and
- Ensure that implementers are meeting the expectations of beneficiary countries where grants are being implemented.

To support these partnerships, UNITAID staff members participate in key conferences, briefing sessions and Board meetings with other organizations. These are summarized for 2013 in the table below.

Table 5 Strategic Partnership Activities

| Partner | Activity |
|--|---|
| The Global Fund to fight AIDS, Tuberculosis and Malaria | <ul style="list-style-type: none"> • Collaboration on Pooled Procurement Mechanism to promote better planning, forecasting and standardized product specification through the GFATM's Procurement for Impact initiative (P4i)² • Participation in the Disease Committees of the Global Fund to ensure UNITAID input into relevant issues presented to the Global Fund Strategy, Investment and Impact Committee and Board • Coordination meetings with the Global Fund portfolio teams to exchange and validate information about respective support to national programmes prior to Operations' country engagement visits • Participation in the consultation meeting on Strategies for Supporting the Rational Scale-up of Laboratory Monitoring of HIV (Co-organized by Global Fund and PEPFAR in Nov.) • Facilitation of GFATM-hosted Strategy Discussion of Supply Chain Optimization and considerations about the role of Central Medical Stores and private sector logistics alignment |
| WHO | <ul style="list-style-type: none"> • Meetings with senior management to support harmonized quality assurance of priority UNITAID medicines and diagnostics • Meetings with HIV Dept. to align UNITAID's HIV grants with new WHO guidelines. • Participation in the AMDS organized multi-stakeholder meeting to review the relevance of the Global Price Reporting Mechanism (GPRM). • Participation in the meetings of the Global Drug Resistant TB Initiative (GDI), Childhood TB sub-group and TB TEAM mechanism • Coordination meetings with WHO/ Global Malaria Program (GMP). • Meeting with WHO/Tropical Diseases Research (WHO/TDR) to |

² <http://www.theglobalfund.org/en/p4i/>

| | |
|--|---|
| | negotiate transfer of Intra-rectal Artesunate product dossier from WHO/TDR to MMV. |
| UNAIDS | <ul style="list-style-type: none"> Engagement with UNAIDS to explore ways to improve oversight of grants in beneficiary countries. |
| Stop-TB Partnership | <ul style="list-style-type: none"> Participation in the Stop TB Co-ordination Board meetings Participation GDF Stakeholders meeting |
| Roll Back Malaria (RBM) Partnership | <ul style="list-style-type: none"> Coordination meetings with Roll Back Malaria Partnership (RBM) Participation in the RMB Board meeting |
| PEPFAR | <ul style="list-style-type: none"> Meetings with PEPFAR for early transition planning, coordinated procurement and country engagement. Facilitation of annual meeting with Manufacturers and Supply Chain partners of the Partnership for Supply Chain Management (PFSCM) |
| U.S. Agency for International Development (USAID) | <ul style="list-style-type: none"> Participation in USAID implementer meetings Structured meetings with USAID and CDC to support harmonized HIV diagnostics quality assurance. Facilitation of the commissioning of the first Center for Pharmaceutical Advancement and Training (CePAT) in Accra, Ghana to train staff of regulatory authorities and African manufacturers on Good Manufacturing Practice (GMP). USAID provides co-funding for TB Alliance's STEP TB Project to the tune of 3% of total funds. |
| Bill & Melinda Gates Foundation (BMGF) | <ul style="list-style-type: none"> Coordination with BMGF on strategic planning to optimize and coordinate efforts to assure quality of priority HIV medicines, diagnostics and preventives. |
| OECD | <ul style="list-style-type: none"> Meetings to share performance measurement methods including ways to measure value for money and impact |
| Global Health Investment Fund and Children's Investment Fund Foundation | <ul style="list-style-type: none"> Early discussions on potential co-investment in existing projects |

Quality Management Systems

UNITAID is focused on improving systems and processes for quality portfolio management and ensuring consistent approach to grant management. In December 2012, Grant Management processes were identified by UNITAID's Executive Director as a high priority area for development. The Quality Management Team has been working with a Core Group of UNITAID staff and has completed following guidelines:

- Project Selection (period from Call for LOIs to LOI selection)
- Grant Agreement Development (period from Board Approval to signature of Grant Agreement)
- Performance-based disbursement

Additional work will be completed over next several months on developing guidelines on proposal development, grant closure, grant performance management, new implementers comprehensive assessments, internal review of project management reports, and other areas. Main objective of Quality Management is to have processes to document standard operating systems and other processes in a way that will lead to timely and efficient grant management.

Additional Initiatives for Efficient Operations

UNITAID is a learning organization and continuous improvement of its standard operating procedures, data and grant management systems are on-going. One of the biggest changes that UNITAID has made recently is to introduce a Quality Management team to document standard operating systems and other processes in a way that will lead to timely and efficient grant management.

UNITAID has also improved how it captures, stores and analyses data from the grants that it supports. UNIPRO is the Portfolio Management system for UNITAID and now holds data on all UNITAID grants. UNIPRO is now linked to grant financial data to provide easy access for Portfolio managers. Using UNIPRO facilitates data sharing, data visualization displays as well as analyses and reporting. Additional improvements in 2013 include the following:

- An online reporting module for Implementers to report grant updates directly into UNIPRO has been developed. Starting in 2014, implementers will submit their semi-annual and annual progress reports into UNIPRO, making reporting easier and more standard.
- A Grant Management Dashboard module, linked to notifications of upcoming grant milestones has been integrated into UNIPRO to help manage grants more efficiently.
- Data on grants is now routinely reported in a series of interactive data visualizations presented on the UNITAID website.
- Comprehensive guidelines are under development for assessing the capacity of new implementers to roll out grants quickly, especially in low income countries.
- Performance-based disbursement enhanced by introducing a more systematic review of progress reports and disbursement request (including a new disbursement template for portfolio teams).
- Mid-term and end of project evaluations process are under review which will result in an updated guideline in early 2014.
- The Procurement framework, Transition framework, and Country engagement framework are being finalized.

Country Engagement

Operations is changing how it engages with countries benefiting from UNITAID grants. This change provides a chance for UNITAID to actively engage with partners (implementer and other stakeholders) at the country level for the purposes of, *inter alia*, results verification, planning for effective transition and sustainability, partnership building, gathering lessons learned, promoting increased UNITAID visibility, and generating ideas for new investment opportunities..

A number of country visits have already been completed in 2013. Based on lessons learnt from these visits, a comprehensive framework on country engagement and transition will be developed for implementation in 2014. Highlights of the country visits are provided below.

- **Kenya and Uganda**

- Country visit by OPS team in January 2013 and by OPS team and Finance team in May 2013
 - Meetings with implementing partners (PSI and Malaria Consortium), Ministry of Health, WHO and other country-based organisations
 - Advanced preparation and field visits to illustrative implementation sites for the RDT Private Sector Project
 - Follow up meetings with high-level Ministry of Health officials in Kenya concerning Kenya's UNITAID membership
 - Carry out the Fiduciary Assessment of PSI and Malaria Consortium
- **Myanmar**
 - Country visit by Executive Director, OPS team, Communications team member, and partners (WHO and FIND) in September 2013
 - Meetings with MoH, UN Agencies, NGO stakeholders and patient groups
 - Lack of MDR-TB treatment in the country was addressed (1282 patients waiting for MDR-TB treatment as of Oct 2013).



Patients have been waiting for TB treatment for over 2 years in Myanmar.

- **India**
 - High level visit by Executive Director and Co-ordinator of Operations in September 2013
 - Interaction with Indian Pharmaceutical industry and FICCI
 - Advocacy meetings with Ministry of Health, Ministry of Finance and Ministry of Commerce and Industry.
 - UNITAID requested a multi-year funding commitment of 15 million dollars from India and Government of India along with a consideration to be member of UNITAID
- **Malawi**
 - Country visit by OPS team in Nov to visit implementation sites of 2UNITAID-funded HIV Diagnostic projects, implemented by CHAI, UNICEF and MSF. UNITAID also convened a partners meeting to discuss the HIV diagnostics landscape in Malawi.



A number of PLHIV is already benefiting from the increased diagnostic capacity in the country through UNITAID-funded projects

- MSF is working with several different devices and platforms for CD4 and VL testing. They are conducting operational research and looking into ways to bring the VL laboratory testing closer to the community (through task shifting to less specialized healthcare workers and different ways of sample collection, e.g. dried blood spot). Some of their research has already informed policy changes in the country.



A healthcare worker in Malawi taking a finger prick dried blood spot sample

- MSF is trying out ways to make the implementation approaches for POC testing feasible with national health systems structures and already very strained capacities.



MSF will train community workers to replace laboratory technicians in performing diagnostic tests on POC devices

- CHAI and UNICEF are bringing the first available POC CD4 device to the country, in limited numbers and strategically placed in order to address the immediate need.
- **Zimbabwe**
 - Planned in Dec 2013 for the MSF and CHAI-UNICEF diagnostic Projects
 - To assess performance, gather lessons learnt, foster partnerships with key stakeholders and pilot/develop tools and processes for the Country engagement Framework.

Staff Capacity Building

Operations has been reviewing how it works internally to improve team work and communication. To support this review, the team held a retreat facilitated by an external expert on leadership, performance management and team building (Olivier Courtois). The retreat has successfully resulted in a number of new ways of working together both within the team and across other teams. As the capacity of the Operations team expands, training and learning has continued in a number of areas. These include:

- Training on performance measurement and how to set key performance indicators (KPIs) by trainer and facilitator David Parmenter
- Several training sessions on the use of LogFrames and UNIPRO; and
- Training on effective negotiation and portfolio management;

More specialized training courses are planned for 2014. These will focus on results-based management, team building and management of teams working across the organization.

In addition to training courses, staff continued their learning and sharing experience related to the three diseases and the markets for their products by presenting at and participating in a variety of technical meetings. These included:

- Artemisinin Conference

- Briefing for Malaria RDT Manufacturers
- Malaria Market Forum
- Multilateral Initiative on Malaria (MIM) meeting
- American Society Tropical Medicine Hygiene (ASTMH) meeting
- Union Work Conference on Lung Health
- International Conference on AIDS and Sexually Transmitted Diseases in Africa; and
- International Congress on AIDS in Asia and the Pacific

Conclusions

UNITAID's Operations team continues to incorporate lessons learnt from grant implementation into its work. Grant information is being presented in a new way, by strategic objective area, in order to facilitate monitoring of UNITAID's strategy 2013-2016. Operations is highlighting in this report the improvements it is making in grant management by improving its grant and data management systems and building the capacity of its staff. Building strong partnerships and improving engagement with countries have been priorities in 2013 and will continue to be a focus of the team's work in 2014.

Annex 1 Portfolio profile

Annex 2 Summary of each grant under SO

Annex 3 Achievements, Challenges and Main Actions

Annex 4 Project updates