



**Executive Board Meeting**  
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**Kofi Annan Conference Room**  
**UNAIDS Building**  
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**Agenda item 7**

**Methodology for Developing Disease Narratives**

**For Information**  **For Review and Advice**  **For Decision**

# 1 Context and introduction

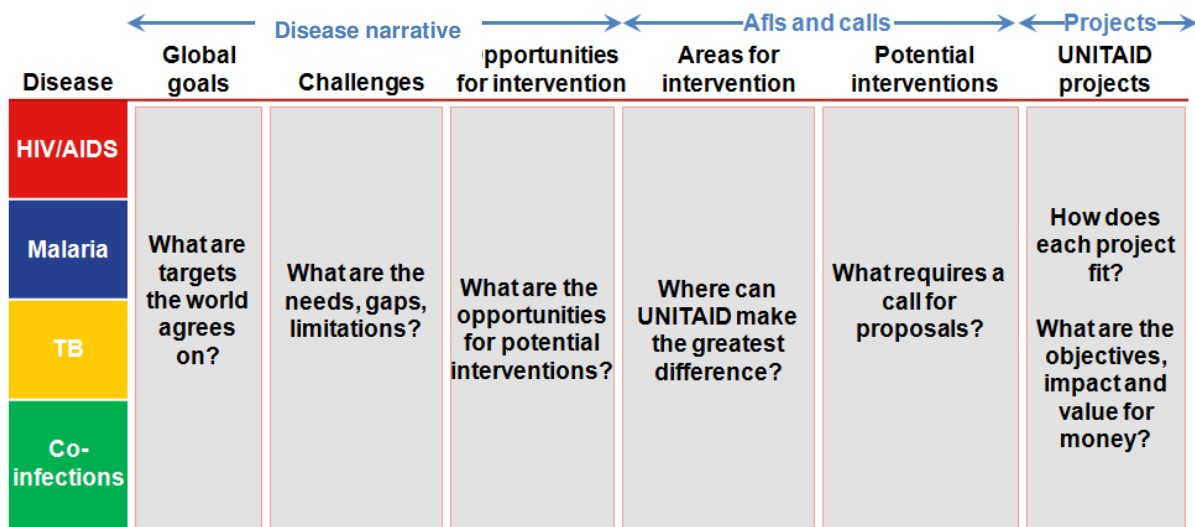
## Context

UNITAID has adopted a structured and transparent investment framework, to decide and communicate on its areas for intervention. This approach starts with an analysis of the context for each disease. This analysis reviews the disease characteristics (including burden, key commodities), gaps to the global goals and associated strategies, challenges identified by partners to reach the goals, actions of partners to reach the goals, and finally, opportunities for intervention for UNITAID. This analysis is referred to as the disease narrative.

From the disease narrative and after consultation with partners, UNITAID identifies areas for intervention. The areas for intervention are proposed to the Board for validation. UNITAID then identifies specific interventions to conduct within each area and launches calls for proposal.

The process from selection of areas of intervention to project selection and grant implementation was validated by the Board in June 2015 (EB22) in the context of UNITAID's new operating model. At EB22, the Board requested the Secretariat to further explain the context and rationale on how areas for intervention are selected and describe the logical path to this selection. This corresponds to disease narratives.

**Figure 1.** UNITAID's Strategic Investment Framework



As the disease narratives for TB, HIV, malaria and HIV/HCV will be presented to the Board during EB23, the objective of this document is to introduce the analytical methodology used for the disease narrative.

### What is a disease narrative?

Disease narratives by disease aim to frame, contextualize and prioritize UNITAID's interventions, and to articulate potential opportunities with partners' activities and global goals. The starting point

is always the global strategy for each disease; that is, the targets agreed by the international global health community. Challenges identified by partners as a threat towards global goals are then systematically and comprehensively reviewed. This review leverages UNITAID's own market intelligence formalized in market landscapes and dashboard, inputs and insights from partners' strategy documents and other analyses, and discussions. Finally, a prioritization process has been applied to describe the selection of areas for interventions for UNITAID, focusing on those where UNITAID can best contribute to the Global Response.

Each disease narrative is an overview of the most pressing challenges for each disease, and an explanation of UNITAID's potential role in addressing them as part of a coordinated global response in the years to come. This includes the understanding of market dynamics and market shaping, as commodity access is part of UNITAID's core expertise.

The disease narrative stops short of detailing specific calls for proposals, or the precise amount to be invested in each intervention; these areas are developed further within each area for intervention. Similarly, the disease narrative is not intended to be a fully-fledged strategy, but provides directional visibility on context and focus areas that will be relevant as future strategy is developed.

**Disease narratives:**

- Will make the link between UNITAID's interventions and global goals explicit
- Look at a comprehensive scope of challenges
- Have been developed in alignment with key partners and building on UNITAID's market intelligence (landscapes and dashboard)

## 2 Approach and methodology in developing disease narratives

### 2.1 Objectives and principles of disease narratives

The objective of the disease narratives is to contextualize and prioritize UNITAID intervention in a rigorous and explicit way. The following principles underpin UNITAID's approach to developing each of the disease narratives:

- Reflect the **evolving, dynamic nature** of the disease landscape
- **Engage partners** to leverage their understanding of challenges and gaps, and their perspectives on where UNITAID may contribute the most effectively to the global response
- Be **systematic and exhaustive** in identifying challenges to avoid missing out on opportunities
- Apply **strong analysis** when prioritizing challenges to identify those areas in which UNITAID can add the most value to the global response

### 2.2 Typical structure of the disease narratives

Each disease narrative has been structured systematically, as follows:

- **Key disease characteristics:** What unique features of each disease must we keep in mind as we consider challenges facing the global response?
- **Progress to date towards the Global Goals:** What progress has been made on the disease in the past years? Where do we stand against global goals – specifically in terms of commodity access?
- **Global strategy guiding future work:** What is the strategy proposed by the Global Response to reach the Goals? What innovations might accelerate the pace of change in the coming years?
- **Challenges:** What are the challenges identified by partners threatening progress to the Global Goals?
- **Partner landscape:** Who are the key actors contributing to the fight against the disease, what is their contribution and where could UNITAID play to enable and complement their action?
- **Prioritization of challenges to be addressed by UNITAID:** A systematic approach to informing priorities among all identified challenges, or select areas on which UNITAID should focus. The criteria applied in this prioritization are detailed in Section 2.3.
- **Recommended areas to consider to develop areas for intervention:** What are the areas that UNITAID should consider for intervention? Themes emerging from the prioritized challenges were examined, resulting in recommended spaces in which areas for intervention for UNITAID may be refined through further work and in consultation with partners.

#### How were challenges identified?

The challenges listed are meant to be an exhaustive 'inventory'. The aim is to avoid missing potential opportunities, while recognizing that many challenges are interlinked, or that there may be many root causes contributing to a single challenge.

This analysis is based on:

- UNITAID's own market landscapes and dashboard,
- Partners' strategy documents
- Other analyses, and insights from key partners.

The Secretariat engaged with key partners to ensure the exhaustiveness of the list. In some cases, similar themes or inputs – perhaps phrased differently by different sources – have been distilled to reach an inventory.

### 2.3 Criteria to identify priority challenges for UNITAID

Among a broad range of challenges the prioritization process has been structured around four key criteria:

1. UNITAID's expertise
2. Potential public health impact
3. Feasibility
4. Optimized use of resources

This process aims at optimizing the contribution of UNITAID to the global response, to do so, the selection steps listed above correspond to the following:

- ***UNITAID's expertise: focus on challenges that are inherently commodity access issues***

This first criterion is designed to focus on areas where UNITAID has expertise and strength in addressing challenges in access to products used to test, treat, and prevent disease. Embedded in this criterion is the market dynamics focus that is central to UNITAID's mandate and approach.

- ***Potential public health impact: focus on challenges for which there is strong evidence of high potential public health impact***

The second criterion is designed to focus UNITAID on those areas where its action will trigger the greatest impact on the global response. This criterion filters out those challenges for which there is limited or conflicting evidence of public health impact.

- ***Feasibility: focus on challenges for which the necessary technology can be available in the relevant timeframe***

The third criterion is largely pragmatic, focusing UNITAID intervention on challenges for which the necessary technology is available, or can be expected to be available, in the timeframe needed. This is aligned with the intent to use the disease narrative to identify areas for intervention through which calls can be launched in the next two years, and filters out those challenges where action would not yet be feasible (e.g., an effective, preventive TB vaccine).

In some cases, challenges may be flagged for monitoring or further attention. That is, the necessary technology may not be expected to be available, but is sufficiently important to warrant close tracking and consideration of activity to facilitate development of the technology.

- ***Optimized use of resources: focus on challenges for which critical gaps exist in the global response and where scale up is possible***

The fourth and final criterion is the most critical in ensuring UNITAID's added value in the global response. UNITAID will focus on challenges that are recognized as critical gaps – i.e., where partners agree that further, targeted investment and attention will complement others' work and amplify their collective impact. The possibility and likelihood of scale-up, the primary measure of UNITAID's success, is considered here.

This criterion is executed in close collaboration with key partners. Mapping of partners' activities is reflected, at a high level, through application of this filter. However, more detailed partner mapping is undertaken in refining specific areas for intervention, when a more granular understanding of partners' current and planned activities can be developed more concretely.

Application of these four filters allows UNITAID to prioritize relevant challenges on which to focus, leveraging its unique strength and positioning in the global response and to phase its approach to tackle identified challenges.

## 2.4 Systematic engagement of partners in defining strategic priorities for UNITAID

Six major types of partners are engaged when defining priorities:

- Governments and ministries of health
- Civil society: NGOs and communities
- Funding partners
- Technical partners
- Implementing partners
- Private sector

Partner engagement is fundamental to UNITAID's operating model, and essential to realizing the impact of UNITAID's positioning in enabling a more effective global response to each disease. Input from many partners is key, particularly on the following aspects:

- **Anticipating and responding to country needs:** Effectively positioning UNITAID between the upstream and the downstream requires first understanding the needs 'on the ground' – that is, among people living with the disease in the most affected countries. Countries are therefore central to determining UNITAID's strategic priorities. Other partners with essential insights on country needs include the Global Fund; partnerships, advocacy groups and representatives of communities living with the diseases; non-governmental organizations (NGOs) and other actors with experience implementing large-scale projects in countries.
- **Anticipating upstream innovation:** Effectively positioning UNITAID between the upstream and the downstream also requires a proactive stance and active horizon-scanning to anticipate new developments. UNITAID therefore relies on insights from partners involved in funding, supporting and executing research and development and other activities to support the development of new innovations, such as the Bill & Melinda Gates Foundation (BMGF), US Government and other funders/bilaterals prioritizing research, and NGOs and other actors active in this area. UNITAID also monitors the innovation pipeline of the private sector to anticipate innovations on their way.
- **Ensuring readiness to scale up, including funding:** The measure of UNITAID's success is the broader impact and sustainability of its projects. To that end, understanding readiness to scale up products is key. Here, UNITAID engages with countries and the Global Fund; US Government and other funders/bilaterals; and other sources of funding such as BMGF and the World Bank.

As noted above, strong collaboration with partners features at each stage of analysis informing UNITAID's strategic priorities. In definition of the disease narrative, UNITAID leverages partners' strategy documents, insights, and other analyses, and also validates resulting analysis through extensive consultation with partners.