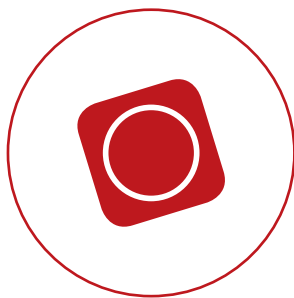
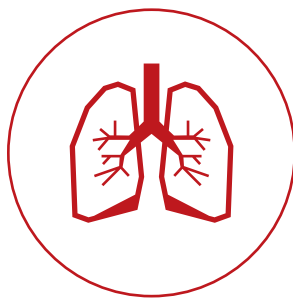
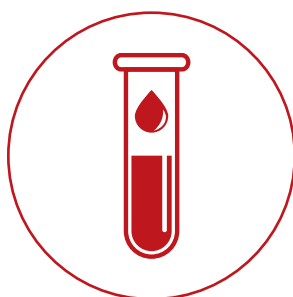


UNITAID IMPACT 2015



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Acronyms and abbreviations

3TC	Lamivudine
A2S2	Assured Artemisinin Supply Service
ABC	Abacavir, HIV/AIDS medicine
ACT	Artemisinin-based combination therapy for malaria
AFI	Areas for Intervention
AFRO	African Regional Office (WHO)
AIDS	Acquired Immune Deficiency Syndrome
Am	Amikacin
AMFm	Affordable Medicines Facility for malaria
AMRO	Regional Office of the Americas (WHO)
API	Active Pharmaceutical Ingredient
ART	Antiretroviral therapy for HIV/AIDS
ARV	Antiretrovirals for HIV/AIDS
ASAQ	Artesunate/Amodiaquine malaria medicine
ASLM	African Society for Laboratory Medicine
ATV/r	Atazanavir/ritonavir
AZT	Azidothymidine (Zidovudine)
BMGF	Bill and Melinda Gates Foundation
CHAI	Clinton Health Access Initiative
Cm	Capreomycin
Cs	Cycloserine
CS	Civil Society Organization
CSO	Civil Society Organization
DAA	Direct-acting antivirals
DFiD	Department for International Development
DNDi	Drugs for neglected diseases initiative
EID	Early infant diagnosis
EMRO	Eastern Mediterranean Regional Office (WHO)
EOI	Expression of interest
ERP	Expert Review Panel
ESTHER	Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau
Eto	Ethionamide, anti-TB medicine
FDC	Fixed-dose combination
FEI	France Expertise Internationale
FIND	Foundation for Innovative New Diagnostics
FPP	Finished Pharmaceutical Product
FTC	Emtricitabine
GDF	Global Drug Facility of the Stop TB Partnership
GLI	Global laboratory initiative (WHO)
GPRM	Global Price Reporting Mechanism for HIV, tuberculosis and malaria
HCV	Hepatitis C Virus

HIV	Human Immunodeficiency Virus
IVD	In-Vitro Diagnostic
KPI	Key Performance Indicator
Lfx	Levofloxacin
LI	Low income countries
LLIN	Long-Lasting Insecticide-Treated Nets
LMI	Lower-middle-income countries
LOI	Letter of Intent
LPV/r	Lopinavir/ritonavir
MC	Malaria Consortium
MDR-TB	Multi-drug resistant TB
MIC	Middle Income Country
MMV	Medicines for Malaria Venture
MoU	Memorandum of Understanding
MPP	Medicines Patent Pool
MSF	Médecins Sans Frontières
Mxf	Moxifloxacin
NGOs	Non-governmental Organisations
NVP	Nevirapine
OECS	Organization of Eastern Caribbean States
PAS	Para-Aminosalicylate
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PHTI	Paediatric HIV Treatment Initiative
POC	Point of care
PQP	Prequalification Programme
PQ	Prequalification
PQR	Price & Quality Reporting (procurement database from GFATM)
PRC	Project Review Committee
PrEP	Pre-Exposure Prophylaxis
PSC	Programme Support Costs
PSI	Population Services International
Pto	Prothionamide
RDT	Rapid Diagnostic Test
RHZ	Rifampicin + Isoniazid + Pyrazinamide, anti-TB medicine
SCMS	Supply Chain Management System
SEARO	South-East Asian Regional Office (WHO)
SMC	Seasonal Malaria Chemoprevention
SO	Strategic objective
SRS	Strategic Rotating Stockpile for MDR-TB medicines
TB	Tuberculosis
TDF	Tenofovir
UMI	Upper-middle-income countries
UN	United Nations
UNAIDS	The United Nation's Agency for HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VL	Viral Load
VPP	Voluntary Pooled Procurement
WB	World Bank
WHO	World Health Organization
XDR-TB	Extensively resistant tuberculosis
YRGCARE	YRG Centre for AIDS Research and Education

Introduction

UNITAID was established in 2006 by the governments of Brazil, Chile, France, Norway and the United Kingdom to improve access to vital medicines, tests and prevention products in HIV/AIDS, TB and malaria, for people most in need in low-income countries. UNITAID's pioneering investments, financed mainly through an air ticket levy, have helped to scale up use of critically needed diagnostic tests, treatments and prevention products by fast tracking introduction of new health solutions.

UNITAID's strategy for 2013-2016 focuses on six strategic objectives to reduce the burden of the three diseases in the world's poorest populations. UNITAID's Key Performance Indicators (KPIs) demonstrate the results achieved from 2013 to 2015 - the latest available reporting year - and capture progress made against the Strategy. This report is the third and penultimate in the series of reports produced against UNITAID's 2013 – 2016 strategy.

The results included in this report show that UNITAID continues to play a catalytic role in improving access to better health products – and contributes to making the global response to the three diseases more effective. UNITAID's top achievements highlight some of the different types of impact UNITAID grants can produce. These range from new point of care devices and monitoring approaches for HIV, to new TB treatments introduced for children, to higher quality drugs and diagnostic tests, to accelerated introduction of a life-saving malaria treatment. Although most KPIs reported in this document reflect quantifiable, direct impact of UNITAID grants, UNITAID is also placing increasing emphasis on transition and scale up of its grants by partners and countries to maximise the public health impact of its investments.

In 2015, the Secretariat implemented a new operating model designed to make UNITAID faster and more agile while increasing transparency, aligning with partners and delivering more sustainable impact. UNITAID started publishing Disease Narratives which provide a rigorous analysis of the context surrounding each disease and describe the overall disease burden, the strategies being pursued to meet global health goals, partner response and existing gaps that provide opportunities for new areas for intervention (Afls). Disease Narratives also offer an important platform for extensive partner consultation. Interactions with partners allow UNITAID to better understand challenges

facing the global health response, and ensure that UNITAID's activities address critical gaps, complement efforts of partners, and support products that ultimately reach scale. Following Board approval of six AfIs in 2015 (two in HIV, one in HIV/HCV co-infection, and three in malaria), UNITAID launched four calls for proposals in 2015. Proposals from these calls have been reviewed; those given a "go-ahead" by the Board are currently being developed into full grants.

In addition to the changes in the operating model, other key initiatives implemented in 2015 included:

- An optimisation of the organisational structure with more transparent and cohesive ways of working that are completely aligned to implement the new operating model;
- Recruitment of staff to fill key positions across the Secretariat that support grant development and implementation. More than 70 percent of staff at UNITAID's Secretariat are now in positions directly related to active grant management;
- A more robust risk management approach to help improve new grant development and better monitor active grants - the Grant Risk Management Framework developed in 2015 encompassed 75% of UNITAID's active portfolio by 31 December 2015;
- A stronger Value for Money approach that will support the Secretariat in defining, optimising, and measuring its impact, and which will be implemented in 2016 as part of a broader initiative on grant performance; the key tools to support Value for Money assessment (Theory of Change and Impact Assessment) have already been operationalised in 2015 for the proposal review (Malaria call) and grants under development (HIV).

Looking ahead, a key priority for the Secretariat in 2016 is to develop UNITAID's new strategy for 2017-2021. The global development community saw a pivotal transition in 2015, from the Millennium Development Goals to the Sustainable Development Goals (SDGs) with their broader focus on health and well-being. This shift in focus is influencing the development of UNITAID's next strategy. As part of the Strategy development, UNITAID is developing a new KPI framework, at the strategic, grant and operational Secretariat level, which will guide the monitoring of performance at all levels going forward. The new Strategy and KPIs will be launched by the end of 2016, with the first reporting on them planned in 2018. In particular, the new set of KPIs will reflect UNITAID's ultimate goal of having full scale impact – which comes as a result of UNITAID's catalytic investments, complemented by the scale up efforts of partners and countries.

Top achievements 2015



STRATEGIC OBJECTIVE 1

Simple point of care (POC) diagnostics

- More than 97,000 incident cases of TB were detected using Xpert MTB/RIF diagnostic testing, including over 20,000 Rifampicin resistant cases; the installed base of Xpert systems in 21 project countries is being transitioned to other donors, and will help halt the spread of MDR-TB through identification and treatment of drug resistant cases.
- Nearly 83% of the global malaria Rapid Diagnostics Tests market was quality tested in 2015, contributing to greater use of quality RDTs globally, better accuracy in diagnosis and better treatment initiation decisions.
- The first of many UNITAID-supported platforms for Viral Load testing and Early Infant Diagnosis was quality assured in 2015 and is now eligible for procurement; the scale up of such platforms will increase access to monitoring and improve the health of people living with HIV.



STRATEGIC OBJECTIVE 2

Affordable, adapted paediatric medicines

- Quality-assured, child-friendly TB medicines – the first to be aligned with revised WHO dosing recommendations – were launched in late 2015, and are now eligible for procurement; these treatments have the potential, once broadly adopted, to dramatically improve health outcomes for children who get TB.
- UNITAID was catalytic in driving down prices of paediatric HIV medicines through its intervention with CHAI, with sustained gains: 13 countries continue to procure at even more affordable prices.



STRATEGIC OBJECTIVE 3

Treatment of HIV/AIDS and co-infections

- The Medicines Patent Pool has signed 15 licenses with innovator companies and saved the global HIV response US\$ 194 million in the period 2010-2015; more savings are expected in the coming years, as procured volumes continue to increase;
- UNITAID was catalytic in lowering prices for second-line HIV medicines through its intervention with CHAI: 14 countries continue to procure at even more affordable prices three years after the grant completed.



STRATEGIC OBJECTIVE 4

Treatment of malaria (ACTs)

- More than 2.9 million vials of injectable Artesunate were delivered through UNITAD's grant, treating more than 580,000 children with severe malaria and improving their chance of survival; partners are scaling up this intervention and already represent 80% of procurement in pilot countries.



STRATEGIC OBJECTIVE 5

Treatment of second line TB

- The MDR-TB Strategic Rotating Stockpile Project (SRS) is increasing access to quality MDR-TB medicines by smoothing demand fluctuations and facilitating faster delivery of needed medicines. The number of countries using the SRS has increased more than 20% since 2010 with 72 countries ordering products worth more than US\$13 million in 2015.



STRATEGIC OBJECTIVE 6

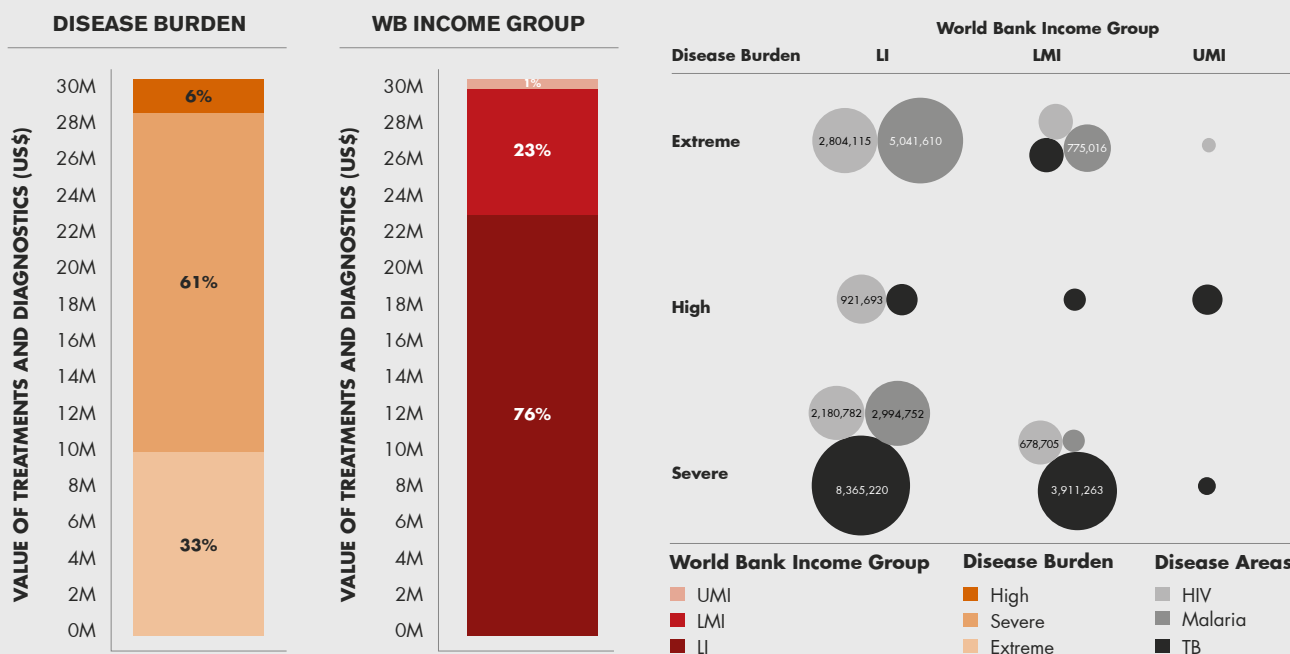
Preventatives for HIV/AIDS, TB and Malaria

- Over 12.2 million doses of Seasonal Malaria Chemoprevention (SMC) were administered during the rainy season in the Sahel, through an innovative delivery approach, resulting in the protection of 3.2 million children under 5 from malaria. Evidence is being generated to support effective ways to reach more of the 25 million children that would benefit from SMC.

I. MONITORING MARKET AND PUBLIC HEALTH OUTCOMES

KPI 1 : Monitoring performance towards Public Health outcomes

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



UNITAID grants continue to cover key products where people seek care

SO	Disease	Product	Description	Coverage
SO1	HIV	PoC (PIMA)	CD4 tests	1.3% coverage
	Malaria	Rapid diagnostic tests	private sector	<1% coverage
	TB	MDR-TB Gene Xpert tests	public sector	42% coverage
SO2	HIV	AZT/ 3TC/NVP (60/30/50 mg), LPV/r (80/20 mg), LPV/r (100/25 mg)	paeds ARVs	N/A coverage
	Malaria	Injectable artesunate 60 mg	severe malaria treatments	N/A coverage
	TB	Children on ARVs	paeds treatments	N/A coverage
SO3	HIV	ATV/r (300/100 mg), LPV/r (200/50 mg)	2L ARVs	N/A coverage
SO5	TB	Intensive phase: 12 mo. Cm Pto Cs Mxf PAS (high cost)/ 8 mo. Am Eto Cs Lfx (low cost)	MDR-TB treatments in the public sector	48% coverage

0% 20% 40% 60% 80% 100%

UNITAID continues to support the testing and treatment of people living with the three diseases¹

Disease	SO	Description	Result
Malaria	SO1	Number of private sector RDTs procured	731,667
	SO4	Volume of Injectable Artesunate delivered	2,951,364
	SO6	Number of SMC treatment administered	12,199,613
HIV	SO1	CD4 ²	401,704
	SO1	EID ²	8,322
	SO1	Viral Load ³	163,276
	SO3	Adults switched to 2nd line ARVs after testing	1,583
TB	SO1	# cases detected with other TB test types	32,102
	SO1	# cases detected with Xpert ⁴	97,939
	SO1	# tests performed with other TB test types ⁵	481,432

¹ The numbers reported here represent the direct effect of UNITAID's catalytic investment to open the market for products. They do not include the additional, indirect effect of UNITAID's investments, which happens through the adoption and scale-up of UNITAID supported products by other donors and countries

² Combines figures from the CHAI/UNICEF POC and MSF Diagnostics projects

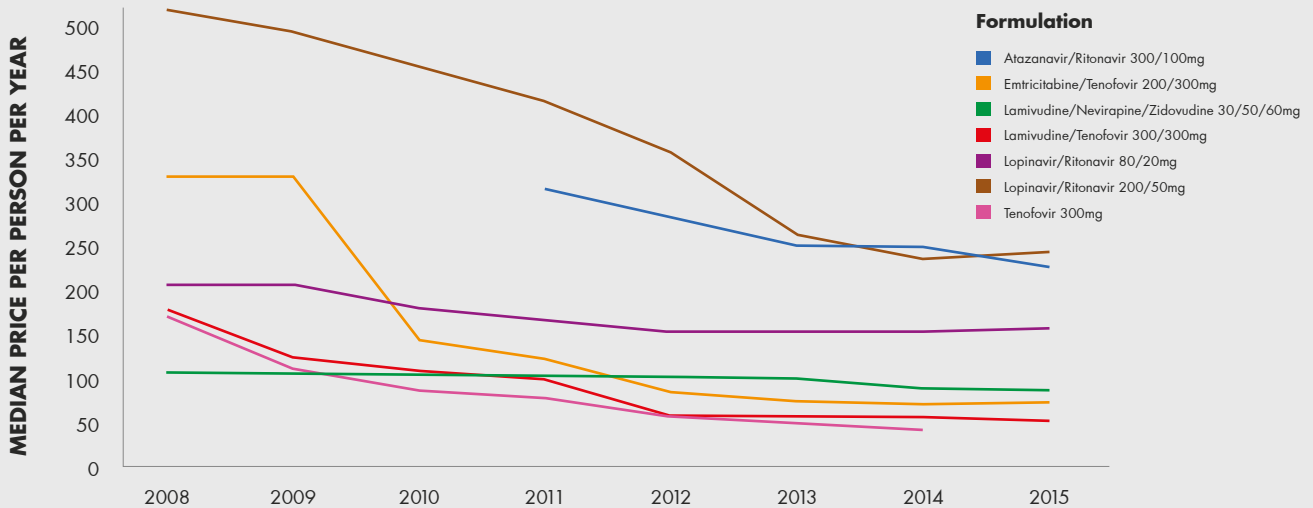
³ Combines figures from the CHAI/UNICEF, MSF Diagnostics and OPPERRA projects.

⁴ Incident TB cases; combines figures from WHO-Xpert and Expand-TB Grants

⁵ Line probe assay and drug susceptibility testing

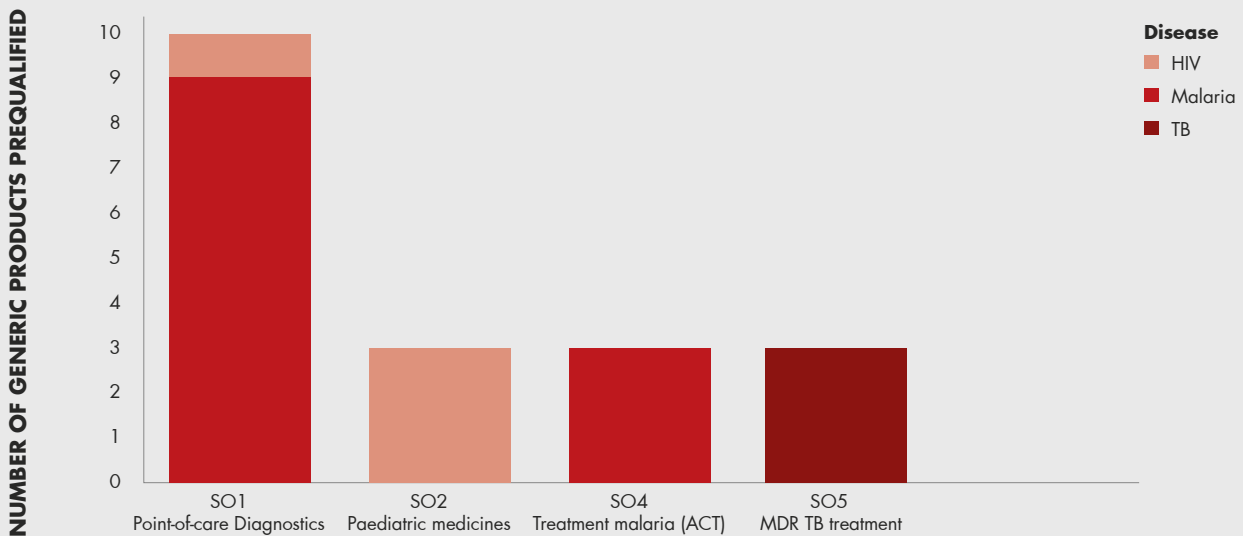
KPI 2 & 3: Monitoring performance towards market outcomes

Prices of key second-line ARVs continue to decline



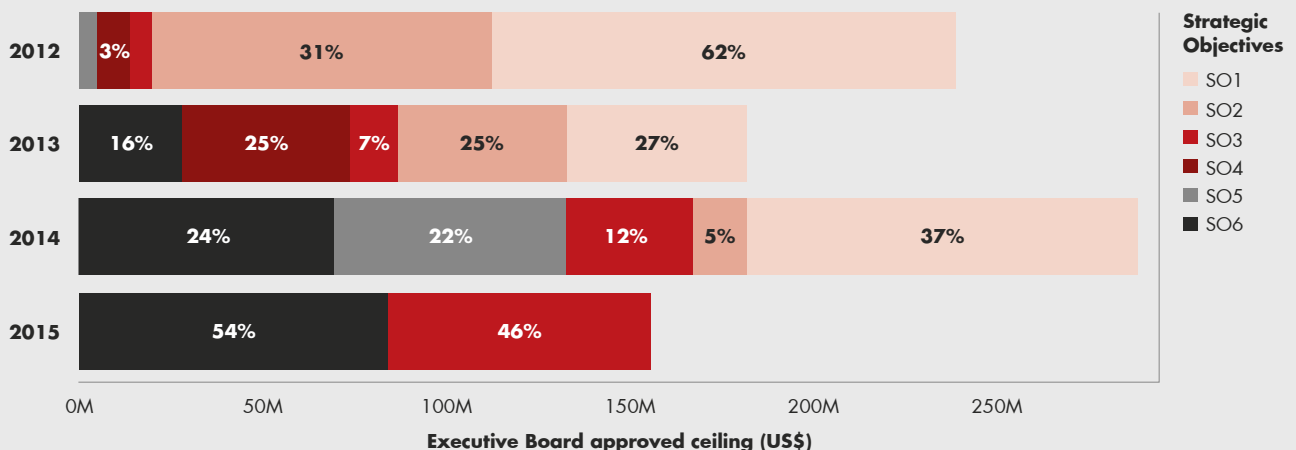
Source: Procurement data from the market intelligence system (includes PQR, VPP, SCMS UNITAID project data) for lower income countries

Products prequalified by WHO Programmes in 2015



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

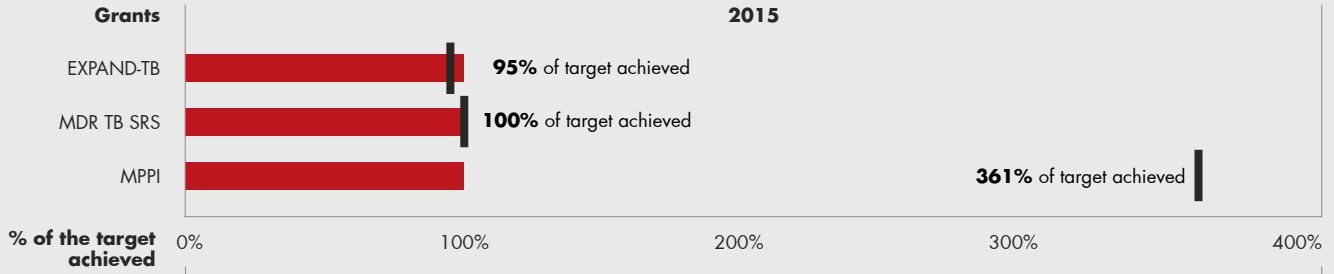
Proposals receiving the Board Go Ahead



II. MANAGING PORTFOLIOS & GRANT PERFORMANCE

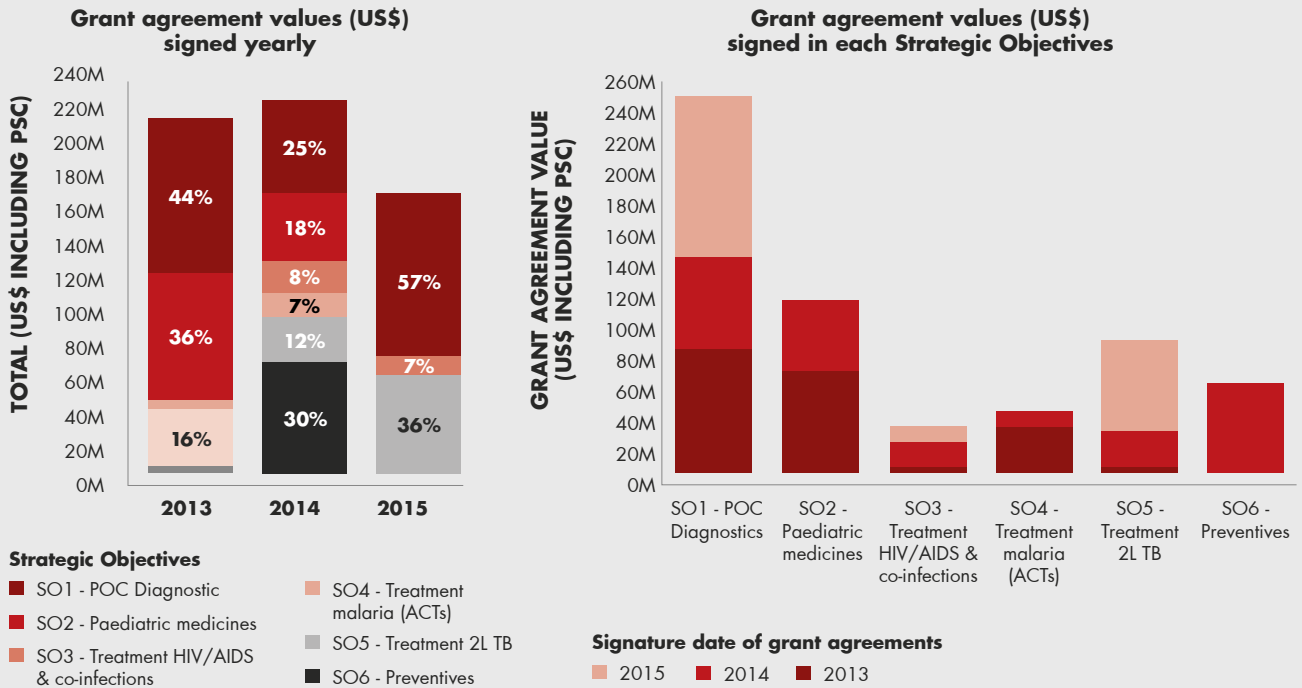
KPI 1 & 2 : Grants ending in 2015 achieved most of their target

All UNITAID grants are achieving their public health targets

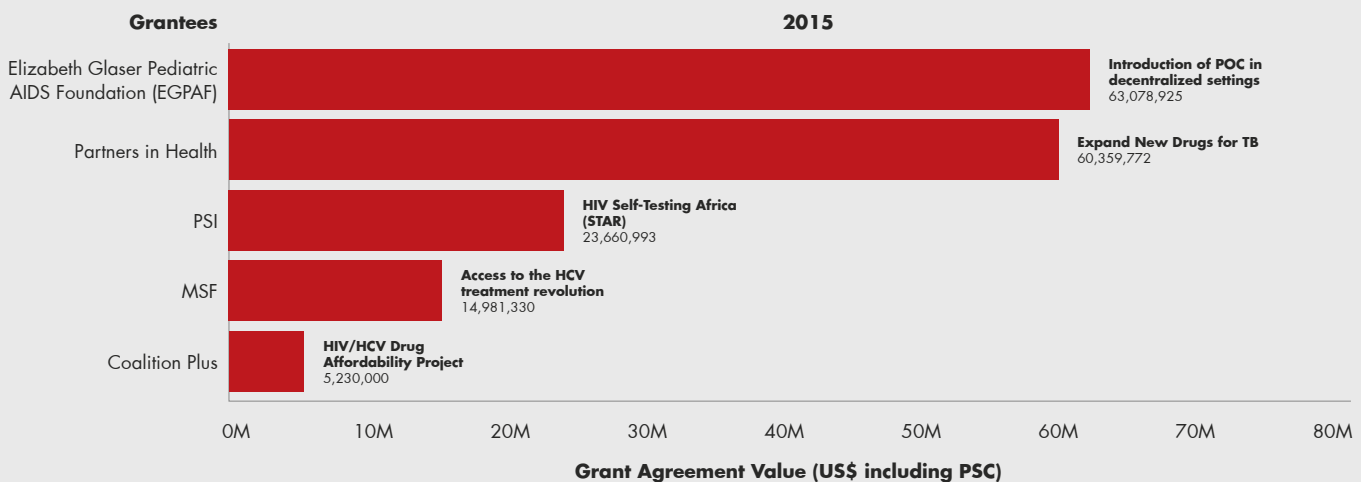


KPI 4: Grants will cover all 6 UNITAID strategic objectives by 2015

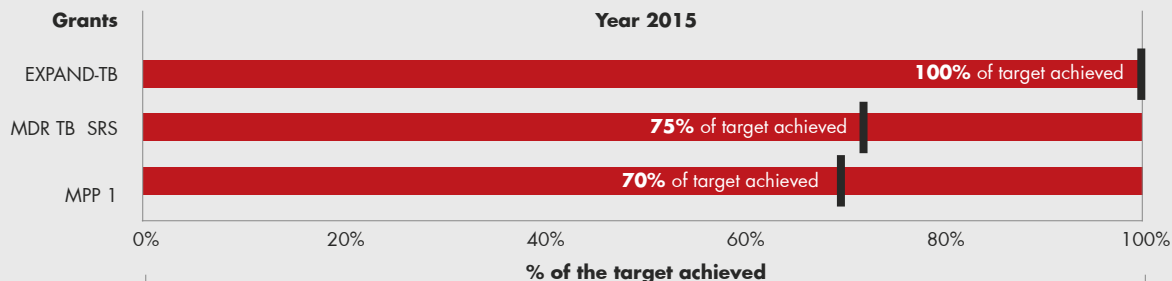
UNITAID investments by strategic objectives



New Grantees are included in the grant agreements signed in 2015



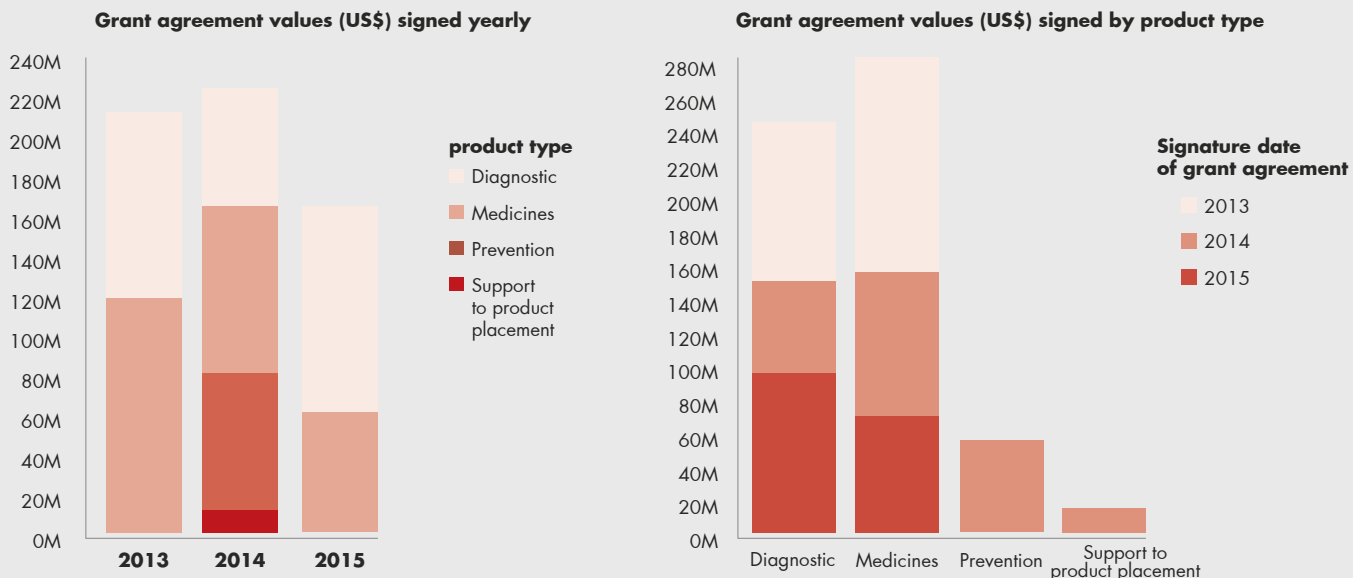
One out of the three grants ending in 2015 achieved their market targets



KPI 4: Trends in active grants as of 2015 (cumulative grant agreement values)

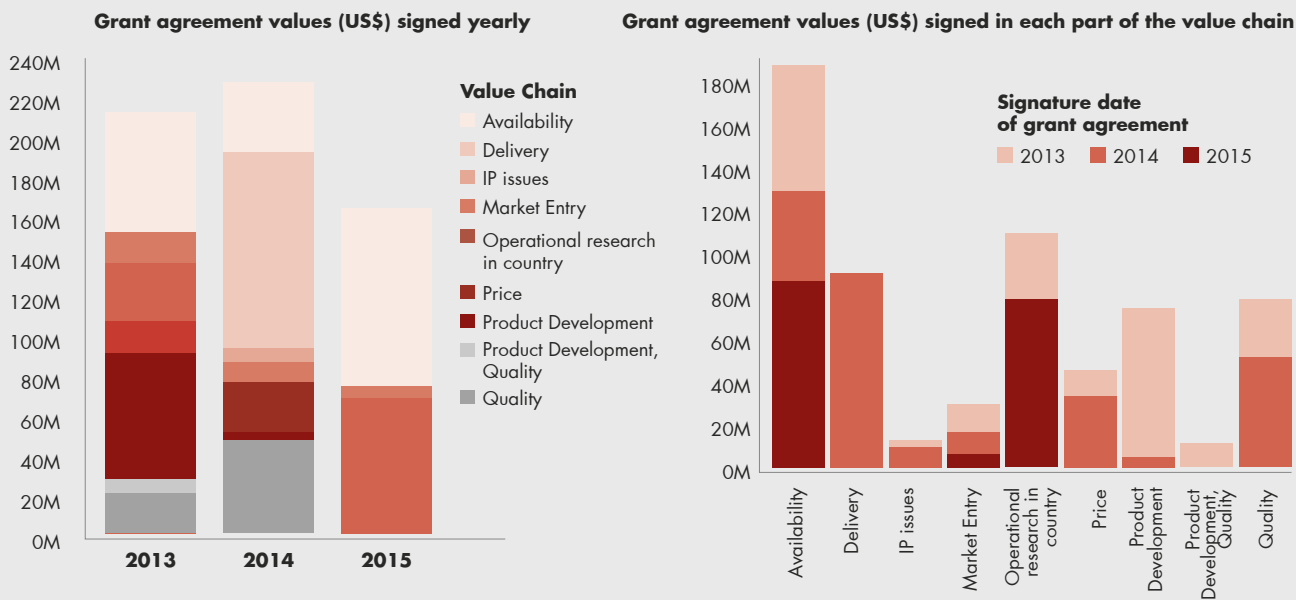
UNITAID investments by product type

Grant agreement values (US\$) by product type



UNITAID investments along the value chain

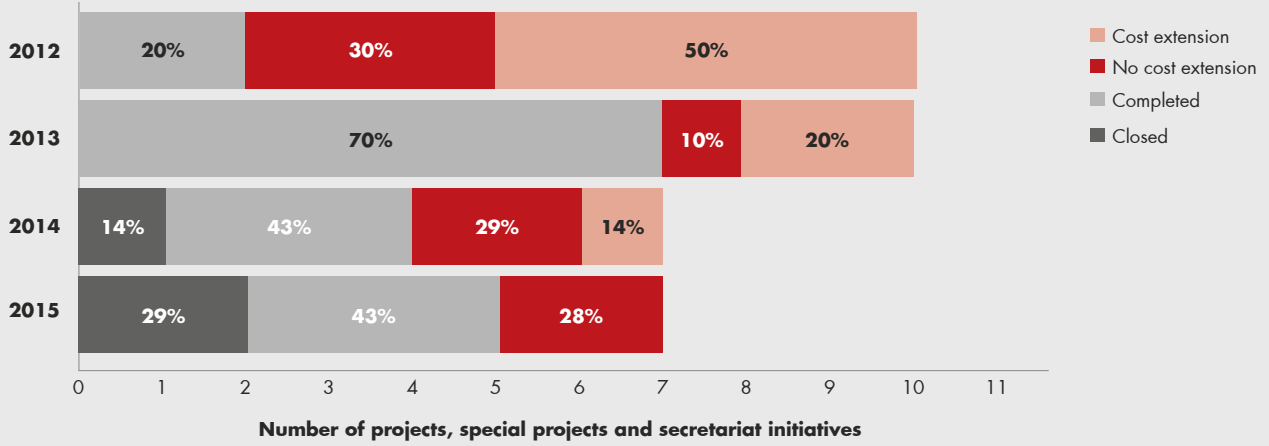
Grant agreement values (US\$) by value chain



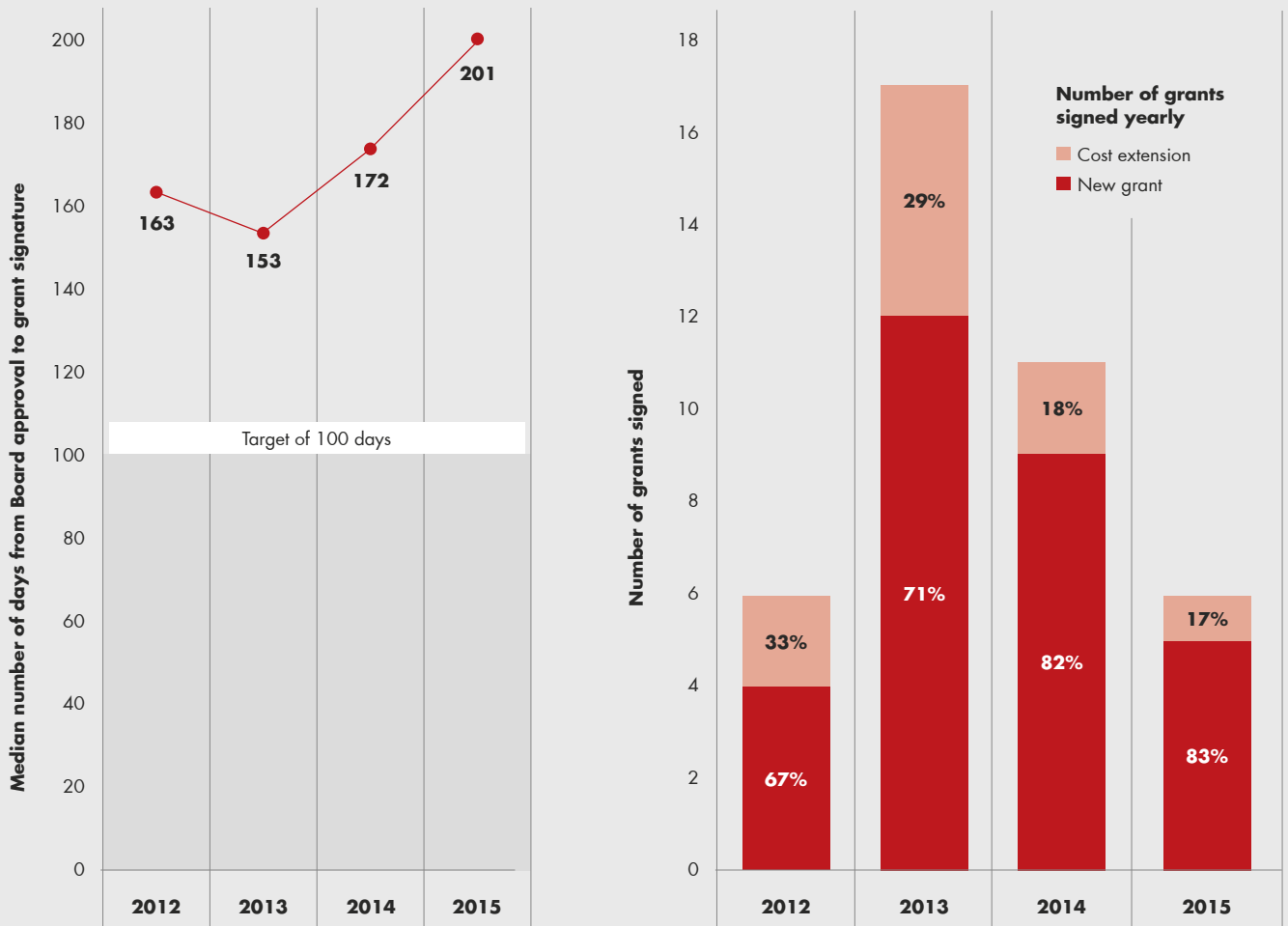
III. MEASURING UNITAID SECRETARIAT PERFORMANCE

KPI 4 : Grant management

Fewer extensions were required in 2015 than in any previous year

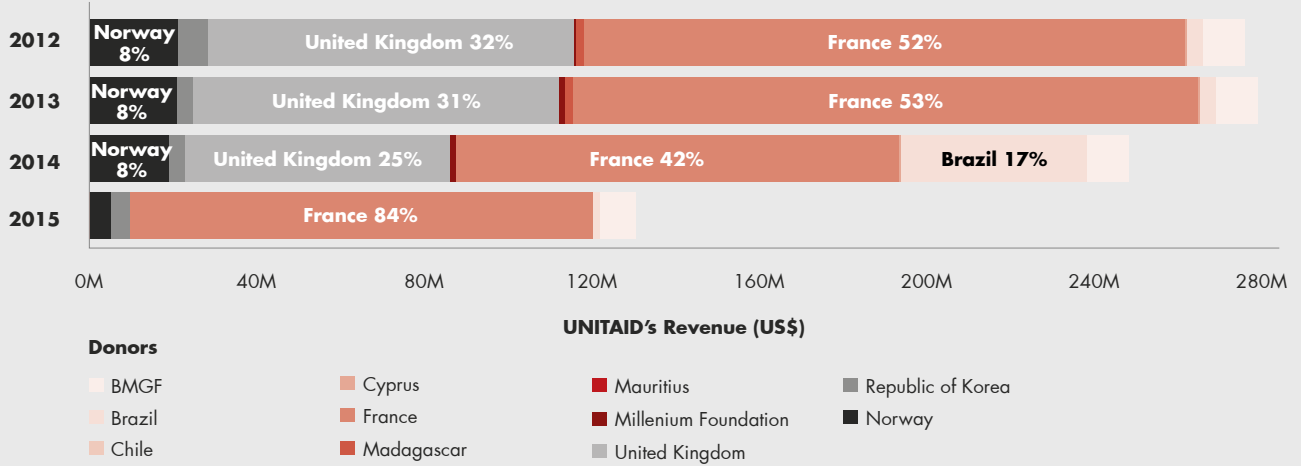


Time to signature increased despite fewer grants being signed in 2015

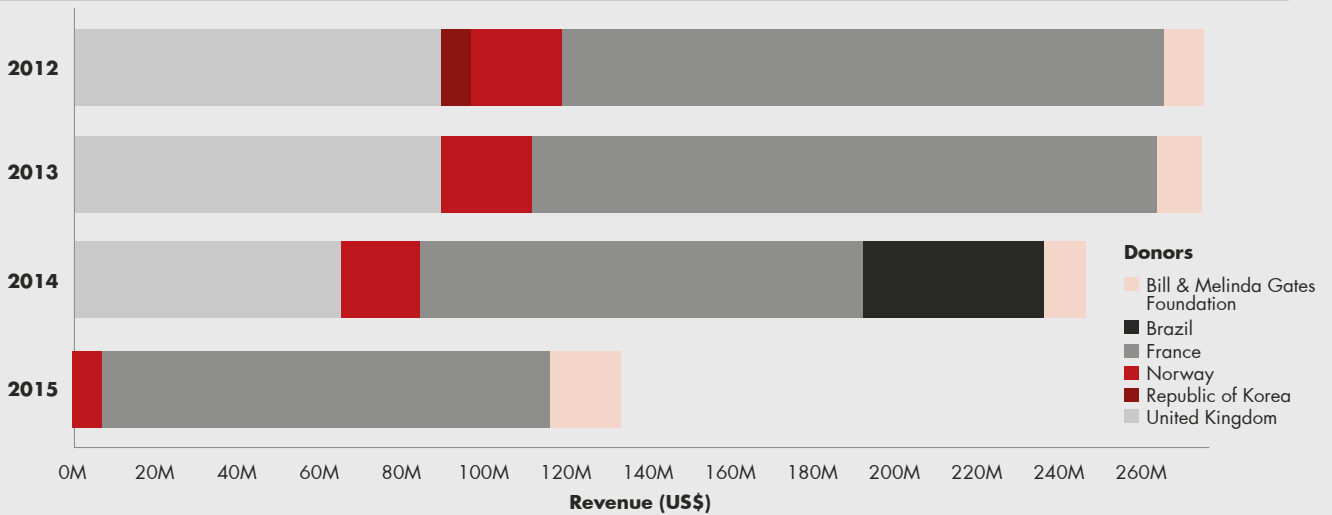


KPI 5 & 7 : Resource mobilization & management

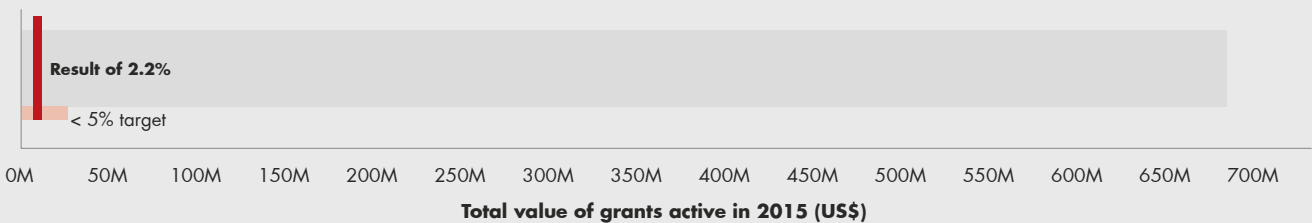
The overall donor contribution to UNITAID decreased in 2015



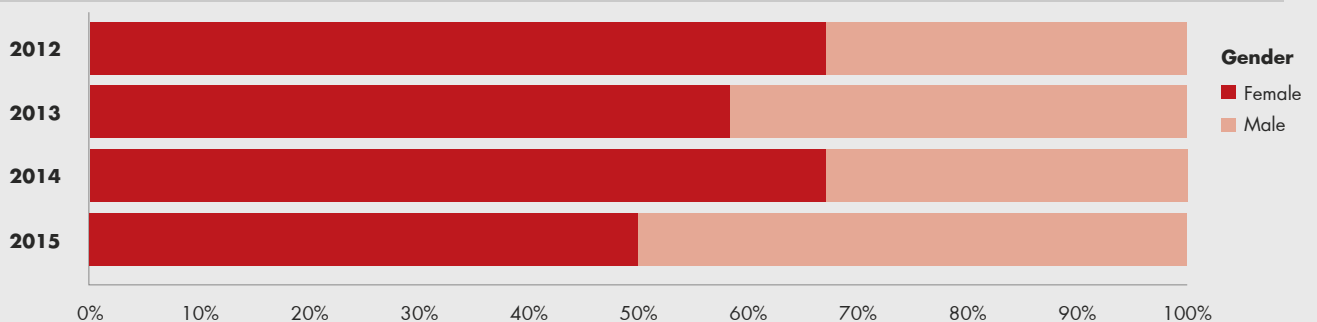
Three donors contributed over US\$ 5 million in 2015



UNITAID maintains a lean Secretariat costing 2.2% of the total value of its active grants



Gender balance of UNITAID's senior professional staff



Background

UNITAID¹ produces an annual report on Executive Board-approved key performance indicators (KPIs) on 30 June each year for the preceding calendar year. This report presents UNITAID's results for 2015, measuring performance towards achieving the six strategic objectives outlined in UNITAID's Strategy 2013-2016. The six strategic objectives are shown below in Table 1.

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

1

SIMPLE, POINT OF CARE (POC) DIAGNOSTICS

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

2

AFFORDABLE, ADAPTED PAEDIATRIC MEDICINE

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

3

TREATMENT OF HIV/AIDS AND CO-INFECTIONS

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

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.

4

TREATMENT OF MALARIA (ACT)

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

5

TREATMENT OF SECOND LINE TUBERCULOSIS

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

6

PREVENTATIVES FOR HIV/AIDS, TB AND MALARIA

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

Measuring UNITAID's performance in 2015

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

The 2013-2016 KPIs focus on UNITAID's market shaping role and its uniqueness in global public health. The grants that UNITAID had in 2015 contribute directly to the results presented here.

This report presents seven KPIs and their 23 associated measures of performance. These are divided into two areas reflecting UNITAID's strategy:

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

The framework for the KPIs is presented in Table 2.

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

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

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

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

The Annexes at the end of the report collate the programmatic results of UNITAID's grants for 2015. These results are shared with UNITAID by its grantees as part of the annual reporting that is a requirement of receiving UNITAID grants. The results were validated and verified to the best of our ability to ensure they are accurate and represent a realistic picture of what has been achieved by grantees for 2015.

Using the UNITAID web-based results

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



KPI 1

Monitoring performance towards Public Health Outcomes

UNITAID is committed to ensuring that its investments result in real change in low and middle-income countries where the burden of HIV/AIDS, TB and malaria is highest. These indicators reflect the public health impact of UNITAID's investment in tests, treatments and preventive products for HIV/AIDS, TB and malaria in 2015.

Measures	Description
1.1	Per cent coverage of UNITAID supported products by strategic objective.
1.2	Number of people on treatment/tested for HIV, TB and malaria by strategic objective.
1.3	Per cent of grant public health targets achieved as per grant agreements.
1.4	Per cent of UNITAID investments ² covering a) low income countries, b) high burden countries.

DESCRIPTION

1.1. Percent coverage of UNITAID supported products by strategic objective.

When reflecting on this indicator, it is important to note that UNITAID grants are not intended to directly test and treat large numbers of people living with a disease. Instead, UNITAID supports targeted grants that introduce more effective and better-adapted products that can result in better health outcomes for those most in need. We then rely on partners and countries to integrate these products into their plans and budgets, and scale them up. Here we outline, by strategic objective, the products that we supported in 2015 and how this support has contributed to the global goals for HIV/AIDS, TB and malaria agreed by the international Global Health community, including the World Health Organization (WHO) and other stakeholders.

² Commodity-based investments only.

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

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated	Coverage
HIV	Detecting children born with HIV quickly so that they can start treatment and maintain good health	Simple POC early infant diagnostic tests that can be done at point of care	Number of POC tests available through UNITAID support	Estimated number of pregnant women living with HIV in 2014 as reported by UNAIDS	<1%
	Test results are needed at point of care so that people can start or switch treatment regimens immediately	POC Viral load tests that can measure patient response to ARVs without need to referral to a central hospital	Number of POC tests available through UNITAID support	Estimated number of people on treatment in 2015 assuming the need for 2 viral load tests for each to monitor treatment effectiveness	<1%
	Test results are needed at point of care so that people can start or switch treatment regimens immediately	POC CD4 tests that can measure patient response to ARVs without need to referral to a central hospital	Number of POC tests available through UNITAID support	Estimated number of people on treatment in 2015 assuming that they will need 2 tests annually to monitor treatment effectiveness	1.3%
TB	Testing followed by appropriate treatment prevents the spread of TB, including drug-resistant strains.	Rapid tests to detect and treat MDR-TB	Number of MDR-TB and rifampicin resistance cases detected through UNITAID support	Number of people who developed MDR-TB in 2015	42%
Malaria	Rapid diagnostic tests needed at the source of treatment to ensure effective use of ACTs	Rapid diagnostic tests in the private sector where 40% of people in high-burden countries seek treatment	Number of rapid tests procured for the private sector through UNITAID support	40% of the 381 million estimated suspected cases of malaria. This represents an estimate of the private sector market for RDTs	<1%



HIV

New diagnostic and monitoring tools for HIV entered the market in 2015. UNITAID's HIV Diagnostics portfolio continues to focus on demonstrating the impact, cost-effectiveness, and utility of new tools and optimised sample transport for conventional tests, to develop the evidence needed to inform health policy and normative guidance. Questions on where and how to introduce the new tools and enhance the use of conventional platforms will need to be answered for each country setting to maximise the impact of scale-up of testing in high burden countries.

We report on the number of viral load (VL) and CD4 tests that were performed through our grants relative to the need for these tests as expressed by the estimated number of people on treatment in 2015 (15.8 million), assuming that two tests will be needed annually to monitor treatment effectiveness in these patients.³ UNITAID is continuing to support CD4 testing while viral load testing is being implemented. For Early Infant Diagnosis (EID) tests, we report on tests performed through our grants relative to the number of pregnant women needing antiretrovirals (ARVs) for preventing mother-to-child transmission.⁴



TB

The Gene Xpert MTB/RIF platform represents a game-changing approach to TB detection. Although it is not strictly a POC test, UNITAID is supporting this product as the quickest way to detect and treat TB cases through grants to WHO, the Stop TB Partnership and the Foundation for Innovative New Diagnostics (FIND). We report on the number of MDR and rifampicin-resistant cases detected on this and other rapid platforms compared to the number of people who developed MDR-TB in 2015.⁵



MALARIA

UNITAID's investments in malaria diagnostics focus on innovative approaches to improve the availability, affordability and access to quality point-of-care tests, including a special focus on the private sector. UNITAID works with FIND, WHO, Populations Services International (PSI) and Malaria Consortium (MC) to ensure that people seeking treatment in public and private sector outlets have access to testing at low prices so that they get the needed treatment for their fever. We report on the number of tests procured in these countries compared to an estimate of the private sector market for these products, 40% of the 381 million suspected cases of malaria in 2014 who would benefit from an RDT for diagnosis.⁶

³ UNAIDS. AIDS by the numbers 2015 [Internet]. Geneva: WHO; 2015. Available from: http://www.unaids.org/en/resources/documents/2015/AIDS_by_the_numbers_2015

⁴ UNAIDS. 2015. AIDSInfo. Available from: <http://www.aidsinfoonline.org/devinfo/libraries.aspx/home.aspx> [Accessed May 2016]

⁵ World Health Organization. Global TB Report [Internet]. Geneva: WHO; 2015. Available from: http://www.who.int/tb/publications/global_report/en/

⁶ World Health Organization. World Malaria Report [Internet]. Geneva: WHO; 2015. Available from: <http://www.who.int/malaria/publications/world-malaria-report-2015/report/en/>

SO2: Paediatric medicines for HIV, TB and malaria

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated	Coverage
HIV	Need for safe, effective and better adapted ARVs for children	A 4 in 1 FDC, that includes a protease inhibitor, in a paediatric friendly form (e.g., granules or sprinkles)	Person-years of treatment for the 4 in 1 product procured; expected from DNDi in 2016	Person-years of treatment needed for children 0-3 years of age	N/A
TB	Since 2011, there are no longer any appropriate FDC for treating children with TB.	New formulations to treat children with TB	Number of treatment courses of TB Alliance developed products procured in 2017	Number of children with TB	N/A
Malaria	Infants and young children are most at risk of severe malaria and death.	Intrarectal artesunate for pre-referral treatment to improve patient outcomes	Number of intrarectal artesunate treatment courses procured in UNITAID supported countries	Number of severe malaria cases reported annually	N/A



HIV

A key product to better treat children living with HIV is being developed through a UNITAID grant to the Drugs for Neglected Diseases initiative (DNDi). These 4 in 1 fixed dose combinations (FDCs) will be more paediatric friendly formulations (e.g., granules or sprinkles) that taste better, are easier to store and do not need to be kept cold compared to the currently available formulation. These new formulations are in the late testing phases. Person-years of treatment needed will be estimated by using a proportion of the UNAIDS estimate for children less than 15 years of age on treatment based on age distribution.

UNITAID also works with partners through different initiatives to increase the number of children with HIV on appropriate treatment. UNITAID, along with the Medicines Patent Pool (MPP), DNDi, the Clinton Health Access Initiative (CHAI), and WHO launched the Paediatric HIV Treatment Initiative (PHTI) during the 67th World Health Assembly in 2014. PHTI provides a dynamic platform for the exchange of information and contributes to creating the synergies among the major partners necessary to accelerate the development of WHO recommended paediatric formulations.

Additionally, UNITAID closely collaborates with two paediatric initiatives launched by the United States President's Emergency Plan for AIDS Relief (PEPFAR):

- *Accelerating Children's HIV/AIDS Treatment Initiative*: established by PEPFAR, in partnership with the Children's Investment Fund Foundation, it aims to enable at least 300,000 more children to receive ART by the end of 2016; and,
- *Global Paediatric ARV Commitment-to-Action*: established by PEPFAR, PHTI, and the Global Fund, it aims to accelerate the development of high-priority paediatric ARV co-formulations for first and second-line treatment by 2017.



TB

Appropriately dosed, FDC, anti-TB medicines for children have not been available since WHO updated the guidelines for treating children with drug-sensitive TB in 2010. A UNITAID grant to TB Alliance facilitated the development of these products, the first of which were launched in 2015. These new products are available for procurement under the Expert Review Panel (ERP) mechanism while they are under assessment by WHO Prequalification. TB Alliance and other partners continue to provide technical assistance and support to countries for introducing these products. UNITAID will provide an estimate of coverage, in 2017, based on the number of treatment courses of these new products procured compared to the estimated one million children with TB annually.⁷



MALARIA






Infants and young children are most at risk of severe malaria and starting injectable treatment as soon as possible is essential to prevent death or permanent disability. In areas where injectable treatments are not readily available, a single dose of rectal artesunate can buy critical time to transport the person to an appropriate treatment facility. A UNITAID grant to Medicines for Malaria Venture (MMV) is working to bring quality-assured intrarectal artesunate to low resource settings. The product was submitted to both the ERP mechanism and for WHO Prequalification in 2015. UNITAID will provide an estimate of coverage, in 2016, based on the number of treatment courses⁸ procured compared to the estimated two million cases of severe malaria annually.⁹

⁷ World Health Organization. Global TB Report [Internet]. Geneva: WHO; 2015. Available from: http://www.who.int/tb/publications/global_report/en/

⁸ A treatment course for inter-rectal artesunate is assumed to be one 100mg suppository for one dose

⁹ World Health Organization. Severe Malaria. Tropical Medicine and International Health [Internet] 2014 [cited 2016 May 17]; 19 (Suppl. 1): 7-9. Available from: <http://www.who.int/malaria/publications/atoz/who-severe-malaria-tmih-supplement-2014.pdf>.

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

Disease	 Health problem	 UNITAID market target	  Number of tests/ treatments (numerator)	 Number in need (denominator) based on estimated	Coverage
HIV	More robust, less toxic regimens are needed to meet the global goals for the number of people on treatment that are virally suppressed.	New medicines, especially FDCs, to treat HIV are introduced	Person-years of treatment with key new ARVs	Number of adults and children on treatment (UNAIDS)	N/A
HIV/HCV Co-Infection	People co-infected with HIV and HCV are more likely to progress to end-stage liver disease more quickly than people infected with only HCV; new medicines are available that are can cure HCV without significant side effects	New medicines for HCV, the DAAs, are introduced	Number of treatment courses that include new DAAs	Number of co-infected people in need of HCV treatment	N/A



HIV

UNITAID launched a call for proposals in June 2015 focused on improving antiretroviral therapy in low and middle-income countries. This call was designed to support evidence generation for using new, more robust, less toxic medicines. This evidence could be used to support WHO treatment recommendations and thus enable scale-up of these medicines and regimens faster, all with the goal of reaching the global targets for treatment and viral suppression. UNITAID will provide an estimate of coverage based on the number of treatment courses of these products that are procured compared to the estimated number of people in need of treatment.

HIV/HCV Co-Infection

HIV and Hepatitis C Virus (HCV) share common routes of transmission and it is estimated that a significant percentage of people are co-infected with both viruses. People co-infected with HIV and HCV are more likely to progress to end-stage liver disease more quickly than people infected with only HCV; hence, HCV is becoming a leading cause of death in HIV-infected populations, even for those on antiretroviral therapy (ART). The new direct-acting antivirals (DAAs) can cure HCV infection without significant side effects, including in co-infected individuals. UNITAID is investing with Médecins Sans Frontières (MSF) to help identify individuals that are co-infected with HIV/HCV and cure them with the recommended HCV treatments, including DAAs. UNITAID will provide an estimate of coverage based on the number of treatment courses of these products that are procured compared to the estimated number of people in need of treatment

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

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated	Coverage
Malaria	Getting better, more efficacious treatment for severe malaria to patients in treatment centres and communities	Making sure that injectable Artesunate, a safer alternative to quinine, is used to treat severe malaria patients	Number of injectable Artesunate treatment courses procured in 2015	Estimated incidence of severe malaria in 2013 (WHO 2014)	29%

UNITAID's current investments in malaria treatment focus on improving the availability, affordability and access to the best available treatment for severe malaria at home and the community (intrarectal artesunate) and health facilities (injectable artesunate). The Improving Severe Malaria Outcomes Project implemented by MMV is working to reduce severe malaria deaths through improved access to and use of injectable artesunate, which has been shown to reduce mortality by 25-40%.¹⁰ In 2015, 5.9 M vials of injectable artesunate were procured through the combined efforts of MMV, UNITAID and the Global Fund, resulting in not only lives saved but also shaping the market for this medicine for the future. We report the number of injectable artesunate treatment courses provided¹¹ through UNITAID grants compared to the most recent estimate of the global incidence of severe malaria.¹²

SO5: Secure supply of second-line tuberculosis medicines and increase access to emerging medicines for MDR-TB

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated	Coverage
TB	MDR-TB treatment involves numerous medicines and a long duration, placing an enormous burden on healthcare systems and people with the disease	Improve availability of medicines to treat MDR-TB by minimizing stock outs	Number of MDR-TB treatment units procured in the public sector in 2014	Number of 2nd line patient treatments procured in the public sector (GDF annual data for 2013)	48%
	Current DR-TB treatment regimens are only partially effective, not curing all people with the disease and allowing further spread of drug-resistant strains.	Better medicines are needed to improve the cure rate of treatment for DR-TB	Number of people being treated for drug-resistant TB with a regimen that includes either bedaquiline or delamanid	Number of people starting treatment for DR-TB in 2015	N/A






¹⁰ World Health Organization. Guidelines for the treatment of malaria third edition [Internet]. 2015 [cited 6 June 2016]. Available from: <http://www.who.int/malaria/publications/atoz/9789241549127/en/>.

¹¹ An injectable artesunate treatment course is assumed to be five vials

¹² World Health Organization. Severe Malaria. Tropical Medicine and International Health [Internet] 2014 [cited 2016 May 17]; 19 (Suppl. 1): 7-9. Available from: <http://www.who.int/malaria/publications/atoz/who-severe-malaria-tmih-supplement-2014.pdf>

Drug-resistant TB is notoriously difficult to treat. Current regimens can last for up to two years, are expensive, involve multiple medicines that are toxic, and outcomes remain poor, even for those who complete the entire treatment. Those who are not able to complete treatment, or are not cured, can continue to transmit the disease, making it even more difficult to eradicate the disease in communities. The Strategic Rotating Stockpile (SRS) grant was designed to accelerate the scale-up of the number of people accessing and receiving second-line anti-TB medicines, maximising the opportunity for people with the disease to complete the full treatment course. UNITAID's estimate of coverage is based on the number of MDR-TB treatments procured through the SRS compared with the most recently reported number of MDR-TB patient treatments procured by the Global Drug Facility (GDF) in the public sector.

Two new medicines for drug-resistant TB have recently entered the market. UNITAID's endTB grant is supporting initial evidence generation needed to speed appropriate access to these medicines and inform the most effective use. UNITAID will provide an estimate of coverage based on the number of people started on treatment with new drugs compared to the total number of people eligible for treatment.

SO6: Increase access to products for prevention of HIV, TB and Malaria					
Disease	 Health problem	 UNITAID market target	  Number of tests/treatments (numerator)	 Number in need (denominator) based on estimated	Coverage
Malaria	Malaria disproportionately affects children less than 5 years old, particularly when transmission is seasonal	New care delivery models are needed to implement SMC in the recommended countries	Number of SMC treatments (SP+AQ) administered to eligible children in 2015	Number of children aged 3-59 months that could benefit from SMC every year	13%



MALARIA

Seasonal Malaria Chemoprevention (SMC) has been shown to be up to 75% effective in preventing malaria episodes when given monthly during the periods of highest transmission risk.¹³ UNITAID is investing in new models of care delivery to help determine how best to implement SMC in the recommended countries, while ensuring a market for this medication remains healthy. The estimate of coverage uses the reported number of SMC treatments administered to an eligible child (as recommended by WHO) compared to all children eligible for SMC.¹⁴

¹³ World Health Organization. WHO policy recommendation: Seasonal malaria chemoprevention (SMC) for Plasmodium falciparum malaria control in highly seasonal transmission areas of the Sahel sub-region in Africa [Internet]. Geneva: World Health Organization; 2012 p. 1-4. Available from: http://www.who.int/malaria/publications/atoz/who_smc_policy_recommendation/en/

¹⁴ World Health Organization. Seasonal Malaria Chemoprevention [Internet]. 2013 [cited 17 May 2016]. Available from: http://www.who.int/malaria/areas/preventive_therapies/children/en/



HIV

UNITAID launched a call for proposals in June 2015 focused on enabling scale-up of pre-exposure prophylaxis (PrEP) and linkages to testing. This call was designed to support evidence generation using demonstration projects for using PrEP in resource-limited settings. This evidence could be used to support WHO guidance by identifying key success drivers need for implementation. An estimate of UNITAID's contribution to coverage will be developed as these projects begin implementation.

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

This indicator measures the number of people treated and tested for the three diseases as a result of UNITAID grants in 2015. Grantees report these numbers to UNITAID and UNITAID verifies the results with other sources where possible. The numbers reported here represent the direct effect of UNITAID's catalytic investment to open the market for products. They do not include the additional, indirect effect of UNITAID's investments, which happens through the adoption and scale-up of UNITAID supported products by other donors and countries. The results reported here will be monitored over the strategic period (2013-2016) so that trends over time can be reported and gaps identified. Results for each active grant in 2015 by beneficiary country and value of products procured are available in the Annex of this report. Results for completed grants, across all years since 2007 and by country can be found on the UNITAID website at www.unitaid.org/impact.

TABLE 3¹
UNITAID continues to support the testing and treatment of people living with the three diseases

Disease	SO	Description	Result
Malaria	SO1	Number of private sector RDTs procured	731,667
	SO4	Volume of Injectable Artesunate delivered	2,951,364
	SO6	Number of SMC treatment administered	12,199,613
HIV	SO1	CD4 ²	401,704
	SO1	EID ²	8,322
	SO1	Viral Load ³	163,276
	SO3	Adults switched to 2nd line ARVs after testing	1,583
TB	SO1	# cases detected with other TB test types	32,102
	SO1	# cases detected with Xpert ⁴	97,939
	SO1	# tests performed with other TB test types ⁵	481,432

¹ The numbers reported here represent the direct effect of UNITAID's catalytic investment to open the market for products. They do not include the additional, indirect effect of UNITAID's investments, which happens through the adoption and scale-up of UNITAID supported products by other donors and countries

² Combines figures from the CHAI/UNICEF POC and MSF Diagnostics projects

³ Combines figures from the CHAI/UNICEF, MSF Diagnostics and OPP-ERRA projects.

⁴ Incident TB cases; combines figures from WHO-Xpert and Expand-TB Grants

⁵ Line probe assay and drug susceptibility testing

1.3. Percent of grant public health targets achieved as per grant agreements.

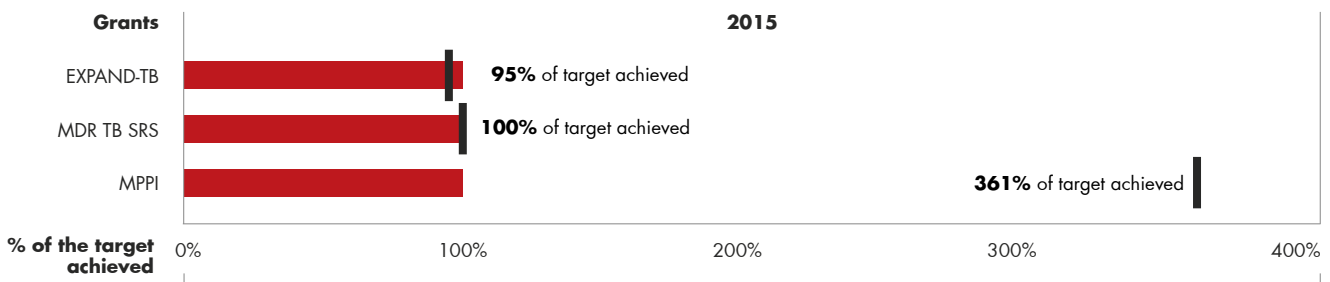
UNITAID asks grantees to specify the public health targets that their grant aims to achieve. The Project teams monitor these targets through reporting from grantees. For this measure, public health targets set by grantees of grants ending in 2015 refer to targets on MDR-TB detection and treatments received and IP initiative savings provided in grant agreements signed with UNITAID. Three grants¹⁵ ended this year, Expand-TB, SRS and MPP I. Cumulative or end of grant targets are displayed in the figure below. This information is also made available to our broader stakeholders at www.unitaid.org/impact. Table 5 provides a context for the results reported here. All three grants achieved their public health targets. Key outcomes for grants ending in 2015 were:

- The Expand-TB project detected 95% of the targeted cumulative MDR-TB cases over the life of the project;
- The SRS fulfilled all its orders to countries that procured MDR-TB medicines, including 95% of low and middle-income, high-burden MDR-TB countries; and
- The MPP generated 194 Million USD in cumulative savings (2011-2015), from approximately 9 million treatment years of medicines, via its licensing activities.

TABLE 4
Results compared to public health targets set for grants ending in 2015

Grants	Description	Targets	Results	%
EXPAND-TB (FIND/WHO)	Number of MDR-TB cases detected	147,197	139,935	95
MDR TB SRS (StopTB/GDF)	Number of countries receiving products from the stockpile	72	72	100
MPP I (MPP)	Savings (in USD) generated by MPP Licenses (cumulative 2011-2015)	54,000,000	194,800,000	361

FIGURE 1
All UNITAID grants are achieving their public health targets



1.4. Percent of UNITAID investments covering a) low income countries, b) high burden countries.

The majority of UNITAID's product investments directly benefit low and lower-middle-income countries.¹⁶ This indicator has been reported since the inception of UNITAID with 2012 showing the highest percentage of UNITAID product investments delivered to low

¹⁵ The Burnett and Daktari grants were closed prior to completion in 2015 and were not considered to be completed grants for reporting on this indicator.

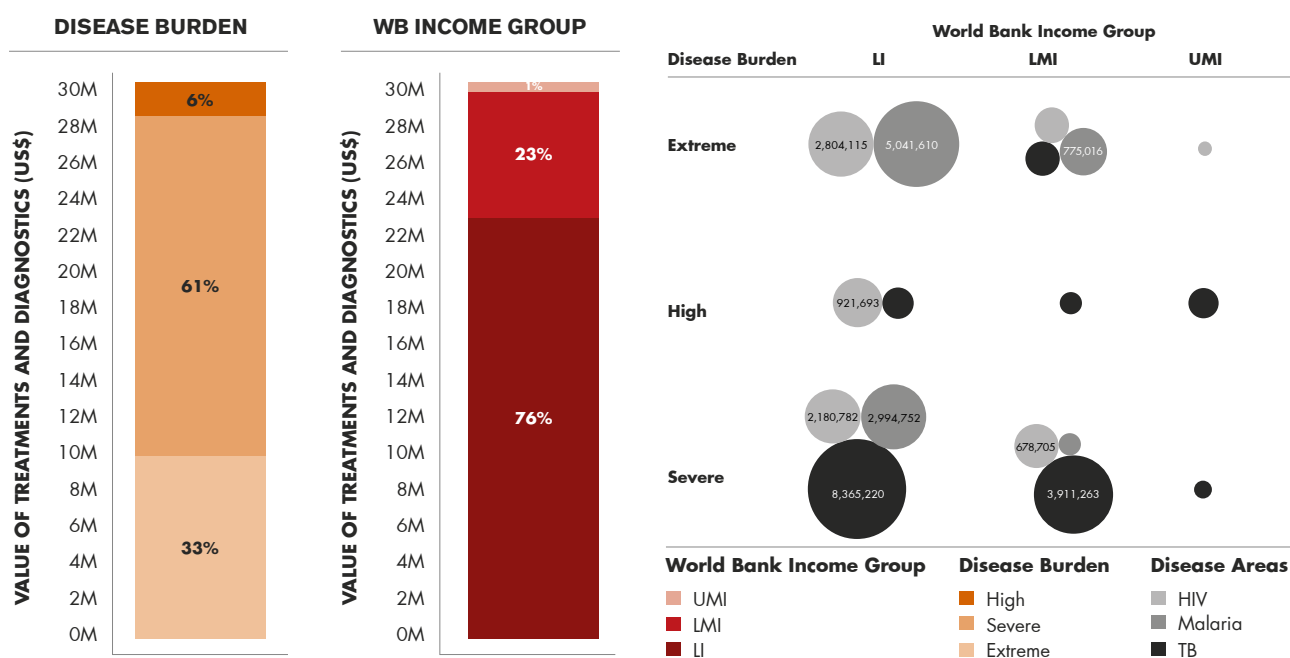
¹⁶ As defined by the World Bank (WB) and updated on 1 July of each calendar year. UNITAID bases its analysis on the classification of the country at the time of grant signature

income countries (95%). In 2015, the percentage of products delivered to low income countries was 76%, comparable with results from 2014 and an improvement over 2013. UNITAID supported products purchased for middle-income countries were 22% in 2015, similar to the 20% in 2014 and an improvement compared to 41% in 2013.

The 2015 results reflect UNITAID's investments in grants that are not solely focused on product procurement and placement in countries, namely Intellectual Property, product development, operational research and market entry. This means that reporting product-based investments in countries according to World Bank (WB) income classification does not completely capture the indirect impact of UNITAID's investments in low income countries.

Nonetheless, UNITAID's investments remain focused on low and lower-middle income countries which suffer from a high burden of one or more of the three diseases. To monitor that UNITAID support goes to high burden of disease countries, we use the Global Fund definition of high burden of disease.¹⁷ This aligns our approach with the Global Fund's approach to supporting these countries with the best possible products to prevent, test and treat the three diseases. The results for 2015 show that nearly 94% of investments remain focused in countries with severe or extreme burden in one or more of the diseases, consistent with 2014 results of 96%.

FIGURE 2
UNITAID's investment in products covers low and lower-middle-income countries with high disease burdens



98% of the value of products purchased with UNITAID monies are delivered to low and lower-middle-income countries. The disease burden in these countries ranges from extreme to high range for HIV/AIDS, TB and malaria.

¹⁷ The Global Fund. Global Fund 2015 Eligibility List. 2015 [Internet]. Geneva: The Global Fund; 2015. Available from: <http://www.theglobalfund.org/en/fundingmodel/process/eligibility/>



KPI 2

Monitoring performance towards market outcomes

UNITAID's strategy safeguards value for money for preventives, tests and treatment for low-resource countries by funding quality, game-changing new products for HIV/AIDS, TB and malaria. UNITAID investments reduce market barriers for innovative quality products so that these can be provided at affordable prices and in acceptable formulations for specific populations that are currently under-supported¹⁸. Other partners, including national governments and larger international donors like the Global Fund, benefit from the better products now available at lower prices because of the improved market conditions that UNITAID grants generate.

The indicators reported in this section reflect UNITAID's support to projects that have made substantial changes in key markets in 2015.

Measures	Description
2.1	Number of products entering the market with UNITAID support by strategic objective.
2.2	Percent price reduction of UNITAID supported products ¹⁹ by strategic objective a) over grant life or b) 3 years after grant closure, where applicable.
2.3	Number of countries procuring at or below UNITAID obtained price a) over grant life or b) 3 years after grant closure.
2.4	Percent of grant market targets achieved as outlined in their grant agreements.

¹⁸ People living in poverty, those needing second or third line treatment to survive, children and pregnant women

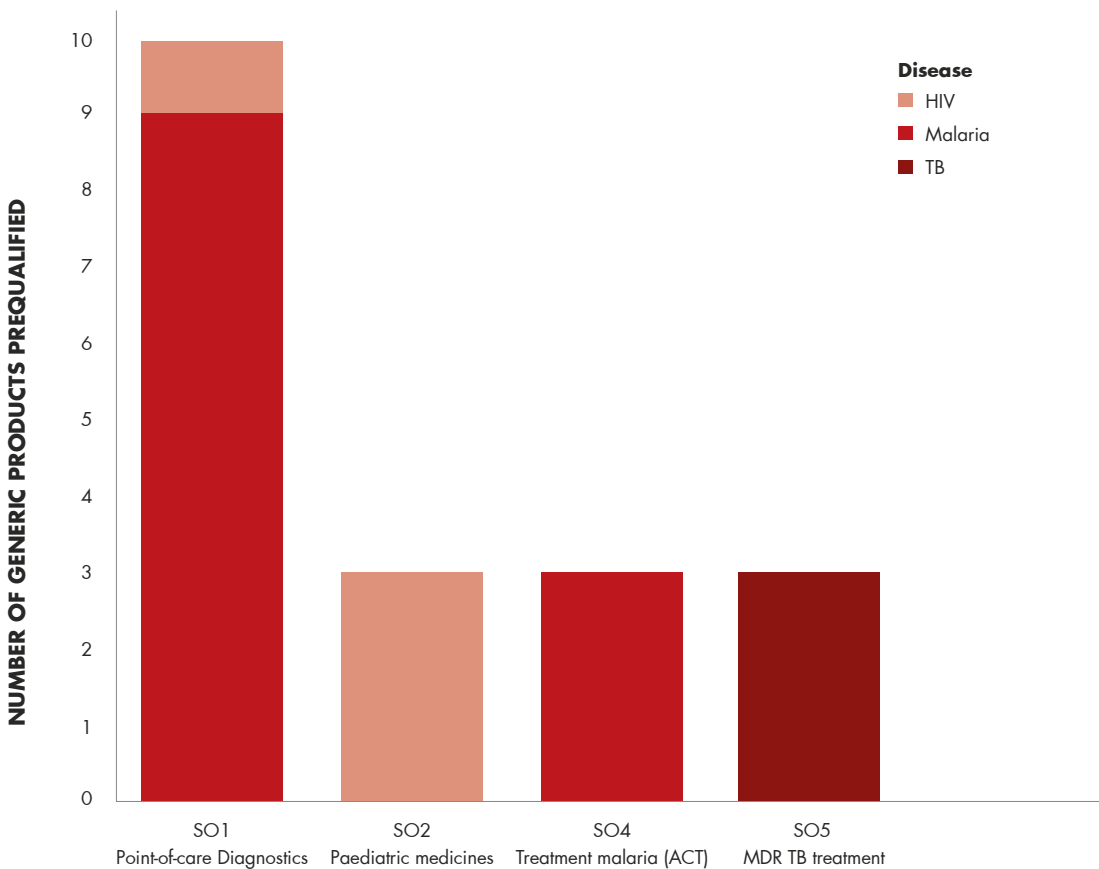
¹⁹ Key medicines include 3 new first line paediatric ARVs, at least 3 new paediatric TB medicines, injectable Artesunate, a low cost MDR-TB regimen, and 2nd line ARVs (for example ATV/r). Key diagnostics include HIV POC tests (CD4, VL and EID), quality RDTs for malaria and MDR-TB detection platforms.

DESCRIPTION

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

UNITAID supports the entry of new products and new manufacturers entering the market for existing products by providing grants to the WHO Prequalification Programme (PQP) for medicines and diagnostic tests (PQP medicines and PQP diagnostics). Prequalification (PQ) is one of the first steps in making sure that quality medicines and tests are available to global donors and national governments. The PQP medicines issue an Expression of Interest (EOI) to invite manufacturers to submit their products for assessment for prequalification. There are various stages during the prequalification process, beginning with an initial screening for alignment with the EOI, review of the submitted dossier, and inspection of the manufacturing process. Similarly, prequalification of diagnostics involves submissions of applications for prequalification from manufacturers, review of the product dossier, site inspection, lab evaluation and, provided all the stages had positive outcomes, prequalification of the product.

FIGURE 3
Products prequalified by WHO Programmes in 2015



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

In 2015, the PQP medicines accepted 16 finished pharmaceutical product (FPP) dossiers from manufacturers for review of UNITAID priority medicines. The PQP had 51 dossiers under assessment and prequalified 31 products, 16 of those were UNITAID priority products²⁰. The majority of medicines prequalified were for HIV (62.5%) with 19% of the prequalified products for TB and malaria, respectively. The breakdown of specific product categories within the three diseases is presented in Table 5.

TABLE 5
WHO Prequalification programme dashboard for UNITAID priority medicines for 2015

Strategic objective	Disease	Accepted for Assessment	Under Assessment	Medicines Prequalified
Total	HIV	2	10	10
SO2 – Paediatric medicines	Paediatric ¹	1	1	3
SO3 – Treatments HIV/AIDS & co-infections	2nd line ²	1	9	3
Other				4
Total	Malaria	5	15	3
SO4 – Treatment of malaria (ACT)	ACTs	3	12	3
Other		2	3	0
Total	TB	9	26	3
Other	1st line	3	11	0
SO5 – MDR TB	MDR ³	6	15	3
Grand total		16	51	16

¹ HIV paediatric medicines based on strength of dosage form

² HIV second-line medicines included lopinavir/ritonavir and abacavir

³ MDR-TB medicines: injectable formulations and fluoroquinolones

The total number of FPPs prequalified in 2015 (35) was lower than in the past (53 in 2014 and 62 in 2013). The number of applications accepted for assessment and under assessment is also lower in 2015 compared to previous years. The total number of UNITAID FPP products prequalified since 2009 - the start date of longer-term UNITAID funding for WHO medicines prequalification and clearer identification of UNITAID product priorities - had reached 184 by the end of 2015.

In 2015, PQP diagnostics prequalified 18 new tests, including 17 In-vitro Diagnostics (IVDs) and one male circumcision device. The majority of these new tests were RDTs for Malaria. 2015 also saw prequalification of the first-ever hepatitis C assay and combined HIV/syphilis assay. A summary of tests prequalified is provided in the table below by strategic objective.

²⁰ Note that these 16 products are UNITAID priority medicines. The entire list is provided in the Annex.

TABLE 6**WHO Prequalification programme dashboard for UNITAID priority diagnostics for 2015**

Strategic objective		Accepted for Assessment	Under Assessment	Tests Prequalified
SO1	Malaria RDTs	0	0	9
	HIV/AIDS	16	29	6 ¹
	HCV	9	11	3
Grand Total		28	44	18

¹ One test prequalified was a point of care HIV monitoring technology; the remaining five were RDTs or confirmatory tests

The number of tests prequalified in 2015 is higher than in previous years (compared to 9 in 2014, and 8 in 2013). Of these 44 products under assessment, 16 are undergoing an abbreviated assessment and 29 a full assessment. The total number of diagnostics prequalified since the beginning of the PQ diagnostic programme reached 53 at the end of 2015.

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

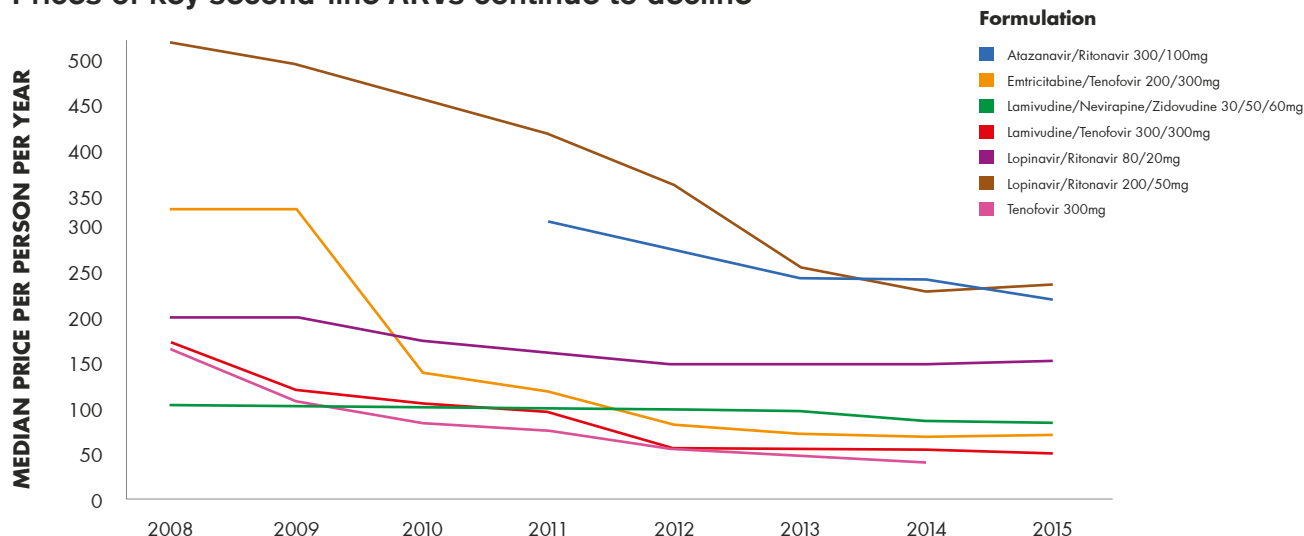
2.2. Per cent price reduction of UNITAID supported products by strategic objective a) over grant life or b) 3 years after grant closure, where available/ applicable

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

- HIV: 2nd line (grant to CHAI, ended 2012) and paediatric (grant to CHAI, ended 2014) ARV projects, CHAI/UNICEF, MSF Diagnostics and MSF HCV projects;
- TB: MDR-TB scale-up high range cost of the intensive phase of MDR-TB treatment (grant to Stop TB Partnership/GDF ended 2013); Gene Xpert, price of cartridges for Gene Xpert devices in UNITAID/WHO beneficiary countries and other countries who are purchasing the product; and
- Malaria: AMFm prices for co-paid ACTs (grant to the Global Fund, ended 2013), the price paid for injectable Artesunate in low-income countries, the price paid for Rapid Diagnostic Tests (RDTs) in the private sector.

After grants close, price information is captured from publicly available procurement data.²¹ The results are mainly positive with key second line and paediatric ARV regimens reaching relatively constant prices, far below initial prices. Significant price reductions also continue for the intensive phase of MDR-TB regimens. These are presented in the figure and table below.

²¹ The price and quality reporting database of the Global Fund accessed 19 May 2016

FIGURE 4**Prices of key second-line ARVs continue to decline**

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

TABLE 7**Prices of UNITAID supported products in 2015**

SO	Disease	Product	Unit	2012	2013	2014	2015
SO1	HIV	Xpert HIV-1 Viral Load	one test	-	-	-	19.1
SO1	HIV	Xpert HIV-1 Qual (EID)	one test	-	-	-	19.9
SO1	HIV	AlereQ HIV 1/2 Detect	one test	-	-	-	25
SO1	HIV	SAMBA I Viral Load	one test	-	-	27.66	38.04
SO1	HIV	PIMA PoC CD4 cartridge	one test	-	5.95	5.95	5.95
SO1	HIV	BD FACSPresto	one test	-	-	9	8.95
SO1	HCV	Oraquick HCV Rapid Antibody Test	one test	-	-	-	8.35
SO1	TB	Xpert MTB/RIF cartridge	one test	-	9.98	9.98	9.98
SO1	Malaria	RDT in Private Sector	one test	-	-	1.31	0.93
SO2	HIV	AZT/3TC/NVP 60/30/50mg	paediatric ARV price per patient per year	104	104	104	85.5
SO3	HIV	TDF/3TC (300/300 mg) & LPV/r (200/50 mg)	second line ARV regimen price per patient per year	392	309	297.6	285.8
SO3	HIV	TDF/FTC (300/200 mg) & LPV/r (200/50 mg)	second line ARV regimen price per patient per year	416	326.3	283.2	302.6
SO3	HIV	TDF/3TC (300/300 mg) & ATV/r (300 / 100 mg)	second line ARV regimen price per patient per year	332.4	320.8	313.9	272.7
SO3	HCV	Sofosbuvir (400 mg)	per tablet	-	-	-	10.07
SO3	HCV	Sofosbuvir/Ledipasvir (400/90 mg)	per tablet	-	-	-	20.18
SO4	Malaria	Artemether/Lumefantrine (20/120 mg) (pack size 6x2)	ACT FDC treatment course (child 15-25 kg)	0.23-0.93	0.33-1.28	na	0.94
SO4	Malaria	Artemether/Lumefantrine (20/120 mg) (pack size 6x4)	ACT FDC treatment course (adult >35 kg)	0.45-2.01	0.46-2.17	na	0.97
SO4	Malaria	Artesunate 60 mg Injection	1 Vial	-	-	1.59	1.51
SO5	TB	12 Cm Pto Cs Mxf PAS/ 12 Pto Cs Mfx PAS ¹	TB treatment course for MDR-TB (high range cost)	6,621.46	5,870.16	5,351.04	4,646.48
SO5	TB	8Am Eto Cs Lfx/ 16 Eto Cs Lfx	TB treatment course for MDR-TB (low range cost)	2,059.11	1,533.27	N/A	N/A

Full prices and information on calculation methods are available in the Annex of this report

¹ Stop TB Partnership. Annual Report 2014 [Internet]. Geneva: UNOps; 2015. Available from: http://www.stoptb.org/assets/documents/resources/publications/annualreports/STOPTB_annualeport_2014_web.pdf

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

UNITAID grants are intended to be targeted and catalytic. The projects are designed to transition to other funding sources to continue on a larger scale to enable greater public health impact. Potential partners for such a scale-up of successful projects include larger global health donors including the Global Fund, PEPFAR and countries. The results of these partnerships, as well as additional information reported by grantees in 2015, are reported by this indicator. For 2015, the results include:

- Grantee reported results for grants that are continuing into 2016; and
- Public procurement²² results for grants that ended before 2015.

The results indicate that low and lower-middle-income countries are the main beneficiaries of UNITAID secured prices. A good example of this is the GeneXpert MTB/RIF platforms and cartridges now being procured in the public sector by 121 countries, nearly all of which are low or lower-middle income countries²³. The number of grants providing results for this indicator is expected to continue to grow as more products enter the market and are eligible for procurement and scale-up by partners.

TABLE 8
Number of countries reported to be buying at or below UNITAID grant obtained prices

SO	Disease	Product	Last UNITAID price per patient per treatment/test (USD, median)	Number of countries
SO1	HIV	Xpert HIV-1 Viral Load Cartridge	19.1	3
SO1	HIV	Xpert HIV-1 Qual (EID) Cartridge	19.9	2
SO1	HIV	AlereQ HIV 1/2 Detect Cartridge	25	4
SO1	HIV	SAMBA I Viral Load Test	38.04	3
SO1	HIV	PIMA PoC CD4 cartridge	5.95	7
SO1	HIV	BD FACSPresto Cartridge	8.95	4
SO1	HCV	Oraquick HCV Rapid Antibody Test	8.35	4
SO1	TB	Xpert MTB/RIF cartridge	9.98	121
SO2	HIV	Nevirapine/Lamivudine/Zidovudine 50/30/60 mg	104	13
SO2	HIV	Lopinavir/Ritonavir 80/20 mg	154	7
SO3	HIV	Lopinavir/Ritonavir 200/50 mg	330	26
SO3	HIV	Lamivudine/Tenofovir 300/300 mg	62.4	14
SO3	HIV	Emtricitabine/Tenofovir 300/200 mg	86.4	13
SO3	HIV	Atazanavir/Ritonavir 300/100 mg	270	14
SO3	HCV	Sofosbuvir (400 mg)	10.07	1
SO3	HCV	Sofosbuvir/Ledipasvir (400/90 mg)	20.18	1
SO4	Malaria	Artesunate 60 mg Injection	1.51	6

²² The price and quality reporting database of the Global Fund accessed 19 May 2016.

²³ World Health Organization. WHO monitoring of Xpert MTB/RIF roll-out: Procurement of GeneXperts and Xpert MTB/RIF cartridges. [Internet]. 2013 [cited 23 May 2016]. Available from: <http://apps.who.int/tb/laboratory/xpertmap/>.

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

UNITAID measures the achievement of market targets for grants that closed in 2015 by using the milestones and targets submitted by grantees as part of their grant agreements. Portfolio teams track progress towards these achievements semi-annually. For the selected measure reported here, annual reports from projects which ended in 2015 were used to compare the reported market results with the targets set for each grant over the grant implementation period. Three grants ended in 2015, Expand-TB, MDR-TB SRS and MPP I.

Additional information about how market targets were measured for grants ending in 2015 is reported in Table 9. More information is also available to our broader stakeholders at www.unitaid.org/impact

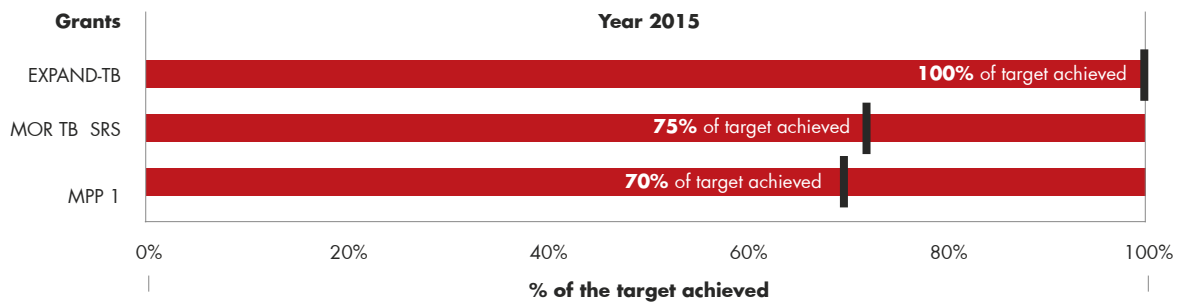
TABLE 9
Comparison of targets to results for market achievements in grants ending in 2015

Grants	Description	Market target	Results	%
EXPAND-TB	Number of laboratories where new diagnostic technologies are introduced according to the countries' needs as initially assessed	103	103	100
	Number of countries supplied with the diagnostic tools and integrated into the NTP algorithms	14	14	100
SRS	Median lead time (in days) from date order placed to date of first delivery	<90	80	100
	Annual inventory turnover of the stockpile	2	1	50
MPP	Per cent of generic manufacturers granted a license that have started product development	100	90	90

The results show that one grant ending in 2015 achieved all the market targets set in its original project plan. The SRS and MPP I grants both made strong progress towards their respective market targets throughout the grant life. Despite not fully reaching their market targets, both were able to achieve their public health targets (see KPI 1.3)

FIGURE 5

One out of the three grants ending in 2015 achieved their market targets





KPI 3

Accessibility of market information

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

Based on these analyses and interactions with the partners, the Secretariat prepares a disease narrative for each of the diseases. These narratives summarise the global context for UNITAID's work; challenges that could threaten achievement of global goals; and opportunities for UNITAID - i.e., those related to commodity access issues and thus could benefit from UNITAID's market expertise; with high potential public health impact; that are feasible within the required timeframe; and that reflect an agreed gap in the global response. These disease narratives developed by the UNITAID teams form the basis for the identification of areas for intervention which, once approved by the Executive Board, allow the Secretariat to launch calls for proposals.

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

DESCRIPTION

3.1. Percent of new proposals that correspond to opportunities identified in the landscape reports, market fora, and disease narratives annually

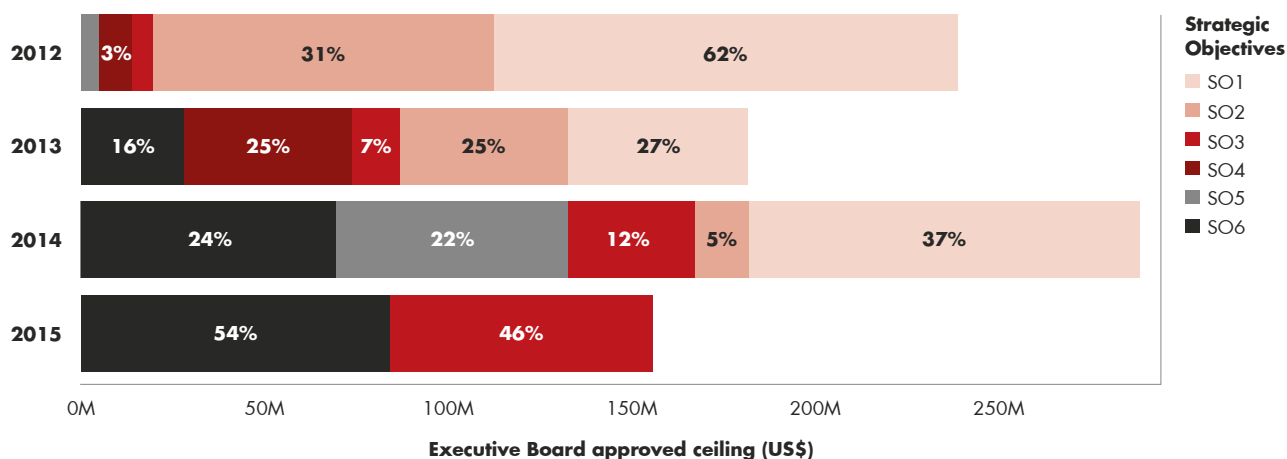
One measure of how effectively UNITAID spreads its knowledge about the markets for products for HIV/AIDS, TB and malaria is the number of proposals that correspond to opportunities identified in the market landscapes, partner discussions and disease

narratives. All of the proposals to UNITAID in previous years corresponded to opportunities identified by its Strategy and Results team, indicating UNITAID investments were aligned with its objectives.

In June 2015, UNITAID launched its first call for proposals based on the new operating model, which included developing the disease narratives and the Executive Board-approved areas for intervention (AFIs)²⁴. This targeted call resulted in nine proposals receiving a Go Ahead from the Executive Board allowing the Secretariat to develop grant agreements. These proposals aligned with the strategic objectives of the call (Strategic Objectives 3 and 6) with one cross-cutting enabler proposal.

Figure 6 shows that UNITAID continues to invest in areas that are consistent with its Strategic Objectives.

FIGURE 6
Proposals receiving the Board Go Ahead



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

The market intelligence system would be able to provide “real-time” market information across the entire value chain to improve the efficiency and timeliness of analyses as well as provide supplementary market data to support and evaluate information reported in UNITAID’s portfolio management system. The system would be able to describe the key health market parameters that can be analysed to show non-optimal market conditions, trends, unmet needs in addition to the impact of events or interventions in the areas of HIV, TB and malaria. A proof of concept for the system was delivered in 2015. Further development of the system is being considered.

An initial database was used in the production of this report. This database captures over 1000 unique priority products (medicines and diagnostics) and more than \$8 billion in commodity purchases over a ten year period.

²⁴ June 2015 calls were: 1) scale-up of pre-exposure prophylaxis, 2) improve adult antiretroviral therapy in low and middle-income countries, and 3) develop better tools to diagnose HCV.



KPI 4

Monitoring grant management

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

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

DESCRIPTION

4.1. Percent of total investment by strategic objective and by disease, product type and lead grantee annually

Twenty-nine grants²⁵ were active in 2015. The indicator reported here is a composite of four sub-measures, dividing UNITAID's investment by strategic objective, disease, product type and lead grantee. The product type is defined as medicines, diagnostics or support to the placement of these products in countries or on the market. In addition to reporting by product type, the analysis showed that there was additional information gained when reporting investments across the value chain for products²⁶.

The results presented in the figures below show how UNITAID investments are growing across the strategic objectives and the value chain. In 2015, UNITAID reinforced its support for POC diagnostics, drug-resistant TB and treatments for HIV and co-infections by signing new grants in these areas. These grants expanded UNITAID's investments in different parts of the value chain, particularly around operational research and expanded the types of grantees that implement UNITAID grants.

²⁵ Projects, Special projects and Secretariat initiatives.

²⁶ The value chain includes IP issues, product development, quality, market entry, operational research, availability, price and delivery

FIGURE 7
UNITAID investments by strategic objectives

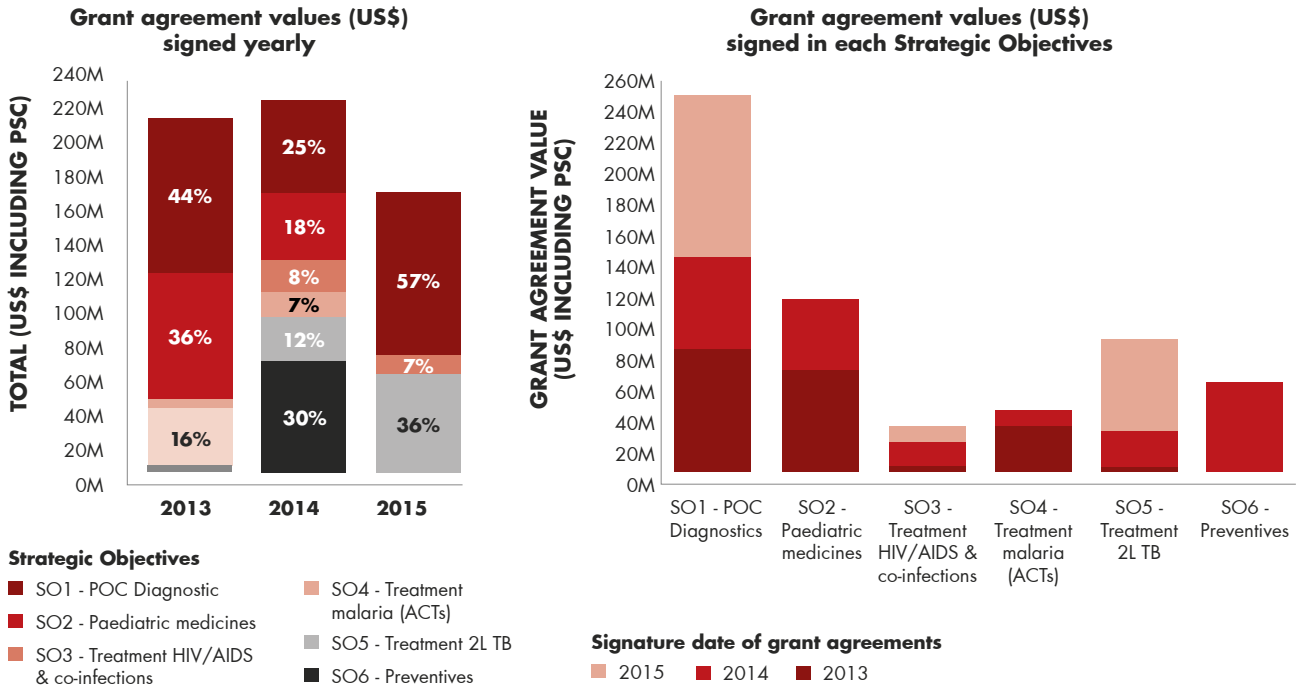


FIGURE 8
UNITAID investments along the value chain

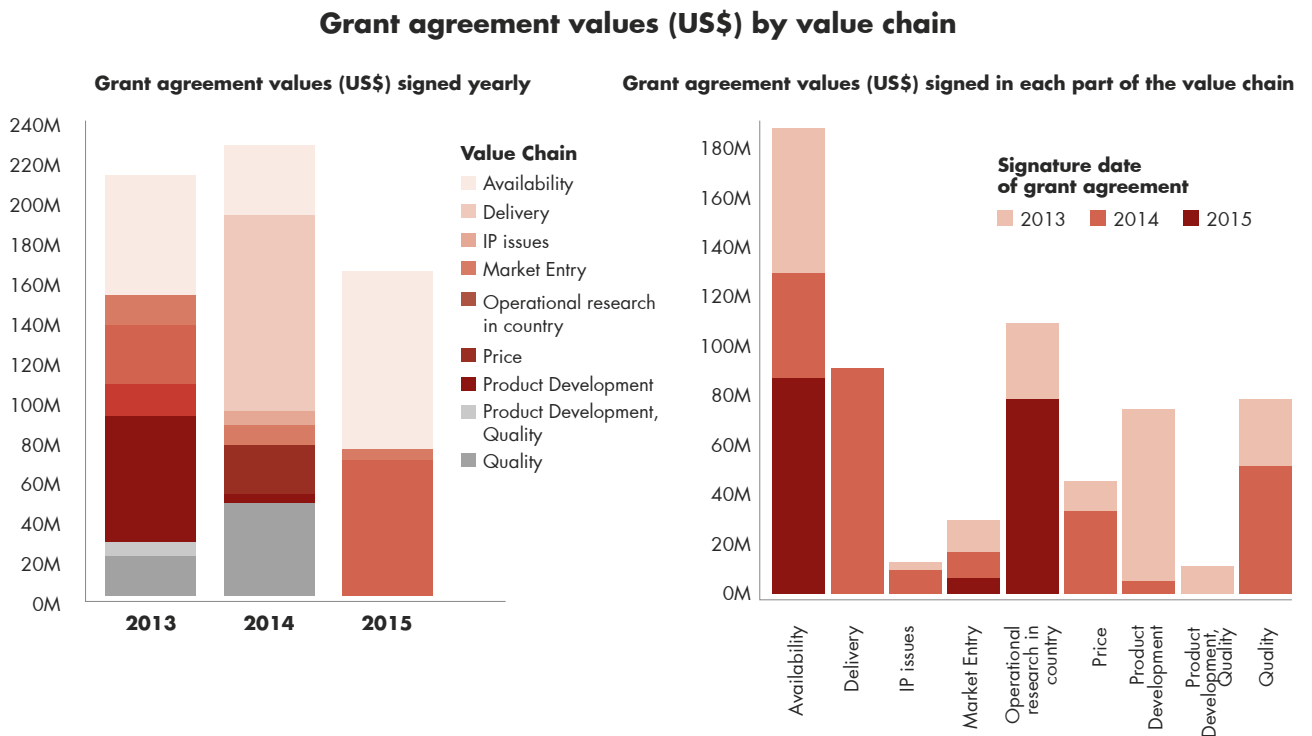


FIGURE 9
UNITAID investments by disease area

Grant agreement values (US\$) by disease area

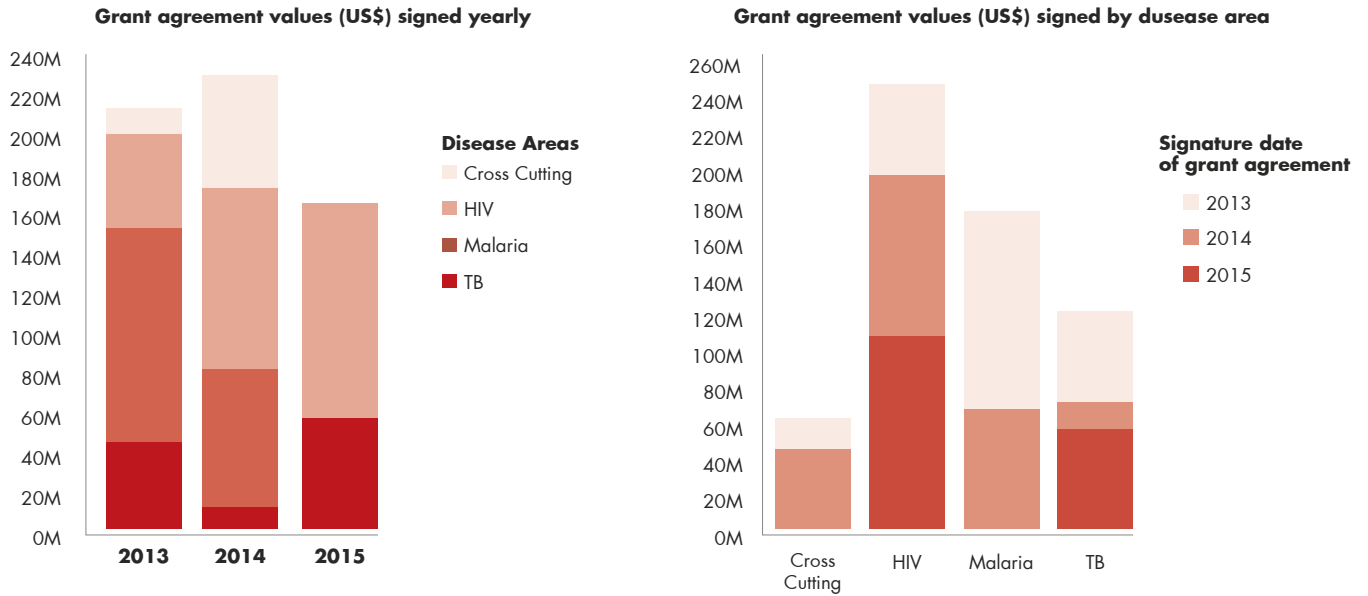


FIGURE 10
UNITAID investments by product type

Grant agreement values (US\$) by product type

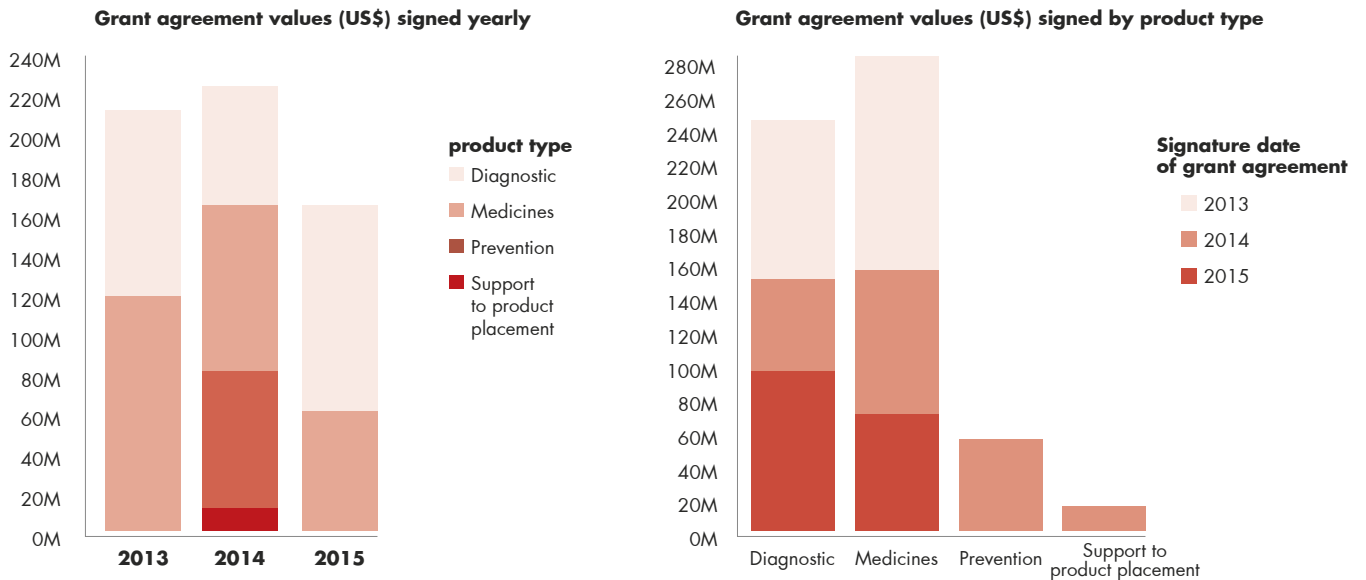
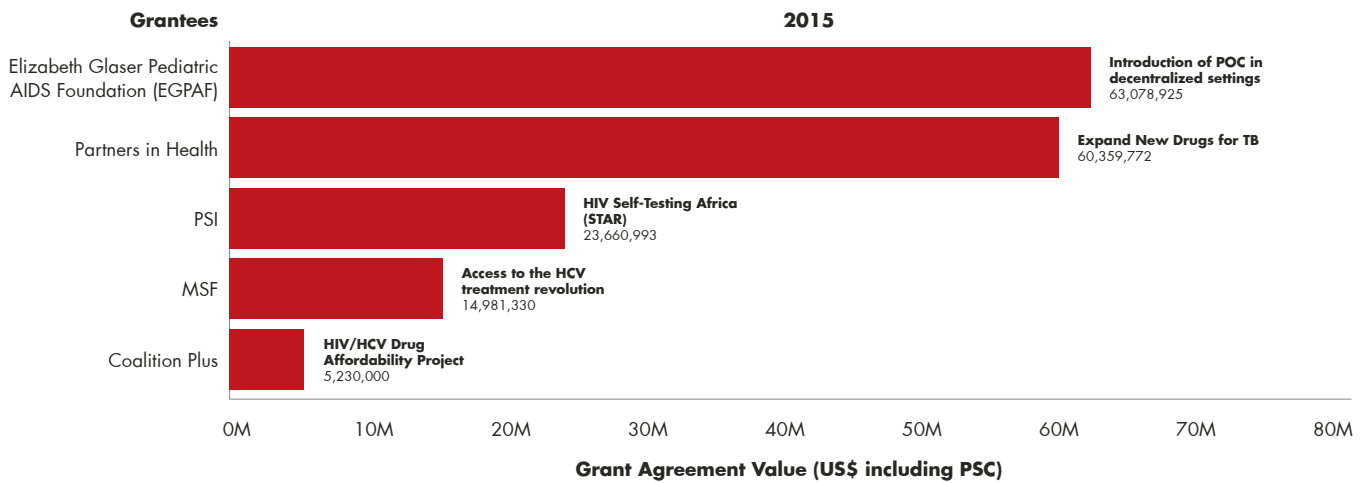


FIGURE 11

New Grantees are included in the grant agreements signed in 2015



Grantees from a wide range of institutions, representing Non-Governmental Organization (NGOs), public-private partnerships, and UN organizations, are now working with UNITAID. The Secretariat continues to diversify the organizations with which it works. These grantees are extending the range of actions UNITAID can take to improve access to tests, medicines and preventives for the three diseases for low-income countries.

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

Grantee satisfaction is an important indicator of grant management for UNITAID. UNITAID reported on the results of a standard survey of grantees carried out in 2014. A grantee satisfaction survey was not conducted in 2015 due to the extensive changes taking place at UNITAID. A follow-up survey is planned for 2016 and the results will be compared to the baseline established by the 2014 survey.

4.3. Per cent of grants receiving extensions annually

UNITAID investments are meant to be time-limited and catalytic interventions that shape markets to provide quality health products at affordable prices and in acceptable formulations for low-income countries. Other global health partners can then benefit from better products and improved market conditions that UNITAID grants generate.

Unfortunately, the nature of working on innovative products and in resource-poor settings means that some projects can suffer from unforeseen delays, setbacks or other barriers such as changes in the market or country and international guidelines. In some cases, these delays and setbacks can be overcome by extending the duration of the project (with or without cost). In other situations, it may be better to close the project if it no longer addresses a public health need.

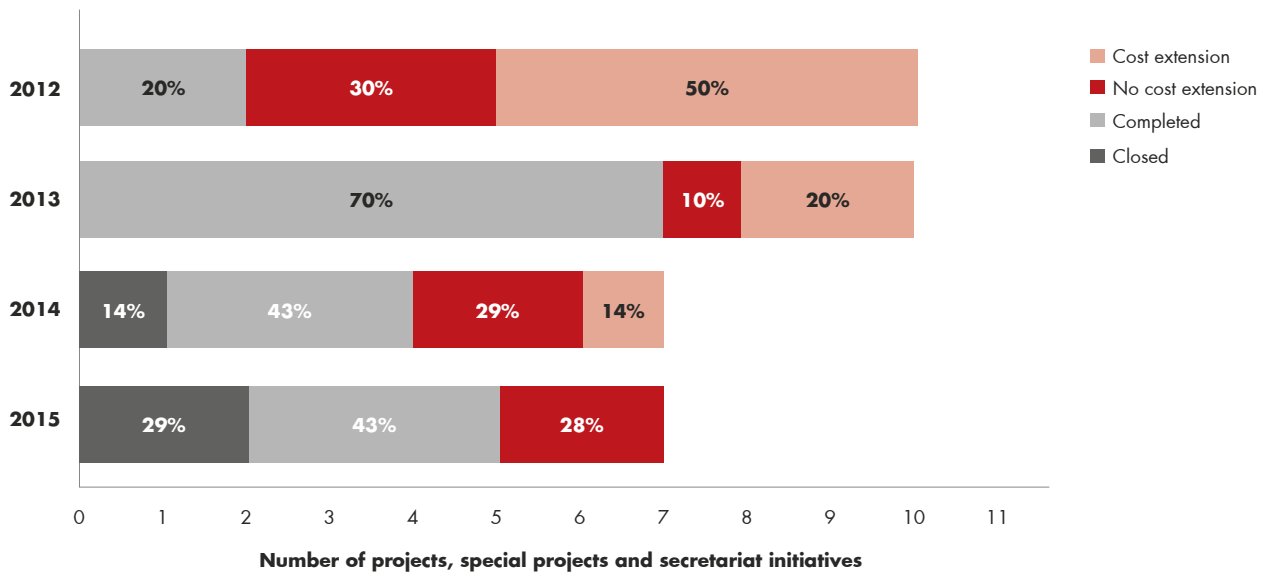
Both of these scenarios represent an opportunity cost to UNITAID, limiting its ability to invest in innovative new opportunities to improve the health of people living with HIV/AIDS, TB and malaria. The Secretariat proactively works to minimise the number of projects that will require an extension or continue without meeting a public health need. In tracking the percent of grants that receive extensions or are closed annually, the following is observed:

- There were more new grants (five) relative to extended grants (two²⁷) in 2015;
- Two²⁸ grants were closed prior to completion in 2015, up from one in 2014; and
- No grants were given cost-extensions in 2015, a sharp decrease compared to previous years.

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

FIGURE 12

Fewer extensions were required in 2015 than in any previous year



²⁷ MSF HIV Diagnostics and TB Xpert

²⁸ Burnet POC and Daktari POC

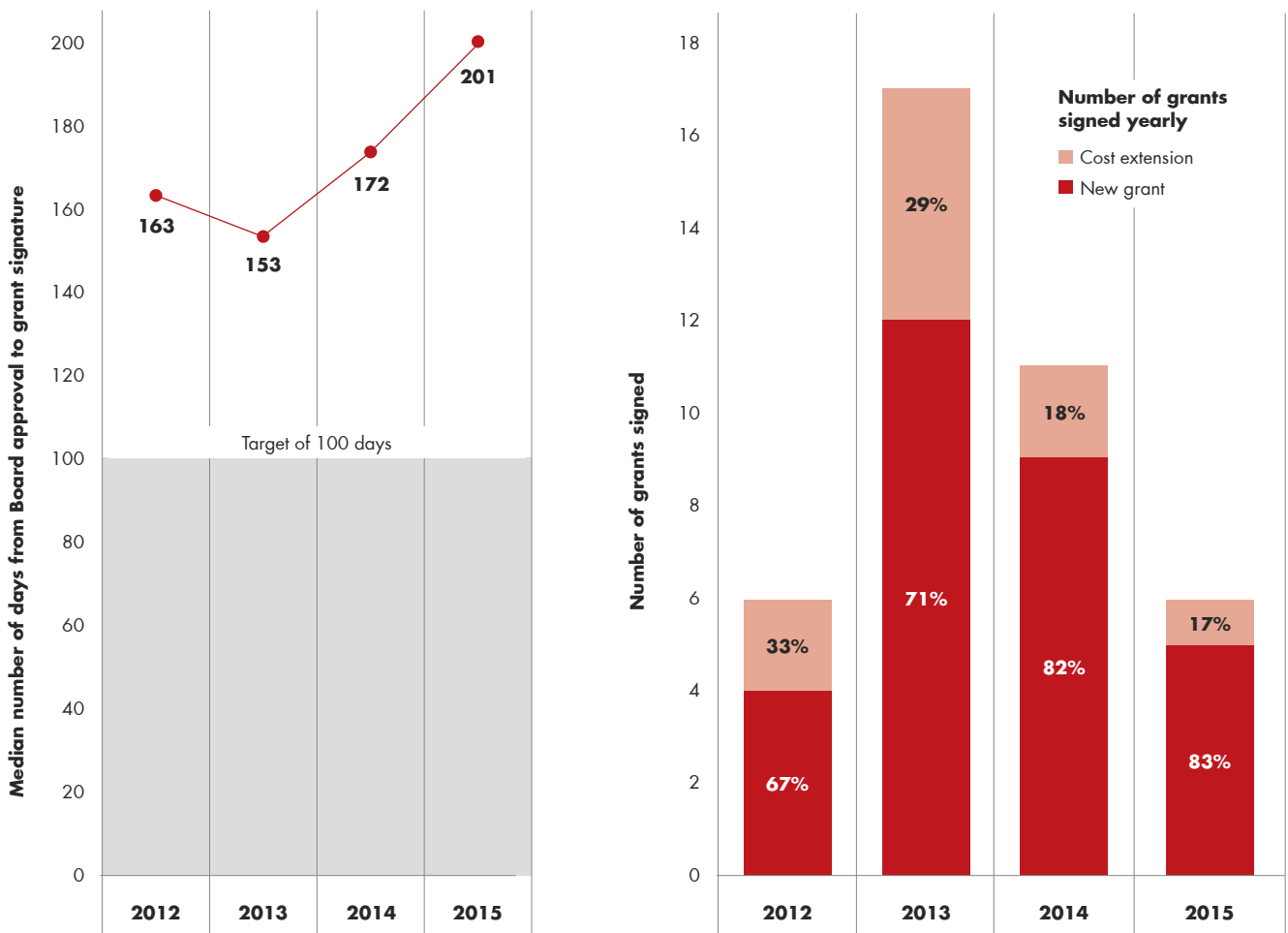
4.4. Median number of days from Board approval to grant signature

Six grants²⁹ were signed in 2015 compared with 11 and 16 in 2014 and 2013, respectively. Nonetheless, the median number of working days to grant signature increased over previous years. This is likely due to two factors:

- UNITAID is investing in more grants that contain a significant research component, requiring more due diligence from the Secretariat and extending the grant agreement period; and,
- UNITAID was in a transition period while implementing a new operating model.

In 2015, UNITAID implemented a new operating model designed to streamline the grant agreement process. It is expected these changes, now fully operationalized, will decrease the median number of working days from Board Go Ahead³⁰ to Board Approval (see Figure 13).

FIGURE 13
Time to signature increased despite fewer grants being signed in 2015



²⁹ Including 1 cost extension authorized in 2014 but signed in 2015.

³⁰ Board Go Ahead will replace the term Board Approval under the new operating model and in future KPI reports.



KPI 5

Safeguarding predictable and stable funding

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

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

DESCRIPTION

5.1. Variance in donor contribution to UNITAID revenue annually.

This measure helps verify that UNITAID receives a consistent level of resources across years to facilitate planning and enhance credibility.

Revenue in 2015 was down 48% from the prior year due to 1) a reduction in the contribution from Norway 2) the prior year including US\$42.9 million from Brazil to satisfy outstanding commitments through 2012, and 3) contributions from the United Kingdom now being made through a promissory note mechanism³¹.

³¹ The United Kingdom committed to make a contribution for the three year period 2015-2017 of up to £132 million in three equal payments of £44 million each, of which £9 million each year is dependent on UNITAID's performance against agreed milestones. These amounts will be provided as promissory notes and recorded as revenue in the year in which they are deposited. Promissory notes are deposited when UNITAID can demonstrate the need for funds in order to make new grant commitments.

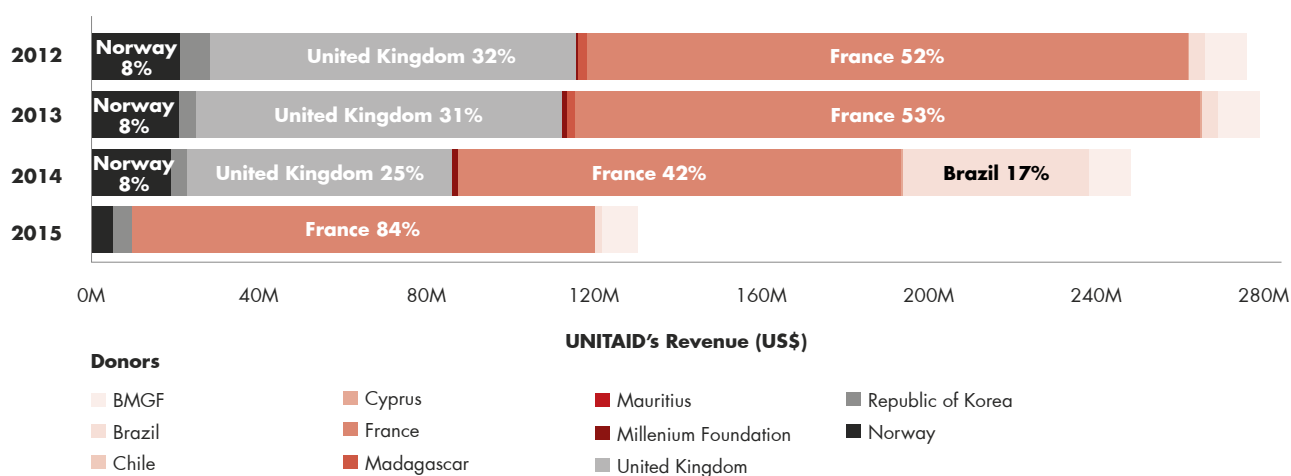
TABLE 10

Amount and per cent change in UNITAID donor contributions for 2013 through 2015

	2013 (US\$)	2014 (US\$)	2015 (US\$)	% Change from previous year
% change in the total annual revenue from donor contributions compared to 2013	279,668,469	248,784,902	130,737,144	-48%

FIGURE 14

The overall donor contribution to UNITAID decreased in 2015



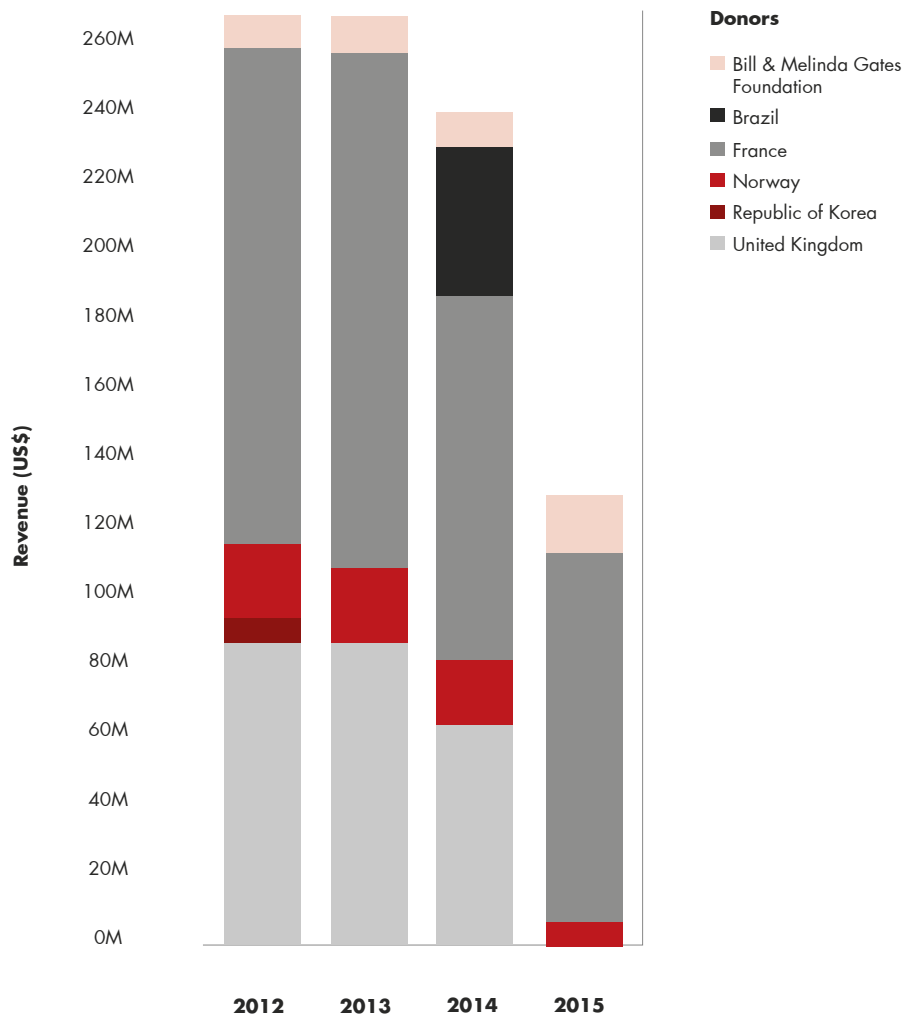
5.2. Variance in the number of high income donors contributing more than US\$ 5 million a year.

This indicator measures the level of trust and commitment to UNITAID from its top donors. The list of donors that made contributions to UNITAID of at least US\$ 5 million in 2015 totalled three, one less than in 2014 (due to the funding mechanism from the United Kingdom being converted to promissory note commitments as explained in 5.1).³² All of these three donors have historically been among the largest donors of UNITAID funds (see Figure 15).

³² The contribution from Brazil was received in early 2016 and is not recorded in the figure for 2015

FIGURE 15

Three donors contributed over US\$ 5 million in 2015



5.3. Percent of the approved revenue budget secured through long term donor contributions.

This indicator captures the risk of losing predictability of UNITAID funding, predictability being a key condition to UNITAID's performance as a grant making agency. This predictability indicator is low in 2015 with only 5% of the 2015 annual revenue earned through multi-year donor contributions. Work is ongoing in this area to improve the predictability indicator for future periods. In 2015 a three year conditional Donor Administrative Agreement was signed with the United Kingdom for 2015-2017. This multi year commitment is not included as a contribution, but does help UNITAID when forecasting its ability to sign new grants over this period.



KPI 6

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

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

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

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

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

DESCRIPTION

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

Co-investment is defined as additional support, financial or in-kind, provided to a grant to ensure its success. This measures the support that other global health donors provide to the work of UNITAID and demonstrates that they value the investments that UNITAID is making to shape the markets for products of public health importance. In 2015, the key results were:

- Fifteen active grants were supported by the investments of other global donors such as the UK Government Department for International Development (DFID), Bill and Melinda Gates Foundation (BMGF), United States Agency for International Development (USAID) and the Global Fund; and
- Two market entry grants for diagnostics were supported by investments from various public and private sources including, YRG Centre for AIDS Research and Education (YRGCARE), South African National Health Laboratory Service, Omega Diagnostic group PLC and various private sector investments.

Table 11 provides a breakdown of these results by disease area, project and grantee

TABLE 11

Fifty-nine per cent of UNITAID grants include co-investment with other global public health donors and other investors

Disease	Grant	Grantees	Co-investor(s)
Cross Cutting	WHO PQ Diagnostics II	WHO-EMP	BMGF, The Global Fund
	WHO PQ Medicines II	WHO-EMP	BMGF, UNFPA
HIV	Access to the HCV treatment revolution	MSF	MSF
	HIV CD4 and VL Diagnostics	MSF	MSF
	HIV Self-Testing Africa (STAR)	PSI	BMGF, DFID
	Manufacture & Validation Rapid POC CD4	The Burnet Institute	YRGCARE, South African National Health Laboratory Service, Omega Diagnostics Group PLC
	Operational Studies POC CD4 Counters	Daktari	Shareholders
	OPP-ERA Phase 1	FEI	ESTHER, ANRS, SIDACTION, SOLTHIS
	Paediatric ARV formulations	DNDi	French Development Agency, MSF, UBS Optimus Foundation
Malaria	Private Sector Market for RDTs	PSI	DFID
	Quality Assurance of Rapid Diagnostic Test	FIND	BMGF, DFID
	ACT Watch-2	PSI	BMGF, DFID
TB	Cepheid (Buy-down)	Cepheid	BMGF, USAID
	Expand MDR TB Diagnostics	FIND	The Global Fund, USAID
		WHO-GLI	
	Expand New Drugs for TB	Partners in Health	USAID (donation of bedaquiline)
	MDR TB Strategic Rotating Stockpile	STOP TB/GDF	USAID
STEP Paediatric TB	TB Alliance	USAID	

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

UNITAID grants bring innovative new tests, treatments and preventive products to the market. It is equally important that countries are aware of the availability and affordability of these products for their own communities living with the disease. This indicator measures the uptake of key products by national programmes as a way of making sure that UNITAID's grants are visible in countries and are being provided to people in need. In 2015, there were several new UNITAID supported products that were available for purchase in national programmes (Table 12). This will likely continue to increase in the coming years as more POC diagnostic tests supported by UNITAID become available. In the meantime, there are some key achievements in this area. These are:

- Field evaluations of POC VL and EID tests are occurring in multiple countries for multiple platforms (Cepheid Xpert, AlereQ and Samba-I);
- Seven countries are using POC CD4 tests with Pima devices and cartridges; and
- Xpert MTB/RIF cartridges have been procured in 121 countries at concessional prices.

Additionally, UNITAID grantees also supported countries to switch to more effective, better-adapted medicines for severe malaria and HIV/AIDS. Increasing the use of optimal, efficacious and better-adapted medicines for people living with the three diseases has always been a key part of UNITAID's strategy. The results for 2015 were:

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

Results for countries that are purchasing products initiated by UNITAID grants are shown in Table 12.

TABLE 12**Reported uptake of UNITAID supported medicines and diagnostics in national programmes of low and lower-middle income countries in 2015**

Diagnostics	Product name	National result-2015
TB Xpert (WHO)	Rapid TB testing using GeneXpert MTB/RIF testing platform	121 countries procuring cartridges at concessional prices
HIV POC testing in low resource settings (CHAI/ UNICEF, MSF)	POC VL (Cepheid Xpert)	3 (Kenya, Malawi, Tanzania)
HIV POC testing in low resource settings (CHAI/ UNICEF, MSF)	POC EID (Cepheid Xpert)	2 (Kenya, Tanzania)
HIV POC testing in low resource settings (CHAI/ UNICEF, MSF)	POC EID (Alere Q)	4 (Malawi, Mozambique, Tanzania, Zimbabwe)
HIV POC testing in low resource settings (CHAI/ UNICEF, MSF)	POC VL (Samba-l)	3 (Malawi, Nigeria, Uganda)
HIV POC testing in low resource settings (CHAI/ UNICEF, MSF)	POC EID (Samba-l)	2 (Malawi, Nigeria)
HIV POC testing in low resource settings (CHAI/ UNICEF, MSF)	POC CD4 tests (PIMA cartridges and devices)	7 countries (Ethiopia, Lesotho, Malawi, Tanzania, South Sudan, Swaziland, Zimbabwe)
Treatments		
improving severe malaria outcomes (MMV)	Injectable Artesunate	12 countries
CHAI Paediatric ARV Project	Nevirapine/Lamivudine/Zidovudine 50/30/60 mg	35 countries
CHAI 2nd line ARV project	Lopinavir/Ritonavir 200/50 mg	29 countries
CHAI 2nd line ARV project	Atazanavir/Ritonavir 300/100 mg	28 countries

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

Civil Society (CS) is critical to raising community awareness about new and existing products that prevent, diagnose and treat the three diseases. Without strong Civil Society support and targeted advocacy within the Communities living with the three diseases, UNITAID grants would be limited in their scope and impact. Twelve of the 29 active grants (41%) had civil society engagement activities occur in 2015. Table 13 summarizes the progress made by UNITAID and its grantees in this area in 2015.

UNITAID continues to work with grantees during grant development to ensure active civil society engagement is a consistent part of each project implementation strategy, as appropriate.

TABLE 13

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

Project	Grantee	Disease Areas	Type	Description of Activities
Access to the HCV treatment revolution	MSF	HIV	Medicine	Country-level activities will be implemented in collaboration with the national MoH, civil society and other relevant actors
Access to treatment for PLHIV in MIC	ITPC	HIV	Intellectual property	CSOs and community-based organizations from Argentina, Brazil, Ukraine and Thailand are involved as sub-grantees and will be supported to pursue the implementation of TRIPS flexibilities including patent oppositions and compulsory licenses for selected ARVs to expand access to optimal treatment regimens. The consortium also engages in direct community organizing, so that people living with HIV and their allies are empowered to hold their governments accountable for keeping their citizens alive
HIV CD4 and VL Diagnostics	MSF	HIV	Diagnostic	Regional and country based civil society trainings and workshops, advocacy material and work directly with patient groups on generating demand for viral load testing.
HIV Self-Testing Africa (STAR)	PSI	HIV	Diagnostic	Community-nominated Distributors will be trained on self-testing and used to encourage demand and use for self-testing services
HIV/HCV Drug Affordability Project	Coalition Plus	HIV	Medicine	In close collaboration with civil society organizations (including negotiation of formal sub-contracting arrangements), Coalition Plus will work towards (a) establishing an HCV network, (b) conducting awareness and education campaigns, and (c) disseminating lessons learned and increasing coordination in the HCV space, in ten priority countries spanning Africa, Asia and Latin America.
OPP-ERA Phase 1	FEI	HIV	Diagnostic	Communication plan with CS to promote the use of polyvalent viral load detection platforms in low resource settings.
Paediatric ARV formulations	DNDi	HIV	Medicine	In 2015, DNDi launched the Paediatric HIV Advocacy Toolkit which aims to raise awareness among communities of the importance of early infant diagnosis and the rapid start of ARV treatment for infants and toddlers.
Preventing Patent Barriers	Lawyers Collective	HIV	Intellectual property	Civil society is involved (HIV and the HCV organizations) throughout the patent oppositions filing process to ensure that the project outcomes achieve most relevant ground impact.
Access to SMC Services	Malaria Consortium	Malaria	Medicine	Speak-up Africa (SUA), a civil society based in West Africa is a co-implementer in this project. SUA leads the community mobilization task for SMC. SUA receives an estimated USD300,000 annually for three years.
Improving Severe Malaria Outcomes	MMV	Malaria	Medicine	Working group meetings with CS in beneficiary countries to raise awareness about the needs for and appropriate usage of inj Artesunate. No specific budget is provided to civil societies.
Private Sector Market for RDTs	PSI	Malaria	Diagnostic	Engage a wide variety of stakeholders including key civil society org in in beneficiary countries to improve knowledge awareness and use of RDTs for malaria in the private sector
TB Xpert	WHO-GTB	TB	Diagnostic	Target screening approaches and mobilization of patient and CS groups to increase demand for TB testing.



KPI 7

Resource management

UNITAID strives to maximise the amount of its financial resources that can be invested in new grants to improve access to life-saving tests, treatments and preventive products for people living with HIV/AIDS, TB and malaria in low-income countries. The indicators reported here reflect the organization's commitment to maintaining an efficient, effective and gender-balanced Secretariat capable of implementing and managing its grants.

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

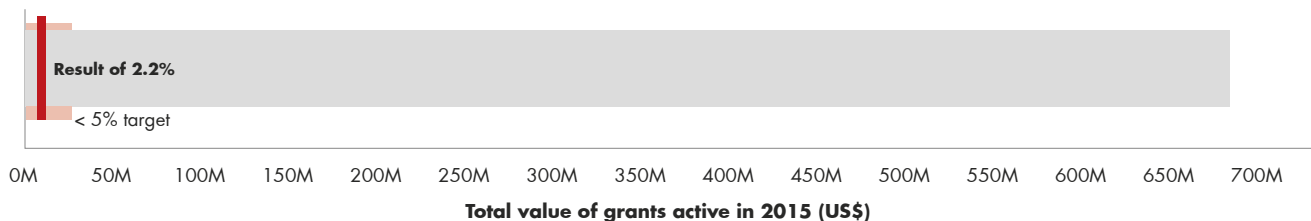
DESCRIPTION

7.1 Percent Secretariat costs relative to total value of active grants.

UNITAID continues to maintain a lean organizational structure relative to the value of the active grant portfolio it manages. The Secretariat is charged with implementing the organization's core business, grant management, in ways that maximise efficiency and effectiveness. In 2015, Secretariat costs represent 2.2% of the active grant portfolio value. Table 14 contains a list of grants active in 2015 that were used to derive this measure.

FIGURE 16

UNITAID maintains a lean Secretariat costing 2.2% of the total value of its active grants.



Note: The analysis includes the 29 projects, special projects and Secretariat Initiatives active in 2015. Grant agreement values capture the US\$ project budget amount as specified in the legal agreement.

TABLE 14
Twenty-nine active grants in 2015¹

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

¹ Projects, special project and Secretariat initiative

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

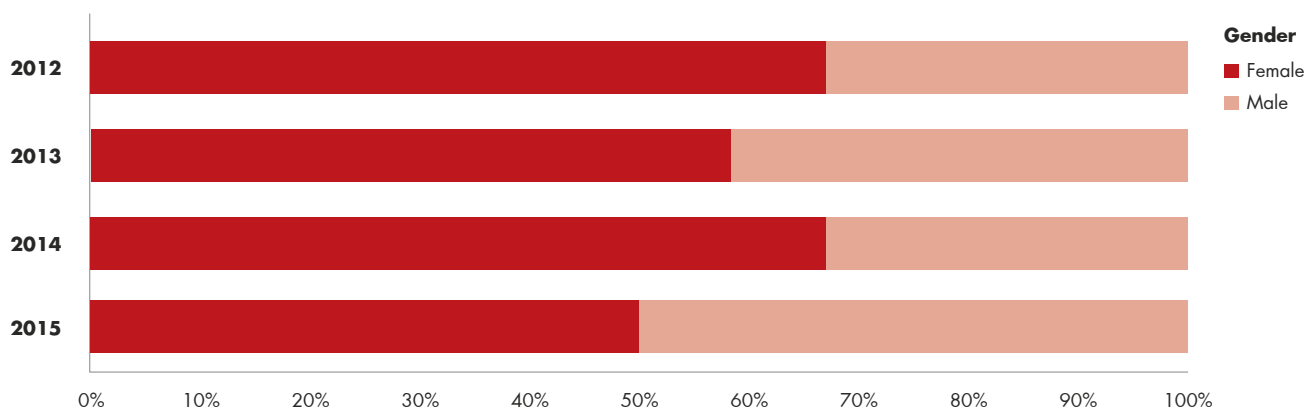
As an organization, UNITAID continues to strive to build a positive and empowering work environment for all staff. To measure the success of these and related initiatives UNITAID staff completed an anonymous, electronic survey towards the end of 2014. The results of this survey were published in a previous report.

A similar survey will be completed in 2016. A biennial survey schedule will be used to allow time for improvements to be fully implemented by the Secretariat and therefore maximise the ability of the survey to detect differences. The UNITAID Executive Board agreed to this approach in 2015 and therefore no survey was conducted this year.

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

The percent of professional staff members³⁴ who are male or female has become more balanced in the past year. Figure 17 shows between 50 and 66% of the senior professional staff at UNITAID have been female since 2012. However, the male staff members who were in the organization in 2015 held proportionately higher-level positions than their female counterparts. For example, female staff make up 62% of all UNITAID staff, yet only 42% of these are P-4 and above. In contrast, males represent only 38% of all UNITAID staff but 68% of these are P-4 and above. While the above indicates that there is still room for improvement of the representation of each gender within UNITAID progress is being made. The current on-boarding of staff and continued recruitment for the few remaining vacant posts in the approved HR Plan provide opportunities to further improve our gender statistics.

FIGURE 17
Gender balance of UNITAID's senior professional staff



³⁴ Defined as senior technical positions in accordance with the WHO human resources classification levels

ANNEX

PROGRAMMATIC RESULTS
FOR 2015

TABLE 1.

Prices (US\$) and % change in price for selected WHO recommended 2nd Line ARVs for 2015

Variation in price per patient per year of key formulations, median (interquartile range)										
Generic 2nd line ARV	2008	2009	2010	2011	2012	2013	2014	2015	% change 2014-2015	% change accross all years
ABC 300 mg	335 (75)	228 (48)	202 (36)	174 (0)	na	na	na	na	na	-48%
ATV/r (300 / 100 mg)	na	na	na	300 (0)	270 (0)	264.9 (30.42)	243.3 (6.08)	219.8 (3.65)	-10%	-27%
LPV/r (200/50 mg) Tab (HS)	496 (73)	441 (126)	420 (21)	396 (24)	330 (35.9)	252.5 (21.66)	227.0 (5.23)	232.6 (8.92)	2%	-53%
TDF 300 mg	207 (57)	99 (50)	84 (2)	75 (1.2)	56.9 (0)	43.2 (8.74)	42.5 (12.29)	43.2 (0)	2%	-79%
TDF / 3TC (300 / 300 mg)	158 (0)	138 (51)	107 (1)	96.2 (1.8)	62.4 (0.6)	56.6 (0.97)	70.6 (3.65)	52.9 (5.52)	-25%	-67%
TDF / FTC 300/200mg	319 (68)	141 (64)	138 (3)	115.2 (5.8)	86.4 (0)	73.9 (3.29)	56.2 (2.57)	70 (2.49)	25%	-78%
TDF/3TC (300/300 mg) & LPV/r (200/50 mg)	654 (73)	579 (177)	527 (21)	492 (25.8)	392 (36.48)	309 (22.63)	297.6 (8.88)	285.8 (14.4)	-4%	-56%
TDF/FTC (300/200 mg) & LPV/r (200/50 mg)	815 (141)	582 (190)	558 (24)	511 (29.8)	416 (35.88)	326.3 (24.95)	283.2 (7.8)	302.6 (11.41)	7%	-63%
TDF/3TC (300/300 mg) & ATV/r (300 / 100 mg)	na	na	na	396.2 (1.8)	332.4 (0.6)	320.8 (31)	313.9 (9.73)	272.7 (9.17)	-13%	-31%
TDF/FTC (300/200 mg) & ATV/r (300 / 100 mg)	na	na	na	415.2 (5.8)	356.4 (0)	338.7 (34)	299.5 (8.65)	289.8 (6.14)	-3%	-30%

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

Note: 2013, 2014 and 2015 median prices calculations are based on public procurement data including prices from the GFATM, SCMS and WHO databases and UNITAID-CHAI projects.

2015 data were accessed on 19/05/2016.

TABLE 2.

Prices (US\$) and % change in price for selected WHO recommended paediatric ARVs for 2015

Variation in price per patient per year of key formulations, median (interquartile range)											
Pediatric ARVs	Status	2008	2009	2010	2011	2012	2013	2014	2015	% change 2014 - 2015	% change across all years
ABC/3TC (60/30 mg) ⁽¹⁾	Generic	193 (0)	182 (0)	172 (0)	163 (0)	175 (0)	175 (0)	175 (0)	121.7 (5.24)	-30%	-37%
AZT/3TC 300/150 mg	Generic	114 (0)	113 (0)	103 (0)	105 (1)	99 (0)	99 (0)	na	76.6 (6.77)	na	-33%
AZT/3TC (60/30 mg) ⁽¹⁾	Generic	85 (0)	84 (0)	81 (0)	75 (0)	74 (0)	74 (0)	74 (0)	46.2 (1.53)	-38%	-46%
AZT/3TC/NVP 60/30/50mg	Generic	108 (0)	108 (0)	106 (0)	105 (0)	104 (0)	104 (0)	104 (0)	85.5 (2.28)	-18%	-21%
AZT/3TC/NVP (300/150/200 mg)	Generic	150 (21)	147 (0)	136 (1)	134 (1)	125 (4)	125 (0)	na	100.3 (4.06)	na	-33%
LPV/r (80/20 mg/ml) (brand price only)	Originator	206 (0)	206 (0)	181 (0)	169 (0)	154 (0)	154 (0)	154 (0)	159.1 (100.5)	3%	-23%
NVP (50 mg)	Generic	na	na	na	61 (0)	58 (0)	58 (0)	58 (0)	30.4 (30.4)	-48%	-50%
NVP (200 mg)	Generic	40 (5)	35 (0)	32 (0)	32 (0)	36 (0)	38 (0)	na	27.3 (1.14)	na	-32%

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

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

Note: 2015 median prices calculations are based on public procurement data including prices from the GFATM, SCMS and WHO databases and UNITAID-CHAI projects.

2015 data were accessed on 19/05/2016.

TABLE 3.**Medicines Patent Pool - summary of licenses signed in 2015****3.1 Licenses signed with innovator companies (in-Licensing)**

ARV / DAA/Technology	Company	Date signed
Lopinavir/Ritonavir (LPV/r) (adult - Africa)	AbbVie	Dec-15
Solid Drug Nanoparticle (SDN) Technology	University of Liverpool	Dec-15
Daclatasvir (DCV)	Bristol-Myers Squibb	Nov-15
Amendment: Elvitegravir (EVG), Efavirenz (EFZ)	Gilead Sciences	June 2015*
Raltegravir (RAL)(paediatrics)	Merck, Sharp and Dohme	Feb-15

*Date of amendment, originally signed on July 2014

3.2 Licenses signed with generic manufacturers (out-Licensing)

ARV / DAA/Technology	Company	Date signed
Lopinavir/Ritonavir (LPV/r) (adult - Africa)	Aurobindo	Dec-15
Daclatasvir (DCV)	Cipla	Dec-15
Daclatasvir (DCV)	Emcure	Dec-15
Daclatasvir (DCV)	Hetero Labs	Dec-15
Daclatasvir (DCV)	Natco	Dec-15
Raltegravir (RAL)(paediatrics)	Hetero Labs	Dec-15
Lopinavir (LPV and RTV) (paediatrics)	Hetero Labs	May-15
Tenofovir alafenamide fumarate (TAF)	Huahai	May-15
Tenofovir alafenamide fumarate (TAF)	Lupin	Jun-15
Tenofovir alafenamide fumarate (TAF)	Micro Labs	Sep-15
Dolutegravir (DTG)	Lupin	Jun-15
Dolutegravir (DTG)	Strides	Jul-15
Cobicistat (COBI or c)	Huahai	May-15
Cobicistat (COBI or c)	Lupin	Jun-15
Elvitegravir (EVG)	Desano	Aug-15
Elvitegravir (EVG)	Huahai	May-15
Emtricitabine (FTC)	Huahai	May-15
Emtricitabine (FTC)	Micro Labs	Sep-15
Emtricitabine (FTC)	Lupin	Jun-15
Tenofovir disoproxil fumarate (TDF)	Huahai	May-15

TABLE 4.

WHO Prequalification - summary of UNITAID priority products prequalified by disease area in 2015

4.1 HIV				
Target Group	Dossier	Product	Date	Manufacturer
ADULT	HA551	Emtricitabine/Tenofovir disoproxil (fumarate)	12 February 2015	Ranbaxy Laboratories Ltd
	HA552	Emtricitabine/Tenofovir disoproxil (fumarate)	18 February 2015	Strides Arcolab Limited
	HA593	Efavirenz/Lamivudine/Tenofovir disoproxil (fumarate)	16 April 2015	Cipla Ltd
	HA611	Efavirenz/Lamivudine/Tenofovir disoproxil (fumarate)	4 June 2015	Macleods Pharmaceuticals Ltd
	HA575	Abacavir	13 August 2015	Hetero Labs
	HA574	Lopinavir/Ritonavir	9 September 2015	Macleods Pharmaceuticals Ltd
	HA573	Lopinavir/Ritonavir	9 September 2015	Macleods Pharmaceuticals Ltd
CHILD	HA621 *	Ritonavir	16 December 2015	Mylan
	HA563	Ritonavir	16 December 2015	Cipla Ltd
	HA555	Lamivudine/Zidovudine	13 January 2015	Micro Labs Limited

4.2 Malaria			
Dossier	Product	Date	Manufacturer
MA108 *	Artemether/Lumefantrine	15 July 2015	Novartis Pharma AG
MA094 *	Dihydroartemisinin/Piperaquine (phosphate)	9 October 2015	Sigma-Tau Industrie
MA093 *	Dihydroartemisinin/Piperaquine (phosphate)	9 October 2015	Sigma-Tau Industrie

4.3 TB			
Dossier	Product	Date	Manufacturer
TB276	Isoniazid	29 October 2015	Cadila
TB248	Capreomycin (sulfate)	16 December 2015	Aspen
TB228	Cycloserine	18 December 2015	Cipla

TABLE 5.**WHO Prequalification of diagnostics programme - summary of tests prequalified in 2015**

Disease area	Dossier	Product	Date	Manufacturer
HIV	0179-012-00	SD BIOLINE HIV/Syphilis Duo	28/10/2015	Standard Diagnostics Inc.
	0106-038-00	DS-EIA-HIV-AGAB-SCREEN	28/07/2015	RPC Diagnostics Systems
	0156-053-00	Aquios CL flow cytometer	11/09/2015	Beckman Coulter Life Sciences
	0203-073-00	INNO-Lia HIV I/II Score	05/08/2015	Fujirebio Europe N.V.
	0144-043-00	Murex HIV Ag/Ab Combination	30/03/2015	DiaSorin S.p.A
	0183-060-00	Bioelisa HIV 1+2 Ag/Ab	03/03/2015	Biokit S.A.
MALARIA	0125-012-00	SD Bioline Malaria Ag Pf/Pv	16/10/2015	Standard Diagnostics Inc.
	0209-012-00	SD BIOLINE Malaria Ag Pf (HRP2/pLDH)	16/10/2015	Standard Diagnostics Inc.
	0081-010-00	First Response Malaria AG. P. falciparum (HRP2) Card Test	25/02/2015	Premier Medical Corporation Ltd.
	0137-049-00	CareStart™ Malaria HRP2 (Pf)	28/05/2015	Access Bio Inc.
	0136-049-00	CareStart™ Malaria HRP2/pLDH (Pf/PAN) Combo	28/05/2015	Access Bio Inc.
	0138-049-00	CareStart™ Malaria HRP2/pLDH (Pf/Pv) Combo	28/05/2015	Access Bio Inc.
	0234-049-00	CareStart™ Malaria pLDH (PAN)	28/05/2016	Access Bio Inc.
	0188-049-00	CareStart™ Malaria HRP2/pLDH (Pf)	28/05/2016	Access Bio Inc.
HBV	0202-073-00	INNO-LIA HCV Score	28/07/2015	Fujirebio Europe N.V.
	0165-060-00	Bioelisa HCV 4.0	31/03/2015	Biokit S.A.
	0164-059-00	Murex anti-HCV (version 4.0)	06/08/2015	DiaSorin SouthAfrica (Pty) Ltd.

TABLE 6.

Treatments, diagnostics and related products delivered and estimated patients treated by UNITAID funded projects in 2015

6.1 Testing supported by UNITAID for HIV/AIDS (2015)

Country	WB Income Group	WHO Region	Number of tests performed							
			Point-of-Care HIV Diagnostics (CHAI/UNICEF)			OPP-ERA Phase 1 (FRANCE EXPERTISE)	HIV CD4 and VL Diagnostics (MSF)			Grand total
			HIV for Early Infant Diagnosis	CD4 Cell Count Diagnostics	HIV viral load	HIV viral load	HIV for Early Infant Diagnosis	CD4 Cell Count Diagnostics	HIV viral load	
CONGO, THE DEMOCRATIC REPUBLIC OF THE	LI	AFR	-	-	-	-	-	-	2 364	2 364
BURUNDI	LI	AFR	-	-	-	6 718	-	-	-	6 718
CAMEROON	LMI	AFR	-	-	-	8 626	-	-	-	8 626
CÔTE D'IVOIRE	LMI	AFR	-	-	-	15 159	-	-	-	15 159
ETHIOPIA	LI	AFR	-	45 200	-	-	-	-	-	45 200
GUINEA	LI	AFR	-	-	-	5 357	-	-	-	5 357
KENYA	LI	AFR	-	46 800	800	-	88	-	-	47 688
LESOTHO	LMI	AFR	-	-	-	-	-	1 028	4 694	5 722
MALAWI	LI	AFR	900	58 100	-	-	-	2 920	30 228	125 846
MOZAMBIQUE	LI	AFR	4 500	11 500	-	-	-	-	22 828	106 803
TANZANIA, UNITED REPUBLIC OF	LI	AFR	1 750	-	500	-	-	-	-	2 250
SOUTH AFRICA	UMI	AFR	-	-	-	-	484	-	-	484
SWAZILAND	LMI	AFR	-	-	-	-	-	17 956	22 573	40 529
UGANDA	LI	AFR	-	170 000	-	-	-	-	6 869	295 206
ZIMBABWE	LI	AFR	600	48 200	-	-	-	-	36 560	85 360
Grand Total			7 750	379 800	1 300	35 860	572	21 904	126 116	793 312

6.2 Injectable Artesunate and SP+AQ¹ delivered and Rapid Diagnostics Tests delivered for Malaria (2015)

Country	WB Income Group	Volume of Injectable Artesunate delivered	Volume of SP+AQ(1) delivered	Number RDTs delivered	Total
BURKINA FASO	LI	-	2 900 000	-	2 900 000
CAMEROON	LMI	68 410	-	-	68 410
CHAD	LI	-	1 075 824	-	1 075 824
ETHIOPIA	LI	193 407	-	-	193 407
GAMBIA	LI	-	363 868	-	363 868
GUINEA	LI	-	1 038 334	-	1 038 334
KENYA	LI	1 267 867	-	-	1 267 867
MADAGASCAR	LI	-	-	716 667	716 667
MALAWI	LI	-	-	-	-
MALI	LI	-	3 501 318	-	3 501 318
NIGER	LI	-	2 445 055	-	2 445 055
NIGERIA	LMI	478 060	3 441 989	-	3 920 049
TANZANIA, UNITED REPUBLIC OF	LI	-	-	15 000	15 000
UGANDA	LI	943 620	-	-	943 620
Total		2 951 364	14 766 388	731 667	18 449 419

⁽¹⁾ Sulfadoxine-pyrimethamine + Amodiaquine.

6.3 Testing supported by UNITAID for Tuberculosis (2015)

Country	WB Income Group	WHO region	People enrolled on a new TB drug as part of their MDR-TB regimen
			Expand New Drugs for TB (PIH)
ARMENIA	EUR	LMI	23
BANGLADESH	SEAR	LI	-
BELARUS	EUR	UMI	12
ETHIOPIA	AFR	LI	-
GEORGIA	EUR	LMI	134
INDONESIA	SEAR	LMI	-
KAZAKHSTAN	EUR	UMI	-
KENYA	AFR	LI	2
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	SEAR	LI	17
KYRGYZSTAN	EUR	LMI	-
LESOTHO	AFR	LMI	14
MYANMAR	SEAR	LI	-
NEPAL	SEAR	LI	-
PAKISTAN	EMR	LMI	-
PERU	AMR	UMI	-
Total			202

6.4 Case detection of Tuberculosis supported by UNITAID (2015)									
Country	WB Income Group	WHO region	Number of TB tests performed						Total
			Expand TB diagnostics (MDR-TB) (STOP TB/GDF, FIND, WHO)					GeneXpert (WHO)	
			DST ¹	LPA ²	MGIT cultures ³	Rapid speciation	Xpert		
AZERBAIJAN	LMI	EUR	-	-	-	-	-	-	-
BANGLADESH	LI	SEAR	-	-	-	-	-	24 519	24 519
BELARUS ⁽⁴⁾	LMI/UMI	EUR	-	-	-	-	-	10 077	10 077
CAMBODIA	LI	WPR	-	-	-	-	-	19 765	19 765
CAMEROON	LMI	AFR	-	-	-	-	-	-	-
CONGO	LMI	AFR	-	-	-	-	-	438	438
CÔTE D'IVOIRE ⁽⁵⁾	LI	AFR	116	199	2 677	-	3 049	-	6 041
DJIBOUTI	LMI	EMR	-	-	-	-	-	-	-
ETHIOPIA	LI	AFR	6	466	1 933	839	-	6 766	10 010
GEORGIA	LMI	EUR	-	-	-	-	-	-	-
HAITI	LI	AMR	-	-	-	-	-	-	-
INDIA ⁽⁶⁾	LI/LMI	SEAR	11 392	125 567	109 788	25 000	62 553	92 566	426 866
INDONESIA	LMI	SEAR	-	-	-	-	-	19 399	19 399
KAZAKHSTAN	UMI	EUR	-	-	-	-	-	-	-
KENYA	LI	AFR	614	1 291	2 615	-	-	56 234	60 754
KYRGYZSTAN	LI	EUR	2 337	5 066	8 368	2 784	-	3 474	22 029
LESOTHO ⁽⁶⁾	LI	AFR	-	-	-	-	-	-	-
MALAWI	LI	AFR	-	-	-	-	-	16 216	16 216
MOZAMBIQUE	LI	AFR	222	972	5 356	1 290	1 838	32 641	42 319
MYANMAR	LI	SEAR	653	358	6 007	-	-	12 000	19 018
NEPAL	LI	SEAR	-	-	-	-	-	27 048	27 048
PAKISTAN	LMI	EMR	-	-	-	-	-	51 809	51 809
PERU	LMI	AMR	1 395	13 453	786	5 558	-	-	21 192
PHILIPPINES	LMI	WPR	-	-	-	-	-	23 173	23 173
REPUBLIC OF MOLDOVA	LMI	EUR	1 296	993	11 957	3 087	4 616	25 140	47 089
RWANDA	LI	AFR	-	-	-	-	-	-	-
SENEGAL	LI	AFR	-	22	-	-	5 415	-	5 437
SWAZILAND	LMI	AFR	1 218	312	11 539	1 671	1 257	7 597	23 594
TAJIKISTAN	LI	EUR	755	2 805	5 278	1 907	19 703	-	30 448
TANZANIA, UNITED REPUBLIC OF	LI	AFR	-	-	-	-	-	22 164	22 164
UGANDA	LI	AFR	-	-	-	-	-	29 378	29 378
UZBEKISTAN	LI	EUR	647	1 155	6 591	1 745	21 569	4 950	36 657
VIET NAM ⁽⁶⁾	LI/LMI	WPR	4 959	6 959	67 132	12 296	-	46 421	137 767
Total			25 610	159 618	240 027	56 177	120 000	531 775	1 133 207

⁽¹⁾ Drug susceptibility test.

⁽²⁾ Line Probe Assay.

⁽³⁾ Mycobacteria growth indicator tube.

⁽⁴⁾ Classified as LMI at time of grant signature for Expand TB and UMI for GeneXpert.

⁽⁵⁾ Côte d'Ivoire and Lesotho are classified as an LI in Expand TB project, reflecting their status at grant signature.

⁽⁶⁾ Classified as LI at time of grant signature for Expand TB and LMI for GeneXpert.

6.5 Case detection of Tuberculosis in UNITAID supported countries (2015)

Country	WB Income Group	WHO region	Expand TB diagnostics (MDR-TB) (STOP TB/GDF, FIND, WHO)	GeneXpert (WHO)			Total
			Number of MDR-TB cases detected	Number of incident TB patients detected	Number of MDR-TB cases detected	Number of rifampicin resistant TB cases detected	
AZERBAIJAN	LMI	EUR		-	-	-	-
BANGLADESH	LI	SEAR		3 983	12	418	4 413
BELARUS ⁽¹⁾	LMI/UMI	EUR		1 584	61	699	2 344
CAMBODIA	LI	WPR		3 276	176	91	3 543
CAMEROON	LMI	AFR		-	-	-	-
CONGO	LMI	AFR		85	-	21	106
CÔTE D'IVOIRE ⁽²⁾	LI	AFR	481	-	-	-	481
DJIBOUTI	LMI	EMR		-	-	-	-
ETHIOPIA	LI	AFR	100	787	100	137	1 124
GEORGIA	LMI	EUR		-	-	-	-
HAITI	LI	AMR		-	-	-	-
INDIA ⁽³⁾	LI/LMI	SEAR	23 351	20 707	2 652	9 160	55 870
INDONESIA	LMI	SEAR		3 191	-	234	3 425
KAZAKHSTAN	UMI	EUR		-	-	-	-
KENYA	LI	AFR	90	12 427	939	506	13 962
KYRGYZSTAN	LI	EUR	1 078	1 330	11	304	2 723
LESOTHO ⁽²⁾	LI	AFR		-	-	-	-
MALAWI	LI	AFR		2 160	667	141	2 968
MOZAMBIQUE	LI	AFR	262	6 514	-	352	7 128
MYANMAR	LI	SEAR	137	400	40	1 029	1 606
NEPAL	LI	SEAR	-	4 254	101	391	4 746
PAKISTAN	LMI	EMR	-	9 032	-	674	9 706
PERU	LMI	AMR	1 514	-	-	-	1 514
PHILIPPINES	LMI	WPR	-	5 276	2	1 346	6 624
REPUBLIC OF MOLDOVA	LMI	EUR	469	2 731	191	967	4 358
RWANDA	LI	AFR		-	-	-	-
SENEGAL	LI	AFR	82	-	-	-	82
SWAZILAND	LMI	AFR	285	939	683	67	1 974
TAJIKISTAN	LI	EUR	1 033	-	-	-	1 033
TANZANIA, UNITED REPUBLIC OF	LI	AFR		4 187	179	182	4 548
UGANDA	LI	AFR		5 101	2 216	280	7 597
UZBEKISTAN	LI	EUR	1 982	1 069	5	355	3 411
VIET NAM ⁽³⁾	LI/LMI	WPR	1 238	8 906	376	2 709	13 229
Total			32 102	97 939	8 411	20 063	158 515

⁽¹⁾ Classified as LMI at time of grant signature for Expand TB and UMI for GeneXpert.

⁽²⁾ Côte d'Ivoire and Lesotho are classified as an LI in Expand TB project, reflecting their status at grant signature.

⁽³⁾ Classified as LI at time of grant signature for Expand TB and LMI for GeneXpert.

TABLE 7.

Costs of treatments, diagnostics and related products delivered by UNITAID funded projects in 2015

7.1 Monies spent on HIV Tests 2015

Country	WB Income Group	WHO Region	CHAI/UNICEF								FRANCE EXPERTISE				
			HIV CD4, EID, VL Point-of-Care HIV Diagnostics								OPP-ERA Phase 1 ⁽¹⁾				
			FACS Presto CD4 device	FACS Presto CD4 cartridge	Pima CD4 tests	Alere Q Analyser	Alere Q HIV-1/2 Detect Cartridge kit	GeneXpert EID test	GeneXpert VL test	GeneXpert System	OPP devices - extractors	OPP devices - Thermocyclers (amplifiers) ⁽¹⁾	OPP reagents - extraction	OPP reagents - Quantification (amplification)	
BURUNDI	LI	AFR	-	-	-	-	-	-	-	-	-	10 400	-	65 849	108 477
CAMEROON	LMI	AFR	-	-	-	-	-	-	-	-	-	20 800	27 950	100 201	161 768
CONGO, THE DEMOCRATIC REPUBLIC OF THE			-	-	-	-	-	-	-	-	-	-	-	-	-
CÔTE D'IVOIRE	LMI	AFR	-	-	-	-	-	-	-	-	-	-	-	145 317	222 669
ETHIOPIA	LI	AFR	56 000	36 960	243 950	-	-	-	-	-	-	-	-	-	-
GUINEA	LI	AFR	-	-	-	-	-	-	-	-	-	-	-	79 371	125 608
KENYA	LI	AFR	78 500	56 510	238 000	150 000	-	-	-	15 280	71 615	-	-	-	-
LESOTHO	LMI	AFR	-	-	-	-	-	-	-	-	-	-	-	-	-
MALAWI	LI	AFR	-	-	345 695	100 000	22 500	-	-	-	-	-	-	-	-
MOZAMBIQUE	LI	AFR	-	-	68 425	375 000	112 500	-	-	-	-	-	-	-	-
SOUTH AFRICA	UMI	AFR	-	-	-	-	-	-	-	-	-	-	-	-	-
SWAZILAND	LMI	AFR	-	-	-	-	-	-	-	-	-	-	-	-	-
TANZANIA, UNITED REPUBLIC OF	LI	AFR	-	-	-	100 000	25 000	14 925	9 550	35 000	-	-	-	-	-
UGANDA	LI	AFR	-	-	1 011 500	-	-	-	-	-	-	-	-	-	-
ZIMBABWE	LI	AFR	42 000	6 370	282 625	150 000	15 000	-	-	-	-	-	-	-	-
Grand Total			176 500	99 840	2 190 195	875 000	175 000	14 925	24 830	106 615	31 200	27 950	390 739	618 522	

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

⁽¹⁾ CIP incoterm.

7.1 Monies spent on HIV Tests 2015 (continued)

Country	MSF															Grand total
	HIV CD4 and VL Diagnostics															
	Abbott RealTime HIV-1 Amplification Reagent Kit	Abbott RealTime HIV-1 Qualitative Amplification Reagent Kit	Abbott RealTime m2000rt (real time amplifier)	Abbott RealTime m2000sp (sample preparation)	Abbott RealTime mSample Preparation Systems RNA	GeneXpert System	BIOCENTRIC VL test - amplification reagent	BIOCENTRIC VL test - extraction reagent	FACS Presto CD4 Cartridge	GeneXpert VL tests	Nucleisens VL test	Pima CD4 devices	Pima CD4 test	SAMBA VL device - amplifier	SAMBA VL test - amplification reagent	
BURUNDI	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	184 726
CAMEROON	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	310 719
CONGO, THE DEMOCRATIC REPUBLIC OF THE	55 900	3 245	36 384	93 931	5 617	-	-	-	-	-	-	-	-	-	-	195 077
CÔTE D'IVOIRE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	367 986
ETHIOPIA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	336 910
GUINEA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	204 980
KENYA	-	-	-	-	-	82 538	-	-	-	-	-	-	-	-	-	692 443
LESOTHO	-	-	-	-	-	-	-	-	-	-	-	-	32 879	-	-	32 879
MALAWI	-	-	-	-	-	17 788	-	-	-	7 909	45 581	-	4 965	14 002	748 490	1 306 930
MOZAMBIQUE	-	-	-	-	-	-	-	-	-	-	76 516	-	-	-	-	632 441
SOUTH AFRICA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SWAZILAND	-	-	-	-	-	-	231 331	248 783	-	-	-	27 197	24 920	-	-	532 231
TANZANIA, UNITED REPUBLIC OF	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	184 475
UGANDA	-	-	-	-	-	-	-	-	-	-	-	-	-	-	257 364	1 268 864
ZIMBABWE	-	-	-	-	-	-	-	-	4 550	-	364 200	-	-	-	-	864 745
Grand Total	55 900	3 245	36 384	93 931	5 617	100 326	231 331	248 783	4 550	7 909	486 297	27 197	62 765	14 002	1 005 853	7 115 404

7.2 Monies spent (US\$) on Injectable Artesunate and SP+AQ⁽¹⁾ delivered and Rapid Diagnostics Tests delivered for Malaria (2015)

Country	WB Income Group	Value of Injectable Artesunate delivered	Value of SP+AQ treatments delivered	Value of RDTs delivered ⁽²⁾	Total (Value) US\$
		Improving Severe Malaria Outcomes (MMV)	Seasonal Malaria Chemoprevention (MC)	Private Sector RDTs (PSI)	
BURKINA FASO	LI	-	274 120	-	274 120
CAMEROON	LMI	97 142	-	-	97 142
CHAD	LI	-	646 962	-	646 962
ETHIOPIA	LI	274 637	-	-	274 637
GAMBIA	LI	-	284 663	-	284 663
GUINEA	LI	-	909 718	-	909 718
KENYA	LI	1 800 371	-	-	1 800 371
MADAGASCAR	LI	-	-	138 317	138 317
MALAWI	LI	-	-	-	-
MALI	LI	-	763 860	-	763 860
NIGER	LI	-	926 449	-	926 449
NIGERIA	LMI	678 845	96 170	-	775 015
TANZANIA, UNITED REPUBLIC OF	LI	-	-	5 400	5 400
UGANDA	LI	1 339 940	-	-	1 339 940
Total (Value) US\$		4 190 936	3 901 942	143 717	8 236 595

⁽¹⁾ Sulfadoxine-pyrimethamine + Amodiaquine.

⁽²⁾ Value given at bundle price (includes training, waste management etc.).

7.3 Monies spent (US\$) on Treatments for Tuberculosis (2015)

Country	WB Income Group	WHO region	Cost of new and companion TB drugs purchased
			Expand New Drugs for TB (PIH)
ARMENIA	EUR	LMI	190 957
BANGLADESH	SEAR	LI	159 944
BELARUS	EUR	UMI	-
ETHIOPIA	AFR	LI	123 145
GEORGIA	EUR	LMI	-
INDONESIA	SEAR	LMI	-
KAZAKHSTAN	EUR	UMI	697 251
KENYA	AFR	LI	10 247
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	SEAR	LI	134 254
KYRGYZSTAN	EUR	LMI	25 768
LESOTHO	AFR	LMI	324 792
MYANMAR	SEAR	LI	-
NEPAL	SEAR	LI	-
PAKISTAN	EMR	LMI	-
PERU	AMR	UMI	96 307
Total (Value) US\$			1 762 666

7.4 Monies spent (US\$) on Tests for Tuberculosis (2015)

Country	WB Income Group	WHO Region	Value of diagnostics			
			Expand TB diagnostics (MDR-TB) (STOP TB/GDF,FIND, WHO) ⁽¹⁾	GeneXpert (WHO)		Total (Value) US\$
				GeneXpert instruments	Xpert MTB/RIF cartridges	
AZERBAIJAN	LMI	EUR	87 770	-	-	87 770
BANGLADESH	LI	SEAR	55 938	-	304 390	360 328
BELARUS ⁽²⁾	LMI/UMI	EUR	151 810	-	123 752	275 562
CAMBODIA	LI	WPR	-	-	159 680	159 680
CAMEROON	LMI	AFR	23 706	-	-	23 706
CONGO	LMI	AFR	-	-	4 990	4 990
CÔTE D'IVOIRE ⁽³⁾	LI	AFR	111 461	-	-	111 461
DJIBOUTI	LMI	EMR	-	-	-	-
ETHIOPIA	LI	AFR	263 327	-	69 860	333 187
GEORGIA	LMI	EUR	120 641	-	-	120 641
HAITI	LI	AMR	126 386	-	-	126 386
INDIA ⁽⁶⁾	LI/LMI	SEAR	3 752 169	-	1 197 600	4 949 769
INDONESIA	LMI	SEAR	81 071	-	573 850	654 921
KAZAKHSTAN	UMI	EUR	64 543	-	-	64 543
KENYA	LI	AFR	175 368	-	449 100	624 468
KYRGYZSTAN	LI	EUR	37 624	-	59 880	97 504
LESOTHO ⁽³⁾	LI	AFR	124 961	-	-	124 961
MALAWI	LI	AFR	-	-	209 780	209 780
MOZAMBIQUE	LI	AFR	110 566	-	377 244	487 810
MYANMAR	LI	SEAR	212 874	-	119 760	332 634
NEPAL	LI	SEAR	-	-	263 472	263 472
PAKISTAN	LMI	EMR	-	-	711 075	711 075
PERU	LMI	AMR	161 983	-	-	161 983
PHILIPPINES	LMI	WPR	-	-	142 714	142 714
REPUBLIC OF MOLDOVA	LMI	EUR	321 641	-	238 522	560 163
RWANDA	LI	AFR	199 609	-	-	199 609
SENEGAL	LI	AFR	262 481	-	-	262 481
SWAZILAND	LMI	AFR	345 649	-	37 924	383 573
TAJIKISTAN	LI	EUR	624 502	-	-	624 502
TANZANIA, UNITED REPUBLIC OF	LI	AFR	36 080	-	204 590	240 670
UGANDA	LI	AFR	-	-	179 141	179 141
UZBEKISTAN	LI	EUR	251 875	-	-	251 875
VIET NAM ⁽⁴⁾	LI/LMI	WPR	210 154	-	407 683	617 837
Total (Value) US\$			7 914 188	-	5 835 007	13 749 194

⁽¹⁾ Includes cost of equipment, consumable and reagents, and essential supplies of DST, LPA, MGIT cultures, Rapid Speciation and Xpert tests.

⁽²⁾ Classified as LMI at time of grand signature for Expand TB and UMI for GeneXpert.

⁽³⁾ Côte d'Ivoire and Lesotho are classified as an LI in Expand TB project, reflecting their status at grant signature.

⁽⁴⁾ Classified as LI at time of grand signature for Expand TB and LMI for GeneXpert.

TABLE 8.**Summary of treatments and tests provided by year and by disease area**

8.1. HIV													
Description	HIV/AIDS (Patients on treatment)												
	Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	2014	Total		
Estimated number of patients on second-line ARV treatment ^{1 2}	Round 6 ³	GFATM	-	-	3 909	1 879	2 827	-	-	-	8 615		
	Second-line ARV	CHAI	61 674	133 322	117 324	113 892	117 141 ⁴	-	-	-	543 353		
Estimated number of new children on HIV treatment	Paediatric HIV	CHAI	134 677	55 995	60 014	73 578	65 916	32 344	44 412	31 254	498 190		
	Round 6 ³	GFATM	-	-	31 221	8	1 581	-	-	-	32 810		
Description	HIV/AIDS (Prevention of mother to child transmission)						2008	2009	2010	Total			
	Project Name	Grantee											
ARV treatments delivered to prevent mother to child transmission	PMTCT	UNICEF				43 764	227 494	540 713	811 971				
Cotrim provided to HIV positive women	PMTCT	UNICEF				48 802	109 633	38 655	197 090				
HIV positive pregnant women on ART/HAART	PMTCT	UNICEF				5 948	45 611	13 318	64 877				
Ready-to-use therapeutic food and cotrim for children	PMTCT	UNICEF				35 187	65 366	101 438	201 991				
Description	HIV/AIDS (Tests)												
	Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total	
Detection													
HIV tests for early infant diagnosis	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	-	-	7 750	7 750	
	Paediatric HIV	CHAI	75 115	168 123	302 578	372 810	422 096	401 959	257 883	220 010	-	2 220 574	
	HIV Diagnostics	MSF	-	-	-	-	-	-	-	168	572	740	
	PMTCT	UNICEF	-	8 064	29 568	25 056	-	-	-	-	-	62 688	
HIV tests for pregnant women	PMTCT	UNICEF	-	819 860	3 105 442	4 086 376	-	-	-	-	-	8 011 678	
Monitoring													
HIV tests for pregnant women	CD4	PMTCT	UNICEF	-	129 200	336 200	410 200	-	-	-	-	875 600	
Number of tests performed / adults	CD4	HIV Diagnostics	MSF	-	-	-	-	-	-	18 063	29 919	21 904	47 982
		PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	911 299	1 239 885	379 800	2 530 984
	VL ⁵	HIV Diagnostics	MSF	-	-	-	-	-	-	54 305	94 938	126 116	149 243
		OPP-ERA	FEI	-	-	-	-	-	-	-	11 921	23 939	35 860
		PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	-	-	1 300	1 300

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

⁽²⁾ Non-cumulative values.

⁽³⁾ Results for Laos and Djibouti (Global Fund Round 6) are combined for paediatric and second line treatments. They are presented in the values for adult 2nd line treatments.

⁽⁴⁾ Treatment numbers are not available for 2012 because only emergency orders were delivered.

⁽⁵⁾ Viral Load.

8.2. Malaria

Description	Malaria (Treatments, Tests and Prevention)											
	Project Name	Grantee	2008	2009	2010	2011	2012	2013	2014	2015	Total	
Volume of ACT treatments delivered	ACT Liberia & Burundi	UNICEF	1 401 228	-	-	-	-	-	-	-	-	1 401 228
	ACT Scale-up	GFATM	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	182 778 220	-	-	-	472 922 510
Volume of Injectable Artesunate delivered	ISMO	MMV	-	-	-	-	-	-	324 000	2 951 364	-	3 275 364
Volume of SP+AQ delivered ¹	SMC Services	MC	-	-	-	-	-	-	-	14 766 388	-	14 766 388
Total Treatments			9 601 508	8 513 644	17 307 893	158 442 320	139 944 910	182 778 220	324 000	17 717 752		534 630 247
LLINs delivered ²	LLINs	UNICEF	-	13 500 000	6 500 000	-	-	-	-	-	-	20 000 000
Total Prevention			-	13 500 000	6 500 000	-	-	-	-	-		20 000 000
Number of RDTs delivered	Private Sector RDTs	PSI	-	-	-	-	-	510 000	1 900 125	731 667	-	3 141 792
Total Test			-	-	-	-	-	510 000	1 900 125	731 667		3 141 792
Number of lots tested for accuracy	Quality Assurance RDT	FIND	-	-	-	-	-	1 083	927	879	-	2 889
Total QA Completed			-	-	-	-	-	1 083	927	879		2 889

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

⁽¹⁾ Sulfadoxine-pyrimethamine + Amodiaquine.

⁽²⁾ 2010 volumes were paid in 2009.

8.3. TB

Description	Tuberculosis (Treatments)												
	Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total	
First-line TB treatments delivered	First-Line Tuberculosis	STOP TB/GDF	197 584	545 793	41 703	-	-	-	-	-	-	-	785 080
MDR-TB patient treatments delivered	MDR-TB Scale Up	STOP TB/GDF	-	1 543	1 535	845	6 568	5 395	423	-	-	-	16 309
	Round 6	GFATM	-	-	2 397	706	331	-	-	-	-	-	3 434
Paediatric TB patient treatments delivered	Curative	Paediatric TB	STOP TB/GDF	52 128	81 053	145 709	117 211	57 429	7 511	62 600	-	-	523 641
	Prophylaxis	Paediatric TB	STOP TB/GDF	60 626	91 995	229 884	173 620	89 304	32 180	90 400	-	-	768 009
Strategic Rotating Stockpile treatments for MDR-TB	MDR-TB SRS	STOP TB/GDF	-	800	5 000	-	-	-	-	12 500	12 500	-	30 800
People enrolled on a new TB drug as part of their MDR-TB regimen	Expand New Drugs for TB	PIH	-	-	-	-	-	-	-	-	-	202	202

Description	Tuberculosis (Cases detected)											
	Project Name	Grantee	2009	2010	2011	2012	2013	2014	2015	total		
Diagnostics tests (for MDR-TB): cases detected	Expand TB diagnostics	STOP TB/GDF, FIND, WHO	1 810	2 386	6 878	24 869	35 736	35 304	32 102	-	-	139 085
Diagnostics tests (for TB): cases detected	GeneXpert	WHO	-	-	-	-	7 647	55 604	97 939	-	-	161 190

Description	Tuberculosis (Cases detected)						
	Project Name	Grantee	2013	2014	2015	total	
Number of TB tests performed	DST ⁽¹⁾	Expand TB diagnostics	STOP TB/GDF, FIND, WHO	17 237	22 305	25 610	65 152
	LPA ⁽²⁾	Expand TB diagnostics	STOP TB/GDF, FIND, WHO	151 720	154 956	159 618	466 294
	MGIT cultures ⁽³⁾	Expand TB diagnostics	STOP TB/GDF, FIND, WHO	217 466	278 736	240 027	736 229
	Rapid speciation	Expand TB diagnostics	STOP TB/GDF, FIND, WHO	39 554	58 109	56 177	153 840
	Xpert	Expand TB diagnostics	STOP TB/GDF, FIND, WHO	39 738	113 286	120 000	273 024
	GeneXpert	WHO	57 018	337 272	631 775	926 065	

⁽¹⁾ Drug susceptibility test

⁽²⁾ Line Probe Assay

⁽³⁾ Mycobacteria growth indicator tube

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

9.1 HIV													
Description	HIV/AIDS (US\$ Investments)											Total (Value) US\$	
	Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	2014	2015		
Value of ARVs 2nd Line Adults (1)	Round 6 (2)	GFATM	-	-	1 225 082	13 109	86 271	-	-	-	-	1 324 462	
	Second-line ARV	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	12 986 918	9 156 189 (3)	-	141 435 363	
	Round 6 (2)	GFATM	-	-	-	104 000	5 262 845	-	-	-	-	5 366 845	
Value of opportunistic infections medicines purchased	Paediatric HIV	CHAI	8 158 958	8 538 277	2 218 649	795 154	2 811 884	1 672 068	-	-	-	24 194 990	
Sub-Total (Value) US\$			49 079 107	83 345 058	80 448 818	55 817 286	70 368 295	19 547 190	12 986 918	9 156 189	-	380 748 860	
Value of PMTCT product expenditure	PMTCT	UNICEF	-	4 004 540	16 449 724	13 529 846	-	-	-	-	-	33 984 109	
Value of ready-to-use therapeutic foods purchased	Paediatric HIV	CHAI	3 887 897	6 316 407	6 364 263	5 544 320	2 019 825	3 741 147	-	-	-	27 873 858	
	PMTCT	UNICEF	-	-	-	467 704	-	-	-	-	-	467 704	
Sub-Total (Value) US\$			3 887 897	10 320 947	22 813 986	19 541 870	2 019 825	3 741 147	-	-	-	62 325 672	
Value of HIV diagnostics	EID ⁴	Paediatric HIV	CHAI	1 823 495	2 773 175	13 411 220	14 289 285	17 541 535	10 511 671	4 804 296	4 002 029	-	69 156 705
		HIV Diagnostics	MSF	-	-	-	-	-	-	-	52 383	-	52 383
		PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	-	-	189 925	189 925
	Alere Q Systems	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	-	-	875 000	875 000
	Pima CD4 devices	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	671 000	674 882	-	1 345 882
	Pima CD4 tests	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	741 965	4 582 095	2 190 195	7 514 255
	CD4 devices	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	-	-	176 500	176 500
	CD4 tests	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	-	-	99 840	99 840
	CD4 devices	HIV Diagnostics	MSF	-	-	-	-	-	-	-	53 997	27 197	81 194
	CD4 tests	HIV Diagnostics	MSF	-	-	-	-	-	-	-	300 748	67 315	368 063
	GeneXpert Systems	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	-	-	106 615	106 615
	Viral Load tests	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	-	-	24 830	24 830
	Viral Load devices	HIV Diagnostics	MSF	-	-	-	-	-	-	-	214 387	114 328	328 715
	Viral Load tests	HIV Diagnostics	MSF	-	-	-	-	-	-	-	1 690 069	1 980 173	3 670 242
	OPP devices	OPP-ERA	FEI	-	-	-	-	-	-	-	282 100	59 150	341 250
OPP reagents	OPP-ERA	FEI	-	-	-	-	-	-	-	317 689	1 009 261	1 326 950	
Sub-Total (Value) US\$			1 823 495	2 773 175	13 411 220	14 289 285	17 541 535	10 511 671	6 217 261	12 170 379	6 920 329	85 658 349	
Total (Value) US\$			54 790 498	96 439 180	116 674 024	89 648 441	89 929 655	33 800 009	19 204 179	21 326 568	6 920 329	528 732 881	

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 treatments. They are presented in the values for adult treatments.

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

⁴ Early Infant Diagnosis.

9.2 Malaria

Description	Malaria (US\$ Investments)											
	Project	Grantee	2008	2009	2010	2011	2012	2013	2014	2015	Grand Total	
Value of ACT treatments delivered	ACT Liberia & Burundi	UNICEF	805 340	-	-	-	-	-	-	-	805 340	
	ACT Scale-up	GFATM	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	123 591 186	-	-	384 992 960	
	Round 6	GFATM	-	5 317 889	1 067 243	3 659 187	862 531	-	-	-	10 906 850	
Value of Injectable Artesunate delivered	ISMO	MMV	-	-	-	-	-	-	460 080	4 190 936	4 651 016	
Value of SP+AQ treatments delivered ⁽¹⁾	SMC Services ⁽²⁾	MC	-	-	-	-	-	-	-	3 901 942	3 901 942	
Total Treatments Value			7 309 941	10 986 701	18 282 881	148 506 214	122 412 108	123 591 186	460 080	8 092 878	439 641 988	
LLINs Supply Value ⁽³⁾	LLINs	UNICEF	-	90 753 691	-	-	-	-	-	-	90 753 691	
Total Prevention Value			-	90 753 691	-	-	-	-	-	-	90 753 691	
Value of Malaria RDTs delivered ⁽⁴⁾	Private Sector RDTs	PSI	-	-	-	-	-	-	220 325	1 865 527	143 717	2 229 569
Total Tests Value			-	-	-	-	-	-	220 325	1 865 527	143 717	2 229 569
Number and % requests for lot testing	Quality Assurance RDT	FIND	-	-	-	-	-	-	739 689	385 632	341 052	1 466 373
Total QA Completed			-	-	-	-	-	-	739 689	385 632	341 052	1 466 373
Total Value (US\$)			7 309 941	101 740 392	18 282 881	148 506 214	122 412 108	124 551 200	2 711 239	8 577 646	534 091 621	

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

⁽¹⁾ Sulfadoxine-pyrimethamine + Amodiaquine.

⁽²⁾ Grant Agreement signed on 23 Sept 2014.

⁽³⁾ All products delivered in 2009 and 2010 were paid for in 2009.

⁽⁴⁾ Value given at bundle price (including training, waste management etc.).

9.3 TB

Description	Tuberculosis (US\$ Investments)											
	Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	2014	2015	Total (Value) US\$
Value of First Line TB treatments delivered	First-Line Tuberculosis	STOP TB/ GDF	-	-	-	-	15 644 505	-	-	-	-	15 644 505
Value of MDR-TB treatments delivered	MDR-TB Scale Up ⁽¹⁾	STOP TB/ GDF	-	-	-	16 094 026	13 394 530	10 096 911	5 651 593	-	-	45 237 059
	Round 6	GFATM	-	-	5 990 927	2 229 135	1 121 227	-	-	-	-	9 341 289
Value of paediatric treatments delivered	Curative & Prophylaxis	Paediatric TB	244 980	1 075 153	2 263 797	1 501 681	1 117 228	335 809	445 169	-	-	6 983 816
Value of MDR-TB treatments in the SRS	MDR-TB SRS ⁽²⁾	STOP TB/ GDF	-	9 872 862	-	-	-	-	2 295 805	12 478 000	-	24 646 667
Cost of new and companion TB drugs purchased	Expand New Drugs for TB	PIH	-	-	-	-	-	-	-	-	1 762 666	1 762 666
Sub-Total (Value) US\$			244 980	10 948 015	8 254 724	19 824 842	31 277 490	10 432 719	8 392 567	12 478 000	1 762 666	103 616 002
Value of diagnostics delivered	Expand TB diagnostics ⁽³⁾	STOP TB/ GDF, FIND, WHO	-	-	-	-	7 435 266	6 354 740	9 191 655	11 146 343	7 914 188	42 042 191
	GeneXpert instruments	GeneXpert	WHO	-	-	-	-	-	3 716 160	239 340	-	3 955 500
	Xpert MTB/RIF cartridges	GeneXpert	WHO	-	-	-	-	-	2 482 625	3 677 430	5 835 007	11 995 061
Sub-Total (Value) US\$			-	-	-	-	7 435 266	6 354 740	15 390 440	15 063 113	13 749 194	57 992 753
Total (Value) US\$			244 980	10 948 015	8 254 724	19 824 842	38 712 755	16 787 460	23 783 006	27 541 113	15 511 860	161 608 755

⁽¹⁾ MDR-TB treatment is for 24 to 18 months. Costs reflect the long duration of treatment needed per patient using the current treatment regimen.

⁽²⁾ MDR-TB SRS is a rolling stockpile; figures reported here are disbursements UNITAID made to SRS to either increase the size or replace losses

⁽³⁾ Includes cost of equipment, consumables and reagents, and essential supplies of DST, LPA, MGIT cultures, Rapid Speciation and Xpert tests.

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