RESOLUTION n°5
UNITAID Executive Board meeting
May 7 and 9, 2007

MDR-TB Scale Up

Partner organizations: GLC/GDF and GFATM

The Board of UNITAID authorizes the Executive Secretary to commit up to USD 20,820,000 for support of the MDR-TB Scale Up Initiative to increase access to quality second-line anti-tuberculosis ("TB") drugs, for use in multidrug-resistant TB ("MDR-TB") control in 17 low and middle income countries, whose programs for MDR-TB treatment have received the approval of the Green Light Committee ("GLC"). UNITAID support for the MDR-TB Scale Up Initiative is intended to cover an estimated 4,716 treatments during a 24 month period for all 17 countries. For six of the countries under ongoing Global Fund grants, the support will continue for an additional period equal to the remainder of the respective grants (i.e., from mid-2009 through 2011).

Lead recipient: Green Light Committee/Global Drug Facility

Purpose:
Joint proposal from GLC/GDF and GFATM to scale up and improve access to MDR treatment in 17 countries. UNITAID resources will be used to finance the purchase of MDR-TB drugs and for delivery, insurance, quality assurance and procurement management costs.

Procurement Agent: GDF

Amount:
Up to USD 20,820,000

Conditions for disbursement:

- Signature of LOA between UNITAID, GLC/GDF and GFATM.
- Signature of the contract between GDF and its procurement agent responsible for procurement of UNITAID funded second line anti-TB drugs
Conditions for funding commitment and disbursements for 2008 and beyond:

- The second year funding and beyond may be recalculated on the basis of potential new price agreements and potential marked impact of the 2007 orders.

- The implementation of the financing commitment and the disbursements will be subject to evidence of need, technical soundness of the programs as assessed by the GLC, and submission of technical and financial reports, satisfactory to UNITAID, which will be submitted by the GDF (incorporating information from GLC and the Global Fund) for the 17 countries. Such reports shall include, in addition to financial information provided by GDF and technical evaluations by GLC, an assessment of the recipients performance by the GLC, GDF and GFATM (it being noted as follows: for grants managed by GFATM, continued receipt of MDR TB treatments is dependent on the performance of grants in meeting targets as measured by GFATM under its own policies and procedures; and, for all other programs, continued receipt of UNITAID funded MDR TB treatments is dependent on the satisfactory performance of the programs as measured by the GLC).

Philippe Douste-Blazy

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