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Agenda item 4

2023-2027 Strategy –
Key Performance Indicator report (June 2025)

For Information ☒   **For Review and Advice** ☐   **For Decision** ☐

Introduction

This document summarizes Unitaid's Key Performance Indicators (KPIs) results over the last year. KPI reporting is one element of performance reporting by Unitaid and complements the Strategy Implementation Progress Report (UNITAID/EB46/2025/4) and the Programmatic Priorities update (UNITAID/EB46/2025/6). There is also a specific Annex attached to this report, which provides more details and insights on some of the KPIs, in particular KPI 1.3 (UNITAID/EB46/2025/5/Annex1).

This year, the KPI reporting includes Impact-level KPI reporting as Unitaid has reached the midpoint of the Strategic period.

Recap – Unitaid's Performance Framework and Key Performance Indicators

A revised performance framework was approved by the Executive Board in June 2022 to support the implementation of the 2023-2027 Strategy. The performance framework is the set of systems, processes & plans that translate organizational goals into results by making use of qualitative and quantitative performance information to support the performance management of Unitaid over time, e.g., using KPIs.

The framework assists framing how Unitaid:

- Defines performance - i.e., what does success look like for Unitaid, measured through key performance indicators and targets reflective of Unitaid's 2023-2027 Strategy
- Measures performance - i.e., what performance information (both qualitative & quantitative) is needed, and how this information should be analysed to support performance management
- Manages performance - i.e., what forward-looking actions should be taken to deliver performance improvement over time for Unitaid considering formal performance assessments

At the 43rd session of the Executive Board in November 2023, some aspects of the KPI framework were updated (formalized through Resolution UNITAID_EB43_2023_R1_Revisions to KPI framework (1).pdf) following a review process coordinated through the Policy and Strategy Committee (PSC) and Finance and Accountability Committee (FAC) (the latter for Organizational KPI A).

Figure 1, below, summarizes the structure of the 2023-2027 performance framework, which has five levels, laid out in a hierarchy from Vision/Mission-level (Level 1) downwards, covering the 2023-2027 Strategic objectives (Level 2), specific objectives related to the portfolio of investments, the 'programmatic priorities' (Level 3), Executive Board-facing organizational objectives, defined here as 'Key operational areas' (Level 4) and internal organizational objectives linked to annual workplans (Level 5).

In respect of KPIs, there are Executive Board-approved KPIs for levels 1 (Vision/Mission-level), 2 (Strategic Objectives) and 4 (Key operational areas) of the Performance Framework (the latter herein referred to as the 'Organizational KPIs').

Levels 1 and 2 comprise thirteen KPIs. At the Vision/Mission-level, there are four impact KPIs, covering the additional public health impact, economic impact, the return on investment of Unitaid, and the extent to which Unitaid accelerates the global health response (Impact indicators 1-4). These KPIs are formally assessed at two points of the strategic period (the mid-point (in 2025) and end of strategic period). The remaining nine KPIs span across the three strategic objectives of the 2023-2027 Strategy.

There are fifteen Organizational KPIs mapped across the four organizational objectives to i) 'Ensure organizational efficiency', ii) 'Secure sufficient and stable resources', iii) 'Manage our portfolio efficiently and effectively', and iv) 'Foster staff engagement and ensure staff wellbeing'.

Figure 1 – Unitaid 2023-2027 Strategy Performance Framework
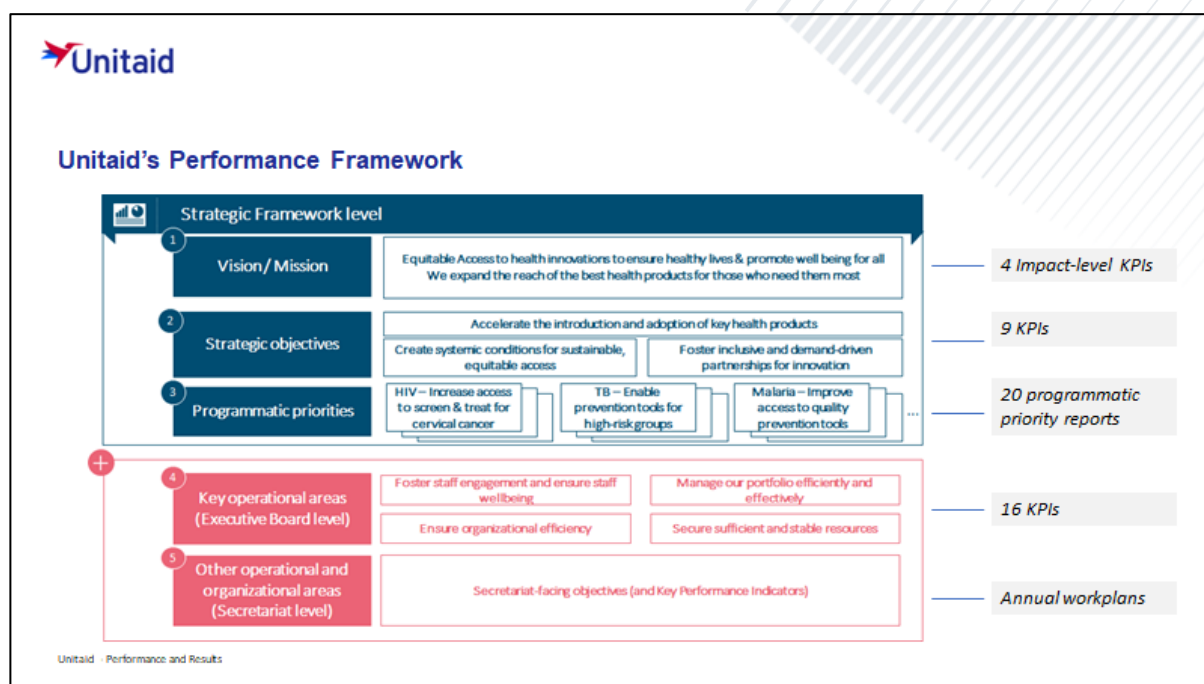
Impact-level KPIs

This year, Unitaid's impact-level KPIs are reported for the first time in this strategic period. This is in line with the Executive-Board agreed KPI framework, where Unitaid shifted from annual impact reporting during the 2017-2021 strategic period, based on closing projects, to an approach where Impact would be reported on twice in this strategic period – at the midpoint (now) and at the end of the Strategic period in 2027.

Within the framework, Unitaid has four impact-level KPIs:

- **Impact 1: Public Health Impact -** the additional public health impact of key health products supported by Unitaid; this is measured through the a) additional infections or cases averted and b) additional deaths averted from Unitaid-supported products
- **Impact 2: Economic savings or efficiencies** – the total economic savings and (where possible calculate) efficiencies generated by key health products supported by Unitaid
- **Impact 3**: **Return on Investment –** of Unitaid-supported products.
- **Impact 4**: **Accelerating the global health response** – which is measured through the acceleration time between reaching reductions in mortality in global disease projections vs. reaching the same reductions without access to innovation.

The results presented here come from three sources; i) the Return in Investment project undertaken last year, which was presented to the Executive Board during an information session in September 2024 (see figure 2, below for the health products in scope of this analysis), ii) Secretariat analysis of economic savings, mainly based on price reductions from optimal HIV regimens, and iii) an analysis of the impact of innovation in the context of the Global Fund investment case for the 2027-2029 replenishment. The latter reflects one important area of collaboration between Unitaid and The Global Fund.

Figure 2 – Unitaid-supported products in scope of the Return on Investment project

Source: CEPA

In respect of KPI **Impact 1**, the additional infections or cases averted arising from the 16 products in scope of the Return on Investment modelling is estimated to be an additional **86 million infections or cases averted**, and an additional **930,000 deaths averted** from the scale-up of the products in scope of the analysis. For infections or cases, the largest contributors to the total figures are dual-active ingredient bed nets and Seasonal Malaria Chemoprevention. The largest contributors to deaths averted are the scale up of optimal HIV treatments (dolutegravir-based regimens) for adults, and Seasonal Malaria Chemoprevention (for children).

For economic savings and efficiencies, KPI Impact 2, economic savings are estimated to be approximately **US$ 10 billion**. This is mainly due to savings in HIV programmes from the scale-up of dolutegravir-based HIV regimens, and an increase compared to earlier estimates of $8 billion. Savings are calculated based on the introductory (ceiling price) of dolutegravir in 2017 of US$75, which was secured thanks to a buy-down agreement by the Gates Foundation. Subsequently, as coverage has moved rapidly to scale, thanks to the diverse supply of dolutegravir from generic manufacturers through MPP voluntary licenses and CHAI-led market shaping, there has been a strong price competition that has led to The Global Fund being able to procure dolutegravir-based regimens at historic low prices of **US$ 37 per person, per year.** Thus, since 2017 the cost of best-in-class HIV treatment for adults has halved. This progress exceeds original targets and has provided a strong platform for HIV programmes to scale up coverage of optimal treatments. These savings are based on estimates until 2030. Prolonged disruptions to HIV programmes may put at risk the ability to realize these savings.

The Return on Investment (**Impact 3**) of the 16 products included in the modelling analysis is estimated to be **46:1** (range 28:1 – 61:1) using the 'Intrinsic' method used by several global health agencies, and 5:1 (range 3:1 – 6:1) using a cost of illness approach.

In respect of Accelerating the global health response (**Impact 4**), the Global Fund Investment Case modelling team have recently concluded an updated analysis of the impact of innovation, based on the 2027-2029 Global Fund investment case models. In line with previous iteration, this analysis yielded the key finding that without the availability of innovative health technologies it would take an **additional three years** to achieve the same reduced level of HIV, TB and malaria deaths as projected in the Global Fund Investment Case.

Critically, these estimates reflect a set of parameters in the global health ecosystem that have been disrupted in recent months. Some of these impact estimates are based on forward-looking projections, to 2030 at the latest, so the actual impact achieved between 2025-2030 may vary in practice if the available funding for the provision of healthcare in low- and middle-income countries declines over the next few years. Under KPI 1.3, there is some analysis of the potential disruption to the scale-up of some health products, which complement the estimates presented here (see below).

The Unitaid Secretariat will keep a close eye on emerging trends and will develop updated impact estimates as needed to assess the implications of the changing external environment. Moreover, there is a need for a more comprehensive analysis of economic efficiencies to complement estimates of economic savings. This is important as many of the products Unitaid supports become available for scale up at an incremental cost, so a more detailed analysis of the cost-effectiveness of certain health products and how this translates into health system efficiencies is important, notably as countries face increasingly restricted budgets. The Unitaid Secretariat will provide an update on this issue during future touchpoints with the Unitaid Executive Board and Committees.

Strategic Objective KPIs

The following section summarizes Unitaid's performance over the last year against its Strategic Objectives. To begin, a summary of overall results against the Strategic Objective KPIs are presented in Figure 3, below.

Figure 3 – Strategic Objective KPI results

Summary table – Strategic Objective KPI results

	KPI	Description, definition	Target	Results 2022	Results 2023	Results 2024
Strategic Objective 1: Accelerate the introduction and adoption of key health products	1.1 - Portfolio evolution	Total number of new health products supported by Unitaid over the previous 12 months	N/A	9 new products supported (HCV, PPH, TB)	3 new products supported (AHD)	11 new products supported (AHD, HCV, PPH)
	1.2(a) - Overall Portfolio Health	% of key health products on track to meet their target access profiles	80% Target Access Profiles (TAP) on track	🟢 83% (10/12) TAPs on track*	🟡 78% (21/27) TAPs on track*	🟡 79% (22/28) TAPs on track*
	1.2(b) - Target Equity Conditions	% of key health products on track to meet their target equity conditions	80% Target Equity Conditions (TEC) on track	🟡 75% (9/12) TEC on track*	🟡 74% (20/27) TEC on track*	🟡 79% (22/28) TEC on track*
	1.3 - Product uptake	Extent to which Unitaid enables the successful scale-up of health products	• Unitaid-supported product classes in scale up phase increased from 18 (2022) to 24 (2023) to 27 (2024) • >100 countries • procuring products reaching from ≈ 170 M (2022) to ≈300M (2023) People/yr to 320M (2024)			
Strategic Objective 2: Create systemic conditions for sustainable, equitable access	2.1 - Creating systemic conditions for sustainable, equitable access	Demonstrated progress in devising plans, and where appropriate making investments, in areas intended to Strategic Objective 2	On track to meet expectations of SI's	N/A	Strong progress overall	Continued strong progress overall
	2.2 - Dissemination of evidence on equitable access	Summary of progress in generating evidence to support equitable access in previous calendar year	N/A	64 papers, 69% w/gender-disagg data	97 papers, 65% w/gender-disagg data	71 papers, 45% w/ gender-disagg data
Strategic Objective 3: Foster inclusive and demand-driven partnerships for innovation	3.1 - Partner Satisfaction	% of positive responses - *'To what extent has your partnership with Unitaid fostered inclusive and demand-driven partnerships for innovation that has advanced equitable access to key health products?'*	75% positive, per stakeholder group, by 2027 Partner Survey	57% (27/47) positive responses	N/A	78% (14/18) positive responses
	3.2 - Effective engagement with Communities and Civil Society	Extent to which there is effective engagement with affected communities and civil society and responsiveness to address needs	100% demonstrated engagement by the end of the Strategy.	40% of PP* have 'strong/good' CCS engagement	75% of PP* have 'strong/good' CCS engagement	77% of PP* have 'strong/good' CCS engagement
	3.3 - Effective Country stakeholder engagement	Extent to which there is effective engagement with low and middle-income countries	At least 1 country agreement(s) (MoU) by mid-2025 • At least 1 flagship country visit• Increased invt in LMICs	N/A	Strong progress, on track to meet targets	Strong progress, on track to meet targets

Strategic Objective 1 – Accelerate the introduction and adoption of key health products

Strategic Objective 1 focuses on how Unitaid boosts the development of fit-for-purpose health products. This work spans a range of access barriers in the middle of the value chain, including supporting the development of reformulated products to increase their scalability or accessibility, and new or innovative delivery systems that will aid wider adoption in low- and middle-income countries. For example, testing safety and efficacy in resource-constrained settings, as well as advocacy to increase knowledge and awareness and to build trust in new products. This work is guided by community-led approaches, in the identification of needs, the creation of demand, and the delivery of services, notably for marginalized and at-risk people.

Beyond identifying and investing in promising products, Unitaid focuses on creating healthy supply conditions and generation of demand, market shaping. This includes ensuring quality and reach of products (e.g., addressing intellectual property and regulatory issues, quality assurance processes), affordability (e.g., through pricing agreements, intellectual property interventions and demonstration of cost-effectiveness), and establishing strong supply and delivery conditions (e.g., through product forecasting, incentives, and more effective access conditions). In relation to the latter, the work that Unitaid does — e.g. forecasting demand — increases manufacturer confidence in the viable market, thus strengthening supply security and diversity. Even when a product is available on the market and in the place where it is needed, Unitaid recognizes the need to support product introduction, adoption, demand, and scale-up. Unitaid also supports the development and introduction of simple, effective models of care to ensure delivery of those products.

Three KPIs support Strategic Objective 1. These KPIs capture the full lifecycle from when Unitaid invests in new products (KPI 1.1 – Portfolio Evolution), as part of our objective to support 30 products by 2030 (the '30 x 30' objective), an assessment of portfolio health, linked to progress towards target access conditions for key health products (KPI 1.2 (a)) and target equity conditions associated with these products (KPI 1.2 (b)). Finally, KPI 1.3 (Product Uptake) summarizes, in a dashboard, the extent to which Unitaid supported products are being scaled up by countries and supported by major scale funders.

To frame this assessment, a mapping of health products across the lifecycle, from pre-investment, through early and mature implementation, and scale-up is presented in Figure 4, below. Good progress has been made towards Unitaid's 30 x 30 objective. The 30x30 framework looks at overall product class areas, within which multiple products can be supported. This year's analysis finds that 27 of the 30 product classes are already supported by Unitaid investments, with a further two in the pipeline with grants under development, and one (monoclonal antibodies) currently on-hold. In addition, 13 products in scope of the 30 x 30 are already being scaled, with a diverse range of investments across the 30 product areas (with multiple products in some areas, such as malaria chemoprevention). In addition, several new investments areas are in the pipeline. Unitaid has a recently concluded proposal review processes for Pre-eclampsia and anemia and has several grants under development in the areas of antimalarial drug resistance and optimization of vector control tools.

For **KPI 1.1**, Unitaid has expanded its portfolio to include an additional eleven innovative products in the areas of HIV prevention and treatment, maternal and newborn health and Ending Vertical Transmission of Chagas, HIV, HBV, and syphilis (EVT). This brings the total number of new products supported during the current strategic period to 23, with 12 products/product classes added in the previous two years across areas such as advanced HIV disease (AHD), hepatitis C (HCV), postpartum haemorrhage (PPH) and tuberculosis.

Key additions include lenacapavir, a long-acting pre-exposure prophylaxis (PrEP) that is highly effective in preventing HIV acquisition, representing a significant breakthrough in HIV prevention. Unitaid is rolling it out through pathfinder initiatives in South Africa and Brazil. To improve PPH care, calibrated delivery drapes are being introduced to objectively collect and measure postpartum blood loss, enabling earlier detection of haemorrhages and timely intervention to reduce severe outcomes and save maternal lives.

Under the Ending Vertical Transmission of Chagas, HIV, HBV, and syphilis (EVT) investment area, Unitaid is supporting a comprehensive package of diagnostics and prophylactic interventions, including point-of-care rapid tests for hepatitis B, HIV/syphilis, hepatitis B birth-dose vaccination, benzathine penicillin G to prevent congenital syphilis, and prophylaxis against vertical transmission of HBV.

Appendix 1 provides more details on the new health products that Unitaid is supporting.

Figure 4 – Mapping of health products – 30 x 30 objective

30 X 2030 – Mapping of Health Products

	Pre-Investment pipeline*	Early implementation	Mature implementation	Scale-up
HIV & co-infections		• New tools to test, treat, and prevent main opportunistic infections (CrAg SQ, Histo LFA, Itraconazole) • HCV prevention (Long-acting buprenorphine) • HCV prevention (Low dead space syringes) • Long-Acting PrEP (LA-Lena)	• Long-Acting PrEP (LA-CAB) • Long-Acting HIV treatment (LA-TLD) • Long-Acting HCV treatment (LA-G/P) • True point-of-care HPV screening (Screening, Self Sampling) • HCV rapid tests (HCV self-tests) • HIV Prevention (dapivirine vaginal ring) • HIV medicines for children (pDRV/r, pTAF)	• HIV medicines for children (pDTG, pALD) • Optimized medicines for adults (DTG) • Optimized medicines for adults (DRV/R) • CxCA treatment devices (Thermal ablation devices) • New tools to test, treat, and prevent main opportunistic infections - (L-AmB and Flucytosine - 5FC)
Tuberculosis		• New point-of-care TB tests (Point of Care, near Point of Care molecular diagnostics, 3rd generation LAM)	• TB preventive treatment (LA-HP, 1HP) • Pediatric formulations for MDR-TB (BSQ, CFZ, LFX, LZD, MFX, DLM) • Next-generation sequencing • Medical imaging (Portable X-rays, CAD, CRP)	• TB preventive treatment (3HP) • Shorter DS/DR-TB (BDQ, DLM)

Malaria	• Anemia diagnostics and tools
	• New malaria treatments, including non-artemisinin based drugs
	  • Dihydroartemisinin-piperaquine (DP)
	  • Artesunate-pyronaridine (ASPY)
	  • Pyronaridine (regional manufacturing)
		• Plasmodium falciparum (Pf) malaria RDTs (regional manufacturing)	• Vector Control (Spatial Repellents)
			• Vector Control (Ivermectin)
			• Single-dose radical cure for P. vivax (Tafenoquine (TQ)
				• Malaria vaccines (RTS,s)
				• Next-Gen LLINs (Dual-AI Nets)
				• Chemoprevention (CIPTp)
				• Perennial malaria chemoprevention

Women & children's health	• Tools to detect pre-eclampsia (PE) / eclampsia
	• PoC Biomarker for diagnosing PE
	• Digital Blood Pressure devices for PE
	• Anaemia diagnosis (Haemoglobinometers)
		• Better medicines for prevention, treatment and management of post-partum haemorrhage (Heat-stable carbetocin, TXA, Misoprostol, Calibrated drapes)
		• Elimination of vertical transmission:
		  • Chagas LAMP assay
		  • Syphilis treatment (BPG)
		  • Hepatitis B virus infection screening (HBsAg RDT), birth dose and treatment (TDF)
		  • Tests: Dual HIV/syphilis RDT, Triplex RDT, Syphilis trep/ non-trep dx, HIV/syphilis self-test		

Respond to global health emergencies	• Monoclonal Antibodies		• COVID-19 therapeutics (antivirals - nirmatrelvir, ritonavir) • Antigen RDTs (COVID-19) (antigen RDTs)	• Increase access to oxygen therapy (Bubble CPAP, O2 Blender) • Increase access to oxygen therapy (Pulse Oximeters)

New diagnostics and treatments for neonatal sepsis not in the 30 x 30 pipeline yet

For KPIs 1.2 (a) and (b), assess the health of Unitaid's product portfolio through 'Target Access Profiles' (for 1.2 (a)) and related 'Target Equity Conditions' (for 1.2 (b)).

A Target Access Profile (TAP) outlines, for a product or product class, the desired profile or conditions that are necessary for the product to become readily accessible (i.e., equitably, fit-for-purpose, affordable and rapidly) for people and communities who need it most. In the first year of the current strategic period, an initial set of 12 TAPs was developed. Last year, this set expanded to cover 27 products or product classes, of which 21 (78 %) were on track. In the latest review, we have **28 TAPs, of which 22 (79%) are on track**, in relation to a target of 80%. These results are summarized in figure 3, below. Under the Advanced HIV Disease portfolio, both newly introduced TAPs — the Histoplasma lateral flow assay (Histo LFA) and the Itraconazole TAP - are on-track.

Several TAPs continue to face significant pipeline and uptake constraints. The third-generation LAM test for TB remains off-track: only one product (FujiLAM) was ready for and has completed laboratory verification (and solely for people living with HIV), other diagnostics developers have paused their efforts, and potential uptake is challenged by uncertain sensitivity performance and fit within diagnostic algorithms, competition from near-point-of-care molecular tests and delayed WHO guideline updates. The ivermectin TAP also remains off-track: key field study data remains unpublished, no WHO-prequalified formulation is available, and insufficient evidence has delayed progress towards WHO policy recommendations and country guideline adoption. Meanwhile, following a strategic prioritization, the investment in the long-acting ivermectin product was closed.

Overall, portfolio health performance remains consistent with last year, from 78 % of TAPs on track last year to 79 %, with key changes this year stemming largely from the addition of two new on-track Advanced HIV Disease TAPs. Each TAP captures both programmatic progress and a risk assessment of long-term sustainability and scale-up potential of the product. By rigorously applying TAPs, we continue to ensure that our portfolio strategy remains forward-looking: prioritizing the right interventions at the right time, identifying emerging barriers early, and targeting resources to close gaps. At the same time, our commitment to upstream investments inherently carries risk, as novel products may encounter delays; nevertheless, such risk is essential to foster innovations that can deliver substantial public health impact. See figure 5, below.

Figure 5– KPI 1.2 (a) results
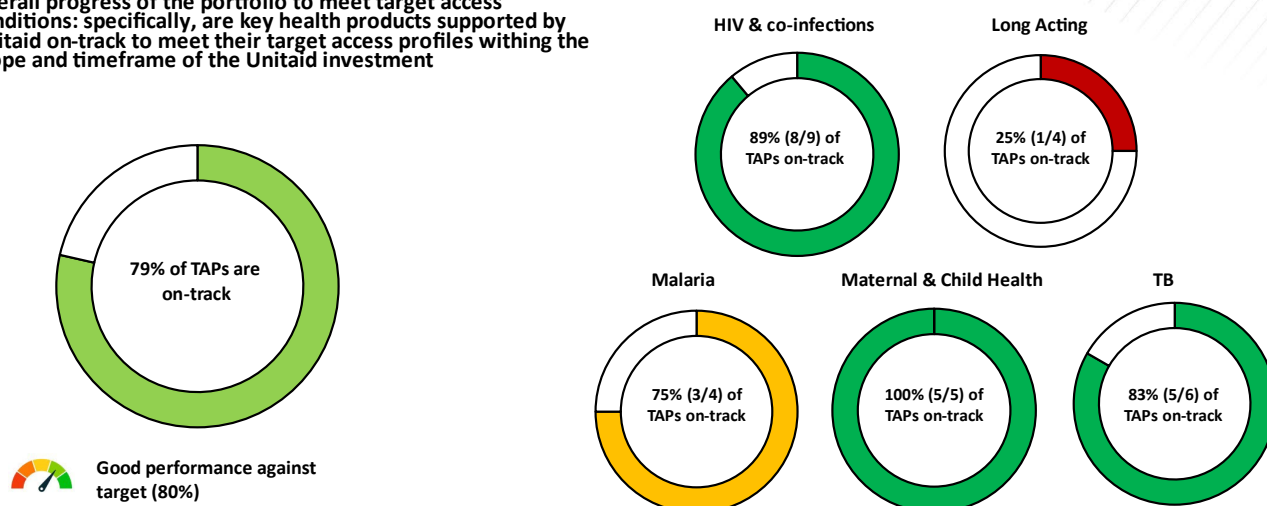
KPI 1.2 (b) assesses specific 'Target Equity Conditions'. Target Equity Conditions are contained within each Target Access Profile and are barriers particularly important to overcome to ensure equitable access. KPI 1.2(b) assesses the proportion of products on track to meet these specific conditions within each Target Access Profile. This year, **22 of 28 products (79%) are on track**, an improvement of last year's performance of 74% (20 of 27 on track), against the target of 80%.

Despite improvements in overall performance, target equity conditions remain off-track for two of the four long-acting products (long-acting TLD and long-acting 3HP) as well as for several malaria innovations (ivermectin, spatial repellents, and p. vivax safe radical-cure therapies). For malaria products, in particular, the equity conditions are related to evidence generation and delays in generating robust field evidence continue to weigh on the malaria portfolio, especially for spatial repellents studies in Africa. Robust evidence is especially critical to advance equity, as it reveals how interventions perform in the most vulnerable groups, whether internally displaced populations during mass ivermectin distribution or households in remote, hard-to-reach areas for spatial repellents—and, for long-acting products, coupling clinical efficacy data with user-acceptability studies is the first step toward ensuring both access and formulation suitability for priority groups. As noted under KPI 1.2a, the third-generation LAM assays remain off-track because they are not yet available for the full target population. Summary results for KPI 1.2 (b) are presented in figure 6, below.

Figure 6 – KPIs 1.2 (b) results
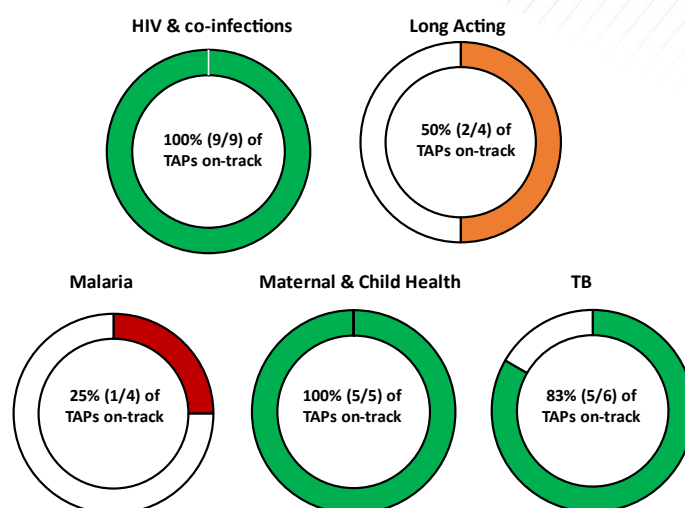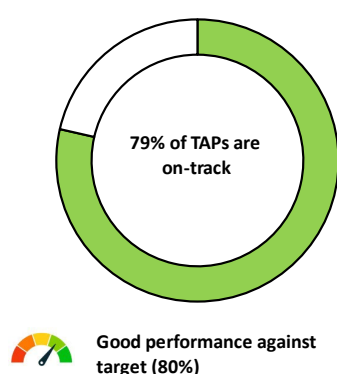
Finally, **KPI 1.3** assesses the extent to which Unitaid enables the successful scale-up of health products. This is summarized using a product dashboard, which covers disease-specific and aggregate-level analysis and includes a range of historic investment areas of Unitaid that pre-date the current strategic period.

The methodology focuses on tracking and evaluating the extent to which Unitaid enables the successful scale-up of key health products in coordination with countries and scale funders. The dashboard assesses scale-up progress across three dimensions: **Magnitude', 'Speed', and 'Equity'**. 'Magnitude' explores data
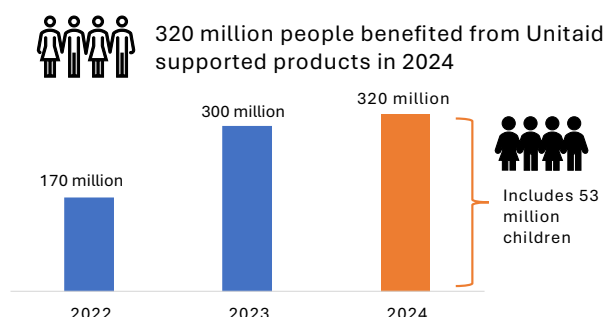
on procurement volumes and/or market share of the product or product class, including baseline, current status and, where available, forward-looking projections. 'Speed' assesses information on how quickly scale-up occurred after the initial investment by Unitaid, as well as the state of product adoption globally, and at the country level. Finally, 'Equity' of scale-up aims to determine the extent to which scale up is occurring in an equitable manner across geographies and populations groups. More details on the scale-up dashboard are provided in the Annex that supports this KPI report.

This year, the scale-up dashboard contains **27 health products or product classes** across HIV and co-infections, TB, malaria, maternal and child health that are being scaled up – up from 24 last year. Sixty per cent of all product classes in scope have 'Good' to 'Strong' scale up, compared to 54 per cent in 2023. Notable additions to the dashboard include fixed-dose combination (FDC) dispersible tablet of paediatric ABC/3TC/DTG 60/30/5 mg (pALD) which will provide the regimen in one convenient tablet for children living with HIV, perennial malaria chemoprevention for children, which extends seasonal protection in high-transmission settings; and the 6-month all-oral regimen of bedaquiline, pretomanid and linezolid (BPAL/M) for multidrug- and rifampicin-resistant tuberculosis. In aggregate, more than **100 countries** are procuring and providing access to Unitaid-supported products, which reach **approximately 320 million people** each year, including more than **53 million children**. This estimate of people reached is an increase on last year's estimate of 300 million people and is mainly driven by the scale-up of five health products, i) optimal HIV treatment (dolutegravir), ii) HIV self-testing, iii) Seasonal Malaria Chemoprevention, iv) dual-active ingredient bed nets, and v) TB prevention (3HP). Headline progress is summarized in figure 7, below.

Figure 7 – Scale-up dashboard: headlines

Unitaid Scale-up Dashboard – Top Line Results 2024

320 million people benefited from Unitaid supported products in 2024

170 million (2022), 300 million (2023), 320 million (2024)

Includes 53 million children

All adults and children who were on DTG based regimens in LMICs, as well as people reached with HIV Self tests, children reached with, pDTG, seasonal malaria chemoprevention (SMC) and people who will be reached with dual active ingredient (AI) bed nets.

>100 countries
Are procuring and distributing products which have been introduced by Unitaid.

27 Unitaid supported product classes are scaling up as of 2024

12 HIV products, 7 malaria products, 2 MNCH products, 6 TB products
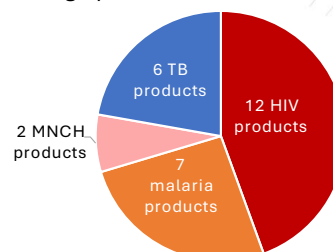
Including 2 new products which have entered the scale-up phase, and 1 previously scaling products with newly available data.

30 x 30
13 of the 30 x 30 products are scaling up
Unitaid's 2023– 2027 strategy includes a suite of 30 key products for introduction by 2030. These innovations — products and more effective ways to use them — will deliver significant health impact, harnessing innovation to bring better, more affordable, and more effective health innovations to those who need them.

The analysis is retrospective, using data up to the end of 2024 in most cases, and does not reflect the impact of donor funding cuts that began with US government funding cuts in early 2025. In addition to presenting retrospective scale-up metrics, an assessment of the potential effects of recent donor funding cuts on future product scale-up has been undertaken. Drawing on discussions with project teams who programme manage the investments, partner data and published literature, we estimate that nearly half of Unitaid-supported products (approximately 13 of 27) face significant to severe risk from the funding cuts.

Prevention and diagnostics are particularly exposed: PrEP access has been sharply curtailed by restrictions to pregnant and breastfeeding women and deprioritization of key populations, with USAID's withdrawal alone

cutting off community-based services for an estimated 2.2 million people in Nigeria, Kenya and Uganda. The malaria vaccine (RTS,S) rollout depends on external financing, and Gavi funding gaps may lead to programme cuts and supply shortages. Furthermore, the scale-up of 3HP preventive therapy is threatened by the de-prioritisation of contact tracing and active case finding. Treatment innovations are also at risk: many national programmes reliant on PEPFAR funding—such as in Zambia, Mozambique and Malawi—paused planned paediatric Dolutegravir-based fixed dose HIV treatment (pALD) introductions, stalling training, forecasting and supply-chain activities while awaiting clarification; a humanitarian waiver issued on 28 January permitted temporary resumption of life-saving medicines, but unclear guidance meant that by mid-April some countries had not restarted paediatric ARV programmes. As and when PEPFAR funding is restored, countries will need to reactivate pALD introduction plans, re-forecast demand and rebuild caregiver training and supply-chain momentum, a process likely delayed by three to six months in many settings. Similarly, seasonal malaria chemoprevention expansions risk being scaled back, with WHO reporting that roughly 30 percent of SMC campaigns targeting 58 million children are off track due to budget gaps.

To analyse these effects, products were scored on a four-point impact scale (low, moderate, significant and severe). Detailed explanations for each rating of each of the products presented in figure 7 below, are available in the Unitaid Scale-up Dashboard (which can be found in UNITAID/EB46/2025/5/Annex1). Although this analysis reflects the best available information as of May 2025, evolving funding commitments and country policy decisions will influence actual outcomes over time. Unitaid will continue to update this risk model as new data emerge and work with partners to identify mitigation measures to safeguard progress in a constrained funding environment. The full analysis is summarized in figure 8, below.

Figure 8: Potential impact of donor funding cuts on the future scale-up of Unitaid supported products
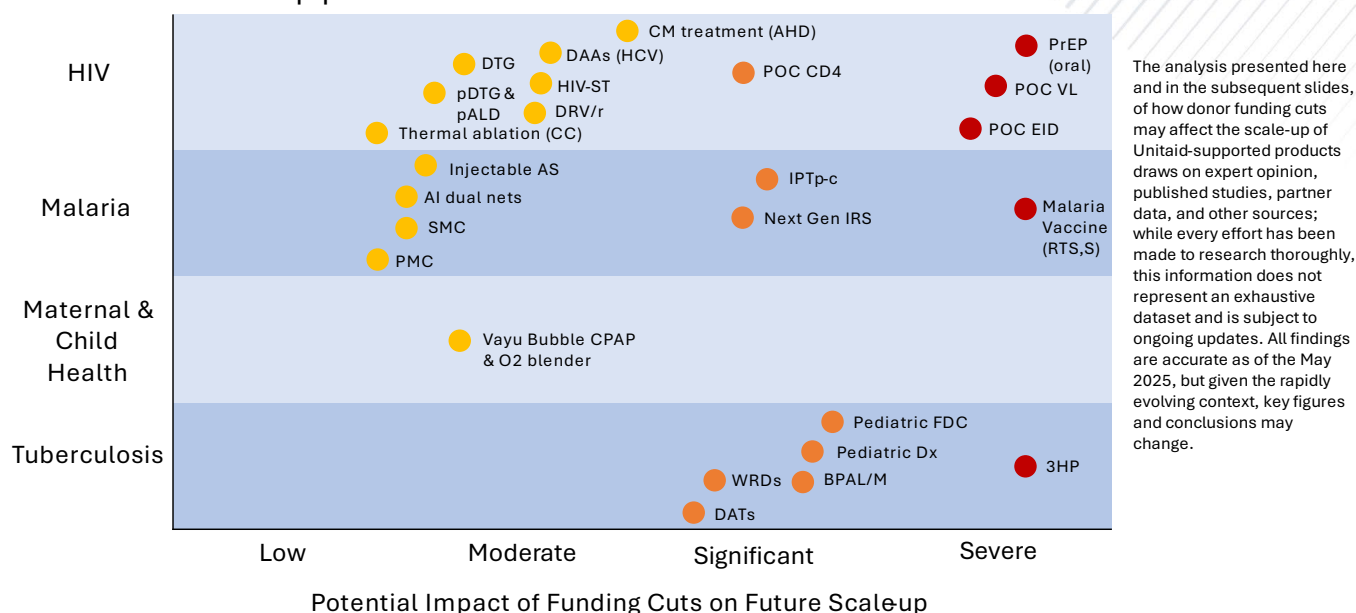
For more details on rating of each product refer to the Scale-up Dashboard UNITAID/EB46/2025/5/Annex1

Strategic Objective 2 – Create systemic conditions for sustainable, equitable access

To ensure that the products Unitaid supports are truly available to all, Unitaid's Strategy calls for the creation of systemic conditions for equitable and sustainable access. This is reflected as Strategic Objective 2. While

support for product access has long been a part of Unitaid's work, the 2023-2027 Strategy further emphasizes the cross-cutting work required which is typically independent of any specific health product.

There are two KPIs associated with Strategic Objective 2. KPI 2.1 (Creating systemic conditions for sustainable, equitable access) places emphasis on a range of pathways for Unitaid to create such conditions. This includes taking forward work as a 'Pathfinder', 'Investor' and 'Influencer' in well-established areas of interest to Unitaid, including intellectual property and regulatory approaches, alongside emerging areas such as supporting the development and deployment of innovative supply models. Secondly, KPI 2.2 focuses on the dissemination of evidence of equitable access, measured through the extent to which peer reviewed publications funded by Unitaid support equitable access, with emphasis on evidence generated at a disaggregated level.

For **KPI 2.1**, revised targets were put in place in November 2023 for the topic areas associated with the strategic initiatives, specifically Regional Manufacturing, Climate and Health, and Pandemic Prevention, Preparedness and Response. These targets, and a progress update, are summarized in Table 2, below.

In summary, strong progress has been made against the targets for Regional Manufacturing, Intellectual Property, Regulation, Climate and Health, and Pandemic Prevention, Preparedness and Response. Table 1 below summarizes headline areas of progress.

Table 1 – KPI 2.1 progress update

Strategic Initiative	Target(s)	Performance update
Regional Manufacturing	• Secure Executive Board endorsement of Unitaid's Regional Manufacturing Initiative for equitable and sustainable access, by early 2024, • Advance progress on the implementation of the Regional Manufacturing Initiative, by mid-2025, leveraging Unitaid's role as an influencer, pathfinder and investor to establish viable business cases and interventions for the local production of cost-competitive, quality health products in select low- and middle-income regions.	• Following the Board's approval in June 2024, the secretariat launched a call for proposals for Regional Manufacturing for Equitable Access (RMEA) to identify implementing partners for the anchor programs and initiate the first wave of product and platform-specific investments. • The RMEA portfolio secured an additional US$6 million from Republic of Korea to support cost optimization and raw material availability for priority products, pending EB approval of anchor programs. • A co-creation workshop with Africa CDC, AUDA NEPAD, WHO, and representatives from Nigeria and South Africa was held to develop anchor programs focused on diagnostics and therapeutics manufacturing jointly. • Unitaid, in partnership with FIND, completed due diligence on five lateral flow test manufacturers under the "RDTs Made in Africa" initiative, who will receive implementation support through anchor programs. • A measurable RMEA impact framework was initiated, with baselines and targets to be finalized during the grants' inception phase, enabling progress tracking against Unitaid's strategic objectives. • Unitaid enhanced internal and external alignment of its regional manufacturing strategy through strengthened engagement with political and financial partners, and leadership roles in initiatives such as the Africa CDC Pooled Procurement Mechanism and G7 DFI Surge Financing.
Intellectual Property	• Continued progress in demonstrating the value-add of intellectual property interventions (through voluntary licensing and use of TRIPS flexibilities) to facilitate equitable access to key health products, supported by examples. • Secure Executive Board approval to fund new projects working on TRIPS flexibilities by quarter 1, 2024.	• A new licensing agreement between MPP-SD Biosensor, in collaboration with WHO C-TAP, was established to improve access to diagnostics for COVID-19, HIV, and malaria. • Unitaid hosted an interagency IP and access exchange in June 2024, reinforcing its role as an influencer in the access space. • Voluntary licensing and TRIPS flexibilities have been strategically used to expand access in LMICs, including through new patent oppositions in countries not covered by existing licenses. • An evaluation of the current MPP grant (2021–2025) is underway and will, among others inform the next phase of investment. • Unitaid's IP interventions led to significant price reductions across HIV, HCV, and COVID-19 products.
Regulation	• Continued progress in planning for and investing in more effective and efficient regulatory systems that protect the public and enable timely access to quality medical products more rapid pathways to regulatory approval, e.g., through	• A new WHO RPQ strategic action plan (2025–2028) has been drafted, with Unitaid and Gates Foundation engagement planned to define activity planning through 2028.

	• strong performance of the WHO RPQ investment (including the number of approved key health products, and speed of approval and support provided for capacity building and the promotion of regulatory convergence and harmonization) • Proactive engagement towards the development of a new WHO RPQ Strategy, working with key partners, by the end of 2024	• In 2024, 29 finished pharmaceutical products, 7 active pharmaceutical ingredients (including the first bedaquiline API), 4 vector control products (including broflanilide), and 5 in-vitro diagnostics were prequalified, expanding the list of WHO-listed medical products. • The Collaborative Registration Procedure (CRP) was expanded to include vector control products, with the first VCP registered in Ghana within 28 days; CRP registrations reached 1,476 cumulatively, with 194 new in 2024. • Regulatory harmonization advanced with Lenacapavir evaluated under EMA/EU-M4all by NRAs in South Africa, Kenya, Uganda, and Thailand, and the Caribbean economic community (15 countries) joining CRP/SRA and CRP/PQ mechanisms.
Climate and Health	• Secure Executive Board endorsement approval of a Climate and Health Strategy, by end 2023 • Advance progress on Climate and Health strategic framework, by mid-2025	• Unitaid's first Climate and Health Area for Intervention (AFI) was approved by the Executive Board in December 2024, marking a major milestone and paving the way for three strategic investments to be launched in 2025–2026. • The UK FCDO awarded Unitaid an A++ rating in its Annual Review for its foundational climate work in 2024, recognizing early progress in implementing its Climate and Health strategy. • Resource mobilization efforts substantially, with the Green Climate Fund formally inviting Unitaid to submit a concept note for potential funding of up to $200 million by 2027. • Eight Climate Action Pilots were launched across the portfolio to strengthen implementer capacity in climate sustainability, with three additional pilots planned for 2025.
Pandemic Prevention, Preparedness and Response	• Document and publicize Unitaid's vision on Access for PPPR to shape the evolving global PPPR landscape, including R&D, and nascent initiatives, by May 2024 • Advance work in investments related to new business/supply models for therapeutics (small molecules, antibodies) and diagnostics that can enable equity needs in low- and middle-income countries for key countermeasures in the case of a pandemic, by 2025	• Unitaid co-led the creation of a multistakeholder Therapeutics Development Coalition and co-hosted the June 2024 London consultation on pandemic therapeutics. • Unitaid's vision on equitable access for PPPR was promoted via high-level participation in forums including G7, G20, and the World Biosummit. • Unitaid's PPPR investments support the shift from acute pandemic response to long-term preparedness. A co-benefit of work across different strategic initiatives has ensured that RMEA grants were advanced to build African capacity for producing pandemic countermeasures, including oral/injectable therapeutics and diagnostics. • A landscape assessment of African clinical trial and bio-analytical capabilities was completed in January 2025 to support faster market entry of generic medical countermeasures.

KPI 2.2 is focused on dissemination of evidence of equitable access, with particular emphasis on disaggregation of data and evidence. In practice, this is measured through the extent to which peer reviewed published studies funded by Unitaid share evidence to support equitable access, with emphasis on evidence generated at a disaggregated level (e.g., by age, gender, socioeconomic status, disability, or another context specific category), as relevant.

For calendar year 2024, **71 peer reviewed publications** supported by Unitaid funding were reported by Unitaid implementing partners. The majority of the 71 papers identified **(83%)** present original research and new evidence. One third (32%) of these publications are on implementation and feasibility studies and one fifth (21%) are focused on research study methods, protocols or recommendations, followed by technology evaluations and assessments (17%). Clinical trial, pharmacokinetic or health outcomes studies publications made up 15% of the 2024 publications.

Nonetheless, in about **45%** of these 71 publications, gender-disaggregated data was presented in study results or participant characteristics. Studies not including any disaggregation include economic or costing studies, technology evaluation or assessment studies or research methods, protocols or recommendations, where such disaggregation may not always be expected. Other dimensions of evidence of disaggregation included country, age (for infants and children), socio-economic variables, and health facility type. This includes research and evidence generated in at least 42 LMICs. The largest single country contributors to evidence referenced in 2024 publications were Cameroon (12 studies) and Uganda (10 studies).

Almost three-quarters of the studies focused on the highest-risk and marginalized populations. This year, this includes a large body of evidence on paediatric TB detection and treatment, MDR-TB treatment, the use of HIV prevention (PrEP) by adolescent girls and young women, men who have sex with men, and transgender women, especially in South Africa and Brazil.

Operational implementation and feasibility research, including multiple mixed methods evaluations and cross-sectional studies were the most common research types reported in 2024, with particular emphasis this year on human experience, including acceptability, preferences, awareness, and attitudes toward health products and implementation models (~50% of studies).

Unitaid funded research and subsequent publications are informing multiple WHO and other regulatory bodies' policies. A few examples of such instances are shown below in Figures 9 and 10, where reference to Unitaid publications was made in key policy documents which, in turn, informed other global, regional and country level policies and guidelines. For example, in 2024, the final results of the Unitaid-funded endTB clinical trial triggered WHO Rapid communication on treatment of drug-resistant tuberculosis, which was cited in a similar Rapid Communication of PAHO later this year. Early in 2025 this Rapid communication was included in the *WHO consolidated guidelines on tuberculosis: module 4: treatment and care.*
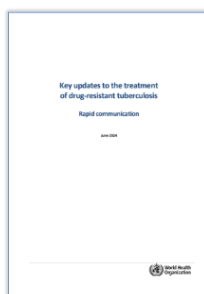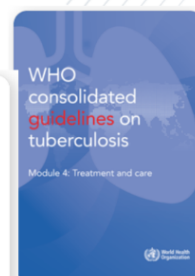
Figure 9 - Unitaid-funded research and publications contribution to global health policy change

Similarly, a few study publications funded by Unitaid in past years have been cited in the **Consolidated guidelines on differentiated HIV testing services** published by WHO in January 2024, which were subsequently referenced in 16 other policy and guideline documents published by WHO and other regulatory bodies in 2024 and 2025.

Figure 10 - Unitaid-funded research and publications contribution to global health policy change

Strategic Objective 3 – Foster inclusive and demand-driven partnerships for innovation

Strategic objective 3 recognizes that diversity, equity, and inclusion are central to Unitaid's mission and that integrating those values in every intervention will always yield better outcomes. Acting on this recognition means increasing engagement with everyone, from implementing partners to communities, country stakeholders (governments, civil society, for example) and scale funders, to invest and build better, more sustainable country- and community-driven programmes and products. It means the starting point for every health product that Unitaid supports will be seeking out under-represented voices and diverse implementing partners and working with all stakeholders to shift decision-making towards the people and places facing the greatest health inequities. People are at the centre of the 2023-2027 Strategy. People and their communities have driven the identification and implementation of the Programmatic Priorities that realize this Objective.

Alliances will help amplify our work to reach further and do more. The goal of all Unitaid's alliances and partnerships is to scale-up good products and treatments so that they are available to anybody with a need, anywhere in the world. Unitaid will work at all levels to further develop those alliances

There are three KPIs associated with the third Strategic Objective to measure progress over time. The first, KPI 3.1 – Partner Satisfaction, focuses on findings from a multi-partner survey. To inform this KPI, a partner survey is conducted every two years, with the baseline survey carried out in 2023 and again early this year. The survey assesses the extent to which Unitaid fosters inclusive, demand-driven partnerships for innovation that ultimately delivers impact. KPI 3.2 - Effective engagement with Communities and Civil Society assesses the degree of engagement with communities and civil society as part of identifying new investment areas, reviewing proposals, developing grants, and implementing grants. Finally, KPI 3.3 - Effective Country stakeholder engagement assesses the extent to which there is effective engagement with low and middle-income countries. For example, to align with country stakeholder needs and priorities, to spur local ownership and fit-for-purpose innovations. In addition, to increase the use of, and strengthen, local health services, systems, research institutions and manufacturers. Finally, to accelerate the buy-in, adoption and scale-up of better health products, improve sustainability and resilience, and strengthen partnerships with Ministries of Health and regional bodies.

To recap, the **KPI 3.1** survey consists of 10 questions and is sent to contacts across four key partner groups: Community based organizations, Civil Society organizations, Countries (through Ministries of Health), and Scale funders. In 2023, the baseline survey for KPI 3.1, 47 responses were received out of 120 requests, an overall response rate of 39%. The performance assessment focus on one survey question, "To what extent does Unitaid help foster inclusive demand-driven partnerships for innovation that deliver impact?" to which 57% (27 out of 47) respondents answered positively, selecting either 'to a large extent' or 'to a very large extent').

This year, despite multiple follow-up efforts, the response rate declined in the latest survey with 18 responses received. This decrease may be linked to recent uncertainties in the global health ecosystem, particularly reductions in contributions from major donors, which may have limited partners' capacity to engage in activities beyond immediate programmatic priorities, including participation in the survey.

Among the 18 responses received this year, 78% responded positively to the KPI 3.1 question, indicating that the ongoing work on partnerships has strengthened Unitaid's positioning and impact with a range of key stakeholders – at least within the sub-group of respondents. By partner group, 80% (4 out of 5) of community-based organizations, 77% (7 out of 9) of civil society organizations, and 75% (3 out of 4) of country partners provided positive feedback. The Global Fund and the Global Financing Facility were invited to participate in the 2025 survey, but no responses were received from these entities.

KPI 3.2 measures the percentage of Programmatic Priorities (PPs) with a "demonstrated engagement" with Communities and Civil Society across the operating model, with 2022 activities as a baseline.

This assessment has been updated with respect to the 2024 portfolio to establish the investment areas were demonstrating engagement with Communities and Civil Society (CCSE) was occurring, with reference to the following criteria:

1) Early engagement with Communities & Civil Society Organizations for better grant design
2) Ensuring Community voices are heard
3) Programmatic priority has a CCSE activity plan and budget
4) Establishing and supporting CCSE mechanisms that build capacity and ownership

5) Programmatic priority recognizes specific Community and Civil Society contributions to results.

These criteria aim to highlight the importance of engaging with Communities and Civil Society across all key stages of Unitaid's investments and programming, i.e., during early investment planning and scoping, creation of Areas for Intervention, Calls for Proposals, Grant Agreement Development, during project implementation and scale-up phases.

The KPI 3.2 result for 2024 is that 77% of programmatic priorities have 'strong' or 'good' engagement with communities and/or civil society. This is a significant increase from the baseline result of 40%. Additionally, 11% of programmatic priority areas have made 'Moderate' CCSE efforts, while 6% had 'Weak' engagement and another 6% had 'No engagement'. In most of the latter cases, Community and Civil Society Engagement was not considered, as these investments (e.g., WHO PQ), were made before the current strategic period.

The improvement in the scores for multiple Programmatic Priorities is explained by:

- Effective engagement and consultations with communities' representatives and Civil Society Organizations during the initial grant inception phases (covering scoping, Areas for Intervention, Calls for Proposals, and grant development) over the last year
- CCSE is now systematically included in proposal reviews (L2/L3), project plans, and grant development with documented inputs and joint scoring with PRC
- Development of key tools/documents such as the Community Engagement Framework, CAB model, and Small Grants model helped standardize and scale CCSE best practices across the portfolio
- Improved adoption of CCSE activities and tools in the newly starting projects helped a few Programmatic Priorities improve their CCSE KPI scores, e.g. Medical Oxygen.

This result represents good progress towards 100% of programmatic priorities having a "demonstrated engagement" with communities and civil society by the end of the strategic period. It should be noted that in 2024 a few grants and portfolios were completed and closed, e.g. the HIV ART, COVID Test& Treat portfolios, the total number of Programmatic Priorities in scope for KPI 3.2. has decreased compared to the baseline year and 2023.

Related to this, and as a means of triangulating performance, the 2025 Implementers Survey (a separate survey linked to the Organizational KPIs) also asked questions related to Community and Civil Society engagement. Here, 89% of respondents said that 'Unitaid, through its grants, engages with country-level civil society and local communities', an increase of 2 percentage points from last year's survey. A further 71% of respondents feel that 'National communities, including beneficiaries, and civil society organizations are engaged in your grant project design and/or implementation', which increased by 13 percentage points from last year's survey (58%), and 68% believe that 'Engagement with communities, including beneficiaries, and civil society organizations contribute to achieving your grant project outcomes.', an increase of 7 percentage points from last year's survey. Finally, 61% of respondents believe that 'Unitaid facilitates introduction to and/or collaboration with country stakeholders and in-country partners, including communities.', which is an increase of 24 percentage points compared to last year.

In November 2023, revised targets were put in place for KPI 3.3 – Effective Country Engagement. Specifically, to ensure demonstrable progress in advancing effective engagement with country stakeholders that leads to better alignment with country stakeholder needs and priorities for next investment cycles, additional partner agreements with Ministers of Health and Regional Bodies, and increased investments through low- and middle-income country institutions and manufacturers.

This includes:

- At least one (and up to four) country agreement(s) (Memorandum of Understanding) by mid-2025
- At least one (and up to two) flagship country visit(s), bringing together key stakeholders, by mid-2025
- Increased investment in low- and middle-income country organizations (e.g., captured through diversification of the implementer base, linked to Organizational KPI F, and increased focus on regional manufacturing)

Overall, progress has been strong across the broader objectives of Strategic Objective 3, with the work on track in respect of meeting its targets to date.

In South Africa, a series of visits by Executive Board members, a Partners Forum and other meetings took place in late 2024. A Declaration of Intent to enter a collaborative agreement was signed with the National Department of Health, followed by a full Memorandum of Understanding in March 2025. The agreement supports joint work on HIV, TB, cervical cancer, and other national health priorities, and is aligned with preparations for South Africa's 2025 G20 presidency.

A Memorandum of Understanding was signed with Africa CDC in May 2025, to establish a joint action plan with financial support in areas including oxygen access, pandemic preparedness and response (PPPR), and innovation scale-up. These partnerships are designed to reinforce long-term cooperation with African institutions and advance equitable access to health products.

In August 2024, in cooperation with the African Countries Constituency of the Executive Board and AFRO, Unitaid organized a high-level side-event on "Promoting equitable and sustainable access to life-saving innovations in Africa," as well as an event on cervical cancer elimination in Africa, together with the Bill & Melinda Gates Foundation, SABINE Vaccine Institute, Gavi, World Bank, and GFF. Excellent exchanges were made on deepened cooperation between Unitaid and AFRO to ensure country engagement and the scale-up of better health products. Unitaid also supported the November 2024 AFRO meeting of HIV, STI, hepatitis, and NCD programme managers from 20 high-burden countries.

Analysis from the Organizational KPIs, for Implementer Diversity (KPI F), shows an increase in the proportion of lead implementers from the Global South, which stood at 23% at the end of 2024. Please refer to the summary on Organizational KPI section, below, for more details on this indicator.

Organizational KPIs

In this section, the results against the organizational KPIs are provided. To begin, a summary of this year's results is summarized in figure 11, below.

Figure 11 – Organizational KPI results

Summary – Organizational KPI results

Key areas	KPI	Description, definition	Target	2022	2023	2024
Ensure organizational efficiency	**A- Secretariat efficiency**	**KPI A.1** - Budget implementation rate **KPI A.2** - Staff cost allocation **KPI A.3** - Investment commitment ratio **KPI A.4** - Investment disbursement ratio	KPI A.1: 95% KPI A.2: na KPI A.3: na KPI A.4: na	🟢 1.77%* *KPI A.0 Removed in 2023	92% na 13.3 13.1	97% na 5 11
Secure sufficient and stable resources	**B- Secretariat carbon footprint**	% reduction of the Unitaid Secretariat carbon footprint compared to 2019 baseline	40% reduction by 2025, on track to meet 50% by 2030	Strengthen efforts	Not on track	Not on track
	C- Resource Mobilization	**KPI C.1** - Total cumulated US$ resources committed over strategic period **KPI C.2** - % funds secured against multi-year agreements (in value) **KPI C.3** – No. of new donors over the strategic period (cumulative)	KPI C.1: USD 1.5 bn KPI C.2: 70% KPI C.3: 3 new donors	🔴 52% 1	🔴 USD 429 65% 4	🔴 USD 527 72% 4
Manage our portfolio efficiently and effectively	**D- Speed of grant development**	**KPI D.1** - Average time taken from GAD kick-off to GAD submission to the Executive Board **KPI D.2** - median time from GAD kick-off to submission	KPI D.1: 6 months KPI D.2: no target	🔴 8.4.m 8.2m	🟢 5.3 months 5.4 months	NA
	E- Implementers satisfaction	Level of implementers satisfaction reported in the implementers' survey, through 1 question "How would you rate your overall experience with Unitaid?"	75%	🟢 90%	🟢 100%	🟢 93%
	F- Implementers diversity	% of grants with a lead implementer that is from the Global South (LICs & MICs)	40% by end of the strategy	16%	21%	23%
Foster staff engagement and ensure staff wellbeing	**G- Secretariat gender equality**	Percentage of women in management positions (P5 and above)	45-55%	45%	40%	45%
	H- Staff satisfaction & wellbeing	**KPI H.1** - Level of staff satisfaction, as reported in the staff survey, through 5 questions **KPI H.2** - Ability for staff to manage their work-life balance, as reported in the staff survey, through 1 question "I am generally able to balance my work and my personal responsibilities while maintaining a healthy lifestyle."	KPI H.1: 75% KPI H.2: 75%	🟡 74% 🟡 69%	🟢 75% 🟡 71%	🟢 82% 🔴 62%

Ensure organizational efficiency (KPIs A & B)

Organizational efficiency reflects how well Unitaid's delivers upon its overall objectives, within agreed parameters. Two KPIs are used to assess progress against this objective. First, KPI A on 'Secretariat Efficiency' (KPI A), and KPI B, which measures progress towards meeting reductions in the carbon footprint of the Secretariat over time.

Following a review process, KPI A was updated to capture four dimensions of Secretariat efficiency, with new indicators and targets approved by at the 43rd session of the Executive Board in November 2023:

- A.1 - Budget Implementation Rate (with a target of 95% per annum)
- A.2 - Staff Cost Allocation
- A.3 - Investment Commitment Ratio, and
- A.4 - Investment Disbursement Ratio

The long-standing KPI A (Secretariat Efficiency), which was an indicator that looked at the proportion (%) of Secretariat costs in relation to the value of Unitaid's overall portfolio is no longer reported as part of KPI reporting. However, this metric is still reported annually to the Finance and Accountability Committee through the audited financial statements.

For **KPI A.1**, the budget implementation rate was **97%** in 2024, exceeding the 95% target. Full details on budget levels and implementation can be found in the report on audited financial statements for the year ended 31 December 2024 and financial information (UNITAID/FAC36/2025/3 incl. Annex1 and Annex2). The Secretariat has implemented efficiency measures to make best use of available budget value such as, (i) enhanced travel planning so that trips serve multiple work areas while prioritizing virtual engagement, (ii) longer-term procurement agreements that streamline contracting and enable cost reductions through strategic negotiations, (iii) Secretariat-wide training programs to improve engagement while reducing per-participant costs, and (iv) on-site unit staff retreats, maintaining team development at reduced expense.

In respect of **KPI A.2,** in 2024, the allocation of core staff costs across different categories were as follows: **"Investment" (53%), "Management" (18%), "Business development" (16%) and "Corporate" functions (12%)**. This excludes staff costs for the strategic initiatives. However, if all strategic initiatives costs were included, they would be classified under "Investment" staff. In this case, the "Investment" category would rise to 60% in 2024 with "Management" at 16%, "Business development" at 13%, and "Corporate" functions at 10%. This reaffirms that staff working on Unitaid investments remains the main driver of staff costs overall.

Finally, for **KPI A.3** and **KPI A.4**., the Investment Commitment and Investment Disbursement ratios for 2024 were 5.2 and 11 respectively. These ratios convey, for every US$ of cost of "Investment" staff cost, the amount of financial commitments or disbursements made in a calendar year. For 2024, this was **US$ 5** of commitments and **US$ 11** of disbursement, per dollar of staff cost. This compares to 13.3 for KPI A.3 and 13.1 for KPI A.4 in 2023. The drop in the commitment ratio is due to the lower level of new funding commitments compared to 2023. The investment commitment ratio is sensitive to the lower level of Executive Board approved investment decisions in 2024. However, in practice the regular grant development work continued as normal. Looking ahead, the investment commitment ratio is projected to be higher in 2025, as the backlog of grants under development are submitted for investment approval by the Executive Board. The forecast investment commitment ratio expected to rise to 29 and the disbursement ratio to 17.

KPI B has a target to reduce the Unitaid Secretariat's carbon footprint by 40% by 2025, and to be on-track to meet a reduction by 50% by 2030. While no specific milestone is defined for 2024, an interim analysis indicates that the Secretariat remains off track to meet the 2025 objective, mirroring the trend observed last year. The two largest sources of emissions continue to be "procurement of goods and services" and "travel". Travel-related emissions have risen from 2023, driven by a 6% increase in emissions from Secretariat staff travel and a more significant 27% increase from related parties attending in-person meetings hosted by Unitaid (such as Executive Board meetings etc.).

Despite efforts to reduce emissions from third-party travel, such as holding meetings of the Policy & Strategy Committee, Finance and Accountability Committee, Joint Review Committee, and the Implementers Forum partially or fully online, these savings have been offset by increased travel to in-person events. This includes

the Executive Board meeting in South Africa in late 2024, country visits, and other engagements involving external stakeholders, such as Unitaid-hosted events and side meetings. Emissions from procurement and services also saw a modest increase of 4% compared to 2023. While the Secretariat is not on track to meet the 2025 target, the path forward is clear, with both the Secretariat and Portfolio decarbonization roadmaps to be finalized by the end of the year to guide and accelerate action. With further use of virtual meeting formats and by taking strong actions to reinforce climate-smart procurement and travel policies, the Secretariat can accelerate progress and fulfill its climate goals.

Secure sufficient and stable resources (KPI C)

A core objective for Unitaid is to ensure that the organization has sufficient and stable financial resources to implement its 2023-2027 Strategy. The objective of securing sufficient and stable resources is assessed from three dimensions 1) the total, cumulative resources committed (in US$) over the 2023-2027 strategic period (**KPI C.1**) against an overall funding target of US$ 1.5 billion by the end of the strategic period, 2) the proportion (%) of funds secured against multi-year agreements (in value), in a given year an indicator of funding predictability, with a target of 70% of funds in a given year connected to multi-year agreements (**KPI C.2**), and 3) the number of new donors over the strategic period who are directly supporting the 2023-2027 Strategy, with a target of three new donors over the strategic period (**KPI C.3**).

By the point in time of reporting (31 May 2025) the total cumulative resources (in US$) committed to date for the strategic period (i.e., from January 2023 to May 2025) amount to **US$ 527 million** (**KPI C.1**), in relation to a target of US$ 1.5 billion by the end of 2027. This is calculated based on signed agreements since the start of 2023. For the calendar year 2024, **72%** of funds received in this period were tied to multi-year commitments (**KPI C.2**), from the Government of France, Spain, Norway, the Gates Foundation, and the European Commission. There are **four new donors** in this strategic period (**KPI C.3**): Canada, the European Commission, Portugal, and the WHO Foundation. This reflects no change from the last reporting period. Since the last reporting period, Unitaid has also accessed new windows of support through specified funding from the governments of Japan, Korea, Brazil and the Gates Foundation.

Unitaid is operating in a highly challenging funding environment, marked by tightening ODA budgets, and decreasing predictability and flexibility of funding. In this context, meeting Unitaid resource mobilization goals for the Strategy will remain challenging. It will require active support from the Executive Board, as well as a greater focus on advocacy, communications, partnerships, results dissemination, country engagement, and donor outreach. These efforts will be key to expanding the donor base, reinforcing the importance of core and flexible funding for the Investment Plan, and improving funding predictability through additional multi-year agreements. In parallel, Unitaid must also explore new avenues of funding, including innovative financing mechanisms, to diversify and strengthen its financial base. A broader update on Resource Mobilization and Communications will be presented to the Executive Board, with a supporting pre-read (UNITAID/EB46/2025/7 and UNITAID/EB46/2025/8).

Manage our portfolio efficiently and effectively (KPIs D, E & F)

A central component of Unitaid's work is to ensure that its portfolio of grants is managed in an efficient and effective manner. This is assessed against three KPIs, 1) Speed of Grant Development (KPI D), 2) Implementers Satisfaction (KPI E) and 3) Implementers Diversity (KPI F).

For **KPI D** – Speed of Grant Development – a total of 12 proposals entered the grant agreement development (GAD) process in 2024. These included proposals in the areas of 1) anti-malarial drug resistance (AMDR), 2) vector control, 3) drug-resistant tuberculosis (DR-TB), 4) monoclonal antibodies (mAbs), and 5) elimination of vertical transmission (EVT). Completion of the AMDR, vector control and DR-TB GADs and respective submission to the EB were initially planned for Q3 and Q4 2024, while the mAbs and EVT GADs targeted submission in Q1 2025. However, all proposals experienced delays to varying extents, with EB submission reached in April 2025 for the DR-TB and EVT grant packages, and May 2025 for AMDR. The vector control package is expected to be submitted in July 2025. As part of the portfolio review and prioritization exercise conducted in February 2025 the mAbs GADs were put on hold.

While this reflects meaningful pipeline activity, none of these proposals reached Executive Board submission by the end of 2024. As per the KPI definition, the speed of grant development is measured for grants submitted in the previous calendar year to the Executive Board. Therefore, no proposals met the criteria for completion in 2024, and the KPI result for the year is not applicable for 2024.

A structured review was conducted with all project teams involved in 2024 grant development in early 2025 to better understand the root causes of delays and identify opportunities for improvement. External drivers of delays included the requirement to have external partner validation of the proposed research approach (arising from the Joint Review Committee recommendations for AMDR), the need for significant redesigning of proposals driven by unexpected clinical trial outcomes from an active Unitaid grant (for vector control), and the contracting and legal specificities of UN-to-UN engagement (for one grant DR-TB grant package), all of which required additional time to finalize. Other important drivers of delay included insufficient early alignment with proponents on investment scope and objectives, ideal portfolio mix, and budget envelopes, which led to lengthy negotiations or rescoping of individual proposals to ensure portfolio coherence and avoid duplication. Turnover in Unitaid project teams and coordination issues also contributed to the delays.

Several targeted actions are already underway to mitigate the risk of similar issues occurring in the future, for example in the recently concluded call for proposals on pre-eclampsia and maternal anemia. These include providing greater clarity of Unitaid's expectations for an investment area (including theory of change, budget ceilings) and more specific guidance in calls for proposals (e.g., webinars targeting south-based implementers). A review of the full proposal call/review and GAD cycle is also currently underway to ensure Unitaid's practices continue to meet the organization's evolving needs. Beyond this, the Secretariat will take steps to ensure project team continuity and knowledge transfer for continuous alignment. Finally, and to be informed by the Mid-Term Review, the Secretariat will be exploring the extent to which changes to Unitaid's operating model are necessary to support greater efficiency and agility in the shifting global health context.

KPI E measures the overall level of implementer satisfaction, based on responses to the question: "How would you rate your overall experience with Unitaid?" included in the annual implementer survey for several years. The survey was conducted in March-April 2025 by an external supplier (IPSOS). This year, 93% of respondents rated their experience as positive or very positive, reflecting strong implementer engagement and continued confidence in Unitaid's partnership approach, compared to 100% in the previous survey. This exceeds the target of 75%.

The full implementer survey contains a broad set of topics, with several factors providing some insight into this result on implementer satisfaction, alongside some areas for reflection and improvement. For example, most implementers positively score the quality of communication and responsiveness of Unitaid project teams and senior leadership. Specifically, proactive risk management, effective communication, collaboration and flexibility in grant management are among good practices and strengths of Unitaid that were identified by implementers. Unitaid's increased emphasis on effective project management, using a portfolio approach and building synergies among grants and implementers was also identified as good practice.

A majority of implementers (61%) agree that Unitaid facilitates introduction to and/or collaboration with country stakeholders and in-country partners, including communities. Unitaid's roles as Pathfinder, Investor and Influencer were highlighted by implementers. They identified technical expertise, funding opportunities and flexibility and strategic engagement and partnerships building as key strengths of Unitaid.

This year the most valuable aspects of partnering with Unitaid are identified as: the ability to support scale-up (61% of respondents), help in integrating implementers' work with complementary initiatives and programs (50% of respondents), bringing more visibility to implementers and projects (36% of respondents), helping build institutional capacity (32% of respondents), opening doors to new partners and stakeholders (32% of respondents), technical expertise and strategic thought partnership (29% of respondents).

Potential areas of improvement include 1) streamlining processes, tools and templates for proposals review, Grant Agreement Development process, reprogramming and reporting, 2) improving timeliness of key decisions, requirements and general feedback, 3) improving technical expertise on Human Subject Research (HSR) and Research Ethics Review Committee (ERC) requirements.

Reporting requirements are said to be more complex/challenging compared to those required by other organizations that fund their work. Suggestions made in open-ended comments include the potential for Unitaid to simplify its processes and templates, e.g., template design and the functionality of proposal templates, Grant Agreement Development documents and project reporting.

KPI F – Implementer Diversity – assesses the progress being made by Unitaid to increase the diversity of its lead implementers and represents a meaningful commitment from Unitaid towards increasing implementers diversity and to building stronger relationships with South-based implementers. The baseline performance was calculated, with 16% of grants being led by a South-based implementer. The target for this KPI is to

increase this proportion to 40% of all grants in-scope of the KPI by the end of the strategic period. This is an ambitious target, which requires adaptation to the way Unitaid approaches making new investment, for example through the call for proposals and proposal review processes, as well as adjustments to grant development and management approaches.

Based on the portfolio at the end of 2024, 12 of 53 (23%) eligible grants in the portfolio had a lead implementer with a headquarters in a low- or middle-income country (specifically, one or multiple implementers headquartered in Brazil, Malaysia, Senegal, and South Africa). As the portfolio evolves, the proportion of lead implementers from the global south will change based on the relative proportion of new investments being led by implementers from the global south, and the relative proportion of existing projects that close which are led from implementers from the global south. Of the 12 projects in scope of this year's KPI report that are led by lead implementers from low- and middle-income countries, 4 were closing in 2024 and will therefore not count in next year's analysis. Of the remaining 41 grants awarded to organizations based in high-income countries, 10 were closing in 2024. Looking at the prospective pipeline for 2025, there will be 16 new grants, out of which 3 are excluded from calculations, as Global enablers & UN institutions (WHO, PAHO, Stop-TB), and it is estimated that over 30% of those in scope will be from low- or middle-income countries

Concrete efforts have been made to meet the target of 40% by the end of the strategic period. These include targeted language in calls to prioritize South-based leads, dedicated webinars for Global South implementers, explicit consideration of South-based implementers during grant selection and development deliberations, and increased engagement with LMIC governments and regional bodies to identify prospective applicants to Unitaid Calls. These shifts reflect a broader change in Unitaid's ways of working and commitment to more inclusive and equitable demand-driven partnerships.

Foster staff engagement and ensure staff wellbeing (KPIs G & H)

An important complement to the other organizational objectives is ensuring that there is strong staff engagement and staff wellbeing within the Unitaid Secretariat. This is reflected across three KPIs to support the objective of fostering staff engagement and ensuring staff wellbeing.

KPI G, 'Gender Equality', is defined as the percentage of women in management positions at Unitaid. Management positions are defined as UN P5-level or above. The target is a range around "parity", which is defined as between 45-55% of women in management positions. Based on staffing at the end of 2024, 45% of women were in management positions (10 out of 22), coming within the range 45%-55%.

KPI H contains two distinct indicators. The first, KPI H.1 – 'Level of Staff Satisfaction' is a continuation of measuring staff satisfaction in the KPI framework. For the 2023-2027 Strategic period, this is measured as the average performance of a composite of five questions assessed during the annual staff survey. The target is 75% overall, based on the average of positive responses (agree' or 'strongly agree') to each question. The latest staff survey was completed at the start of 2025 by IPSOS. The survey results found the average level of staff satisfaction to be 82% overall, up from 75% in the previous survey, above target. Within the set of questions, the range of positive responses varied between 79% (for willingness to stay and progress at Unitaid and for recommending Unitaid as a good place to work) to 87% (for pride in telling friends and family about my work and overall satisfaction with working at Unitaid). The main driver of the overall increase were significant increases in two questions, 'I would recommend Unitaid to friends as a good place to work' (an increase of 15 percentage points from the previous staff survey), and 'We have successfully managed to integrate and onboard new staff in the organization' (an increase of 19 percentage points from the previous staff survey). For a full summary of KPI H1, see Figure 12, below.

Figure 12 – 2024 Unitaid Staff Survey results (KPI H.1 and H.2)
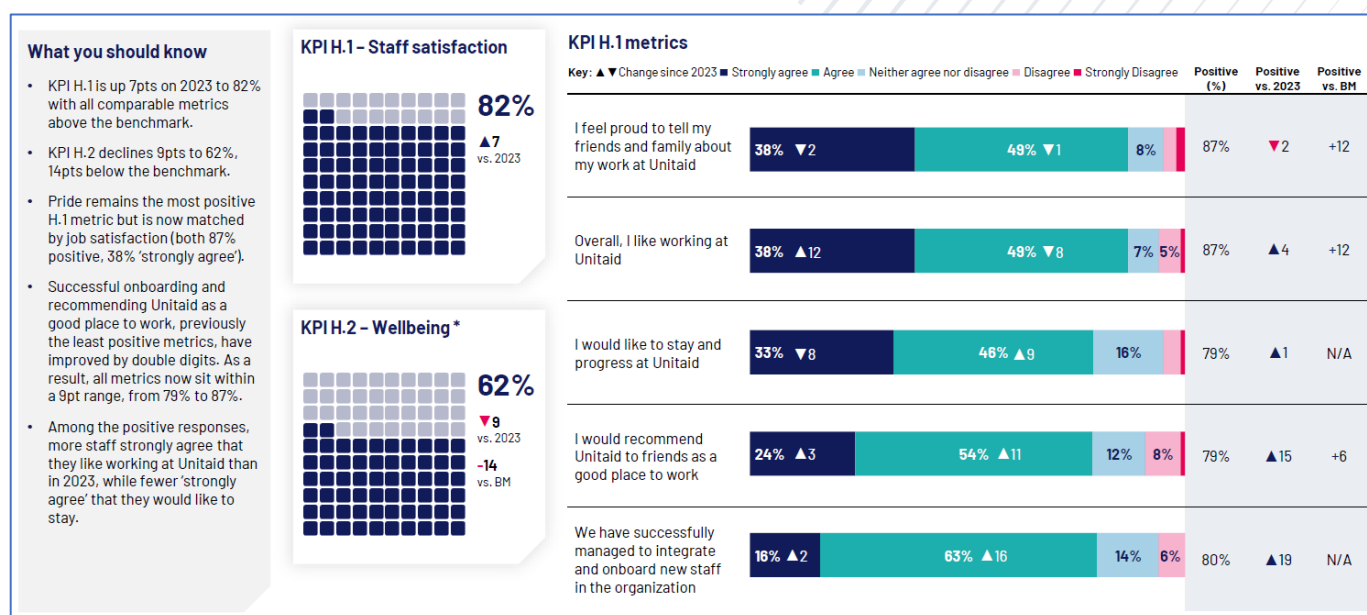
Source: IPSOS

The second KPI under KPI H assesses staff wellbeing, once more using data generated during the staff survey, which was implemented by IPSOS in December 2024. Here, KPI H.2 assesses the ability of staff to manage their work-life balance. Once more, there is a target of 75% positive responses, i.e., agree' or 'strongly agree' to the question "I am generally able to balance my work and my personal responsibilities while maintaining a healthy lifestyle." The 2024 staff survey result was 62% positive, 13 percentage points below the target of 75%, and a reduction of 9 percentage points compared to the previous survey. The wider staff survey findings do not provide a complete picture to explain this reduction in performance. Forward-looking staff engagement activities will place some emphasis on this area, alongside continued efforts to ensure effective work planning of individual, team and organizational priorities, and thorough regular line management approaches.

Summary and next steps

Unitaid's performance against its Key Performance Indicators can be summarized as follows, with reference to the three main purposes of Unitaid's performance management – i) Accountability, ii) Learning and iii) Promotion.

Accountability:
Over the last year, Unitaid has made good progress in several areas, at both a strategic and organizational level. The organization continues to expand its list of health products supported towards meeting the 30 products by 2030 objective and Strategic Objective 1. In most investment areas, portfolio health (assessed through Target Access Profiles) is good, but in a sub-set of areas, notably long-acting technologies, there are continuing challenges around meeting target access conditions. Of note is the good progress of scale up of track record products and mature products in Unitaid's portfolio. This year, it is estimated that approximately 320 million people are benefiting from Unitaid-supported products, including at least 53 million children. However, the challenging external environment, including increased implementation and scalability risks, require careful attention in respect of the active portfolio and the continued scale up of Unitaid-supported health products.

Surrounding Strategic Objectives 2 and 3, there has been clear progress to implement strategic initiatives in areas such as Regional Manufacturing, Climate and Health, Pandemic Prevention, Preparedness and Response and Partnerships. This includes launching calls for proposals and securing resources for Regional Manufacturing for Equitable Access (RMEA), approval of a Climate and Health Area for Intervention, and high-level engagement on pandemic preparedness and response.

In addition, the second Unitaid Partner Survey showed a general increase in positive feedback, although this was based on a relatively small sample response to the survey. Unitaid's portfolio has strengthened its 'demonstrated engagement' with Communities and Civil Society, with an increase in this assessment from 40% in 2022 to 77% in 2024. Country engagement has made clear progress in several areas, notably signing Memorandum of Understanding agreements with the Government of South Africa and the Africa CDC. The hosting of the Executive Board in South Africa also provided a strong platform for multi-stakeholder engagements.

From an organizational perspective, there was a mixture of performance, with the Secretariat performing well in respect of Secretariat Efficiency (specifically budget implementation), Implementer Satisfaction and Staff Satisfaction. Unitaid saw some improvement on progressing implementer diversity, but this still requires some focus and secured the target level of funding from multi-year agreements, although the wider resource mobilization landscape is very challenging. There was an improvement in the Gender Equality KPI, to get to the range level of at least 45%. Areas for improvement include getting the speed of grant development back on track after a period of grant development delays, a need to progress work towards reaching carbon footprint reduction targets, and a need to understand the root causes of the lower staff wellbeing score to identify appropriate staff engagement actions.

Learning:
The performance framework is supporting the strengthening of the learning agenda with the Unitaid Secretariat. A Learning Framework has been developed and is in its early implementation. A core element of this is to ensure that learning activities are practical and action oriented. The review of grant development delays was a good example of such a process, which led to clear findings and actionable next steps.

The learning lens should also be applied to the upcoming review of the Key Performance Indicators. Key issues for consideration include assessing the general utility of KPIs to help performance management decisions, reflecting on the precision of indicators, and the feasibility of measuring progress. Another important consideration is the extent of goal alignment across KPIs. After the June Executive Board meeting, the Unitaid Secretariat will start a review process, with the plan to come forward with findings from the Review at the Committee meetings in Autumn 2025, before working towards making a proposal to the Executive Board for any changes to the KPI framework at the 47th Executive Board meeting.

Promotion:
The annual performance assessment process generates a wide body of analysis and insights that can be used for the external promotion of Unitaid's work. Highlights from this report, such as the estimate of people reached, where approximately 320 million people are benefiting from Unitaid-supported products each year, are useful inputs to the expanding suite of communications materials being developed by the Secretariat.

The Communications team are working on an external facing corporate report, which will harness a variety of results and impact data presented in the performance update documents to the Executive Board, including the Return on Investment analysis. This is a foundation to continue to report results and impact information to external audiences to support Unitaid's wider efforts on resource mobilization and partnership development.

Next steps:

In line with the approach agreed in the KPI framework, the Unitaid Secretariat will take forward a review process for KPIs and will present an update on this process at the Autumn 2025 Committees for further input from the PSC and FAC, in advance of developing a proposal for the Executive Board at the end of 2025. A critical input to this process will be Executive Board feedback. Therefore, any initial reflections on the KPI framework would be valuable during at the 46th Executive Board meeting in June 2025.

APPENDIX 1: Table – KPI 1.1: Portfolio Evolution – new products supported over the last year

Investment Area	Product Name	Target Population	Context and Value Add
Sustain effectiveness of HIV prevention and treatment Long-acting pre-exposure prophylaxis (PrEP)	Lenacapavir	Adolescent girls and young women, men who have sex with men, and transgender and non-binary individuals	• A long-acting product, lenacapavir is highly effective in preventing HIV acquisition in women, representing a significant breakthrough in HIV prevention. • Twice-yearly dosing addresses one of the greatest barriers in both treatment and prevention: daily pill fatigue. This long-acting regimen can enhance adherence, simplify care delivery, and reduce missed doses • Unitaid's investment will specifically focus on pathfinder initiatives in South Africa and Brazil, led by Wits RHI and Fiotec, to integrate lenacapavir into a comprehensive suite of PrEP options.
Improve access to better tools for safe pregnancy and birth for women and newborns Post Partum Haemorrhage	Calibrated drapes	Pregnant women	• Calibrated delivery drapes are simple, low-cost devices designed to collect and measure postpartum blood loss objectively, replacing subjective visual estimates and other cumbersome methods. Clinical trials show they significantly improve the detection of blood loss ≥ 500 mL, enabling earlier intervention and reducing severe haemorrhage events
Improve access to better tools for safe pregnancy and birth for women and newborns Ending Vertical Transmission of Chagas, HIV, HBV, and Syphilis	HBV HBsAg RDT (screen)	Infants, pregnant women	• HBsAg rapid diagnostic tests (RDTs) are lateral-flow immunoassays designed for point-of-care screening of hepatitis B surface antigen, enabling early identification of active HBV infection without laboratory infrastructure. Their ease of use, rapid turnaround (~15 min), low cost (often <$1/test), and minimal training needs make them especially valuable in low- and middle-income settings, antenatal clinics, and community outreach programs
	Dual HIV/syphilis RDT	Infants, pregnant women	• Dual HIV/syphilis rapid diagnostic tests (RDTs) are single-use, point-of-care lateral-flow immunoassays that detect both HIV and Syphilis antibodies from a single finger-prick blood sample in under 20 minutes, streamlining dual screening in antenatal and other high-risk settings.

	Triplex RDT	Infants, pregnant women	• Triplex rapid diagnostic tests (RDTs) enable simultaneous point-of-care detection of HIV, hepatitis B surface antigen (HBsAg), and hepatitis C virus (HCV) or syphilis from a single capillary blood sample in 15–20 minutes, streamlining integrated screening in antenatal, and community settings with minimal training or equipment
	Syphilis treponemal/ non-treponemal diagnosis	Pregnant women	• Calibrated syphilis diagnosis relies on combining both non-treponemal and treponemal serologic tests to accurately identify active infection versus past exposure. • Once positive, treponemal tests typically remain reactive for life, necessitating non-treponemal titers to gauge active disease. Non-treponemal assays are quantitative, allowing titers to monitor treatment response, but sensitivity is reduced in early primary and late latent stages, and false positives occur with infections (e.g., HIV), autoimmune disease, pregnancy, and vaccination. • Rapid diagnostic tests combining treponemal and non-treponemal lines on one cassette deliver qualitative results in ~20 minutes from fingerstick blood. They achieve 60–100% sensitivity and 94–99% specificity, enabling same-visit diagnosis and treatment decisions, particularly in low-resource or outreach settings
	HIV/syphilis self-test	Pregnant women	• HIV/syphilis self-tests (HIVST/SST) are user-administered, point-of-care lateral-flow assays that enable individuals to screen themselves for both HIV and Syphilis antibodies using a finger-prick blood sample, with results in under 30 minutes. These tests expand access to screening by overcoming barriers of clinic-based testing (stigma, travel, clinic hours) and have demonstrated high diagnostic accuracy and acceptability among diverse populations including pregnant women.
	Chagas LAMP assay	Infants, children, pregnant women, people living in rural settings without easy access to secondary or tertiary health facilities.	• LAMP assays offer a rapid, sensitive, and field-deployable molecular diagnostic for Trypanosoma cruzi the parasite that causes Chagas disease. LAMP overcomes the infrastructure barriers of PCR testing due to minimal equipment requirements (a simple heat block or water bath), visual readout, and stable reagents. These features enable its use in low-resource and point-of-care settings, facilitating earlier diagnosis in acute, congenital, and reactivation cases and broadening access to treatment.

HBV birth dose	Infants	• Hepatitis B vaccine birth–dose (HepB-BD), administered within 24 hours of birth, is a cornerstone intervention to prevent vertical transmission of hepatitis B virus (HBV). By priming neonatal immunity before potential perinatal exposure, a timely birth dose reduces vertical transmission risk by >80% when used alone and from ~90% to <5%, when combined with maternal screening and neonatal hepatitis B immunoglobulin (HBIG) in HBsAg-positive mothers.
BPG for syphilis	Pregnant women	• Benzathine penicillin G (BPG) remains the gold-standard, first-line therapy for all stages of syphilis, including prevention of congenital infection in pregnant women, due to its proven efficacy, safety, cost-effectiveness, and inclusion in global guidelines. A single intramuscular dose of 2.4 million units (MU) cures early syphilis in >95 % of adults and, when administered appropriately in pregnancy, prevents over 98 % of cases of congenital syphilis. At an incremental cost of roughly USD 1.35 per dose, BPG–based treatment strategies avert severe maternal-fetal outcomes at under USD 50 per DALY, and antenatal screening plus BPG therapy in sub-Saharan Africa averages just USD 11 per DALY averted.
TDF for HBV	Pregnant women	• Tenofovir disoproxil fumarate (TDF) is a first-line nucleotide analogue reverse transcriptase inhibitor for chronic hepatitis B (CHB), offering potent viral suppression, a high barrier to resistance, and a well-characterized safety profile. • The 2024 WHO guidelines endorse TDF as the preferred first-line therapy for adults and adolescents with CHB, including expanded indications for pregnant people to prevent vertical transmission • Economic analyses demonstrate TDF to be highly cost-effective—or even cost-saving—in both antenatal HBV prophylaxis and general CHB populations, with incremental cost-effectiveness ratios (ICERs) often <$20 per DALY averted.