



**Executive Board  
8<sup>th</sup> Session  
2-3 July 2008 - Geneva, Switzerland**

## **Resolution n°2**

**Action name: HIV/AIDS PMTCT  
Organization (s): UNICEF and WHO**

The Board of UNITAID authorizes the Executive Secretary to commit up to US\$ 50,009,221 for the *Acceleration of Implementation of Comprehensive Prevention of Mother-to-Child Transmission (PMTCT) Services in the Era of Access to HIV Care and Treatment*.

**Lead recipient:**

UNICEF

**Purpose:**

Fostering linkages and facilitating access of mothers and children to HIV Care and Treatment through expansion of the current UNITAID-funded PMTCT Project.

**Amount:**

US\$50,009,221 over 2 years

**Date of first disbursement:**

1, November, 2008

**Conditions for UNITAID funding support:**

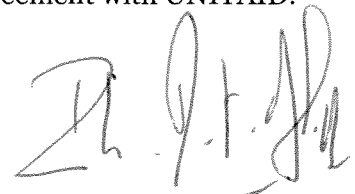
UNICEF/WHO to address/ clarify the following to the satisfaction of the Expert reviewers:

- Provision of an update on the development of the Mother and Baby pack.
- Selection criteria for countries to be further defined.
- Possible implementation challenges in Myanmar.
- Clarification of the role of WHO.
- Provision of a comprehensive Monitoring and Evaluation Plan.
- The proposal estimates that HAART will be supplied for one year after pregnancy for mothers who need it and they will then be transferred to national programmes – is this feasible in these proposed countries?
- The proposal mentions using the 2006 WHO guidelines for pregnant women who need treatment, but does not specify whether it will use only the “need HAART at 200” part of

these recommendations or support the “recommend HAART at 350” part of these guidelines. If so, there is inadequate description of the drug strategy for women with CD4 > 250 (if they are to get HAART), given concerns about nevirapine use in this group. How will this be applied? Will it differ by country? If treating pregnant women with CD4 between 200 and 350 – will only NVP regimen be available?

- Provision of a detailed procurement supply chain management plan for the proposed procurement category expenditure of USD47,014,239 inclusive of freight, insurance and management costs
- Provision of further information on proposed expenditures catered for under the fee to UNICEF of cost USD1,144,944
- Further justification of the cost fluctuation buffer of USD1,850,038.
- Inclusion of expenditure category for targeted country programme support costs especially funding of PMTCT services
- *Some detail on whether the projects will plan to start early treatment of infected infants, in line with the new WHO guidelines (even if not part of this application).*
- Proposal states: “Most implementing countries will provide Cotrimoxazole prophylaxis to all HIV-infected pregnant women and mothers irrespective of their CD4 cell count level.” This is not in line with WHO guidelines, which recommend co-trimoxazole for those with CD4 less than 350. There are some discrepancies between the assumptions for these numbers in the text and tables of the proposal and this should be clarified.
- As UNITAID cannot support long term treatment costs of this project, UNICEF should provide clarifications on how they will be able to ensure HAART beyond one year for women started on treatment
- The Mother and Baby pack should be removed as part of this proposal until prototype has been fully developed and validated. However, from a development point of view, and to provide a basis for forecasting to manufacturers, the Expert group recommends the proposal developers combine the needs for already approved proposal (2007) and this one to obtain a notional initial annual forecasting estimate.
- Once the product is fully developed and validated, it can be presented as an "add-on" to the approved project.

UNITAID funding support is conditional upon signature of a legal agreement with UNITAID.



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