

# UNITAID

An innovative mechanism for scaling up access to medicines and diagnostics for HIV/AIDS, tuberculosis and malaria

**ECOSOC Annual Ministerial Review  
(Regional Ministerial Meeting on Financing Strategies for Health Care)**

**Colombo, Sri Lanka, March 2009**

Jorge Bermudez, Executive Secretary, UNITAID

# UNITAID: What is Innovative?

- An **innovative financing** mechanism
- Addressing **Market Impact** for drugs and diagnostics for HIV, TB and malaria
- Working and building solid **partnerships**

# A global challenge for Health...

## *Medicines are in the North, patients in the South*

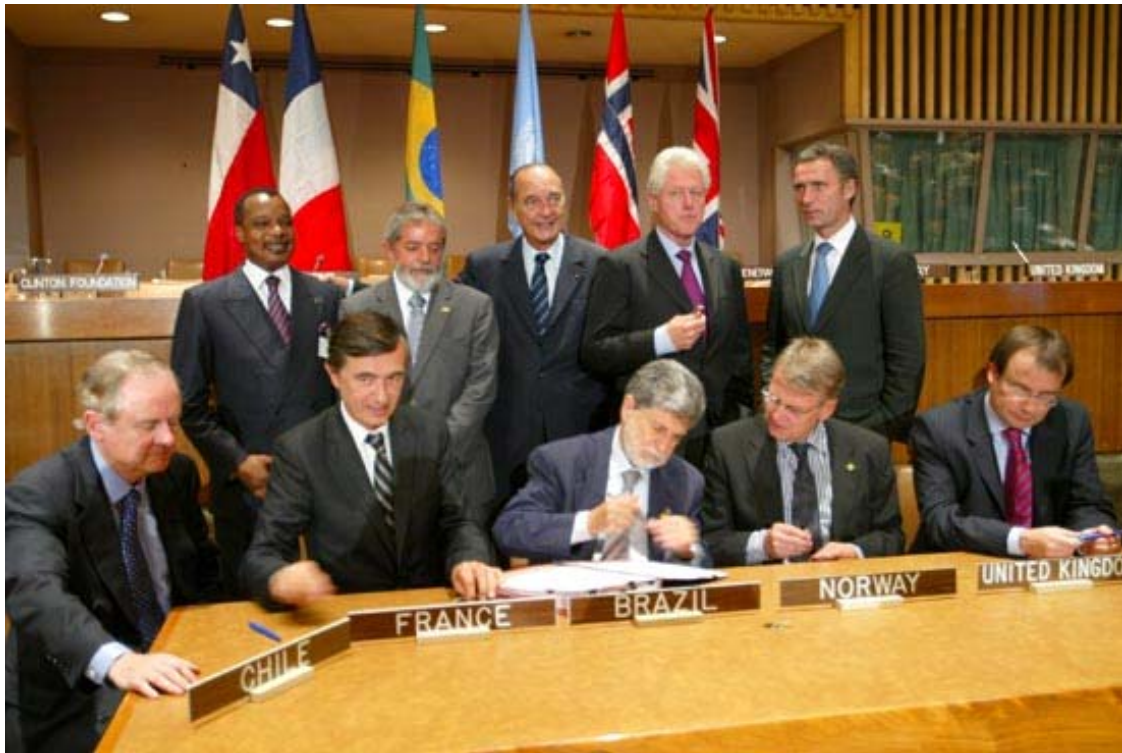
Low- and middle-income countries represent:

**84%** of the world population

Less than **11%** of the global health expenditure

More than **93%** of the disease burden globally

## Five founding countries



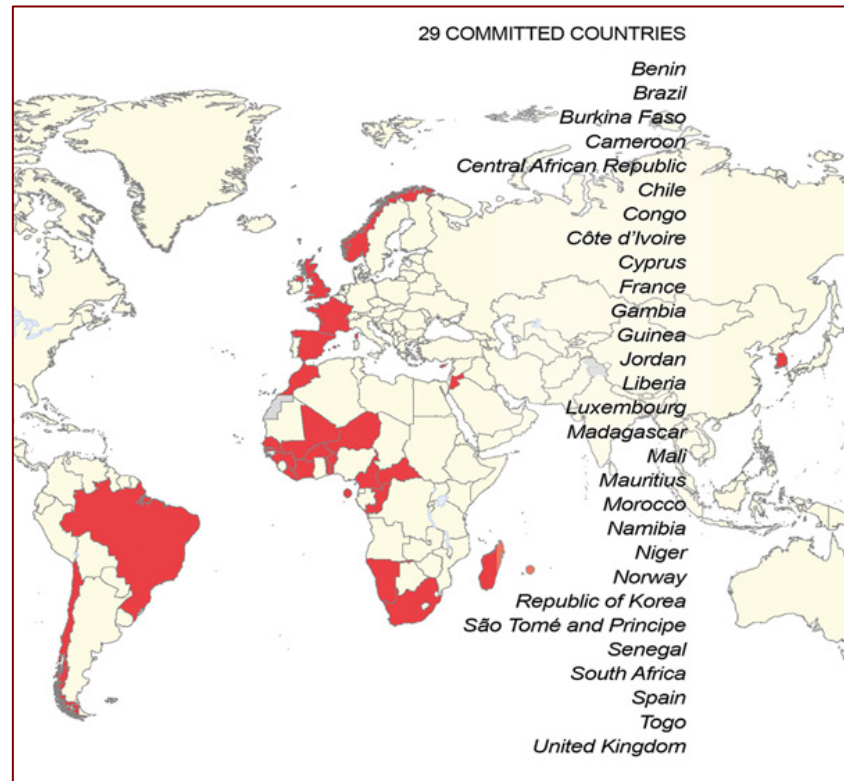
Official signature of the **five founding countries** when UNITAID was launched, on **19 September 2006**, at the United Nations General Assembly, New York

# UNITAID membership

**From 5 founding countries (2006):**  
Brazil, Chile, France,  
Norway, UK



**Now (2008):**  
supported by **29**  
countries and the  
Gates foundation



# A flexible 'air tax' approach

<b>Chile</b> - Fixed rate on international flight		US\$ 2
<b>France</b> - Progressive mechanism		
	Domestic or European flight	International flight
Economy Class	€ 1	€ 4
Business & First Class	€ 10	€ 40
<b>Niger</b> - Progressive mechanism		
	Domestic or West African country flight	International flight
Economy Class	US\$ 1.20	US\$ 4.70
Business & First Class	US\$ 6.00	US\$ 24.00
<b>Norway</b> - CO2 Emission tax		

One dollar makes little difference to a passenger. To a child with malaria, it can mean the difference between life and death

Furthermore... no economic impact on air traffic

# UNITAID added value

## UNITAID use of funds allows to:

1. Impact markets and **reduce prices**: more drugs for same budget  
*ex: price reduction on pediatric (- 40%) and 2<sup>nd</sup> line ARVs (-25% to – 50%)*
2. Have manufactured medicines **better adapted** to patient needs  
*ex: first fixed dose combinations for pediatric ARVs*
3. Contribute to address **quality issues** (incentive for manufacturers to invest)  
*ex: support to WHO program for prequalification of products*
4. A **rapid delivery of medicines** to the countries in need  
(basic model - medicines instead of funds)  
*ex: treatments already provided in a number of countries for ARV, TB and ACT*

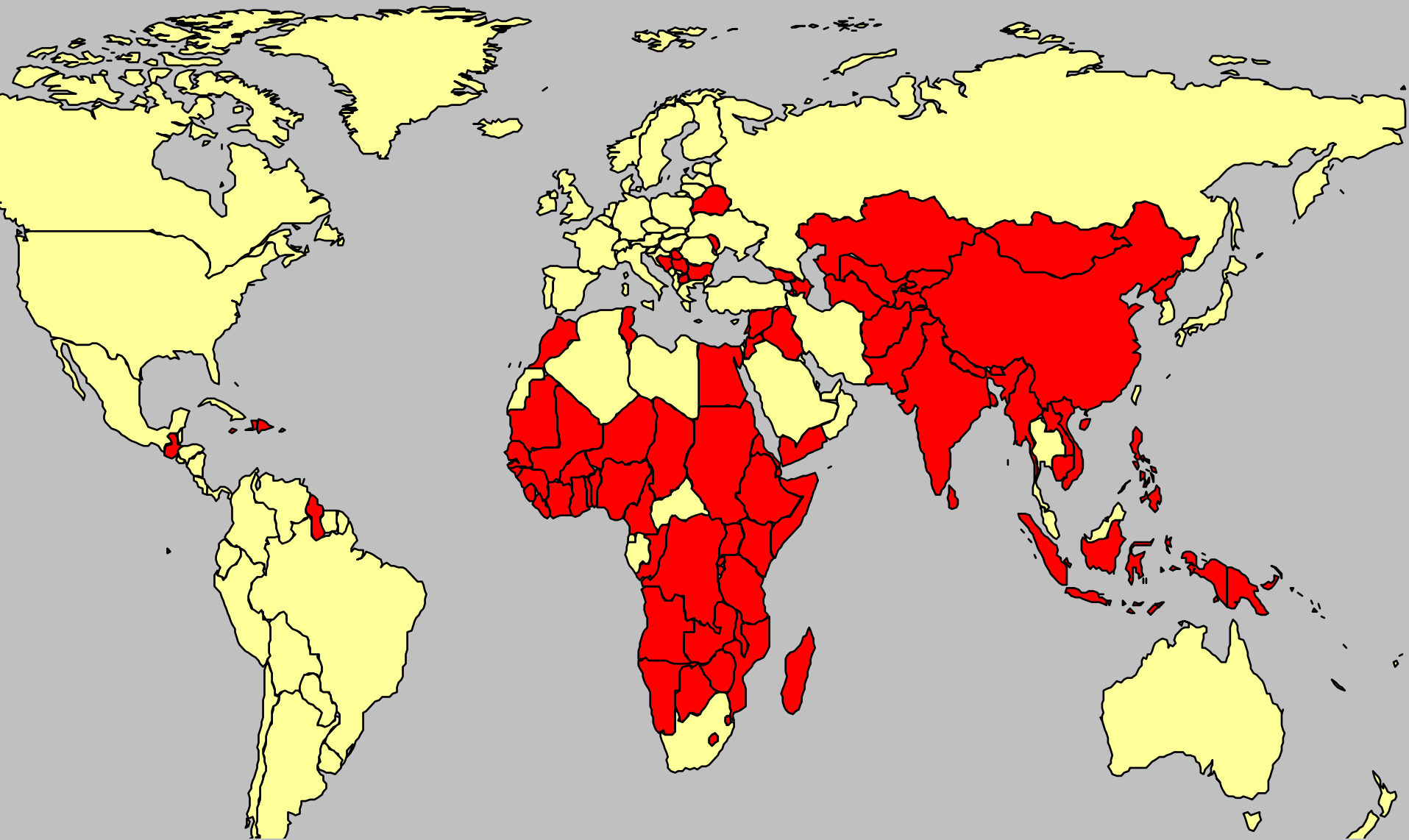


# UNITAID added value

- Facing a global state of emergency, UNITAID contributes to bring solutions
- In two years, UNITAID has already achieved major results...





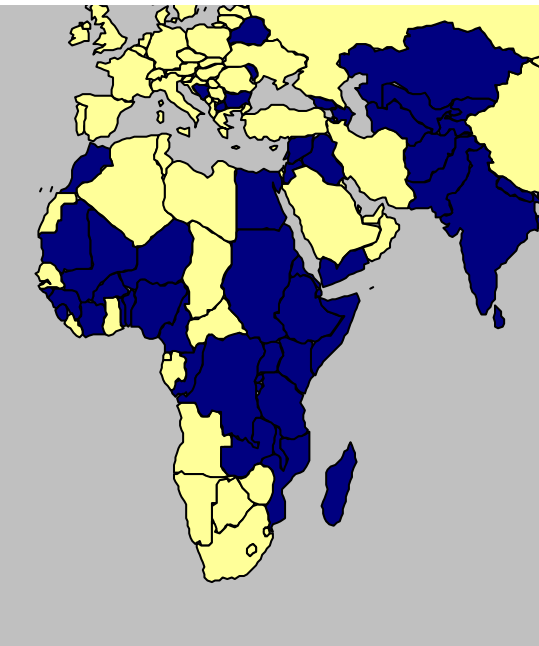


**All UNITAID funded projects 2008 (90 countries)**

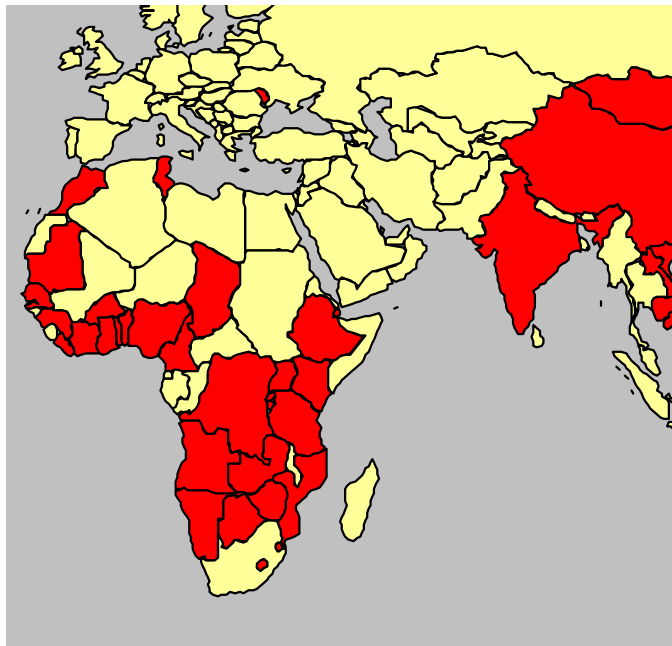
 UNITAID funded

# UNITAID funded projects in Africa and Asia

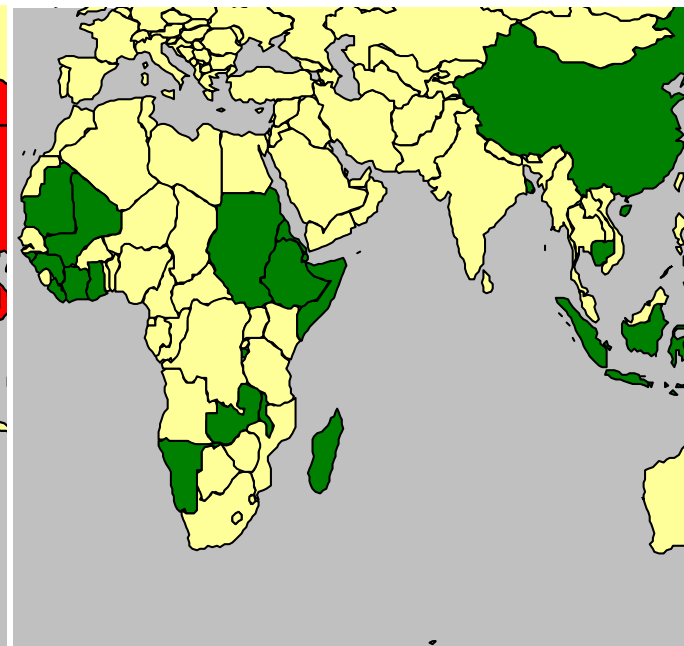
Tuberculosis



HIV/AIDS



Malaria



# Over US\$ 900 Million committed funds

## HIV / AIDS

<i>Pediatric ARV</i>	\$121 million
<i>Second line ARV</i>	\$162 million
<i>PMTCT</i>	\$75 million
<b>Total</b>	<b>\$359 million</b>

## Malaria

<i>ACT</i>	\$209 million
<i>LLINs</i>	\$109 million
<b>Total</b>	<b>\$318 million</b>

## Tuberculosis

<i>First line TB</i>	\$26 million
<i>Pediatric TB</i>	\$11 million
<i>MDR-TB</i>	\$71 million
<i>Diagnostics</i>	\$26 million
<b>Total</b>	<b>\$136 million</b>

## Cross cutting issues

<i>Transversal</i>	\$52.5 million
<i>Pre qualification medicines</i>	\$47 million
<i>Pre qualification diagnostics</i>	\$7.5 million
<b>Total</b>	<b>\$107 million</b>

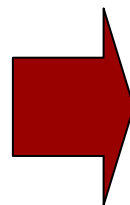
# More friendly-users medicines

**With UNITAID funding, new treatments are put on the market where:**

- Dosages **are adapted to** patients need – pediatric, second line
- Medicines can be taken in the form of tablets (*fixed dose combinations*)
- Products are **heat stable**: no refrigeration needed anymore
- **No need for water** to dilute medicines  
(problem of access to drinkable water in some countries).
- More quality products are available: **16** new prequalified medicines in 2008

# Better products at lower price

## Pediatric ARVs



### Before:

Single dose syrups

16 bottles of syrup monthly

**US\$ 200 per patient per year**

### Now (partnering with CHAI):

Fixed dose combination

3 tablets a day

**US\$ 60 per patient per year**

# Better products at lower price

## Tuberculosis

- A rotating stockpile that treats 5800 patients a year
- New faster diagnostics that can detect MDR-TB in just two days (previous test took six weeks)



# Better products at lower price

## Malaria

- Investing in prevention with long lasting insecticide treated bed nets
- Provision of ACTs at lower costs
- UNITAID's recent commitment to the AMFm





# UNITAID support to WHO/UN Prequalification

164 for treatment of HIV/AIDS and related diseases

18 for treatment of tuberculosis  
(10 prequalified in 2007-08)

14 for treatment of malaria (9 prequalified in 2007-08)

Further products under evaluation in January 2009:

68 products for treatment of HIV/AIDS and related diseases

41 products for treatment of tuberculosis

17 products for treatment of malaria

# UNITAID's current and future challenges



	•Today	•In 2-3 years	•In 3+ years
	•Ongoing actions/niches	•Additional ideas to explore	
• <b>HIV/AIDS</b>	<ul style="list-style-type: none"> <li>– 2<sup>nd</sup> line ARVs</li> <li>– Pediatric ARVs + RUTF</li> <li>– PMTCT</li> </ul>	<ul style="list-style-type: none"> <li>– Viral load*</li> <li>– Some OI commodities (e.g., Isoniazid + Cotrimoxazole, Rifabutin**)</li> <li>– Prevention commodities***</li> </ul>	<ul style="list-style-type: none"> <li>– 3<sup>rd</sup> line ARVs</li> <li>– Microbicides</li> <li>– Point-of-care diagnostics</li> <li>– Non-nutritional co-morbidities</li> </ul>
• <b>TB</b>	<ul style="list-style-type: none"> <li>– 1<sup>st</sup> line TB</li> <li>– Pediatric TB</li> <li>– MDR-TB</li> </ul>	<ul style="list-style-type: none"> <li>– Pediatric MDR-TB</li> <li>– LED diagnostics (1<sup>st</sup> line)</li> <li>– New MDR-TB regimens</li> </ul>	<ul style="list-style-type: none"> <li>– API market (transversal)</li> <li>– XDR diagnostics &amp; drugs</li> <li>– Point-of-care diagnostics</li> </ul>
• <b>Malaria</b>	<ul style="list-style-type: none"> <li>– ACTs</li> <li>– Bed nets</li> </ul>	<ul style="list-style-type: none"> <li>– AMFm</li> <li>– Rapid tests</li> </ul>	<ul style="list-style-type: none"> <li>– Residual spraying?</li> </ul>
• <b>Other/ transversal</b>	<ul style="list-style-type: none"> <li>– Prequalification</li> </ul>	<ul style="list-style-type: none"> <li>– Patent pool</li> <li>– Voluntary Solidarity Contribution</li> </ul>	<ul style="list-style-type: none"> <li>– Pharmacovigilance</li> <li>– Other diseases (where market impact is possible)?</li> </ul>

\* Pending technical working group recommendation in January 2009

\*\* Given Rifampicin's negative interactions with some ARV regimens

\*\*\* Possible commodities to explore could include female condoms



UNIS POUR SOIGNER JUNTOS PARA CURAR TOGETHER TO HEAL

une autre idée  
de la mondialisation

uma outra forma de  
globalização

another kind of  
globalization

The UNITAID logo, featuring the word "UNITAID" in a bold, sans-serif font. The "UNIT" is in black and the "AID" is in red, all contained within a red rounded rectangular border. White lines radiate from the right side of the logo.

UNITAID