

UNITAID

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

Partners and Stakeholders Meeting

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Paulo Meireles, HIV/AIDS Portfolio Manager, 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**

Over US\$ 900 Million committed funds

HIV / AIDS Niche

<i>Pediatric ARV</i>	\$157 million
<i>Second line ARV</i>	\$160 million
<i>PMTCT</i>	\$75 million
<i>Total</i>	\$392 million

How UNITAID works

- **No direct support to countries**
- **Partnerships with Strategic and Technical Implementing entities**
 - WHO, Global Fund, UNICEF, GDF, FIND, CHAI
- **Partnership with CHAI (Second Line and Paediatric ARV Projects) in select countries (MoUs with MoHs)**
 - Supports registration (or waiver) issuance, and Clearing, Storage & Distribution (CSD) etc
 - Provides technical assistance, capacity building

42 Beneficiary Countries

• Pediatric ARV Niche: 39 countries

1. Angola
2. Benin
3. Botswana
4. Burkina Faso
5. Burundi
6. Cambodia
7. Cameroon
8. China
9. Cote d'Ivoire
10. D.R. Congo
11. Dominican Republic
12. Ethiopia
13. Guyana
14. India
15. Jamaica
16. Kenya
17. Lesotho
18. Liberia
19. Malawi
20. Mali
21. Mozambique
22. Namibia
23. Nigeria
24. Organization of Eastern Caribbean States (6 countries)
25. Papua New Guinea
26. Rwanda
27. Senegal
28. Swaziland
29. Tanzania
30. Togo
31. Uganda
32. Vietnam
33. Zambia
34. Zimbabwe

• Second Line ARV Niche: 25 countries

1. Benin
2. Botswana
3. Burundi
4. Cambodia
5. Cameroon
6. Chad
7. Cote d'Ivoire
8. D.R. Congo
9. Ethiopia
10. Ghana
11. Haiti
12. India
13. Kenya
14. Malawi
15. Mali
16. Mozambique
17. Namibia
18. Nigeria
19. Rwanda
20. Senegal
21. Tanzania
22. Togo
23. Uganda
24. Zambia
25. Zimbabwe

Achievements

1. Impact markets and **reduce prices**: more drugs for same budget
ex: 2008 price reduction on paediatric (-40%) and 2nd line ARVs (-25% to -50%)
2. Have manufactured medicines **better adapted** to patient needs
ex: first fixed dose combinations for paediatric ARVs (AZT-FDCs to 7 countries)
3. Contribute to address **quality issues** (incentive for manufacturers to invest)
ex: support to WHO program for prequalification of medicines
4. **Rapid delivery of medicines** to the countries in need (medicines instead of funds)
ex: treatments already provided in a number of countries for ARV, TB and ACT

The challenge of rapid registration (or waiver)

1. 42 paediatric ARV formulations
2. 7 second line ARV formulations
3. Allocation of quantities to a Primary, Secondary and Pool of Suppliers
4. Pool of suppliers include more expensive (generic and branded) products (**up to 5 times higher prices**).

Issue: **The choice of supplier is sometimes determined by the registration status**

2009

1. New eligible suppliers (LPV/r, TDF formulations, ABC, etc)
2. Expected savings with price reductions for several formulations

Question

How can registration (or waivers) be expedited to make better and less expensive drugs more quickly available to countries?

UNITAID's current and future challenges



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

* 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



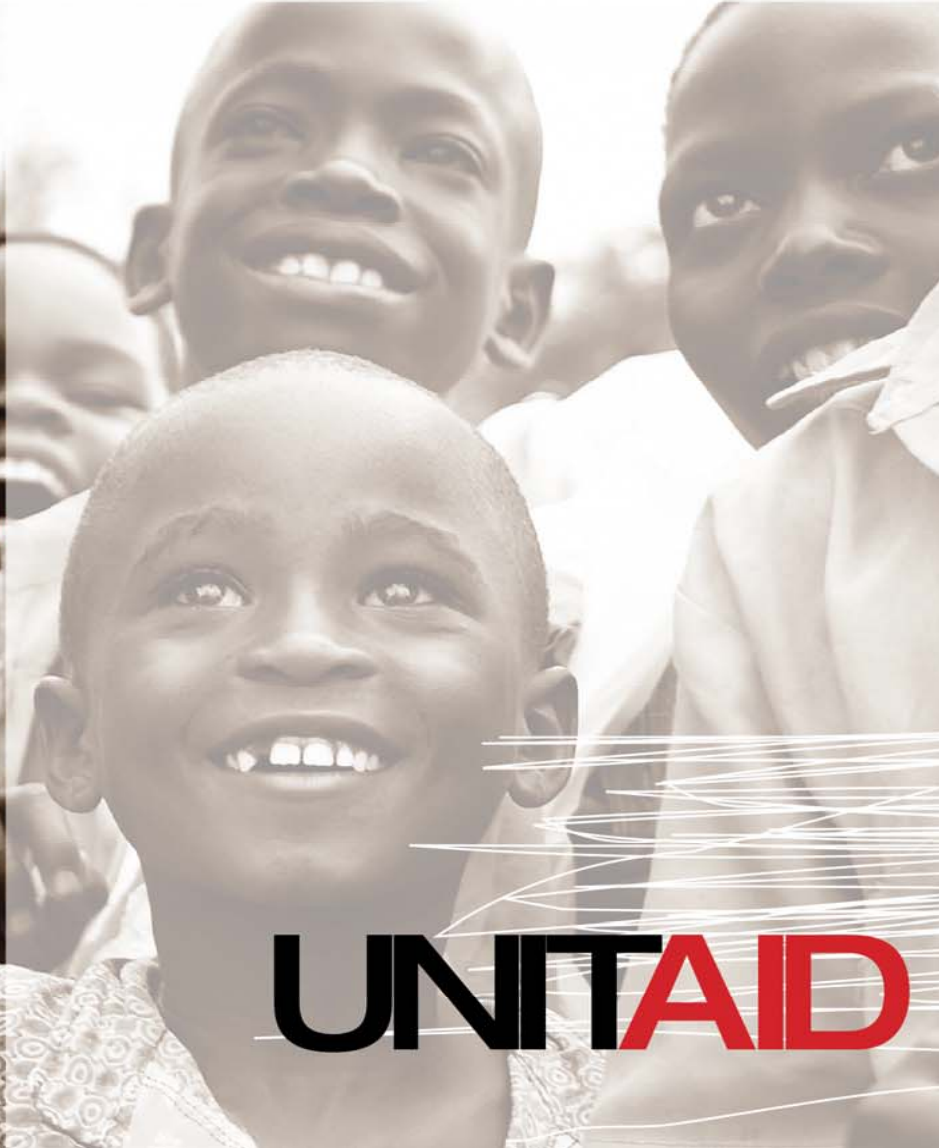
UNIS POUR SOIGNER JUNTO PARA CURAR TOGETHER TO HEAL



une autre **idée**
de la mondialisation

uma outra forma de
globalização

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globalization



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