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

• Adressing 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
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

<table>
<thead>
<tr>
<th>Country</th>
<th>Type</th>
<th>Domestic or European flight</th>
<th>International flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chile</td>
<td>Fixed rate on international flight</td>
<td>US$ 2</td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>Progressive mechanism</td>
<td>€ 1</td>
<td>€ 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>€ 10</td>
<td>€ 40</td>
</tr>
<tr>
<td>Niger</td>
<td>Progressive mechanism</td>
<td>US$ 1.20</td>
<td>US$ 4.70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>US$ 6.00</td>
<td>US$ 24.00</td>
</tr>
<tr>
<td>Norway</td>
<td>CO2 Emission tax</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 2nd 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*
• 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)
### HIV / AIDS

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric ARV</td>
<td>$121 million</td>
</tr>
<tr>
<td>Second line ARV</td>
<td>$162 million</td>
</tr>
<tr>
<td>PMTCT</td>
<td>$75 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$359 million</strong></td>
</tr>
</tbody>
</table>

### Malaria

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>$209 million</td>
</tr>
<tr>
<td>LLINs</td>
<td>$109 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$318 million</strong></td>
</tr>
</tbody>
</table>

### Tuberculosis

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>First line TB</td>
<td>$26 million</td>
</tr>
<tr>
<td>Pediatric TB</td>
<td>$11 million</td>
</tr>
<tr>
<td>MDR-TB</td>
<td>$71 million</td>
</tr>
<tr>
<td>Diagnostics</td>
<td>$26 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$136 million</strong></td>
</tr>
</tbody>
</table>

### Cross cutting issues

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transversal</td>
<td>$52.5 million</td>
</tr>
<tr>
<td>Pre qualification medicines</td>
<td>$47 million</td>
</tr>
<tr>
<td>Pre qualification diagnostics</td>
<td>$7.5 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$107 million</strong></td>
</tr>
</tbody>
</table>
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

- 2nd line ARVs
- Pediatric ARVs + RUTF
- PMTCT

HIV/AIDS

- 1st line TB
- Pediatric TB
- MDR-TB

TB

- ACTs
- Bed nets

Malaria

- Prequalification

Other/ transversal

- Additional ideas to explore

- Viral load*
- Some OI commodities (e.g., Isoniazid + Cotrimoxazole, Rifabutin**)
- Prevention commodities***

- 3rd line ARVs
- Microbicides
- Point-of-care diagnostics
- Non-nutritional co-morbidities

- Pediatric MDR-TB
- LED diagnostics (1st line)
- New MDR-TB regimens

- API market (transversal)
- XDR diagnostics & drugs
- Point-of-care diagnostics

- AMFm
- Rapid tests

- Residual spraying?

- Patent pool
- Voluntary Solidarity Contribution

- 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
une autre idée de la mondialisation
uma outra forma de globalização
another kind of globalization