UNITAID'S KEY PERFORMANCE INDICATORS 2013

TRANSFORMING MARKETS ADDING VALUE

UNITAID

Design and layout: blossoming.it

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Acronyms and abbreviations

3TC	Lamivudine, HIV/AIDS medicine
A2S2	Assured Artemisinin Supply Service
ABC	Abacavir, HIV/AIDS medicine
ACT	Artemisinin-based combination therapy for malaria
AFRO	African Regional Office (WHO)
AIDS	Acquired Immune Deficiency Syndrome
AMFm	Affordable Medicines Facility for malaria
Am	Amikacin, anti-TB medicine
AMRO	Regional Office of the Americas (WHO)
API	Active Pharmaceutical Ingredient
ART	Anti-retroviral treatment for HIV/AIDS
ARV	Anti-retroviral medicine for HIV/AIDS
ASAQ	Artesunate/Amodiaquine malaria medicine
ASLM	African Society for Laboratory Medicine
ATV	Atazanavir HIV/AIDS medicine
AZT	Azidothymidine (Zidovudine), HIV/AIDS medicine
BMGF	Bill and Melinda Gates Foundation
CD4	Immunological indicator of treatment failure for HIV/AIDS
CHAI	Clinton Health Access Initiative
Cm	Capreomycin, anti-TB medicine
Cs	Cycloserine, anti-TB medicine
CPP	Coordinated Procurement Planning Initiative
DNDi	Drugs for neglected diseases initiative
EID	Early infant diagnosis
EMRO	Eastern Mediterranean Regional Office (WHO)
EOI	Expression of interest
ESTHER	Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau
Eto	Ethionamide, anti-TB medicine
FDC	Fixed-dose combination
FEI	France Expertise Internationale
FIND	Foundation for Innovative New Diagnostics
GDF	Global Drug Facility of the Stop TB Partnership
GFATM	The Global Fund to fight AIDS, TB and malaria
GLI	Global laboratory initiative (WHO)
HIV	Human Immunodeficiency Virus
KPI	Key Performance Indicator

LICs	Low income countries
LMICs	Lower-middle-income countries
UMICs	Upper-middle-income countries
Lfx	Levofloxacin, anti-TB medicine,
LLIN	Long-Lasting Insecticide-Treated Nets
LOI	Letter of Intent
LPV/ r	Lopinavir/ritonavir, HIV/AIDS medicine
MC	Malaria Consortium
MDR-TB	Multi-drug resistant TB
MMV	Medicines for Malaria Venture
MoU	Memorandum of Understanding
MSF	Médecins Sans Frontières
MTB/RIF	Mycobacterium Tuberculosis/Resistance to Rifampicin
NGOs	Non-governmental Organisations
NVP	Nevirapine, HIV/AIDS medicine
OECS	Organization of Eastern Caribbean States
PAS	Para-Aminosalicylate Sodium, anti-TB medicine
PEPFAR	The United States President's Emergency Plan for AIDS Relief
POC	Point of care
PQP	Prequalification of Medicines and Diagnostics Program (WHO)
PQR	Price & Quality Reporting (procurement database from GFATM)
PSC	Programme Support Cost
GPRM	Global Price Reporting Mechanism for HIV, tuberculosis and malaria (database from WHO)
Pto	Prothionamide, anti-TB medicine
PRC	Project Review Committee
PSI	Population Services International
RDT	Rapid Diagnostic Test
RHZ	Rifampicin + Isoniazid + Pyrazinamide, anti-TB medicine
RUTF	Ready-to-use therapeutic food
SCMS	Supply Chain Management System
SEARO	South-East Asian Regional Office (WHO)
SO	Strategic objective
SRS	Strategic Rotating Stockpile for MDR-TB medicines
TB	Tuberculosis
TDF	Tenofovir- antiretroviral medicine, HIV/AIDS medicine
UN	United Nations
UNAIDS	The United Nation's Agency for HIV/AIDS
UNICEF	United Nations Children's Fund
UNIPRO	UNITAID Portfolio Management System
UNITAID	United Nations International Drug Purchase Facility
WB	World Bank
WHO	World Health Organization
XDR-TB	Extensively resistant tuberculosis

UNITAID uses innovative financing to transform markets for products to test, treat and prevent HIV/AIDS, malaria and tuberculosis (TB) in developing countries. Using resources from a levy on air tickets and long-term government contributions, UNITAID invests in high impact market interventions to make health products more affordable, more available and better adapted for low-income populations.

A NEW STRATEGY TO TRANSFORM MARKETS

UNITAID's Strategy 2013-2016 guides the organization's response to HIV/AIDS, malaria and TB. In total, these global epidemics kill almost 4 million people every year. Forward looking and flexible, UNITAID collects intelligence on product markets for these diseases in order to inform its investments, which are implemented by the world's top development organizations.

UNITAID's Strategy is aligned with the goals of the global health community:

- Provide 15 million people with HIV medicines by 2015;
- Reduce TB prevalence and death due to TB by 50%;
- Reduce malaria deaths to near zero.

VALUE FOR MONEY

UNITAID's approach is complementary to the work of other public health actors, as it concentrates on shaping product markets at the global level. The improved market conditions that UNITAID secures through its catalytic market interventions – such as improved quality, lower prices or new formulations – are available to anyone purchasing products in the market. This includes other global health partners, such as the Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR), but also national treatment programmes from low-income countries and civil society organisations.

UNITAID makes public money go further:

For countries and global health actors, UNITAID's price reductions allow more products to be bought with the same money.

UNITAID accelerates access to better technologies:

For health workers, better products help reduce the burden that HIV/AIDS, malaria and TB impose on health systems.

UNITAID saves lives:

Quicker results, easier-to-take medicines, less toxic treatment all lead to healthier lives!

Executive Summary

UNITAID was launched in 2006 at the United Nations General Assembly by the governments of Brazil, Chile, France, Norway and the United Kingdom to improve access to vital medicines, tests and prevention products for people living with HIV/AIDS, TB and malaria in low income countries. Its pioneering investments, financed significantly by an air ticket levy, have shaped the markets for paediatric and second line medicines for HIV/AIDS, new diagnostic tools to detect TB and the provision of ACTs to private sector outlets where up to 60% of people seek treatment for malaria in high burden countries. Reflecting on these accomplishments and looking to address gaps in the availability and affordability of life-saving products for the three diseases, UNITAID produced a new strategy for 2013-2016. The strategy concentrates on 6 Strategic Objectives[1] that focus on products needed to reduce the burden of the three diseases where that burden is highest, in the world's poorest populations. To support implementation of the new strategy, UNITAID's Board approved a new set of Key Performance Indicators (KPIs) that are aligned with the strategy and designed to measure results across the Strategic Objectives and over time. This report is the first to present results for the new KPIs and sets the benchmark against which subsequent years can be measured and achievements demonstrated.

Monitoring market and public health outcomes

UNITAID is a market shaper for essential products for HIV/AIDS, TB and malaria. The results of 2013 show that UNITAID's impact on the market and on public health remains strong particularly in the following areas:

- Price reductions for 2nd line anti-retrovirals (ARVs) and multi-drug resistant tuberculosis (MDR-TB) medicines demonstrate the impact of UNITAID's initial investment, especially:

[1] See Table 1 page 14

- an additional 20% reduction in the price of 2nd Line ARV regimens from 2012 to 2013 after the closure of the CHAI Second-line ARV grant in 2012; and
- up to 26% price reductions for intensive phase regimens for MDR-TB.

- More countries are benefiting from UNITAID obtained prices and infrastructure support, including:
  - 104 countries purchasing GeneXpert MTB/RIF at the low price obtained by UNITAID and its partners[2]; and
  - 27 countries using 92 functional laboratories supported by UNITAID to detect drug resistant TB faster than ever so that individuals can be treated quickly, before their disease spreads to others.

- More UNITAID priority products are available from generic manufacturers through support to the WHO prequalification programme for quality assurance of medicines and diagnostics, including:
  - an additional 32 UNITAID priority medicines; and
  - 8 new diagnostic tests[3], including for the first time, a male circumcision device; and
  - quality approved active pharmaceutical ingredients (API) from approved suppliers.

- An increasing number of point-of care tests are available to areas where access to central hospital facilities is difficult, especially the:
  - over 929,000 point-of-care (POC) CD4 tests (PIMA) provided to monitor treatment effectiveness in people living with HIV; and
  - 510,000 rapid diagnostic tests for malaria procured for high burden countries to increase rational use of the only effective treatment for malaria, the ACT.

These important results contribute to sustainable national financing of disease programmes for HIV/AIDS, TB and malaria in low income countries. Indeed, UNITAID grants generate improved market conditions for key products, making them available at lower prices for purchase by national governments and larger international donors like the GFATM and PEPFAR. This is UNITAID's added value in global public health and is exactly the value for money outcome it seeks when investing in market shaping activities. UNITAID's catalytic investments are amplified by other donors and national programmes, allowing millions of people to access medicines and tests that they previously could not afford.

[2] USAID, BMGF
[3] 1 malaria RDT, 4 HIV RDTs, 2 HIV viral load tests

Managing portfolios and grant performance

UNITAID continues to investigate and invest in new opportunities that will contribute to newer, better products at affordable prices. In 2013, UNITAID made the following advances:

- 10 market landscape reports were published for medicines and diagnostic tests for the three diseases, providing the rationale for UNITAID funding priorities.
- 16 new proposals valued at over US$ 500 million were considered by UNITAID in 2013/2014; and
- these proposals represent all 6 of UNITAID's strategic objectives, reflecting an increasing awareness of and alignment with UNITAID's mission in global public health.

UNITAID investments have also diversified across the value chain and now include grants in areas that were significantly under-supported in the past. These include market entry of much needed point-of care tests, product development for missing paediatric formulations for TB and HIV/AIDS, Intellectual Property challenges for generic ARVs and operational research in countries.

The rate of public health and market target achievement of UNITAID's grant is high. Considering the innovative and risk-taking nature of these grants, it is worth noting that:

- all grants ending in 2013 achieved their public health targets; and
- 3 out of 5 grants ending in 2013 achieved more than 80% of their market targets.

Measuring UNITAID Secretariat performance

In 2013, UNITAID managed 24 grants, one special project[4] and two Secretariat initiatives[5] for optimal results. UNITAID signed 16 grants with 14 grantees from

[4] Medicines Patent Pool Foundation
[5] Coordinated procurement planning initiative (CPP) with PEPFAR/SCMS (HIV), London School of Health and Tropical Medicine (HIV)

NGOs and public-private partnerships in 2013; almost half of these were new to working with UNITAID. These grantees are extending the range of actions that UNITAID can take to improve access to medicines, tests and preventives for the three diseases. Effective management of the grant making process has resulted in:

- a more than 60% reduction in grants receiving no-cost or cost extensions; and
- a decrease in time from Board approval to grant signature despite a larger number of grants signed in 2013.

These successes reflect the strength of UNITAID's new grant agreement processes and guidelines as well as UNITAID's strong commitment to working collaboratively with its grantees.

Similarly, UNITAID works closely with global partners such as the GFATM, PEPFAR, UNAIDS and WHO and also with civil society to promote better access to innovative tests and treatment and to increase the speed at which they are available in communities. Grantees reporting active involvement of civil society to raise community awareness of key health products include:

- PSI who are working to improve knowledge, awareness and use of RDTs for malaria in private sector outlets;
- Stop TB Partnership and WHO to increase demand for rapid TB testing using the GeneXpert MTB/RIF; and
- France Expertise Internationale (FEI) to promote the use of polyvalent viral load detection platforms in low resource settings to monitor treatment effectiveness in people living with HIV/AIDS.

Finally, UNITAID retains a lean and efficient organizational structure with Secretariat costs reflecting just 1.6% of the total value of its active grants[6] in 2013. UNITAID continues to invest in management training and to implement best management practices to create a positive and empowering environment for its small but dedicated staff.

This report provides a detailed review and analysis of all key performance indicators required by the Executive Board. The Annex includes comprehensive information on outcomes and costs of all grants made by UNITAID in 2013. Full results of UNITAID achievements from 2007 to 2013 are available on the UNITAID website at www.unitaid.org/impact.

[6] US$ 1,104,386,503

Top 10 achievements 2013

STRATEGIC OBJECTIVE 1

Simple point of care diagnostics

1. Increased access to point of care (POC) testing for HIV/AIDS brings patients closer to better treatment and care faster than ever before with over 929,000 POC CD4 tests performed in 2013.
2. People living with MDR-TB can be identified and treated more quickly using new GeneXpert products; over 52,000 individuals were tested in 2013.
3. High burden malaria countries have access to 510,000 rapid diagnostic tests to provide appropriate anti-malarial treatment (ACTs) to those in need.
4. Four innovative point of care tests for HIV/AIDS are entering the market to ensure that people living with HIV are identified and treated quickly especially in low resource settings.

STRATEGIC OBJECTIVE 2

Affordable, adapted paediatric medicines

5. 44,000 new children were placed on better adapted formulations to treat HIV/AIDS. Over 480,000 HIV positive children are living healthier lives on better medicines since 2007.

STRATEGIC OBJECTIVE 3

Treatment of HIV/AIDS and co-infections

6 Two licensing agreements signed with the Medicines Patent Pool to increase access to promising new fixed dose combination ARVs for adults and children living with HIV/AIDS.

STRATEGIC OBJECTIVE 4

Treatment of malaria (ACTs)

7 Effective treatment for malaria is now more affordable and more accessible with 400,000 co-paid ACT treatments delivered to private and public sector outlets in high burden malaria countries.

STRATEGIC OBJECTIVE 5

Treatment of second line TB

8 Over 16,000 MDR-TB patients on treatment facilitated by the scale up of MDR-TB treatments and diagnostics, especially the rapid detection of 35,000 MDR-TB cases using state of the art diagnostic facilities in low income countries.

STRATEGIC OBJECTIVES 3, 4, AND 5

9 WHO-prequalified medicines are made by 25 different generic manufacturers[7] with 32 UNITAID priority medicines[8] out of 48 medicines prequalified in 2013.

10 7 new diagnostic tests[9] for HIV and malaria and one medical device for HIV prevention[10] were prequalified bringing the total number of prequalified tests to 27[11] since 2009.

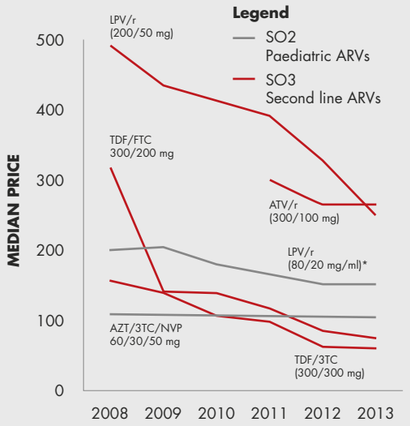
[7] Including medicines and API manufacturers
[8] 9 for HIV, 7 for malaria, 16 for TB
[9] 4 rapid tests and 2 CD4 tests for HIV; 1 rapid tests for malaria
[10] 1 male circumcision device
[11] 10 rapid diagnostic tests for HIV, 3 malaria rapid tests, 5 CD4 cell count tests for HIV, 8 HIV viral load tests and 1 male circumcision device

I. MONITORING MARKET AND PUBLIC HEALTH OUTCOMES

KPI 2 (& 3): Monitoring performance towards market outcomes

2.2 UNITAID continues to make an impact on prices for key products

Prices (US$) of key second-line and paediatric ARVs continue to decline



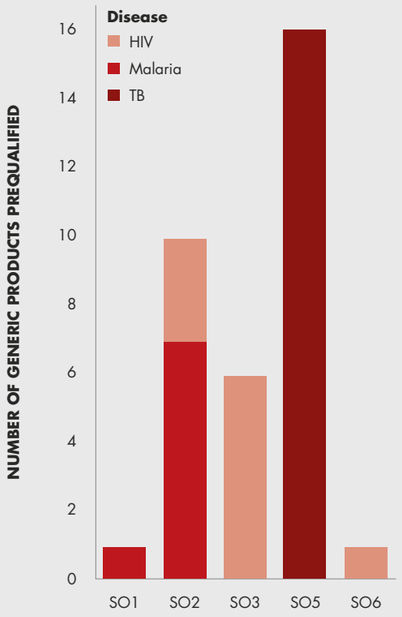
* originator product
Source: 2013 results is based on public health procurement database (PQR, VPP, SCMS and GPRM) accessed on 26 May 2014

Key regimen prices (US$) for MDR-TB have declined from 2012 to 2013

SO	Disease	Product	Unit	2012	2013
SO1	HIV	PIMA PoC CD4 cartridge	Unit test		5.95
	TB	Xpert MTB/RIF cartridge	Unit test		9.98
SO4	Malaria	Artemether/ Lumefantrine (20/120 mg) (pack size 6x2)	ACT FDC treatment course (Child 15-25 kg)	(0.23 - 0.93)*	(0.33 - 1.28)*
		Artemether/ Lumefantrine (20/120 mg) (pack size 6x4)	ACT FDC treatment course (Adult >35 kg)	(0.45 - 2.01)*	(0.46 - 2.17)*
SO5	TB	12 Cm Pto Cs Mxf PAS/12 Pto Cs Mfx PAS	Treatment course for MDR-TB (High range cost)	6,621.46	-11.35% 5,870.16
		8Am Eto Cs Lfx/16 Eto Cs Lfx	Treatment course for MDR-TB (Low range cost)	2,059.11	-25.54% 1,533.27

* Range of median prices : US$ (Madagascar's median price - Nigeria's median price)
Source: Annual reports from MSF and CHAI/UNICEF Point of Care projects (SO1), AMFm (SO4) and MDR-TB Scale Up project (SO5).

2.1 Support to WHO PQ lowers barriers to entry for key generic products



Note: Analysis based on the WHO prequalification programme for medicines and diagnostics

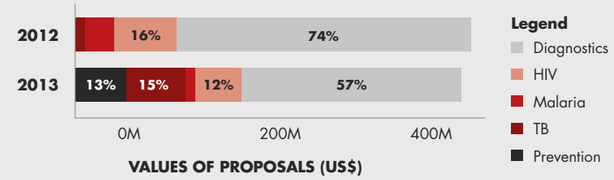
2.3 Countries are procuring UNITAID supported products at or below the UNITAID grant obtained price

SO	Disease	Generic Name	Strength	# of countries
SO1	HIV	PIMA PoC CD4 cartridge	-	6
	TB	Xpert MTB/RIF cartridge	-	104
SO2	HIV	Lamivudine/ Nevirapine/Zidovudine	30/50/60	26
		Lopinavir/Ritonavir	80/20	10
SO3	HIV	Lopinavir/Ritonavir	200/50	41
		Lamivudine/Tenofovir	300/300	19
		Emtricitabine/ Tenofovir	200/300	17
		Atazanavir/Ritonavir	300/100	9
SO5	TB	High/ low cost MDR-TB regimen	-	19

0 50 110

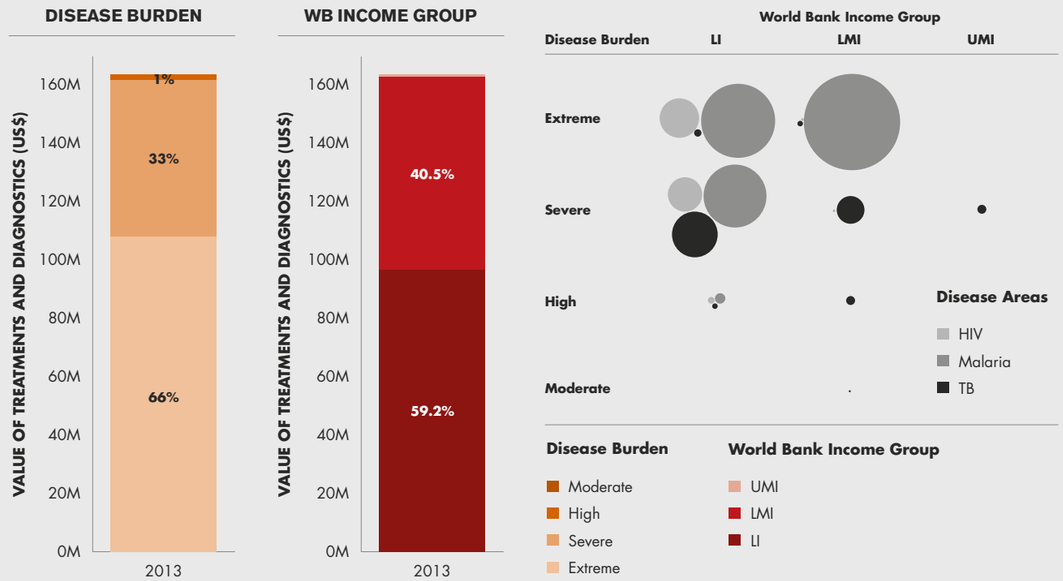
Source: WHO monitoring of Xpert MTB RIF, CHAI/ UNICEF PoC and MSF 2013 annual reports (SO1), GPRM database (SO2 and SO3), MDR-TB scale-up 2013 annual report (SO5)

3.1 Proposals are increasingly responding to UNITAID's strategy



KPI 1 : Monitoring performance towards Public Health outcomes

1.4 UNITAID's product purchases cover LI, LMI and high burden countries



Note: the disease burden classification is aligned with GFATM's classification as of 2013.

1.1 UNITAID grants are increasingly covering key products where people seek care

SO	Disease	Product	Description	
SO1	HIV	PoC (PIMA)	CD4 tests	**47.9%** coverage
	Malaria	Rapid diagnostic tests	private sector	**0.6%** coverage
	TB	MDR-TB Gene Xpert tests	public sector	**0.7%** coverage
SO2	HIV	AZT/ 3TC/NVP (60/30/50 mg), LPV/r (80/20 mg), LPV/r (100/25 mg)	paeds ARVs	**6.9%** coverage
	Malaria	Injectable artesunate 60 mg	severe malaria treatments	**12.9%** coverage
SO3	HIV	ATV/r (300/100 mg), LPV/r (200/50 mg)	2L ARVs	**50.6%** coverage
SO4	Malaria	ACTs	private sector	**88.3%** coverage
SO5	TB	Intensive phase: 12 mo. Cm Pto Cs Mxf PAS (high cost)/ 8 mo. Am Eto Cs Lfx (low cost)	MDR-TB treatments in the public sector	**10.0%** coverage

0% 20% 40% 60% 80% 100%

1.2. UNITAID continues to support the testing and treatment of people living with the 3 diseases

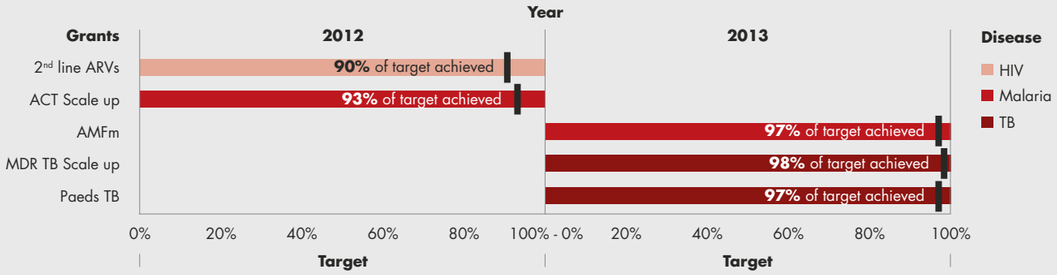
SO	Disease	Description	
SO1	HIV	CD4 tests*	929,362
	Malaria	RDTs procured	510,000
	TB	# individuals tested with GeneXpert	52,227
SO2	HIV	New children on treatment	44,412
	TB	Children on treatment ¢	153,000
SO3	HIV	Adults initiated on treatment after testing**	618
		Adults switched to 2nd line ARVs**	544
SO4	Malaria	Co-paid ACTs delivered	182,778,220
SO5	TB	MDR-TB treatments for adults	423

*Combines figures from the PoC and MSF projects; **MSF project only; ¢ Includes curative and prophylactic treatments.

II. MANAGING PORTFOLIOS & GRANT PERFORMANCE

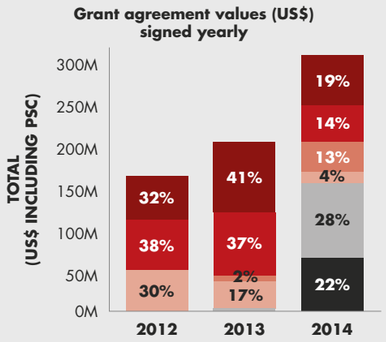
KPI 1 & 2: Grants which ended in 2012 and 2013 achieved most of their targets

1.3 All UNITAID grants achieved their public health targets

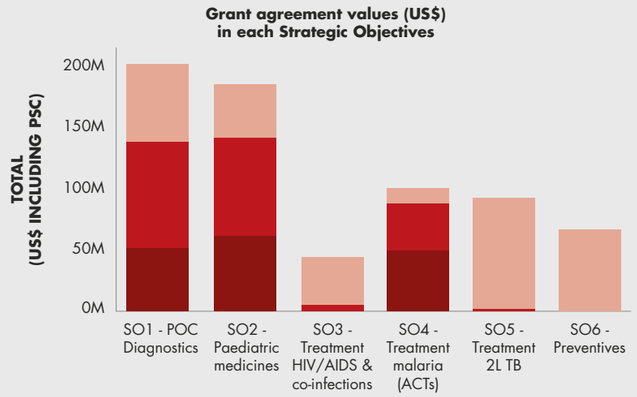


KPI 1 & 2: Grants which ended in 2012 and 2013 achieved most of their targets

4.1 Grant agreement values (US$) - signed yearly



Note: Values under 2014 are a projection.



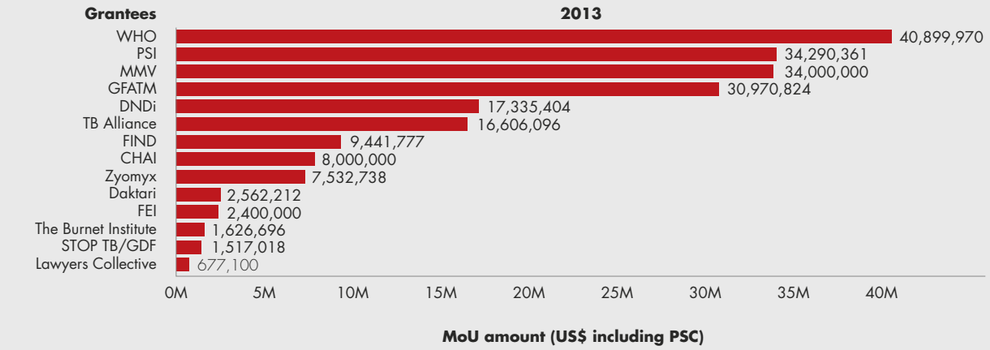
Strategic Objectives

- SO1 - POC Diagnostic
- SO2 - Paediatric medicines
- SO3 - Treatment HIV/AIDS & co-infections
- SO4 - Treatment malaria (ACTs)
- SO5 - Treatment 2L TB
- SO6 - Preventives

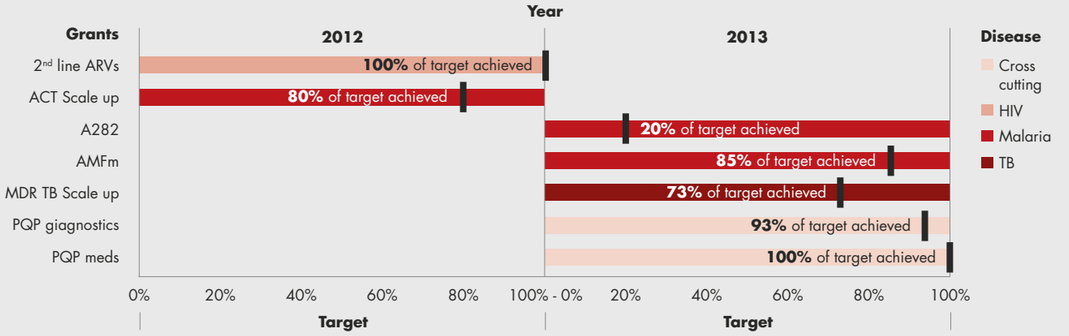
Signature date of MoUs

2014 2013 2012

4.1 14 grantees signed agreements in 2013



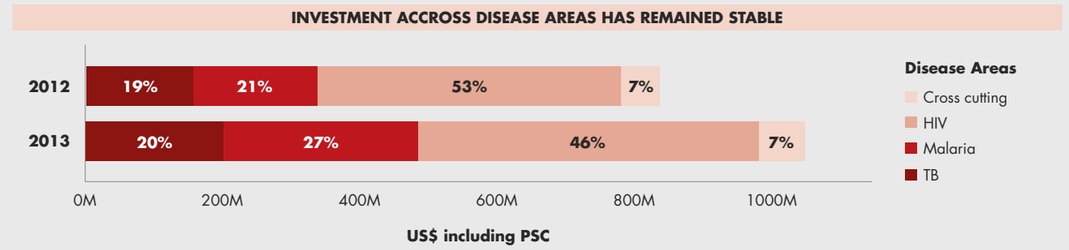
2.4 Three out of the five grants ending in 2013 achieved more than 80% of their market targets

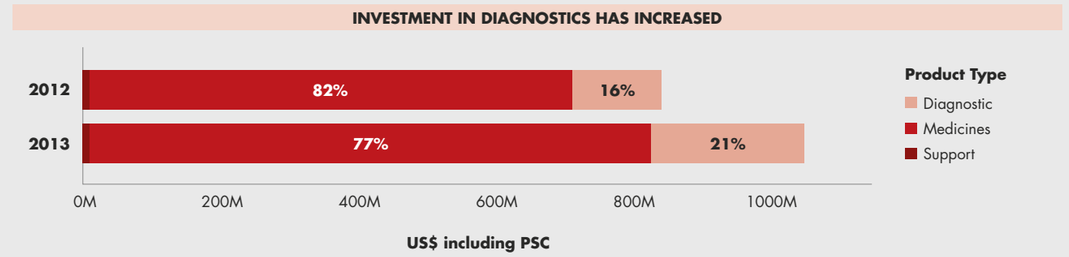


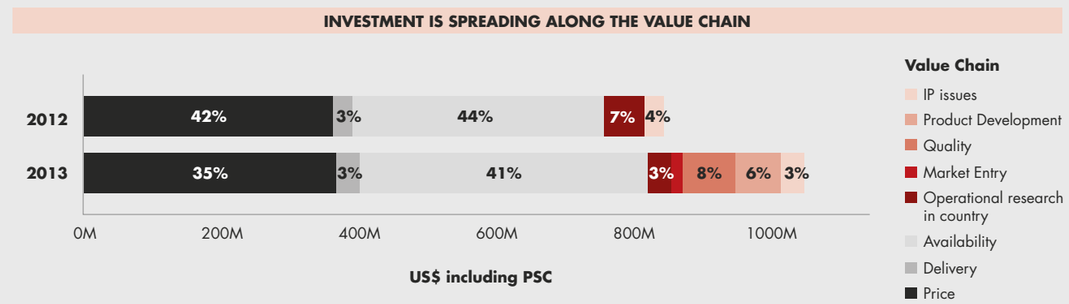
Note: Paeds TB is excluded due to changes in WHO treatment guidelines in 2011. This means that there are no longer suitable formulations for children for which to set market targets.

KPI 4: Trends in active grants as of 2013 (cumulative grant agreement values)

4.1 Grant agreement values (US$) - cumulative amount of active grants as of 2013





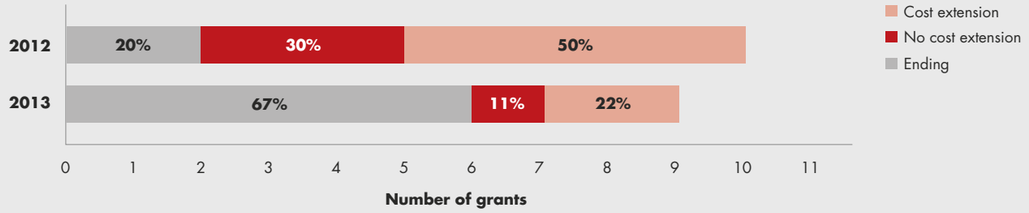


Note: Grants include Projects and Special Projects (Medicine Patent Pool) and exclude Secretariat Initiatives.

III. MEASURING UNITAID SECRETARIAT PERFORMANCE

KPI 4 : Grant management

4.3 More grants were completed in 2013 resulting in fewer extensions



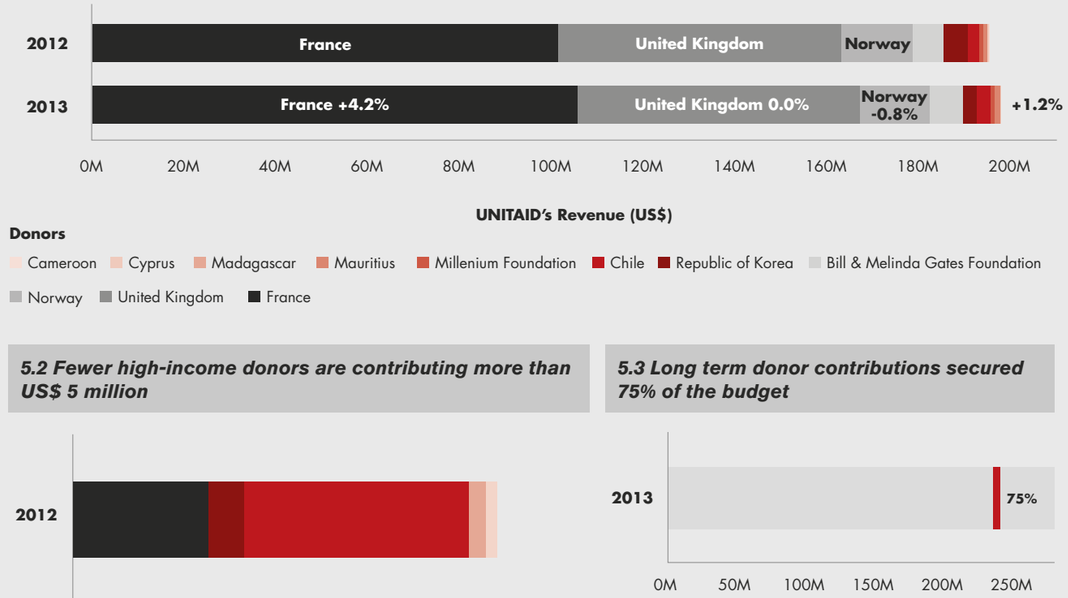
4.4 Time to signature successfully decreased despite a larger number of grants being signed in 2013

6.1 Over 40 % of UNITAID grants include co-investment with other global public health donors and other investors

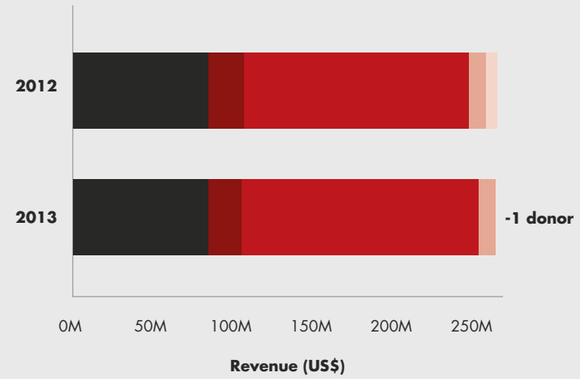
Disease	Project	Grantees	Co-investor(s)
Cross Cutting	Prequalification of Diagnostics	WHO	BMGF
	Prequalification of Medicines	WHO	BMGF
HIV	Disposable POC CD4	Zyomyx	Multiple, BMGF, private sector (Mylan etc.)
	Manufacture & Validation Rapid POC CD4	The Burnet Institute	YRG Centre for AIDs Research and Education (YCARE), South African National Health Laboratory Services, Omega Diagnostics Group PLC
	Operational Studies POC CD4 Counters	Daktari	Shareholders
Malaria	Affordable Medicines for Malaria	GFATM	UK Govt/DFID, BMGF, CIDA
	Quality Assurance of Rapid Diagnostic Test	FIND	BMGF
TB	Cepheid (Buy-down)	Cepheid	USAID, PEPFAR, BMGF
	Expand MDR TB Diagnostics	STOP TB/GDF, WHO, FIND	GFATM, USAID
	MDR TB Strategic Rotating Stockpile	STOP TB/GDF	USAID
	STEP Paediatric TB	TB Alliance	USAID

KPI 5 & 7 : Resource mobilization & management

5.1 Donor contributions increased slightly

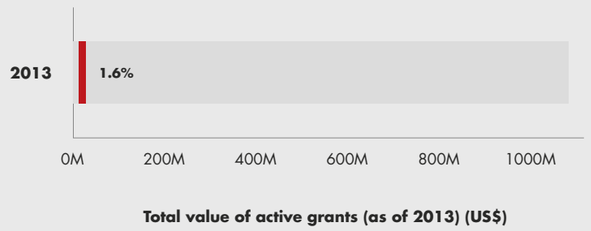


5.2 Fewer high-income donors are contributing more than US$ 5 million

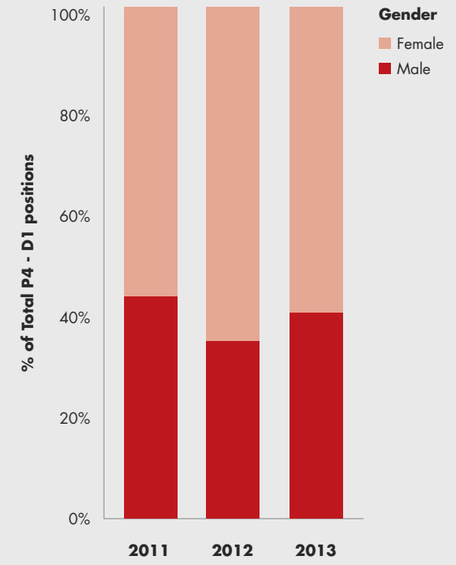


5.3 Long term donor contributions secured 75% of the budget

7.1 UNITAID has a lean Secretariat costing 1.6% of the total value of its active grants



7.2 59% of UNITAID's senior staff were female in 2013. This percentage has remained relatively constant since 2011



Background

UNITAID[12] produces an annual report on Executive Board-approved key performance indicators (KPIs) on 30 June each year for the preceding calendar year. In January 2014, UNITAID's Executive Board approved a new set of key performance indicators (KPIs). These indicators reinforce UNITAID's Strategy for 2013-2016 and summarize UNITAID's organizational performance.

This report presents the 2013 results for the new KPIs. This focused set of KPIs will continue to be reported annually to measure performance towards achieving the 6 Strategic Objectives outlined in UNITAID's Strategy 2013-2016. The 6 Strategic Objectives are presented below in Table 1.

TABLE 1

UNITAID's six Strategic Objectives for the period 2013-2016

1	**SIMPLE, POINT OF CARE (POC) DIAGNOSTICS**	**Increase access to simple, point of care (POC) diagnostics for HIV/AIDS, TB and malaria.**
2	**AFFORDABLE, ADAPTED PAEDIATRIC MEDICINE**	**Increase access to affordable paediatric medicines to treat HIV/AIDS, TB and malaria.**
3	**TREATMENT OF HIV/AIDS AND CO-INFECTIONS**	**Increase access to emerging medicines and/or regimens as well as new formulations, dosage forms or strengths of existing medicines that will improve the treatment of HIV/AIDS and co-infections such as viral hepatitis.**

[12] A partnership hosted by the World Health Organization (WHO) created in 2006 by Brazil, Chile, France, Norway and the United Kingdom and designed to increase access to affordable, high quality commodities used to prevent and treat HIV/AIDS, tuberculosis (TB), and malaria in low- and middle-income countries.

4

TREATMENT OF MALARIA (ACT)

Increase access to artemisinin-based combination therapies (ACTs) and emerging medicines, which in combination with appropriate diagnostic testing, will improve the treatment of malaria.

5

TREATMENT OF SECOND LINE TUBERCULOSIS

Secure supply of second-line tuberculosis medicines and increase access to emerging medicines and regimens that will improve treatment of both drug-sensitive and MDR TB.

6

PREVENTATIVES FOR HIV/AIDS, TB AND MALARIA

Increase access to products for the prevention of HIV, TB and malaria, notably to improve the availability of devices for male circumcision and of microbicides, once they are approved; and to increase access to vector control tools to prevent malaria transmission.

Measuring UNITAID's performance in 2013

UNITAID uses several tools, other than KPIs, to monitor its Organizational performance. These include audits, internal management indicators, routine monitoring and evaluation of grant performance and external organizational evaluations. All play a role in strengthening and improving UNITAID's performance. Summaries and data related to these performance measures can be found at www.unitaid.org/impact.

The 2013-2016 KPIs focus on UNITAID's market shaping role and its uniqueness in global public health. The grants that UNITAID made in 2013 contribute directly to the results presented here.

Seven KPIs and their 23 associated measures of performance are presented in this report. These are divided into two areas reflecting UNITAID's strategy:

1. Monitoring market and public health outcomes, as presented in the 6 Strategic Objectives of UNITAID's strategy; and
2. Monitoring the 5 core action areas that drive the success of UNITAID as an organization.

The framework for the KPIs is presented in Table 2.

TABLE 2

The framework for Key Performance Indicators for 2013-2016

MONITORING PERFORMANCE TOWARDS MARKET AND PUBLIC HEALTH OUTCOMES

KPI 1: Public Health outcomes by Strategic Objective

KPI 2: Market outcomes by Strategic Objective

MONITORING MARKET INTELLIGENCE GATHERING AND ANALYSIS

KPI 3: Accessibility of market information

PORTFOLIO AND GRANT MANAGEMENT

KPI 4: Grant implementation management

RESOURCE MOBILIZATION AND FUNDRAISING

KPI 5: Safeguarding predictable funding

STRONG RELATIONSHIPS WITH GLOBAL PARTNERS, COUNTRIES AND CIVIL SOCIETY

KPI 6: Adding value to international efforts to improve the health of people living with HIV, TB and malaria

SECRETARIAT MANAGEMENT AND GOVERNANCE

KPI 7: Resource management

The measures associated with KPIs 1 and 2 describe the outcomes of UNITAID's interventions on the markets for products and the resulting public health benefit that they bring to people living with HIV, TB and malaria in low and middle income countries. They include measures derived from UNITAID's six Strategic Objectives (Table 1).

The measures under KPIs 3 through 7 show how UNITAID manages its Organizational performance. They measure the 5 core action areas of UNITAID's strategy to show how UNITAID manages its grant portfolios, relationships with important stakeholders and its own internal management. Measures of effectiveness and efficiency of core action areas are important to supporting the Organization as a whole. The core action areas that we report on in this report are:

1. Market intelligence gathering and analysis;
2. Portfolio and grant management;
3. Resource mobilization and fundraising;
4. Strong relationships with global partners, countries and civil society; and
5. Secretariat management and governance.

Structure of this report

This report presents UNITAID's annual results for 2013. New features include performance dashboards that highlight UNITAID results for 2013 across three areas:

1. Monitoring market and public health outcomes;
2. Managing portfolios and grant performance; and
3. Measuring UNITAID Secretariat Performance.

An explanation of the KPI and its measures is part of each section in this report. Because the KPIs are new for 2013-2016, the measures for 2013 form the baseline against which annual measures for 2014, 2015 and 2016 will be compared.

The Annex at the end of the report collates the programmatic results of UNITAID's grants for 2013. These results are shared with UNITAID by its grantees as part of the semi-annual reporting cycle that is a requirement of receiving UNITAID grants. Validation and verification have been performed to the best of our ability to confirm that these results are accurate and represent a true picture of what has been achieved by grantees for 2013.

Using the UNITAID web-based results

Additional programmatic data are available on the UNITAID web-site at the link: www.unitaid.org/impact. These pages display the achievements of our funded projects by:

- Year;
- Beneficiary country;
- Disease Portfolio (HIV, TB and malaria); and
- With interactive displays for programmatic achievements and country profiles.

The impact page also displays the results of grant evaluations and all of the Operations Updates to the UNITAID Executive Board.

KPI 1

Monitoring performance towards Public Health outcomes

UNITAID investments shape the markets for quality health products so that they can be provided at affordable prices and in acceptable formulations for populations that are currently under-supported[13]. Our focus is under-represented populations who need better adapted medicines and tests. These indicators measure how UNITAID is contributing to global public health outcomes. They are restricted to a set of products and interventions that are of importance to UNITAID's strategic direction as outlined in its strategy 2013-2016.

Measures	Description
1.1	% coverage of UNITAID supported products by strategic objective.
1.3	Number of people on treatment/tested for HIV, TB and malaria by strategic objective.
1.3	% of grant public health targets achieved as per grant agreements.
1.4	% of UNITAID investments[14] covering a) low income countries, b) high burden countries.

DESCRIPTION

1.1. Per cent coverage of UNITAID supported products by strategic objective

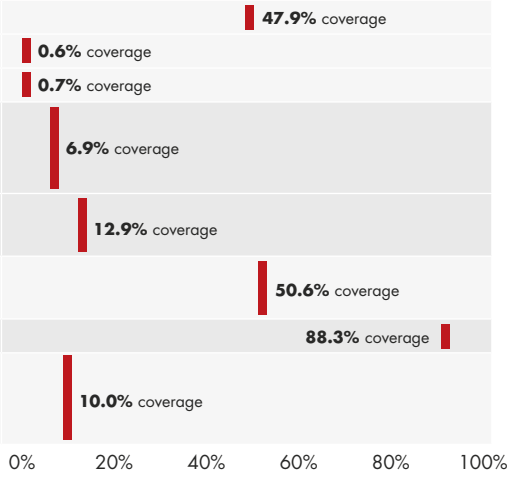
This indicator measures the coverage of UNITAID supported products in specific markets to identify gaps in the need for tests and treatments. UNITAID uses 6 strategic objectives as a framework for investment decisions and is very specific about the markets that it enters. Priority products for UNITAID are those that address market challenges that will make the biggest difference to health outcomes of people living with disease. Figure 1 describes the impact that we have had to date within specific markets.

[13] People living in poverty, those needing second or third line treatment to survive, children and pregnant women
[14] Commodity-based investments only

FIGURE 1

UNITAID grants are increasingly covering key products where people seek care

SO	Disease	Produc	% coverage of/in
SO1	HIV	PoC (PIMA)	CD4 tests
	Malaria	Rapid diagnostic tests	private sector
	TB	MDR-TB Gene Xpert tests	public sector
SO2	HIV	AZT/ 3TC/NVP (60/30/50 mg), LPV/r (80/20 mg), LPV/r (100/25 mg)	paeds ARVs
	Malaria	Injectable artesunate 60 mg	severe malaria treatments
SO3	HIV	ATV/r (300/100 mg), LPV/r (200/50 mg)	2L ARVs
SO4	Malaria	ACTs	private sector
SO5	TB	Intensive phase: 12 mo. Cm Pto Cs Mxf PAS (high cost)/ 8 mo. Am Eto Cs Lfx (low cost)	MDR-TB treatments in the public sector



Public health challenges contributing to poor access to testing and treatment of people living with the three diseases are often caused by different market environments for these tests and treatments. An explanation of how and why we use certain types of data to measure per cent coverage of UNITAID supported products is provided by Strategic Objective in the tables of the following sections. These tables present the public health challenge that UNITAID is trying to address along with the market solution that is being implemented through our grants. They describe the data sources used to produce the per cent coverage values displayed in Figure 1.

SO1: Simple, point of care tests for HIV TB and malaria

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated
HIV	Test results are needed at point of care so that people can start or switch treatment regimens immediately	POC CD4 tests that can measure patient response to ARVs without need to referral to a central hospital	Number of POC CD4 tests performed through grants to CHAI/UNICEF and MSF	Estimated number of people on treatment in 2012 assuming that they will need 2 tests annually to monitor treatment effectiveness
	Detecting children born with HIV quickly so that they can start treatment and maintain good health	Simple POC early infant diagnostic tests that can be done at point of care	No POC tests available in 2013	Estimated number of pregnant women living with HIV in 2012 as reported by UNAIDS
	Test results are needed at point of care so that people can start or switch treatment regimens immediately	POC Viral Load tests that can measure patient response to ARVs without need to referral to a central hospital	No POC tests available in 2013	Estimated number of people on treatment in 2012 assuming the need for at least 1 Viral Load test for each to monitor treatment effectiveness

SO1: Simple, point of care tests for HIV TB and malaria				
Disease	**Health problem**	**UNITAID market target**	**Number of tests/ treatments (numerator)**	**Number in need (denominator) based on estimated**
TB	Testing followed by appropriate treatment prevents the spread of TB, including drug resistant strains	Rapid tests to detect and treat MDR-TB	Number of Gene Xpert MTB/RIF tests performed in 2013	Estimated number of people who developed TB in 2012
Malaria	Rapid diagnostic tests needed at source of treatments to ensure effective use of ACTs	Rapid diagnostic tests in the private sector where 40% of people in high burden countries seek treatment	Number of rapid tests procured in 2013 for high burden countries	40% of the 207 million estimated cases of malaria in 2012. This represents an estimate of the private sector market for RDTs

HIV

As of June 2014, there is only one POC HIV test on the market, the Pima CD4 test made by Alere. We report on the number of these tests that were performed through our grants to MSF and CHAI/UNICEF relative to the need for these tests as expressed by the estimated number of people on treatment in 2012, assuming that 2 tests will be needed annually to monitor treatment effectiveness in these patients. In 2013, UNITAID started supporting the market entry of new POC HIV diagnostic tests for CD4, viral load and EID. These much needed products will be on the market in 2015, contributing to a more dynamic, competitive market for POC tests in low resource settings.

TB

The fastest way to detect TB and especially MDR-TB is the Gene Xpert MTB/RIF platform. Although it is not strictly a POC test, UNITAID is supporting this product as the quickest way to detect and treat TB case through grants to WHO, the Stop TB Partnership and FIND. We report on the number of tests performed using this platform compared to the estimated number of people who developed TB in 2012.

MALARIA

For malaria, between 40 and 60% of people living in high burden countries access treatment in the private sector and pay out-of-pocket expenses for the privilege. UNITAID's work with FIND, WHO, PSI and Malaria Consortium (MC) targets the provision of RDTs for malaria in the private sector to ensure that people seeking treatment at these outlets have access to testing at a low price so that they get optimal treatment for their fevers. We report on the number of tests procured in these countries in 2013 and compare that to an estimate of the private sector market for these products, 40% of the 207 million of cases of malaria in 2012.

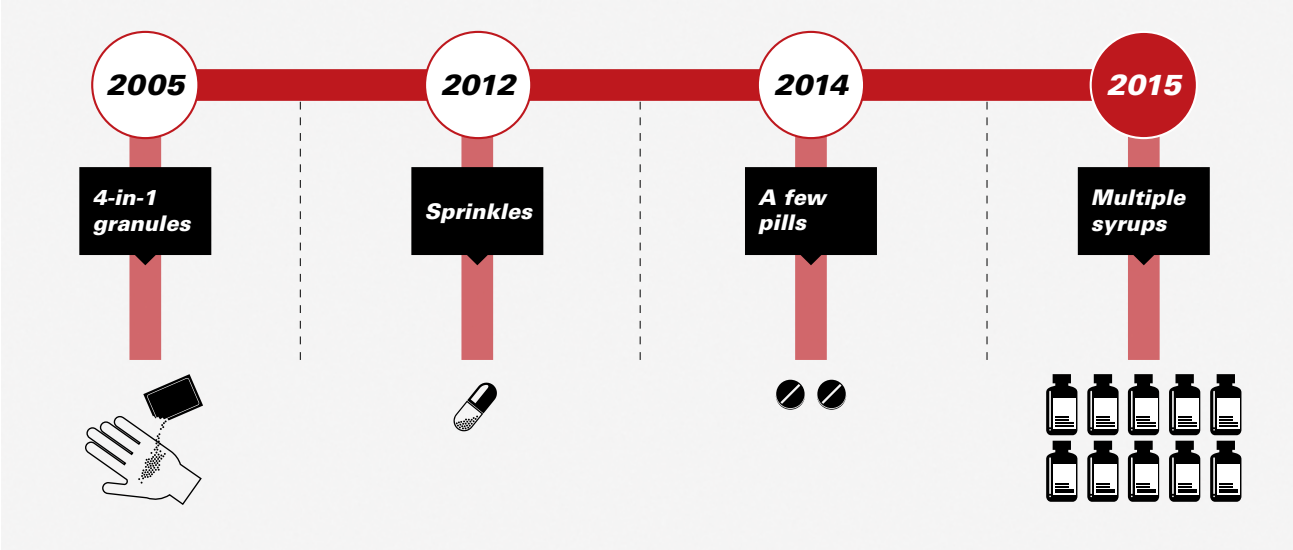
SO2: Paediatric medicines for HIV, TB and malaria

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated
HIV	Need for safe, effective and better adapted ARVs for children	A 4 in 1 treatment that includes a protease inhibitor in granules and sprinkles	Person years of treatment for the 4 in 1 product expected from DNDi in 2015	Number of children on treatment in 2012
TB	Since 2011[15], there are no longer any appropriate formulations for treating children with TB	New formulations to treat children with TB	Person years of treatment with TB alliance developed products expected in 2015	Number of children with TB in 2012
Malaria	Infants and young children are most at risk of severe malaria and death	Injectable Artesunate and inter-rectal Artesunate to improve patient outcomes	Number of injectable Artesunate treatment courses procured in 2013 from PQR of the GFATM	Number of severe malaria cases reported annually

HIV

The focus of UNITAID grants for paediatric HIV medicines have been fixed dose combination medicines produced in formulas that are easily ingested for infants and young children. A key product is being developed through a UNITAID grant to DNDi. This 4 in 1 fixed dose combination is being produced as granules and sprinkles and is expected to be on the market in 2015. For 2013, our estimate of coverage is based on person years of treatment with a key fixed dose combination formula for children, AZT/3TC/NVP and two formulations of the protease inhibitor LPV/r. The number in need of treatment is the estimated number of children on treatment in 2012 (WHO, UNAIDS).

[15] WHO changed the treatment guidelines for TB in children



TB

Appropriate anti-TB medicines for children are not yet available since WHO changed the guidelines for treating children with TB in 2011. A UNITAID grant to the TB alliance is developing these much needed products and these are expected in 2015.

MALARIA

Infants and young children are most at risk of severe malaria and a life-saving treatment, injectable Artesunate, is now available. This product is important because it is easier to provide the correct dose for children than with quinine, an older product. UNITAID's grant to MMV is working to replace quinine with injectable Artesunate and a related product, inter-rectal Artesunate in low resource settings. We provide an estimate of coverage here based on procurement data available in the GFATM price quality reporting system (PQR) compared with the estimated number of severe malaria cases in 2012. This provides a baseline against which to measure the achievements of the MMV grant as it continues to scale up in 2014.

SO3: Increase access to treatments for HIV and co-infections

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated
HIV	Better medicines with lower pill burdens are needed to increase adherence to treatment for people who need second and third line ARVs to stay healthy	Pipeline medicines. Until end of 2012, UNITAID supported the uptake of ATV/r, a protease inhibitor that is well tolerated and can be taken once a day	Person years of treatment with key 2nd line ARVs[16]	2% of the number of adults and children on first line treatment in 2012 (UNAIDS)

UNITAID support to CHAI for the 2nd line ARV programme ended in 2012 with all countries able to transition funding support to either their own national governments or grants from PEPFAR or the GFATM. Price reductions of key 2nd line regimens encouraged the entry of up to 15 generic manufacturers across a range of 2nd line ARVs. Generic manufacturers were responding to a growing need for 2nd line ARVs as more and more people were accessing first line treatment but also to the resources made available by UNITAID for procurement of these products. In addition to making a needed protease inhibitor (LPV/r) affordable, UNITAID support encouraged widespread access to a new protease inhibitor, ATV/r, that offered the benefits of being a better tolerated medicine with a lower pill burden (1 a day) than LPV/r (2 a day). For this indicator we track the person years of treatment for these two medicines and estimate the number in need of this treatment by taking 2% of the number of adults and children estimated to be on first line treatment in 2012.

SO4: Access to artemisinin-based combination therapies (ACTs) and emerging medicines

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated
Malaria	Over 40% of people seek treatment for malaria in the private sector and pay out of pocket expenses often for ineffective medicines	Making sure that effective ACT treatments are available in the public and private sectors and the they are the most inexpensive anti-malarial in the private sector	Number of ACT treatments procured for the private and public sector through AMFm in 2013	40% of 207 million cases in 2012

[16] The proxy used for this calculation is the person years of treatment for Atazanavir/ritonavir (300/100 mg) and Lopinavir/ritonavir (200/50 mg)

UNITAID support to the Affordable medicines facility for malaria (AMFm) resulted in the delivery of over 475 million ACT treatments (cumulatively to end of 2013) to private and public sector providers in 8 high burden malaria countries. Most of these treatments (84% over the grant life) were placed in either private-for-profit or private-not-for-profit[17] outlets, reflecting where people seek treatment for malaria. The purpose of AMFm was to place and make affordable effective treatments in the outlets where people seek treatment, allowing more people to have access to life-saving medicines. Our estimate of coverage is quite high (88%). It reflects the number of treatments delivered through AMFm in 2013 compared with the estimated number of malaria cases reported by WHO in 2012.

SO5: Secure supply of second-line tuberculosis medicines and increase access to emerging medicines for MDR TB

Disease	Health problem	UNITAID market target	Number of tests/ treatments (numerator)	Number in need (denominator) based on estimated
TB	MDR TB treatment duration ranges from 18 to 24 months, placing an enormous burden on healthcare systems and people with the disease	Better medicines are needed to reduce the duration of treatment for MDR-TB and to stop the spread of drug resistant strains.	Number of MDR-TB treatment units procured in the public sector in 2013	Number of 2nd line patient treatments procured in the public sector (GDF annual data for 2013)

MDR-TB is notoriously difficult to treat and contain in a community because of the ease of transmission of drug resistant strains and the lack of modern, effective medicines to treat the disease. UNITAID's market for MDR-TB is patients seeking treatment for the disease in the public sector. Our estimate of coverage is based on the number of MDR-TB treatments procured through the Global Drug Facility (GDF) of the Stop TB Partnership for the intensive phase of MDR-TB treatment for two different regimens[18]. This has been compared with the most recently reported number of MDR-TB patient treatments procured by GDF in the public sector.

1.2. Number of people on treatment/tested for HIV, TB and malaria by strategic objective

This indicator measures the number of people treated and tested for the three diseases as a result of UNITAID grants in 2013. Grantees report these numbers to UNITAID and UNITAID corroborates the results with other sources where possible. The numbers

[17] NGOs or other private donors
[18] High cost regimen based on 12 months of Capreomycin, Prothionamide, Cycloserine, Moxiflocacin and PAS; Low cost regimen based on 8 months of Amikacin, Ethionamide, Cyclocerine and 16 months of Ethionamide, Cycloserine and Levofloxacin

reported here represent the direct effect of UNITAID's catalytic investment to open the market for products and facilitate availability and affordability of these to other donors. The results reported here will be monitored over the strategic period (2013-2016) so that trends over time can be reported and gaps identified. Results for each active grant in 2013 by beneficiary country and value of products procured are available in the Annex of this report. Results for completed grants, across all years since 2007 and by country are available on the UNITAID web site at www.unitaid.org/impact.

TABLE 3

UNITAID continues to support the testing and treatment of people living with the three diseases

SO	Disease	Description	Result
SO1	HIV	CD4 tests delivered[1]	929,362
	Malaria	RDTs procured	510,000
	TB	# individuals tested with GeneXpert	52,227
SO2	HIV	New children on treatment	44,412
	TB	Children on treatment[2]	153,000
SO3	HIV	Adults initiated after testing[3]	618
		Adults switched to 2nd line ARVs[4]	544
SO4	Malaria	Co-paid ACTs delivered	182,778,220
SO5	TB	MDR TB treatment (Adults)	423
Other non-PoC tests			
na	HIV	EID[5]	257,883
		Viral Load[6]	54,305

1.3. Per cent of grant public health targets achieved as per grant agreements

UNITAID asks grantees to specify the public health targets that their grant aims to achieve. These targets are monitored by the Portfolio teams through semi-annual reporting from grantees. For this measure, public health targets set by grantees of grants ending in 2012 and 2013 refer to treatments targets provided in grant agreements signed with UNITAID. An average for each grant across grant years is displayed in the figure below. Three grants that ended in 2013, A2S2 and the WHO prequalification of medicines and diagnostics programmes did not have directly attributable public health targets but had clearly defined market targets and these

Footnotes:
[1] Combines figures from the PoC and MSF projects
[2] Includes curative and prophylactic treatments
[3,4,6] MSF project
[5] CHAI paediatric ARVs project

are reported in indicator 2.3. This information is also made available to our broader stakeholders at www.unitaid.org/impact. Table 4 provides a context for the results reported here. Key outcomes for grants ending in 2012 and 2013 were:

- the 2nd Line ARV project with CHAI and ACT scale up with UNICEF/GFATM achieved up to 90% of their treatment targets set for their respective grant periods; and
- AMFm (GFATM), MDR-TB scale-up (GDF) and Paediatric TB (GDF) grants achieved at least 97% of the treatment targets defined at the beginning of their respective grant periods.

TABLE 4

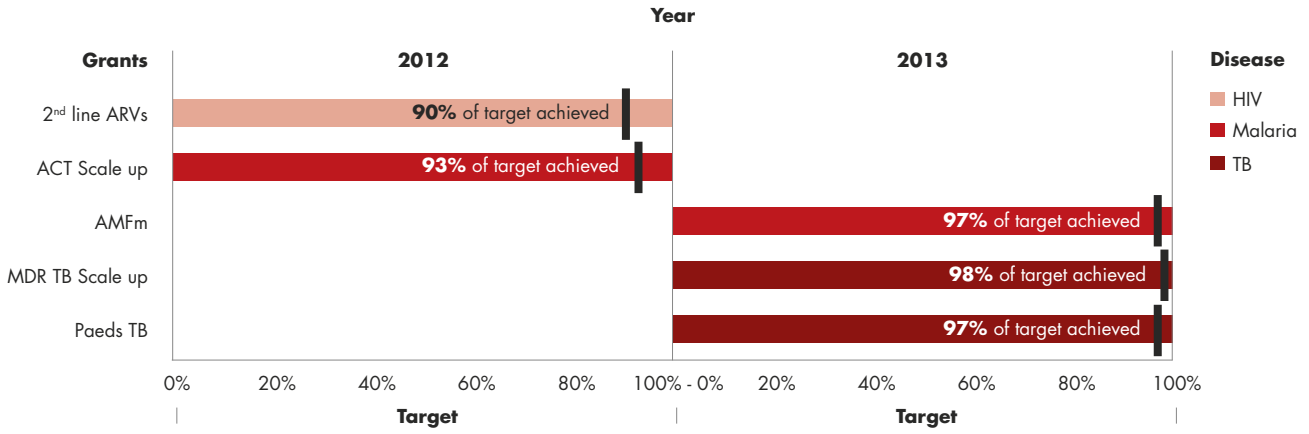
Results compared to treatment targets set for grants ending in 2012 and 2013

Projects (2012)	Treatment targets	Results	%
ACT Scale up (UNICEF)	76,058,157	70,834,999	93
2nd Line ARVs (CHAI)	206,667	184,939	90
Projects (2013)			
AMFm (GFATM)	491,507,427*	475,663,140	97
Paediatric TB (GDF)	1,341,929	1,298,643	97
MDR-TB Scale up (GDF)	16,679	16,309	98

* Note: For AMFm, ACT treatments approved for co-payment

FIGURE 2

All UNITAID grants are achieving their public health targets



1.4. Per cent of UNITAID investments covering a) low income countries, b) high burden countries

The majority of UNITAID's purchases for products benefit low and lower-middle-income countries[19]. This indicator has been reported since the inception of UNITAID with 2012 showing the highest percentage of UNITAID product investments delivered to low income countries (95%). For 2013, the percentage delivered to low income countries is lower, at 59%. By contrast, 41% of UNITAID supported products were purchased for low-middle-income countries, compared to 3% in 2012. The reasons for this change include:

- Two large procurement grants[20] that contributed greatly to the value of products delivered to low income countries ended in 2012;
- Procurement started in 2013 for the TB XPERT grant which aims to provide GeneXpert diagnostics for rapid detection of TB in 21 (including several large lower-middle-income) countries suffering from high TB burden; and
- Several large countries have changed World bank Income category over recent years. These include Nigeria and India who are beneficiaries of large value malaria and TB products respectively.

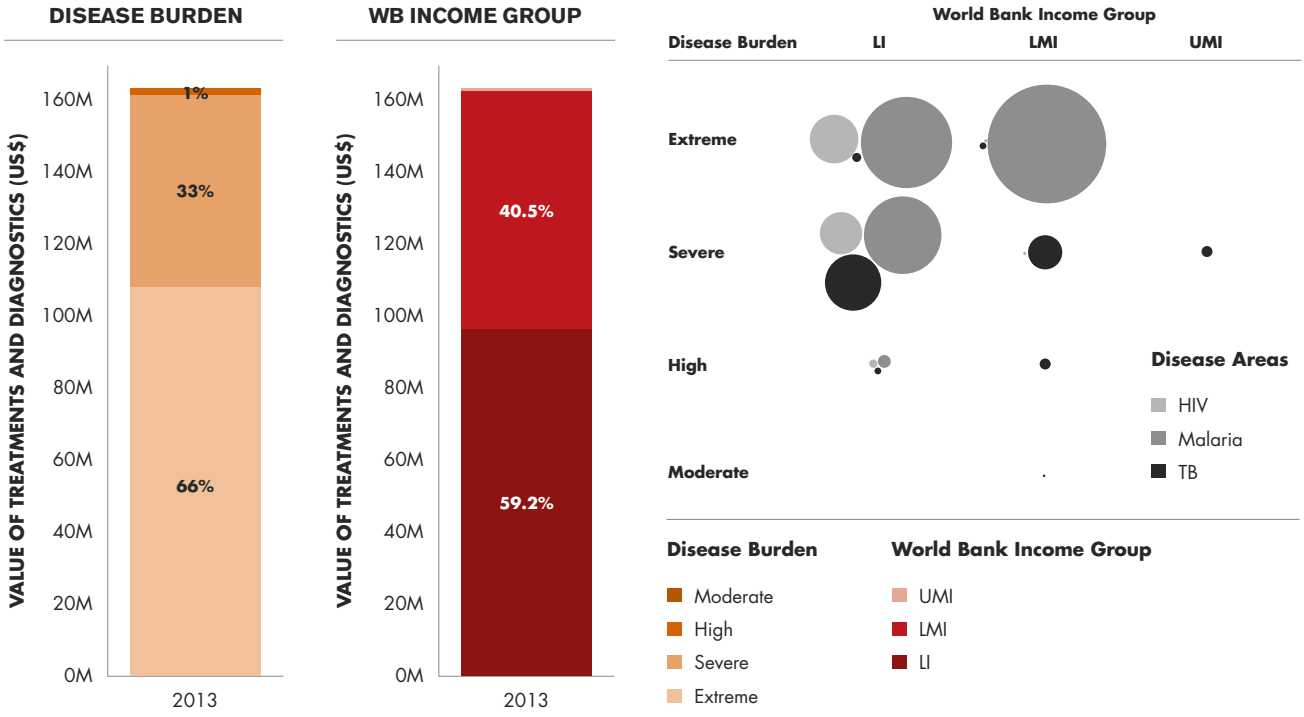
The 2013 results reflect the fact that UNITAID is increasing its investments in grants that are not focused on product procurement, namely Intellectual Property, product development, operational research and market entry. This means that reporting product-based investments in countries according to World Bank income classification does not completely capture the indirect impact of UNITAID's investments in low income countries.

Nonetheless, UNITAID's investments remain focused on low and lower-middle income countries which suffer from a high burden of the three diseases. To monitor that UNITAID support goes to high burden of disease countries, we use the GFATM definition of high burden of disease[21]. This aligns our approach with the GFATM's approach to supporting these countries with the best possible products to prevent, test and treat the three diseases. The results for 2013 show that over 99% of investments remain focused in countries with severe or extreme disease burden for HIV, TB and malaria.

[19] As defined by the World Bank and updated on 01 July of each calendar year. UNITAID bases its analysis on the classification of the country at the time of grant signature.
[20] the second line ARV project with CHAI and the ACT-scale up project with UNICEF/GFATM

FIGURE 3

UNITAID's product purchases covers low and lower-middle-income countries with high disease burdens



Note: the disease burden classification is aligned with GFATM's classification as of 2013.

99% of the value of products purchased with UNITAID monies are delivered to low and lower-middle-income countries. The disease burden in these countries ranges from extreme to severe range for HIV/AIDS, TB and malaria.

[21] The GFATM classification in 2013 includes 5 categories: extreme, severe, high, moderate, and low.

KPI 2

Monitoring performance towards market outcomes

UNITAID's investment strategy safeguards value for money for preventives, tests and treatment for low income countries. It supports quality, game-changing new products for HIV/AIDS, TB and malaria for low income populations in resource limited settings. UNITAID investments reduce market barriers for quality innovative products so that these can be provided at affordable prices and in acceptable formulations for specific populations that are currently under-supported[22]. Other partners, including national governments and larger international donors like the GFATM, benefit from the better products now available at lower prices because of the improved market conditions that UNITAID grants generate. UNITAID investments accelerate access to testing and treatment at a lower cost, reducing the economic costs to countries struggling to treat the untreated and maintain a healthy workforce. Investments in market shaping activities contribute to sustainable national financing of disease programs for HIV, TB and malaria.

The indicators reported in this section reflect UNITAID's support to projects that have made substantial changes in key markets in 2013.

Measures	Description
2.1	# of products entering the market with UNITAID support by strategic objective.
2.2	% price reduction of UNITAID supported products[23] by strategic objective a) over grant life or b) 3 years after grant closure, where applicable.
2.3	# of countries procuring at or below UNITAID obtained price a) over grant life or b) 3 years after grant closure.
2.4	% of grant market targets achieved as outlined in their grant agreements.

[22] People living in poverty, those needing second or third line treatment to survive, children and pregnant women
[23] Key medicines include 3 new first line paediatric ARVs, at least 3 new paediatric TB medicines, injectable Artesunate, a low cost MDR-TB regimen, and 2nd line ARVs (for example ATV/r). Key diagnostics include HIV POC tests (CD4, VL and EID), quality RDTs for malaria and MDR-TB detection platforms.

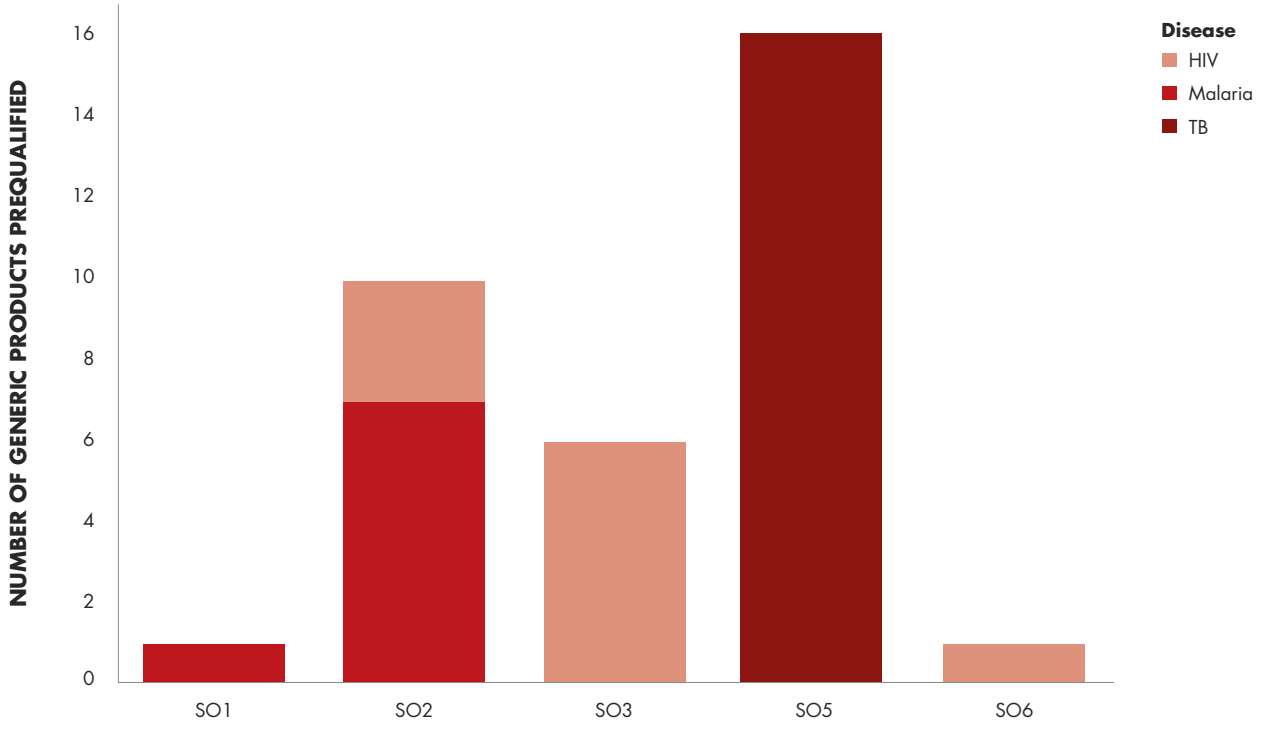
DESCRIPTION

2.1. Number of products entering the market with UNITAID support by strategic objective

UNITAID supports the entry of new products and new manufacturers entering the market for existing products by providing grants to the WHO Prequalification programme for medicines and diagnostic tests (PQP medicines and PQP diagnostics). This is the first step in making sure that quality generic products are available to global donors and national governments. The PQP medicine issues an Expression of Interest (EOI) to invite manufacturers to submit their products for assessment and eventual prequalification. There are various stages in the prequalification process, beginning with an initial screening, through to eventual review of the dossier, on-site inspections and full pre-qualification.

FIGURE 4

Support to the WHO Prequalification programme lowers barriers to market entry for key generic products



Note: Analysis based on the WHO prequalification programme for medicines and diagnostics

In 2013, the PQP medicines accepted 29 dossiers from manufacturers for review of UNITAID priority medicines. They are assessing 47 dossiers and have prequalified 32 new manufacturers of key products[24] to treat the three diseases. 53% of the prequalified products were for TB, 22% for Malaria and the remaining 25% were for HIV. The breakdown of specific product categories within the three diseases is presented in Table 5.

TABLE 5

WHO Prequalification programme dashboard for UNITAID priority medicines for 2013

Strategic objective	Disease	Accepted for Assessment	Under Assessment	Medicines
SO2	**HIV** Paediatric[1]	**6** 4	**11** 9	**8** 3
SO3	2nd line[2]	2	2	5
SO4	**Malaria** ACTs	**14** 14	**17** 17	**7** 7
SO5	**TB** 1st line[3] MDR[4]	**9** 8 1	**19** 8 11	**17** 10 7
	Total	**29**	**47**	**32**

Footnotes:
[1] HIV Paediatric: Specifically noted as paediatric in UNITAID's priority list
[2] HIV 2nd line: Atazanavir/ritonavir, Lopinavir/ritonavir
[3] TB 1st line: Isoniazid, Rifampicin, Ethambutol, Pyrazinamide (and combinations of those)
[4] TB MDR: Injectable only (powder of solution for injection)

In 2013, PQP diagnostics prequalified 8 new tests, the majority of which were rapid diagnostic tests for HIV. A summary of tests prequalified is provided in the table below by strategic objective. A detailed breakdown by test type and manufacturer is provided in the Annex of this report.

[24] Note that these 32 products are those that are UNITAID priority medicines out of the total of 48 products prequalified in 2013. The entire list is provided in the Annex.

TABLE 6

WHO Prequalification programme dashboard for UNITAID priority diagnostics for 2013

Strategic objective		Accepted for Assessment	Dossiers Received	Tests Prequalified
SO1	Malaria RDTs	7	6	1
SO6	Male circumcision devices	2	2	1
Additional non-POC diagnostics				
	HIV RDTs	9	8	4
	CD4 Cell Count	3	0	0
	HIV VL	1	0	2
	Total	**22**	**16**	**8**

Historical information from past years for the medicines and tests prequalified is available on UNITAID's website in the impact page: www.unitaid.org/impact

2.2. Per cent price reduction of UNITAID supported products by strategic objective a) over grant life or b) 3 years after grant closure, where applicable

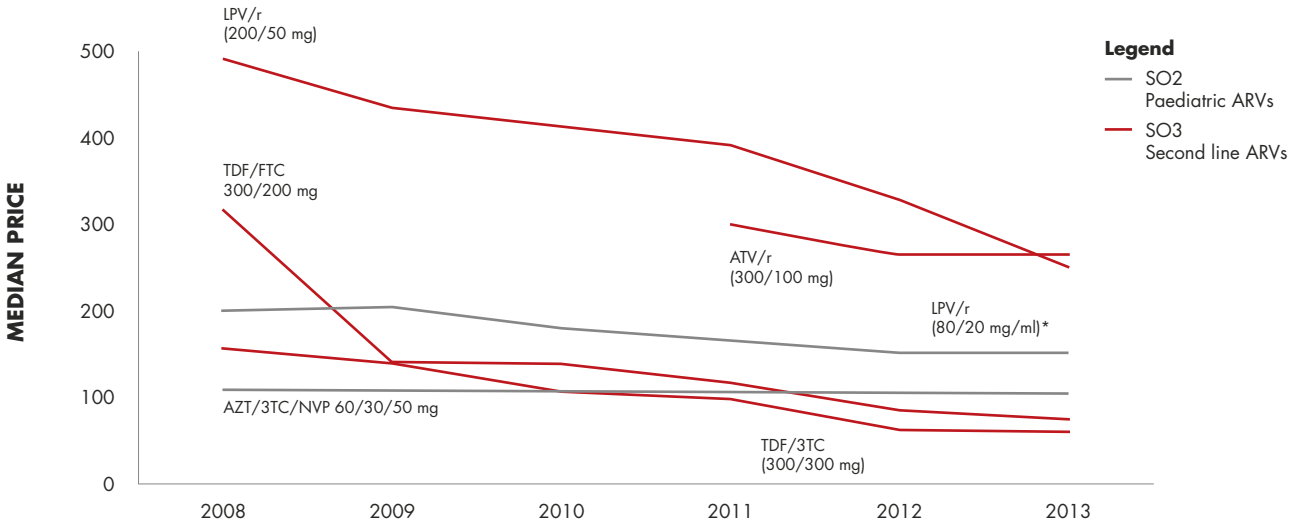
Grantees continue to reduce the prices of vital products through a number of mechanisms including negotiating long term agreements, increasing volume of procurement or helping to lower barriers to market entrance for generic manufacturers. UNITAID has been monitoring the price reductions achieved by its grants since 2009. Grants for which median price, range and interquartile range have been reported are:

- HIV: CHAI 2nd line ARV project (now closed), CHAI paediatric ARV project (ending in 2014);
- TB: MDR-TB scale up high range and low range cost of the intensive phase of MDR-TB treatment (grant to Stop TB Partnership/GDF ended 2013);
- Malaria: AMFm prices for co-paid ACTs (grant to GFATM, ended 2013).

The results are mainly positive with key second line treatment regimens continuing to fall in price while paediatric prices have remained constant from 2012 to 2013. Significant price reductions also continue for the intensive phase of MDR-TB regimens. These are presented in the figure and table below.

FIGURE 5

Prices (US$) of key second-line and paediatric ARVs continue to decline



* originator product
Source: 2013 results is based on public health procurement database (PQR, VPP, SCMS and GPRM) accessed on 26 May 2014

TABLE 7

Key regimen prices (US$) for MDR TB have declined from 2012 to 2013

SO	Disease	Product	Unit	2012	2013
SO1	HIV	PIMA PoC CD4 cartridge	Unit test		5.95
	TB	Xpert MTB/RIF cartridge	Unit test		9.98
SO4	Malaria	Artemether/ Lumefantrine (20/120 mg) (pack size 6x2)	ACT FDC treatment course (Child 15-25 kg)	(0.23 - 0.93)*	(0.33 - 1.28)*
		Artemether/ Lumefantrine (20/120 mg) (pack size 6x4)	ACT FDC treatment course (Adult >35 kg)	(0.45 - 2.01)*	(0.46 - 2.17)*
SO5	TB	12 months Cm Pto Cs Mxf PAS/12 months Pto Cs Mfx PAS	Treatment course for MDR-TB (High range cost)	6,621.46	-11.35% 5,870.16
		8 months Am Eto Cs Lfx/16 months Eto Cs Lfx	Treatment course for MDR-TB (Low range cost)	2,059.11	-25.54% 1,533.27

* Range of median prices: US$ (Madagascar's median price - Nigeria's median price)
Source: Annual reports from MSF and CHAI/UNICEF Point of Care projects (SO1), AMFm (SO4) and MDR-TB Scale Up project (SO5).
Full prices and information on calculation methods are available in the Annex of this report.

Note:
12 months of the anti-TB medicines: Capreomycin, Prothonamide, Cycloserine, Moxiflocacin and PAS
8 months of the anti-TB medicines: Amikacin, Ethionamide, Cyclocerine;16 months of Ethioanamide, Cycloserine and Levofloxacin.

2.3. Number of countries procuring at or below UNITAID obtained price a) over grant life or b) 3 years after grant closure

Successful UNITAID investments are transitioned and scaled up by other large global health donors including the GFATM and PEPFAR. The results of these partnerships as well as additional information reported by grantees in 2013 are reported by this indicator. For 2013, the results include:

1. grantee reported results for grants that will continue through the strategy period; and
2. public procurement[25] results for grants that ended in 2012 and 2013.

The results, although incomplete across all grants for 2013, indicate that low and lower-middle-income countries are the main beneficiaries of UNITAID secured prices. This is apparent for the GeneXpert MTB/RIF platforms and cartridges now being procured by 104 countries, nearly 70% of which are low or lower-middle income countries[26]. More grants are expected to be able to report on this indicator in 2014 and the results presented in the figure below form the baseline against which trends can be measured for the remaining years of the strategy period.

FIGURE 6

Countries are procuring UNITAID supported products at or below the UNITAID grant obtained price

SO	Disease	Generic Name	Strength	# of countries
SO1	HIV	PIMA PoC CD4 cartridge	-	6
	TB	Xpert MTB/RIF cartridge	-	104
SO2	HIV	Lamivudine/Nevirapine/Zidovudine	30/50/60	26
		Lopinavir/Ritonavir	80/20	10
SO3	HIV	Lopinavir/Ritonavir	200/50	41
		Lamivudine/Tenofovir	300/300	19
		Emtricitabine/Tenofovir	200/300	17
		Atazanavir/Ritonavir	300/100	9
SO5	TB	High/ low cost MDR-TB regimen	-	19

Source: WHO monitoring of Xpert MTB RIF, CHAI/ UNICEF PoC and MSF 2013 annual reports (SO1), GPRM database (SO2 and SO3), MDR-TB scale-up 2013 annual report (SO5)

[25] The price quality and reporting database of the GFATM accessed 24 May 2014
[26] WHO TB Xpert project page, www.who.int/tb/laboratory/mtbrifollout/en, accessed 16 June 2014

2.4. Per cent of grant market targets achieved as outlined in their grant agreements

UNITAID has measured the achievement of market targets for grant that closed in 2013 by using the milestones and targets submitted by grantees as part of their grant agreements. Portfolio teams track progress towards these achievements semi-annually. For the measure reported here, annual reports and end of grant evaluations from projects which ended in 2012 and 2013 were used to compare the reported market achievements compared with the targets set for each grant over the grant implementation period. An average for each grant across grant years is displayed in the figure below. Some grants, like the Paediatric TB grant (GDF) did not set market targets because they were primarily intended to support paediatric TB treatments to fill a gap in the market left by the change in WHO paediatric TB guidelines (2011) which meant that existing formulations were no longer sufficient to treat children with TB. Additional information about how market targets were measured for grants ending in 2012 and 2013 is reported in Table 8. More information is also available to our broader stakeholders at www.unitaid.org/impact.

TABLE 8

Comparison of targets to results for market achievements in grants ending in 2012 and 2013

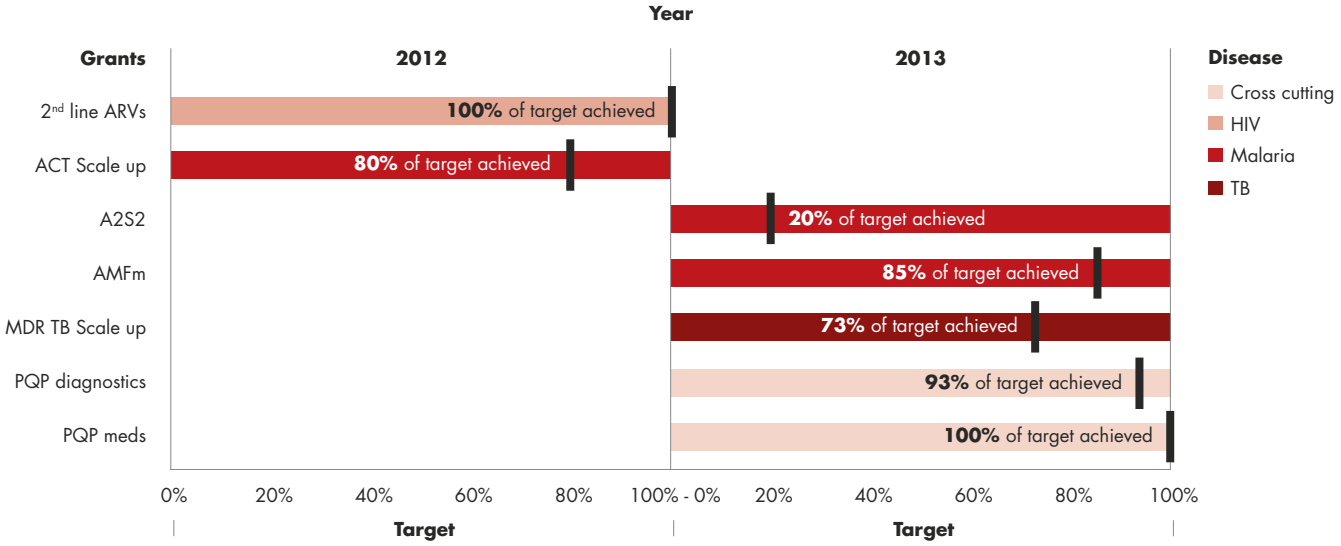
Projects (2012)	Market targets	Results	%
ACT Scale up (UNICEF)	30; 45[27]	28; 30	80
2nd Line ARVs (CHAI)	12; 50%[28]	15;70%	100
Projects (2013)			
AMFm (GFATM)	Targets were set by the AMFm Independent Steering Committee[29]	Average of programme performance against each of the 5 indicators measuring market impact	85
MDR-TB Scale up (GDF)	Delivery lead time <4 months; at least 2 suppliers for 13 products; at least 5% price reduction for key regimens annually	2 months; 9 products have 2 suppliers; 26% for high range regimen and 11% for low range regimen (at end of grant)	73
A2S2 (i+ Solutions)	40 metric tons of artemisinin	7.9 metric tons of artemisinin	20
Prequalification-medicines	30 UNITAID priority medicines	34 (2012) 32 (2013)	100
Prequalification-diagnostics	30	24	93

[27] LTAs signed with manufacturers; manufacturers participating in a tender
[28] Increase in number of quality assured manufacturers of key ARVs; % prices reduction for key 2nd line regimens
[29] As described in Evaluation of AMFm phase 1 Report of the Independent Steering Committee.

The results show that grants ending in 2013 achieved almost 80% of the market targets set in their original project plans, with the exception of the A2S2 grant which achieved 20% of its market target. The Prequalification Programmes for medicines and diagnostics had the highest level of success based on number of products prequalified over the life of their grants.

FIGURE 7

Three out of the five grants ending in 2013 achieved more than 80% of their market targets



Note: Paeds TB is excluded due to changes in WHO treatment guidelines in 2011. This means that there are no longer suitable formulations for children for which to set market targets

Two grants that ended in 2013 encountered challenges to achieving their set market targets. The A2S2 grant (i + Solutions) was not able to achieve its target of 40 metric tons (MT) of artemisinin for the ACT market, instead securing just 20% of its target (7.9 MT). *Artemisia* is an agricultural product with specific growing conditions that proved to be vulnerable to disease and poor weather conditions for the growing seasons financed by UNITAID. For MDR-TB scale-up, the prices for key medicines were affected by a shortage of API and rising production costs for the medicines. This meant that the planned price reductions could not be achieved annually. GDF's long-term agreements (LTAs) with manufacturers combined with UNITAID support to WHO prequalification (medicines) to establish quality sources of API for TB medicines were ultimately successful in achieving price reductions for key regimens by the end of the grant period (see Table 7).

KPI 3

Accessibility of market information

UNITAID specializes in gathering market intelligence about products to prevent, test and treat HIV/AIDS, TB and malaria. In 2013, 10 Landscape reports[30] were produced and 2 international market fora were arranged to share this important information with the global public health community. These reports and the outcomes of the Market fora are available at: www.unitaid.org/en/resources/publications/technical-reports.

In addition, UNITAID launched a "Market Dynamics Dashboard" in 2013 to provide a snapshot of the Secretariat's assessment of current market dynamics and priorities for interventions to improve access to treatments, diagnostics and preventives HIV/AIDS, TB and malaria. Designed as a tool to guide implementation of the UNITAID Strategy 2013-2016, the dashboard is updated regularly to reflect changes in the markets. It can be accessed at: www.unitaid.org/en/unitaid-market-dynamics-dashboard.

Measures	Description
3.1	% of new proposals that correspond to opportunities identified in the landscape reports/market fora annually.
3.2	% of UNITAID priority products for which price and supplier information is held in UNITAID's market intelligence information system.

[30] These are available at www.unitaid.org/market-approach-publication and include: HIV diagnostic technology landscape-3rd edition (June 2013), HIV preventives technology and market landscape-1st edition (August 2013), Hepatitis C Medicines and Diagnostics in the context of HIV/HCV co-infection: A scoping report (October 2013), HIV/AIDS diagnostics technology landscape-semi-annual update (November 2013), Tuberculosis diagnostic technology and market landscape-2nd edition (July 2013), Tuberculosis medicines technology and market landscape-1st edition (September 2013), Tuberculosis diagnostic technology and market landscape-semi-annual update (December 2013), Malaria diagnostics market landscape – semi-annual update (November 2013), Malaria vector control commodities technology and market landscape-1st edition (December 2013) and Malaria medicines landscape (December 2013).

DESCRIPTION

3.1. Per cent of new proposals that correspond to opportunities identified in the landscape reports/market fora annually

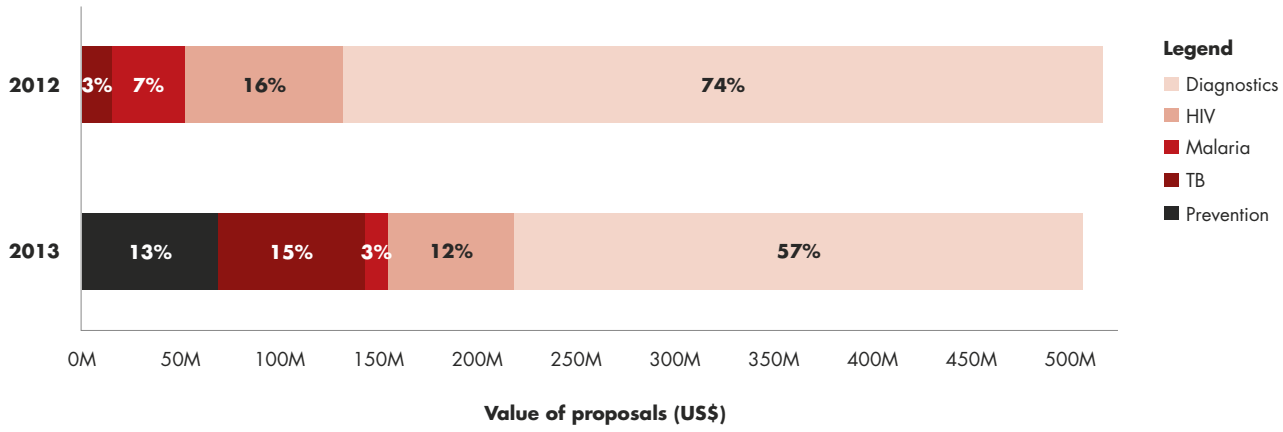
UNITAID launches calls for innovative new ideas to fund. These are called "letters of intent (LOIs)". Successful applicants from the LOI process are invited to develop full proposals which are reviewed by an independent Proposal Review Committee (PRC) and approved by UNITAID's Executive Board. One measure of how effectively UNITAID spreads its knowledge about the markets for products for HIV/AIDS, TB and malaria is the number of proposals that correspond to opportunities identified in the market landscapes and fora.

The market landscape reports and fora reflect UNITAID's focus on diagnostics, medicines and preventive products for the three diseases. In 2013/2014, 16 proposals valued at over $ 500 million were received; 4 of them were approved by the Board in 2013 and 7 of them were approved in 2014[31]. The Board also approved four project extensions in December 2013. The total funding amount of proposals remained relatively constant over the past two years (see Figure 8.1).

The results show that in 2012 and in 2013 the majority of proposals addressed diagnostic tests for the three diseases. This is consistent with the diagnostic market landscape reports produced for HIV, TB and malaria in both years. In 2013, there was a wider distribution of proposal types reaching across all the product types which are the focus of UNITAID's strategy. Figures 8.1 and 8.2 show that UNITAID's Strategic Objectives are becoming more widely recognized by those seeking funding from the organization and this result can be attributed to the market landscape reports[32] which highlight the target markets for UNITAID investment. UNITAID is on-track to implement its strategy through investment in grants which are increasingly aligned with its objectives.

FIGURE 8.1

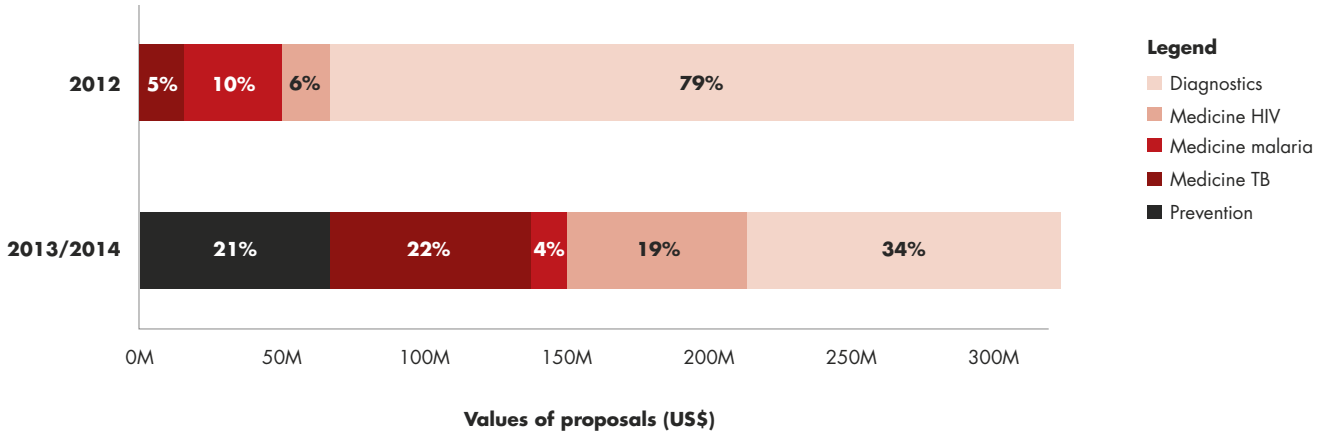
Proposals are increasingly responding to UNITAID's strategy as reflected in the market landscape reports for diagnostics, medicines and preventive products for HIV, TB and malaria



[31] 6 proposals approved in May 2014 and 1 proposal approved in June 2014
[32] Especially those for HIV preventives, malaria medicines and the new scoping report on Hepatitis C medicines and diagnostics in the context of HIV/HCV co-infection produced in 2013.

FIGURE 8.2

Board approved proposals for 2012 and 2013/2014 show an increasingly diverse grant portfolio



3.2 Per cent of UNITAID priority products for which price and supplier information is held in UNITAID's market intelligence information system

UNITAID works in a way that is complementary to the work of other public health donors because it concentrates on shaping product markets at the global level. In order to effectively monitor the markets and use this information to inform optimal grant choice and development, it is important to have adequate in-house resources to support the development of a market intelligence information system.

UNITAID is using its portfolio management system to produce the data for this report and will continue to use this system to track the progress of its grants over time. While this system holds 100% of the grant-related price and supplier information for UNITAID priority products, a more comprehensive market intelligence information system is needed to track the markets for key products to test, treat and prevent HIV, TB and malaria on a global scale. UNITAID expects the system to become fully functional by the end of 2015. Progress towards the development of this system will be reported annually.

KPI 4

Monitoring grant management

UNITAID is committed to managing grants for optimal results. To support this commitment, UNITAID has a rigorous pre-launch grant agreement development phase that clearly defines the requirements for signature of grants between UNITAID and grantees. This process provides UNITAID grants with a strong foundation for achieving objectives within a defined timeframe, appropriate risk management, and scale up planning as may be appropriate to the needs of the grant. The indicator reported here monitor how well UNITAID is managing grants from development of grant agreements to monitoring performance towards and timely completion of grant objectives.

Measures	Description
4.1	% of total investment by strategic objective and by disease, product type and lead grantee annually.
4.2	Grantee satisfaction with grant related processes (based on annual survey).
4.3	% of grants receiving extensions annually.
4.4	Median number of days from Board approval to grant signature.

DESCRIPTION

4.1. Per cent of total investment by strategic objective and by disease, product type and lead grantee annually

Twenty-four grants, one Special project[33] and two Secretariat initiatives[34] were active in 2013. Six grants[35] and one Secretariat initiative[36] were completed in 2013. The indicator reported here is a composite of four sub-measures, dividing UNITAID's investment by Strategic Objective, disease, product type and lead grantee. Product type is defined as

[33] Medicines Patent Pool Foundation
[34] Coordinated procurement planning initiative (CPP) with PEPFAR/SCMS (HIV), London School of Hygiene and Tropical Medicine (HIV)
[35] MDR-TB Scale up, Paediatric TB, AMFm, WHO PQP medicines, WHO PQP diagnostics and A2S2
[36] Coordinated procurement planning initiative (CPP)

either medicines, diagnostics or support to placement of these products in countries or on the market. In addition to reporting by product type, analysis showed that there was additional information gained when reporting investments across the value chain for products[37]. Investment is measured in two ways:

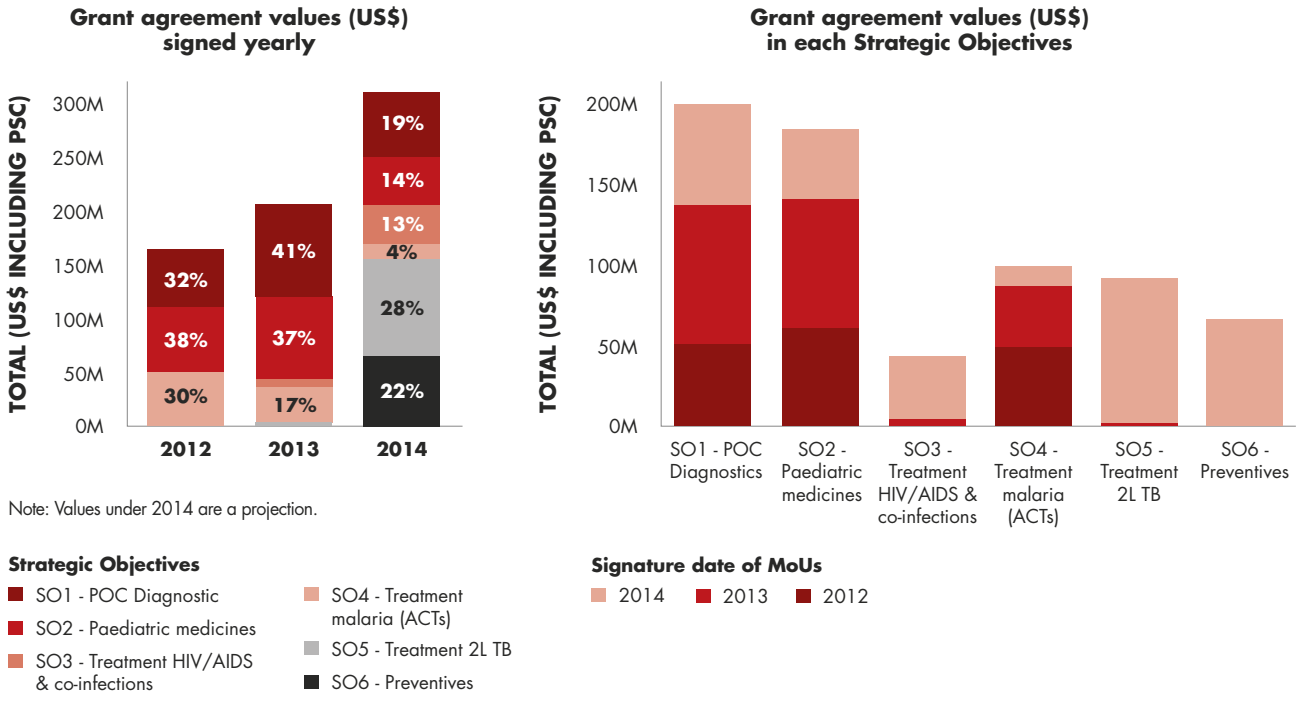
1. When results are presented by SO and grantee, the measure is non-cumulative and reflects only the year presented; and
2. For results presented by disease, product type and value chain, the measure is the cumulative MoU value of grants active in 2013.

The results show that UNITAID is diversifying its portfolio of grants to align with the strategy 2013-2016. Investments continue to increase in point-of-care diagnostics (SO1) nonetheless, by 2014, investments will be spread across all 6 Strategic Objectives. As investments continue to increase across Strategic Objectives and disease areas, new organizations are signing grants with UNITAID. In 2013, 14 lead grantees signed agreements with UNITAID; almost half of these were new to working with UNITAID. These new grantees are responding to opportunities identified in the market landscape analyses and market fora. They are helping to expand our investments across product types and along the value chain to improve access to much needed products.

The results presented in the figures below show how UNITAID investments are growing across the Strategic Objectives, the value chain for the markets and through the inclusion of grantees from a wider range of institutions.

FIGURE 9

Recent investments are diversifying UNITAID's grants across the full range of its Strategic Objectives



Note: Values under 2014 are a projection.

[37] The value chain includes IP issues, product development, quality, market entry, operational research, availability, price and delivery.

The value of grant agreements signed yearly has increased steadily from 2012 to 2013. The expected signature of additional grants in 2014 will again increase the value of agreements signed compared to 2013 but also increase the range of Strategic Objectives covered by UNITAID grants.

FIGURE 10

The cumulative value of UNITAID's active grants is spreading upstream along the value chain

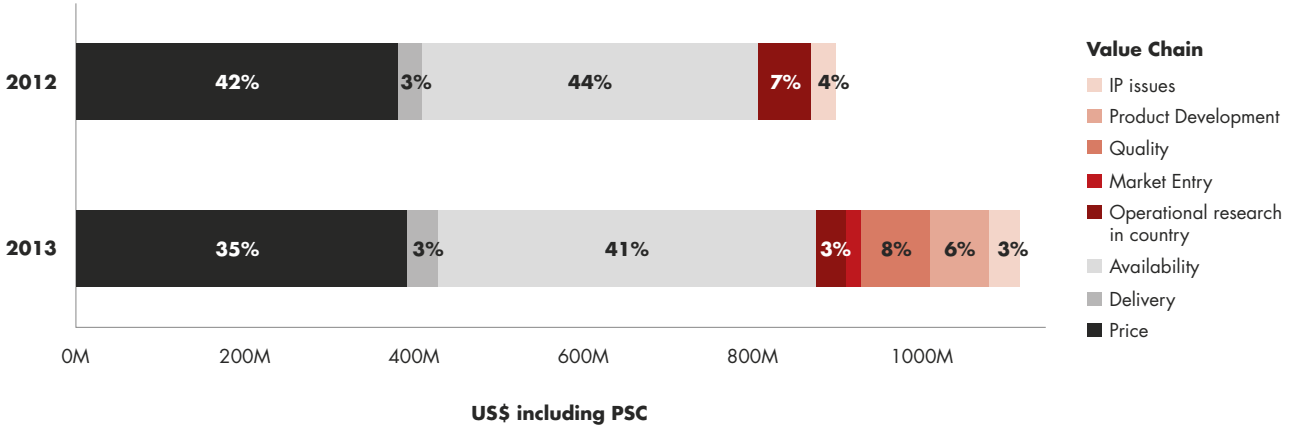


FIGURE 11

The proportion of grants covering the disease areas has remained stable over recent years

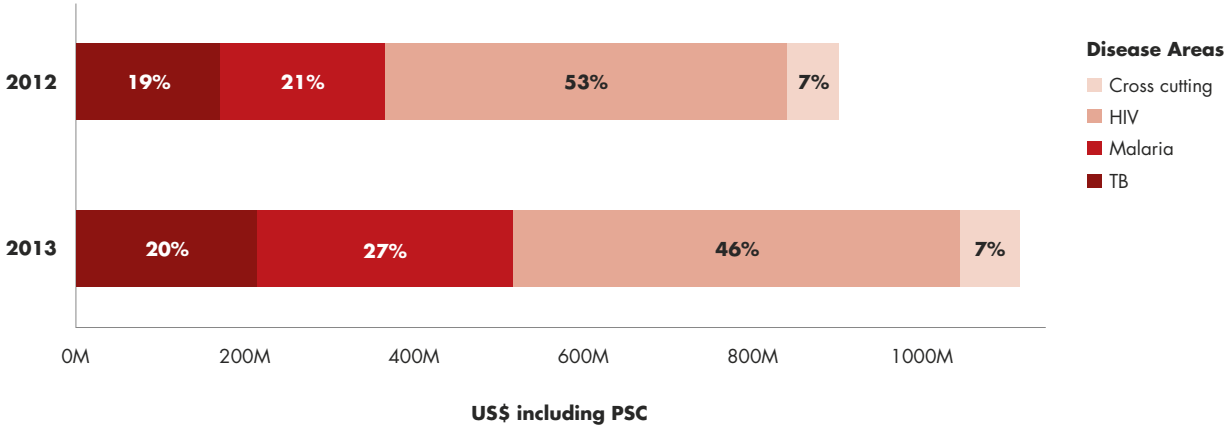


FIGURE 12

The proportion of grants related to diagnostic tests has increased from 2012 to 2013

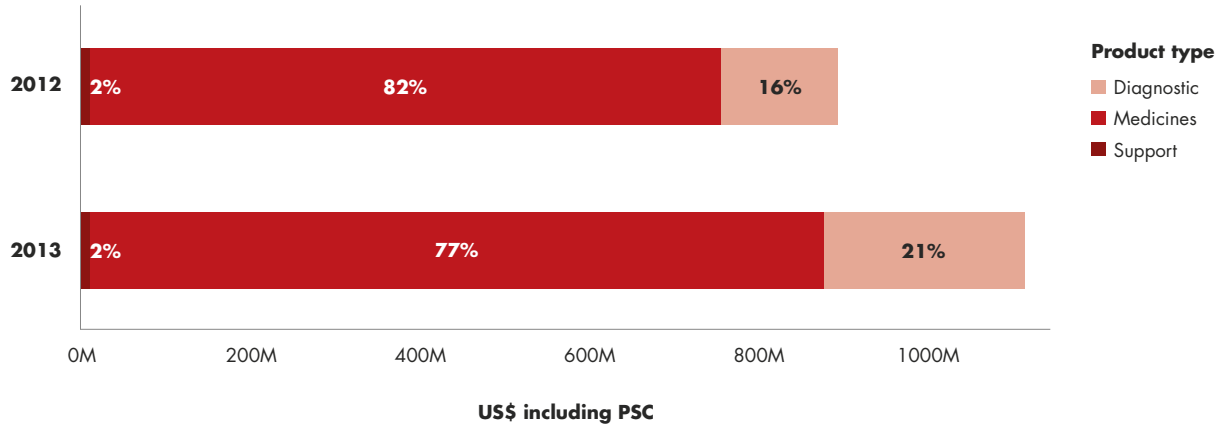
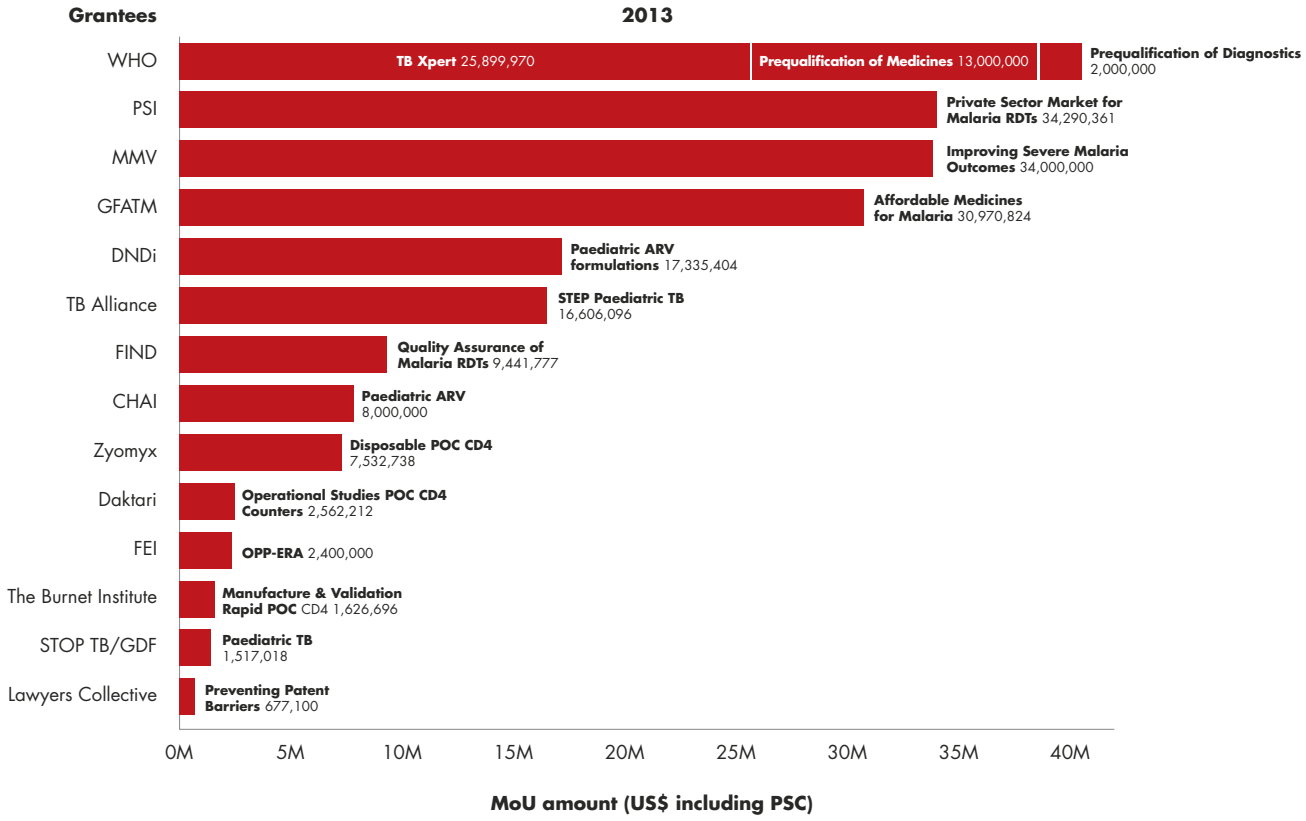


FIGURE 13

Fourteen grantees signed grant agreements[38] in 2013



[38] New grant or cost extension

Grantees from a wide range of institutions, representing NGOs, public-private partnerships, and UN organizations, are working with UNITAID. These grantees are extending the range of actions UNITAID can take to improve access to tests, medicines and preventives for the three diseases for low income countries.

4.2. Grantee satisfaction with grant related processes (based on annual survey).

Grantee satisfaction is an important indicator of grant management for UNITAID. An effectiveness review of UNITAID's grant development processes was conducted in 2013. This important first step involved interviews of former and current grantees and resulted in a number of improvements to grant development processes. To continue this process of monitoring and learning from our interactions with grantees, a standard survey is being initiated in 2014. This will be done through an independent external group who evaluates grantee satisfaction for a range of governmental and non-governmental donor organizations. This provides UNITAID with the possibility of benchmarking its results with similar organizations on a standard questionnaire that can be tracked over time. We will use this indicator to monitor and report on the changes that are made to improve UNITAID's effectiveness in working with grantees.

4.3. Per cent of grants receiving extensions annually.

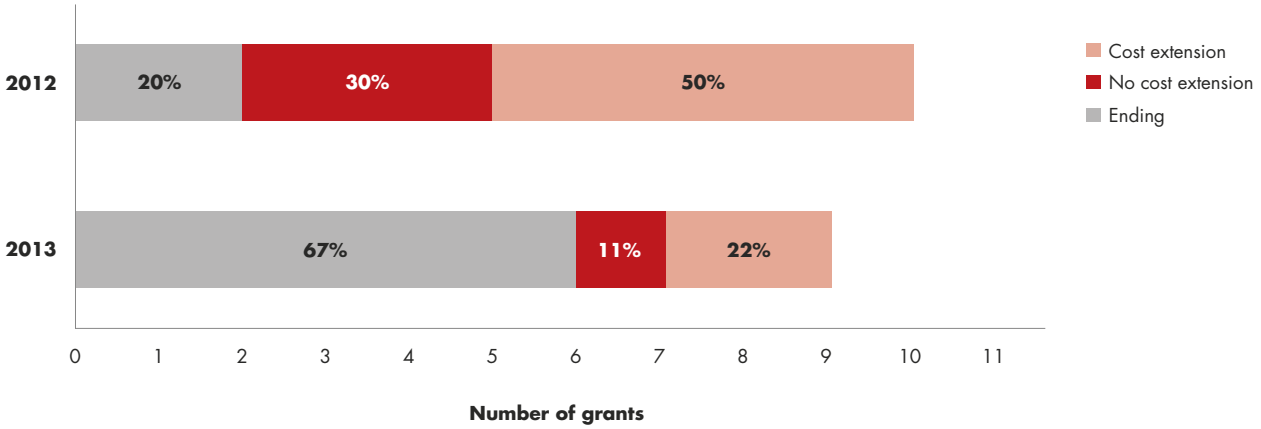
UNITAID investments are short term and catalytic because they shape the markets for quality health products so that they can be provided at affordable prices and in acceptable formulations for low income countries. Other global health partners benefit from better products available at lower prices through the improved market conditions that UNITAID grants generate. Unfortunately the nature of working in resource poor settings means that some projects suffer unforeseen delays and set-backs, leading to the need for no-cost or even cost-extensions. Continuing to support on-going projects presents and opportunity cost for UNITAID because it limits our ability to invest in innovative new opportunities to improve the health of people living with HIV/AIDs, TB and malaria. In tracking the per cent of grants that receive extensions annually, the following is observed:

- fewer extensions were processed in 2013 compared to 2012 (-60%); and
- more grants closed in 2013 compared to 2012, probably reflecting the additional one-year extension granted to those requesting extensions in 2012.

These positive results are contributing to UNITAID's ability to diversify into other areas as gaps are identified and opportunities are presented from the market and from calls for proposals.

FIGURE 14

More grants were completed in 2013, resulting in fewer extensions



4.4. Median number of days from Board approval to grant signature.

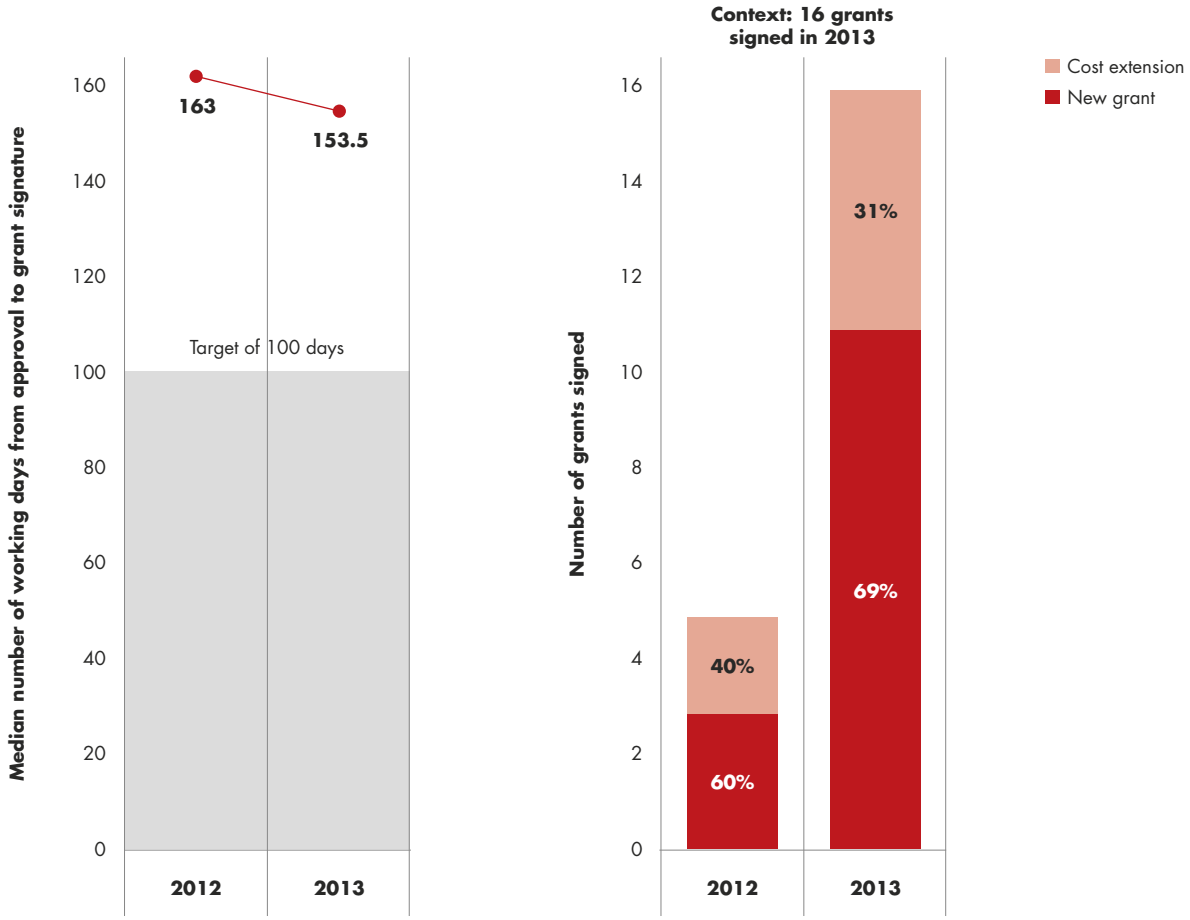
Sixteen grants were signed in 2013 compared with five in 2012. Nonetheless, the median number of working days to grant signature declined slightly, indicating that the new processes and guidelines that are being put into place within the Secretariat are increasingly effective. The results show that:

- new grant agreements require more extensive work with grantees, leading to longer lead times from approval to grant agreement signature;
- grant extensions are signed much faster, reflecting the grantees better understanding of UNITAID's requirements for grant agreements;
- There is a slight (but non-significant) decrease in the number of working days from Board approval to grant signature for 2013 compared to 2012.

UNITAID's Portfolio teams will continue to refine grant agreement development processes throughout the strategy period to meet the 2016 target of a median of 100 working days from Board approval to grant signature for straightforward grants (see Figure 15).

FIGURE 15

Time to signature successfully decreased despite a larger number of grants being signed in 2013



KPI 5

Safeguarding predictable and stable funding

Since its establishment in 2006, UNITAID has received $US 2.2 billion in contributions from donors, committed US$ 1.9 billion and disbursed US$ 1.4 billion to grantees. Securing long term, predictable funding is critical to provide market incentives to manufacturers to facilitate sustainable market changes that will lead to more people being able to access and afford innovative preventives, tests and treatments for HIV/AIDS, TB and malaria. The indicators reported here measure UNITAID's success in resource mobilization.

Importantly for a pioneer in innovative financing, voluntary contributions from the air ticket levy made up greater than half (57%) of the total value of contributions received in 2013. UNITAID also tracks donor contributions, including variance in the number of high income donors contributing more than US$5 million annually. This is a measure of the organization's responsiveness to global public health challenges and its relevance to the needs of its long term donors.

Measures	Description
5.1	Variance in donor contribution to UNITAID revenue annually.
5.2	Variance in the number of high income donors contributing more than US$ 5 million a year.
5.3	% of the approved revenue budget secured through long term donor contributions.

DESCRIPTION

5.1. Variance in donor contribution to UNITAID revenue annually.

This measure shows that UNITAID receives consistent level of resources to allow for predictable support to low income countries for products needed to test, treat and prevent HIV/AIDS, TB and malaria. In 2013, the revenue from donor contributions remained stable overall with a slight increase of 1.2% up from 2012.

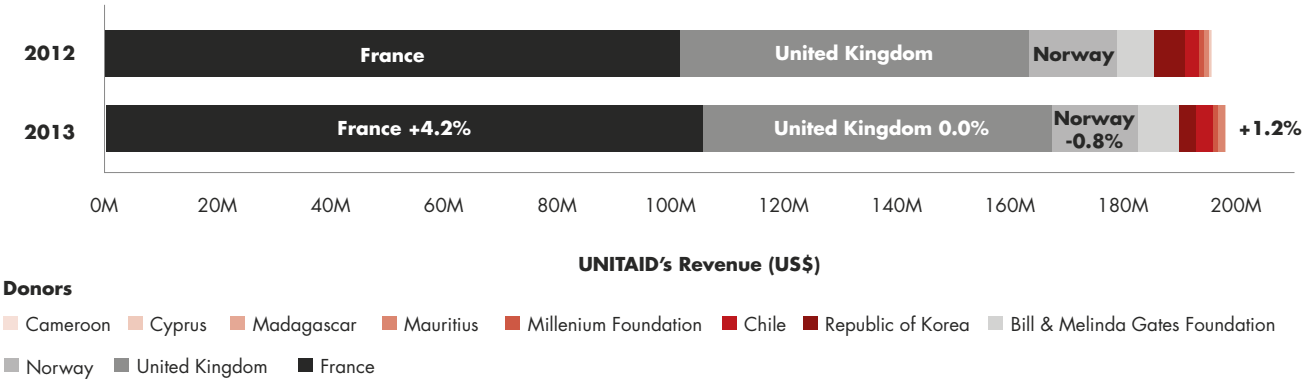
TABLE 9

Amount and per cent change in UNITAID donor contributions for 2012 and 2013

	2012 (US$)	2013 (US$)	% Change
% change in the total annual revenue from donor contributions compared to 2012	276,452,176	279,668,469	+1.2

FIGURE 16

The overall donor contribution to UNITAID increased slightly in 2013

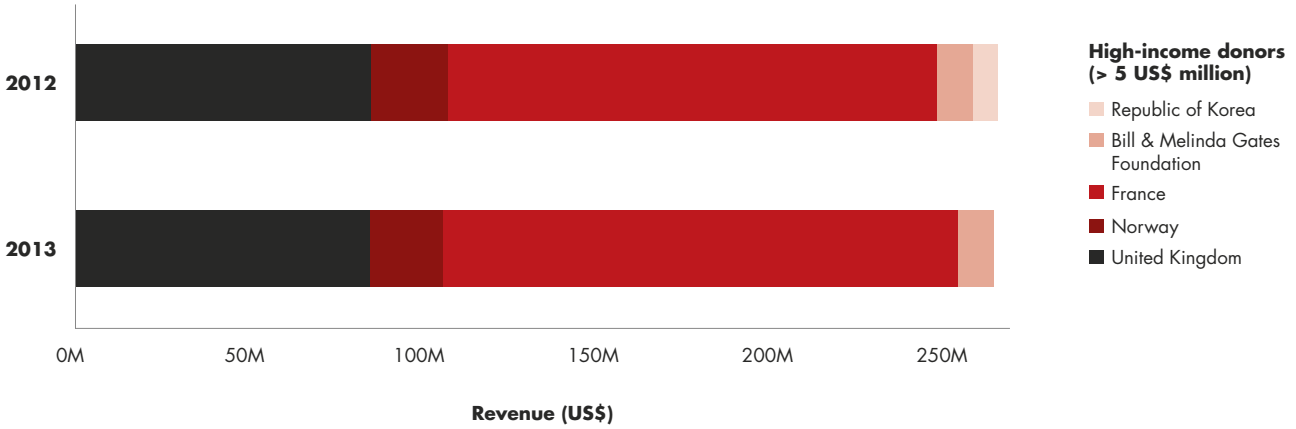


5.2. Variance in the number of high income donors contributing more than US$ 5 million a year.

This indicator measures the level of commitment that UNITAID's top donors have to its mission and the trust they have in the overall performance of the organization. In 2013, 9 donors contributed US$ 279,668,469, with 57% of the total value of these voluntary contributions coming from an air ticket levy. Four of these donors contributed over US$ 5 million to UNITAID, down from 5 donors contributing over US$ 5 million in 2012 (Figure 17).

FIGURE 17

Fewer high-income donors are contributing more than US$ 5 million

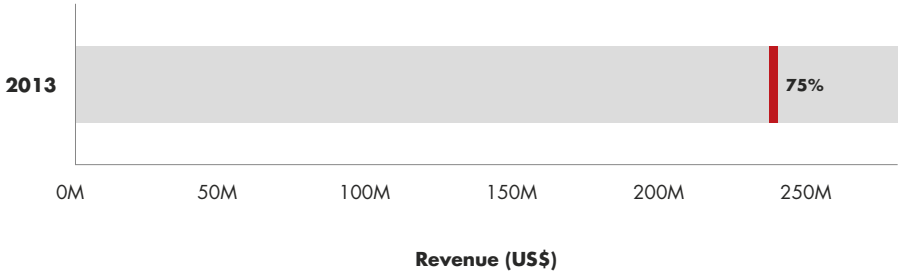


5.3. Per cent of the approved revenue budget secured through long term donor contributions.

This indicator captures the risk of UNITAID not being able to secure the predictable funding which is a key condition for achieving high performance across all 6 Strategic Objectives for the 2013-2016 strategic period. In 2013 UNITAID secured 75% of its Executive Board approved budget through long term donor contributions, demonstrating that it did have secure and predictable resources to support lifesaving tests and treatments for HIV/AIDS, TB and malaria. The situation looks less certain for 2014 because as of June 2014, only 5% of the revenue budget approved by the Board for 2014 is based on multi-year commitments.

FIGURE 18

Long term donor contributions secured 75% of the approved revenue budget in 2013



KPI 6

Aligning and harmonizing with international efforts to improve the health of people living with HIV, TB and malaria

To ensure that UNITAID investments are truly catalytic, UNITAID works closely with partners such as the GFATM, PEPFAR, UNAIDS, and WHO. In addition, UNITAID works with civil society to promote access to new, innovative tests and treatments and to increase the speed at which they are made available in communities. These indicators measure the engagement of the larger global health donors, national governments and civil society with the investments made by UNITAID to strengthen markets for vital public health commodities.

Measures	Description
6.1	Number of grants that include co-investment with other global public health donors and national programmes.
6.2	Number of countries with UNITAID supported medicines and diagnostics being part of their national programmes.
6.3	Number of grants that have active participation by Civil Society in their grant agreements.

DESCRIPTION

6.1 Number of grants that include co-investment with other global public health donors and national programmes.

Co-investment is defined as additional support, financial or in-kind, provided to a grant to ensure its success. This measures the support that other global health donors provide to the work of UNITAID and demonstrates that they value the investments that UNITAID is making to shape the markets for products of public health importance. In 2013, the key results were:

- 11 active grants were supported by the investments of other global donors such as the UK Government (DFID), BMGF, PEPFAR, USAID and the GFATM; and
- Three market entry grants were supported by investments from various public and private sources including, BMGF, YRG Centre for AIDS Research and Education (YCARE), South African National Health Laboratory Service, Omega Diagnostic group PLC and various private sector investments.

Table 10 provides a breakdown of these results by disease area, project and grantee.

TABLE 10

Over 40 % of UNITAID grants include co-investment with other global public health donors and other investors

Disease	Project	Grantees	Co-investor(s)
Cross Cutting	Prequalification of Diagnostics	WHO	BMGF
	Prequalification of Medicines	WHO	BMGF
HIV	Disposable POC CD4	Zyomyx	Multiple, BMGF, private sector (Mylan etc.)
	Manufacture & Validation Rapid POC CD4	The Burnet Institute	YRG Centre for AIDs Research and Education (YCARE), South African National Health Laboratory Services, Omega Diagnostics Group PLC
	Operational Studies POC CD4 Counters	Daktari	Shareholders
Malaria	Affordable Medicines for Malaria	GFATM	UK Govt/DFID, BMGF, CIDA
	Quality Assurance of Rapid Diagnostic Test	FIND	BMGF
TB	Cepheid (Buy-down)	Cepheid	USAID, PEPFAR, BMGF
	Expand MDR TB Diagnostics	STOP TB/GDF, WHO, FIND	GFATM, USAID
	MDR TB Strategic Rotating Stockpile	STOP TB/GDF	USAID
	STEP Paediatric TB	TB Alliance	USAID

6.2. Number of countries with UNITAID supported medicines and diagnostics being part of their national programmes.

UNITAID grants bring innovative new tests, treatments and preventive products to the market. It is equally important that countries are aware of the availability and affordability of these products for their own communities living with disease. This indicator measures the uptake of key products by national programmes as a way of making sure that UNITAID's grants are visible in countries and are being provided to people in need. In 2013, there were only a couple new UNITAID supported products that were available for purchase in national programmes (Table 11). This will increase dramatically in the coming years as the market entry POC diagnostic tests supported by UNITAID become available. In the meantime, there are some key achievements in this area. These are:

- Diagnostic project (MSF): **2 countries** started to field test the first POC VL SAMBA (Malawi and Uganda); and
- Severe malaria (MMV): **6 countries** (Cameroon, Ethiopia, Kenya, Malawi, Nigeria and Uganda) revised severe malaria treatment policies guidelines to include injectable Artesunate as the preferred treatment for severe malaria, paving the way for uptake of this product in grant supported countries.

Additionally, UNITAID grantees also supported countries to switch to more effective, better adapted ARV regimens. Increasing the use of optimal, efficacious and better adapted medicines for children and adults needing to use 2nd line regimens has always been a key part of the project plans of CHAI's ARV grants for paediatric and 2nd line medicines. ESTHER has supported improved uptake of better ARVs in francophone West African countries. The results for 2013 were:

- CHAI Paediatric ARV project and ESTHERAID (ESTHER): **7 countries** (Tanzania, Botswana, Cameroon, Zambia, Cambodia, Mali and Benin) switched from d4T based regimens to AZT or ABC based regimens (AZT/3TC/NVP) and appropriate LPV/r formulations; and
- ESTHERAID (ESTHER): **3 countries** (Mali, Benin and Burkina Faso) increased average monthly consumption of key formulations.

Results for countries that are purchasing products initiated by UNITAID grants are shown in Table 11.

TABLE 11

In 2013, grantees began to report uptake of UNITAID supported medicines and diagnostics in national programmes of low and lower-middle-income countries

Diagnostics	Product name	National result-2013
Expand TB project (FIND, WHO, STOP-TB/GDF)	Technology transfer, **laboratories constructed**, training and procurement of **state-of-the-art TB tests**	92 functional laboratories detecting 35,881 MDR-TB cases in **27 countries**[39]
TB Xpert (WHO)	Rapid TB testing at lower health services using **GeneXpert MTB/RIF** testing platform	**104 countries** (**21 countries**[40] as part of the TBXpert grant) have procured and are using GeneXpert instrument modules. For the TB Xpert programme, 90% of these are placed outside of national reference laboratories to increase access to rapid testing for vulnerable populations.
HIV POC testing (CHAI/ UNICEF and MSF)	**POC CD 4 tests** performed (using Pima devices and cartridges)	**7 countries** (Lesotho, Malawi, Swaziland, Mozambique, Tanzania, Uganda, Zimbabwe)

6.3 Number of grants that have active participation by Civil Society in their grant agreements.

Civil Society is critical to raising community awareness about new and existing products that prevent, test and treat the three diseases. Without strong Civil Society support, many grants would be limited in their scope and impact. In 2013, several grant agreements were signed that included active participation by Civil Society as a core activity for the grant. These are:

- **Improving severe malaria outcomes (MMV):** MMV and partners will hold regular working group meetings with civil society in beneficiary countries to raise awareness about the need for and appropriate usage of injectable Artesunate for the treatment of severe malaria.
- **Creating a Private sector market for quality assured RDTs in Malaria endemic countries (PSI):** PSI and partners will engage with a wide variety of stakeholders including key civil society organizations in beneficiary countries to improve knowledge, awareness and use of RDTs for malaria in the private sector.
- **Scale-up access to rapid diagnosis of TB, HIV-associated TB and drug resistant TB through increased uptake of XPERT MTB/RIF (Stop TB Partnership, WHO):** The grantees will use the TB Reach initiative to optimise field implementation of TB Xpert through target screening approaches and mobilization of patient and civil society groups to increase the demand for TB testing.

[39] Azerbaijan, Belarus, Cote d'Ivoire, Ethiopia, Haiti, Kenya, Lesotho, Moldova, Rwanda, Swaziland, UR Tanzania, Uzbekistan, Peru, Kazakhstan, Bangladesh, Cameroon, Djibouti, Georgia, India, Kyrgyzstan, Mozambique, Myanmar, Senegal, Tajikistan, Uganda, Vietnam, Indonesia.
[40] Bangladesh, Belarus, Cambodia, Congo, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Moldova, Mozambique, Myanmar, Nepal, Pakistan, the Philippines, Swaziland, Tanzania, Uganda, Uzbekistan, Vietnam.

- **Support to Open Polyvalent Platforms for a sustainable access to quality and affordable viral load testing in resource limited settings (FEI):** The grant includes a communication plan with civil society to promote the use of polyvalent viral load detection platforms in low resource settings.

Six new grant agreements will be signed in 2014. UNITAID is actively working with the new grantees to get civil society engagement as a stronger part of the project plans and legal agreements for these grants.

KPI 7

Resource management

Value for money is a key principle that UNITAID applies to its own operations by striving to minimize its operating costs so that most of its financial resources can go towards funding innovative new grants to support people living with HIV/AIDS, TB and malaria in low-income countries. The indicators reported here reflect the organization's commitment to spending the majority of its donor contributions on grants to improve access to life-saving tests, treatments and preventive products.

Measures	Description
7.1	% Secretariat costs relative to total value of active grants (reported semi-annually).
7.2	Level of respondent satisfaction with working at UNITAID (from an anonymous, electronic survey of staff).
7.3	Representation of each gender in UNITAID's senior professional staff.

DESCRIPTION

7.1 Per cent Secretariat costs relative to total value of active grants (reported semi-annually).

UNITAID remains an efficient organization with a lean organizational structure. A small, but dedicated team carries out the Organization's core business, grant management, on a limited budget. In fact for 2013, Secretariat costs represent 1.6% of the total value of active grants (US$ 1,104,386,503). Table 12 contains a list of grants active in 2013 to provide full transparency on how this measure was derived.

FIGURE 19

UNITAID has a lean Secretariat costing 1.6% of the total value of its active grants

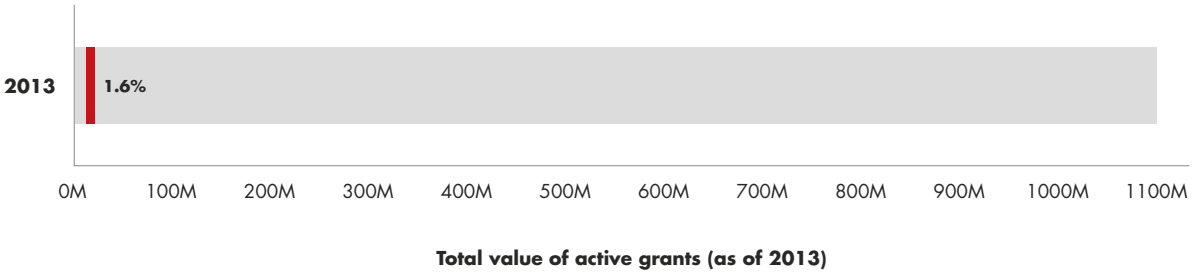


TABLE 12

25 active grants as of 2013

Strategic Objectives	Disease Area	Grant Type	Grant	Grantee
SO1	**Cross Cutting**	Project	Prequalification of Diagnostics	WHO
	HIV	Project	Disposable POC CD4	Zyomyx
			HIV CD4 and VL Diagnostics	MSF
			Manufacture & Validation Rapid POC CD4	The Burnet Institute
			Operational Studies POC CD4 Counters	Daktari
			OPP-ERA	FEI
			Point-of-Care Phase 1	CHAI/UNICEF
	Malaria	Project	Private Sector Market for RDTs	PSI
			Quality Assurance of Rapid Diagnostic Test	FIND
	TB	Project	Cepheid (Buy-down)	Cepheid
			Expand MDR TB Diagnostics	WHO
				FIND
			TB Xpert	WHO
SO2	**HIV**	Project	Paediatric ARV	CHAI/UNICEF
			Paediatric ARV formulations	DNDi
	Malaria	Project	Improving Severe Malaria Outcomes	MMV
	TB	Project	Paediatric TB	STOP TB/GDF
			STEP Paediatric TB	TB Alliance
SO3	**HIV**	Project	ESTHERAID	ESTHER
			Preventing Patent Barriers	Lawyers Collective
		Special Project	Medicines Patent Pool	MPP Foundation
SO4	**Malaria**	Project	Affordable Medicines for Malaria	GFATM
			Assured Artemisinin Supply System	i+solutions

Strategic Objectives	Disease Area	Grant Type	Grant	Grantee
SO5	**TB**	Project	MDR TB Scale Up	STOP TB/GDF
			MDR TB Strategic Rotating Stockpile	STOP TB/GDF
SO3, SO4, SO5	**Cross Cutting**	Project	Prequalification of Medicines	WHO-EMP

7.2 Level of respondent satisfaction with working at UNITAID (from an anonymous, electronic survey of staff).

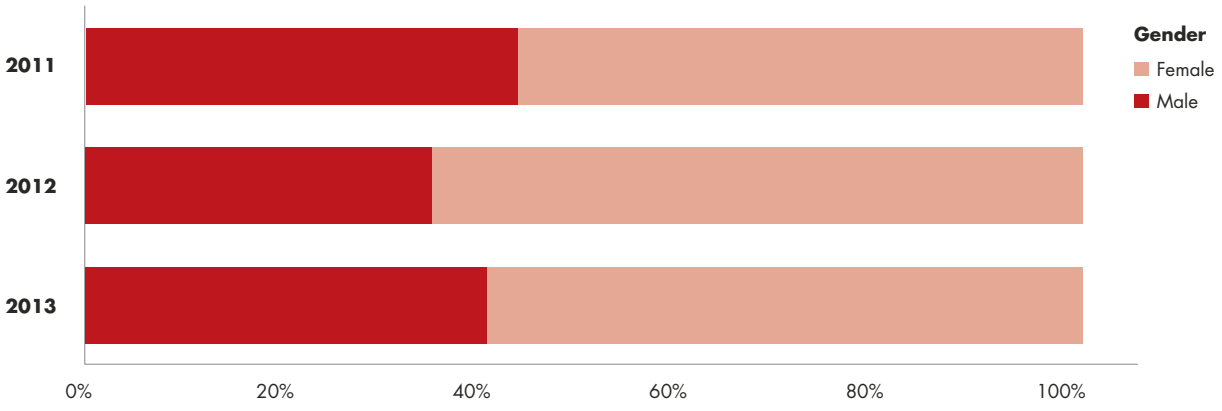
As an organization, UNITAID is investing in management training to implement best practices in creating a positive and empowering work environment. To measure the success of these and related initiatives, UNITAID is implementing standard staff survey during 2014. The results will be reported in the KPI report for 2014 (30 June 2015).

7.3 Representation of each gender in UNITAID's senior professional staff.

The per cent of professional staff members[41] who are male and female has remained constant at UNITAID over the past 3 years. Figure 20 shows between 57 and 65% of the professional staff at UNITAID have been female since 2011. However, the few male staff members who were in the organization in 2013 held proportionately higher-level positions than their female counterparts. For example, female staff make up 76% of all UNITAID staff yet only 29% of these are P04 and above. In contrast, males represent only 24% of all UNITAID staff but 64% of these are P04 and above. This indicates that gender balance at UNITAID can still be improved. This measure will be tracked across the strategy period and trends over time will be assessed to monitor the gender balance in the UNITAID work environment.

FIGURE 20

59% of UNITAID's senior staff were female in 2013. This percentage has remained relatively constant since 2011



[41] Defined as senior technical positions in accordance with the WHO human resources classification levels

ANNEX

PROGRAMMATIC RESULTS
FOR 2013

TABLE 1.

Median prices (US$) and per cent change in price for selected WHO recommended 2nd Line ARVs

Variation in price per patient per year of key formulations, median (interquartile range)								
Generic 2nd line ARV	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**% change 2012-2013**	**% change accross all years**
ABC 300 mg	335 (75)	228 (48)	202 (36)	174 (0)	na	na	na	-48%
ATV/r (300 / 100 mg)	na	na	na	300 (0)	270 (0)	264.9 (30.42)	-2%	-12%
LPV/r (200/50 mg) Tab (HS)	496 (73)	441 (126)	420 (21)	396 (24)	330 (35.9)	252.5 (21.66)	-23%	-49%
TDF 300 mg	207 (57)	99 (50)	84 (2)	75 (1.2)	56.9 (0)	43.2 (8.74)	-24%	-79%
TDF / 3TC (300 / 300 mg)	158 (0)	138 (51)	107 (1)	96.2 (1.8)	62.4 (0.6)	56.6 (0.97)	-9%	-64%
TDF / FTC 300/200mg	319 (68)	141 (64)	138 (3)	115.2 (5.8)	86.4 (0)	73.9 (3.29)	-15%	-77%
TDF/3TC (300/300 mg) & LPV/r (200/50 mg)	654 (73)	579 (177)	527 (21)	492 (25.8)	392 (36.48)	309 (22.63)	-21%	-53%
TDF/FTC (300/200 mg) & LPV/r (200/50 mg)	815 (141)	582 (190)	558 (24)	511 (29.8)	416 (35.88)	326.3 (24.95)	-22%	-60%
TDF/3TC (300/300 mg) & ATV/r (300 / 100 mg)	na	na	na	396.2 (1.8)	332.4 (.6)	320.8 (31)	-4%	-24%
TDF/FTC (300/200 mg) & ATV/r (300 / 100 mg)	na	na	na	415.2 (5.8)	356.4 (0)	338.7 (34)	-5%	-23%

Note: Median Price analysis based on Low Income countries only

Note: 2013 median prices calculations are based on public procurement data including prices from the GFATM, SCMS and WHO databases. 2013 data were accessed on 27/05/2014

TABLE 2.

Median prices (US$) and per cent change in price for selected WHO recommended paediatric ARVs purchased with UNITAID funds

Variation in price per patient per year of key formulations, median (interquartile range)

Pediatric ARVs	Status	2008	2009	2010	2011	2012	2013	% change 2012 - 2013	% change accross all years
ABC/3TC (60/30 mg)[1]	Generic	193 (0)	182 (0)	172 (0)	163 (0)	175 (0)	na	na	-9%
AZT/3TC 300/150 mg	Generic	114 (0)	113 (0)	103 (0)	105 (1)	99 (0)	99 (0)	0%	-13%
AZT/3TC (60/30 mg)[1]	Generic	85 (0)	84 (0)	81 (0)	75 (0)	74 (0)	74 (0)	0%	-13%
AZT/3TC/NVP 60/30/50mg	Generic	108 (0)	108 (0)	106 (0)	105 (0)	104 (0)	104 (0)	0%	-4%
AZT/3TC/NVP (300/150/200 mg)	Generic	150 (21)	147 (0)	136 (1)	134 (1)	125 (4)	125 (0)	0%	-17%
LPV/r (80/20 mg/ml) (brand price only)	Originator	206 (0)	206 (0)	181 (0)	169 (0)	154 (0)	154 (0)	0%	-25%
NVP (50 mg)	Generic	na	na	na	61 (0)	58 (0)	58 (0)	0%	-4.9%
NVP (200 mg)	Generic	40 (5)	35 (0)	32 (0)	32 (0)	36 (0)	38 (0)	+5%	-5%

Note: Median Price analysis based on Low Income countries only

[1]In 2012, AZT/3TC (60/30 mg) and ABC/3TC (60/30 mg) include prices for both dispersible and non-dispersible formulations

TABLE 3.

Summary of stock outs in 2013 by product and country

Please visit www.unitaid.org/impact for details.

TABLE 4.

WHO prequalification - summary of UNITAID priority products prequalified by disease area in 2013

4.1 HIV

Target Group	Dossier	Product	Date	Manufacturer
ADULT	HA492	Lopinavir / Ritonavir, tablet, 200mg / 50mg	11 January 2013	Hetero Labs Ltd.
	HA498	Emtricitabine / Tenofovir, tablet, 200mg / 300mg	21 October 2013	Hetero Labs Ltd.
	HA516	Tenofovir, tablet, 300mg	23 May 2013	Macleods Pharmaceuticals Ltd.
	HA535	Tenofovir disoproxil fumarate, tablet, 300mg	21 October 2013	Strides Arcolab Ltd.
	HA521	Lamivudine / Zidovudine, tablet, 150mg / 300mg	14 June 2013	Hetero Labs Ltd.
CHILD	HA534	Zidovudine, dispersible tablet, 60mg	24 January 2013	Ranbaxy Laboratories Ltd.
	HA536	Lamivudine, tablet, 30mg	18 February 2013	Micro Labs Ltd.
	HA537	Zidovudine, tablet, 60mg	14 June 2013	Micro Labs Ltd.

4.2 Malaria

Dossier	Product	Date	Manufacturer
MA088	Artemether / Lumefantrine, tablet, 20mg / 120mg	24 June 2013	Strides Arcolab Ltd.
MA089	Artesunate, powder for injection, vial, 30mg	23 May 2013	Guilin Pharmaceutical Co., Ltd.
MA090	Artesunate, powder for injection, vial, 120mg	23 May 2013	Guilin Pharmaceutical Co., Ltd.
MA091	Artemether / Lumefantrine, tablet, 20mg / 120mg	21 October 2013	Macleods Pharmaceuticals Ltd.
MA095	Amodiaquine / Artesunate, tablet, 67.5mg / 25mg	10 July 2013	Ajanta Pharma Ltd.
MA096	Amodiaquine / Artesunate, tablet, 135mg / 50mg	10 July 2013	Ajanta Pharma Ltd.
MA097	Amodiaquine / Artesunate, tablet, 270mg / 100mg	10 July 2013	Ajanta Pharma Ltd.

4.3 TB

Dossier	Product	Date	Manufacturer
TB195	Isoniazid / Rifampicin, tablet, 150mg / 150mg	29 January 2013	Lupin Ltd.
TB199	Ethambutol / Isoniazid / Rifampicin, tablet (film-coated), 275mg / 75mg /150mg	11 January 2013	Lupin Ltd.
TB222	Cycloserine, capsule, 250mg	20 August 2013	Biocom JSC
TB226	Ethambutol, tablet, 100mg	4 November 2013	Macleods Pharmaceuticals Ltd.
TB239	Prothionamide, tablet, 250mg	25 February 2013	Micro Labs Ltd.
TB253	Moxifloxacin, tablet, 400mg	4 November 2013	Ranbaxy Laboratories Ltd.
TB262	Amikacin, ampoule-solution, 500mg/2ml	3 April 2013	Pharmathen SA
TB264	Ethambutol, tablet, 400mg	28 February 2013	SC Antibiotice
TB265	Isoniazid, tablet, 100mg	28 February 2013	SC Antibiotice
TB266	Isoniazid, tablet, 300mg	28 February 2013	SC Antibiotice
TB268	Rifampicin, capsule, 150mg	28 February 2013	SC Antibiotice
TB269	Rifampicin, capsule, 300mg	28 February 2013	SC Antibiotice
TB270	Isoniazid / Rifampicin, capsule, 150mg / 300mg	28 February 2013	SC Antibiotice
TB271	Levofloxacin, tablet, 250mg	24 June 2013	Apotex Inc.
TB272	Levofloxacin, tablet, 500mg	24 June 2013	Apotex Inc.
TB273	Levofloxacin, tablet, 750mg	24 June 2013	Apotex Inc.
HA577*	Amoxicilin / Clavulanate, tablet, 500mg / 125mg	24 June 2013	Apotex Inc.

*Included as an HIV product prequalified by WHO (2013 Annual Report) but listed as a TB priority product by UNITAID

TABLE 5.

WHO prequalification of diagnostics programme - summary of tests prequalified in 2013

	Dossier	Product	Manufacturer	Date
HIV RDT	0027-012-00	SD BIOLINE HIV-1/2 3.0	Standard Diagnostics Inc.	20 May 2013
	0069-012-00	SD Bioline HIV Ag/Ab Combo	Standard Diagnostics Inc.	22 March 2013
	0002-002-00	INSTI HIV-1/HIV-2 antibody Test	Biolytical Laboratories Inc.	29 August 2013
	0150-016-00	VIKIA HIV 1/2	bioMérieux SA	12 December 2013
CD4 TECHNOLOGIES	0084-027-00	Abbott RealTime HIV-1 Qualitative (m2000sp)	Abbott Molecular Inc.	30 May 2013
	0151-027-00	Abbott RealTime HIV-1 Qualitative (Manual)	Abbott Molecular Inc.	30 May 2013
MALARIA RDT	0030-012-00	SD Bioline Malaria AgP.f/ Pan	Standard Diagnostics Inc.	8 July 2013
MALE CIRCUMCISION DEVICE	0001-001-00	PrePex	Circ MedTech Ltd.	31 May 2013

TABLE 6.

Selected manufacturer delivery lead time achievements reported from grantees in 2013

6.1 Median lead time by manufacturer for orders placed in 2013 (Paediatric HIV)

Manufacturer	Status	Median lead time (in days)
Abbott Laboratories	Generic	34.5
Aurobindo Pharma Ltd.	Originator	47
Bristol-Myers Squibb	Originator	119
Cipla Ltd.	Generic	58
Hetero Drugs Ltd.	Generic	57
Matrix Laboratories Ltd.	Generic	56
Macleods Pharmaceuticals Ltd.	Generic	77
Ranbaxy Laboratories Ltd.	Generic	102.5
Strides Arcolab Ltd.	Generic	83

Note: Refers to median number of days between the date a purchase order is confirmed and the date products are ready ex factory per manufacturer of ARVs

6.2 Median lead time by manufacturer for orders desired in 2013 (MDR-TB Scale Up)

(= difference in days between agreed date of delivery to first delivery per programme supported)

Manufacturer	Median lead times (in days)
Akorn Inc.	209
Cadila Pharmaceuticals Ltd.	89
Cipla Ltd.	22
Dong-A Pharmaceutical Co., Ltd.	0
Fatol Arzneimittel	14
Hindustan Syringes & Medical Devices Ltd.	49
Jacobus Pharmaceutical Company Inc.	274
Labesfal	18
Macleods Pharmaceuticals Ltd.	20
Medochemie Ltd.	322
Meiji Seika Kaisha Ltd.	12
Micro Labs Ltd.	-21
OlainFarm	3
Panpharma Laboratory	-14
Vianex SA	14

TABLE 7.

Track treatments, diagnostics and related products delivered and estimated patients treated by UNITAID funded projects by beneficiary country in 2013

7.1 Treatments supported by UNITAID for HIV/AIDS: Children (2013)

Country	WB Income Group	WHO region	Estimated number of new children on HIV treatment
			Paediatric HIV (CHAI)
CAMEROON	LMI	AFR	639
MALAWI	LI	AFR	2 785
MOZAMBIQUE	LI	AFR	15 600
NIGERIA (1)	LI	AFR	16 956
SWAZILAND	LMI	AFR	467
TOGO	LI	AFR	606
UGANDA	LI	AFR	7 359
Total			**44 412**

(1): Nigeria is classified as an LI in the CHAI peds project, reflecting its status when the MoU was signed

7.2 Testing supported by UNITAID for HIV/AIDS (2013)

Country	WB Income Group	WHO region	Number of test performed			
			PoC tests		Non-PoC tests	
			Pima CD4		EID (1)	VL (2)
			Point of Care Diagnostics (CHAI,UNICEF)	HIV Diagnostics (MSF)	Paediatric HIV (CHAI)	HIV Diagnostics (MSF)
CAMEROON	LMI	AFR	-	-	12 269	-
LESOTHO	LMI	AFR	-	2 548	-	1 247
MALAWI	LI	AFR	14 000	3 333	34 444	10 747
MOZAMBIQUE	LI	AFR	179 000	-	60 728	920
NIGERIA (3)	LI	AFR	-	-	28 678	-
SWAZILAND	LMI	AFR	-	12 182	11 694	16 722
TANZANIA, UNITED REPUBLIC OF	LI	AFR	183 133	-	-	-
TOGO	LI	AFR	-	-	2 246	-
UGANDA	LI	AFR	320 000	-	107 824	1 936
ZIMBABWE	LI	AFR	215 166	-	-	22 733
Total			**911 299**	**18 063**	**257 883**	**54 305**

(1): Early Infant Diagnosis

(2): Viral Load

(3): Nigeria is classified as an LI in the CHAI peds project, reflecting its status when the MoU was signed

7.3 ACT Treatments delivered and tests procured for Malaria (2013)

Country	WB Income Group	WHO region	Co-paid ACT treatments delivered	Number of RDTs procured
			AMFm (GFATM)	Private Sector RDTs (PSI)
CAMBODIA (1)	LI	WPR	236 243	-
GHANA	LI	AFR	20 976 540	-
KENYA	LI	AFR	20 339 155	250 000
MADAGASCAR	LI	AFR	1 719 464	60 000
NIGER	LI	AFR	395 255	-
NIGERIA	LI	AFR	90 800 558	-
TANZANIA, UNITED REPUBLIC OF	LI	AFR	20 706 600	200 000
UGANDA	LI	AFR	27 604 405	-
Total			**182 778 220**	**510 000**

(1): Cambodia uses Eurartesim ® (dihydroartemisinin-piperaquine, DHA-PPQ) manufactured by Sigma-Tau

7.4 Patients treatments delivered for Tuberculosis (2013)

Country	WB Income Group	WHO region	MDR-TB patient treatments delivered	Paediatric TB patient treatments delivered		
			MDR-TB Scale Up (STOP TB/ GDF)	Paediatric TB (STOP TB/GDF)		
				Curative	Prophylaxis	Total
AFGHANISTAN	LI	EMR	-	1 794	8 320	10 114
BANGLADESH	LI	SEAR	-	4 799	-	4 799
BURKINA FASO	LI	AFR	12	-	-	-
CAMBODIA	LI	WPR	-	10 262	-	10 262
GUINEA	LI	AFR	24	-	-	-
KENYA	LI	AFR	166	-	-	-
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	LI	SEAR	-	350	4 393	4 743
MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	LMI	EUR	-	39	171	210
MALAWI	LI	AFR	75	-	-	-
MYANMAR	LI	SEAR	146	-	-	-
NIGERIA	LI	AFR	-	2 741	4 112	6 853
PAKISTAN (1)	LI	EMR	-	19 608	47 742	67 350

7.4 Patients treatments delivered for Tuberculosis (2013) (continued from page 85)

Country	WB Income Group	WHO region	MDR-TB patient treatments delivered	Paediatric TB patient treatments delivered		
			MDR-TB Scale Up (STOP TB/ GDF)	Paediatric TB (STOP TB/GDF)		
				Curative	Prophylaxis	Total
SOMALIA	LI	AFR	-	4 603	3 301	7 904
SOUTH SUDAN	LI	AFR	-	2 623	2 550	5 173
SRI LANKA	LMI	SEAR	-	1 444	1 346	2 790
SUDAN	LI	EMR	-	4 853	-	4 853
TANZANIA, UNITED REPUBLIC OF	LI	AFR	-	9 484	18 465	27 949
Total			**423**	**62 600**	**90 400**	**153 000**

(1): Pakistan is classified as an LI in GDF peds project, reflecting its status when MoU was signed

7.5 Testing supported by UNITAID for Tuberculosis (2013)

Country	WB Income Group	WHO region	Number of TB tests performed					
			Expand TB diagnostics (MDR-TB) (STOP TB/GDF,FIND,WHO)					GeneXpert (WHO)
			DST (1)	LPA (2)	MGIT cultures (3)	Rapid speciation	Xpert	
AZERBAIJAN	LMI	EUR	1 851	2 817	15 657	1 645	2 280	-
BANGLADESH	LI	SEAR	205	438	3 150	416	-	6 348
BELARUS (4)	LMI/UMI	EUR	900	1 150	9 624	1 221	-	1 163
CAMBODIA	LI	WPR	-	-	-	-	-	7 270
CAMEROON	LMI	AFR	354	1 082	7 609	1 467	840	-
CONGO	LMI	AFR	-	-	-	-	-	37
CÔTE D'IVOIRE (5)	LI	AFR	164	621	1 112	-	215	-
DJIBOUTI	LMI	EMR	89	171	460	169	-	-
ETHIOPIA	LI	AFR	3	1 425	2 723	1 163	-	1 481
GEORGIA	LMI	EUR	1 054	3 379	6 154	2 545	521	-
HAITI	LI	AMR	376	568	7 546	2 357	283	-
INDIA (6)	LI/LMI	SEAR	572	106 363	47 892	5 557	25 494	3 900
INDONESIA	LMI	SEAR	34	317	77	77	-	16
KAZAKHSTAN	UMI	EUR	710	1 279	2 382	314	-	-
KENYA	LI	AFR	1 625	2 667	8 263	2 274	-	34
KYRGYZSTAN	LI	EUR	1 610	2 966	6 143	1 722	-	1 357
LESOTHO (5)	LI	AFR	174	1 189	3 874	-	101	-
MALAWI	LI	AFR	-	-	-	-	-	6 543
MOZAMBIQUE	LI	AFR	413	1 174	3 703	-	-	2 730

7.5 Testing supported by UNITAID for Tuberculosis (2013) (continued from page 86)

Country	WB Income Group	WHO region	Number of TB tests performed					
			Expand TB diagnostics (MDR-TB) (STOP TB/GDF,FIND,WHO)					GeneXpert (WHO)
			DST (1)	LPA (2)	MGIT cultures (3)	Rapid speciation	Xpert	
MYANMAR	LI	SEAR	599	2 733	3 942	-	-	504
NEPAL	LI	SEAR	-	-	-	-	-	7 001
PAKISTAN	LMI	EMR	-	-	-	-	-	4 712
PERU	LMI	AMR	167	8 702	591	3 323	-	-
PHILIPPINES	LMI	WPR	-	-	-	-	-	24
REPUBLIC OF MOLDOVA	LMI	EUR	2 517	2 833	21 588	3 281	-	7 935
RWANDA	LI	AFR	105	677	690	625	139	-
SENEGAL	LI	AFR	12	117	416	160	417	-
SWAZILAND	LMI	AFR	385	1 774	11 717	3 758	6 304	683
TAJIKISTAN	LI	EUR	751	1 401	3 883	1 630	3 144	-
TANZANIA, UNITED REPUBLIC OF	LI	AFR	126	329	759	-	-	1 593
UGANDA	LI	AFR	-	1 069	2 394	2 549	-	3 160
UZBEKISTAN	LI	EUR	884	2 583	6 731	3 301	-	-
VIET NAM (6)	LI/LMI	WPR	1 557	1 896	38 386	-	-	527
Total			**17 237**	**151 720**	**217 466**	**39 554**	**39 738**	**57 018**

(1): Drug susceptibility test

(2): Line Probe Assay

(3): Mycobacteria growth indicator tube

(4): Classified as LMI at time of grant signature for Expand TB and UMI for GeneXpert

(5): Côte d'Ivoire and Lesotho are classified as an LI in Expand TB project, reflecting its status when MoU was signed

(6): Classified as LI at time of grant signature for Expand TB and LMI for GeneXpert

7.6 Case detection of Tuberculosis in UNITAID supported countries (2013)

Country	WB Income Group	WHO region	Number of MDR-TB cases detected (1)	Number of incident TB patients detected
			Expand TB diagnostics (MDR-TB) (STOP TB/ GDF,FIND,WHO)	GeneXpert (WHO)
AZERBAIJAN	LMI	EUR	601	-
BANGLADESH	LI	SEAR	219	368
BELARUS (2)	LMI/UMI	EUR	1 198	210
CAMBODIA	LI	WPR	-	1 050
CAMEROON	LMI	AFR	153	-

7.6 Case detection of Tuberculosis in UNITAID supported countries (2013) (continued from page 87)

Country	WB Income Group	WHO region	Number of MDR-TB cases detected (1)	Number of incident TB patients detected
			Expand TB diagnostics (MDR-TB) (STOP TB/ GDF,FIND,WHO)	GeneXpert (WHO)
CONGO	LMI	AFR	-	6
CÔTE D'IVOIRE (3)	LI	AFR	327	-
DJIBOUTI	LMI	EMR	87	-
ETHIOPIA	LI	AFR	796	187
GEORGIA	LMI	EUR	548	-
HAITI	LI	AMR	193	-
INDIA (4)	LI/LMI	SEAR	21 736	386
INDONESIA	LMI	SEAR	41	2
KAZAKHSTAN	UMI	EUR	550	-
KENYA	LI	AFR	120	10
KYRGYZSTAN	LI	EUR	1 167	528
LESOTHO (3)	LI	AFR	190	-
MALAWI	LI	AFR	-	542
MOZAMBIQUE	LI	AFR	359	319
MYANMAR	LI	SEAR	1 770	62
NEPAL	LI	SEAR	-	1 242
PAKISTAN	LMI	EMR	-	824
PERU	LMI	AMR	1 015	-
PHILIPPINES	LMI	WPR	-	5
REPUBLIC OF MOLDOVA	LMI	EUR	675	1 096
RWANDA	LI	AFR	28	-
SENEGAL	LI	AFR	68	-
SWAZILAND	LMI	AFR	262	31
TAJIKISTAN	LI	EUR	849	-
TANZANIA, UNITED REPUBLIC OF	LI	AFR	68	51
UGANDA	LI	AFR	103	619
UZBEKISTAN	LI	EUR	2 037	-
VIET NAM (4)	LI/LMI	WPR	721	109
Total			**35 881**	**7 647**

(1): 17 countries have reported 8,971 patients put on treatment in Expand TB project. For the remaining countries, data are not yet available

(2): Classified as LMI at time of grant signature for Expand TB and UMI for GeneXpert

(3): Côte d'Ivoire and Lesotho are classified as an LI in Expand TB project, reflecting its status when MoU was signed

(4): Classified as LI at time of grant signature for Expand TB and LMI for GeneXpert

TABLE 8.

Track costs of treatments, diagnostics and related products delivered by UNITAID funded projects by beneficiary country in 2013

8.1 Monies Spent (US$) on HIV Treatments for Children (2013)

Country	WB Income Group	WHO Region	Value of Paediatric ARVs delivered
			Paediatric HIV (CHAI)
CAMEROON	LMI	AFR	35 351
MALAWI	LI	AFR	4 676 223
MOZAMBIQUE	LI	AFR	2 206 393
NIGERIA (1)	LI	AFR	15 410
SWAZILAND	LMI	AFR	30 387
TOGO	LI	AFR	87 913
UGANDA	LI	AFR	5 935 241
Total (Value) US$			**12 986 918**

(1): Nigeria is classified as an LI in the CHAI peds project, reflecting its status when the MoU was signed

8.2 Monies Spent (US$) on HIV Tests (2013)

Country	WB Income Group	WHO Region	Value of tests procured				
			PoC tests			Non-PoC tests	Total (Value) US$
			Pima CD4 devices	Pima CD4 tests		EID (1)	
			Point of Care Diagnostics (CHAI,UNICEF)		Sub-Total (Value) US$	Paediatric HIV (CHAI)	
ETHIOPIA	LI	AFR	247 500	119 000	366 500	-	366 500
MALAWI	LI	AFR	423 500	361 165	784 665	941 327	1 725 992
MOZAMBIQUE	LI	AFR	-	-	-	956 990	956 990
SWAZILAND	LMI	AFR	-	-	-	2 400	2 400
TANZANIA, UNITED REPUBLIC OF (2)	LI	AFR	-	261 800	261 800	-	261 800
TOGO	LI	AFR	-	-	-	19 013	19 013
UGANDA	LI	AFR	-	-	-	1 531 743	1 531 743
Total (Value) US$			**671 000**	**741 965**	**1 412 965**	**3 451 473**	**4 864 438**

(1): Early Infant Diagnosis

(2): United Republic of Tanzania rolled out Pima, which had been previously procured by the MoH

8.3 Monies Spent (US$) on ACT Treatments delivered and tests procured for Malaria (2013)

Country	WB Income Group	WHO Region	Value of ACT Treatments	Value of RDTs procured	Total (Value) US$
			AMFm (GFATM)	Private Sector RDTs (PSI)	
GHANA	LI	AFR	12 982 602	-	12 982 602
KENYA	LI	AFR	13 650 512	138 125	13 788 637
MADAGASCAR	LI	AFR	787 143	22 200	809 343
NIGERIA	LI	AFR	60 232 406	-	60 232 406
TANZANIA, UNITED REPUBLIC OF	LI	AFR	15 463 852	60 000	15 523 852
UGANDA	LI	AFR	20 474 671	-	20 474 671
Total (Value) US$			**123 591 186**	**220 325**	**123 811 511**

8.4 Monies Spent (US$) on Treatments for Tuberculosis (2013)

Country	WB Income Group	WHO Region	Value of MDR-TB treatments delivered	Value of paediatric TB treatments delivered	Total (Value) US$
			MDR-TB Scale Up (STOP TB/GDF) (1)	Paediatric TB (STOP TB/ GDF)	
				Curative & Prophylaxis	
BANGLADESH	LI	SEAR	-	127 124	127 124
BURKINA FASO	LI	AFR	55 427	-	55 427
CAMBODIA	LI	WPR	-	219 136	219 136
DOMINICAN REPUBLIC	UMI	AMR	92 830	-	92 830
GUINEA	LI	AFR	41 387	-	41 387
INDIA	LI	SEAR	4 401 225	-	4 401 225
KENYA	LI	AFR	279 983	-	279 983
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	LI	SEAR	-	14 116	14 116
KYRGYZSTAN	LI	EUR	143 162	-	143 162
MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	LMI	EUR	-	1 505	1 505
MALAWI	LI	AFR	248 608	-	248 608
MAURITANIA	LI	AFR	-	3 765	3 765
MYANMAR	LI	SEAR	333 880	-	333 880
NIGERIA	LI	AFR	-	42 077	42 077
SENEGAL	LI	AFR	55 091	-	55 091
SRI LANKA	LMI	SEAR	-	7 351	7 351
TANZANIA, UNITED REPUBLIC OF	LI	AFR	-	30 095	30 095
Total (Value) US$			**5 651 593**	**445 169**	**6 096 762**

(1): MDR-TB treatment is compounded by two phases of 12 months each. For some countries, the first phase was performed during 2012. However, this table shows the value of the second phase of the treatment counted in 2012

8.5 Monies Spent (US$) on Tests for Tuberculosis (2013)

Country	WB Income Group	WHO Region	Value of diagnostics				
			Expand TB diagnostics (MDR-TB) (STOP TB/ GDF,FIND, WHO) (1)	GeneXpert (WHO) (2)			Total (Value) US$
				GeneXpert instruments	Xpert MTB/RIF cartridges	Sub-Total (Value) US$	
AZERBAIJAN	LMI	EUR	623 798	-	-	-	623 798
BANGLADESH	LI	SEAR	119 520	437 500	121 756	559 256	678 776
BELARUS (3) (4)	LMI/UMI	EUR	-	70 000	19 960	89 960	89 960
CAMBODIA	LI	WPR	-	140 000	184 630	324 630	324 630
CAMEROON	LMI	AFR	235 922	-	-	-	235 922
CONGO	LMI	AFR	-	17 000	7 585	24 585	24 585
CÔTE D'IVOIRE (4) (5)	LI	AFR	194 798	-	-	-	194 798
DJIBOUTI	LMI	EMR	24 757	-	-	-	24 757
ETHIOPIA	LI	AFR	319 958	138 500	29 940	168 440	488 398
GEORGIA	LMI	EUR	232 929	-	-	-	232 929
HAITI	LI	AMR	181 234	-	-	-	181 234
INDIA (6)	LI/LMI	SEAR	3 299 754	680 000	399 200	1 079 200	4 378 954
INDONESIA	LMI	SEAR	444 782	425 000	99 800	524 800	969 582
KAZAKHSTAN	UMI	EUR	416 504	-	-	-	416 504
KENYA	LI	AFR	130 560	187 500	179 640	367 140	497 700
KYRGYZSTAN	LI	EUR	199 942	17 000	19 960	36 960	236 902
LESOTHO	LI	AFR	210 505	-	-	-	210 505
MALAWI	LI	AFR	-	161 180	69 860	231 040	231 040
MOZAMBIQUE	LI	AFR	217 387	210 000	229 540	439 540	656 927
MYANMAR	LI	SEAR	162 768	68 000	56 686	124 686	287 454
NEPAL	LI	SEAR	-	171 800	163 672	335 472	335 472
PAKISTAN (7)	LMI	EMR	-	437 500	264 470	701 970	701 970
PERU	LMI	AMR	534 650	-	-	-	534 650
PHILIPPINES	LMI	WPR	-	85 000	21 956	106 956	106 956
REPUBLIC OF MOLDOVA	LMI	EUR	247 494	-	175 648	175 648	423 142
RWANDA	LI	AFR	369 746	-	-	-	369 746
SENEGAL	LI	AFR	119 970	-	-	-	119 970
SWAZILAND	LMI	AFR	124 481	34 500	33 932	68 432	192 913
TAJIKISTAN	LI	EUR	283 057	-	-	-	283 057
TANZANIA, UNITED REPUBLIC OF	LI	AFR	81 385	173 000	134 730	307 730	389 115
UGANDA	LI	AFR	57 172	93 560	159 880	253 440	310 611
UZBEKISTAN	LI	EUR	65 830	84 120	24 950	109 070	174 900
VIET NAM (6) (7)	LI/LMI	WPR	292 751	85 000	84 830	169 830	462 581
Total (Value) US$			**9 191 655**	**3 716 160**	**2 482 625**	**6 198 785**	**15 390 440**

(1): Includes cost of equipment, consumable and reagents, and essential supplies of DST, LPA, MGIT cultures, Rapid Speciation and Xpert tests

(2): Project started in 2013

(3): Classified as LMI at time of grant signature for Expand TB and UMI for GeneXpert

(4): Country received tests in 2013 that were not paid in 2013

(5): Côte d'Ivoire and Lesotho are classified as an LI in Expand TB project, reflecting its status when MoU was signed

(6): Classified as LI at time of grant signature for Expand TB and LMI for GeneXpert

(7): An additional 10,000 (in Pakistan) and 4,000 (Vietnam) Xpert MTB/RIF cartridges were invoiced and paid in 2013 even though they will be delivered in 2014

TABLE 9.

Summary of treatments and tests provided by year and by disease area (2007-2013)

9.1. HIV

Description	HIV/AIDS (Patients on treatment)									
	Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	Total
Estimated number of patients on second-line ARV treatment (1) (2)	Round 6 (3)	GFATM	-	-	3 909	1 879	2 827	-	-	
	Second-line ARV	CHAI	61 674	133 322	117 324	113 892	117 141	(4)	-	
Estimated number of new children on HIV treatment	Paediatric HIV (5)	CHAI	134 677	55 995	60 014	73 578	65 916	32 727	44 412	**467 319**
	Round 6 (3)	GFATM	-	-	31 221	8	1 581	-	-	**32 810**

Description	HIV/AIDS (Prevention of mother to child transmission)					
	Project Name	Grantee	2008	2009	2010	Total
ARV treatments delivered to prevent mother to child transmission	PMTCT	UNICEF	43 764	227 494	540 713	**811 971**
Cotrim provided to HIV positive women	PMTCT	UNICEF	48 802	109 633	38 655	**197 090**
HIV positive pregnant women on ART/HAART	PMTCT	UNICEF	5 948	45 611	13 318	**64 877**
Ready-to-use therapeutic food and cotrim for children	PMTCT	UNICEF	35 187	65 366	101 438	**201 991**

Description		HIV/AIDS (Tests)									
		Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	Total
Detection											
HIV tests for early infant diagnosis		Paediatric HIV	CHAI	75 115	168 123	302 578	372 810	422 096	371 933	257 883	**1 970 538**
		PMTCT	UNICEF	-	8 064	29 568	25 056	-	-	-	**62 688**
HIV tests for pregnant women		PMTCT	UNICEF	-	819 860	3 105 442	4 086 376	-	-	-	**8 011 678**
Monitoring											
HIV tests for pregnant women	CD4	PMTCT	UNICEF	-	129 200	336 200	410 200	-	-	-	**875 600**
Number of test performed / adults	CD4	HIV Diagnostics	MSF	-	-	-	-	-	-	18 063	**18 063**
		PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	911 299	**911 299**
	VL (6)	HIV Diagnostics	MSF	-	-	-	-	-	-	54 305	**54 305**

(1): Includes Tenofovir ordered exceptionally as first line treatments for Namibia, Uganda and Zambia

(2): Non-cumulative values

(3): Results for Laos and Djibouti (Global Fund Round 6) are combined for paediatric and second line. They are presented in the values for adult treatments

(4): Treatment numbers are not available for 2012 because only emergency orders were delivered

(5): For Haiti and Mali, final 2012 numbers are not yet available. This figure considers values from January to June 2012 for these countries

(6): Viral Load

9.2. Malaria

Description	Malaria (Treatments, Tests and Prevention)								
	Project Name	Grantee	2008	2009	2010	2011	2012	2013	Total
ACT treatments delivered	ACT Liberia, Burundi	UNICEF, WHO	1 401 228	-	-	-	-	-	**1 401 228**
	ACT Scale Up	GFATM, UNICEF	8 200 280	6 961 150	12 551 110	7 781 005	2 216 250	-	**37 709 795**
	Round 6	GFATM	-	1 552 494	216 793	2 125 574	660 101	-	**4 554 962**
Co-paid ACT treatments delivered	AMFm	GFATM	-	-	4 539 990	148 535 741	137 068 559	182 778 220	**472 922 510**
Total Treatments			**9 601 508**	**8 513 644**	**17 307 893**	**158 442 320**	**139 944 910**	**182 778 220**	**516 588 495**
LLINs delivered	LLINs	UNICEF	-	13 500 000	6 500 000	-	-	-	**20 000 000**
Number of RDTs procured	Private Sector RDTs	PSI	-	-	-	-	-	510 000	**510 000**

Note: This table excludes the indirect effects of A2S2 project which provided a loan to artemisinin growers and extractors for the production of ACTs; extraction of artemisinin was not tied to specific treatment deliveries

9.3. Tuberculosis

Description		Tuberculosis (Treatments)									
		Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	Total
First-line TB treatments delivered		First-Line Tuberculosis	STOP TB/GDF	197 584	545 793	41 703	-	-	-	-	**785 080**
MDR-TB patient treatments delivered		MDR-TB Scale Up	STOP TB/GDF	-	1 543	1 535	845	6 568	5 395	423	**16 309**
		Round 6	GFATM	-	-	2 397	706	331	-	-	**3 434**
Paediatric TB patient treatments delivered	Curative	Paediatric TB	STOP TB/GDF	52 128	81 053	145 709	117 211	57 429	7 511	62 600	**523 641**
	Prophylaxis	Paediatric TB	STOP TB/GDF	60 626	91 995	229 884	173 620	89 304	32 180	90 400	**768 009**
Strategic Rotating Stockpile treatments for MDR-TB		MDR-TB SRS	STOP TB/GDF	-	800	5 000	-	-	-	-	**5 800**

9.3. Tuberculosis (continued from page 93)

Description	Tuberculosis (Cases detected)							
	Project Name	Grantee	2009	2010	2011	2012	2013	Total
Diagnostics tests (for MDR-TB): cases detected	Expand TB diagnostics	STOP TB/ GDF, FIND, WHO	1 810	2 386	6 878	24 869	35 881	**71 824**
Diagnostics tests (for TB): cases detected	GeneXpert (1)	WHO	-	-	-	-	7 647	**7 647**

Description		Tuberculosis (Tests performed)		
		Project Name	Grantee	2013
Number of TB tests performed	DST (2)	Expand TB diagnostics	STOP TB/GDF, FIND, WHO	17 237
	LPA (3)	Expand TB diagnostics	STOP TB/GDF, FIND, WHO	151 720
	MGIT cultures (4)	Expand TB diagnostics	STOP TB/GDF, FIND, WHO	217 466
	Rapid speciation	Expand TB diagnostics	STOP TB/GDF, FIND, WHO	39 554
	Xpert	Expand TB diagnostics	STOP TB/GDF, FIND, WHO	39 738
		GeneXpert (1)	WHO	57 018

(1): Project started in 2013

(2): Drug susceptibility test

(3): Line Probe Assay

(4): Mycobacteria growth indicator tube

TABLE 10.

Summary of monies spent (US$) on products purchased by year and by disease area (2007-2013)

10.1 HIV

Description	HIV/AIDS (US$ Investments)									
	Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	Total (Value) US$
Value of ARVs 2nd Line Adults (1)	Round 6 (2)	GFATM	-	-	1 225 082	13 109	86 271	-	-	**1 324 462**
	Second-line ARV	CHAI	20 741 510	48 917 771	60 634 919	36 964 141	35 723 091	5 445 769	-	**208 427 200**
Value of Paediatric ARVs delivered	Paediatric HIV	CHAI	20 178 640	25 889 010	16 370 168	17 940 882	26 484 204	12 429 353	12 986 918	**132 279 175**
	Round 6 (2)	GFATM	-	-	-	104 000	5 262 845	-	-	**5 366 845**
Value of opportunistic infections medicines purchased	Paediatric HIV	CHAI	8 158 958	8 538 277	2 218 649	795 154	2 811 884	1 672 068	-	**24 194 990**
Sub-Total (Value) US$			**49 079 107**	**83 345 058**	**80 448 818**	**55 817 286**	**70 368 295**	**19 547 190**	**12 986 918**	**371 592 672**

10.1 HIV (continued from page 94)

Description		HIV/AIDS (US$ Investments)									
		Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	Total (Value) US$
Value of PMTCT product expenditure		PMTCT	UNICEF	-	4 004 540	16 449 724	13 529 846	-	-	-	**33 984 109**
Value of ready-to-use therapeutic foods purchased		Paediatric HIV	CHAI	3 887 897	6 316 407	6 364 263	5 544 320	2 019 825	3 741 147	-	**27 873 858**
		PMTCT	UNICEF	-	-	-	467 704	-	-	-	**467 704**
Sub-Total (Value) US$				**3 887 897**	**10 320 947**	**22 813 986**	**19 541 870**	**2 019 825**	**3 741 147**	**-**	**62 325 672**
Value of HIV diagnostics	EID (3)	Paediatric HIV	CHAI	1 823 495	2 773 175	13 411 220	14 289 285	17 541 535	10 511 671	3 451 473	**63 801 853**
	Pima CD4 devices	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	671 000	**671 000**
	Pima CD4 tests	PoC Diagnostics	CHAI, UNICEF	-	-	-	-	-	-	741 965	**741 965**
Sub-Total (Value) US$				**1 823 495**	**2 773 175**	**13 411 220**	**14 289 285**	**17 541 535**	**10 511 671**	**4 864 438**	**65 214 818**
Total (Value) US$				**54 790 498**	**96 439 180**	**116 674 024**	**89 648 441**	**89 929 655**	**33 800 009**	**17 851 356**	**499 133 162**

(1): Includes Tenofovir ordered exceptionally as first line treatments for Namibia, Uganda and Zambia

(2): Results for Laos and Djibouti (Global Fund Round 6) are combined for paediatric and second line. They are presented in the values for adult treatments

(3): Early Infant Diagnosis

10.2 Malaria

Description	Malaria (US$ Investments)								
	Project Name	Grantee	2008	2009	2010	2011	2012	2013	Total (Value) US$
Value of ACT treatments delivered	ACT Liberia, Burundi	UNICEF, WHO	805 340	-	-	-	-	-	**805 340**
	ACT Scale Up	GFATM, UNICEF	6 504 601	5 668 812	12 552 965	8 045 628	1 611 874	-	**34 383 880**
	AMFm	GFATM	-	-	4 662 672.5	136 801 398.9	119 937 702.9	123 591 186	**384 992 960**
	Round 6	GFATM	-	5 317 889	1 067 243	3 659 187	862 531	-	**10 906 850**
LLINs Supply Value	LLINs	UNICEF	-	90 753 691	-	-	-	-	**90 753 691**
Sub-Total (Value) US$			**7 309 941**	**101 740 392**	**18 282 881**	**148 506 214**	**122 412 108**	**123 591 186**	**536 854 403**
Value of Malaria RDTs procured	Private Sector RDTs	PSI	-	-	-	-	-	220 325	**220 325**
Total (Value) US$			**7 309 941**	**101 740 392**	**18 282 881**	**148 506 214**	**122 412 108**	**123 811 510**	**537 074 728**

Note: This table excludes the indirect effects of A2S2 project which provided a loan to artemisinin growers and extractors for the production of ACTs; extraction of artemisinin was not tied to specific treatment deliveries

10.3 Tuberculosis

Description		Tuberculosis (US$ Investments)									
		Project Name	Grantee	2007	2008	2009	2010	2011	2012	2013	Total (Value) US$
Value of First Line TB treatments delivered		First-Line Tuberculosis	STOP TB/ GDF	-	-	-	-	15 644 505	-	-	**15 644 505**
Value of MDR-TB treatments delivered		MDR-TB Scale Up (1)	STOP TB/ GDF	-	-	-	16 094 026	13 394 530	10 096 911	5 651 593	**45 237 059**
		Round 6	GFATM	-	-	5 990 927	2 229 135	1 121 227	-	-	**9 341 289**
Value of paediatric treatments delivered	Curative & Prophylaxis	Paediatric TB	STOP TB/ GDF	244 980	1 075 153	2 263 797	1 501 681	1 117 228	335 809	445 169	**6 983 816**
Value of MDR-TB treatments in the SRS		MDR-TB SRS	STOP TB/ GDF	-	11 458 000	-	-	-	-	-	**11 458 000**
Sub-Total (Value) US$				**244 980**	**12 533 153**	**8 254 724**	**19 824 842**	**31 277 490**	**10 432 719**	**6 096 762**	**88 664 669**
Value of diagnostics delivered		Expand TB diagnostics (2)	STOP TB/ GDF, FIND, WHO	-	-	-	-	7 435 266	6 354 740	9 191 655	**22 981 661**
	GeneXpert instruments	GeneXpert (3)	WHO	-	-	-	-	-	-	3 716 160	**3 716 160**
	Xpert MTB/RIF cartridges (4)	GeneXpert (3)	WHO	-	-	-	-	-	-	2 482 625	**2 482 625**
Sub-Total (Value) US$				**-**	**-**	**-**	**-**	**7 435 266**	**6 354 740**	**15 390 440**	**29 180 446**
Total (Value) US$				**244 980**	**12 533 153**	**8 254 724**	**19 824 842**	**38 712 755**	**16 787 460**	**21 487 201**	**117 845 115**

(1): MDR-TB treatment is compounded by two phases of 12 months each. For some countries, the first phase was performed during 2012. However, this table shows the value of the second phase of the treatment counted in 2012

(2): Project started in 2013

(3): Includes cost of equipment, consumable and reagents, and essential supplies of DST, LPA, MGIT cultures, Rapid Speciation and Xpert tests

(4): An additional 10,000 (in Pakistan) and 4,000 (Vietnam) Xpert MTB/RIF cartridges were invoiced and paid in 2013 even though they will be delivered in 2014

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