

## SUMMARY SHEET

<b>Agenda Nr. 1.07-14.0</b>	<b>Subject</b>	<b>UNITAID</b>
For Information <input checked="" type="checkbox"/>	For Discussion <input type="checkbox"/>	For Decision <input type="checkbox"/>
<p><b>Rationale:</b></p> <p>In 2006, France, Brazil, Chile, Norway and the United-Kingdom (Core Group), with the backing of several international organizations (WHO, UNAIDS, UNICEF, the Global Fund to Fight AIDS, Malaria and Tuberculosis, etc.), NGOs and private foundations (Clinton Foundation) decided to join forces to help scale up access to treatment for HIV/AIDS, Malaria and Tuberculosis (TB) for the poor in developing countries – through lowering the price of drugs and diagnostics and accelerating the pace at which they are made available.</p> <p>To do this, the Core Group established an innovative financing initiative: the International Drug Purchase Facility (IDPF)-UNITAID, which will scale up access to medicines and diagnostics for HIV/AIDS, Malaria and TB for the poorest people in developing countries. UNITAID will offer a unique opportunity to provide long-term support, thanks to sustainable, predictable funding. UNITAID's perennial and reliable functioning is assured by its source of funding: contributions stemming from innovative financing mechanisms such as a solidarity contribution on air tickets, together with multi-year predictable budgetary contributions.</p> <p>UNITAID was launched in September 2006 and is being administered by WHO for an interim period of 1 year.</p>		
<p><b>Summary:</b></p> <p>In terms of TB, UNITAID has identified <i>Paediatric and Second line anti-TB drug access</i> as Priority and First Action (2006/2007) funding niches and the Global Drug Facility (GDF) and Green Light Committee (GLC) as the programmatic partners through which funds will be channelled to implement improvements in access, price and quality of these classes of TB medicines.</p> <p><i>Paediatric TB</i></p> <p>UNITAID funds will be used to purchase appropriate-strength paediatric TB treatment through GDF for a target of 150,000 children in 2007. The program is expected to require \$5.6m in 2007.</p> <p><i>MDR-TB</i></p> <p>In relation to the purchase of second line TB drugs to treat Multi-drug resistant TB (MDR-TB), an MoU to scale-up the number of MDR-TB patients on treatment is expected to be concluded between GDF/GLC, UNITAID and the Global fund by end April 2007. The plan of action under the MoU will see approx. 5000 MDR-TB patient treatments supplied to 17 (mostly lower-income) countries in 2007. A budget of approx. US\$ 20 million has been requested from UNITAID and is pending approval. A follow-up proposal will be submitted by Stop TB to the UNITAID Board in May 2007 requesting an increase in the number of MDR-TB patient treatments to be funded by UNITAID by supporting more Lower-Middle Income Countries. A related proposal will also be submitted by Stop TB requesting UNITAID to fund the supply of Diagnostic equipment, particularly to LICs.</p>		
<p><b>Decisions requested (from the Stop TB Coordinating Board):</b></p> <ul style="list-style-type: none"> <li>• To endorse the negotiation of a MOU between the Partnership (GDF/GLC) and UNITAID and enhanced collaboration</li> </ul>		
<p><b>Implications:</b></p> <p>Through UNITAID support significant scale-up in treatment of children with TB and patients with MDR-TB will be realized. In addition, further price reductions in second line TB drugs and the introduction of child-friendly fixed-dose combinations are expected. Lastly, through pooled procurement and sustainable, predictable funding UNITAID's support for the purchase of paediatric and MDR-TB medicines is expected to help accelerate the prequalification of these medicines (Note: UNITAID is also providing significant funding to the WHO Prequalification Programme).</p>		
<b>Next Steps</b>		
<b>Action Required:</b> None		
<b>Focal Point:</b> Phillipe Duneton		
<b>Timeframe:</b> N/A		