

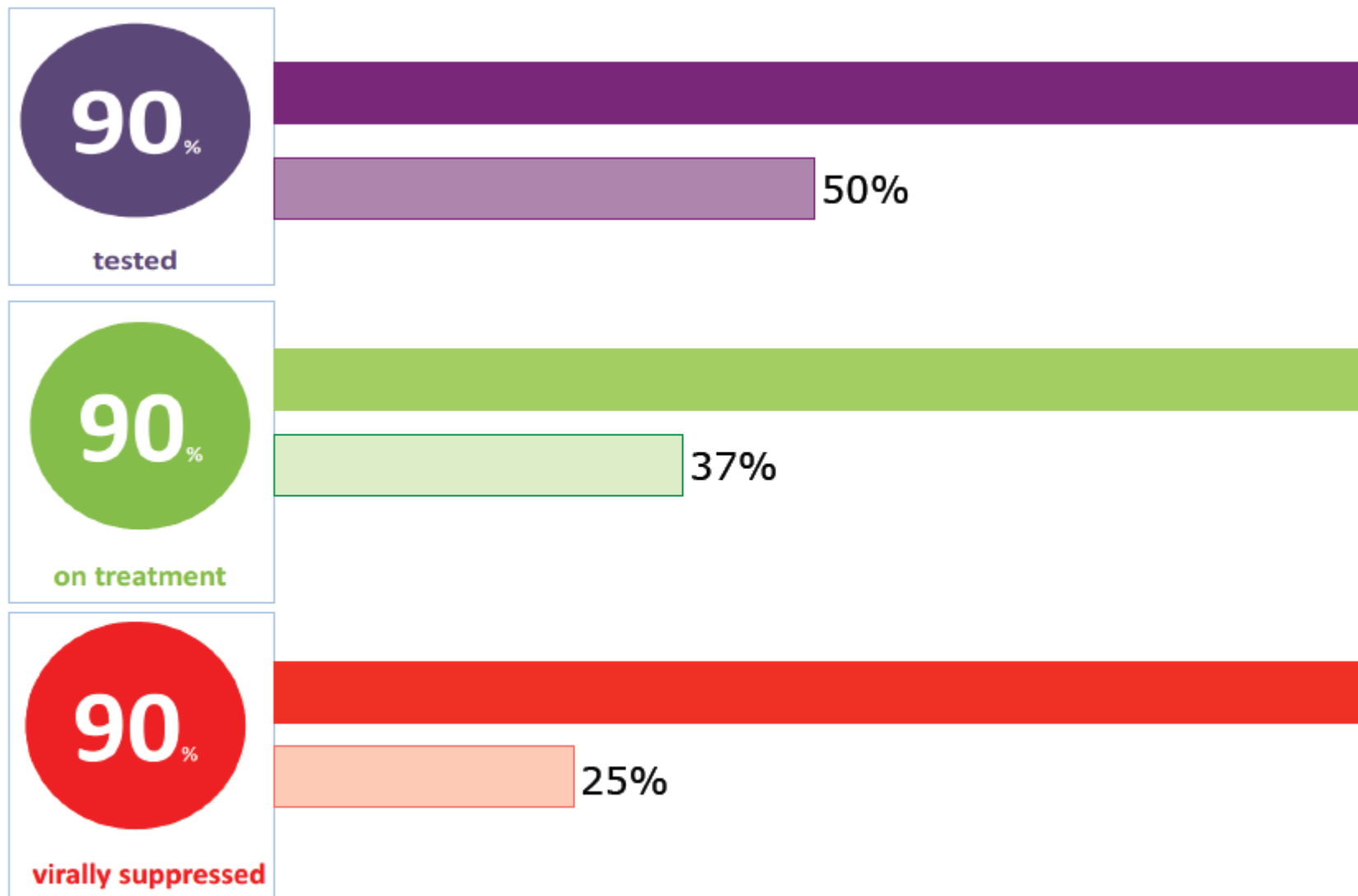


Contribution to scale-up access to ART towards the 90/90/90 Targets

**Robert Matiru,
HIV Portfolio Manager**

WHO & UNAIDS Annual meeting with
Pharmaceutical Companies and Stakeholders
Geneva, 19-20 March 2015

The Task Ahead



Contents

- 1** UNITAID Strategy, 2013-2016
- 2** UNITAID investments in HIV Diagnosis and Treatment

UNITAID Strategy: 2013-2016

1

Simple, point
of care (POC)
diagnostics

2

Affordable,
adapted pediatric
medicine

3

Treatment of
HIV/AIDS and
co-infections

STRATEGY 2013-2016

Six Strategic Objectives

4

Treatment of
malaria
(ACT)

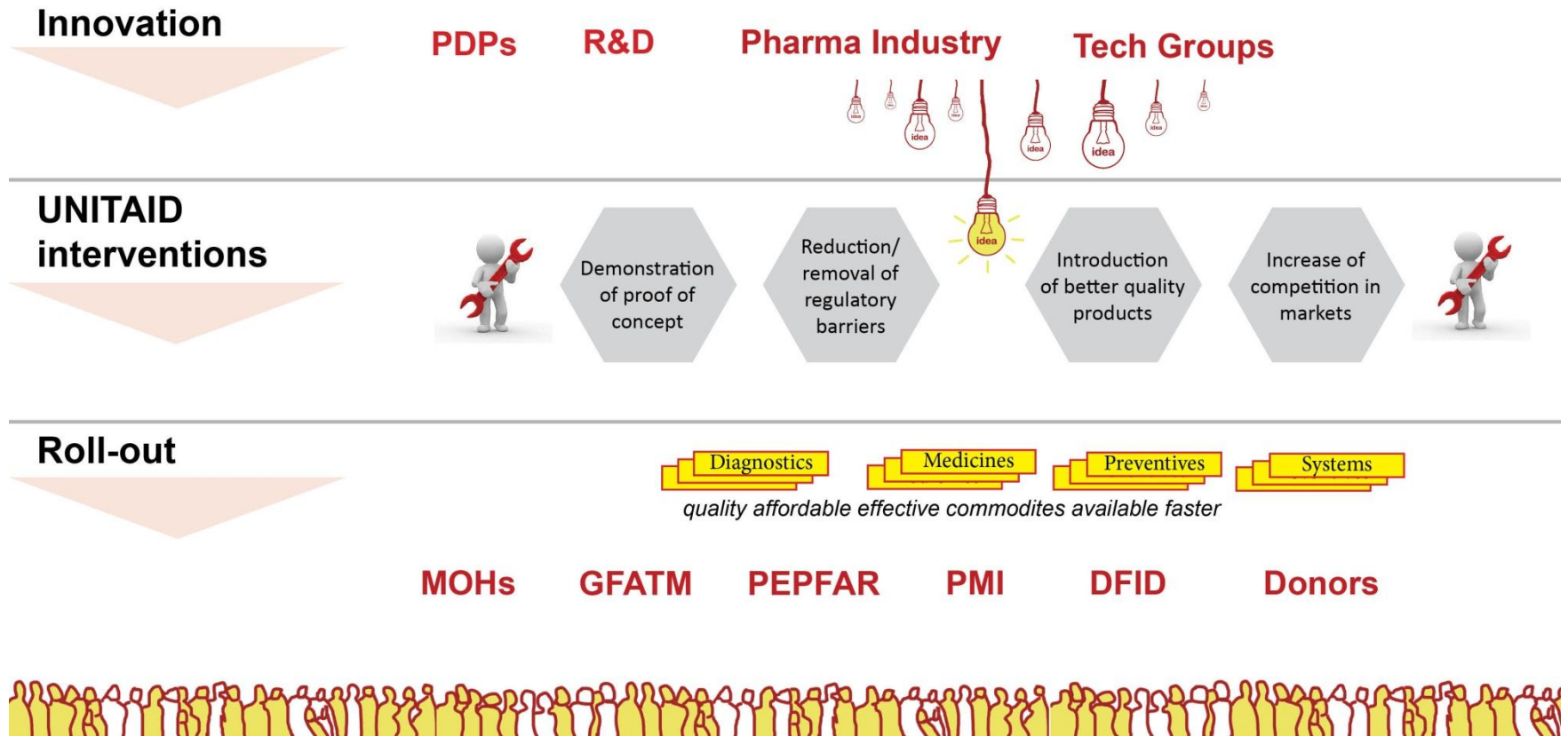
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Treatment of
second-line
tuberculosis

6

Preventatives
for HIV/AIDS, TB
and malaria

UNITAID Model - Bringing innovation to reality



Update on current UNITAID investments in HIV Diagnosis and Treatment

SO1: HIV Diagnostics

ACCESS

- **CD4** testing: ~60%
- **Viral load** (VL) testing: ~30%
- **Early infant diagnosis** (EID): ~40%

MARKET SHORTCOMINGS

All products: ↓ Information on quality; ↑ Burden of local approval

● **CD4:** few POC; ↑ Prices; ↓ Adaptability; ↓ Uptake

● **VL & EID:** no POC; ↓ Adaptability; ↑ Prices; ↓ Uptake

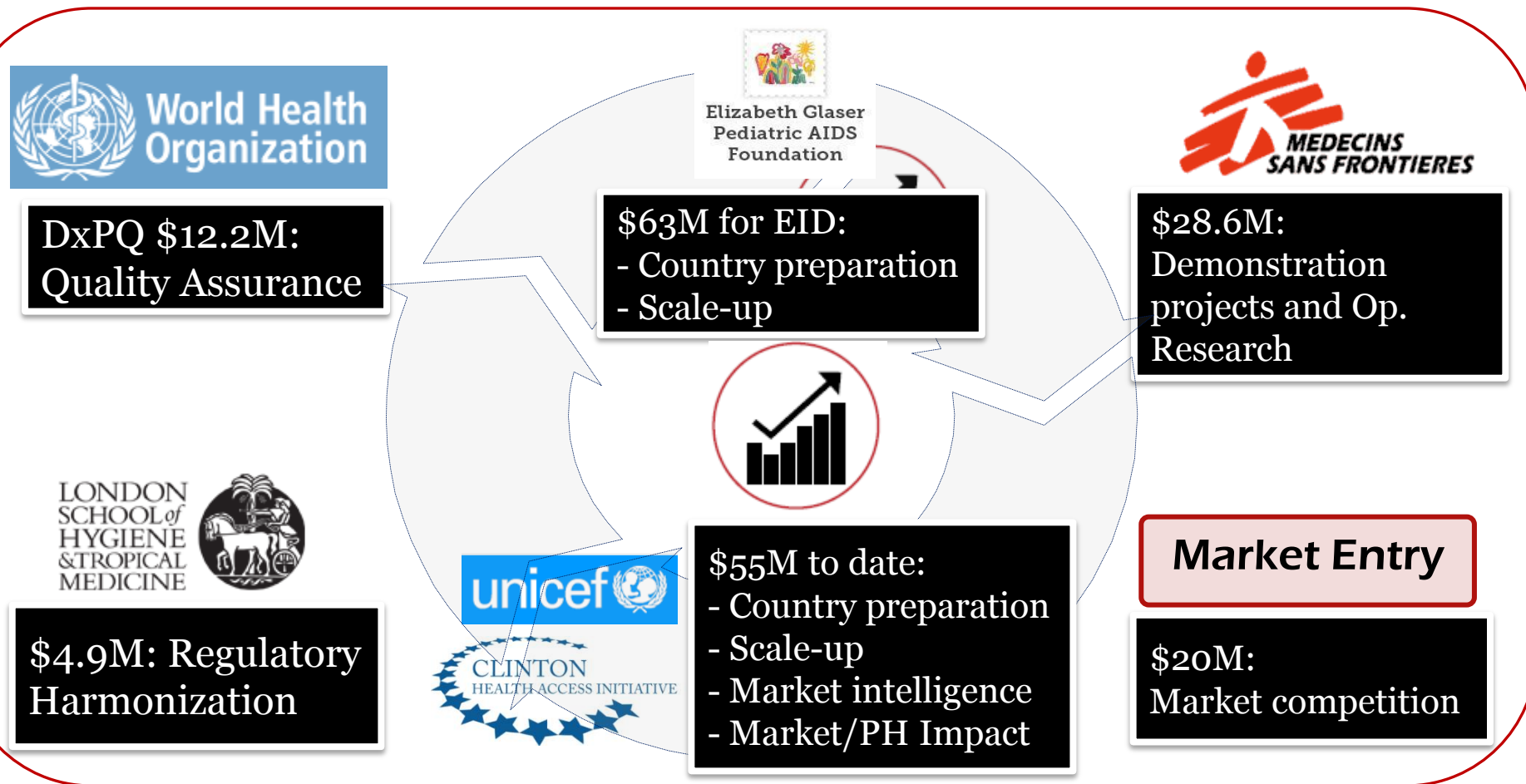
COMPONENT INTERVENTIONS

- **A:** Improve access, ↓ price to POC (*CHAI/UNICEF*); Operational research in health systems (*MSF*); Market Entry (*Developers*); Harmonized eval. protocols / (*LSHTM*) ; Open Polyvalent Platforms for VL (*FEI*); Self-testing (*PSI*)
- **P:** ↓ barriers & prices for emerging tools; Streamline approval/procurement policies
- **E:** Access to resistance testing; Improve rapid testing; Reduce IP barriers

IMPACT

- Diagnostics markets that makes available high quality, affordable, well-adapted diagnostics
- 2-3 POCs for each test type, with price reduced up to 50%
- Coverage increased by 25% for each test type

SO1: >US\$ 200M in UNITAID investments for HIV POC Diagnostics: Policy development, Quality Assurance, Market Entry, Scale-up



SO1: HIVST market intervention



Increased Access

Distribute low cost, quality-assured products
Optimised for safe scale-up & effective linkage into care & prevention
Both general and key populations



Informed demand

Define the best market strategies and packaging for HIVST
Based on consumer preferences, accuracy, uptake among target groups, and cost-effectiveness data



Strategic barriers

Support the full integration of HIVST into National policy & algorithms
Underpinned by WHO recommendations and guidelines
Inclusion of HIVST in global HIV planning and projection tools




Structural barriers

Encourage market entry and competition
Through estimation HIVST market size & growth projections
Support a harmonised regional regulatory approval framework

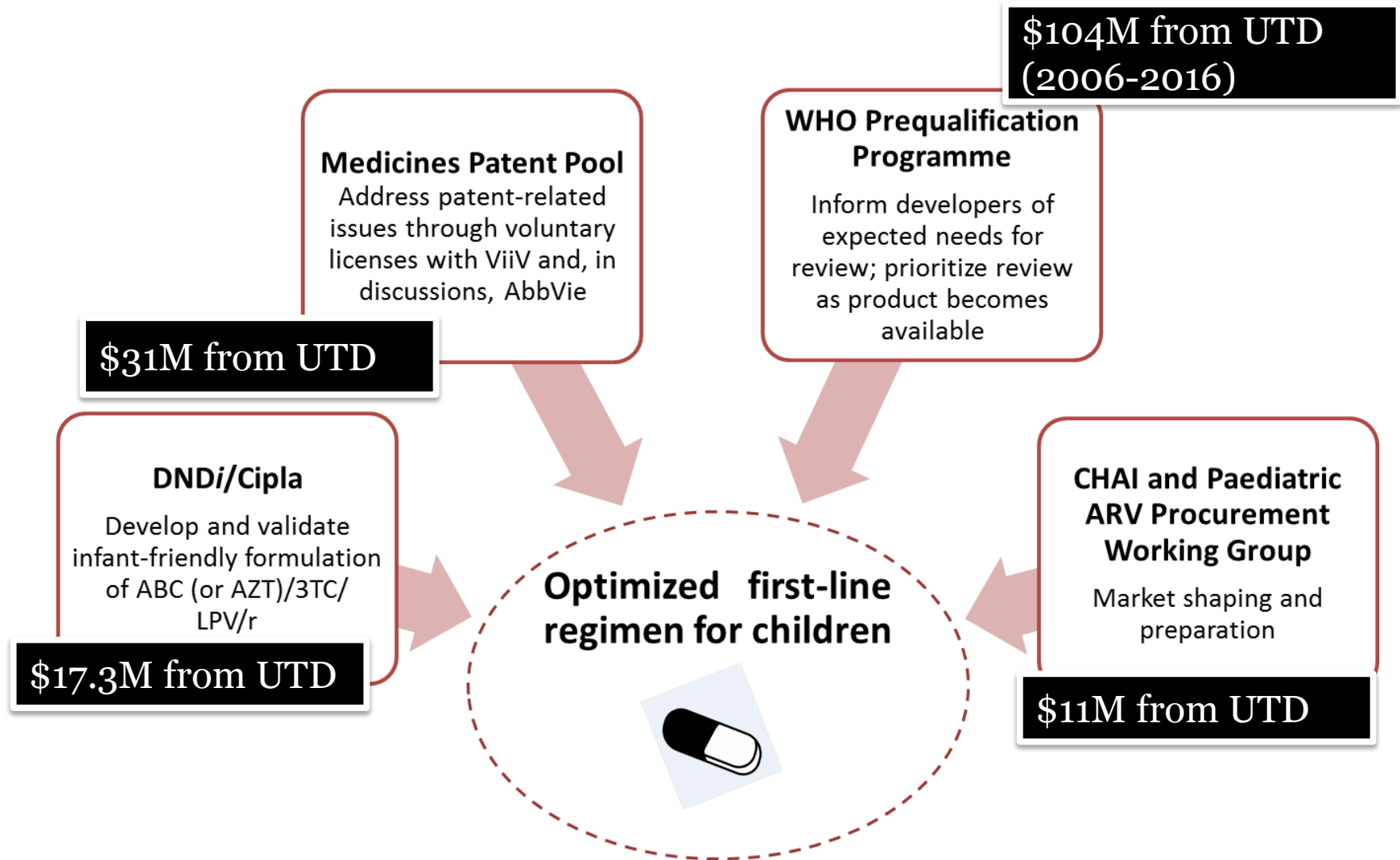
Country	# Tests Phase 1	# Tests Phase 2
Malawi	172,754	420,466
South Africa	0	36,000
Zambia	200,478	404,522
Zimbabwe	359,190	1,069,810
Total	732,422	1,930,798



SO2: HIV Paediatric Treatment

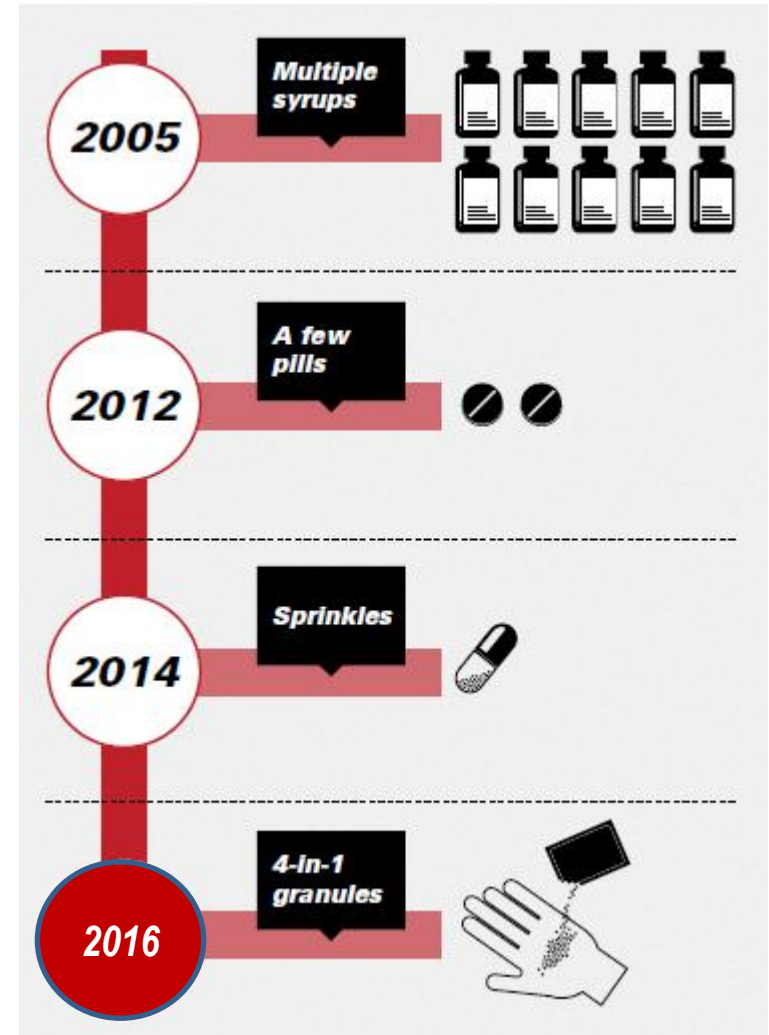
ACCESS <ul style="list-style-type: none">• Only 24% of children in need of treatment were receiving ART at end of 2011 (compared to 35% of adults)	MARKET SHORTCOMINGS <ul style="list-style-type: none">•  Few infant formulations (sprinkles); ↓ Adapted FDCs for regimens aligned with adult ART; ↑ Prices; Long lead times & other supply issues
COMPONENT INTERVENTIONS <ul style="list-style-type: none">• A: Development of child-friendly LPV/r-based FDCs & RTV (<i>DNDi</i>); Consolidate market/secure supply for paediatric ART; Expedite market entry of adapted paediatric combinations (CHAI IPMA)	IMPACT <ul style="list-style-type: none">• New adapted and affordable formulations in 2015 for WHO-recommended treatment for infants• Gains from UNITAID-CHAI engagement protected: continued affordable pricing, increased innovation and supply security

SO2: The Paediatric HIV Treatment Initiative (PHTI)



SO2: HIV Paediatric Treatment

Support to **DNDi** and **Cipla** to develop optimal treatments for children < 3 years (2013-2016)




SO3: HIV Treatment (all groups)


ACCESS

- **9.7m** (35% of those eligible) on treatment at end of 2012
- **Additional 20m** must be enrolled by 2020 to meet 90:90:90 global targets

MARKET SHORTCOMINGS

All products: ↓ Availability of standardized, simplified, durable, less toxic regimens

 **First-line** ↑ Prices for improved regimens; Future API demand unclear

 **Second-line:** ↑ Prices; ↓ FDCs; ↓ Uptake

COMPONENT INTERVENTIONS

- **A:** API market intelligence (*WDI*); *Medicines Patent Pool*; Patent barriers (*Lawyer's Collective*)
- **P:** Lower Prices/Increase access for 2L; Secure API supply; Expedite market entry/uptake of new, superior ART
- **E:** Market information for improved forecasting

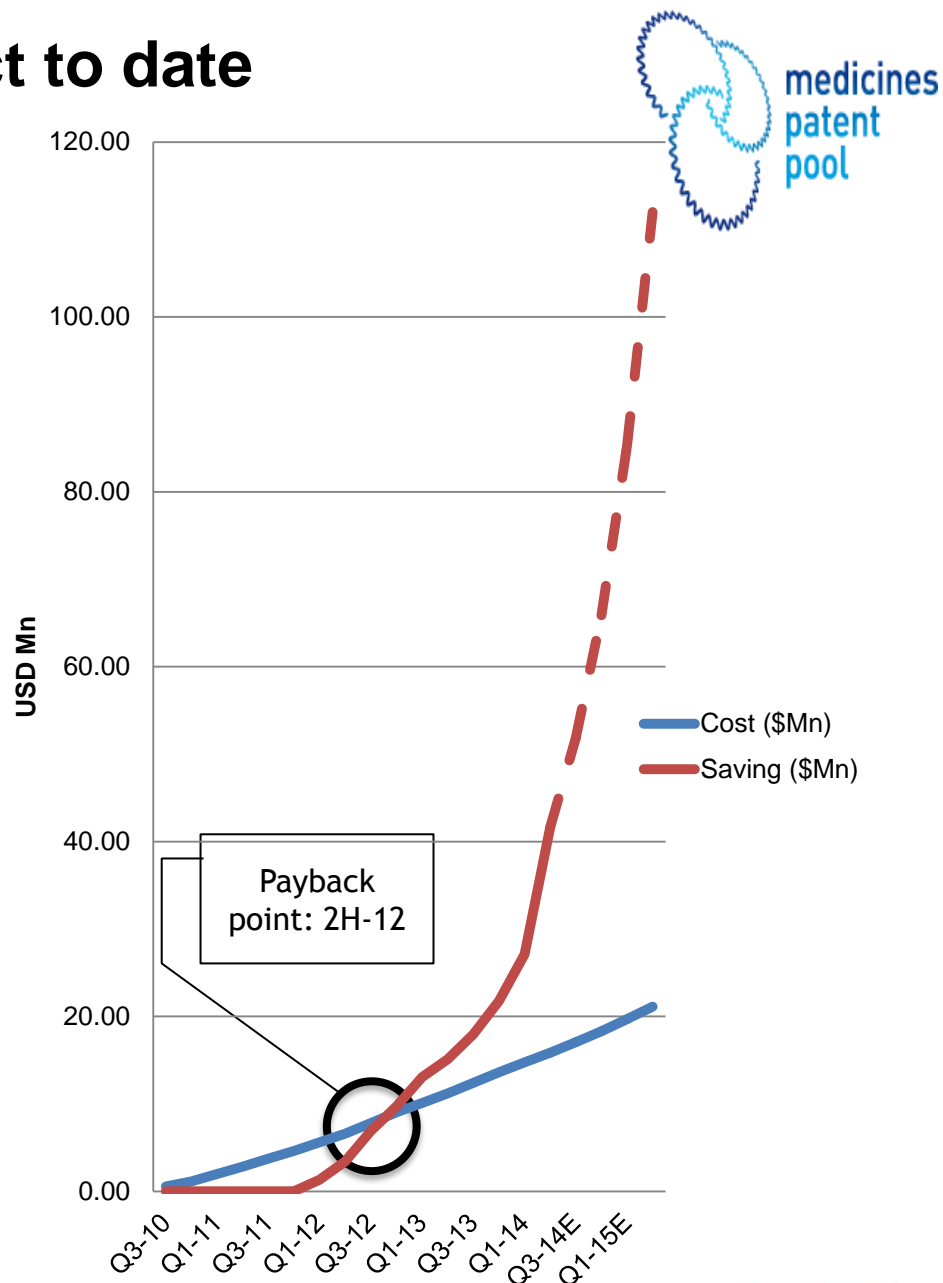
IMPACT

- Treatment markets that make available high quality, affordable, well-adapted products
- Possible support for game changers: 1st-line ART for community-based programs and 2nd-line ART superior products
- Opportunity for savings from supporting dose-reductions

SO3: MPP - Impact to date

Comparing actual costs & savings estimates

- ❑ MPP achieved payback point in 2H-2012
- ❑ Expectedly, after a lag of 18 months, savings began showing
- ❑ Gathering pace as licensees get approvals, sell in newer countries and compete
- ❑ 4.3 million patient-years supplied with TDF-formulations (Jan'12-Jun '14)
 - ✓ 119 countries so far
 - ✓ 31 new countries; 23 outside the territory
 - ✓ Notables in Q2-14: Brazil, Algeria
 - ✓ Some HICs too
- ❑ Total saving during Q1-12 to Q2-14 (2½ years): \$41.7Mn
- ❑ Price drop in TDF - based formulations since the MPP's agreement: 48-87%
- ❑ Updated figures will be available early 2015.



Thank you!

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