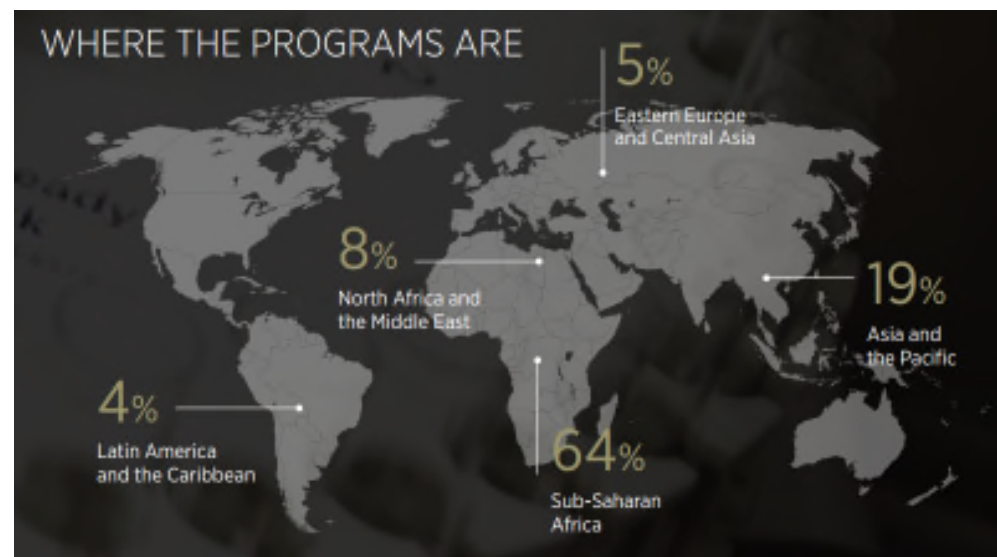
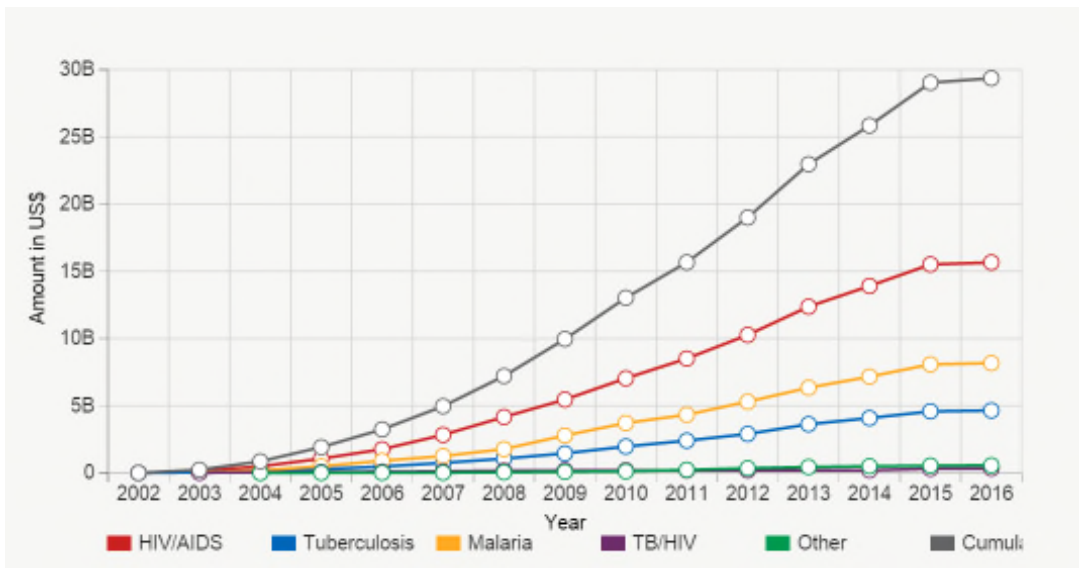


# Global Fund Financing of HIV

WHO/UNAIDs Annual Meeting with Manufacturers and Stakeholders

8-11 March 2016

# The Global Fund raises & invests nearly US\$4 billion/year



BREAKDOWN OF PORTFOLIO BY TYPE OF IMPLEMENTER (ACTIVE GRANTS)

	Proportion funds	# countries
HIV/AIDS	53%	105
Malaria	30%	74
TB	17%	98



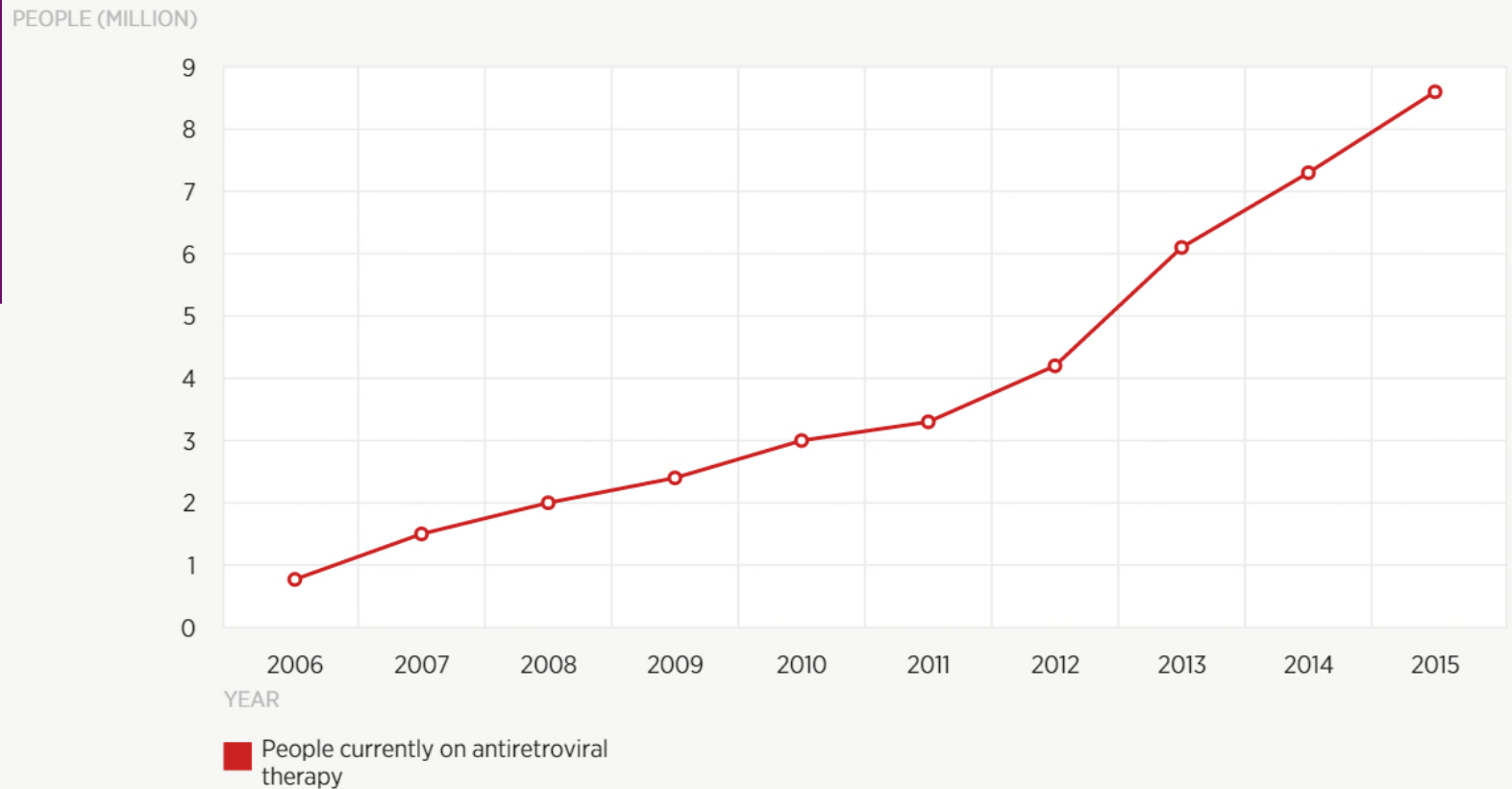
Medicines and health products = 40% spend



8.6  
MILLION

PEOPLE ON  
ANTIRETROVIRAL  
THERAPY FOR HIV

## People currently on antiretroviral therapy

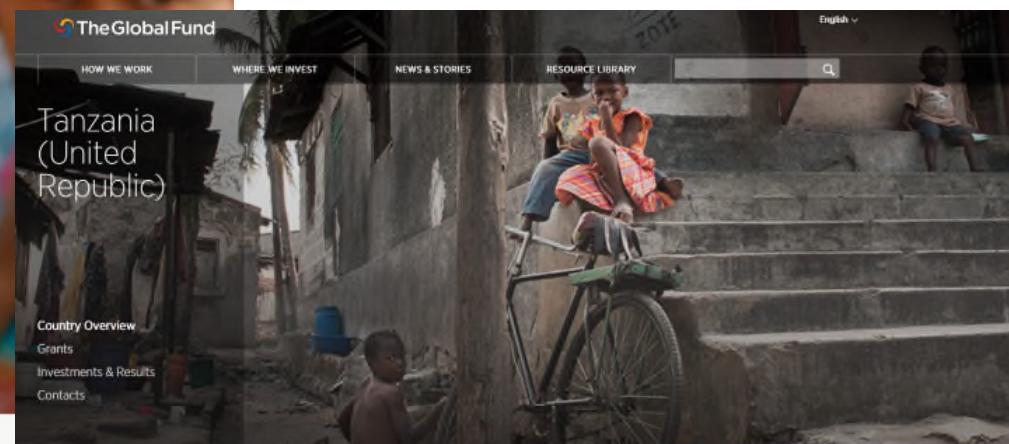
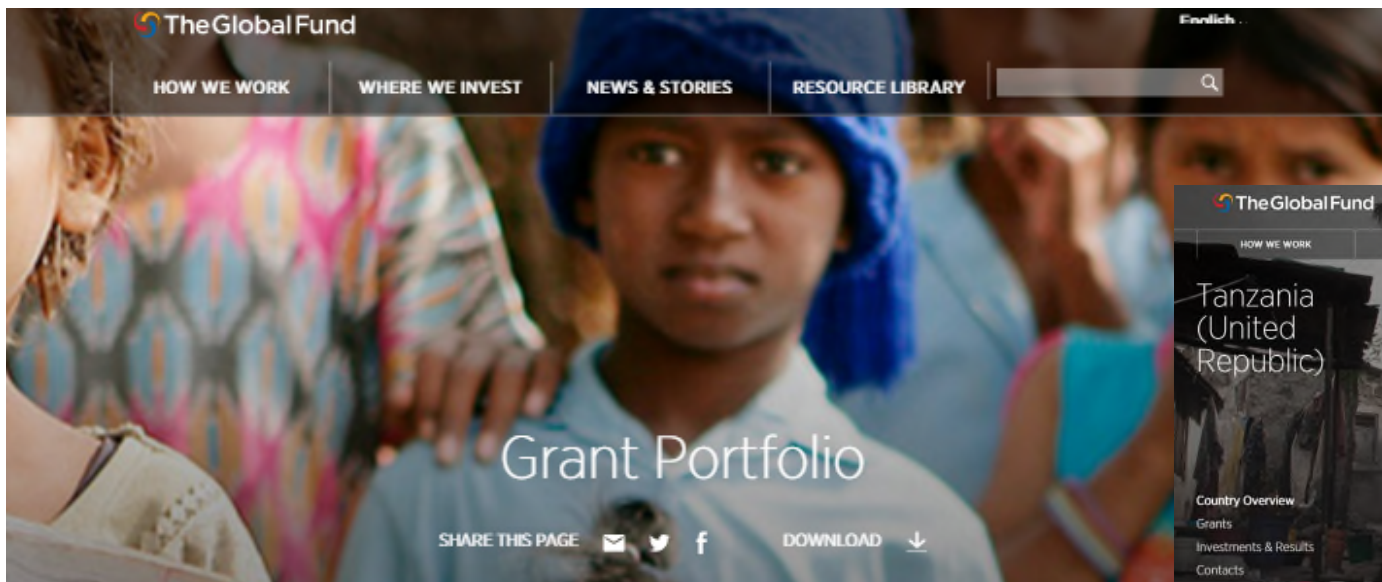


<http://www.theglobalfund.org/en/publications/>

# Estimate procurement of USD 800 million ARVs & USD 125 million for HIV Dx

	Product	US\$ million
<b>HIV</b>	ARV medicines	800
	Diagnostics	125
	Prevention	40
	Medicines for opportunistic infections	60
<b>TB</b>	Medicines	125
	Diagnostics	35
<b>Malaria</b>	Antimalarial medicines	75
	LLINs	310
	Diagnostics	30
	<b>Total</b>	<b>1,600</b>

# Grant level information



## Global Reach, Local Impact

With 472 active grants in over 100 Countries, implemented by local experts.



## Overview

Tanzania has led a robust multi-sectoral effort to tackle AIDS, malaria and tuberculosis through prevention, care, treatment, and support services. Tanzania had an impressive national scale-up of antiretroviral treatment, which resulted in a tenfold increase in the number of patients enrolled in treatment from 2005 to 2012. Over 26 million mosquito nets were distributed through the vouchers scheme, under-5 and the universal campaign. The rates of tuberculosis detection and treatment have increased dramatically, and TB deaths are declining. However, challenges remain. Tanzania has a high HIV prevalence, and the rate of HIV infection is high. Malaria is the single most significant disease in Tanzania, and the country has the third-largest population at risk of stable malaria in Africa. TB continues to be a major public health problem, more than 20 years after launching the national TB program. The rapid increase of TB in Tanzania is mainly attributed to the HIV epidemic, but factors like population growth and urban overcrowding have also contributed.

Photo: The Global Fund / Mo Cello

## RESULTS

**590,000**

HIV/AIDS: People currently on antiretroviral therapy

**36,000**

Tuberculosis: New smear-positive TB cases detected and treated

**22,900,000**

Malaria: Insecticide-treated nets distributed

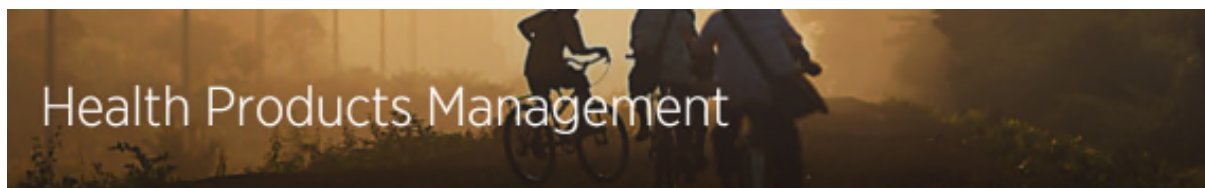
## INVESTMENTS IN HEALTH

**US\$1,483,621,585**

Investments to date

<http://www.theglobalfund.org/en/portfolio/>

# Transaction level data: procured and delivered (PQR)



## Health Products Management

- Overview
- Updates
- Quality Assurance Information
- Price and Quality Reporting**
- Information for Suppliers : Expressions of Interest and Expert Review Panel

Share this page

Print or Download

[View Related Resources](#)

### Price and Quality Reporting

The Price and Quality Reporting (PQR) Tool is a web-based system used by the Global Fund to collect transaction-level procurement information from Principal Recipients on key health products. The system's goals are to:

- Communicate market information to Principal Recipients,
- Improve transparency,
- Enable the Global Fund to monitor adherence to its Quality Assurance Policy,
- Help the Global Fund and its partners better understand and influence the market for pharmaceutical products.

To view data and reports, it is not necessary to have an account in the PQR. However, if you are a Principal Recipient or Local Fund Agent, please [login to the PQR](#).

The Global Fund makes reports available for the public via the links shown below. Reports are based upon data reported by Principal Recipients and are updated daily. The complete dataset is available via the transaction summary report. Please check back occasionally as new reports may be posted. Please read all PQR reports together with the PQR Data Caveats, also available on this page.

Report	Description
<a href="#">Price Reference Report</a>	Summary of main international reference prices and recent market data
<a href="#">Transaction Summary</a>	View a subset of transactions or download all transactions for further analysis.

## Global Fund Investment Case

Fifth Replenishment 2017-2019

USD 13 billion would reach 80% total need projected

- with the already significant increases in domestic financing
- with other external funding remaining steady
- as well as advances in implementation

US\$13 Billion for Replenishment will achieve:



8

MILLION

LIVES  
SAVED



300

MILLION

INFECTIONS  
AVERTED



US\$41

BILLION

IN DOMESTIC  
RESOURCES



US\$290

BILLION

IN LONG-TERM  
ECONOMIC GAINS

<http://www.theglobalfund.org/en/replenishment/>

# Update on the one year implementation of the Global Fund Framework Agreements for ARVs

WHO/UNAIDs Annual Meeting with Manufacturers and Stakeholders

8-11 March 2016



# ARV Strategy: broad based & designed to address a range of objectives – it was not just about price!

## Sustainable supply

- *Continued supply of all needed products*
- *De-risk API supply chain*
- *Improved forecasting, payment and administrative processes*

## Competitive pricing & affordability

- *More affordable 1<sup>st</sup> & 2<sup>nd</sup> line regimens*
- *Improved planning and longer term contracts*
- *Use supplier expertise*
- *Collaboration to protect reasonable margins*

## On-Time delivery

- *Improved delivery performance*
- *Shorter lead times*
- *Mitigate force majeure*

## Quality and regulatory

- *Longer shelf lives*
- *Broader country registration footprints*



**These objectives have resulted in a new form of supplier engagement**

# Coordinated procurement of high risk low volume products

- Established to build on the improvements the supply security of paediatric ARVs achieved by UNITAID's investments through CHAI
- Coordinating order cycles and promoting the use of optimal regimens
- Supply of most paediatric products mainstreamed with some challenging products remaining
- **Focusing where needed and expanding scope also include challenging adult ARVs and to supporting consolidation of volumes when new products are introduced**
- May later expand to malaria & TB



# More reliable, responsive and shorter lead times

- OTIF at 82% - up from 45% in 2014
- Manufacturing lead times reduced by 4-5 weeks
- Periodic PPM forecasts of demand and allocation appreciated and enables planning and efficiencies
- Rapid Supply Mechanism responded to stock-outs in 5 countries in 2015 within 3-7 weeks using vendor managed inventory
- 2016 allocations & commitments adjusted based on performance



# Greater affordability: more people can be treated

- Optimal regimens more affordable
  - 1<sup>st</sup> line cost decreased by 25% since 2014 to less than USD 100 pppy
  - 2<sup>nd</sup> line cost decreased by 12% to less than USD 300 pppy

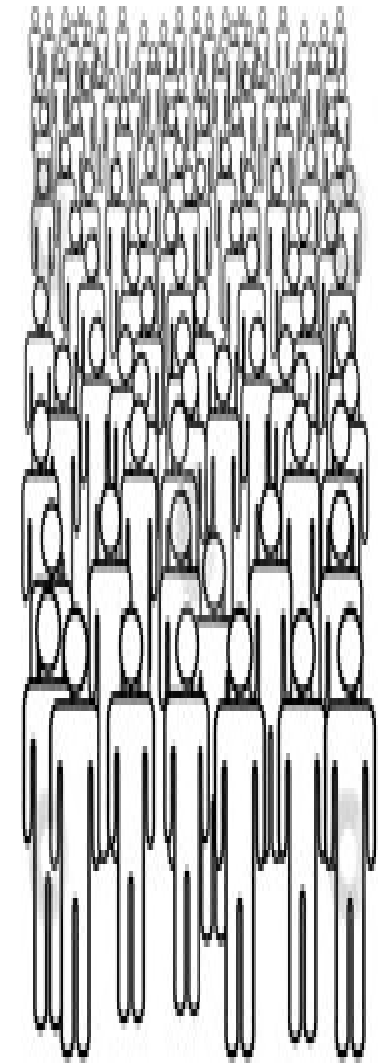
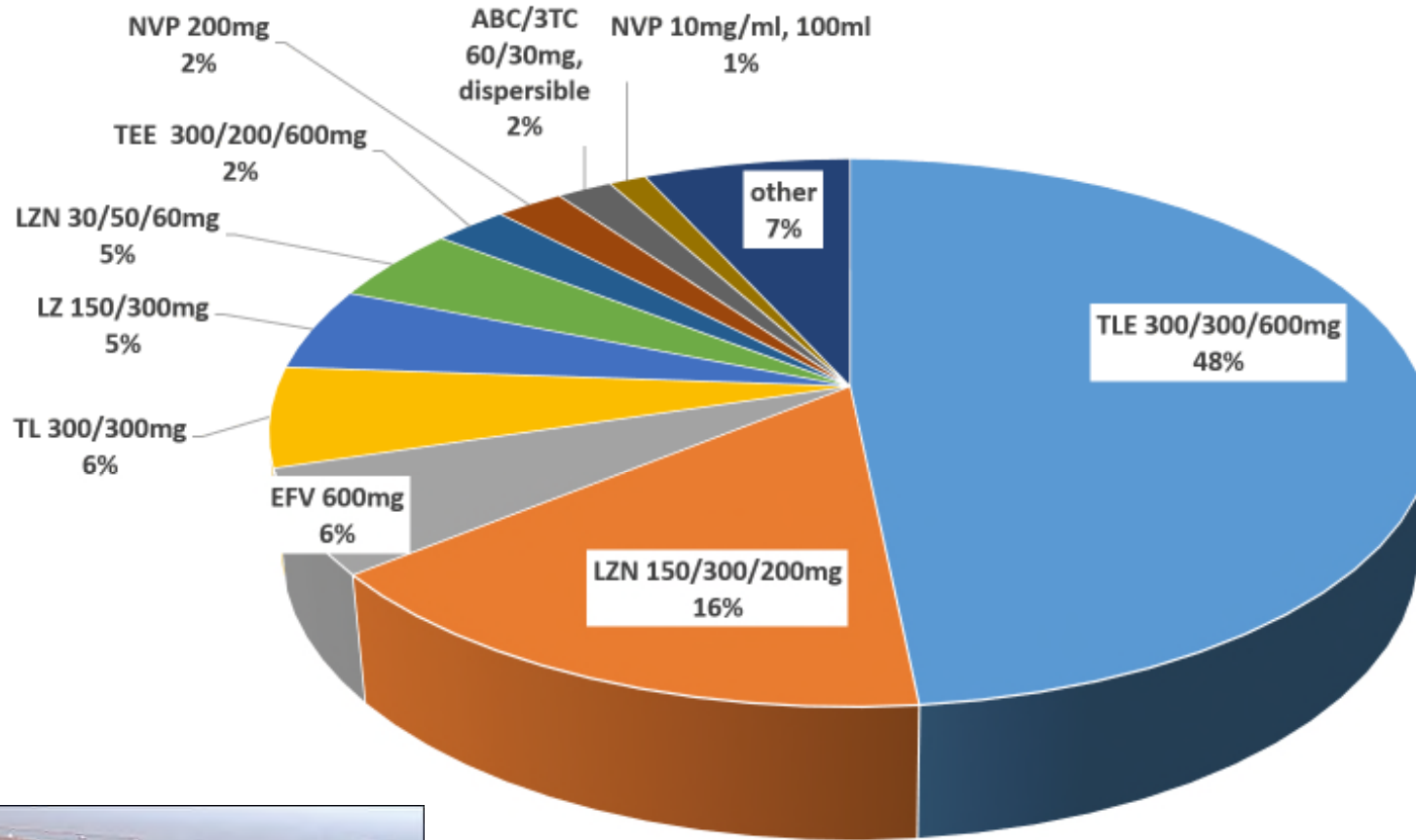


## Other progress

- Price equalization of better products and formulations including paediatrics
- More consolidation opportunities resulting to lower cost ocean freight to more countries
- Ready to support introduction of new products through leveraging Framework Agreements and expanding scope of multiagency coordinated procurement
- Suppliers welcome greater efficiencies with the further insourcing of key activities from 1 April and the new organizational approach to manage product portfolios across diseases

# 55 million packs ARVs procured in 2015

12 months for  
3.4 million adults  
& children



Financial commitments met at the company level and product level

# Framework agreements expanded to others

## PAHO Strategic Fund

- Leveraging PPM terms and pricing for ARVs in the Americas region
  - Procurements financed by national governments & Global Fund
    - 10 countries in 2015



## National Government funds (often in parallel to a Global Fund financed procurement)

- Accessing: Georgia, Guyana
- A number of others under discussion

# 2016

Implementation of year 2 of the Framework Agreements

Enhanced organizational focus on pharmaceuticals as a category with cross-disease linkages

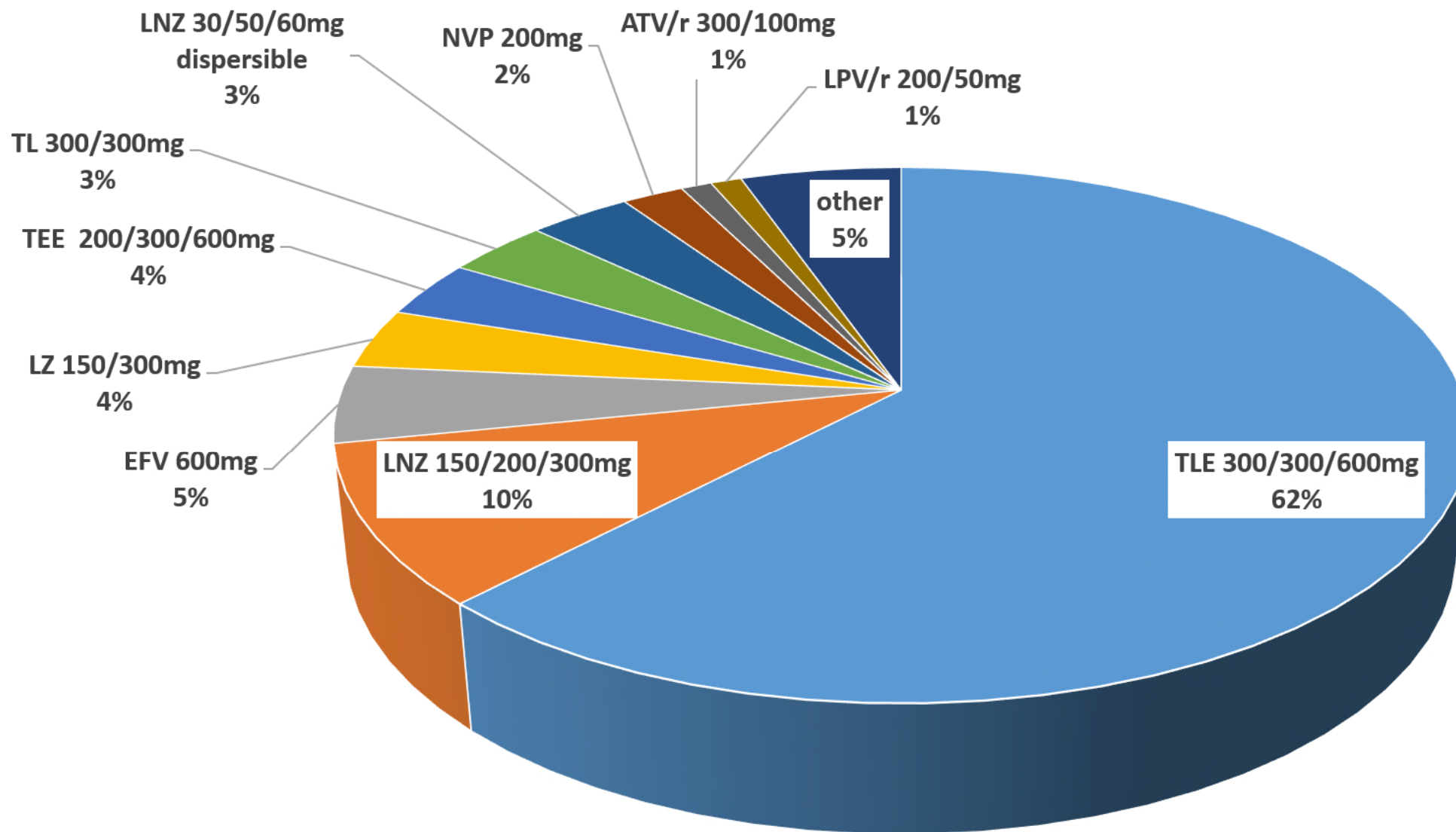
Better demand management and visibility

Medicines for opportunistic infections strategy and procurement

Updated ACT strategy and procurement



# At least 58 million packs expected to be procured in 2016



# 43 countries procuring in 2015/16 through Framework Agreements with Global Fund Financing

Afghanistan	Haiti	Sri Lanka
Armenia	Honduras	Tanzania
Benin	Indonesia	Thailand
Burkina Faso	Ivory Coast	The Gambia
Burundi	Laos	Timor Leste
Cameroon	Liberia	Togo
Cape Verde	Malawi	Uganda
Central African Republic	Mauritania	Vietnam
Comoros	Mozambique	Western Pacific Islands
Congo	Namibia	Yemen
DR Congo	Nepal	Zambia
Georgia	Nicaragua	
Ghana	Niger	
Guatemala	Nigeria	
Guinea	Pakistan	
Guyana	Philippines	

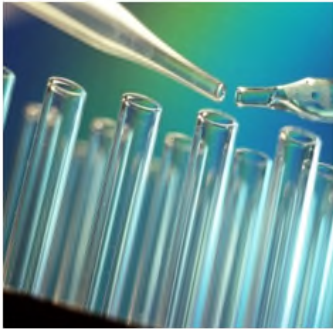
# Reference price published quarterly (recipients will receive product at or below this level)

Product Description	Pack size	Reference
Abacavir + Lamivudine + Zidovudine 300mg + 150mg + 300mg Tablet	60	20.00
Abacavir + Lamivudine + Zidovudine 60 mg + 30 mg + 60 mg tab	60	7.50
Abacavir + Lamivudine 120mg + 60mg dispersible tablet	30	3.50
Abacavir + Lamivudine 600mg + 300mg Tablet	30	13.00
Abacavir + Lamivudine 60mg + 30mg dispersible tablet	60	3.50
Abacavir 20mg/ml Oral solution	240ml	8.00
Abacavir 300mg Tablet	60	11.00
Abacavir 60mg Dispersible Tablet	60	3.80
Atazanavir Sulfate+Ritonavir+Lamivudine+Zidovudine (300+100mg) +	30	24.00
Atazanavir + Ritonavir 300mg + 100mg Tablet	30	16.50
Atazanavir 150mg Capsule	60	17.00
Atazanavir 150mg Capsule	30	10.00
Atazanavir 200mg Capsule	60	20.00
Atazanavir 300mg Capsule	30	17.00
Darunavir 600mg Tablet	60	76.00
Didanosine 125mg Capsule Delayed release	30	8.00
Didanosine 200mg Capsule Delayed release	30	12.00
Didanosine 250mg Capsule Delayed release	30	16.00
Didanosine 400mg Capsule Delayed release	30	24.00
Efavirenz + [Lamivudine + Zidovudine] 600 mg + [150 mg + 300 mg]	90	13.60
Efavirenz + Emtricitabine + Tenofovir 600mg + 200mg + 300mg tablet	30	8.60
Efavirenz + Lamivudine + Tenofovir 600mg + 300mg + 300mg Tablet	30	8.45
Efavirenz 200mg capsule	90	5.50
Efavirenz 200mg scored tablet	90	9.30
Efavirenz 200mg tablet	30	4.50
Efavirenz 50mg capsule	30	1.56
Efavirenz 50mg tablet	30	1.50
Efavirenz 600mg Tablet	30	3.20
Emtricitabine + Tenofovir 200mg + 300mg Tablet	30	5.37
Lamivudine + Nevirapine + Zidovudine 150mg + 200mg + 300mg tablet	60	8.30
Lamivudine + Nevirapine + Zidovudine 30mg + 50mg + 60mg Dispersible	60	3.50
Lamivudine + Tenofovir + Atazanavir + Ritonavir	60	24.00
Lamivudine + Tenofovir + Nevirapine (300+300mg) + 200mg Co-Blistered	90	8.00
Lamivudine + Tenofovir + Nevirapine (300+300mg) + 200mg Co-Blistered	9 (3+6)	1.00

Lamivudine + Tenofovir 300mg + 300mg Tablet	30	4.62
Lamivudine + Zidovudine 150mg + 300mg Tablet	60	6.45
Lamivudine + Zidovudine 30mg + 60mg Dispersible Tablet	60	1.90
Lamivudine 10mg/ml Oral Solution	100ml	1.20
Lamivudine 150mg Tablet	60	2.25
Lopinavir + Ritonavir 40 mg + 10 mg Capsules of Oral Pellets	120	19.20
Lopinavir + Ritonavir (80mg + 20mg)/ml Oral Solution	60ml*5	30.82
Lopinavir + Ritonavir (80mg + 20mg)/ml Oral Solution	160ml	26.00
Lopinavir + Ritonavir 100mg + 25mg Tablet	120	10.00
Lopinavir + Ritonavir 100mg + 25mg Tablet	60	5.94
Lopinavir + Ritonavir 200mg + 50mg Tablet	120	18.41
Nevirapine 100mg dispersible tablet	60	1.85
Nevirapine 100mg Tablet	60	1.74
Nevirapine 10mg/ml Oral Suspension	100ml	1.30
Nevirapine 200mg Tablet	60	2.20
Nevirapine 20mg Tablet	90	1.30
Nevirapine 50mg dispersible tablet	30	1.25
Nevirapine 50mg dispersible tablet	60	1.45
Raltegravir 400mg Tablet	60	50.00
Ritonavir 100mg Tablet	30	7.30
Ritonavir 100mg Tablet	60	6.85
Ritonavir 80mg/ml Oral Solution	90ml	8.22
Stavudine 15mg Capsule	60	1.25
Stavudine 20mg Capsule	60	1.45
Stavudine 30mg Capsule	60	1.46
Tenofovir 300mg Tablet	30	3.50
Zidovudine 100mg capsule	100	4.60
Zidovudine 100mg tablet	100	4.00
Zidovudine 250mg Capsule	40	9.56
Zidovudine 300mg Tablet	60	5.60
Zidovudine 50mg/5ml Oral solution	240ml	2.15
Zidovudine 50mg/5ml Oral solution	100ml	1.20

<http://www.theglobalfund.org/en/sourcingprocurement/>

# Transformation continues to operationalise best practices from public & private sectors



**Earlier involvement and closer collaboration with manufacturers**

**Improving our purchasing capability and changing our contracting models**

**Optimising the international supply chain to reduce cost and improve quality and efficiency**

**Better planning and scheduling to support continuity of supply**

**Delivering more products at the right time and place to more people**

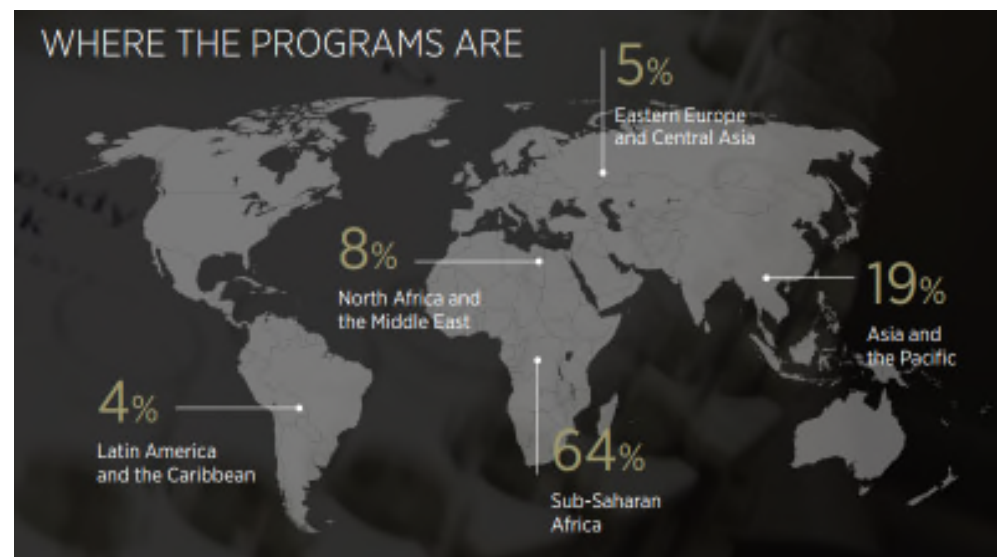
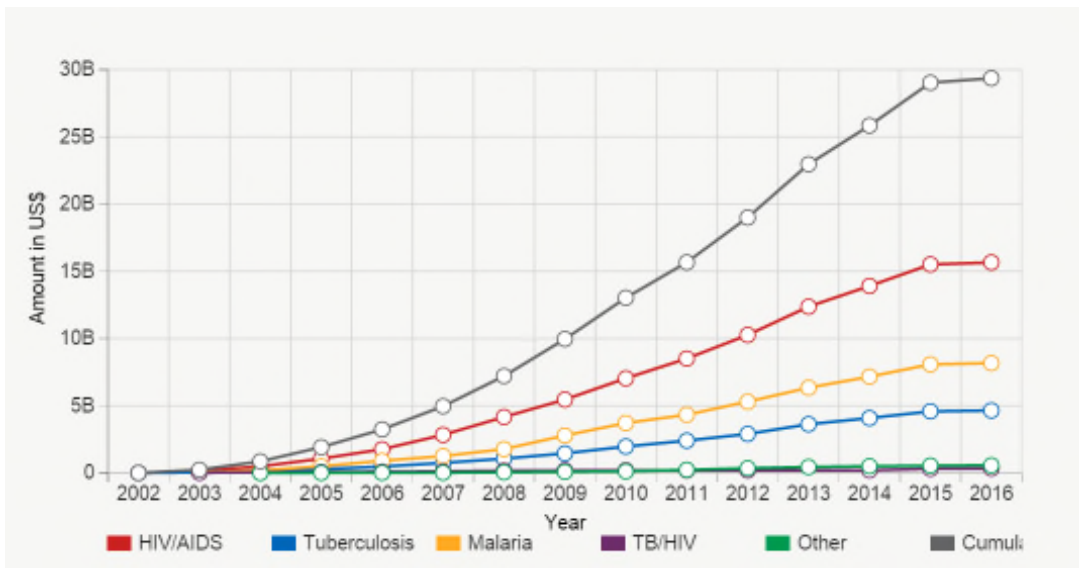
# THANK YOU



**Global Fund grants to scale up access to Diagnostics**  
WHO/UNAIDs Annual Meeting with Manufacturers and Stakeholders

8-11 March 2016

# The Global Fund raises & invests nearly US\$4 billion/year



BREAKDOWN OF PORTFOLIO BY TYPE OF IMPLEMENTER (ACTIVE GRANTS)

	Proportion funds	# countries
<b>HIV/AIDS</b>	<b>53%</b>	<b>105</b>
<b>Malaria</b>	<b>30%</b>	<b>74</b>
<b>TB</b>	<b>17%</b>	<b>98</b>



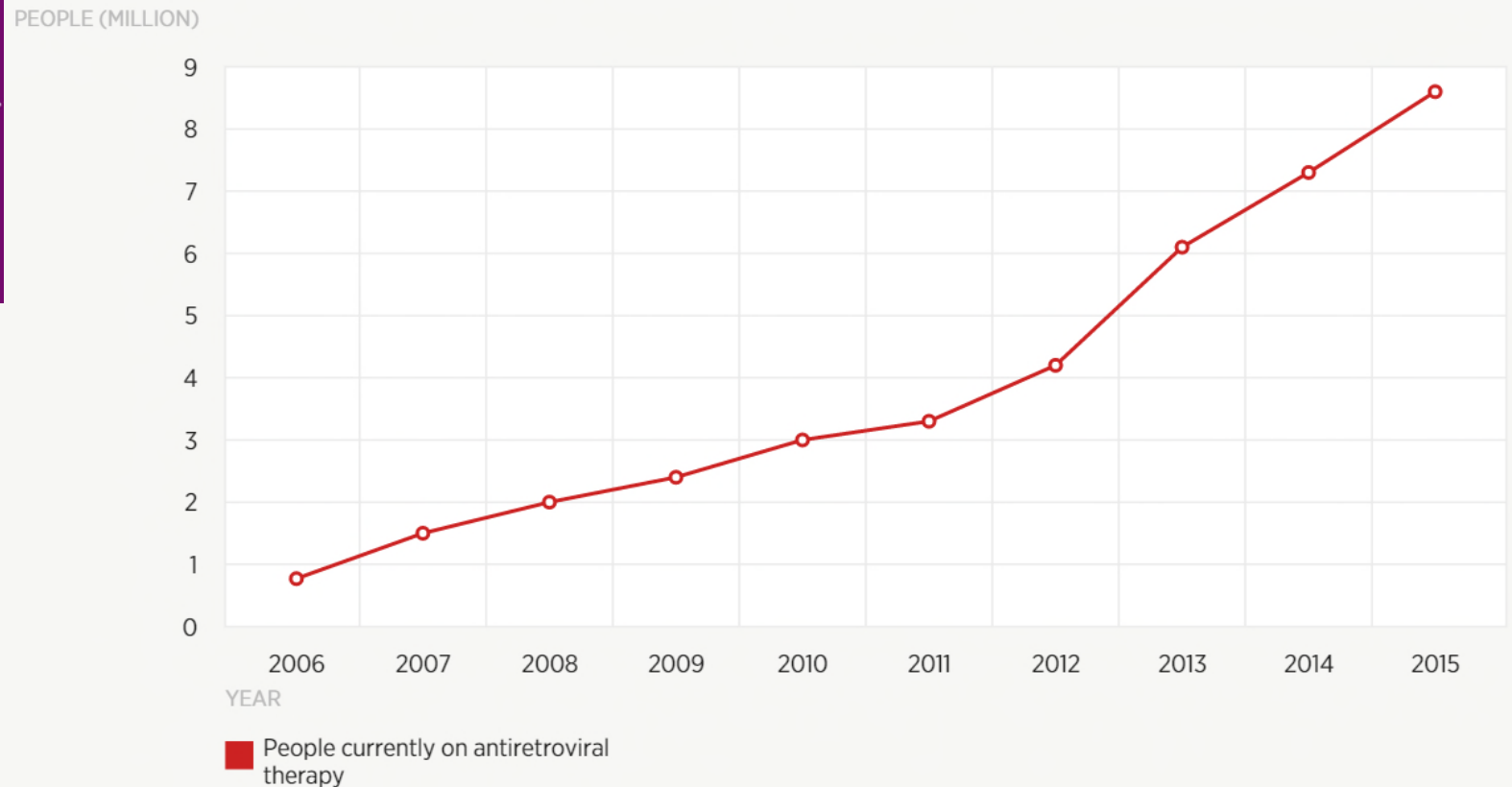
Medicines and health products = 40% spend



8.6  
MILLION

PEOPLE ON  
ANTIRETROVIRAL  
THERAPY FOR HIV

## People currently on antiretroviral therapy



<http://www.theglobalfund.org/en/publications/>

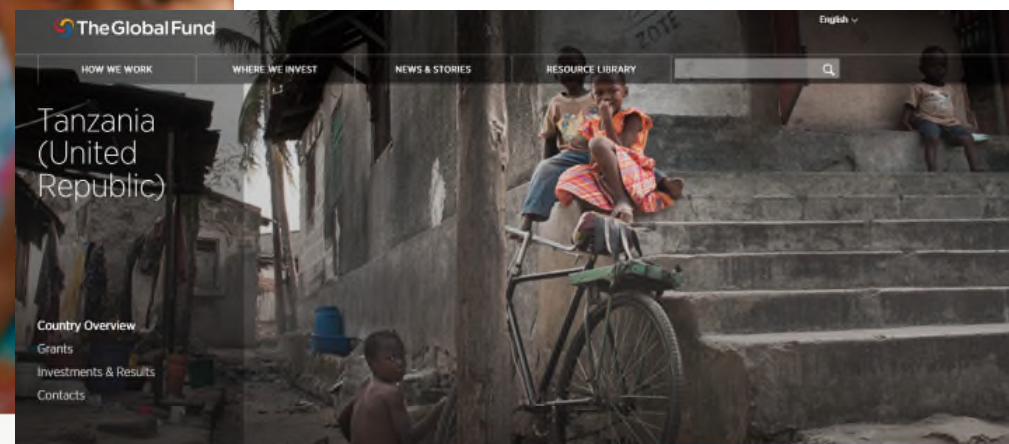
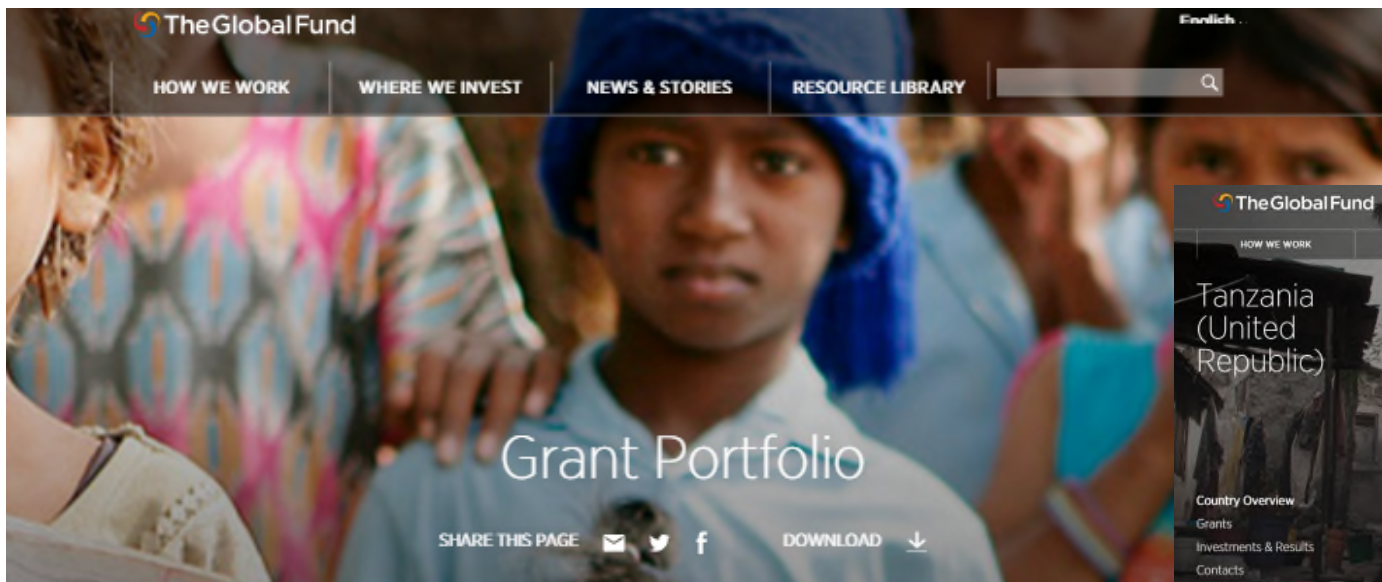


# USD 800 million ARVs & USD 52 million HIV Dx placed and delivered in 2015<sup>1</sup>

<sup>1</sup> Global Fund public transaction report PQR at 7 March 2016; <http://www.theglobalfund.org/en/pqr/>

	Product	US\$ million
HIV	ARV medicines	800
	Diagnostics	125
	Prevention	40
	Medicines for opportunistic infections	60
TB	Medicines	125
	Diagnostics	35
Malaria	Antimalarial medicines	75
	LLINs	310
	Diagnostics	30
	<b>Total</b>	<b>1,600</b>

# Grant level information



## Global Reach, Local Impact

With 472 active grants in over 100 Countries, implemented by local experts.



## Overview

Tanzania has led a robust multi-sectoral effort to tackle AIDS, malaria and tuberculosis through prevention, care, treatment, and support services. Tanzania had an impressive national scale-up of antiretroviral treatment, which resulted in a tenfold increase in the number of patients enrolled in treatment from 2005 to 2012. Over 26 million mosquito nets were distributed through the vouchers scheme, under-5 and the universal campaign. The rates of tuberculosis detection and treatment have increased dramatically, and TB deaths are declining. However, challenges remain. Tanzania has a high HIV prevalence, and the rate of HIV infection is high. Malaria is the single most significant disease in Tanzania, and the country has the third-largest population at risk of stable malaria in Africa. TB continues to be a major public health problem, more than 20 years after launching the national TB program. The rapid increase of TB in Tanzania is mainly attributed to the HIV epidemic, but factors like population growth and urban overcrowding have also contributed.

Photo: The Global Fund / Mo Cello

## RESULTS

**590,000**

HIV/AIDS: People currently on antiretroviral therapy

**36,000**

Tuberculosis: New smear-positive TB cases detected and treated

**22,900,000**

Malaria: Insecticide-treated nets distributed

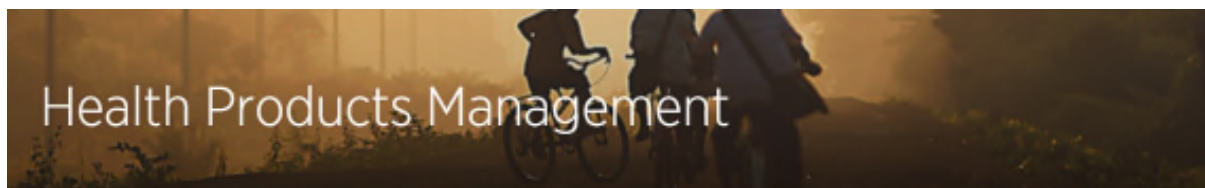
## INVESTMENTS IN HEALTH

**US\$1,483,621,585**

Investments to date

<http://www.theglobalfund.org/en/portfolio/>

# Transaction level data: procured and delivered (PQR)



## Health Products Management

- Overview
- Updates
- Quality Assurance Information
- Price and Quality Reporting**
- Information for Suppliers : Expressions of Interest and Expert Review Panel

Share this page

Print or Download

[View Related Resources](#)

### Price and Quality Reporting

The Price and Quality Reporting (PQR) Tool is a web-based system used by the Global Fund to collect transaction-level procurement information from Principal Recipients on key health products. The system's goals are to:

- Communicate market information to Principal Recipients,
- Improve transparency,
- Enable the Global Fund to monitor adherence to its Quality Assurance Policy,
- Help the Global Fund and its partners better understand and influence the market for pharmaceutical products.

To view data and reports, it is not necessary to have an account in the PQR. However, if you are a Principal Recipient or Local Fund Agent, please [login to the PQR](#).

The Global Fund makes reports available for the public via the links shown below. Reports are based upon data reported by Principal Recipients and are updated daily. The complete dataset is available via the transaction summary report. Please check back occasionally as new reports may be posted. Please read all PQR reports together with the PQR Data Caveats, also available on this page.

Report	Description
<a href="#">Price Reference Report</a>	Summary of main international reference prices and recent market data
<a href="#">Transaction Summary</a>	View a subset of transactions or download all transactions for further analysis.

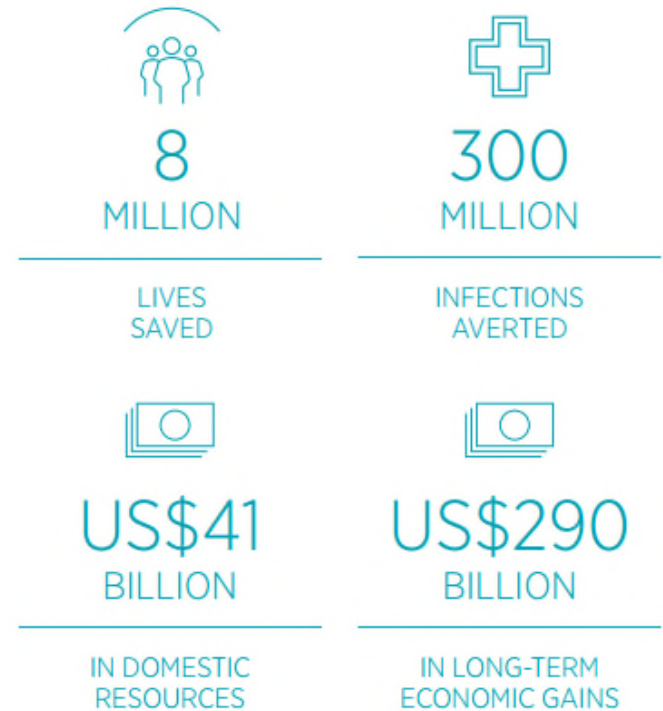
# Global Fund Investment Case

Fifth Replenishment 2017-2019

USD 13 billion would reach 80% total need projected

- with the already significant increases in domestic financing
- with other external funding remaining steady
- as well as advances in implementation

US\$13 Billion for Replenishment will achieve:

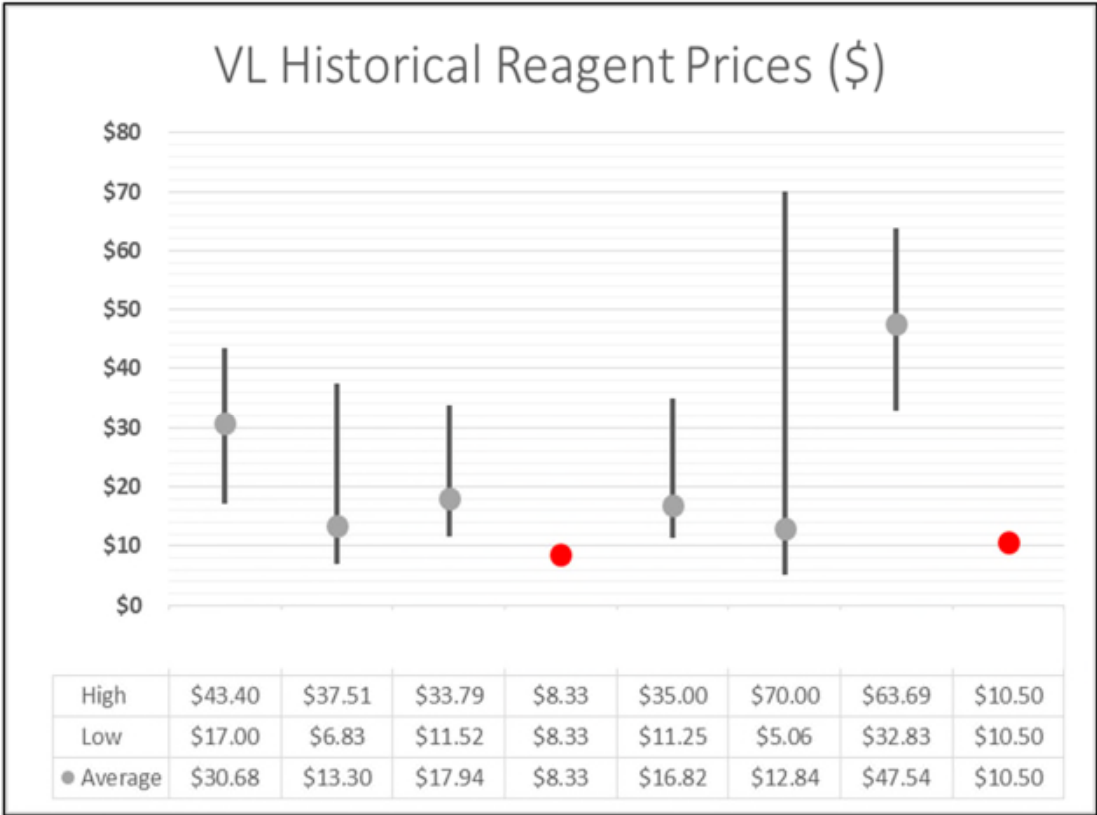


<http://www.theglobalfund.org/en/replenishment/>

# Sourcing of viral load & early infant diagnostic tests

*Aim: provide transparency in pricing, costs, acquisition and contracting options*

Historically there has been little visibility in pricing with arrangements country-by-country or even machine-by-machine resulting in a wide variability in pricing



# Supplier panel

	Eligibility and Testing products	
	Regulatory status	
<b>Abbott</b>	WHO PQ	VL, EID
<b>Alere</b>	CE mark	EID
<b>bioMérieux</b>	WHO PQ	VL
<b>Cepheid</b>	CE mark	VL, EID
<b>Hologic</b>	CE mark	VL
<b>Qiagen</b>	CE mark	VL
<b>Roche</b>	WHO PQ	VL, EID



# Outcome: a range of credible, cost-effective, competitive options with more transparent pricing and contracting – and broadly accessible to all

## Leveraged volumes

- ✓ Enables volumes to be leveraged and promotes maximum up-time and throughput

## Transparent contracting

- ✓ Guides new selection and establish contracting modalities and templates
- ✓ Benchmarks existing arrangements with forward-applicability in many cases
- ✓ Delivers Framework Contracts and Transaction Agreements

## Transparent costing

- ✓ Provides standardized costing enabling easier and more transparent decision-making
- ✓ Provides clear cost build-up to Total Cost of Ownership for a more meaningful and fair comparison

## Additional acquisition models

- ✓ Provides options of different acquisition models: purchase and reagent rental
- ✓ “Reagent rental” now available from majority of suppliers that is comparable with the equivalent “all in” bottom up price – no or small “premium”
- ✓ Identifies various value-added solutions available

## Broader supplier base

- ✓ Includes 2 new offerings for lab-based systems
- ✓ Includes 2 new entrants for lower throughput/near-Point-of-Care offerings
- ✓ Establishes process for new entrants with a clear target for pricing and contracting

## Global visibility

- ✓ Enables better global visibility and framework for performance management (rather than fragmented country-level) and sustained delivery
- ✓ Includes agreement to make key elements of this RFP “available” in the public domain including TCO calculations

# Selection and Procurement Tool

<http://www.theglobalfund.org/en/sourcingprocurement/viral-load-early-infant-diagnostics/>

## Viral Load and Early Infant Diagnosis Selection and Procurement Information Tool

The information provided on this page is a summary of the results of a recent Request for Proposals (RFP) that will result in the establishment of Framework Agreements with seven diagnostic manufacturers that aim to make the market for HIV viral load testing more transparent and competitive.

We will be regularly updating the information and downloadable tool on this page and recommend that you regularly revisit the page to see the latest information. We encourage feedback to enable us to improve the content- contact details are provided below.

### Background

The 2013 WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection recommend quantitative viral load testing as the preferred monitoring tool for diagnosing and confirming the failure of antiretroviral therapy (ART). Qualitative viral load is the recommended approach to early infant diagnosis (EID) of HIV. Testing for viral load and EID can sometimes use the same platforms with different reagents and protocols, which is why it often makes sense to consider planning and procurement together.

## Selection and Procurement Tool

The high-level topic areas are:

- Country scenario - from looking to scale-up or to simply re-order
- Programming and funding - guidance for planning including Concept Notes and Grant Making
- RFP process and outcomes - the recent Global Fund RFP
- Platform /technology selection - suppliers on the supplier panel
- Pricing options - comparison of different costing models
- Contracting options

## Downloads

- Frequently Asked Questions (FAQ) [download](#)  
PDF - 593 KB | [English](#)
- Template transaction Agreements [download](#) (to be added)



Selection and Procurement  
Information Tool (Interactive PDF)  
[Download](#)  
PDF - 5 MB | [English](#)



# 2016

Enhanced organizational focus on health technologies especially diagnostics

Better demand management and visibility including with PEPFAR

Implementation of viral load/EID framework agreements including collaboration with

- UNITAID and implementing partners
- UNDP

Rapid test procurement strategy and procurement

# THANK YOU

