UNITAID investments to innovate & scale up access to ART towards the 90/90/90 targets

WHO Annual Meeting with Pharmaceutical Companies and Stakeholders
08 March 2016, Geneva

Robert Matiru
Director of Operations

Agenda

UNITAID's vision

UNITAID's operating model

New HIV areas for intervention in 2016

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UNITAID's vision

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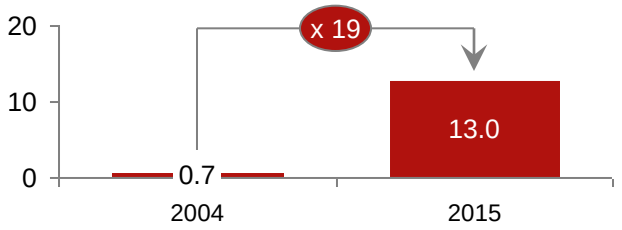
New HIV areas for intervention in 2016

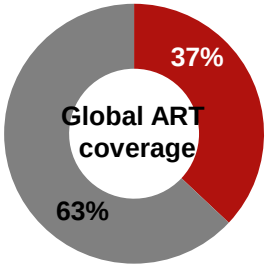
Notable achievements in past 15 years, but a long way to go

Major results have been achieved...

... but still a long way to go

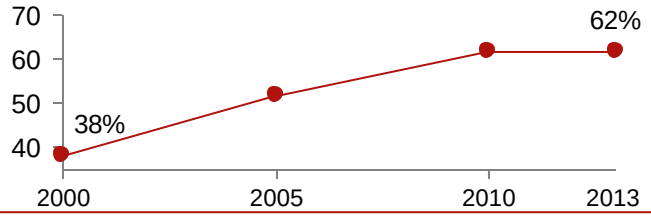
People under ART in LMIC (M)

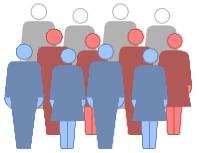




~22M people still needed treatment in 2015

Case detection rate in high burden countries (%)

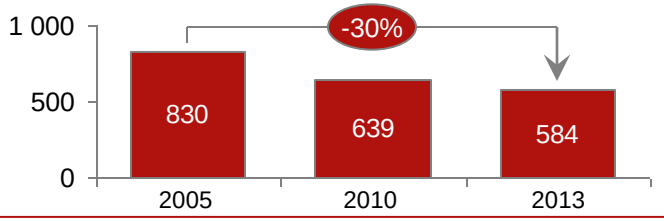




>3M missed TB cases in 2013

MDR-TB crisis

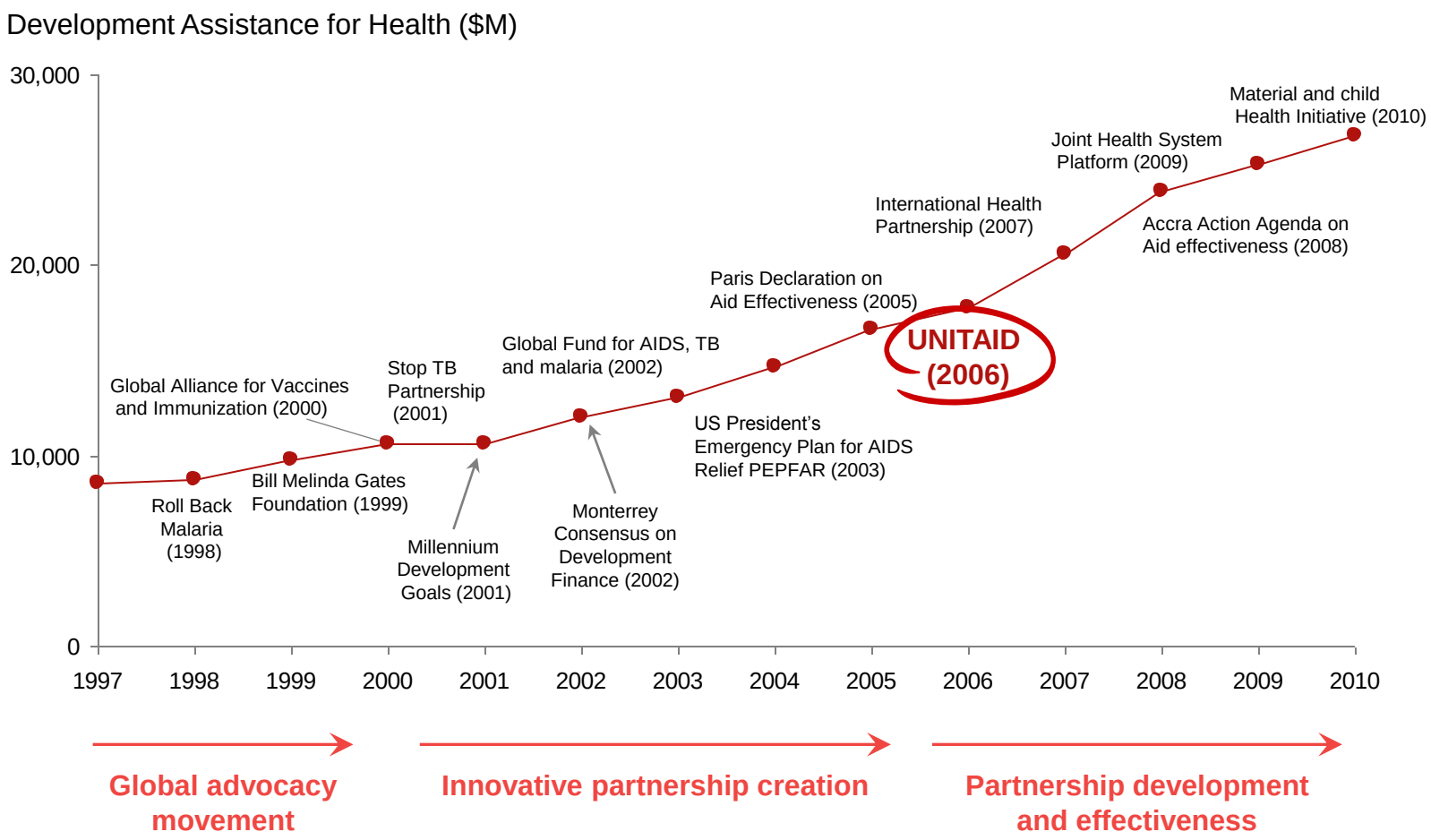
Estimated # deaths (1,000)



<40% patients receiving ACTs

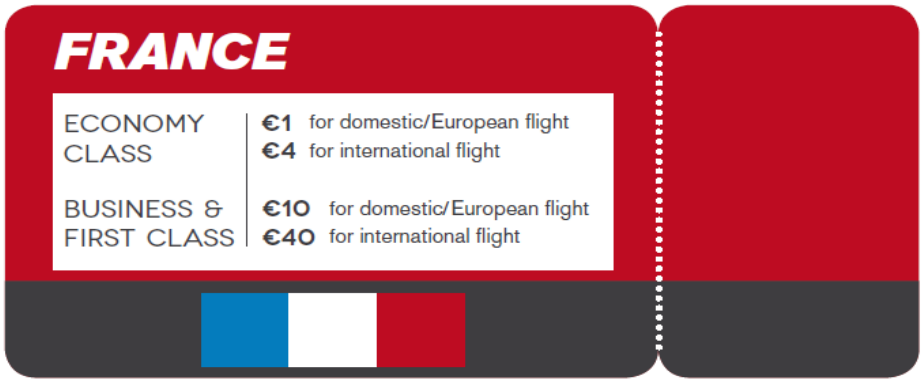
Insecticide resistance

UNITAID is part of the global response



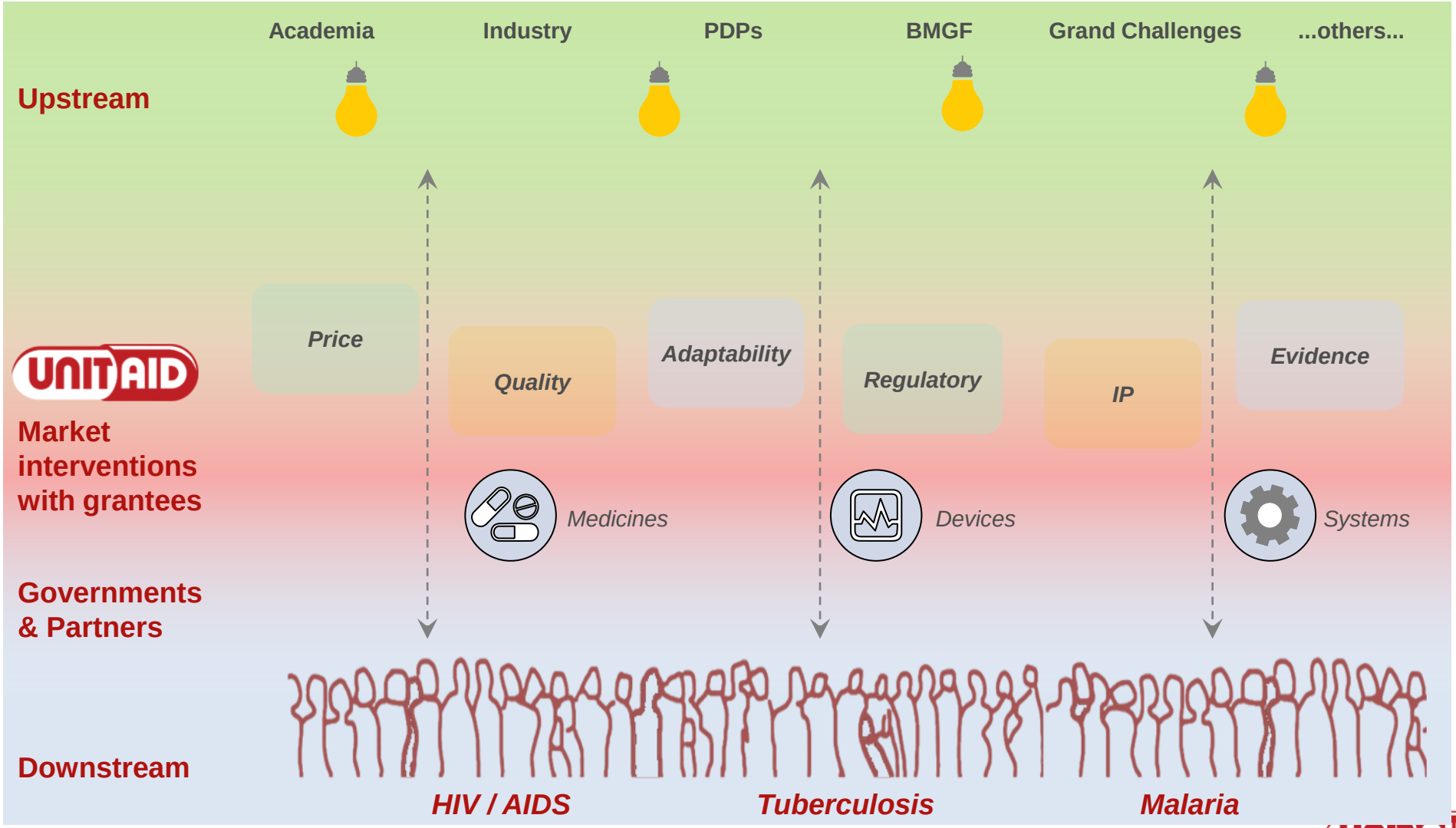
UNITAID Financing Approach

65% of voluntary contributions from air levy sources



UNITAID's role in global response

By connecting the upstream to the downstream... and enabling others to do more with less



FASTER, CHEAPER, BETTER WAYS TO END HIV

WE STRIVE TO:

Quickly identify at-risk people with **better diagnostics**

Protect people exposed to infection with **anti-retroviral drugs**

Cut prices of vital new drugs and put them in reach of all

Create **long-lasting, less expensive** treatments

Encourage drug makers to **innovate and compete**

UNITAID SUPPORTS THE 90-90-90 GLOBAL GOALS

Agenda

UNITAID's vision

UNITAID's operating model

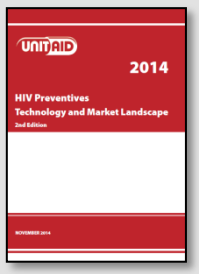
New HIV areas for intervention in 2016

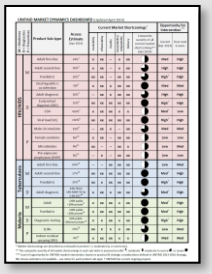
Key objectives of the operating model and implications

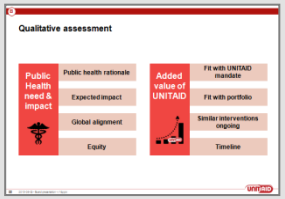
	Objectives	Implications
Global alignment	**Engage major partners,** especially on identifying new areas for intervention	**Board will be involved in strategic decisions** • Strategic direction • Final grant approval
Sustainability	**Scale-up and/or transition** projects successfully	**Areas for interventions will be clearly communicated**
Transparency	**Implement a clear decision-making process** including VfM and risk	**Process will be paced and flexible**
Speed	**Achieve grant development** in 3 months	**Partners will be increasingly engaged, and throughout the process**

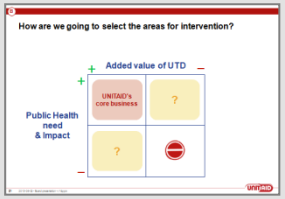
Implementing our Operating Model

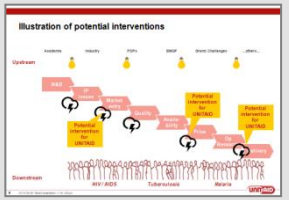
Disease	Global Goals	Analyses	Areas for interventions	Potential interventions	UNITAID projects
HIV/AIDS TB Malaria	Global goals set by the response *and agreed upon by main stakeholders*	UNITAID analyses Partner dialogue etc.	Selection criteria: • Public Health need • Added value of UNITAID	Calls for proposals	Approved through the mechanism agreed









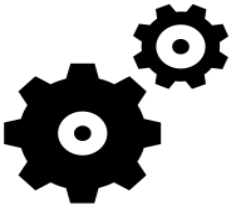


We are being more systematic, structured and transparent on our strategy

UNITAID is engaging multi-sectoral partners

Governments

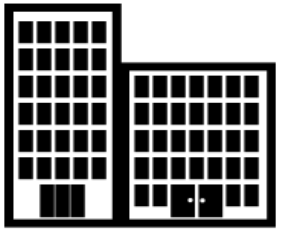
Civil society



Technical partners

Funding partners

Implementers



Private sector

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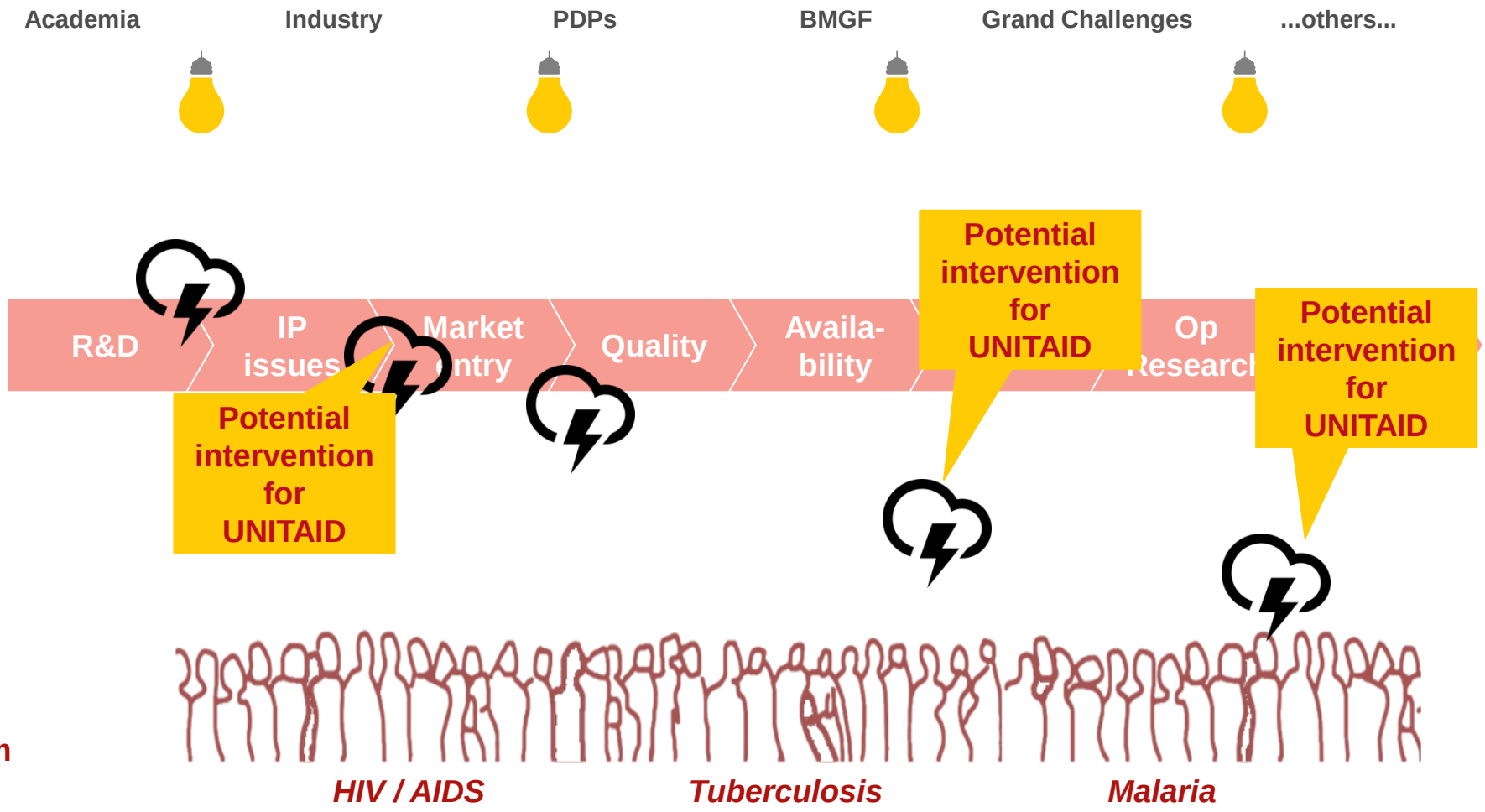
New HIV areas for intervention in 2016

What is an area for intervention?



Interventions result from analyses

M = Medicines D = Diagnostics P = Preventives		Product Sub-type	Access Estimate (June 2015)	Current Market Shortcomings*						Opportunity for Intervention***	
				Availability	Affordability	Quality	Acceptability/ Adaptability	Delivery	Composite severity of all current market shortcomings** (June 2015)	Current (June 2015)	Over next 4 years
HIV/AIDS	M	Adult first-line	38%[1]	x	x	--	xx	x		High	High
		Adult second-line	NA[2]	x	xx	--	xx	xx		High	High
		Paediatric	24%[3]	xx	xx	--	xx	xx		High†	Med
		Hepatitis C co-infection	NA[4]	x	xx	x	x	xx		High	High
	D	Adult diagnosis	50%[5]	--	xx	x	xx	xx		High	High
		Infant diagnosis	42%[6]	x	xx	x	xx	xx		High†	Med
		CD4	<60%[7]	--	xx	x	x	x		Low†	Low
		Viral load	<30%[8]	xx	xx	xx	xx	xx		High†	High
		Hepatitis C co-infection	NA[9]	xx	xx	x	xx	xx		High	High
	P	Male circumcision	30%[10]	--	xx	x	x	xx		Low	Med
		Condoms	44%[11]	--	xx	--	xx	xx		Low	Low
		Microbicides	NA[12]	xx	--	--	xx	x		Low	High
		Pre-exposure prophylaxis (PrEP)	NA[13]	--	x	--	xx	xx		High	High

UNITAID current interventions in these areas

3 areas we are going to discuss complete our current portfolio

M = Medicines D = Diagnostics P = Preventives		Product Sub-type	Access Estimate (June 2015)	Current Market Shortcomings*						Opportunity for Intervention***	
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HIV/AIDS	M	Adult first-line	38%[1]	x	x	--	xx	x		High	High
		Adult second-line	NA[2]	x	xx	--	xx	xx		High	High
		Paediatric	24%[3]	xx	xx	--	xx	xx		High+	Med
		Hepatitis C co-infection	NA[4]	x	xx	x	x	xx		High	High
	D	Adult diagnosis	50%[5]	--	xx	x	xx	xx		High	High
		Infant diagnosis	42%[6]	x	xx	x	xx	xx		High+	Med
		CD4	<60%[7]	--	xx	x	x	x		Low+	Low
		Viral load	<30%[8]	xx	xx	xx	xx	xx		High+	High
		Hepatitis C co-infection	NA[9]	xx	xx	x	xx	xx		High	High
	P	Male circumcision	30%[10]	--	xx	x	x	xx		Low	Med
		Condoms	44%[11]	--	xx	--	xx	xx		Low	Low
		Microbicides	NA[12]	xx	--	--	xx	x		Low	High
		Pre-exposure prophylaxis (PrEP)	NA[13]	--	x	--	xx	xx		High	High

Recently identified as a top opportunity for intervention in short and long term

Analysis shared with partners and countries

HIV areas for intervention approved by Board for 2016

1. **Improve adult antiretroviral therapy in LMICs**
2. **Enable of scale-up of PrEP & linkage to test**
3. **Improve HCV diagnosis, especially for HIV/HCV co-infection**

1 Improve adult antiretroviral therapy in LMICs – What is the current situation?

Gap to global goal:

90% *of people diagnosed with HIV on treatment by 2020*

vs. ***38%*** *today*

Analysis of the situation

Limitations of current 1st & 2nd line ART

Potential simpler and better HIV treatment with emerging ARVs

Severe market shortcomings delaying introduction of new products in LMICs

WHO identified high priority products & **gaps in research**

Consensus among funding partners and countries

① Improve adult antiretroviral therapy in LMICs – What is this analysis telling us?

	2013	2016/2017	2018
	TDF / XTC / EFV 600 	TDF / XTC / EFV 400 	TAF / XTC / DTG 
		TDF / XTC / DTG 	
Formulation	1 / day / person	1 / day / person	1 / day / person
Prices	→	↘	↘ ↘
Side effects	→	↘	↘ ↘
Resistance	→	↘	↘ ↘

① Improve adult antiretroviral therapy in LMICs – What is the cost of inaction?

Access to emerging simplified ART would take 5 to 10 years

Inability to reach the target coverage rate

Increased expenses

Increased resistance

1 Improve adult antiretroviral therapy in LMICs – What is the expected Value for Money?

Potential Public Health impact

Increase number of people under better treatment

Decrease risk of resistance

Potential Market impact

Decrease prices for current formulation

Make the new products (DTG) affordable

1 Improve adult antiretroviral therapy in LMICs – What are concrete interventions and timing?

>US$ 100M (UNITAID + USG)

Short term – 1-2 years

i **Provide support for evidence-gathering on new ARVs for 1st & 2nd therapy in LMICs**

ii **Ensure market preparedness for the priority combinations**
- Manufacturer side (formulations)
- Demand side

Medium term – 3-5 years

iii In coordination with partners, support rapid introduction and scale-up in countries in a timely manner

② Enable of targeted scale-up of PrEP & linkage to test – What is the current situation?

Gap to global prevention goal:

*Fast-track target of **0.5M** new infections for 2020*

vs. 2.1M infections in 2013, infection rates increasing in some groups

Analysis of the situation

Only few preventive strategies have demonstrated efficacy

- Harm reduction, male circumcision, PMTCT

New technologies (microbicides, vaccines) have failed so far to demonstrate efficacy

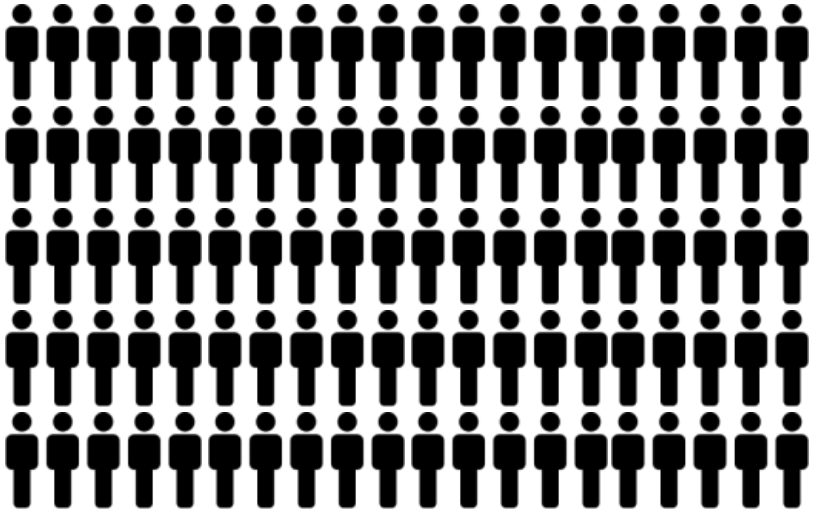
PrEP has demonstrated strong efficacy among MSM

But lack of additional data to drive uptake in particular

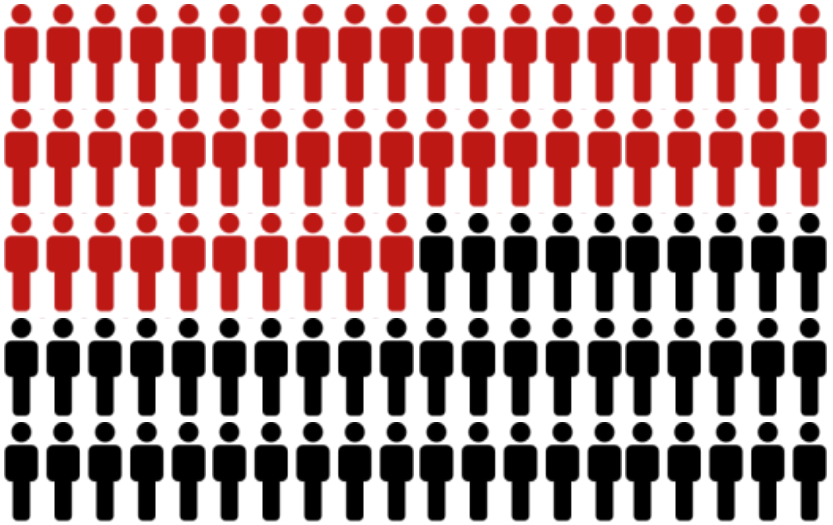
- Implementation at scale in LMICs (barriers)
- Efficacy among high transmission groups
- Synergies on testing seen in trials need to be confirmed

② Enable of scale-up of PrEP & linkage to test – What do we hope to achieve with targeted PrEP?

For 100k persons at risk today



50k would likely be infected



PrEP administered to specific groups can likely decrease this number by 80%, therefore reducing the size of the population likely to infect others

② Enable of scale-up of PrEP & linkage to test – What is the cost of inaction?

ART alone will not decrease the number of new infection by more than 60%

Current prevention efforts are not sufficient to break the infection rate

Epidemic is likely to spring back with a higher infection rate than today

② Enable of scale-up of PrEP & linkage to test – What is the potential Value for Money?

Potential Public Health impact

Decrease the number of people infected

- Direct and indirect effect

Potential Market impact

Decrease prices

② Enable of scale-up of PrEP & linkage to test – What are concrete interventions and timing?

Short term – 1-2 years

ⓘ **Support demonstration projects and operational research**

ⓘⓘ **Address current market shortcomings affecting access**

- Affordability, accessibility, delivery, demand creation

Medium term – 3-5 years

ⓘⓘⓘ Support demonstration and roll-out of improved PrEP in other high transmission groups

③ Improve HCV diagnosis, especially for HIV/HCV co-infection – What is the current situation?

Gap to global goal:
*Tentative target of **90%** of people with HCV diagnosed by 2030*

Analysis of the situation

New cure for HCV

But lack of data on the scale of the problem

Current diagnostics are poor, especially in PLHIV

In PLHIV, HCV progresses faster to advanced liver disease: a leading cause of death

Information needed for adequate planning, resource allocation, & market visibility

Diagnostic development needs to start now to avoid becoming a bottleneck

③ Improve HCV diagnosis, especially for HIV/HCV co-infection – What is the cost of inaction?

Opportunity to develop a more efficient HCV diagnosis, especially for HIV/HCV co-infection, and leverage existing HIV programmatic efforts

HCV-related deaths among people receiving ART for HIV infection

Failure to realize the full potential of the new cure for HCV

③ Improve HCV diagnosis, especially for HIV/HCV co-infection – What is the potential Value for Money?

Potential Public Health impact

- Increase number of people diagnosed with HIV and HCV
- Increase number of people receiving the adequate treatment
- Decrease number of deaths

Potential Market impact

- Ensure investments made on treating people with ART is not undermined by HCV infection

3 Improve HCV diagnosis, especially for HIV/HCV co-infection – What are concrete interventions and timing?

Short term – 1-2 years

i Support development and uptake of accurate tests for HCV

- Incentivize manufacturers to adapt existing technologies or devise new ones
- Promote rapid integration into HIV programmes

Complementary, in parallel

ii Opportunities informed by UNITAID's strategy on co-infection HIV/HCV under development

iii Efforts to support polyvalent diagnostics across diseases

Questions?