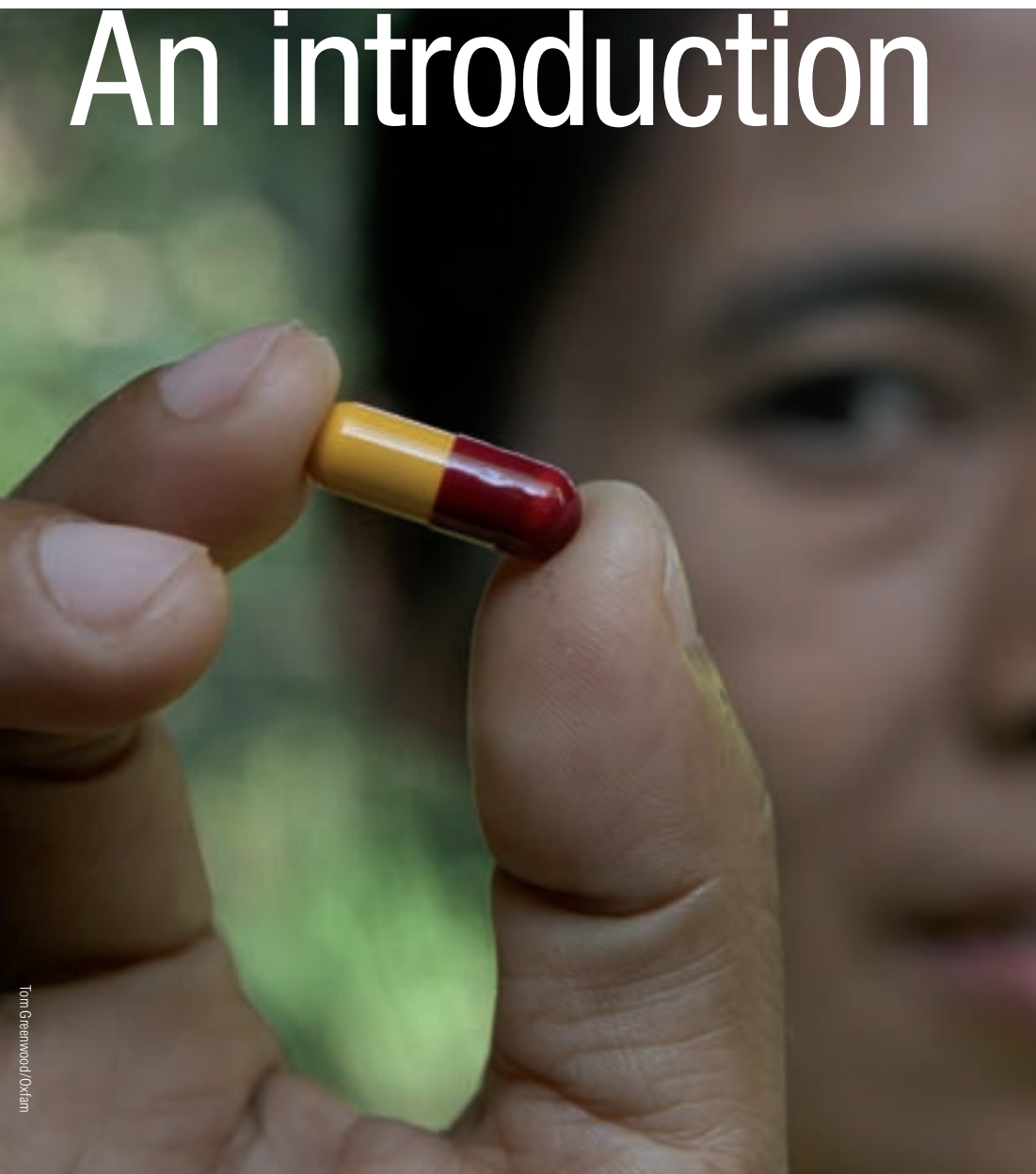


# Civil Society and UNITAID

## An introduction



Woman in Asia holding an antiretroviral pill

Access to medicines remains a major challenge for people in developing countries. With the right medicines, diseases such as HIV and AIDS, tuberculosis (TB), and malaria are treatable. Yet for millions of poor people, affordable medicines are out of reach.

UNITAID was established in 2006 as a new public health financing mechanism and a South–North collaboration. It is partially funded through an innovative airline tax that ensures stable long-term financing. UNITAID uses this unique feature to intervene in the market to make medicines for HIV, TB, and malaria affordable and available to people in low- and middle-income countries.

Civil society (NGOs and communities affected by the diseases) has two seats with voting rights on the executive board, and plays an important role in influencing UNITAID policies and strategies. This document aims to encourage more civil society organisations to engage, so that UNITAID benefits from our collective inputs.

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# About UNITAID

Since UNITAID's inception, the civil society delegations have concentrated their efforts to ensure that UNITAID reduces the prices and improves the availability of relevant medicines and health goods.

Since 2006, UNITAID has committed more than US\$730m to support 16 projects in 93 countries.

## What is UNITAID?

An international financing mechanism, intervening for market impact to scale up access to treatment of HIV and AIDS, TB, and malaria in developing countries.

Established in 2006, UNITAID is an international drug-purchasing facility that raises money from a combination of taxes on airline tickets and long-term government funding. It uses this funding to improve access to medicines in developing countries for three major diseases: HIV/AIDS, TB, and malaria.

UNITAID does this by improving the market dynamics for treatments, prevention, and diagnostics in order to reduce prices, improve quality and accessibility, and reduce the length of time between the launch of a health product and its availability in the world's poorest countries. UNITAID is also a vehicle to encourage follow-on innovation, to ensure medicines are available in formulations and combinations that are best suited to the target populations and treatment conditions in developing countries.

See [www.unitaid.eu](http://www.unitaid.eu) for full information about UNITAID.

Since UNITAID's inception, the civil society group has concentrated its efforts to ensure that UNITAID reduces the prices and improves the availability of relevant medicines and commodities.

Since 2006, UNITAID has committed more than US\$730m to support 16 projects in 93 countries.

## How does UNITAID influence the market dynamics of health products?

UNITAID has identified the following areas in which market intervention would scale up access to prevention and treatment:

- Paediatric and Second Line Antiretroviral medicines (ARVs);
- Prevention of Mother to Child Transmission (PMTCT), with linkages to paediatric HIV and AIDS care and treatment;
- Artemisinin Combination Therapy (ACT) medicines for malaria treatments;
- Medicines and diagnostics for tuberculosis (First Line and Paediatric TB, and MDR-TB);
- Supporting the WHO Pre-Qualification Programme.

UNITAID's activity focuses on reducing prices, encouraging the availability of appropriate medicines, improving quality, and strengthening the delivery of medicines.

## Reducing prices

UNITAID seeks to reduce prices by engaging with the pharmaceutical industry, and by strengthening efficiency and enhancing generic competition.

Price reductions mean that UNITAID and other funding agencies are able to provide more treatments with the same budget. For example, the 60 per cent price reductions obtained for paediatric AIDS medicines since November 2006 have enabled three times as many HIV-positive children to be treated for the same amount of money.

UNITAID also aims to act as a catalyst for manufacturers, especially generics, to invest in increasing production capacity for MDR-TB medicines and to get quality assurance for those products. The larger purchase volumes associated with increased demand should help drive production costs down through economies of scale, eventually leading to price reductions. This will go a long way to ensure that the 800,000 MDR-TB patients targeted in the Global Plan II to Stop TB 2006–2015 have access to treatment at an affordable price.

Where intellectual property rules block access to affordable products, civil society's advocacy has helped to ensure that UNITAID's constitution allows it to support compulsory licensing as specified by the flexibilities within TRIPS (Trade-Related Aspects of Intellectual Property Rights). A major new initiative to manage intellectual property is the UNITAID Patent Pool, initially for HIV medicines (see below).

### Encouraging the availability of appropriate medicines

A key goal of UNITAID is to create incentives for the development of new medicines and diagnostics that are better adapted to patients' needs. UNITAID and its partner, the Clinton HIV/AIDS Initiative (CHAI), have been able to stimulate the production of nine new affordable child-friendly generic HIV medicines. The UNITAID-CHAI partnership has reached approximately 100,000 children per year with the treatments they need.

However, while this is an important achievement, research and development for paediatric HIV treatments, diagnostics (and vaccines) is still woefully inadequate<sup>1</sup> and more actions are urgently needed.

### Improving quality

UNITAID addresses quality issues through its support for the WHO Pre-Qualification Programme. In 2008, it allocated US\$40m for the pre-qualification of UNITAID-funded medicines, field sampling, and quality testing of products supplied to users – as well as for capacity building at country level.

See: <http://apps.who.int/prequal/>

### Strengthening delivery

UNITAID funds proposals that reduce order-to-delivery lead times, and reduce risks of stockouts (temporary lack of medicines in a health facility/medical store). UNITAID does not work in countries, but encourages its partners to strengthen national supply chains.

Stockouts are caused by many factors. UNITAID's contribution to improving availability lies in assuring a better functioning market for necessary products through the use of its resources and the expertise of its implementers and partners.

Civil society's advocacy has helped to ensure that UNITAID can support compulsory licensing of medicines, where intellectual property rules block access to affordable products.

Price reductions obtained for paediatric AIDS medicines have enabled three times as many HIV-positive children to be treated for the same amount of money.

<sup>1</sup> <http://www.msfaaccess.org/main/medical-innovation/introduction-to-medical-innovation/current-challenges/>

# Encouraging innovation: Medicines Patent Pool initiative

In July 2008, the UNITAID Executive Board decided in principle to establish a voluntary patent pool for medicines. The initial focus of the Patent Pool will be on the development of formulations of existing ARVs better suited to the realities of poor settings.

## What is the patent pool?

A patent pool is a system where patent owners voluntarily give their patents to a central organisation that then licenses them to other companies and researchers. Companies, including generics, and researchers who want to use the patents to develop new versions of the medicines can access the patents in the Pool in exchange for paying a fair royalty to the patent owners. The Pool acts as a 'one-stop shop' for managing the negotiations and receiving and paying the royalties.

## Three potential benefits of the patent pool:

- 1. More affordable medicines:** By allowing different manufacturers to make needed products, the patent pool will encourage competition and bring down prices. This means that they will be available to more people.
- 2. More appropriate medicines, easier to take:** Treatment, especially for HIV, requires combinations of more than one medicine, which may be produced by different companies. Thus, if a company wanted to develop such a combination, it would have to enter into lengthy negotiations with the many patent-holders. A patent pool will enable companies to access all the patents in the pool and to manufacture the new and improved treatment in return for a royalty payment.



Emma Critchley/Andrew Aitchison 2009

Student Stop AIDS Societies UK campaigns stunt, creating the HIV ribbon symbol in a swimming pool to demonstrate the need for a patent pool for HIV medicines

- 3. Paediatric HIV treatments:** By bringing together different patents, the Pool will allow companies to work together to develop new medicines for children, which are currently badly needed.

## Civil society is working to:

- Build international popular and political support for the UNITAID medicines patent pool;
- Encourage pharmaceutical companies and universities to join the UNITAID patent pool.

For more information about the UNITAID HIV/AIDS medicine patent pool, visit [www.unitaid.eu/en/The-Medicines-Patent-Pool-Initiative.html](http://www.unitaid.eu/en/The-Medicines-Patent-Pool-Initiative.html)

For more information about the Patent Pool campaign in the UK and a series of animations explaining the pool, visit <http://www.stopaidscampaign.org.uk>



Lynda Laird 2009

Stop AIDS Campaign Action Card being handed to former UK Under-Secretary of State for International Development

## How is UNITAID governed?

### Executive Board

The Executive Board is the decision making body for UNITAID. It decides policies and strategies and approves funding for proposals.

The Board comprises 11 members:

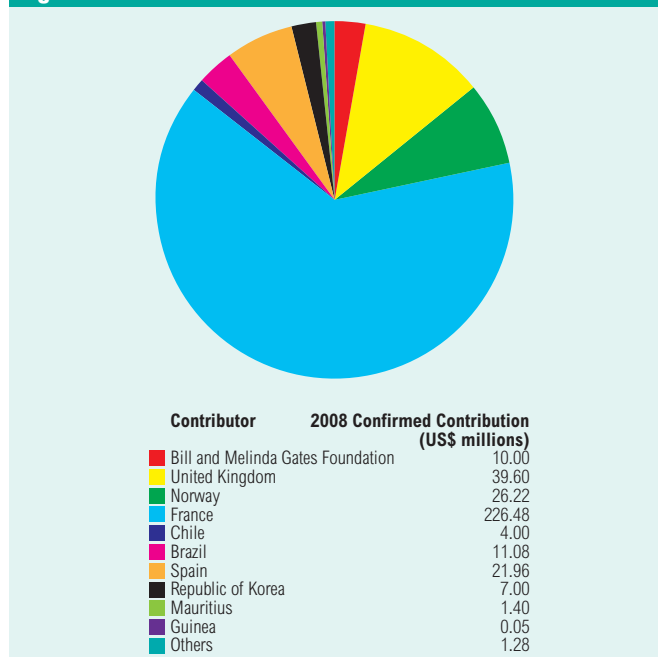
- the five founding countries (Brazil, Chile, France, Norway, and the UK);
- one representative of African countries, nominated by the African Union;
- one representative of Asian countries (currently Korea);
- non-government organisations (NGOs);
- communities living with and/or affected by the diseases;
- foundations (currently the Bill and Melinda Gates Foundation);
- World Health Organization (non-voting member).

The board meets twice a year, and there are also additional committee meetings and ad hoc meetings to resolve specific issues.

### Secretariat

The UNITAID Secretariat is hosted by the World Health Organization in Geneva, Switzerland. The Secretariat is responsible for carrying out and managing the day-to-day operations and the implementation of Executive Board decisions. It also manages relationships with and coordinates the activities of partners to ensure programme and financial monitoring and reporting.

**Figure 1: Confirmed contributions to UNITAID in 2008**



### Financial contributions and resource mobilisation

As of November 2008, seven of UNITAID's 29 member countries were implementing the airline tax: Chile, Côte d'Ivoire, France, Republic of Korea, Madagascar, Mauritius, and Niger. Norway allocates part of its tax on CO<sub>2</sub> emissions from aviation fuel to UNITAID. The UK has not implemented the airline tax, but has given a 20-year commitment to fund UNITAID;<sup>2</sup> Brazil and Chile are also contributing from government budgets.

Since UNITAID was established in 2006, just over US\$700m of funds have been committed. In 2008, US\$349m was committed – the breakdown by contributor is shown in figure 1.

[www.unitaid.eu](http://www.unitaid.eu)

## How does UNITAID link with the Millennium Foundation for Innovative Finance for Health?

UNITAID is working to expand the number of countries implementing the mandatory solidarity levy on airline tickets. In addition, UNITAID seed funding is establishing the Millennium Foundation for Innovative Finance for Health. In September 2009 (at the UN General Assembly), the Millennium Foundation will launch a voluntary solidarity contribution project (VSC) tied to airline tickets and travel products. Individuals and corporations who purchase airline tickets or other travel products such as hotel rooms, rail tickets, and car rentals, will have the opportunity to voluntarily donate a small sum for each purchase.<sup>3</sup> Implementation of the project will be in early 2010. The majority of the funds from the Millennium Foundation will go towards financing UNITAID.

Members of the UNITAID board, including NGOs and Communities, represent their delegations on the Millennium Foundation board.

<sup>2</sup> Rt. Hon Tony Blair in reply to Ken Bluestone, Stop AIDS Campaign Chair, 23rd October 2006.

<sup>3</sup> Innovative Finance Taskforce Report, May 2009: p16 available at [http://www.internationalhealthpartnership.net/CMS\\_files/documents/taskforce\\_report\\_EN.pdf](http://www.internationalhealthpartnership.net/CMS_files/documents/taskforce_report_EN.pdf)

# Civil society and UNITAID

Civil society delegations to UNITAID actively represent the views, voices, needs, and interests of communities living with and affected by HIV and AIDS, TB, and malaria, and of NGOs working on access to medicines and on the three diseases.

## The UNITAID civil society delegations

The mission of civil society delegations to the UNITAID Board is to actively represent the views, voices, needs, and interests of communities living with and affected by HIV and AIDS, TB, and malaria, and of NGOs working on access to medicines and on the three diseases.

Civil society has two voting seats on the UNITAID Executive Board; one representing NGOs, and one representing communities and people living with the three diseases. Each seat is held by a board member and an alternate.<sup>4</sup>

The delegations' selection of board members and support structures is independent of the UNITAID board's involvement.

NGOs and Communities board members are selected through an open call for applications sent via listserves and networks. A selection panel which shortlists and interviews candidates is drawn from civil society experts. Selection is on the basis of criteria that include an excellent track record on access to medicine; an understanding and ability to represent organisations responding to the three diseases or communities and people living with and/or affected by the three diseases; and strong advocacy and communication skills.

Each delegate serves a two-year term as an alternate board member, and then two years as a board member, pending positive results of annual performance evaluations. The board member positions are voluntary, requiring strong commitment – especially of time. While the UNITAID Secretariat provides travel costs, additional funds for delegations' activities are raised by the delegations.

## Enhancing participation of wider civil society

As the civil society delegation evolves, it will assist and improve communication, representation, and consultation, working through a number of structures:

### *Civil Society Liaison Officer*

The Liaison Officer facilitates the wider engagement of civil society with their representatives and supports the delegations in carrying out their work. The post has been financed through the fundraising efforts of the civil society delegations.

### *Civil Society Advisory Group*

The group consists of Southern and Northern experts with particular knowledge of medicines policies, supply-chain, diagnostics, medicine formulations, and patents and Intellectual Property rules.



Louis Da Gama, Global Health Advocates 2009

Members of the UNITAID Civil Society Advisory Group after a civil society pre-Board meeting in Geneva, May 2009

4 The constituencies of the two civil society delegations are global in geographical coverage

The group's duties include informing the work of the civil society delegations, contributing to policy formulation, and more effective advocacy. The group works on documents and through teleconferences and meetings to discuss and formulate the delegation's positions. The civil society board members select members of the advisory group after an initial period of service on the Civil Society Contact Group (see below).

### Communities' Support Team

The Communities' Support Team consists of a small number of local community treatment-access activists and people living with the diseases. Its mandate is to help the communities' delegation connect with the needs of people in communities and to enlist their support for the work of UNITAID. It also strengthens the communities' delegation in their work on global policies, and disseminates information about treatment options and issues relevant in specific regions.

Currently, there are representatives on the Communities' Support Team from India, Ethiopia, Nigeria, Cameroon, Liberia, the Democratic Republic of Congo, Philippines, Malaysia, Colombia, Tanzania, and Kenya.

### Civil Society Contact Group

This group has been set up to ensure wider civil society engagement with UNITAID issues. The objectives of the group are to provide:

- an information portal with civil society organisations and networks, to share information about the work of the civil society representatives;
- a forum that will enable discussion and debate in civil society on issues related to UNITAID, in order to further strengthen the work of the civil society delegation.

Louis Da Gama, Global Health Advocates 2009



Members of the UNITAID Civil Society Advisory Group in an office of the World Health Organization after a UNITAID Executive Board meeting May 2009

## Role of civil society in UNITAID

The delegation focuses on four areas:

1. Ensuring continuous and predictable financing for UNITAID
2. Helping UNITAID to develop and maintain its focus on market impact in health products for the three diseases
3. Ensuring good collaboration between UNITAID and key global health institutions, such as WHO and the Global Fund for HIV/AIDS, TB and Malaria and the newly formed Millennium Foundation
4. Ensuring effectiveness of UNITAID interventions in countries.

Civil society members of the Executive Board play a key role in decision-making, and their input is valued by the UNITAID Board and Secretariat. Civil society has been part of UNITAID governance from its inception, helping to negotiate its constitutions and by-laws.

The NGO and Communities delegations work collaboratively to ensure that UNITAID maximises its market impact to ensure increased access to medicines, diagnostics, and other health goods. Their presence ensures that intellectual property issues are addressed, and that public health outcomes and the needs of people living with the diseases are at the forefront in the considerations of the board.

## Increasing civil society engagement with the UNITAID CS delegations

As UNITAID develops new tools for increasing access, it needs support from all of civil society to ensure:

1. That UNITAID's policies and decisions maximize its market impact on health products. This means that the largest number of people can access prevention and treatment as a result of UNITAID interventions.
2. That governments maintain and increase their support for UNITAID. This is important, not only in terms of maintaining adequate funding, but also in implementing progressive medicines policies.
3. That pressure is maintained on pharmaceutical companies and other key stakeholders to ensure production of relevant, affordable health products.

UNITAID civil society delegations need the support and expertise of key civil society stakeholders in the global North and South to maximize their policy and advocacy impact on behalf of people in developing countries who need life-saving medicines, diagnostics, and other health products to prevent and treat HIV, TB, and malaria.

To get involved, or for more information, please email the liaison officer  
**Jessica Hamer**, [jhamer@oxfam.org.uk](mailto:jhamer@oxfam.org.uk)



## Current NGO and Communities Board members:

### NGO

Board Member: Dr. Mohga Kamal-Yanni (Oxfam GB)

Alternate Board Member: Kim Nichols (African Services Committee)

### Communities

Outgoing Board Member: Carol Nawina Nyirenda (CITAM+, Zambia)<sup>5</sup>

Alternate Board Member: Dr. Esther Tallah (Cameroon Coalition against Malaria CCAM)

Incoming Alternate Board Member: Nelson Juma Otswana (National Empowerment Network of People living with HIV/AIDS in Kenya NEPHAK)

### Current organisations participating in the UNITAID civil society advisory group:

Médecins Sans Frontières (MSF) Access to Essential Medicines Campaign

Oxfam International

Health Action International (Global and Africa divisions)

Health GAP USA

International HIV/AIDS Alliance, UK

Ecumenical Pharmaceutical Network (EPN) Kenya

Knowledge Ecology International (KEI), USA and Geneva

Consumer Information Network (Kenya)

Stop AIDS Campaign UK

RESULTS-TB, USA

Africare, USA

African Services Committee, USA

Coalition PLUS, France

Cameroon Coalition Against Malaria (CCAM), Cameroon

Community Initiative for TB, HIV/AIDS, and Malaria (CITAM+), Zambia

Partners in Health, USA

Global AIDS Alliance, USA

REMEDI, France

Universities Allied for Essential Medicines (UAEM)

Health Access Network (HAN), Ghana

Global Health Advocates (GHA), France

NGO AIDS Consortium, Kenya

<sup>5</sup> Correct as of September 2009. Nelson Juma Otswana is due to replace Dr. Esther Tallah as Communities Alternate Board Member shortly, as Carol Nyirenda will leave the delegation and Dr. Esther Tallah will assume the role of Board Member. The former NGO Board Member was Mr. Khalil Elouardighi of Coalition PLUS. Both Khalil and Carol will continue to stay strongly involved in supporting the civil society delegations.