

## About UNITAID

UNITAID is an innovative financing mechanism that raises new funds for global health and complements existing initiatives targeting HIV/AIDS, tuberculosis (TB), and malaria. Almost two-thirds of its funding (US\$1.2 billion out of US\$1.9 billion in the period 2007–2012) is mobilized through a mandatory tax, known as the “air ticket levy”—a contribution that passengers make when they purchase their airline ticket.

UNITAID was officially launched at the United Nations General Assembly meeting in September 2006 by the governments of France, Brazil, Chile, Norway, and the United Kingdom. Since its launch, 24 other countries and the Bill & Melinda Gates Foundation have become UNITAID members.

UNITAID’s mission is to contribute to increasing access to drug treatments and diagnostics for HIV/AIDS, TB, and malaria, primarily in low-income countries (see [UNITAID’s strategic objectives](#) below).

### UNITAID’s Strategic Objectives

UNITAID’s six strategic objectives are to:

- Increase access to simple, point-of-care diagnostics for HIV/AIDS, TB, and malaria
- Increase access to affordable, paediatric medicines to treat HIV/AIDS, TB, and malaria
- Increase access to emerging medicines and/or regimens, as well as new formulations, dosage forms, or strengths of existing medicines that improve treatment of HIV/AIDS and co-infections
- Increase access to artemisinin-based combination therapies (ACTs) and emerging medicines, that, in combination with appropriate diagnostic testing, improve malaria treatment
- Secure supply of second-line TB medicines, and increase access to emerging medicines and regimens that improve treatment of drug-sensitive and multi drug-resistant TB
- Increase access to products for the prevention of HIV, TB, and malaria

UNITAID aims to achieve its mission by:

- **Providing incentives to manufacturers to produce otherwise commercially unattractive products at lower prices.** UNITAID provides funding to its partners to purchase existing medicines and diagnostics. This provides them with the “purchasing power” to negotiate reduced prices with manufacturers and to pool many low-volume orders to reach suppliers’ minimum production volumes (“batch sizes”). Through long-term orders, UNITAID also encourages more producers to enter the market to increase competition.
- **Accelerating the pace at which new drugs and diagnostics are developed** through long-term purchase commitments to its partners. These help to encourage the development of new drugs better adapted to the needs of patients in developing countries, for example spurring the manufacture of fixed-dose antiretroviral (ARV) drug combination therapies, and of pediatric ARV formulations.
- **Addressing severe market inefficiencies** resulting in limited access to quality-ensured health commodities through improved forecasting and other measures (e.g. creation of a global stockpile for TB medicines). UNITAID supports the **WHO Prequalification Programme**, which aims to increase access to medicines that meet pre-specified efficacy, quality, and safety standards.
- **Financing country projects:** UNITAID also funds projects at country level to improve access to prevention, diagnosis, and treatment of HIV/AIDS, TB, and malaria. UNITAID’s main focus is on Millennium Development Goal (MDG) 6, which aims to combat HIV/AIDS, malaria and other infectious diseases. It also contributes towards MDG 4 (reducing child mortality), MDG 5a (reducing maternal mortality), and MDG 8e (providing access to affordable, essential drugs in developing countries). UNITAID has financed HIV, TB, and malaria projects in 94 countries. According to UNITAID, it has achieved price reductions of up to 80% on leading paediatric ARVs, and helped to reduce the price of second-line treatment for HIV/AIDS by 50–75%. UNITAID is also the largest non-governmental provider of TB medicines for children, and a key supplier of malaria prevention and treatment tools.

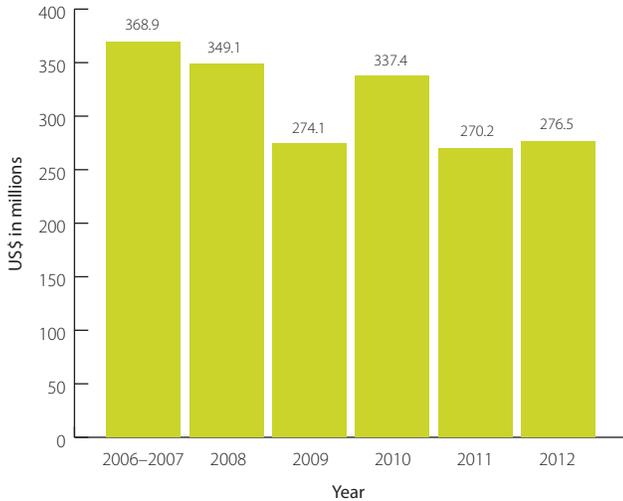
UNITAID has also been a key supporter of the Medicines Patent Pool, which aims to improve access to low cost HIV medicines in developing countries. In a patent pool, pharmaceutical patent holders voluntarily license their drug to other drug manufacturers in exchange for a royalty payment. These other manufacturers can then produce cheap generic versions of the drug.

Source: UNITAID Strategy 2013–2016

## Resource Mobilization

UNITAID raised a total of US\$1.9 billion in donor contributions between 2006 and 2012, the latest year for which detailed financial information is available (see [Donor contributions to UNITAID by year](#) below).

### Donor contributions to UNITAID by year, 2006–2012



Total=US\$1.9 billion

Source: UNITAID 2012 Financial Statements

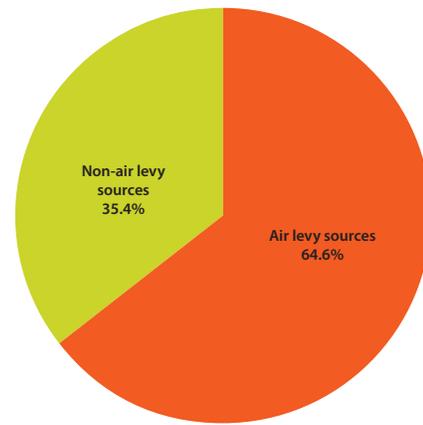
### Funding Sources

UNITAID's key source of income is a **solidarity levy on airline tickets** that is currently collected in nine UNITAID member countries: Cameroon, Chile, Republic of the Congo, France, Madagascar, Mali, Mauritius, Niger, and the Republic of Korea. About **94% of the funding that is generated through the air-line tax comes from France**.

Each country that levies the air travel tax designs the appropriate level of taxation. In general, the rates are between US\$1 and US\$40 per ticket depending on whether the flight is domestic or international, and whether it is economy or business/first class.

The funding that is mobilized through the air levy is **complemented by multi-year commitments** from donor governments and from the Bill & Melinda Gates Foundation. These commitments made up about 28% of UNITAID resources in the period 2007–2012. In addition, Norway allocated part of its **tax on carbon dioxide emissions** from air travel to UNITAID (7% of UNITAID funding from 2007–2012).

### Contributions to UNITAID by source, 2006–2012



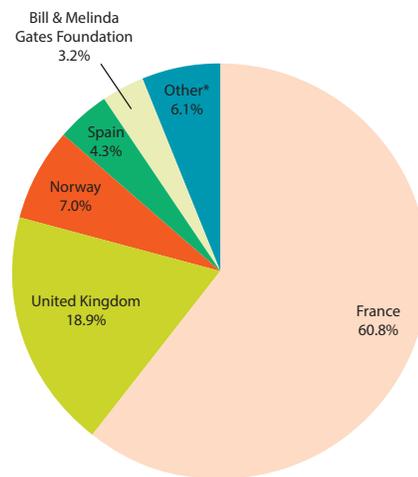
Total=US\$1.9 billion

Source: UNITAID Annual Report 2012

### Donor Contributions

France is by far the largest UNITAID donor, accounting for 61% of total funding in the period 2006–2012 (see [Contributions to UNITAID by donor](#)), followed by the United Kingdom (19%), Norway (7%), Spain (4%), and the Bill & Melinda Gates Foundation (3%). UNITAID has been trying to persuade countries with substantial resources, particularly the United States, to become UNITAID funders. However, the United States Congress has so far been reluctant to support any kind of "global taxation" scheme.

### Contributions to UNITAID by donor, 2006–2012



Total=US\$1.9 billion

\*Includes: Brazil, Republic of Korea, Chile, Mauritius, Cyprus, Luxembourg, Cameroon, Democratic Republic of the Congo, Millennium Foundation, Mali, Niger, Guinea, and Madagascar.

Source: UNITAID 2012 Financial Statements

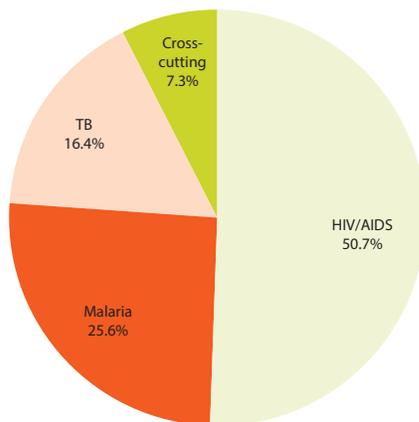
## Financing Portfolio

UNITAID strives to target underserved niches where its funding model can have an impact on the market and where UNITAID can complement the work of other health actors. UNITAID support has been focused on HIV/AIDS, TB, and malaria.

### Breakdown by Project Area and Type

From 2006 through 2012 (the latest year for which detailed financial information is available), UNITAID committed US\$1.8 billion to support 34 projects across four project areas: HIV/AIDS, malaria, TB, and cross-cutting projects.

UNITAID committed funds by intervention area, 2006–2012



Total=US\$1.8 billion

Source: UNITAID Annual Report 2012

**HIV/AIDS:** Over half of all funds (51%) have been committed to projects addressing HIV/AIDS treatment, primarily through procurement and supply of pediatric and second-line anti-retroviral drugs (ARVs). More than 75% of HIV funding was disbursed through two projects, both implemented by the Clinton Health Access Initiative (CHAI):

- Through CHAI's paediatric HIV/AIDS project, UNITAID funding has created a market for HIV paediatric medicines, using pooled procurement in 40 countries to incentivize manufacture of ARVs and other medicines among suppliers;

- CHAI's adult second-line HIV/AIDS project established a generic market for second-line ARVs through pooled procurement and by offering reliable payments to suppliers. This project has resulted in an increase in the number of suppliers and sharp price reductions.

**Malaria:** About a quarter (26%) of funds has been committed to malaria projects, primarily:

- Start-up funding to the Affordable Medicines Facility - malaria (AMFm), an innovative financing mechanism designed to expand access to artemisinin-based combination therapies (ACTs) through the public, private, and non-governmental sectors. The AMFm pilot was hosted by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and at the end of the pilot phase (2010–2012) the AMFm was integrated into core Global Fund processes.
- Purchase of ACTs and long-lasting insecticide-treated nets.

**TB:** 16% of funds have been committed to TB projects, mainly aimed at purchasing diagnostics for multi-drug resistant TB and increasing access to pediatric and first-line TB drugs;

**Cross-cutting projects:** UNITAID has funded four cross cutting projects (7% of total committed funding):

- Strengthening of the WHO pre-qualification of medicines program (PQP), a global medicines quality assurance program ensuring medicines procured meet quality, safety, and efficacy standards.
- WHO quality assurance of diagnostics. Six project proposals focused on diagnostic tests were approved in 2012 and UNITAID aims to extend the market for quality rapid diagnostic tests.
- Support for projects that received grants under Round 6 from the Global Fund. UNITAID funds supported 42 of these countries to purchase drugs to treat HIV, TB, and malaria.
- Support to a project aimed at preventing patent barriers for key ARVs.

The 34 projects funded by UNITAID to date have been implemented by 23 partners in 94 countries (see [Projects supported by UNITAID, 2007–2012](#) on page 4). Funding is particularly focused on low-income countries, with 95% of funding allocated to low-income countries in 2012. As of June 2013, UNITAID managed 20 active grants in 54 countries.

## Projects supported by UNITAID, 2007–2012

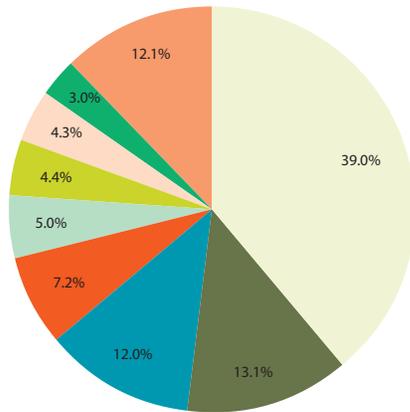
Project	Implementing Partner(s)	Project funding commitments by the end of 2012 (US\$ millions)
<b>HIV/AIDS</b>		<b>903.4</b>
Paediatric HIV/AIDS Project	Clinton Health Access Initiative	388.1
Second-Line HIV/AIDS Project	Clinton Health Access Initiative	305.8
Prevention of Mother-To-Child Transmission of HIV (PMTCT)	UNICEF	104.5
Implementation of CD4 and viral load testing in decentralized, remote and resource-limited settings in MSF HIV programmes	Médecins Sans Frontières	28.7
Accelerating access to innovative point-of-care HIV diagnostics	Clinton Health Access Initiative/UNICEF	20.0
Market entry of an improved solid protease inhibitor-based first antiretroviral combination therapy for infants and young children with HIV/AIDS	DNDi	17.3
ESTHERAID - Easing and safeguarding the availability of antiretroviral treatments	Esther	16.0
Providing access to early infant diagnosis and viral load monitoring by SAMBA	Diagnostics for the real world	8.8
Uptake of a novel, disposable point-of-care CD4 test in developing countries	Zyomix	7.5
Operational studies to validate and accelerate uptake of point-of-care CD4 counters	Daktari Diagnostics	2.7
Open polyvalent platforms for sustainable and quality access to viral load in resource-limited settings	France Expertise Internationale	2.4
Manufacture and validation of rapid point of care CD4 testing in India	The Burnett Institute	1.6
<b>Malaria</b>		<b>456.5</b>
Affordable Medicines Facility for Malaria (AMFm)	Global Fund	180.0
Long lasting insecticide treated nets	UNICEF	109.3
ACT scale up initiative	Global Fund/UNICEF	78.9
Creating a private sector market for quality assured RDTs in malaria - endemic countries	Population Services International	34.3
Improving severe malaria outcomes	Medicines for Malaria Venture	34.0
Sustainable global and national quality control for malaria rapid diagnostics tests	FIND	9.4
Assured artemisinin supply system (A2S2)	i+Solutions	9.3
Artemisinin-based combination therapy (ACT) scale up initiative Burundi and Liberia	UNICEF/WHO	1.3
<b>TB</b>		<b>291.4</b>
Multi-drug resistant TB diagnostics (EXPANDx)	Global Drug Facility of the Stop TB Partnership/ Foundation for Innovative New Diagnostics/ Green Light Committee (GLC)	89.7
Multi-drug resistant TB scale up initiative	Global Drug Facility of the Stop TB Partnership/GLC	53.4
First-line anti-tuberculosis drug initiative	Global Drug Facility of the Stop TB Partnership	27.6
MDR-TB scale up initiative scaling up access to contemporary TB diagnostics (Gene Xpert)	Stop TB Partnership	25.9
Paediatric TB project extension	Global Drug Facility of the Stop TB Partnership	23.5
Multi-drug resistant TB acceleration & access initiative - strategic revolving fund	Global Drug Facility of the Stop TB Partnership	22.2
Paediatric TB Centre of Excellence	TB Alliance	16.7
Paediatric TB project	Global Drug Facility of the Stop TB Partnership	14.2
Multi-drug resistant TB acceleration & access initiative - strategic rotating stockpile	Global Drug Facility of the Stop TB Partnership	14.1
Scaling up access to contemporary TB diagnostics (Gene Xpert)	Cepheid	4.1
<b>Cross-cutting issues</b>		<b>129.8</b>
Prequalification of medicines	WHO	66.1
UNITAID support to the Global Fund Round 6	Global Fund	52.5
Quality assurance of diagnostics	WHO	10.5
Preventing patent barriers	Lawyers Collective	0.7

Source: UNITAID Annual Report 2012

## Breakdown by Implementing Partner

To implement projects, UNITAID works together with international health organizations rather than financing countries or projects directly. UNITAID's key implementing partners are the **CHAI, the Global Fund, and UNICEF**. Together, these three organizations received around 68% of total UNITAID commitments between 2007 and 2012 (see [UNITAID committed funds by implementing partner](#) below).

UNITAID committed funds by implementing partner, 2007–2012



Total=US\$1.8 billion

Source: UNITAID Annual Report 2012

## Medicines Patent Pool

In addition to these projects, in December 2009, UNITAID's Executive Board approved the establishment of a patent pool for HIV medicines. In July 2010, the patent pool became an independent legal entity, separate from UNITAID, called The Medicines Patent Pool Foundation. The foundation aims to make new medicines to treat HIV available at lower prices for low- and middle-income countries. By the end of 2012, US\$31.2 million had been committed to the Medicines Patent Pool Foundation.

The Pool works in three steps (see [How the Medicines Patent Pool works](#) on right).

As of December 2013, the Pool had secured licenses from four companies (Gilead Sciences, ViiV Healthcare, Roche, and Bristol-Myers Squibb) and one public institution (US National Institutes of Health).

## How the Medicines Patent Pool works

**Step 1:** Patent holders voluntarily license their patents to the Pool—they agree to allow another producer to manufacture/sell generic versions or adapted formulations in developing countries



**Step 2:** The Pool makes these licenses available to qualified 3rd parties, e.g., generic manufacturers, who pay appropriate royalties to patent holder



**Step 3:** The increased competition will lead to sustainably reduced prices

Source: Medicines Patent Pool Foundation

## Organizational Structures and Governance

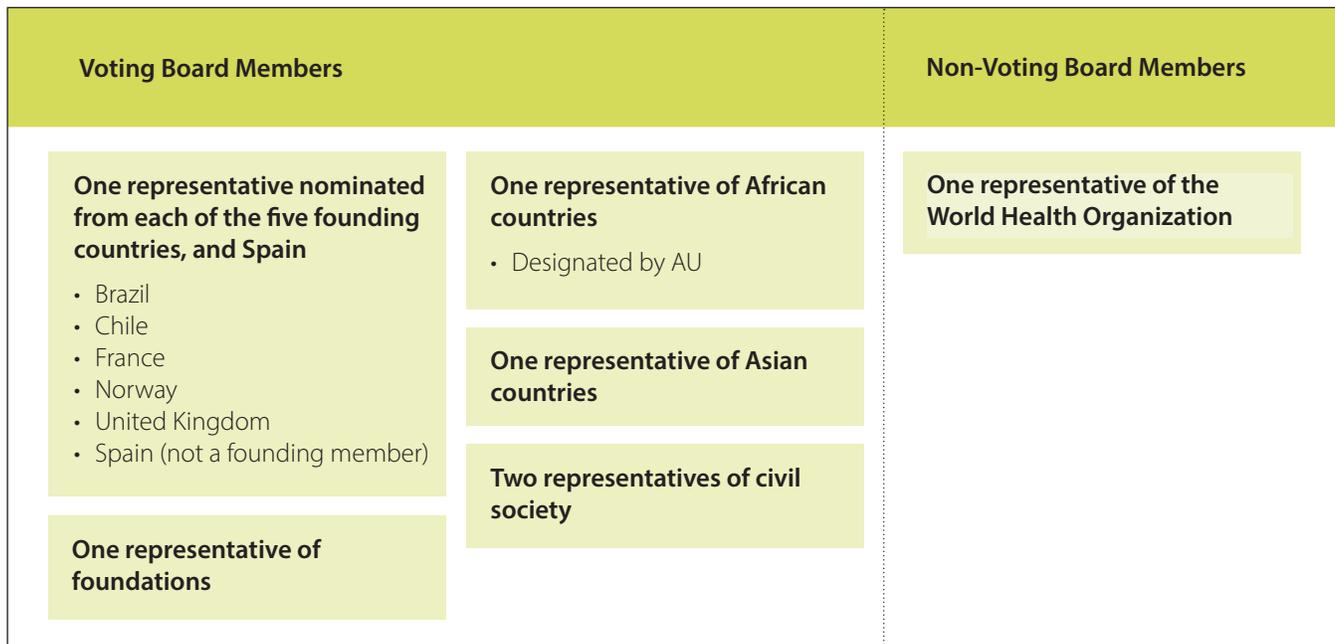
UNITAID itself does not execute any programs at the country level, instead relying on partner agencies to implement the approved projects. It therefore only has governance structures at the “global” level, with headquarters in Geneva, Switzerland, involving donor and recipient countries, foundations, civil society, and the WHO.

UNITAID is governed by an **Executive Board**, which is responsible for:

- Making decisions relating to strategy, scope, and work plans;
- Approving budgets, financial commitments, and partnership arrangements with other organizations and institutions;
- Monitoring UNITAID's progress; and
- Reviewing the performance of the Executive Secretary.

There are twelve members of the Executive Board (see [Membership of UNITAID Board](#) on page 6). The Board meets twice per year, although there may be additional ad hoc meetings as required. It has been chaired by Dr. Phillippe Douste-Blazy, a former Minister of Foreign Affairs for France, since UNITAID's launch in 2006.

## Membership of UNITAID Board



Source: UNITAID

The Board aims to make all decisions by consensus. If consensus is not possible, any member may call for a vote by all voting members. UNITAID's bylaws state that in order for a motion to pass, motions on "day-to-day operational matters" require a simple majority of those present, but "more substantive matters" require the approval of two-thirds.

Board members participate in two committees:

- **The Finance & Accountability Committee**, chaired by the UK, deals with issues relating to financial oversight, risk management, audit, ethics and fraud, and key performance indicators.
- **The Policy & Strategy Committee**, chaired by France, is responsible for development and oversight of program strategy and policy, programmatic performance, and identification of Proposal Review Committee members (see details below).

In addition, two other bodies support the Executive Board:

- **The Proposal Review Committee** is an independent group of 13 scientific, public health, and economics experts. The Committee meets as needed to (1) review proposals submitted to UNITAID for funding, and (2) provide recommendations on proposals for approval by the Executive Board.

- **The Consultative Forum** is a platform for debate, advocacy fundraising, and inclusion of partners. It gathers representatives from donor and recipient countries, international organizations, civil society, and the pharmaceutical industry. The Forum provides advice, feedback, and recommendations to the Executive Board, and has met three times to date: in May 2008, December 2008, and October 2011.

The UNITAID **Secretariat**, which currently has 44 staff (as of January 2014), is responsible for carrying out and managing day-to-day operations and coordinating implementation of the UNITAID work plan. The Secretariat is divided into five functional units (see [UNITAID Secretariat functional structure](#) on page 7). It is led by UNITAID's Executive Director. In January 2014, Dr. Denis Broun stepped down as Executive Director for personal reasons. The Secretariat is currently headed by the Deputy-Executive Director Dr. Philippe Duneton until a new Executive Director is selected.

UNITAID's 2013–2016 Strategy identifies **strengthening organizational management and governance** to increase UNITAID's effectiveness as one of five core action areas. Planned actions include introducing results-based management, and developing an accountability framework and a quality management system.

## UNITAID Secretariat functional structure



Source: UNITAID 2013–2016 Strategy

The UNITAID Secretariat is hosted by the WHO, which also provides its Trust Fund as agreed in a Memorandum of Understanding signed in 2006. UNITAID pays a hosting fee to cover administrative and other services provided by the WHO (US\$1.9 million in 2012). The operational costs for the Secretariat accounted for 8.8% of UNITAID's overall operating expenses in 2012.

### Funding Process

UNITAID makes funding commitments to international partners to finance the purchase of medicines, diagnostics, and other products. UNITAID partners thus have the “purchasing power” to negotiate with drug and diagnostic manufacturers to bring down prices and incentivize the development of new products (e.g., fixed-dose drug combinations).

As laid out in its 2013–2016 Strategy, UNITAID prioritizes and selects projects according to seven **evaluation categories**:

- Public health problem and commodity access issue
- Market shortcomings and their reasons
- Innovative market intervention
- Sustainable market effects
- Public health effects
- Logical framework, budget, and value for money
- Capacity and capability to deliver

Applicants may submit proposals following calls issued by UNITAID. The selection process is usually divided into **two phases**, though UNITAID may also directly issue requests for proposals (see Phase 2) under certain circumstances (e.g. time-sensitivity).

#### Phase 1: Submission of Letters of Intent

In phase 1, UNITAID solicits **Letters of Intent** in which the proponents outline their concepts for new interventions to ensure they are aligned with all or a sub-set of UNITAID's Strategic Objectives.

#### Phase 2: Submission of Full Proposals

Letters of Intent are screened by the UNITAID Secretariat, which then invites successful proponents to submit Full Proposals. **Full Proposals** are reviewed by the **Proposal Review Committee (PRC)**, which ranks the proposals according to **first- and second-tier criteria**:

- **First tier criteria** (reflecting strategic priorities determined by the Board) include: public health effects, market effects, value for money, and innovation.
- **Second-tier criteria** (reflecting the UNITAID principles) include: leverage, value-added, equity, and ability to transition.

If necessary, the PRC may request clarifications from the proponents before/at the PRC meeting or as a condition before presenting the proposals to the UNITAID Executive Board.

Following its technical assessment, the PRC makes funding recommendations to the UNITAID Executive Board, which debates PRC recommendations for each proposal before making a final funding decision. In its decision, the Executive Board considers a project's fit with UNITAID's current portfolio mix, based on principles such as the portfolio balance across the three diseases (HIV/TB/malaria), types of products, the size and number of investments, investment per implementing partner, and the level of resources available to UNITAID.

### Program Implementation and Monitoring

Once a project is approved by the Board, the Secretariat ensures that any requests for amendments or clarifications are addressed, before a **grant agreement** is signed. The grant agreement includes an operationalized project plan, and a plan for transition of funding to sustain the project results after UNITAID funding ends.

Grant implementation is monitored via annual and semi-annual programmatic and financial reports, and a summary of a grants' progress is provided in UNITAID's annual Key Performance Indicators (KPIs) report. In addition, implementers need to submit mid-term and end-of-project evaluations.

## Results

By the end of 2012, UNITAID had purchased drugs, diagnostics, and other commodities to address HIV/AIDS, malaria, and tuberculosis (TB) in 94 primarily low-income countries in Africa, the Americas, Asia, Europe, and the Middle East. Highlights of UNITAID's self-documented achievements include:

### HIV/AIDS

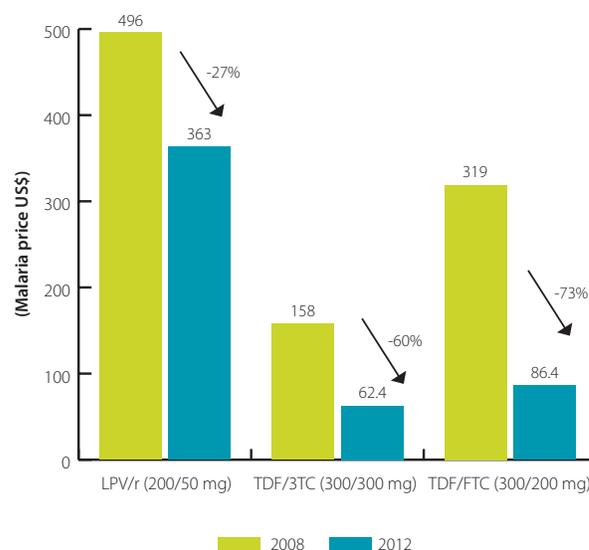
- By working in partnership with CHAI, UNITAID created a market for pediatric ARVs where none existed before and achieved price reductions of up to 80% on leading pediatric ARVs between 2006 and 2012.
- UNITAID also helped create a market for second-line HIV/AIDS treatment, and over 100,000 adult patients are receiving quality second-line ARVs through UNITAID support. It has also sharply reduced the price of key second-line treatment for HIV by up to 73% between 2008 and 2012 (see [Prices for selected adult ARVs used in second-line treatment regimens](#) on right). Price reductions were achieved through a variety of mechanisms, including negotiations with leading manufacturers of generic drugs, as well as intensified competition from new suppliers of second-line ARVs.

### Malaria

By July 2013, UNITAID had:

- Contributed to delivering over 351 million artemisinin-based combination therapy (ACT) malaria treatment courses through the pilot project of the AMFm;

### Price for selected adult ARVs used in second-line treatment regimens (per patient per year)



Source: UNITAID 2012 KPI report

- Achieved private sector price reductions for quality antimalarial medicines of up to 80% (compared to 2009) in seven AMFm pilot countries in Africa;
- Distributed 20 million long-lasting insecticide-treated nets in eight countries; and
- Secured 36 metric tons of the plant artemisinin (15% of global demand) by brokering contracts between growers and extractors.

### Tuberculosis

By July 2013, UNITAID had:

- Financed the purchase of nearly 1.2 million curative and preventive TB treatments for children;
- Supported the establishment of rapid diagnosis and treatment capacity for multi-drug resistant TB (MDR-TB) in reference laboratories in 24 low-income, high-burden TB countries; and
- Contributed to achieving a 40% price reduction for a new rapid diagnostic test (GeneXpert).

These achievements are also reflected in the findings of UNITAID's independent 5-year evaluation published in December 2012 (E2PI was a member of the evaluating team). The evaluation found that many UNITAID projects had "achieved impressive market and public health outcomes" and found "strong indications" that these outcomes were often better than traditional health service delivery investments.

However, the evaluation also highlighted several challenges related to UNITAID's strategic planning, operational approach, engagement with partners, and project performance. For example, UNITAID was found not to have sufficiently defined its funding priorities, and one third of UNITAID-funded projects performed poorly with respect to market outcomes. In addition, many well-performing projects lacked strategies to sustain health and market outcomes upon UNITAID exiting the market niche as a funder. To overcome these challenges, the evaluation **recommended:**

- **Clearly defining future funding priorities** for UNITAID's market-shaping interventions;
- **Engaging with partners to align on key market-shaping priorities** to increase opportunities for co-funding and transitioning to new funding sources;
- **Making resource mobilization more strategic** by adopting a resource mobilization plan with medium-term financial income targets, and asking donors to commit funding for at least a three-year pledging cycle;
- **Enhancing organizational performance**, including by adopting a medium-term strategic plan and annual organizational work plans, conducting annual evaluations of the Board's performance, and increasing project management capacity within the Secretariat;
- **Strengthening documentation and evaluation of results**, including by ensuring clear and consistent documentation of KPIs for all projects, reviewing UNITAID's M&E policies and practices, and improving measurement of its market and health outcomes; and
- **Engaging country level stakeholders and partners to enhance the long-term sustainability of market outcomes**, including by increasing the in-country visibility of UNITAID's funding role, promoting country leadership, and requiring applicants to provide sustainability plans.

In its 2013–2016 Strategy, UNITAID incorporated several of these recommendations, e.g. by outlining funding priorities for each of the Strategy's six strategic objectives. In addition, to increase the effectiveness of its work, the UNITAID Secretariat is introducing results-based management and developing an accountability framework and a quality management system.

## Outlook

UNITAID has significantly contributed to the fight against HIV/AIDS, tuberculosis (TB) and malaria since its launch in 2006. However, as UNITAID's independent 5-year evaluation showed, UNITAID still faces several challenges related to its strategic and operational approach as well as the performance of UNITAID-funded projects. UNITAID needs to address these challenges if it is to achieve its mission.

With the adoption of its 2013–2016 Strategy, UNITAID has paved the way for overcoming these challenges. It will now be crucial to ensure the 2013–2016 Strategy is fully implemented. A key step is the new Strategy Implementation Framework (approved by UNITAID's Executive Board in December 2013) which outlines key work streams and responsibilities for implementing the Strategy's objectives. A mid-term evaluation planned for 2015 will show what progress has been made towards meeting these objectives.

Crucially, UNITAID needs to continue to engage with current donors and explore new funding opportunities to be able to meet its objectives. UNITAID estimates that a minimum of US\$300 million is needed to implement the 2013–2016 Strategy. Revenues in 2011 and 2012 stood at US\$270–280 million, well below the funding levels of the first years of UNITAID's existence (US\$350–370 million per year, 2006–2008).

## Funding and Authorship

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