

JUNE 2025

REIMAGINING _____
_____ **GLOBAL HEALTH:**
ADVANCING PEOPLE-CENTERED
_____ SOLUTIONS



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“This moment calls for renewed collaboration, grounded in country leadership and guided by the expertise of diverse global health partners. Within this evolving context, Unitaid plays a critical role.”

FOREWORD

From progress to sustainability: Shaping the future of global health

Dr. Philippe Duneton
Executive Director of Unitaid



The global health landscape is being reshaped in unprecedented ways. How we respond today will impact the health and well-being of hundreds of millions of people for years to come.

Over the past several decades working in global health, I have witnessed many defining moments that have underscored both the power of global solidarity and the devastating cost of inaction.

Thanks to that solidarity, we have seen remarkable progress. HIV is no longer a death sentence, with tens of millions now accessing lifesaving treatment. Malaria deaths have dropped by two-thirds since the early 2000s, supported by a broader and more effective set of tools. We have revolutionized tuberculosis (TB) treatment and brought better preventive and pediatric options to children who were once left behind.

But the context is changing. Funding is tightening. Operational models are shifting. And health systems – especially in low- and middle-income countries – are under growing strain. To preserve these hard-won gains and continue making progress, we must rethink how we work.

This moment calls for renewed collaboration, grounded in country leadership and guided by the expertise of diverse global health partners. Within this evolving context, Unitaid plays a critical role.

We know that innovation accelerates progress. Modelling from the Global Fund shows that health innovations – like those supported by Unitaid – can fast-track responses by up to three years. But without targeted support, these innovations often remain out of reach: too complex, too expensive, or too slow to scale.

That's where Unitaid comes in. Our model – based on the principles of efficiency, integration, and sustainability – brings together partners across the value chain to address access barriers from every angle: availability, quality, affordability, demand and adoption, supply and delivery.

While others also focus on access, our approach is distinct: we coordinate a range of partners – from organizations, research institutions, civil society, communities and industries – to tackle multiple barriers all at once, to unlock access quickly and enable countries to scale up new tools more effectively. This helps health systems get more value from every health dollar.

As development aid continues to evolve, Unitaid will support countries and communities in navigating this shift – strengthening primary health systems, advancing joint approaches for health equity, and accelerating the path toward sustainable, domestically funded health services. In doing so, we stand in full support of the Lusaka Agenda and the growing movement for more effective, country-led development cooperation.



LEARN MORE ABOUT
UNITAID'S WORK.

TARGETED INVESTMENTS, MAJOR RETURNS



*Our return on investment is based on analysis of 16 key products for HIV, TB, malaria and hepatitis C.


100+

 groundbreaking products
introduced since 2006

320 million

 people use Unitaid-supported
health products every year

 Our approach helps
reach global health targets
3 years faster

US\$10 billion

in savings by 2030



Unitaid proves that smart investments
in health save lives, reduce costs
and speed up progress.

By investing early in breakthrough solutions and helping them reach the people who may otherwise not benefit, every dollar Unitaid invests returns up to US\$46 in health and economic benefits.

This is according to an independent modeling exercise, led by Cambridge Economic Policy Associates (CEPA), commissioned to understand the overall return on our investments in innovative health products. Looking at sixteen key products across four disease areas – HIV, TB, malaria and hepatitis C – the analysis estimated the value of our contribution in scaling up access to these products in low- and middle-income countries.

The return on investment calculation focused on sixteen products that had already been introduced and scaled up in countries, with clear evidence of impact. Each product was modeled individually, comparing two scenarios: one showing what happened with Unitaid's support, and one estimating what would likely have happened without it. The difference between these scenarios – such as earlier access to better medicines or reduced product costs – was used to estimate the additional health impact directly linked to our work.

The analysis considered both the benefits (like deaths or illnesses averted) and the costs, including our funding, the cost of scaling up products, and even environmental costs related to carbon emissions. Savings from lower medicine prices or more efficient delivery were also included where relevant.



UNDERSTAND OUR
ROI METHODOLOGY HERE.

Innovation + Access = Impact

Our mission is simple but powerful: to accelerate access to better, more effective health products for people in low- and middle-income countries. We do this by investing in promising solutions – like child-friendly HIV medicines, rapid self-tests, and next-generation malaria prevention tools – and working with partners to ensure they reach communities faster, at lower cost, and on a greater scale.

We don't fund large-scale delivery. We take smart risks on promising solutions that others may hesitate to back. Our time-limited, high-impact investments demonstrate what's possible – so others can take it further. When governments, donors, and global health actors scale up the innovations we help introduce, the return is exponential.

**Once an innovation is proven,
it keeps working – reaching millions
more, year after year. That's how
we deliver a multiplier effect – and
why our investments continue to
progress long after our funding ends.**

Each year, more than 300 million people use more than 100 health innovations we have supported. Our work strengthens the entire global health ecosystem – accelerating progress toward major targets by up to three years and unlocking over **US\$10 billion in projected savings by 2030** – critical funding that can be reinvested elsewhere.

Advancing equity at all costs

Importantly, we don't only invest in products with the highest financial return. Many of the innovations we support are designed to reach communities that markets often overlook – such as children, pregnant women, marginalized groups, or people in remote or underserved settings. These products may be more costly to scale, or their benefits harder to quantify in purely economic terms. But they are essential to building fairer, more inclusive health systems – and to ensuring that no one is left behind. For Unitaid, equity is not a trade-off – it's a core part of our impact.

Innovative tools fast-tracked.

Millions more people reached.

Equity embedded in every investment.



Marisol Touraine
Chair of the Executive
Board of Unitaid



Dr. Magda Robalo
President of the Institute for Global Health
and Development, Guinea-Bissau

Preparing the global health response of the future

Low- and middle-income countries are transforming. Home to the youngest, fastest-growing populations in the world, these countries are poised to become global centers of innovation, economic dynamism, and leadership.

This progress reflects decades of health and development gains, achieved through support from Unitaid and many other partners. Infant mortality has halved since 2000. Nearly 80% of people living with HIV worldwide are on treatment. Malaria deaths have declined by two-thirds. These achievements are a testament to the resilience and leadership of countries, supported by smart global investments from governments, donors and partners.

But these hard-won gains are under threat. Many low- and middle-income countries are at the epicenter of interlinked global crises: climate change is displacing communities, worsening food insecurity and straining fragile health systems. New and re-emerging infectious diseases such as Mpox and Marburg are on the rise. And critical international aid – once the backbone of lifesaving health programs – has declined sharply.

At the same time, longstanding systemic challenges persist. The COVID-19 pandemic exposed deep inequities in access to vaccines and medical oxygen, while weak supply chains underscored the region's need to produce the diagnostic tests and medicines it needs most.

The world is now looking to low- and middle-income countries to drive the global health response of the future.

It is the time to strengthen this approach, and for countries to take the lead. The Lusaka Agenda offers a bold, unifying vision for reforming global health around country ownership, leadership and regional action. African countries and partners are working with Unitaid's support to reinforce regional manufacturing capacity anchored in countries' epidemiological needs, such as HIV, TB, and malaria. These efforts, more likely to be sustainable in the near term, help respond to growing challenges with non-communicable diseases while also establishing a strong foundation for pandemic preparedness. Meanwhile, our partnerships are enabling countries to access – and take ownership of – lifesaving innovations for safer childbirth, cervical cancer prevention, and medical oxygen, building sustainable systems that endure beyond donor funding.

To propel this transformation, innovative financing solutions are urgently needed. Blended finance, domestic resource mobilization, and strategic partnerships with multilateral development banks and the private sector can attract the capital needed to build resilient, locally led systems. However, these efforts won't be enough unless resources are used effectively, and the global financial system is reformed to better support health and development goals.

Our actions today will shape the global health response of the future. By investing in sustainable systems now, we are safeguarding health and prosperity for generations to come.

Unitaid in numbers

Our work helps major global health responses more efficient, more effective and - most importantly - ensures people in low-and middle-income countries have access to the highest quality health products available.



0.5%

With about 0.5% of the funding allocated to the global health response, Unitaid delivers massive returns.



1.96%

Our lean Secretariat represents less than 2% of our total investment portfolio.



82%

Our staff are highly committed to Unitaid's Mission, with more than 80% staff satisfaction in 2025.



93%

Partnerships are central to our model, with implementer satisfaction above 90% in 2025.



100+

Since 2006, Unitaid has helped expand access to more than 100 health products.



320m

Each year, more than 300 million people benefit from products we've supported.



186m

By 2030, these products will avert an additional 186 million instances of illness or disease.



930k

In the process saving nearly 1 million additional lives.



3 years faster

Helping us reach global disease goals three years faster.



46:1

Every US\$1 invested in Unitaid delivers US\$46 of health and economic benefits.



US\$10 billion

Our work will help to save approximately US\$10 billion for countries and health programs by 2030.

Protecting ourselves: Youth voices on the future of HIV prevention

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"I would like youth to be empowered about their health. We need options. We need to be able to protect ourselves."

- Thato Mtshweni, Community Information Agent, South Africa

"I would like youth to be empowered about their health," says Thato Mtshweni, 20, a volunteer community information agent at an HIV clinic near Johannesburg.

The clinic is a lifeline for young people, offering stigma-free testing, prevention and treatment – including what Mtshweni sees as the most powerful tool yet: pre-exposure prophylaxis (PrEP). Available as daily pills, a monthly vaginal ring, or a long-acting injection, PrEP helps people stay HIV-free. But for young women in South Africa – who are several times more likely to contract HIV than young men – long-acting injectable options are especially critical.

"I started PrEP in 2019 with daily pills but switched to long acting cabotegravir in 2022 because of side effects," says Mtshweni. "It's way better. Many of my friends take it too. They like the injection – they don't want to take pills every day."

Pills can be difficult to stick with and risky to hide, potentially triggering stigma or even violence. Levels of protection also drop faster in women than men when doses are missed. That's why a new injectable, lenacapavir, has sparked such hope. Taken just twice a year, it was 100% effective in preventing HIV infections among cisgender women and girls in trials and is well-positioned to overcome major barriers to PrEP use.

But there's a catch. Lenacapavir is on track for a World Health Organization (WHO) recommendation and is anticipating its first regulatory approval for prevention this year, but its current price puts it far out of reach for the countries that need it most. And as governments struggle to maintain existing HIV programs amid shrinking budgets, prevention risks being left behind.

Unitaid has invested more than US\$22 million to accelerate access to lenacapavir. This includes support for WHO guidelines and prequalification, work with partners to speed up market entry of quality-assured, low-cost generics, and support for country adoption. In South Africa and Brazil, we are also implementing real-world delivery models to reach people in need.

However, without sufficient global funding for scale, this game-changing medicine may never reach all the people it could protect.

"We need options," Mtshweni says. "We need to be able to protect ourselves."

Photo: Thato Mtshweni volunteers at an HIV clinic near Johannesburg to help reach others like her with information about their health. © Unitaid



STRONGER TOGETHER

Global health is at a crossroads. Despite momentum in fighting infectious diseases and improving women's and children's health, major funding gaps risk reversing progress. Unitaid plays a vital role in making limited health budgets go further – but we can't do it alone. Strong, strategic partnerships with governments, communities, researchers, companies, and national, regional and global health actors are essential to our model.

IDENTIFY HEALTH CHALLENGES

We work with countries, communities and health actors to identify health challenges where we can make a difference.

Our consultations with technical partners, governments, researchers, civil society and communities help us understand where progress is still lagging. We investigate gaps in prevention, diagnosis and treatment, populations who may be underserved or disproportionately affected, and areas where costs, implementation questions or supply challenges may be holding back progress.

FIND POTENTIAL SOLUTIONS

We find potential solutions in the form of tools or treatments that can address these challenges and improve the lives of millions of people.

As part of that process, we scan the pipelines for innovations – in the form of both products and approaches – that could respond to these challenges. Maybe it's an easy-to-use, portable device that would allow testing or treatment to take place in primary care or community settings and reach more people. Or maybe it's a promising new medicine that showed efficacy in clinical trials but is too expensive or too limited in supply to serve all those who could benefit. Other times it's not a product at all but a better way to streamline care so countries can deliver health services more efficiently – improving health while conserving human and financial resources.

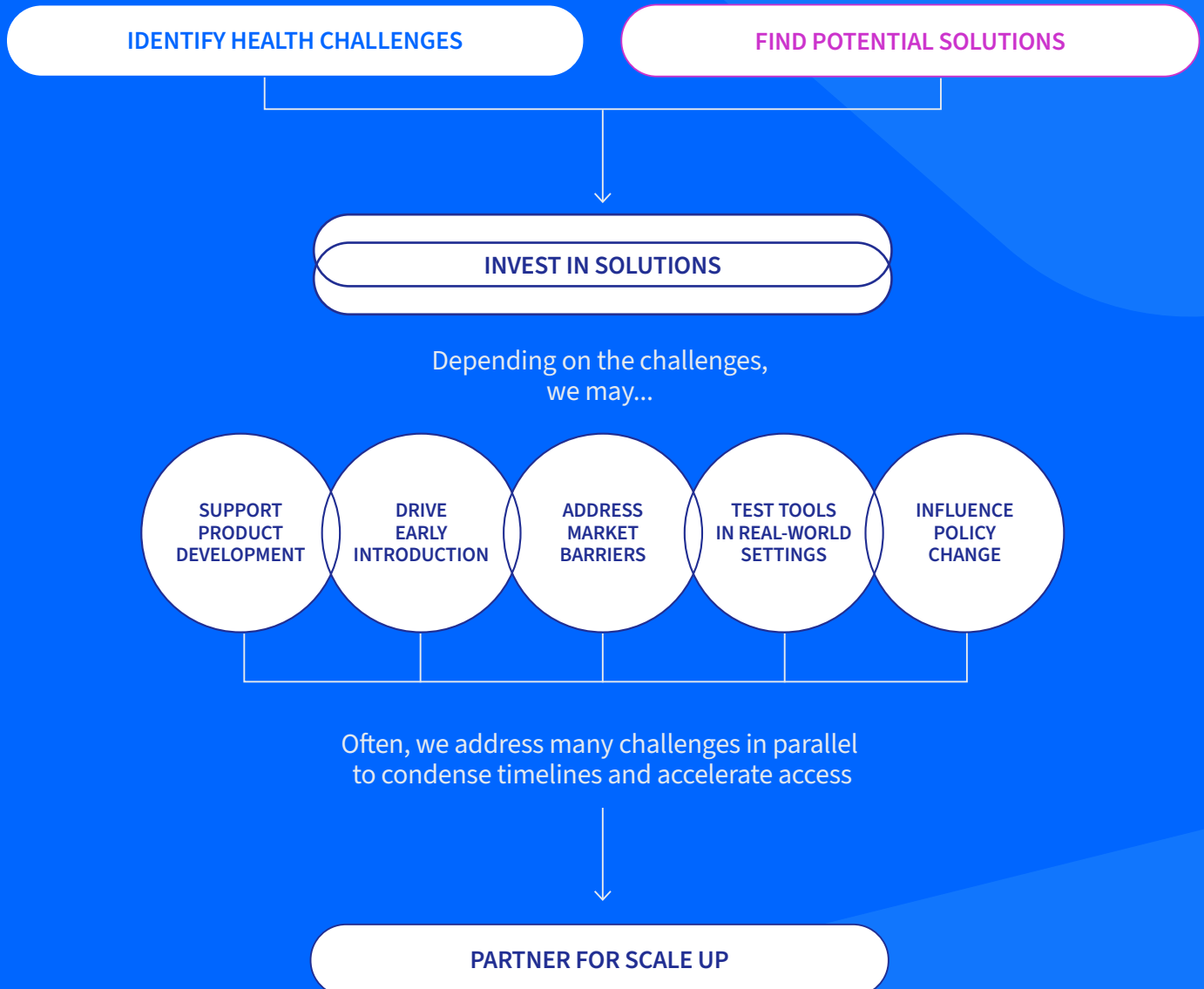
INVEST IN SOLUTIONS

We invest in innovative solutions and work with partners to address challenges so health products can get to the people who need them.

Our calls for proposals solicit smart ideas from partners across the globe. We match challenges and promising innovations with interventions that address access barriers that might stand in the way – like poor quality or high costs, implementation challenges or insufficient supply. Through this highly consultative process, we coordinate with others working on the same problems, to leverage learnings, align approaches, and design complementary interventions.

This work takes many shapes. We might fund the development of child-adapted formulations, pilot cost-effective ways to integrate new tools into existing health systems, facilitate licensing agreements, or support African manufacturers to produce quality-assured generic medicines. We may also help build demand through awareness efforts and collaborate with normative bodies like WHO to ensure that programs address evidence gaps and help shape policy. Each investment is unique – typically designed to overcome several access barriers at once and maximize the impact of innovation.

HOW WE WORK



Once a product or intervention has shown promise, we partner with donors, government stakeholders and communities to take these products to scale so people everywhere can benefit.

Our work creates markets, ensuring innovative tools reach everywhere they're needed. By engaging communities and government stakeholders to grow awareness and create demand, our work encourages new suppliers to come to market, stabilizing supply and bringing down prices with efficiencies of scale. Meanwhile, operational programs develop cost-effective delivery models and normative bodies issue recommendations, which trigger countries and partners to scale up interventions, increasing access for millions of people.

Speeding access to innovation for the greatest human benefit is our primary goal. We build practical approaches to ensure rapid, equitable access from the very beginning. Access is not a stepwise process; it requires an end-to-end view and smart, coordinated action to ensure quality health products reach people in need as quickly as possible.

PROGRESS ON THE PATH TO SCALE UP

We work to expand access to critical health innovations that strengthen health systems, advance the HIV, TB and malaria responses, and improve maternal and newborn health. Our interventions are designed for scale, tackling barriers like cost, quality, supply, and availability in low- and middle-income countries.

Here are a few of our recent successes.

Affordable ultraportable chest X-ray devices bring TB screening closer to communities who can benefit

In May 2025, Unitaid and the Clinton Health Access Initiative (CHAI) signed a landmark agreement with South Korean manufacturer Poskom to dramatically lower the price of their ultraportable digital chest X-ray system for TB screening. The pricing agreement will enable eligible buyers in 138 low- and middle-income countries to purchase the device at a significantly lower cost than other similar quality products on the market – allowing them to reach more people with TB screening.

These battery-operated, lightweight devices have the potential to be gamechangers for remote and underserved communities, enabling people to get screened for TB without the need to travel to a health center – which may be out of reach for many.

Every year, an estimated one in five people with TB go undiagnosed, often because testing is unavailable in the lower-level health facilities where they seek care. Ultraportable digital chest X-rays are a critical tool to help rule out TB. These devices are compatible with artificial intelligence interpretation software that assists with reading results quickly and supports timely access to treatment. By enabling earlier diagnosis in remote areas where access to health services is limited, this technology can help reach more people in need of care.

Photo: A woman is screened for TB at home with the ultraportable chest X-ray device. © Poskom



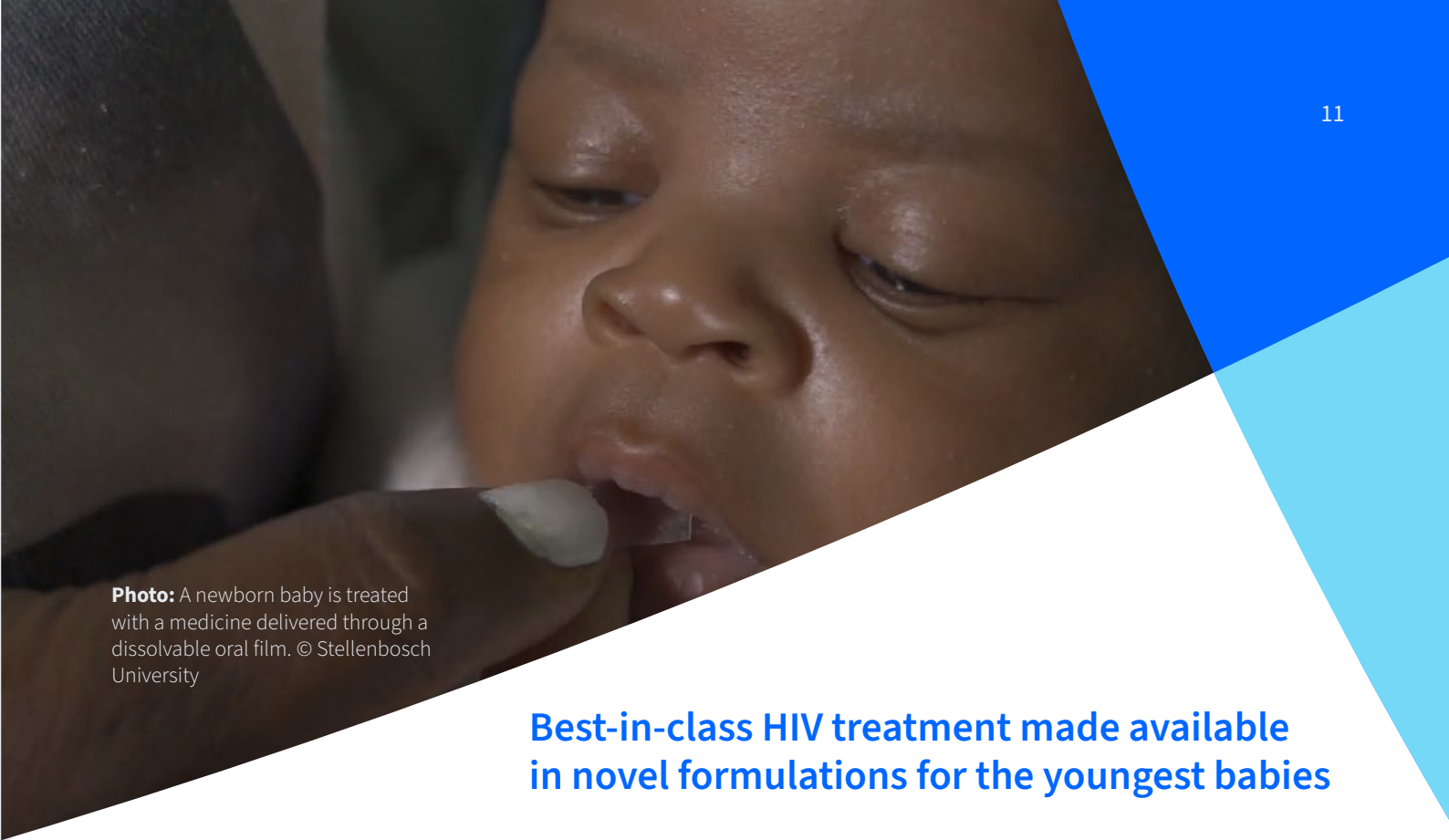


Photo: A newborn baby is treated with a medicine delivered through a dissolvable oral film. © Stellenbosch University

Best-in-class HIV treatment made available in novel formulations for the youngest babies

Dolutegravir – a highly effective, affordable, revolutionary treatment for HIV – should soon be available to newborn babies, the only population still waiting for access to the drug. A novel, child-friendly formulation of dolutegravir that delivers the medicine through a thin, dissolvable oral film has the potential to transform care for the youngest children.

Babies born to mothers living with HIV need antiretroviral medicines for prevention or potentially treatment, but clinical trials of dolutegravir had not previously included newborn babies. This effectively excludes these vulnerable children from getting the most effective HIV medicine available. Instead, they are given an older set of liquid formulations that are more complex to administer, are not taste-masked and, because newborns make up such a small segment of the commercial market, can be difficult to procure.

The Unitaid-funded PETITE-DTG trial, led by researchers at Stellenbosch and Chiang Mai Universities, advanced research to understand how to use dolutegravir safely and effectively in newborns, providing WHO with evidence to support recommendations and dosing for its use in this population.

The study included a brand-new innovation in child medicine – a flavor-masked, dissolvable film, never before studied in children. The film delivers the same dose of dolutegravir as dispersible tablet formulations and could respond to challenges caregivers face when treating children: liquid formulations need to be dissolved in water and can be spit out, leaving a parent unsure if the child has received the full dose.

Results of the PETITE-DTG trial in early 2025 confirmed dolutegravir – in both formulations – to be safe and effective from birth. The study also provided dosing guidance that could enable health systems to confidently treat newborns with HIV. A WHO recommendation would help influence updates to national guidelines and programs, paving the way for broader adoption across countries.

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This new dolutegravir formulation will change how we manage and care for infants born with HIV – it’s easy to administer, is better tolerated, and allows us to start treatment from day one – a game changer which will save lives.

– Dr. Samantha du Toit, Tygerberg hospital in Cape Town, South Africa



Regional production of oxygen expands across Africa through innovative public-private partnerships

In a major step towards strengthening oxygen access and building health system resilience across East Africa, Kenya and Tanzania are leading the development of a regional network of medical-grade liquid oxygen through Unitaids East African Program on Oxygen Access. The initiative is building Africa's first regional manufacturing and distribution network – aiming to triple medical oxygen production in East Africa and reduce prices by one-third, enabling treatment of thousands of additional patients each month.

Medical oxygen is a cornerstone of modern healthcare – vital for treating pneumonia, supporting surgeries, and saving newborns. Yet in many parts of sub-Saharan Africa, oxygen remains out of reach. While oxygen may be produced for industrial purposes, the systems to purify, distribute, and reliably supply it for medical use often do not exist.

Through this program, large-scale production facilities in Mombasa, Nairobi and Kisumu (Kenya) and Dar es Salaam (Tanzania) will supply oxygen nationally and through regional hubs in East and Southern Africa. Facilities are being integrated into broader national and regional distribution systems. Hospitals and clinics are being connected to reliable supply networks, while health workers are trained to safely handle and administer oxygen.

At the same time, using market-shaping approaches, Unitaids and partners will reduce the financial risk for the three private manufacturers to give companies the confidence to invest in production capacity while ensuring that prices remain affordable for the health sector.

The East African Program on Oxygen Access uses an innovative blended financing model, combining catalytic grant funding from Canada and Japan with potential support from MedAccess through volume guarantees, where appropriate. The Governments of Kenya and Tanzania are leading implementation with support from CHAI, and in collaboration with PATH and other development partners.

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“Now more than ever, building long-term capacity within our region is essential. We welcome this collaboration with Unitaids, CHAI, TOL Gases Plc, and other key partners to improve access to medical oxygen in Tanzania and across neighboring countries.”

- H.E. Kassim Majaliwa, Prime Minister of Tanzania

Photo: The East African Program on Oxygen Access aims to triple medical oxygen production in the region and reduce prices by one-third. © Unitaids

One-quarter of a million babies treated with innovative medical oxygen delivery devices

Every year, millions of newborns and children suffer from conditions that could be treated with medical oxygen. In many parts of the world, oxygen access remains limited, and in remote, under-resourced, or crisis-affected settings, even when medical oxygen is available, the devices required to provide it to children require electricity and expensive compressed gas.

With Unitaid's support to Vayu Global Health, 260,000 newborns in 34 countries have been treated with bubble Continuous Positive Airway Pressure (bCPAP) systems – an affordable solution that, coupled with the oxygen blender system, delivers the right amount of oxygen to babies and newborns safely without electricity, preventing the serious brain and organ damage that can occur when babies receive a pure oxygen supply.

Manufactured by Revital in Kenya – and with production expanding to India in 2026 through support from the Gates Foundation – the bCPAP devices support local economies while also building regional capacity to produce essential medical equipment.

Unitaid supported Vayu with late-stage development and regulatory approval of the devices, and now, with additional support from Japan, Unitaid will scale the use of this device in humanitarian and conflict-affected settings, reaching newborns in some of the hardest-to-reach corners of the health system.

Photo: A newborn in Kenya is safely ventilated with the bCPAP, an affordable device that can provide lifesaving oxygen to babies without electricity. © Unitaid





First Nigerian manufacturer obtains WHO pre-qualification for key malaria prevention drug, expanding quality supplies of African-made malaria medicines

Malaria is still one of the biggest killers in Africa. In 2023, the continent saw 94% of global malaria cases – and 95% of malaria deaths. But despite this, most of the medicines used to prevent and treat malaria are imported. That means countries could face delays or shortages when they need medicine most.

That is beginning to change: with support from Unitaid and the Medicines for Malaria Venture, Swiss Pharma Nigeria Limited (Swipha) became the first Nigerian company to have its malaria prevention medicine quality-assured by WHO. The medicine, called sulfadoxine-pyrimethamine, helps protect pregnant women from malaria. This approval means global purchasing agencies can now procure Swipha's product, helping increase supply while growing regional capacity to respond to localized health needs.

Nigeria alone accounts for one in four malaria cases globally. Being able to produce high-quality malaria medicine in the country means faster delivery, more reliable supply, and reduced emissions from long-distance transport. Diversifying production hubs also strengthens the region's ability to respond to its own health needs – reducing reliance on distant suppliers and building health systems that are more resilient to climate-related disruptions such as floods and extreme weather.

Swipha is the second African manufacturer Unitaid has supported to obtain WHO prequalification for its sulfadoxine-pyrimethamine product. In 2022, Kenyan manufacturer Universal Corporation Limited (UCL) became the first company in Africa to receive a WHO quality certification for the antimalarial drug. With Unitaid's support, UCL is also now supplying the continent with quality-approved HIV medications.

Rwanda paves the way in cervical cancer elimination, aiming to beat global targets by three years

Rwanda's "Accelerated Plan for Cervical Cancer Elimination (2024-2027)" is a bold national strategy that aims to reach 70% screening and 90% precancer treatment coverage by 2027, three years ahead of the global WHO target. The strategy reflects the results of Unitaid's years-long collaboration with the Ministry of Health and is based on scaling up innovative tools and service delivery models Unitaid has helped introduce.

Cervical cancer is one of the most common forms of cancer among women despite being preventable and curable when the human papillomavirus (HPV) is detected early and managed effectively. Rwanda's ambitious, achievable elimination strategy maintains high rates of vaccination for girls and accelerates screening and treatment for women who cannot benefit from the vaccine.

Since 2019, Unitaid and CHAI have supported Rwanda's efforts to build screening and treatment programs underpinned by innovative tools: high performing tests to identify HPV infection that replace less accurate visual inspection methods, and portable treatment devices to remove precancerous lesions.

Both new tools have been integrated into national guidelines, and, with our support, treatment devices are now available in all health centers in the country. Coupled with an innovative community-based self-sampling model that makes testing more accessible for women, we are helping to expand cervical cancer screening in Rwanda.

National screen-and-treat programs now operate in over half the country, with coverage growing from 9% in 2019 to 40% by 2025. These programs are demonstrating how to reach more women and successfully link them to treatment, providing a strong model for scale up in support of the country's national strategy.

This is just one example of our efforts to improve access to lifesaving cervical cancer screening through programs in 14 countries across three continents. This work is developing proven models that can be integrated into health systems in low- and middle-income countries worldwide.

Photo: Our cervical cancer screen-and-treat programs are demonstrating how to integrate services in existing health structures.
© Aniket Ukey / Unitaid / CHAI



Unitaid's work makes possible first shorter all-oral treatments for children and pregnant women with drug-resistant tuberculosis

For the first time, children and pregnant women with drug-resistant TB (DR-TB) – who have been long excluded from the latest advances in care – can access shorter, safer, all-oral treatment regimens. This is thanks to new WHO recommendations for four new treatments, released in 2024. Three of the treatment regimens were developed through the Unitaid-funded endTB clinical trials led by Médecins Sans Frontières, Partners In Health, and Interactive Research and Development.

For decades, people with DR-TB have endured long treatment regimens lasting nearly two years and involving daily injections with severe side effects. Though WHO has recommended a more tolerable, all-oral 6-month regimen called BPaLM for DR-TB since 2022, it is not previously approved for all populations, and the drug combinations are not readily available and affordable in all countries.

The new treatments last 6-9 months, are suitable for all populations and rely on both new and pre-existing drugs that are already available on the market, off primary patent, and are well-known to clinicians.

Notably, one of the new endTB regimens is the most affordable on the market, has a lower pill burden, and uses a combination of drugs that are widely available in low- and middle-income countries, including child-adapted formulations. With these new regimens, all patients, including historically overlooked populations, can now be cured in 9 months or less with all-oral treatments.




Photo: At just 15 years old when he contracted drug-resistant TB, Genaro was one of the youngest participants in the endTB clinical trial. © William Castro Rodriguez / Partners in Health

Safe births in remote settings: How a simple medicine can save lives

“When I went into labor, I tried to go to the hospital,” explains Barki, who lives in a remote tribal region outside of Khargone, India. “The [community health worker] had come to my home and explained that I should go, but my baby came too quickly.”

Though global health goals call for all women to give birth with the support of a skilled attendant, this remains a logistical and cultural challenge for many women, particularly those who live in rural areas, many hours’ away from the nearest hospital.

These unassisted births are often associated with higher rates of deaths for both mothers and their babies. When complications occur, emergency care is too far and too slow. Postpartum hemorrhage is one of the most common, life-threatening complications.

Three tablets of the oral medicine misoprostol can help reduce these risks if a woman takes it just after delivery, but the drug is still largely inaccessible for many women.

“My mother-in-law gave me the pills after my baby came. I had no problems,” says Barki, who received misoprostol from a community health worker who explained the importance of giving birth in the hospital and counseled her on how to use the medicines if she couldn’t get there.

Efforts to expand access to misoprostol are part of Unitaids’ broader work aimed at encouraging uptake of a comprehensive package of tools for preventing, detecting and treating postpartum hemorrhage, no matter where a woman gives birth.

Implementation programs led in partnership with Jhpiego are demonstrating delivery of these tools, while clinical trials led by the Human Reproduction Program and the London School of Hygiene and Tropical Medicine seek to expand and simplify use of two other drugs – heat-stable carbetocin and tranexamic acid.

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“When I went into labor, I tried to go to the hospital but my baby came too quickly.”

- Barki, who lives in a remote tribal region outside of Khargone, India

Photo: Barki took misoprostol to prevent postpartum hemorrhage when she wasn’t able to reach the hospital in time to give birth. © Unitaids



LOOKING AHEAD: RESILIENT RESPONSES FOR A CHANGING WORLD

We address major global health challenges like HIV, TB and malaria, while expanding access to quality care for vulnerable and underserved populations through investments that improve maternal and newborn health, promote equity, and strengthen global health systems.

But the environment in which we operate is changing, and the response needs to adapt. Already in 2023, the Lusaka Agenda recognized a shift toward stronger country-led and owned public health responses, and formalized an approach to ensure that innovations are embedded within country systems and aligned with community needs, existing health strategies, budgets and capacities from the outset.

Though our interventions have always been designed to drive and sustain progress long after our investments end, we are evolving our model to ensure greater collaboration with in-country partners to promote better health outcomes while streamlining systems, reducing bottlenecks and bolstering regional manufacturing to accelerate equitable access to essential health products.

Innovation is not optional. Now more than ever, we need high-quality products at lower prices to reach people faster and maximize the impact of global health budgets. Innovation is at the heart of our work. Our catalytic investments, developed and implemented in collaboration with a diverse group of partners, address access barriers while ensuring innovations are built into country systems and reflect the realities of communities, policies, and available resources from day one. This helps to accelerate uptake and reach millions of people in some of the most resource-limited locations.

Moving forward, we will build on this approach – with an emphasis on efficiency, integration and sustainability – to deliver the greatest impact.

Protecting progress against HIV, TB and malaria

Collectively affecting some 300 million people worldwide and claiming more than 2.5 million lives each year, HIV, TB and malaria remain among the greatest global health threats facing the world today, disproportionately affecting people in low- and middle-income countries. After decades of remarkable progress, sudden reductions in international aid have dramatically altered the response and are impacting people's ability to access prevention, testing and treatment. These challenges are unfolding at a time when climate change is reshaping health needs and responses, and rising drug resistance is undermining the effectiveness of existing tools.

But we also have unprecedented momentum, fueled by an array of new, effective tools that are capable of responding to and outpacing persistent and emerging threats.

Multiple shorter, more tolerable treatment regimens for DR-TB can turn the tide against this intractable form of the disease, including for the most vulnerable people. The vector control toolbox for malaria continues to improve and expand with products like spatial repellents that counter insecticide resistance, while a diversified approach to antimalaria treatment through multiple first-line therapies will strengthen defenses against emerging drug resistance and preserve the effectiveness of critical tools. And a new long-acting HIV preventive treatment could be a game-changer for the HIV response – if the product is made affordable and available enough to benefit the millions of people in need.



2.5 million

Claiming more than 2.5 million lives each year, HIV, TB and malaria remain among the greatest global health threats facing the world today.

Our upcoming programs will accelerate access to lifesaving innovations. Together with our partners, we will work with community groups to promote access and uptake of new DR-TB treatment options. We will support the clinical trials and operational research needed to advance what could be the first new class of vector control tool in decades and drive market shaping efforts to support diversification of antimalarial drug supplies. And we will address supply and affordability challenges that could otherwise restrict access to a range of PrEP options like lenacapavir for people living with HIV in low- and middle-income countries.



More than 13 million lives

We can save millions of lives over the next 50 years if women have timely access to cervical cancer screening and treatment.



Driving cervical cancer elimination

Despite being highly preventable with timely access to prevention, screening and treatment, cervical cancer continues to claim the lives of hundreds of thousands of women each year – nearly all of them in low-resource settings. In sub-Saharan Africa, cervical cancer is the leading cause of cancer-related death in women, disproportionately impacting women living with HIV, who are at six times higher risk due to their compromised immune systems.

Building on our pioneering investments in screening and treatment, we will focus on supporting countries that are at various stages of implementation to advance towards the goal of cervical cancer elimination. This includes accelerating uptake of proven tools – like high performing tests to identify HPV infection and portable treatment devices to remove precancerous lesions – and ensuring they are integrated into public health systems in sustainable, cost-effective ways.

At the same time, we will work to make these technologies more accessible by reducing costs and improving supply security. We will support governments in planning and budgeting, while also helping raise awareness, generate demand and involve communities to reach more women.

By bringing services closer to where women live, we can help reduce the number of women who miss out on care and ensure they get the follow-up they need. This work is essential to transforming pilots into sustained, nationwide programs. Through strong partnerships, strategic financing, and continued leadership in secondary prevention, we are uniquely positioned to help turn the goal of eliminating cervical cancer into a global reality.

Photo: A doctor shows a thermal ablation device - a tool used for quickly and easily removing precancerous lesions on the cervix. © Unitaid



700 women 6,000 newborns

Every day, 700 women and 6,000 newborns die from complications related to pregnancy or childbirth, mostly in low- and middle-income countries.

Healthy pregnancies, safe births, bright futures

Every day, 700 women and 6,000 newborns die from complications related to pregnancy or childbirth, mostly in low- and middle-income countries. These deaths are largely caused by a handful of preventable and treatable conditions. Postpartum hemorrhage, preeclampsia and anemia are leading drivers of maternal death, while preventable transmissible diseases, when not adequately treated, can cause serious harm to mothers and their babies.

Our portfolio of investments aims to increase access to high-quality products to diagnose, monitor and treat pregnancy-related conditions and support the systems that enable women and newborns to receive quality care during and after pregnancy – when and where they need it.

Building on our programs aimed at reducing postpartum hemorrhage, we plan to double our maternal and newborn health investment portfolio with programs that increase access to high-quality products to identify, monitor and treat pregnancy-related conditions and support the systems that enable women and newborns to receive quality care.

New programs will demonstrate how to integrate new tools and screening services into antenatal care to increase access to treatment for HIV, hepatitis B, syphilis and Chagas disease for both mothers and babies.

Other programs in development will tackle the implementation challenges and market barriers that restrict access to quality care for preeclampsia and anemia. They will do this by accelerating uptake and consistent use of underutilized, existing tools, while also advancing product development, market access and other supply-side activities. The goal is to expand access to a targeted set of products for diagnosing, monitoring and treating the two conditions.

Photo: A doctor times a woman's contractions to be sure that they are frequent and strong enough for her to go to the labor ward at a hospital in Nigeria. © Etinosa Yvonne / Wellcome





The infrastructure of impact: Manufacturing, integrated diagnostics, oxygen, preparedness

A strong health system is one that can respond to the health needs of its population, providing quality prevention, diagnostics and care, particularly when needs are the most acute. We are working with countries to build stronger, more resilient health systems through interventions along the value chain.

By strengthening the production of health commodities – including medicines and diagnostic tools for postpartum hemorrhage, malaria and HIV, as well as medical oxygen – in regions where access is most limited, we're helping countries address today's urgent health needs. At the same time, we are building the infrastructure and expertise needed to be better prepared for future pandemics, localized outbreaks, climate-related health challenges, or other emerging threats.

Limited access to diagnostics in low- and middle-income countries, especially at the primary care level, continues to pose a major barrier to achieving public health goals. Planned work to improve access to testing, particularly through the use of multi-disease diagnostics, will strengthen diagnostic capacity for clinical care of key diseases and conditions, such as TB, and address critical gaps in health infrastructure that also support pandemic prevention, preparedness and response.



70% of all pharmaceuticals

Despite shouldering a quarter of the world's disease burden, 70% of all pharmaceuticals consumed in Africa are imported.

From crisis to capacity:

How diaTROPIX is powering Africa's diagnostic future

Africa is the world's largest consumer of rapid diagnostic tests, with over half a billion tests used each year. Yet, until recently, all these tests were imported – leading to delayed access to quality products and increased vulnerability to global supply chain disruptions, as was starkly highlighted by the COVID-19 pandemic. The recent changes in the international aid landscape have once again put Africa at risk, as global suppliers may shift their strategy or focus efforts on other markets.

During the pandemic, Unitaid and FIND partnered with the Institut Pasteur de Dakar in Senegal to expand COVID-19 test manufacturing in Africa and better equip the continent to respond to the crisis. This led to the opening of diaTROPIX, a not-for-profit manufacturing site that increased production volume 15-fold. In addition, Unitaid and FIND contracted both Bionote (Korea) and GADx (UK) to support diaTROPIX with technology and know-how transfer.

As the need for COVID-19 tests has diminished, diaTROPIX is now harnessing this same technology to produce essential rapid diagnostic tests for HIV, malaria and other infectious diseases, such as yellow fever or measles, helping improve access to quality diagnostics and respond to local disease outbreaks in the region.

Regionally manufactured products tailored to local needs not only enable countries to meet today's needs for quality-assured diagnostics, but also contribute to stronger, more resilient health systems that are better prepared to pivot in the case of future health emergencies.



Photo: HIV self-tests in production at the diaTROPIX site in Dakar. © Unitaid

5 INNOVATIONS TO WATCH

Innovation is at the center of our work. Sometimes this means identifying novel tests, medicines, or devices that need proof-of-concept to help encourage uptake. Other times, the innovation is in the delivery - developing optimal, cost-effective ways to ensure new or underused tools reach further for that greatest benefit.

Here are just a few of the promising new health products we're supporting.



Low-tech tool to identify life-threatening bleeding after birth

Up to half of all women who experience severe bleeding after childbirth, known as postpartum hemorrhage, are identified too late or not at all, causing life-threatening delays in treatment access.

A piece of plastic sheet that hangs off the end of the delivery table and collects and measures blood in a clear pouch at its base, the calibrated drape is a simple solution to a deadly access barrier. The device enables healthcare workers to quickly and objectively identify postpartum hemorrhage and intervene with critical, lifesaving treatment.



Portable AI-compatible X-ray device for TB screening

Weighing just 5kg and designed for use in the most remote settings, ultraportable digital chest X-rays are an essential tool for identifying TB early. Compatible with AI-driven computer aided detection software that interprets X-rays and performs on par with expert human radiologists, this combination of tools allows for early TB screening and triage outside of traditional health facilities.

A landmark pricing agreement, secured by Unitaid and CHAI with South Korean manufacturer Poskom, dramatically reduced the price of their portable X-ray device. This agreement will help bring cutting-edge TB screening closer to people's homes and communities in 138 low- and middle-income countries, including those with the highest burdens of TB.

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“With early detection and immediate intervention, we are saving lives. I’m proud to share that since implementing this comprehensive care package, we did not record a single maternal death in the public sector from postpartum hemorrhage in 2023 and 2024.”

– H.E. Mutula Kilonzo Junior, Governor of Makueni County, Kenya



Long-acting injectable HIV prevention

A revolutionary long-acting HIV prevention option, lenacapavir, demonstrated 100% efficacy in preventing new HIV infections among cisgender women and adolescent girls, and a 96% reduction in HIV infections among cisgender men and gender-diverse people – with just two injections a year. This latest innovation in pre-exposure prophylaxis, or PrEP, expands on a growing set of options, with once-daily oral tablets, the bi-monthly injectable cabotegravir and a monthly vaginal ring.

Continuous innovations in PrEP are critical to introduce solutions that better meet the needs of people at risk of HIV infection to increase uptake. Injectable PrEP, which is more discreet and doesn't require daily pills, may help vulnerable or marginalized populations access HIV prevention.



Diversifying antimalarials to counter drug-resistance

Within a population, the use of two or more artemisinin-based combination therapies (ACTs) – the recommended treatment for malaria and a key driver of progress against the disease in recent decades – can help minimize the risk of drug resistance. Today, most malaria cases in Africa are treated with just one ACT. But heavy reliance on this single medicine is contributing to declining effectiveness.

Expanding the use of other equally effective ACTs – such as through multiple first-line therapy approaches – can reduce pressure, protect treatment efficacy, and safeguard progress. With greater support to lower costs and boost use of alternative ACTs, countries can take a more sustainable and resilient approach to malaria treatment.



Combination rapid diagnostic tests for HIV, syphilis and hepatitis B

Capable of quickly detecting two or three conditions at once, dual and triple rapid diagnostic tests offer practical, cost-effective ways to identify people in need of care. In pregnancy care, these tools are especially valuable: by integrating syphilis and hepatitis B testing technologies and services into the already routine practice of HIV screening with multipurpose tests, health services can expand coverage without requiring additional human resources, and at lower cost than using separate tests.

If not adequately treated, syphilis in pregnancy can be a serious threat, causing stillbirth, preterm birth or lifelong, debilitating conditions in the baby, while hepatitis B infection acquired at birth leads to chronic infection in up to 95% of infants. Early detection through integrated testing allows for timely treatment or newborn interventions to prevent vertical transmission, strengthening the impact of antenatal care through a single, streamlined step.

Thank you to our funders

Unitaid was founded in 2006 by a visionary group of countries – Brazil, Chile, France, Norway and the United Kingdom – whose continued support has enabled us to reach hundreds of millions of people with lifesaving care and advance the standard of global public health.

During the 2023-2027 strategic period, Unitaid has received financial investments from: Brazil, Canada, Chile, the European Union, France, the Gates Foundation, Japan, Portugal, the Republic of Korea, Spain, the United Kingdom, Wellcome, and the WHO Foundation.

The continued support of our funders has allowed us to build a strong and effective platform for accelerating equitable access to innovative health tools and has helped bring others along in support of our mission.

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