

Review of hosted partnerships

Review of Unitaid

Report by the Director-General

1. In accordance with decision EB132(10) (2013), the Programme, Budget and Administration Committee of the Executive Board periodically reviews the arrangements for hosted health partnerships.
2. This report summarizes the contribution of Unitaid to improved health outcomes, the harmonization of its work with the relevant work of WHO, and the Secretariat's interaction with Unitaid, covering the period since the last report in 2022.¹
3. Unitaid was established in September 2006 pursuant to a Memorandum of Understanding between WHO and the five founding countries: Brazil, Chile, France, Norway and the United Kingdom of Great Britain and Northern Ireland.

Contributions to improved health outcomes

4. The vision set out in Unitaid's Strategy 2023–2027 is to secure equitable access to health innovations to ensure healthy lives and promote well-being for all.² Through project investment, it aims to fill the gap between late-stage development of health products and their widespread adoption and helps innovators to address the needs of underserved populations in low- and middle-income countries.
5. Universal health coverage is at the heart of the Unitaid vision. Unitaid seeks to optimize tools, services and delivery of health products and care. It aims to free up human resources, money and time that countries can use to further strengthen their health systems and provide high-quality healthcare to their populations.

¹ See document EB151/6.

² [Strategy 2023–2027](#). Geneva: Unitaid; 2023 (accessed 23 April 2026).

6. Unitaid has stated that each year approximately 320 million people in more than 100 countries benefit from Unitaid-supported health products. Unitaid estimates that its return on investment is 46:1.

Harmonization with the work of WHO

WHO Enabler Grant

7. Unitaid's "Enabler Grant" to WHO provides funding that facilitates high-quality clinical and implementation research, accelerates policy and guideline development based on evidence and supports countries in adopting improved health products and service delivery approaches. The Enabler Grant encompasses HIV and coinfections, tuberculosis, malaria and medical oxygen.

HIV and coinfections

8. The HIV workstream supports the introduction and scale-up of optimal antiretroviral regimens, including dolutegravir-based therapy now used for treating HIV infection in over 80% of low- and middle-income countries. Collaboration extends to long-acting HIV prevention, with WHO providing technical guidance on cabotegravir for pre-exposure prophylaxis and supporting the accelerated introduction of lenacapavir, a revolutionary twice-yearly injectable. Generic lenacapavir is expected to be available at a cost of US\$40 a year in 120 low- and middle-income countries in 2027.

9. Additional areas of work supported by Unitaid include HIV self-testing, advanced HIV disease management, tuberculosis (see below) and hepatitis C diagnosis and treatment for people living with HIV.

Tuberculosis

10. WHO and Unitaid collaborate on tuberculosis prevention, diagnosis and treatment across all populations. This partnership has delivered WHO recommendations for shorter rifapentine-based preventive treatment regimens (3HP and 1HP), now adopted by over 100 countries (with more than 13 million treatment courses secured), and levofloxacin for prevention of drug-resistant tuberculosis in child contacts. For drug-resistant tuberculosis, evidence from Unitaid-funded projects has informed WHO guidelines for BPAL/M regimens, which are shorter, more effective oral treatments now used in more than 100 countries.

Malaria

11. The malaria partnership focuses on vector control innovation and treatment optimization. In March 2023, Unitaid-funded evidence generation supported four WHO policy recommendations (one strong and three conditional) for dual active-ingredient insecticide-treated nets, addressing growing pyrethroid resistance. It is estimated that access to dual ingredient treated nets averted 24 600 deaths between 2019 and 2022 in 17 countries in sub-Saharan Africa.

12. Other collaboration areas include spatial repellents, ivermectin for vector control, treatment of *Plasmodium vivax* malaria using tafenoquine, and seasonal malaria chemoprevention.

Cervical cancer

13. Unitaid and WHO are advancing the implementation of the Global strategy to accelerate the elimination of cervical cancer as a public health problem, through scale-up of human papillomavirus testing, including sample self-collection, and treatment of precancerous lesions using thermal ablation devices, now deployed in around one fifth of low- and middle-income countries. The collaboration also strengthens quality assurance for HPV testing and promotes the integration of cervical cancer screening and treatment within HIV and women's health services, in high-burden settings, for equitable scale-up and sustainable implementation.

Medical oxygen

14. Unitaid co-chairs the Global Oxygen Alliance (GO2AL), co-hosting its secretariat with WHO. This multistakeholder collaboration works to expand sustainable access to medical oxygen, which is a life-saving essential medicine for pneumonia, surgical care, maternal and newborn health, and pandemic response. Activities include country-level support and technical advice for the development of costed national oxygen scale-up plans, strategic information generation and management, market shaping, advocacy and resource mobilization.

Maternal, newborn and child health

15. Unitaid collaborates with WHO on safer pregnancy and birth and the integrated management of childhood illness, including providing pulse oximetry devices to identify hypoxaemia at primary care level. Through the Global Accelerator for Paediatric Formulations (GAP-f) Network, Unitaid and WHO work to improve the availability of high-quality paediatric medicines. Through a separate grant to the Special Programme of Research, Development and Research Training in Human Reproduction, Unitaid supports postpartum haemorrhage management.

Regulation and prequalification

16. Since 2006, Unitaid has supported WHO's Regulation and Prequalification Department in ensuring that health products meet unified standards of quality, safety and efficacy. This partnership has contributed to the prequalification of many medicines, vaccines, diagnostics and vector control products, and has supported the collaborative registration procedure, which facilitates rapid national regulatory approval of these prequalified products in Member States.

Antimicrobial resistance

17. Unitaid's investments contribute to global efforts to combat antimicrobial resistance, aligned with the WHO global action plan on antimicrobial resistance. For tuberculosis – one of the most prevalent threats in this area – collaboration with WHO on targeted next-generation sequencing enables rapid drug-susceptibility testing, allowing patients to receive optimal treatment regimens. On malaria, Unitaid supports the WHO strategy to respond to antimalarial drug resistance in Africa.

Regional manufacturing

18. Unitaid and WHO collaborate to strengthen regional manufacturing capacity, particularly in Africa, for medicines and diagnostics. Through support to local manufacturers seeking WHO prequalification and coordination with African regulatory harmonization initiatives, this work contributes to geographically diversified capacity for manufacturing and enhances access to health products for routine services and for pandemic response.

19. Separately, Unitaid invested in two regional manufacturing programmes, working with African partners manufacturing diagnostic tests and essential medicines.

Climate and health

20. Unitaid has published a report claiming that the increased use of dolutegravir as the preferred HIV treatment regimen has significant climate benefits.³

Other collaboration

21. Unitaid participated in the Global Action Plan for Healthy Lives and Well-being for All, under the leadership of WHO. Collaboration with WHO under separate grant agreements includes improved management of Chagas disease in the Region of the Americas.

WHO's interaction with Unitaid

Hosting arrangements and cost recovery

22. In 2016, the Director-General issued generic hosting terms for WHO hosted partnerships. These hosting terms, which apply to Unitaid, were developed through a consultative process involving all WHO hosted partnerships. They set out the operational framework for the Organization's hosting and administration of formal partnerships in the context of its Constitution; Financial Regulations and Financial Rules; Staff Regulations and Staff Rules; manual provisions and applicable policies, procedures and practices (including WHO technical norms, guidelines and procedures); and relevant resolutions of WHO's governing bodies.

23. With respect to cost recovery, resolution WHA63.10 (2010) endorsed a partnership policy that seeks full reimbursement for all costs incurred by WHO in hosting partnerships. A new methodology implemented in 2016 apportions applicable administrative and management costs to partnerships based on relative weight of staff cost weightings. Using this methodology, hosting costs for the biennium 2024–2025 were US\$ 4.7 million.

Human resources

24. In accordance with the 2006 Memorandum of Understanding, the hosting terms and the special procedures agreed by the Director-General, representatives of Unitaid's Executive Board will participate in a selection panel for Unitaid's next Executive Director during 2026. The selected candidate will be subject to appointment by the Director-General.

25. The delegation of authority to the Executive Director to implement administrative matters in WHO's Global Management System comes directly from the Director-General.

26. The Unitaid secretariat comprises 120 positions, with 90 staff members on fixed-term and continuing appointments, 20 staff on temporary appointments (under Staff Rule 420.4), 10 vacant positions and no staff at the regional and country levels. Staff members are subject to the WHO Staff Regulations and Staff Rules.

³ [From milligrams to megatons: A climate and nature assessment of ten key health products](#). Geneva: Unitaid; 2023 (accessed 27 February 2025).

27. Staff members are normally assigned exclusively and solely to support Unitaïd. Should their positions be abolished, they are not eligible for reassignment elsewhere within WHO. However, some current partnership staff members have reassignment rights within WHO, as they were already WHO fixed-term staff before joining Unitaïd. Liabilities incurred from staffing decisions and for the abolition of positions are borne by the partnership.

Programme and financial management

28. The Unitaïd budget is separate from that of WHO and is approved by Unitaïd's Executive Board. For 2026, the operating budget is US\$ 36.8 million. Unitaïd provides financial statements to its Board. Internal audit functions are performed by WHO's Internal Oversight Services (IOS).

29. To ensure full and flexible coverage of Unitaïd-specific risk and activities, an annual internal review plan is prepared by an external firm and reviewed by IOS.

30. WHO's Financial Regulations and Financial Rules apply to Unitaïd.

Resource mobilization

31. Unitaïd mobilizes its own resources from governments and philanthropic foundations. According to Unitaïd, since its establishment it has received over US\$ 4.7 billion, primarily from eight donors. Since 2023 Unitaïd has received significant financial support from Brazil, Canada, Chile, the European Commission, France, Japan, Norway, Portugal, the Republic of Korea, Spain and the United Kingdom of Great Britain and Northern Ireland, along with the Gates Foundation and the Wellcome Trust. Unitaïd is actively seeking to expand its donor base and in 2023 its Board endorsed a policy that provides flexibility for the acceptance of specified contributions.

32. According to Unitaïd, in December 2025, Unitaïd's Executive Board requested its secretariat to undertake a two-year pilot to institutionalize next-generation financing for Unitaïd within its current operating model, seeking to blend philanthropic platforms, results-based funding and catalytic financing with its existing financial resources.

Communications

33. Unitaïd's communications function increases Unitaïd's visibility and understanding of its mandate, with a particular focus on highlighting the importance of clear access pathways for new health innovations.

34. Unitaïd undertakes joint communications to highlight its complementary role within the global health ecosystem, including collaborative messaging that situates its catalytic investments alongside the normative, convening and implementation roles of partners such as WHO. For example, Unitaïd and WHO made a joint announcement on cervical cancer elimination following the G20 Health Working Group meeting co-convened with South Africa and WHO.⁴ Unitaïd regularly amplifies WHO's messaging around world health days, supporting advocacy and WHO priorities.

⁴ [G20 Health Working Group: Cervical cancer elimination is critical to advancing gender equality, poverty reduction, and global health goals](#) (accessed 23 April 2026).

35. Unitaid and WHO also partner on project communications, such as promoting project milestones in collaborative efforts such as malaria vaccine pilots and postpartum haemorrhage drug trials, or helping to promote WHO guidance that Unitaid research has informed, and including WHO positions in Unitaid press releases. Unitaid and WHO have outlined this collaborative approach in a partnership report.⁵ This collaboration contributes to evidence-based messaging around policy uptake, innovation scale-up and global health priorities.

Other organizational policies

36. All Unitaid-funded research proposals involving human participants are subject to review by the WHO Research Ethics Review Committee.

37. WHO's accountability and internal control frameworks apply to hosted partnerships. In this respect, Unitaid communicates its principal risks to WHO's Office of Ethics, Risk Management and Due Diligence and Non-State Actors. Separately, it tracks its own operational and programmatic risks and reports on them to its Board. Risks identified are assessed in accordance with the Organization's risk evaluation criteria and included in the risk reports. Unitaid is also bound by WHO's ethical principles and its policies on declarations of interest and on whistleblowing and protection against retaliation.

38. The Unitaid secretariat derives its legal personality from WHO. All legal agreements entered into by Unitaid with third parties are therefore subject to clearance by WHO's Office of the Legal Counsel.

Governance

39. In 2025, the Unitaid Board elected a new Board Chair.

Conclusion

40. The relationship between WHO and Unitaid has been very successful and mutually beneficial. The work of Unitaid aligns with, complements and amplifies the work of WHO across the disease areas mentioned above.

41. As a hosted partnership, Unitaid benefits from the systems of WHO across financial management, procurement, travel, information technology, human resources, salaries and treasury.

Action by the Executive Board

42. The Board is invited to note the report and to provide any comments or recommendations it deems pertinent, particularly in respect of the following question.

- Are Member States satisfied with the hosting arrangements and reporting as described in the report?

⁵ [Better health solutions](#). Geneva: World Health Organization and Unitaid; 2023 (accessed 23 April 2026).