

Improving Access for Quality-Assured TB Medicines and Diagnostics



Access to Quality and Affordable Drugs through the Global Drug Facility

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Dr Kaspars Lunte
Team Leader Sourcing and
Special Projects, GDF



Stop TB Partnership
GLOBAL DRUG FACILITY

What is the Global Drug Facility (GDF)?

An initiative of the Stop TB Partnership (2001), mainly funded by USAID, hosted in UNOPS and managed by the Stop TB Partnership secretariat

An operating mechanism to support the Stop TB Strategy Goal 3:

- to facilitate world-wide, equitable access to TB medicines and diagnostics, including new tools, across public and private sectors.

GDF began supplying FLDs in 2001, and in 2007 added the supply of SLDs & pediatric medicines & 2010 new diagnostics (key source for GeneXpert); BDQ – 2014, DLM - 2016

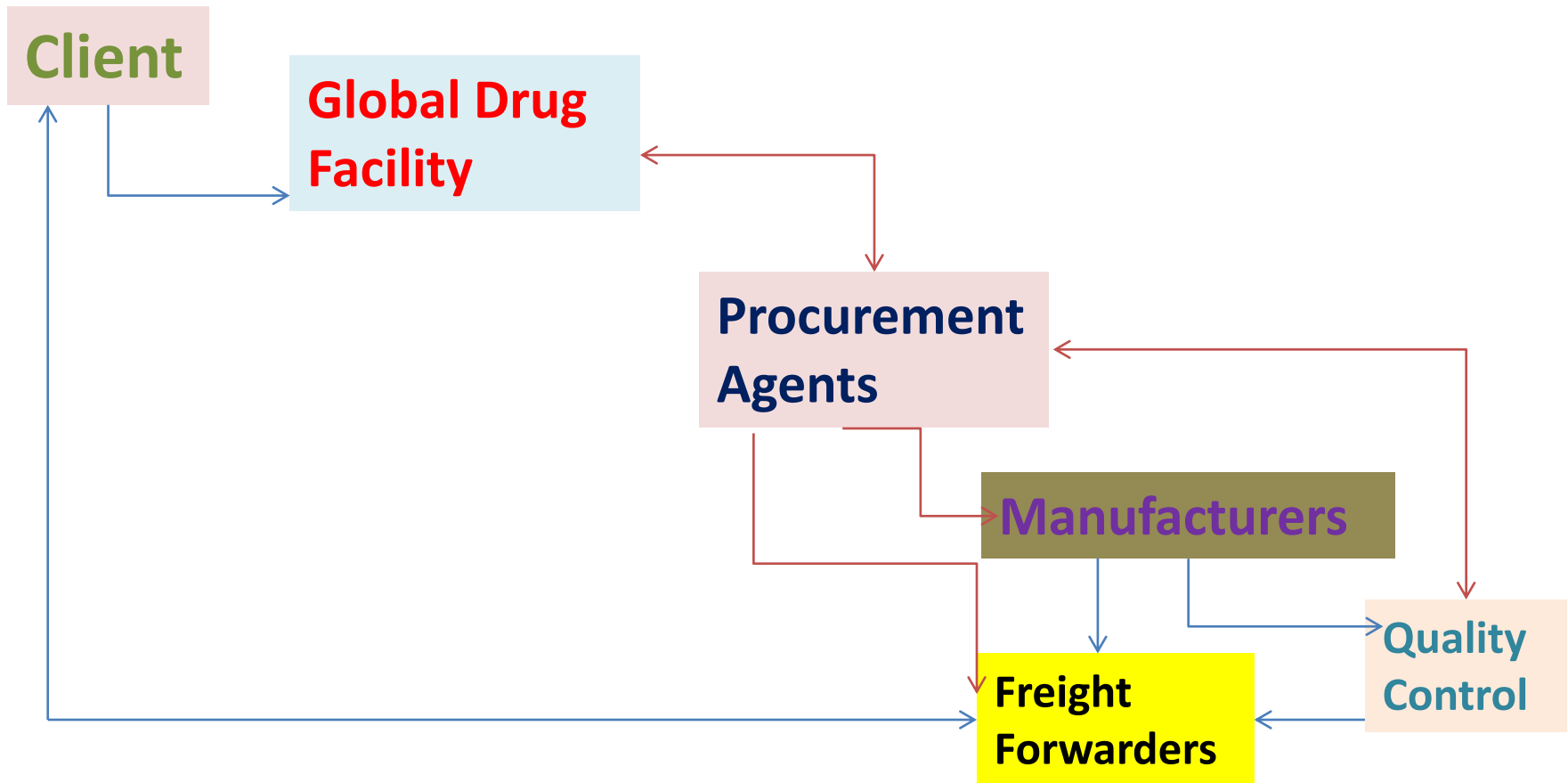


GDF Strategic Objectives

1. **Manage and coordinate market activities** across all stakeholders for the full portfolio of TB medicines, regimens, and diagnostics
2. **Develop state-of-the-art** business intelligence and data-driven approaches through early adoption of cutting-edge technology
3. **Undertake strategic procurement** and execute innovative logistics solutions for TB medicines and diagnostics
4. **Accelerate the uptake of new** TB medicines, regimens, and diagnostics using GDF “launchpad” in close collaboration with TB Reach and WHO’s working groups on new TB medicines



GDF model



Key GDF Milestones

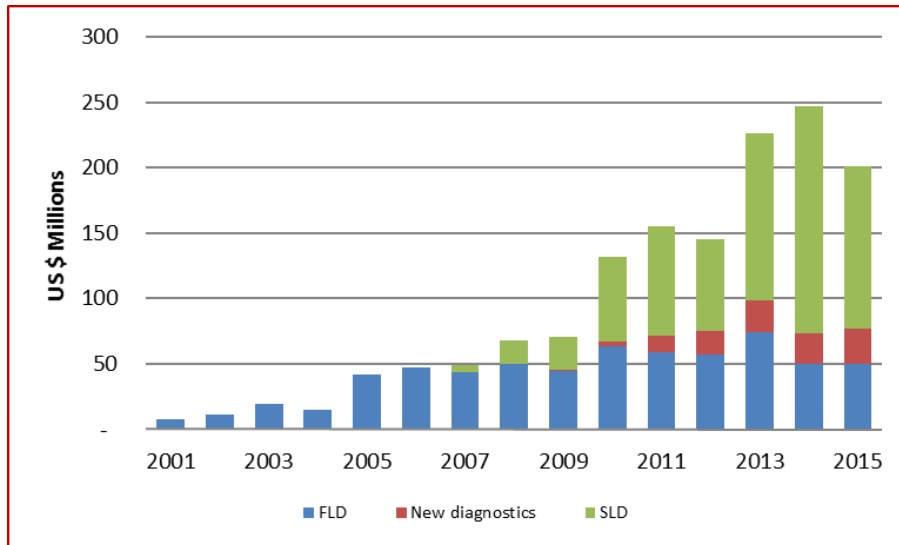
133 countries benefited from GDF procurement / bundled mechanism with



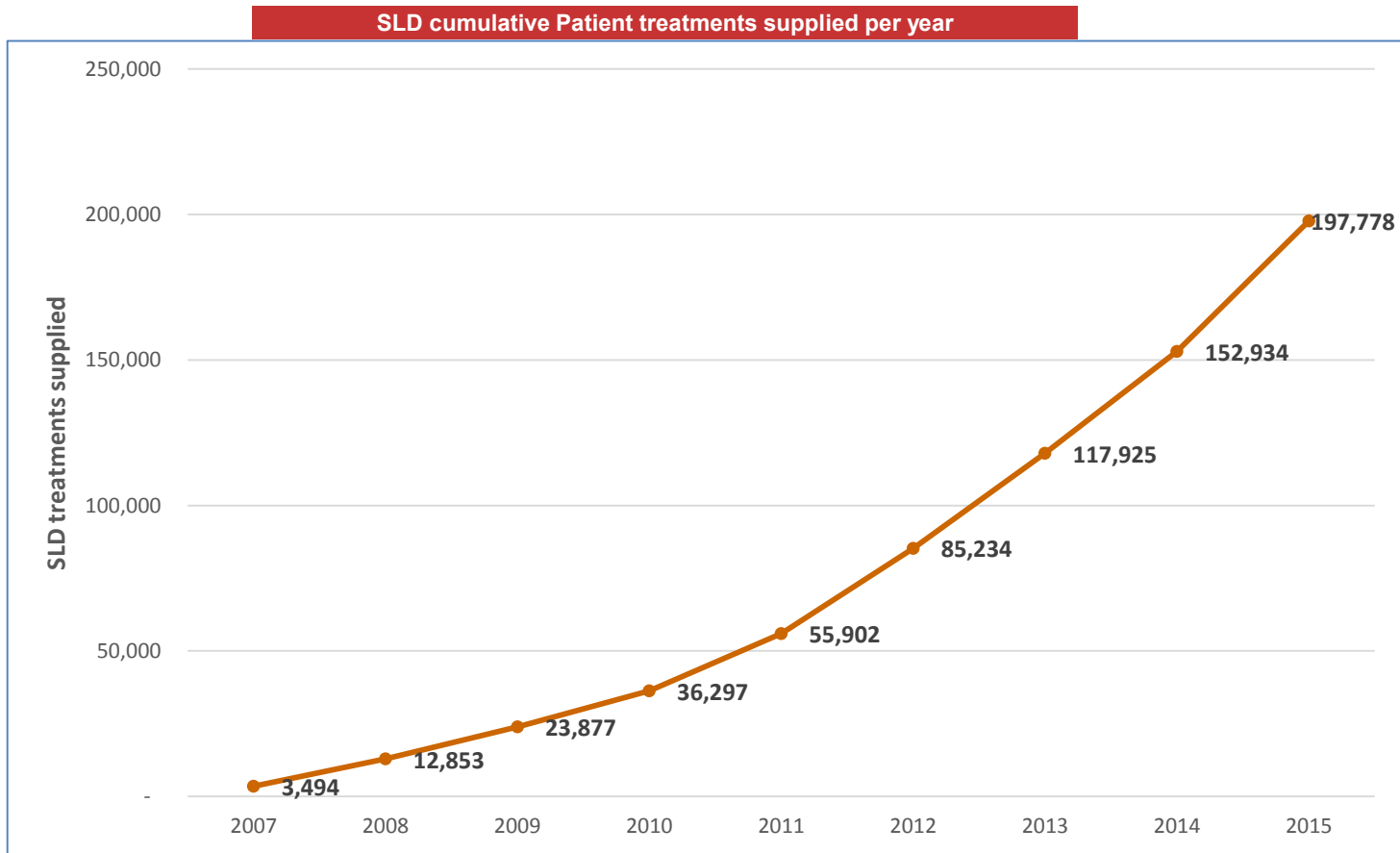
- ❖ > 25.5 M Adult FLD treatments
- ❖ > 1,5 M pediatric treatments
- ❖ > 197,778 SLD patient treatments

=> 27M treatments delivered as of 2015 since GDF inception in 2001

GDF has processed orders for TB products with a total value of approximately US \$1.44 billion since 2001



MDR Treatments supplied



Capacity building and technical assistance

In only 2015, 46 **monitoring/technical assistance missions** were conducted to support countries with:

- tailored technical assistance,
- provision of innovative tools to countries/organizations in need and
- enhancing partners' engagement for technical and financial support.
- strengthen national capacity for procurement and supply chain management.

Expanding capacity building outreach:

- strong collaboration with key partners, e.g. the Global Fund, UNION, MSH and KNCV.
- GDF is actively engaged with various partners, such as DR-TB Scale-up Treatment Action Team (STAT), NTPs, MSF, PIH and the Global Fund to improve demand and supply coordination

GDF Product Portfolio

1st and 2nd Line Anti-TB Drugs

RATIONAL USE

Providing an uninterrupted supply

Bedaquiline
Delamanid



Paediatric Anti-TB Drugs

AN INCLUSIVE APPROACH

Supplying appropriate anti-TB drugs for children, who also have the right to be treated.

New paediatric formulation available

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Competitive Pricing

SIGNIFICANT SAVINGS

Pooling procurement enables GDF to offer the most competitive prices, equitably.

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Diagnostic Kits

CASE-FINDING

Offering practical diagnostic tools for laboratories to improve case-finding.



New Diagnostics

Tackling the problem in innovative way



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Goal of GDF QA Policy

- To guarantee the Safety, Efficacy and Quality of the Finished Pharmaceutical Products (FPP) procured through GDF
- The products to be:
 - ✓ Recommended for use by WHO
 - ✓ Authorized for use by NDRA of recipient countries
 - ✓ Product Quality Monitoring Programme in place

Model quality assurance system for Procurement Agencies:

<http://apps.who.int/medicinedocs/documents/s21492en/s21492en.pdf>



Stringent standards

Anti-TB medicines

WHO-PQ ¹,
or

Approved by a Stringent
Regulatory Authority (**SRA**) = ICH
members, observers and associates ²

*If products meeting these criteria are not
available on the market:*

ERP authorized products

Diagnostics

Authorized for use in
destination country

WHO recommended

Mostly SRA approval

1. WHO Prequalification of Medicines Programme (PQP):
www.who.int/prequal
2. **SRAs:** Listed in each organization's QA policy

Rapid risk assessment by Expert Review Panel (ERP)¹

Dossier assessment

Product dossier must have been accepted for review by WHO-PQP or a SRA (if the medicine/strength is invited for WHO prequalification)

▶ **ERP** reviews abridged dossier

Inspection

Manufacturing site (production line) must be GMP-certified by WHO-PQP or by an ICH or PIC/s member

▶ **ERP** verifies GMP status

Positive ERP opinion is valid for one year

Outcomes² are used by:

GDF; Global Fund; UNITAID, UNFPA; MSF; ICRC; UNICEF (for ACTs)

1. Expert Review Panel, hosted by WHO. More information on ERP:
http://apps.who.int/prequal/info_press/pq_news_27April2012_ERP.htm
2. ERP-approved products are listed online at
www.theglobalfund.org/en/procurement/quality/pharmaceutical/#Lists



Bidding

- **Frequency of Bidding:**

1. FLDs: every 1-2 years
2. For SLDs: each year (in 2016 India and ROW combined)
3. April to April

On behalf of the Stop TB Partnership Global Drug Facility (GDF), the GDF contracted procurement agent invites eligible suppliers (compliant with GDF's Quality Assurance policy and procedures) to submit a bid for the items described in the Invitation to Bid (ITB).

- **Bidding's Objective: adherence with principles of public procurement**

1. Best value for money
2. Fairness, integrity and transparency
3. Effective international competition
4. Interest of the organisation



Bidding

- **Evaluation of the bids and awards based on:**

1. Price (lowest)
2. Supplier performance on delivery lead time (highest)
3. Shelf life (longest)
4. Production lead time (shortest)
5. Minimum Order Quantity (lowest)
6. Product registration (most)

- **Market share allocation***

100%/0% for primary-sole supplier/auxiliary supplier

55%/45%/0% for primary/secondary/auxiliary supplier(s)

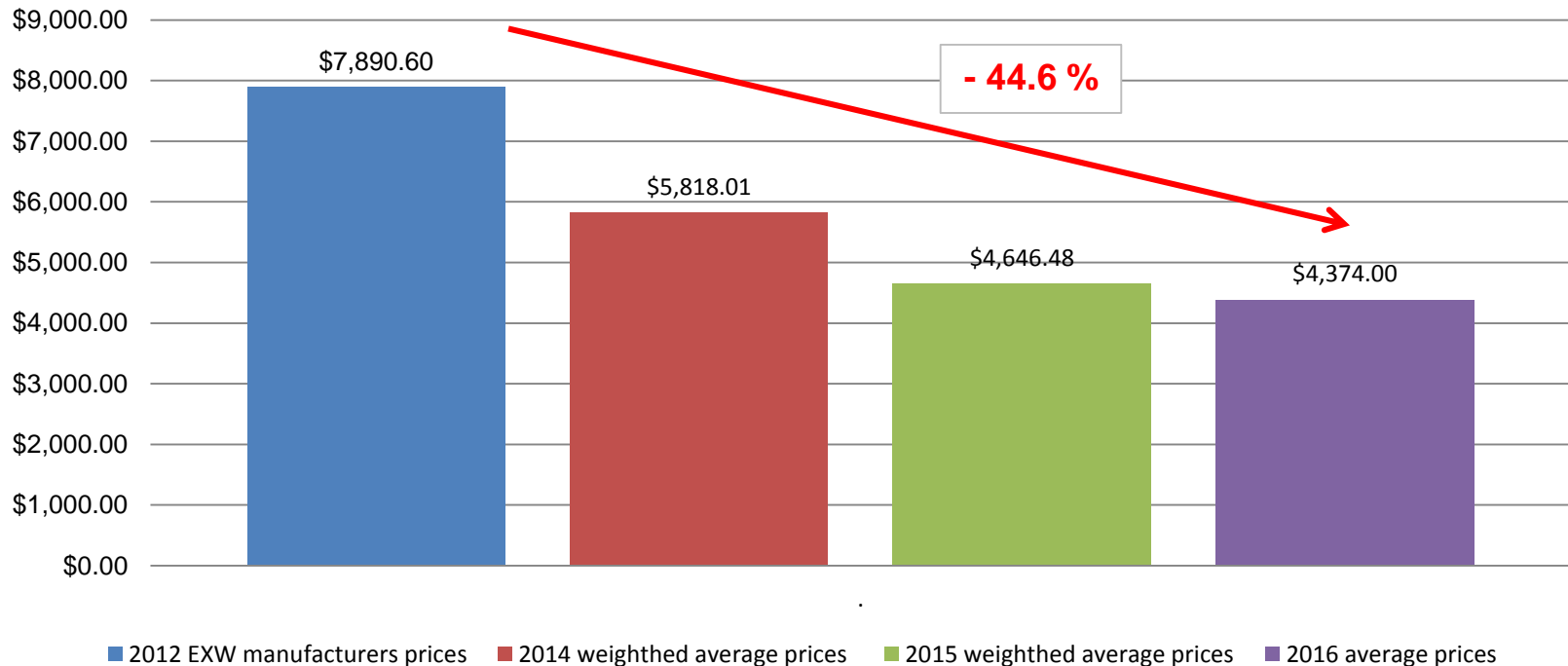
50%/30%/20%/0% for primary/secondary/tertiary/auxiliary supplier(s)

*allocation is indicative only, and the actual allocation might deviate due to importation requirements, client preferences, registration status and other factors as deemed necessary by GDF or its clients.

Key achievements

MDR Treatment Costs

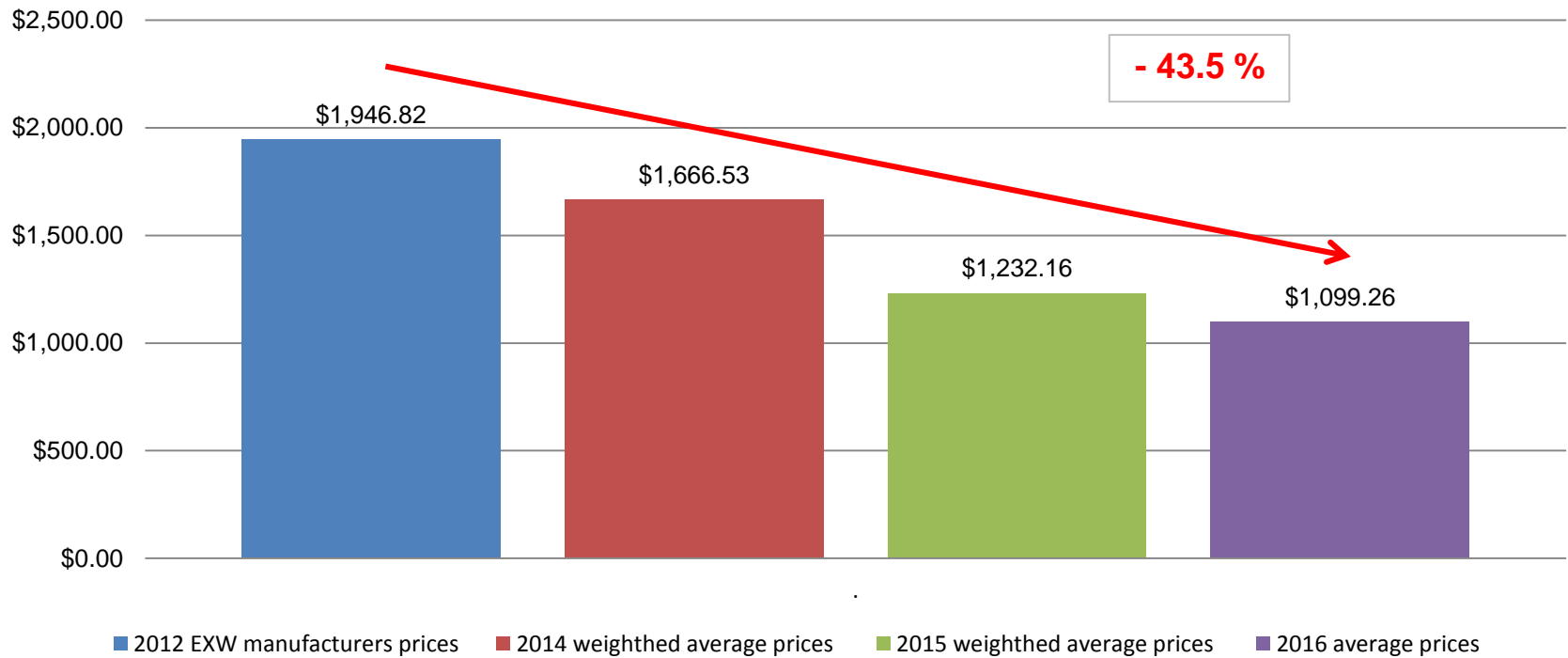
2013/2016 Change in Regimen costs: High end regimen
12 Cm Pto Cs Mxf PAS/ 12 Pto Cs Mfx PAS



Key achievements

MDR Treatment Costs

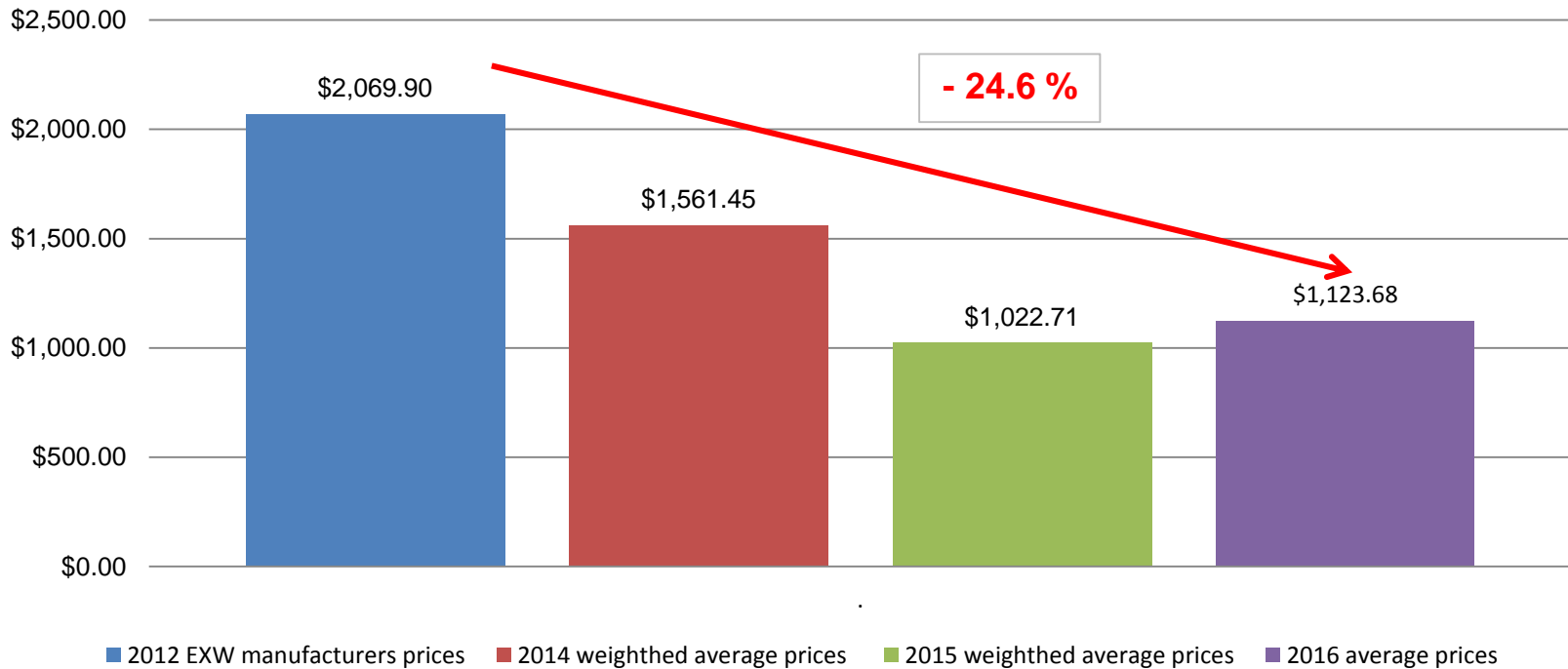
2013/2016 Regimen costs: Mid regimen
8 Z Km Lfx Eto Cs / 12 Z Lfx Eto Cs



Key achievements

MDR Treatment Costs

2013/2016 Change in Regimen costs: Low end regimen 8 Am Eto Cs Lfx/ 16 Eto Cs Lfx



Influenced by Cs price change vs 2015 (0.25 vs 0.20 USD per capsule)



The USAID Bedaquiline Donation Program

- March 6, 2015 USAID & Johnson & Johnson, signed an agreement to provide bedaquiline free-of-charge to eligible countries, according to WHO interim recommendations on the use of the drug.
- Under the agreement, Janssen will donate 30,000 treatment courses over a 4 year period.
- All countries eligible for Global Fund financing (>100) are eligible for the donation
- The donation is provided through USAID's agreement with the Stop TB Partnership's Global Drug Facility (GDF).
- Countries must declare that they are able to meet all five of the conditions as per the WHO Interim Policy Guidance on bedaquiline
 - If these 5 conditions are not met, countries can request Technical Assistance to USAID
 - Adverse events reported directly to Janssen or via GDF: BDQAE@stopTB.org



Delamanid Purchase via the GDF

- Effective 1 March, 2016 delamanid available for purchase via GDF
- Price USD 1,700 for a full treatment course (6 months)
- Over 100 countries eligible for TB Financing by the Global Fund to Fight AIDS, TB and Malaria can access delamanid via the GDF at this price
- Countries must declare that they are able to meet all five of the conditions as per the WHO Interim Policy Guidance on delamanid
 - Adverse events reported to Otsuka via the GDF: DLMAE@stopTB.org
- Delamanid will be added to GDF Strategic Rotating Stockpile



Summary Bedaquiline & Delamanid

- 2 New life-saving TB medicines for MDR-TB
- Both available via the GDF to countries eligible for Global Fund TB Financing
 - Bedaquiline via donation program
 - Delamanid at \$1700/treatment course (6 months)
- Both Available in GDF Strategic Rotating Stockpile
- Both require submission of a form signed by NTP stating WHO Guidelines being followed – including pharmacovigilance
 - Bedaquiline adverse events filed directly to Janssen or via GDF;
 - Delamanid adverse events filed to Otsuka via the GDF



5 WHO Requirements for Use of Bedaquiline & Delamanid

- 1. Effective treatment and monitoring:** Treatment must be closely monitored for effectiveness and safety
- 2. Proper patient inclusion:** Special caution is required when bedaquiline is used in people aged 65 and over, and in adults living with HIV. Use in pregnant women and children is not advised.
- 3. Informed consent:** Patients must be fully aware of the potential benefits and harms of the new drug, and give documented informed consent before embarking on treatment.
- 4. Adherence to WHO recommendations:** four effective second-line drugs. Bedaquiline alone should not be introduced into a regimen in which the companion drugs are failing to show effectiveness.
- 5. Active pharmacovigilance and management of adverse events:** ensure early detection and proper management of adverse drug reactions and potential interactions with other drugs.



Availability of new paediatric formulations

New paediatric formulations (RHZ & RH) are available from GDF

- ✓ Rifampicin 75mg + isoniazid 50 mg + pyrazinamide 150 mg
- ✓ Rifampicin 75 mg + isoniazid 50 mg
- Manufacturer: Macleods, ERP ½
- The products dissolve in water, have fruit flavour and are simple to administer.
- Technical assistance for development of a strategic plan for transition to the new paediatric formulations is available.
- Technical Briefing Note to switch to new paediatrics formulations:

http://stoptb.org/news/stories/2016/ns16_009.asp

