GDF newsletter

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One year after the first shipment of TB drugs

The Global Drug Facility (GDF) was launched in March 2001 by the Stop TB Partnership in order to increase access to high-quality TB drugs worldwide. The GDF, managed by the Stop TB Partnership Secretariat and hosted by the World Health Organization (WHO), gives grants of TB drugs to lower-income countries and provides a direct procurement mechanism for countries and organizations that wish to buy their own drugs at a reduced cost. The GDF plans to provide TB drugs to at least 10 million patients by the year 2005, treat 45 million patients by 2010, and prevent 50 million TB cases by 2020.

Beyond providing standardized TB drugs, the GDF is working hard to support the expansion of DOTS, the internationally approved TB control strategy. DOTS programmes require standardized diagnosis and treatment, careful monitoring and reporting, and high-level government support. The rapid expansion of DOTS worldwide is crucial to meeting the global targets of detecting 70% of infectious TB cases and reaching a cure rate of 85% of those detected, by 2005. The GDF has linked its supply of TB drugs to DOTS programmes in order to increase DOTS coverage in the countries it supports.

> Since October 2001, the GDF has committed drugs for the treatment of over 1.5 million patients in poor- and middle-income countries, and reduced TB drug prices by more than 30% through bulk purchasing and competitive bidding.

WHO/TBP/Davenport

Villa Salvador, Peru. A nurse collects sputum samples.
Correct diagnosis is important in fighting TB.

In only a year and a half of operation, the GDF has:

- Completed four rounds of applications for TB drugs;
- Approved 31 countries for support;
- Ordered drugs for 20 countries and delivered to 11;
- Standardized TB drug products and treatment regimens;
- Supported the global expansion of DOTS;
- Developed drug procurement services for countries that can buy their own drugs but want the quality assurance and low cost that the GDF provides;
- Encouraged growing numbers of donors and partners to provide lower income countries with extra technical and financial assistance to fight TB.

This issue of the GDF newsletter profiles five countries that are benefiting from the supply of TB drugs through the GDF and the expansion of DOTS programmes for TB control.

The Republic of Moldova

Introducing the DOTS control strategy

In October 2001, the first shipment of TB drugs from the GDF arrived in Moldova, a former Soviet Republic and newly independent country struggling with the difficulties of a transition economy. The country's TB rates had increased throughout the 1990s, and by the year 2002 Moldova had one of the highest levels of TB in Europe. The TB control programme was crumbling due to lack of funds and chronic drug shortages, and DOTS had not yet been introduced.

The drugs provided by the GDF to Moldova stimulated the introduction of DOTS as the country's national control strategy. Three weeks after a visit by the GDF, the Ministry of Health adopted a new DOTS-based TB control programme, beginning with several pilot projects in 2001.

"The drugs from the GDF helped us to implement the DOTS strategy in pilot projects that covered 40% of Moldova's population" says Victor Burinschi, National TB Programme Manager for Moldova. "We started at zero and by the fourth quarter of 2001, we had 28% DOTS coverage, rising to 57% by August 2002."

As a result, the Global Fund Against AIDS, TB and Malaria (GFATM) has since provided Moldova with additional funding to fight TB. As well, the Moldovan government has increased its own budget for TB drug purchases.

"Introducing DOTS in Moldova has led to improved diagnosis, an increase in the number of TB cases being detected, and standardized courses of drugs offered free of charge to patients," Mr Burinschi concludes. "The GDF provided assistance to our TB control programme at an important time."

The GDF and the Stop TB Partnership plan to work with Moldova and its TB partners to expand DOTS throughout the country. With continued support from the GDF, full DOTS coverage is anticipated by early 2003.

WHO/TBP/Davenport

DOTS uses powerful drug combinations to knock out TB.

WHO/TBP/Arnold

Chisinan, Moldova. TB drug storage facilities at Basapharm drug store.

Peru

Buying TB drugs through the GDF

Peru is a major TB control success story. Ten years ago, Peru was one of the world's 22 high TB-burden countries (HBC), accounting for 15% of all TB cases in the Americas. Recognizing this national health crisis, the government increased its TB control budget enormously and committed the nation's health centres to expanding DOTS programmes throughout the country. Regional health centres provided diagnosis and treatment free of charge to patients and even provided food packages to low-income families.

From 1990 to 1997, Peru increased DOTS coverage from 50% to nearly 100% while averting 70% of TB-related deaths. With this success, Peru also began a national programme to treat multidrug-resistant TB (MDR-TB), which is more difficult and expensive to treat. In 2000, Peru was taken off the HBC list and continues to see TB rates falling by an average of 6% per year.

With a well-established and successful TB control programme underway, Peru recently decided

WHO/TBP/Davenport

Huancayo, Peru. A lab worker notes the results of sputum tests from TB patients.

to buy TB drugs through the GDF, which established a direct procurement mechanism for countries that are implementing DOTS. Through GDF direct procurement, countries that are able to purchase their own drugs can benefit from the GDF's price reductions, quality assurance, and product standardization.

"We need to buy first-line TB drugs at a lower cost in order to redirect our budget to the purchase of more expensive second-line drugs because the number of MDR-TB cases is higher than expected," says Dr Eduardo Ticondo, National TB Programme Manager for Peru, explaining why the country wants to buy TB drugs through the GDF.

"The lower cost of GDF drugs allows our programme to reorient the budget in this way. The fixed-dose combination drugs are better for distribution and storage, and they guard against the generation of resistant strains that make TB control more difficult in this country. Finally, the quality control carried out by the GDF gives us a greater sense of security."

Peru plans to place its first order for GDF drugs by the end of 2002.

The Philippines

Involving the private sector in the fight against TB

The Philippines ranks seventh among the world's high TB-burden countries, and TB is the country's fifth leading cause of death. In response, the Philippines government has rapidly increased its political and budgetary support for national TB control. The country introduced DOTS in 1996 and reached 80% coverage by 2001.

Government clinics have now achieved close to 100% DOTS coverage, yet overall national access to DOTS remains lower. This is because approximately one-third of TB patients in the Philippines are treated through the private sector, and many physicians in private practice do not use the DOTS model for treatment, follow-up or reporting.

"Because the private sector handles a significant number of the TB cases in the Philippines, it has become ever more apparent that, if the global TB control targets are to be attained, DOTS will have to be implemented in the private sector too," says Dr Dongil Ahn, Regional Adviser in Stop TB and Leprosy Elimination for WHO's Western Pacific Regional Office.

"Although a treatment success rate of more than 85% has already been reached in the public sector, the rate amongst those cases being attended by private physicians is low. [The problem is] there aren't currently enough drugs available in the private sector to respond to the needs of an expanding programme, and the provision of free drugs to private physicians for their TB patients is a key element in the expansion of DOTS to the private sector." In July 2002, the National TB Programme applied to the GDF for a grant of drugs in order to support the expansion of "public-private mix" DOTS through 2005. By collaborating closely with private practitioners, the National TB Programme hopes to expand DOTS coverage and increase TB case registration.

"The first diagnosis of TB in the Philippines is often through the private sector, even if the patient later attends a government clinic," explains Dr Leo Blanc, a TB medical officer with WHO. "As a result, case detection figures will become more accurate for the country, and case registration will increase if private practitioners are following the DOTS model and providing data to the National TB Programme. Giving TB drugs to private physicians to provide free of charge to their patients creates a strong incentive for them to use DOTS."

The Philippines Coalition against TB (PhilCAT), a coalition of private sector and nongovernmental organizations working in cooperation with the Department of Health on TB control, has already successfully implemented pilot projects with private practitioners and is eager to see them expanded country-wide. GDF drugs will ensure that PhilCAT and other partners in the Philippines maintain a consistent TB drug supply to support this expansion of DOTS to the private sector.

The Democratic Republic of the Congo

Introducing fixed-dose combinations of TB drugs

The national TB programme in DR Congo is managed by non-governmental organizations (NGOs) that formally adopted the DOTS strategy in 1995, expanding DOTS coverage to 55% of the population by 1996. While the official DOTS coverage rate is currently listed at 70%, it is likely somewhat lower due to civil conflict, funding shortages, and difficulties distributing TB drugs. As well, conflict has resulted in the mass movement of refugees, making treatment and monitoring more difficult in some areas.

"DR Congo asked for assistance from the GDF because we did not have enough drugs to treat TB patients. In fact, the country had lacked buffer stocks for 10 years, some regions had no drugs, and our funding partners were unable to increase their budgets for drugs," says Dr Henriette Wembanyama of the Damien Foundation, one of DR Congo's primary NGO partners in TB control.

The need for simplified drug management and the compatibility of the existing TB drug treatment regimen in DR Congo made the country a good candidate for a four-drug fixed-dose combination (4FDC) that had been added to the GDF catalogue of recommended TB drugs. The 4FDC contains four different drugs in one tablet at WHO-recommended strengths, suitable for the intensive-phase treatment of TB. Its all-in-one, user-friendly format greatly simplifies drug ordering, stocking and distribution, reduces complex prescriptions and the potential for error, and makes treatment much easier for both health workers and patients. It also reduces the risk of drug-resistant strains of TB.

"Because of periodic shortages before the GDF started providing TB drugs, DOTS could not be maintained or extended throughout the country even though DR Congo's TB control programme was generally good," agrees Dr Nadia Ait Khaled of the International Union Against Tuberculosis and Lung Disease (IUATLD), another TB partner. "The choice of 4FDC makes drug management easier at the national level, and it certainly makes storing and distributing the drugs easier. It is simpler for patients to use, which increases their acceptance and continuation of treatment."

According to Dr Wembanyama, the provision of 4FDC drugs from the GDF also made it possible to improve the drug management skills of TB control programme personnel and the primary health care workers who are responsible for the diagnosis and treatment of TB.

DR Congo received TB drugs from the GDF in 2002. Progress in DOTS expansion and drug distribution continues to be monitored by IUATLD on behalf of the Stop TB Partnership. With a consistent drug supply in place, the TB programme plans to expand DOTS to two more provinces by the end of 2002.

Myanmar

Providing TB drugs for DOTS expansion

In Myanmar, the Ministry of Health has identified TB as the second most important health priority after malaria. With solid government support for TB control, the country introduced DOTS in 1995 and rapidly expanded the programme to cover 80% of the population by 2001. However, despite Myanmar's strong health infrastructure, high level of political commitment, and force of trained health workers, maintaining and expanding DOTS proved to be a major challenge. The missing link was a consistent supply of TB drugs. The irregular drug supply prompted some national drug stores to retain stocks of expired drugs because they did not know when they might receive another shipment. Myanmar applied to the GDF to tackle the problem.

"Myanmar's main problem was not having enough TB drugs to make an impact on its TB situation," says Dr Holger Sawert, a TB medical officer with the World Health Organization. "WHO's South-East Asia Regional Office was able to provide funding for some drugs from 1999 to 2001, but this solution was neither permanent nor complete. The formation of the GDF was very lucky for Myanmar—the expansion of their TB control programme depended on getting those drugs into the country."

Since the GDF began to provide a reliable source of TB drugs for Myanmar in 2001, DOTS coverage has increased to 90%. With the assistance of other donors and technical partners providing more diagnostic equipment and better drug storage facilities, Myanmar plans to achieve 100% DOTS coverage by the end of 2003.

The GDF Newsletter highlights developments affecting universal access to quality TB drugs for the implementation of DOTS. The Stop TB Partnership Secretariat welcomes contributions, which may be published in future issues.

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