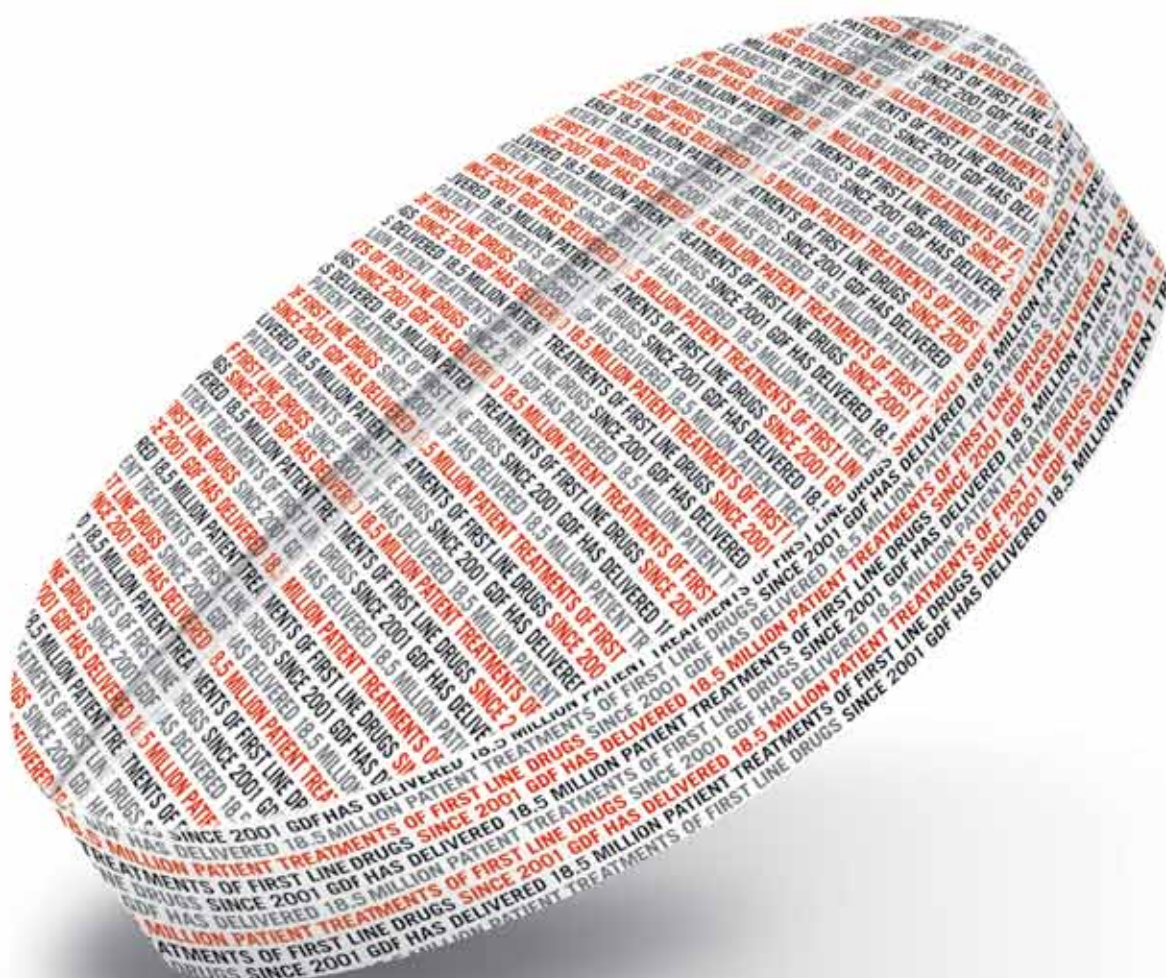


GLOBAL DRUG FACILITY ANNUAL REPORT 2010





Abbreviations

GDF	Global Drug Facility	KNCV	KNCV Tuberculosis Foundation
USAID	United States Agency for International Development	CHAI	Clinton Health Access Initiative
DFID	United Kingdom Department for International Development	FLD	First-line drugs
CIDA	Canadian International Development Agency	SLD	Second-line drugs
UNDP	United Nations Development Programme	MDR-TB	Multidrug-resistant TB
UNICEF	United Nations Children's Fund	TRC	Technical Review Committee
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria	NTP	National Tuberculosis Control Programme
MSF	Médecins San Frontières	LTA	Long-term agreement
MSH	Management Sciences for Health	PO	Purchase order

2	 	Introduction
3	 	GDF Operations
5	 	GDF Procurement
8	 	GDF Technical Review Committee
9	 	GDF Grant Funding
10	 	Green Light Committee
11	 	GDF Procurement Services
13	 	GDF Quality Assurance
14	 	GDF Monitoring Missions
15	 	Procurement Planning
16	 	Enhancing Partnerships and Collaboration
17	 	GDF Restructuring
18	 	Photo Story
20	 	Annexes

Note: In this report, "\$" refers to United States dollars unless otherwise specified.

About the Global Drug Facility

The Stop TB Partnership's mission is to serve every person who is vulnerable to tuberculosis (TB) and ensure that high quality treatment is available to all who need it. In 2001, the Stop TB Partnership's Coordinating Board established the Global Drug Facility (GDF) in order to improve access to high-quality TB medicines for national TB control programmes implementing the Stop TB strategy. The Board had observed that countries with weak procurement practices were unable to procure and supply the high-quality medicines TB patients needed. Moreover, TB programmes did not always standardise treatment regimens, and in many cases the quality of medicines procured was suspect. In addition to providing procurement services, GDF conducts in-country monitoring missions and provides technical assistance to help national TB control programmes strengthen their drug management systems.

Introduction

Throughout 2010, the Global Drug Facility (GDF) continued its efforts to ensure the timely delivery of first- and second-line tuberculosis (TB) drugs and diagnostics at sustainable prices.

GDF's core procurement business grew strongly in 2010. The value of orders placed increased from \$74 million in 2009 to \$132 million in 2010. This figure includes freight, insurance, procurement agent fees, quality control and pre-shipment inspection, as well as the value of goods procured. Procurement equated to 2.3 million patient treatments and more than 12,000 MDR-TB patients enrolled under GLC projects.

GDF witnessed strong growth in its direct procurement services business, mainly through grants awarded by the Global Fund directly to countries, for which the value of orders placed increased from \$48 million in 2009 to \$87 million in 2010.

This progress has been achieved despite a challenging operating environment. The number of manufacturers able to supply quality-assured drugs is limited, constraining competition and at times impeding delivery. In addition, the presence of multiple procurement bodies and uncertain demand has fragmented the market.

A key achievement in 2010 was the introduction of a new quality-assurance policy in July. The policy fully aligns with those of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the international drug purchase facility UNITAID. It aims to improve the quality of medicines delivered to patients, enhance efficiency and avoid duplication of work between partners.

This report outlines the core activities and results of GDF's work in 2010. For greater transparency, multiple annexes are included detailing who GDF buys from, who GDF buys for and how GDF is funded.



GDF was established in 2001 with the support of donor funds. The key donors in the past 10 years have been the United States Agency for International Development (USAID), UNITAID, the Canadian International Development Agency (CIDA) and the United Kingdom's Department for International Development. They continue to provide much valued support to GDF, which remains 100% donor funded. This donor funding is principally used to procure drugs and diagnostics for GDF

grant countries, but also to cover GDF's human resource and operating costs. Donor funding further supports GDF activities, including monitoring and evaluation missions and training to address the gaps identified and strengthen national systems (Annex 1).

Table 1 outlines the total value of orders placed in 2010, against various funding sources.

Table 1 Total Value of Orders Placed and Funding Sources, 2010 (\$)*

Order Funding Source	Susceptible TB (Adult + Paediatrics + Diagnostics)	Multi-drug Resistant TB	New Diagnostics	Total
DFID	11 410 847			11 410 847
USAID & CIDA	5 691 421			5 691 421
KUWAIT FUND	147 282			147 282
UNITAID	2 580 518	17 629 871	3 283 124	23 493 513
CIDA TB-REACH	124 322			124 322
USAID BUY	923 352			923 352
NOVARTIS	2 005 189			2 005 189
GRANTS Sub-Total	22 882 931	17 629 871	3 283 124	43 795 926
WHO Direct Procurement	2 989 800		290 977	3 280 776
Direct Procurement	37 766 751	47 009 656		84 776 407
Total	63 639 482	64 639 527	3 574 100	131 853 109

* This table includes the value of goods procured, the cost of freight, insurance, procurement agent handling fees, quality control and pre-shipment inspection charges.

CIDA = Canadian International Development Agency
DFID = Department for International Development
USAID = United States Agency for International Development

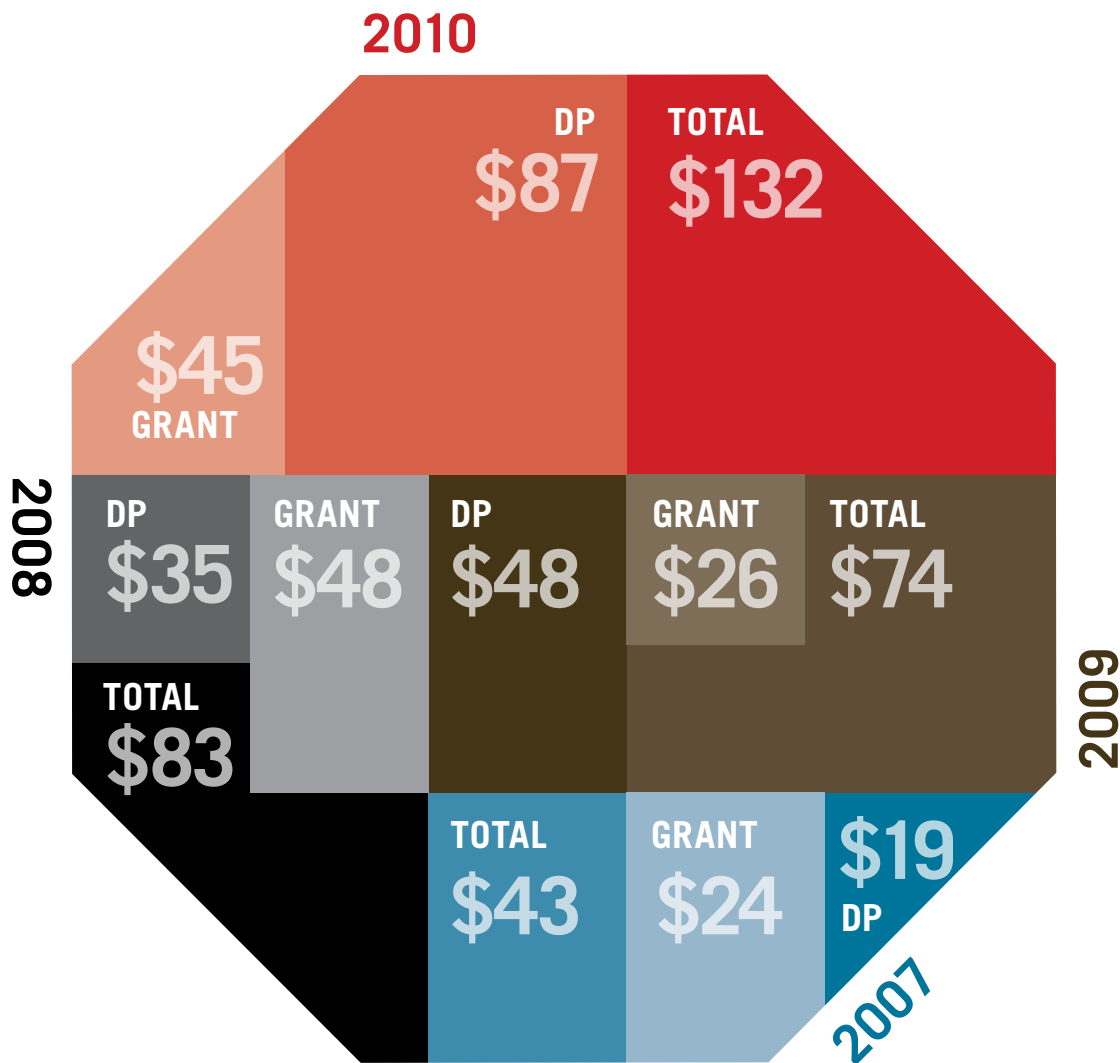
“The total value of orders placed in 2010 was **\$131 853 109.**”

GDF Operations

In the past two to three years, there has been an increase in the value of orders placed using funds from either the Global Fund or from national budgets, as well as GDF grants. Orders placed using Global Fund or national budgets are referred to as “direct procurement” services to distinguish them from GDF grant orders.

Figure 1 Value of orders placed, by grant and direct procurement, 2007–2010

(In millions of US dollars)



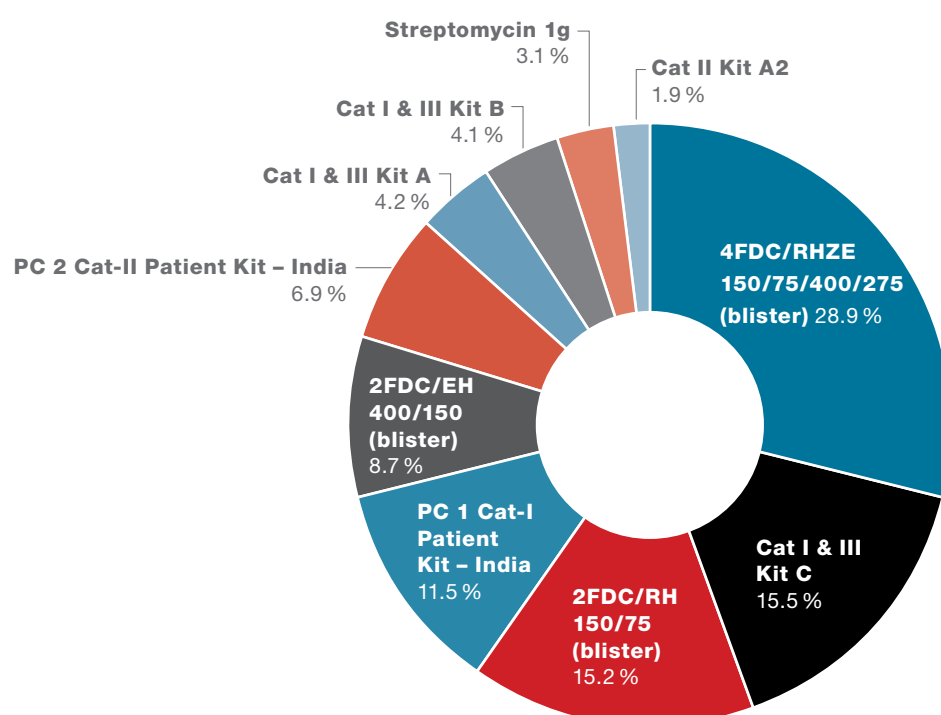
DP = Direct procurement

GDF procures a range of first- and second-line TB drugs and diagnostics to support national TB programmes' implementation of their Stop TB strategies.

The top 10 first-line drugs (FLDs) in 2010 by value are shown in Table 2.

Table 2 Top 10 first-line drugs, 2010

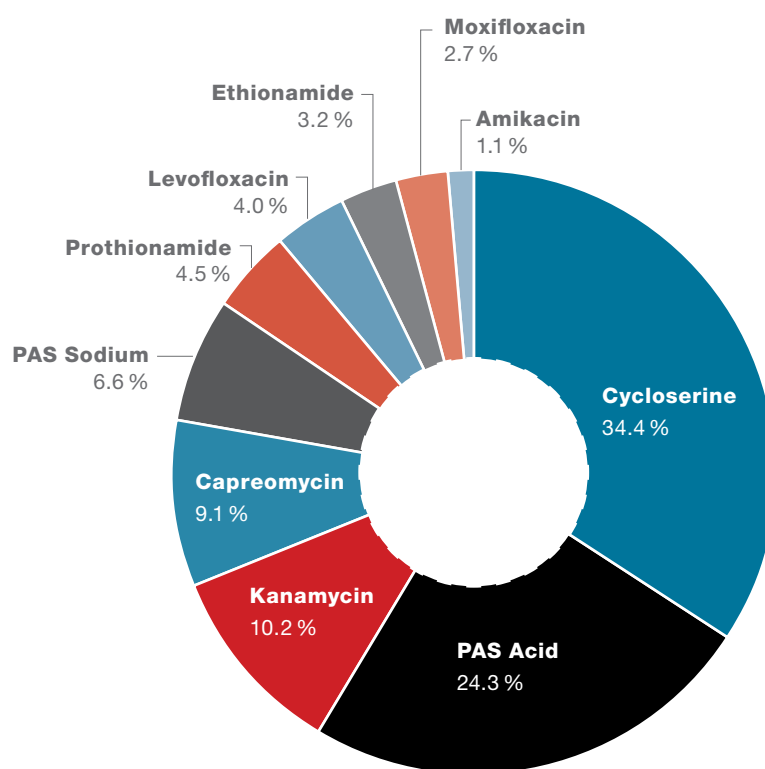
Product	Total (\$)	% of total	Cumulative (%)
4FDC/RHZE 150/75/400/275 (blister)	11 954 265	28.9	28.9
Cat I & III Kit C	6 414 875	15.5	44.4
2FDC/RH 150/75 (blister)	6 279 302	15.2	59.6
PC 1 Cat-I Patient Kit – India	4 761 768	11.5	71.2
2FDC/EH 400/150 (blister)	3 581 990	8.7	79.8
PC 2 Cat-II Patient Kit – India	2 859 506	6.9	86.7
Cat I & III Kit A	1 720 564	4.2	90.9
Cat I & III Kit B	1 681 128	4.1	95.0
Streptomycin 1g	1 287 765	3.1	98.1
Cat II Kit A2	792 688	1.9	100
Total	41 333 851	100	100



GDF Procurement

Table 3 Top 10 second-line drugs, 2010

Product	Total (\$)	% of total	Cumulative %
Cycloserine	19 118 640	34.4	34.4
PAS Acid	13 519 990	24.3	58.7
Kanamycin	5 674 965	10.2	68.9
Capreomycin	5 039 690	9.1	77.9
PAS Sodium	3 672 180	6.6	84.5
Prothionamide	2 476 782	4.5	89.0
Levofloxacin	2 214 361	4.0	93.0
Ethionamide	1 773 893	3.2	96.1
Moxifloxacin	1 521 683	2.7	98.9
Amikacin	622 444	1.1	100
Total	55 634 633	100	100



Details of which suppliers we buy from are outlined in Annex 2, which countries we buy from in Annex 3, and which regions and countries we buy for in Annex 4.

“ Since 2001,
GDF has sent more than
18.5 million
patient treatments.”

General Procurement Facts, 2010

These figures are key expenditures only and are not intended to depict all expenditures in 2010.

Value of **goods procured**

\$112 098 092*

Value of **adult FLDs procured**

\$47 822 721

Value of **paediatric FLDs procured**

\$2 715 829

Value of **SLDs procured**

\$57 022 385

Value of **diagnostics procured**

\$1 666 319

Value of **diagnostics procured for Expand TB project**

\$2 870 838

Value of **grant expenditure**

\$36 792 474*

Value of **direct procurement services expenditure**

\$75 305 619*

Cost of **air and sea freight**

\$6 885 590

Cost of **pre-shipment inspections**

\$399 985

Cost of **insurance**

\$483 897

Cost of **procurement agents**

\$5 322 781

Cost of **quality control**

\$3 768 066

Number of **shipments delivered**

1 017

Number of **purchase orders**

460

Number of **emergency and urgent purchase orders**

85

Number of **countries using GDF's services**

93

Number of **FLD patient treatments**

2 293 207

including

242 490 paediatrics

Cumulative total of **FLD patient treatments, 2001–2010**

18 500 000

Number of **MDR-TB patients enrolled under GLC projects**

12 000

*This figure excludes freight costs, pre-shipment, insurance, quality control and procurement agent fees.

➡ GDF Technical Review Committee

Countries who are in need of GDF grants for FLDs must submit an application to the Technical Review Committee (TRC). The TRC has 12–15 members nominated by key GDF stakeholders, including potential donors, technical agencies and countries. The composition of the TRC reflects the need for expertise in several areas, including TB control, procurement, experience in TB programme management and contracting.

The TRC reviews grant applications and makes recommendations to the Stop TB Partnership's Coordinating Board. The recommendations outline which grant applications to accept, the amount and nature of the grant, the steps necessary for

programmes to meet conditions for GDF support, and the non-drug aspects of the programme that require assistance. The recommendations and decisions of the TRC are approved by the Board and implemented by the GDF Secretariat.

In 2010, the TRC reviewed and approved 31 applications from 22 countries requesting funding to procure FLDs through GDF. Annex 5 has details of grant-funded orders approved by the TRC. No grants were provided for SLDs, and funding for these drugs was available only to 18 high-burden countries under the UNAIDS MDR-TB Scale-Up Project to counter TB that is resistant to multiple drugs.



GDF Grant Funding

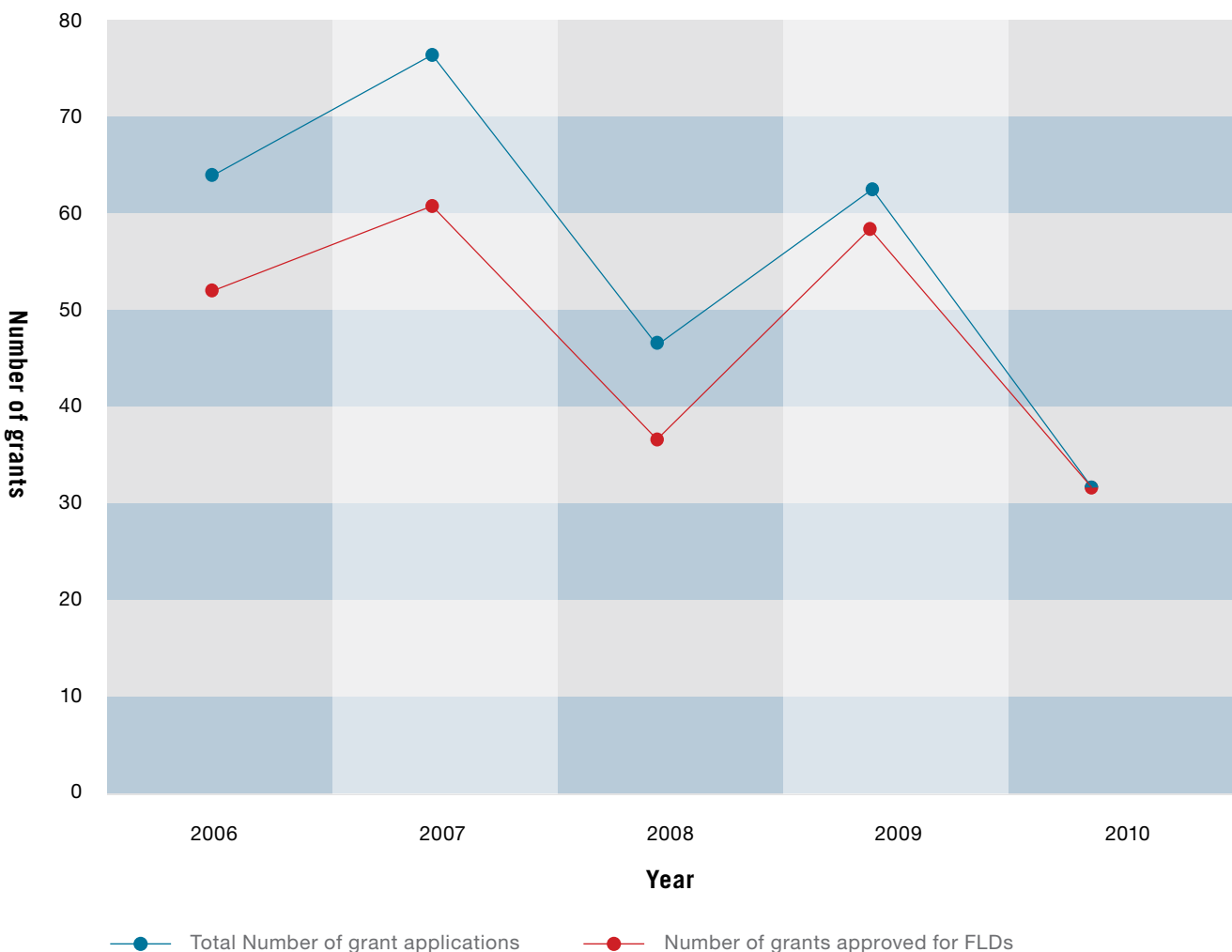
First-line drugs

In 2010, grants for first-line drugs were processed as follows:

- **31** applications from **22** countries were reviewed and approved by the TRC
- **46** countries from **5** regions placed grant orders for FLDs
- Total value of grants approved: **\$11 924 329**

GDF witnessed fewer requests for grant funding for FLDs in 2010, as countries transitioned from GDF grants to Global Fund grants. Figure 2 clearly depicts this trend.

Figure 2 Number of countries applying for first-line drug grants and number approved, 2006 – 2010



Green Light Committee

The Green Light Committee (GLC) was established in 2000 to enable access to affordable and high-quality SLDs for treating multidrug-resistant TB (MDR-TB).

The objectives of the GLC as outlined **in 2007**¹, were to:

- develop policies and procedures for controlling and managing drug-resistant TB based on the best available scientific evidence and collective experience;
- expand access to high-quality, low-cost SLDs for treating drug-resistant and MDR-TB for well-performing TB-control programmes;
- prevent the acquisition of resistance to these drugs, especially with relation to extensively drug-resistant TB, by ensuring that SLDs are used properly.

In 2010, the GLC reviewed 58 applications from 44 countries requesting approval for GDF procurement of SLDs, the applications funded by either governments or the Global Fund (details in Annex 6). Fourteen countries placed grant orders utilizing funding from UNITAID pursuant to the MDR-TB Scale-Up Project, and 42 033 MDR-TB patient treatments were approved by the GLC.

These treatment approvals have been given for multiple years. Procurement of SLDs for GLC approved projects is handled by GDF, based on requisitions received from countries when funding is available to them. Accordingly, there will be a difference in the number of patients approved for treatment during 2010, compared with the number of patient treatments procured in 2010 and the number of patients reported enrolled.

¹ The role of the GLC will change in 2011.

“ In 2010, the GLC approved
42 033
 SLD patient treatments. ”

INFO BOX: WHAT IS MDR-TB?

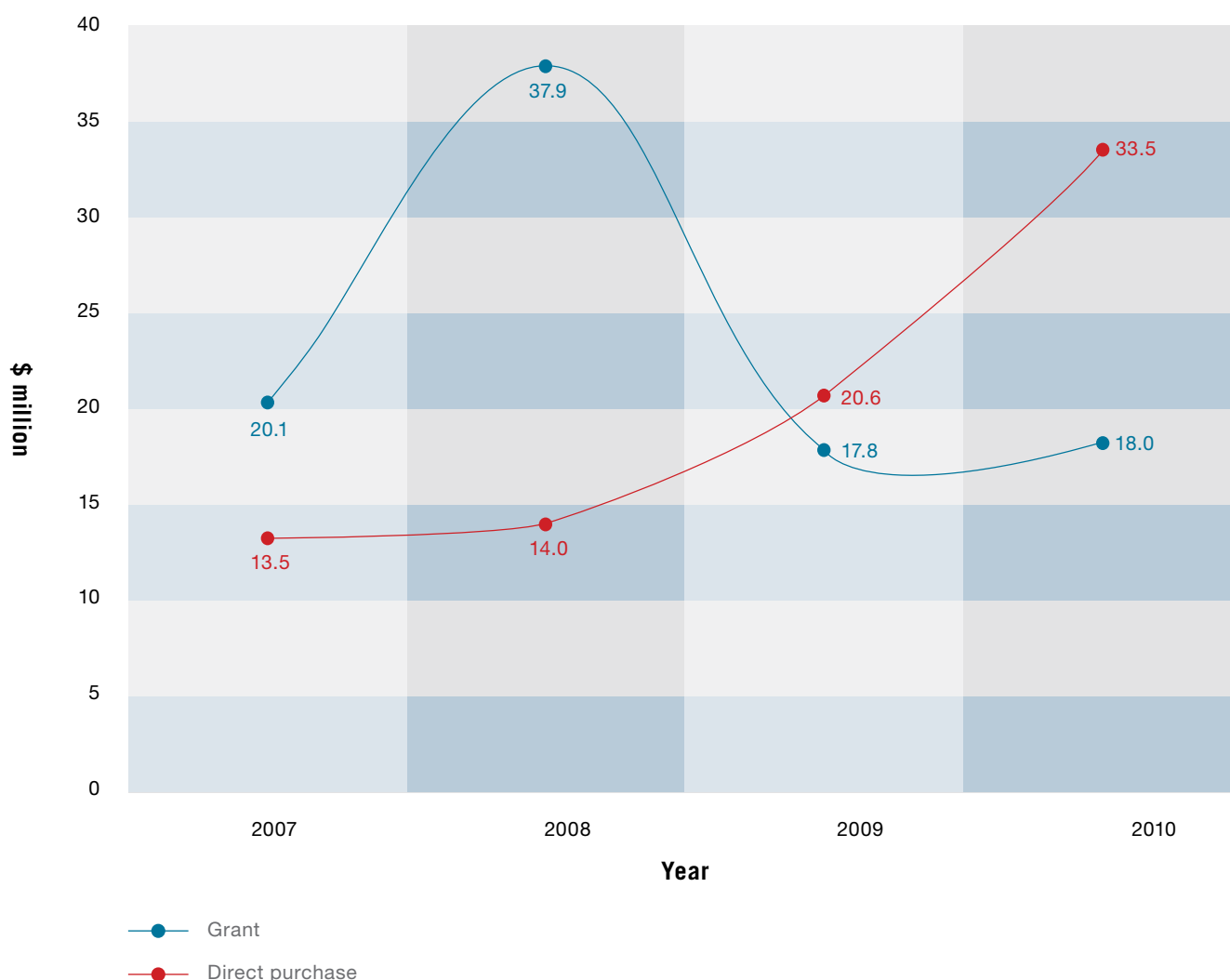
MDR-TB is a form of drug-resistant tuberculosis caused by a strain of *Mycobacterium* that is resistant to at least the two most powerful anti-TB drugs: Isoniazid and Rifampicin. Drug resistance arises from the improper use of anti-TB drugs in chemotherapy for TB patients. This improper use may result from a number of actions, such as administering improper treatment regimens, using counterfeit or poor-quality drugs, or failing to ensure that patients complete the whole course of treatment. As with other strains of TB, patients with MDR-TB can infect other people, who can then develop drug resistant TB from the start.

GDF Procurement Services

GDF procurement services allow clients to source FLDs and SLDs through GDF, leveraging its knowledge of the TB drug market, purchasing capacity and logistical expertise. GDF provides an appropriate mechanism whereby clients use their own financial resources or donor-funded grants to procure the drugs and diagnostics that they need.

The size of GDF's Direct procurement services business grew significantly in 2010. Figure 3 shows the increase in the value of FLDs procured using GDF direct procurement services versus GDF grants.

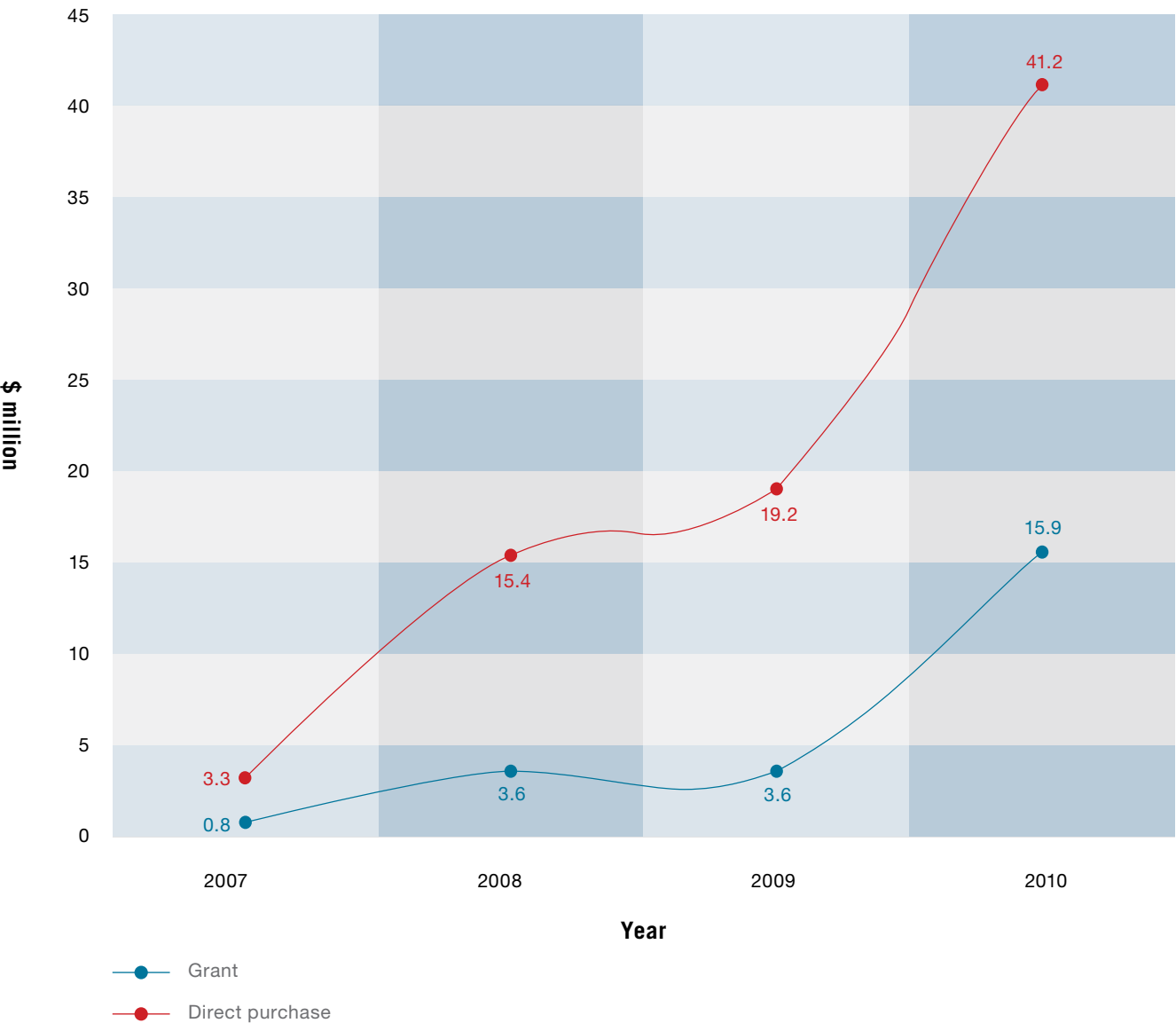
Figure 3 Value of first-line drugs procured by year and by funding source



GDF Procurement Services

Figure 4 shows a dramatic increase in direct procurement for SLDs. The value of grant orders for SLDs is also shown as increasing in line with the increased funding made available under the UNITAID MDR-TB Scale-Up Project.

Figure 4 Value of second-line drugs procured by year and by funding source



GDF Quality Assurance

GDF initiated a revision and expansion of its quality assurance policy in 2008. This was part of a collaborative process to ensure harmonisation with the policies of two major multilateral financing mechanisms, the Global Fund and UNITAID, and with other organizations, namely The Union, the UNICEF, and MSF.

The objective of this process was to:

- ensure global consistency regarding quality standards set for the procurement and supply of anti-TB medicines and diagnostics items;
- harmonise standards for selecting medicines and manufacturers;
- avoid duplication of effort.

The process was finalised and GDF's quality assurance policy was published in July 2010 (www.stoptb.org/gdf/drugsupply/quality_sourcing_process.asp).

One result of this harmonization is that combined expressions of interest for TB manufacturers are now issued every six months for review by an expert review panel. In addition, GDF uses the same sampling and testing services as these partners and conducts joint quality-control testing.

The anticipated benefits of this closer alignment are:

- all patients receiving quality-assured medicines with the same internationally recognized quality standards;
- shared resources improving cost-effectiveness;
- the use of quality-assured medicines for TB control promoted;
- the risk of a surge of MDR-TB caused by poor-quality medicines reduced;
- high-quality supply to all countries irrespective of the funding source;
- strengthened partnership and collaboration with technical partners.



GDF Monitoring Missions

In addition to procuring FLDs, SLDs and diagnostics, GDF uses its expertise to provide technical assistance in the form of monitoring missions and workshops on supply chain management. In 2010, 52 monitoring missions were conducted in as many countries (Annex 7). The objective of the missions is to validate stock levels, assess overstocking and stock outs, assist with planning for future requirements, and highlight challenges in the supply chain.

Reports produced from these monitoring missions made the salient points listed below:

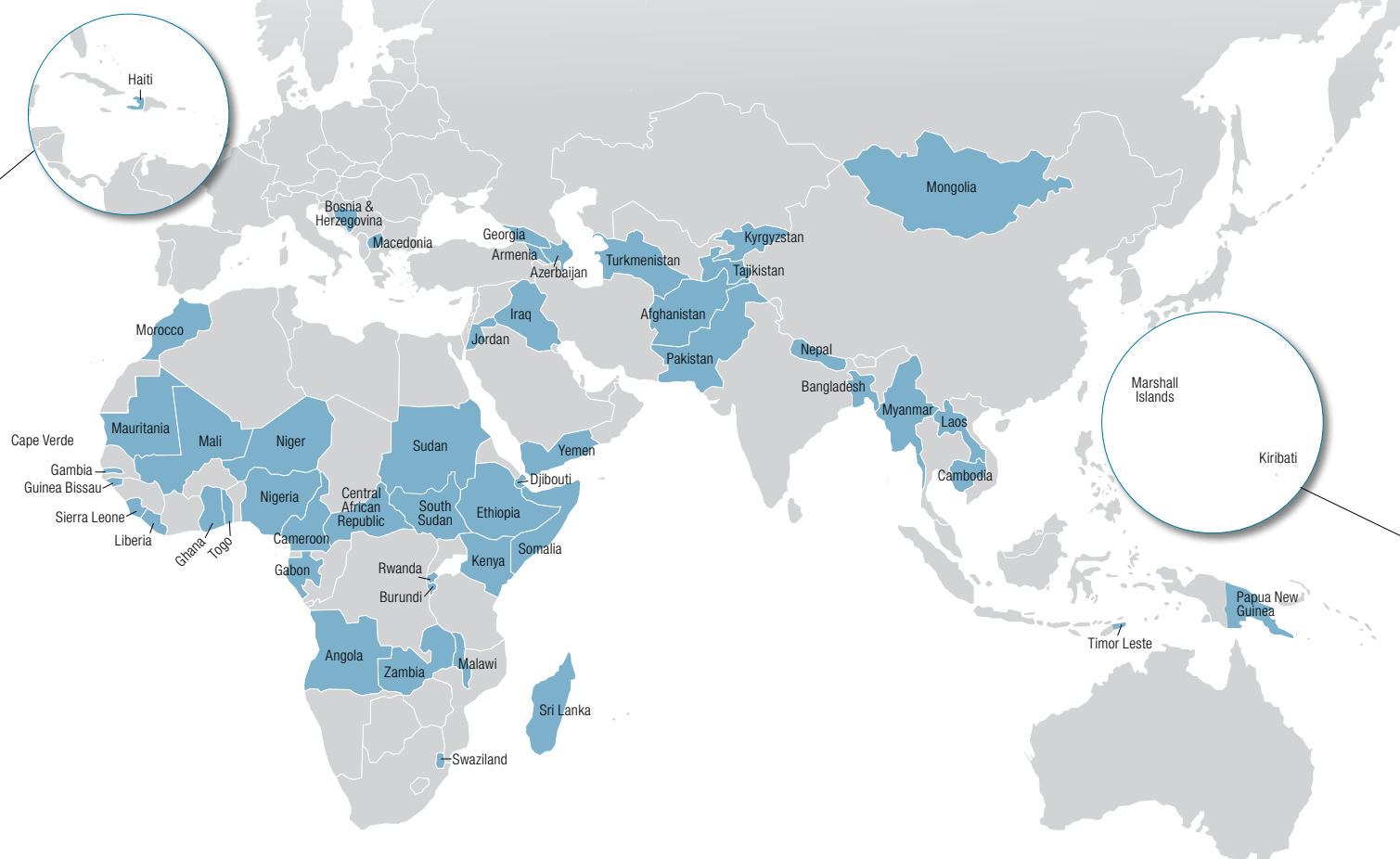
- gaps exist in the training and capacity of staff who manage procurement and supply chains;
- information management is poor and often not computerised;

- planning of requirements and funding is inadequate;
- reliance on donor funding brings funding volatility;
- political commitment to change is not always evident;
- the lack of basic infrastructure impedes successful supply chain management;
- dependency has been created in some countries.

GDF is responsible for ensuring that copies of monitoring mission reports are shared with the countries concerned, as well as with partners in these countries and those who are likely to be able to ensure efforts to address the gaps identified. Further work is required in this area in order to ensure that proper action is taken and is contingent upon resources.

Figure 5 Monitoring missions conducted in 2010

* This is a graphic representation of a WHO map.



Procurement Planning

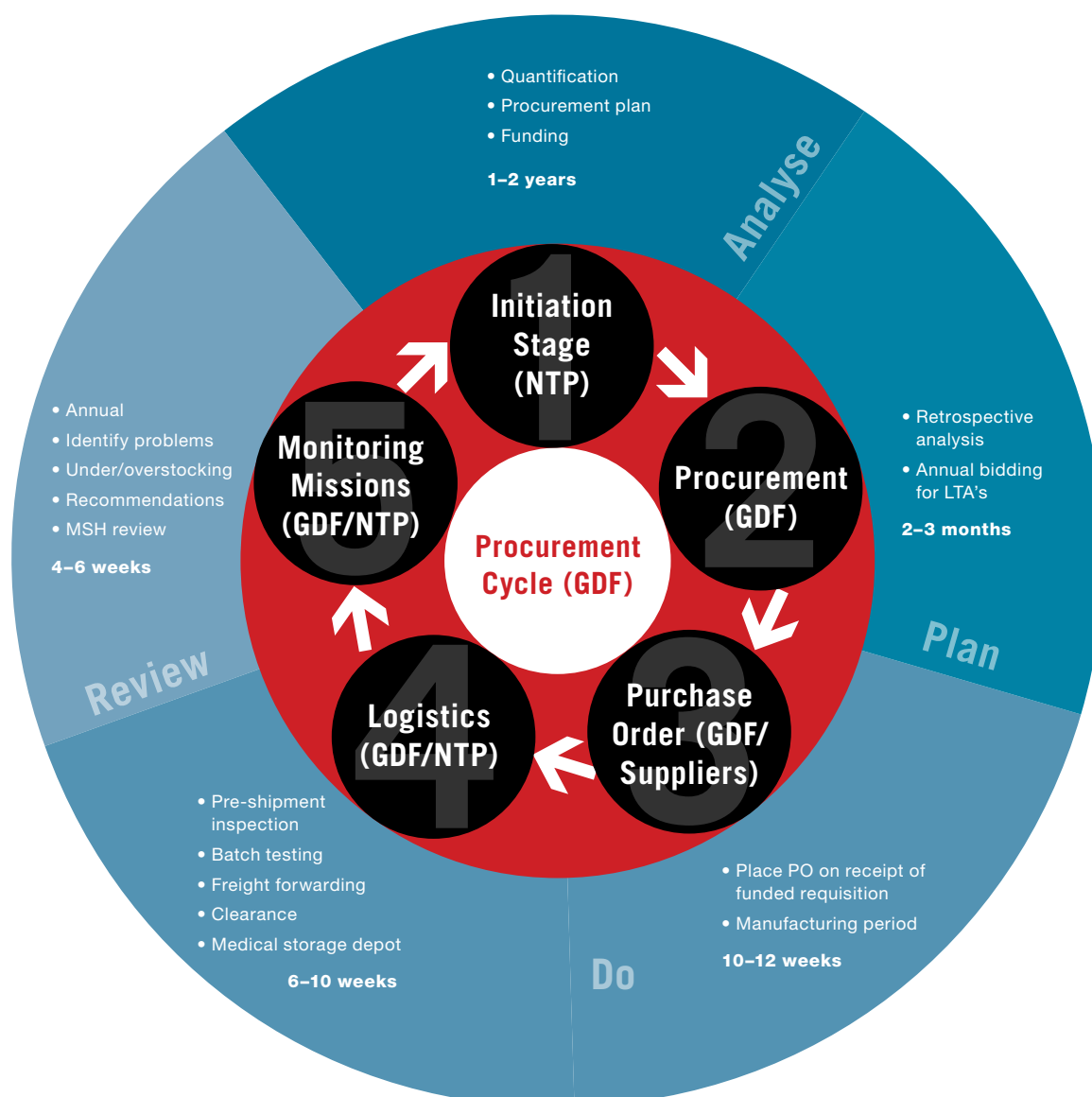
Procurement planning is critical to success in ensuring that the right goods of the right quality can be delivered to the right people at the right price, in the right place and at the right time. As planning is the key to avoiding stock outs, it is important to understand, when analysing stock outs, who is responsible for planning and the various steps required to complete the procurement process.

Figure 6 illustrates the procurement cycle, actors responsible and estimated time frames.

Many of the steps in the procurement cycle are beyond the control of GDF, yet GDF can have major impact to avoid country stock outs of anti-TB drugs and the resulting interruption of treatment.

In 2010, stock outs were experienced in 12 countries: Angola, Azerbaijan, Bangladesh, Cape Verde, Gabon, Lesotho, Mali, Mozambique, Niger, Nigeria, Swaziland and Zambia. Monitoring mission reports suggest that poor procurement planning contributed to these stock outs, in conjunction with late disbursement of funds. This will be a focus area for improvement in 2011.

Figure 6 The drug procurement cycle



GDF = Global Drug Facility
 NTP = National tuberculosis control programme
 LTA = Long-term agreement
 PO = Purchase order
 MSH = Management Sciences for Health

➤ Enhancing Partnerships and Collaboration

GDF's mandate necessitates that it work with a wide range of donors and partners. Through collaboration and partnership, GDF is better able to address the needs of its clients in terms of procurement, quality assurance and technical assistance. In 2010, GDF continued to work with its partners as shown schematically in Figure 7.

Figure 7 GDF's relations with donors and partners



In 2010, the Stop TB Partnership Coordinating Board commissioned the Boston Consulting Group (BCG) to assess the future direction of GDF and provide an implementing and restructuring plan. BCG produced its report on the future direction in July and its restructuring plan in October of that year. In addition to the BCG reports, the World Health Organization (WHO) conducted an internal audit of GDF, finalising the report in November.

The reports recommended that GDF be restructured to render it more efficient and effective, addressing the following issues:

- organization and governance
- performance management
- the order-management process
- market development
- reliance on donor funding and sustainable models for the future
- the effective provision of capacity building to countries through technical assistance
- communication strategies.

As the reports were not finalised until the end of 2010, GDF will report on how these issues have been addressed in its 2011 annual report.





Photo Story

GDF procures a range of anti-TB drugs and diagnostics to support National TB Programmes. Here at a clinic in Lesotho, nurses prepare TB drugs supplied by GDF for their patients. The clinic is in an area of Lesotho where one of the Stop TB Partnership's TB REACH projects, run by the Foundation for Innovative New Diagnostics, has increased TB case detection by using horse riders to collect sputum samples, among other interventions.

© WHO/Sam Nuttall



Annex 1

Statement of Income and Expenditure

31 December 2010 (\$ '000)

	2009	2010
Income		
Government & their Agencies - specified	33 796	34 728
Multilateral institutions	23 208	21 753
In kind contribution for drugs from Novartis	1 690	—
Foundations and others	160	426
Total voluntary contributions	58 854	56 907
Other income and adjustments		
Income for direct procurement	47 979	87 254
Other income	30	—
Internal transfers to GDF from contribution received by TBP Secretariat	636	—
Prior year adjustment	-1 650	13 797
Sub-total	46 995	101 051
Total income	105 849	157 958
Expenditure		
Grant procurement of anti-TB drugs ¹	22 134	42 748
Special direct financing of procurement by countries ²	—	1 850
Direct Procurements	47 979	87 254
Quality assurance and prequalification ³	469	784
Technical assistance, Monitoring and Salaries ⁴	4 123	4 155
Advocacy and Communications & management ⁵	448	545
Indirect costs	764	1 010
Total expenditure	75 917	138 346
Funds transferred to GLI ⁶	1 126	1 967
Total of expenditures and fund transfers	77 043	140 313
Balance of income over expenditure for the year*	28 806	17 645

* This includes transfer to reserves of US\$ 500 thousands for the year 2010, as mandated by the Coordinating Board; the current reserve levels will be reflected in WHO accounts in 2011. Balance of income over expenditure of US\$ 17 million is due primarily to US\$ 14 million in funds received in December 2010.

N.B. Items (1), (2), (3), (4), (5) and (6) together amount to US\$ 52.049 million for 2010 and US\$ 28 300 million for 2009 showing the total direct expenditures of the Global Drug Facility indicated in Annex I.

Contributions for Direct Procurements (DP) are funds made available for procurement of anti-TB drugs to countries from various sources, for example the Global Fund. These funds do not pass through the Stop TB Partnership Trust Fund, hence they do not feature in the Summary Statement of Income and Expenditure of the Stop TB Partnership Financial Management Report, but are reported here as there is an associated cost with managing the DP process in terms of staff time.



Annex 2

Procurement by Supplier

First-line Drugs Drugs and Diagnostics

Supplier	2010 (\$)	% of total value
Cadila	2 087 001	4.00
Fatol Arzneimittel	165 375	0.32
Lupin	21 638 603	41.47
McLeods	5 793 381	11.10
Reig Jofré	37 400	0.07
Strides	3 182 787	6.10
Svizera	19 278 083	36.94
Total	52 182 630	100.00

Second-line Drugs

Supplier	2010	% of total value
Akorn Inc.	24 000	0.04
Aspen	581 726	1.02
Bayer Europe	836 529	1.47
Cadila	12 993	0.02
Cipla	766 496	1.34
Eli Lilly	4 934 349	8.65
Fatol Arzneimittel	2 476 782	4.34
Jacobus Pharmaceutical Company Inc.	13 519 990	23.71
Lupin	319 601	0.56
McLeods	26 099 514	45.77
Medochemie	622 444	1.09
Meiji Seika Kaisha Ltd.	5 674 965	9.95
Micro Labs Ltd. (Brown and Burk)	416 518	0.73
Micro Labs Ltd. Veerasandra	607 669	1.07
Olainfarm	117 423	0.21
Panpharma	11 385	0.02
Total	57 022 385	100.00

Medical Devices and Water for Injection

Supplier	2010	% of total value
B. Braun Melsungen	10 227	46.0
Becton Dickinson International	6 390	28.7
Nirma Limited (facility)	5 621	25.3
Total	22 239	100.0

New Diagnostics

Supplier	2010	% of total value
Achelis	21 657	0.8
AFMS	171 169	6.0
ALPHATEC	479	0.0
BD Europe	704 426	24.5
Hain Lifescience GmbH	448 883	15.6
SALUBRIS	377	0.0
TTM	1 523 848	53.1
Total	2 870 838	100.0



Annex 3

Procurement by Supplier Country*

Country	Supplier	Commodity	Type	Cost (\$)
Canada	ALPHATEC	Microbiological tests and test systems	New Diagnostics	479
Cyprus	Medochemie	Drugs	SLD	622 444
France	Panpharma	Drugs	SLD	11 385
Germany	Achelis	Chemicals	New Diagnostics	749
		Disinfectants and Cleaning	New Diagnostics	151
		Laboratory, Miscellaneous	New Diagnostics	6 298
		Meters	New Diagnostics	45
		Pipetting	New Diagnostics	10 146
		Plastic and Glassware	New Diagnostics	191
		Tubes	New Diagnostics	4 076
		Achelis total		21 657
	B. Braun Melsungen	Medical devices and water for injection		10 227
	Fatol Arzneimittel	Drugs	FLD	165 375
			SLD	2 476 782
		Fatol Arzneimittel total		2 642 157
	Hain Lifescience GmbH	Centrifuges	New Diagnostics	2 779
		Hoods, Cabinets, Workstations	New Diagnostics	27 250
		Incubators	New Diagnostics	1 304
		Laboratory, Miscellaneous	New Diagnostics	125 668
		Meters	New Diagnostics	746
		Microbiological tests and test systems	New Diagnostics	141 203
		Mixers, Shakers, Stirrers	New Diagnostics	111 540
		Pipetting	New Diagnostics	36 733
		Tubes	New Diagnostics	1 660
		Hain Lifescience GmbH total		448 883
	TTM	Centrifuges	New Diagnostics	230 972
		Chemicals	New Diagnostics	71 144
		Disinfectants and Cleaning	New Diagnostics	2 388
		Hoods, Cabinets, Workstations	New Diagnostics	117 608
		Incubators	New Diagnostics	15 563
		Laboratory, Miscellaneous	New Diagnostics	481 756
		Meters	New Diagnostics	8 782
		Microbiological tests and test systems	New Diagnostics	1 664
		Mixers, Shakers, Stirrers	New Diagnostics	11 789
		Pipetting	New Diagnostics	425 525
		Plastic and Glassware	New Diagnostics	2 324
		Sample Collection and Media Transport	New Diagnostics	91
		Tubes	New Diagnostics	152 567
		Weighing and Analytical Balances	New Diagnostics	1 676
		TTM total		1 523 848
	Bayer Europe	Drugs	SLD	836 529
	Germany total			5 483 300

Country	Supplier	Commodity	Type	Cost (\$)
India	Cadila	Drugs	FLD	2 099 994
	Cipla	Drugs	SLD	766 496
	Lupin	Drugs	FLD	21 958 204
	McLeods	Drugs	FLD	5 987 124
			SLD	25 905 771
		McLeods total		31 892 895
	Micro Labs Ltd.	Drugs	SLD	1 006 582
			FLD	17 604
		Micro Labs Ltd. total		1 024 186
	Nirma Limited (facility)	Medical devices and water for injection		5 621
	Strides	Drugs	FLD	3 182 787
India total				60 930 183
Japan	Meiji Seika Kaisha Ltd.	Drugs	SLD	5 674 965
Latvia	Olainfarm	Drugs	SLD	117 423
Netherlands	Svizera	Drugs and Diagnostics	FLD	19 278 083
South Africa	Aspen	Drugs	SLD	581 726
	AFMS	Laboratory, Miscellaneous	New Diagnostics	171 169
	South Africa total			752 895
Spain	Reig Jofré	Drugs	FLD	37 400
Turkey	SALUBRIS	Microbiological tests and test systems	New Diagnostics	377
USA	Akorn Inc.	Drugs	SLD	24 000
	Becton Dickinson	Installation and Training	New Diagnostics	27 000
		Microbiological tests and test systems	New Diagnostics	662 976
		Plastic and Glassware	New Diagnostics	14 450
		Medical devices and water for injection		6 390
		Becton Dickinson total		734 816
	Eli Lilly	Drugs	SLD	4 934 349
	Jacobus Pharmaceutical Company Inc.	Drugs	SLD	13 519 990
USA total				19 189 156
Total				112 098 092

* These figures exclude freight costs, pre-shipment, insurance, quality control and procurement agent fees.

FLD = First-line drugs

SLD = Second-line drugs



Annex 4

Procurement for Regions, Countries*

WHO Region	Country	Values of orders (\$)
Africa	Benin	161 406
	Burkina Faso	69 172
	Burundi	1 064
	Cameroon	55 716
	Chad	138 462
	Côte d'Ivoire	847 593
	Democratic Republic of the Congo	1 386 807
	Eritrea	2 053
	Ethiopia	1 172 167
	Gabon	10 958
	Gambia	44 356
	Ghana	850 471
	Guinea	393 205
	Guinea-Bissau	56 382
	Kenya	778 867
	Lesotho	1 845 706
	Madagascar	894 542
	Malawi	136 256
	Mali	105 139
	Mozambique	1 772 576
	Niger	9 348
	Nigeria	3 693 073
	Rwanda	448 470
	Senegal	36 809
	Sierra Leone	314 000
	Swaziland	352 488
	Uganda	1 050 462
	United Republic of Tanzania	2 207 846
	Zambia	1 220 430
	Zimbabwe	37 875
Africa total		20 093 701
Americas	Bolivia	126 990
	Brazil	506 451
	Colombia	357 957
	Dominican Republic	374 276
	Ecuador	342 011
	Haiti	334 744
	Honduras	47 804
	Mexico	225 419
	Nicaragua	26 126
	Paraguay	17 721
	Peru	3 747 930
	Uruguay	1 325
Americas total		6 108 753
Eastern Mediterranean	Afghanistan	1 070 918
	Djibouti	349 739
	Egypt	642 710
	Iraq	186 839

WHO Region	Country	Ex-works values of orders
Eastern Mediterranean	Jordan	32 309
	Lebanon	17 662
	Morocco	119 805
	Pakistan	5 489 548
	Somalia	69 521
	Sudan	313 328
	Syrian Arab Republic	12 020
	Tunisia	81 884
	Yemen	153 968
Eastern Mediterranean total		8 540 252
Europe	Armenia	524 833
	Azerbaijan	2 598 253
	Belarus	986 011
	Bosnia and Herzegovina	29 680
	Bulgaria	252 758
	Georgia	243 422
	Kazakhstan	7 870 505
	Kyrgyzstan	1 306 449
	Republic of Moldova	1 274 002
	Romania	1 106 409
	Russian Federation	6 590 004
	Serbia and Montenegro	70 871
	Tajikistan	1 064 770
	The former Yugoslav Republic of Macedonia	14 769
	Turkmenistan	231 211
	Uzbekistan	1 100 825
Europe total		25 264 773
South-East Asia	Bangladesh	7 981 259
	Bhutan	28 189
	Democratic People's Republic of Korea	1 977 162
	India	24 552 474
	Indonesia	6 347 317
	Maldives	2 600
	Myanmar	992 633
	Nepal	1 669 313
	Sri Lanka	237 903
	Thailand	189 400
	Timor-Leste	193 006
South-East Asia total		44 171 257
Western Pacific	Cambodia	158 983
	China	5 495 111
	Kiribati	13 319
	Lao People's Democratic Republic	65 502
	Micronesia (Federated States of)	6 877
	Mongolia	526 114
	Papua New Guinea	928 016
	Philippines	9 477
	Samoa	1 808
	Solomon Islands	13 685
	Viet Nam	700 463
Western Pacific total		7 919 356
Grand total		112 098 092

* These figures exclude freight costs, pre-shipment, insurance, quality control and procurement agent fees.



Annex 5

Summary of First-line Drug Grants Approved by the TRC, 2010

	Country Reviewed	TRC Meeting/ Ad hoc approval	Applied for	Patients Curative Approved	Patients Preventative Treatments	Estimated Cost (\$)
1	Bhutan	23	Paediatric new 1st term	220	0	14 000
2	Cambodia	22	Emergency paediatric grant	4 800	0	116 152
3	Cambodia	23	Paediatric new 2nd term	4 000	0	168 006
4	Djibouti	23	Adult emergency grant	3 833	5 200	22 017
5	Djibouti	23	Paediatric new 2nd term	882	1 500	23 784
6	Djibouti	Ad hoc	Emergency paediatric grant	882	0	79 417
7	Democratic People's Republic of Korea	23	Paediatric new 2nd term	50 000	70 000	150 000
8	Democratic People's Republic of Korea (Jagang Province)	23	Adult emergency grant	5 368	0	290 000
9	Haiti	23	Adult emergency grant	14 433	0	335 000
10	Haiti	23	Paediatric new 1st term	1 953	0	38 000
11	Iraq	23	Adult emergency grant	3 525	0	536 542
12	Iraq	23	Paediatric new 2nd term	890	10 000	30 657
13	Kiribati	22	Adult new 1st term	250	250	19 686
14	Lesotho	22	Adult 2nd term grant	7 932	0	404 236
15	Madagascar	Ad hoc	Adult emergency grant	12 000	0	601 661
16	Malawi	23	Adult grant monitoring	25 684	0	775 342
17	Mali	22	Adult emergency grant	1 785	0	63 660
18	Mauritania	22	Adult emergency grantt	1 478	0	8 600
19	Mozambique	23	Adult emergency grant	48 389	15 000	1 920 444
20	Mozambique	Ad hoc	Paediatric grant monitoring	4 000	5 000	63 420
21	Nepal	23	Paediatric new 2nd term	3 600	2 400	125 000
22	Niger	23	Adult emergency grant	(only RHE)	0	13 007
23	Niger	23	Paediatric grant monitoring	545	1 500	26 974
24	Pakistan	Ad hoc	Adult emergency grant	151 036	0	4 905 445
25	Papua New Guinea	22	Paediatric grant monitoring	1 250	0	188 225
26	Senegal	23	Adult emergency grant	11 732	0	511 976
27	Sierra Leone	23	Paediatric new 2nd term	2 100	0	48 150
28	Somalia	23	Paediatric new 2nd term	1 480	0	29 885
29	South Sudan	Ad hoc	Paediatric grant monitoring	963	0	228 868
30	Yemen	23	Paediatric new 2nd term	466	3 500	18 947
31	Yemen	Ad hoc	Adult emergency grant	2 650	0	181 228
	Total			367 906	114 350	11 924 329



Annex 6

Patient Treatments Approved by the GLC for GDF Procurement, 2010

GLC Approved	Region	Country	Patient Treatments Approved
1	Africa	Côte d'Ivoire	70
2		Ethiopia	245
3		Kenya	300
4		Lesotho	437
5		Malawi	45
6		Swaziland	300
7		Uganda	200
8		Zimbabwe	50
9	Americas	Brazil	1 564
10		Cuba	10
11		Dominican Republic	300
12		Ecuador	800
13		Guatemala	15
14		Haiti	12
15		Honduras	15
16		Paraguay	20
17		Uruguay	1
18	Eastern Mediterranean	Afghanistan	20
19		Egypt	225
20		Iraq	115
21		Morocco	50
22		Somalia	100
23		Sudan	200
24		Tunisia	20
25	Europe	Armenia	480
26		Azerbaijan	220
27		Belarus	2 200
28		Russian Federation	660
29		Bulgaria	230
30		Georgia	1650
31		Romania	1000
32		Tajikistan	400
33		Uzbekistan	5 780
34	South-East Asia	Bangladesh	1 000
35		India	5 650
36		Indonesia	800
37		Thailand	100
38	Western Pacific	Cambodia	430
39		China	12 770
40		Lao People's Democratic Republic	45
41		Marshall Islands	3
42		Mongolia	1 188
43		Philippines	1 213
44		Viet Nam	500
45	Union Research Application	Multi-country project	600
	Total		42 033



Annex 7

GDF Monitoring Missions

Region	Country	Working Period
Africa	Angola (Luanda)	26–30 Apr
	Burundi (Bujumbura)	15–19 Feb
	Cameroon (Yaoundé)	31 May–4 Jun
	Cape Verde (Praia)	21–25 Jun
	Central African Republic (Bangui)	25–29 Jan
	Ethiopia (Addis Ababa)	12–16 Apr
	Gabon (Libreville)	1–5 Feb
	Gambia (Banjul)	22–26 Nov
	Ghana (Accra)	15–19 Feb
	Guinea-Bissau (Bissau)	27 Sep–1 Oct
	Kenya (Nairobi)	1–5 Mar
	Liberia (Monrovia)	1–5 Feb
	Malawi (Lilongwe)	12–16 Apr
	Mali (Bamako)	22–26 Mar
	Mauritania (Nouakchott)	15–19 Mar
	Niger (Niamey)	17–21 May
	Nigeria (Abuja)	6–10 Sep
	Rwanda (Kigali)	8–12 Feb
	Sierra Leone (Freetown)	6–10 Sep
	Swaziland (Mbabane)	7–15 Apr
	Togo (Lomé)	20–24 Sep
	Zambia (Lusaka)	23 Nov–2 Dec
Americas	Haiti (Port-au-Prince)	4–8 Oct
Eastern Mediterranean	Afghanistan (Kabul)	11–17 July
	Djibouti, Eastern Mediterranean TB Team (GF)	8–22 May
	Iraq (Amman, Jordan)	29–30 Jan
	Jordan (Amman)	31 Jan–4 Feb
	Morocco (Rabat)	18–22 Jan
	Pakistan (Islamabad)	6–10 Dec
	Somalia (Nairobi, Kenya)	12–16 Jul
	South Sudan (Juba)	1–5 Nov
	Sudan (Khartoum)	19–23 Dec
	Yemen (Sanaa)	24–28 Apr

Region	Country	Working Period
Europe	Armenia (Yerevan)	14–18 Jun
	Azerbaijan (Baku)	20–24 Sep
	Bosnia & Herzegovina (Sarajevo)	11–15 Oct
	Georgia (Tbilisi)	20–24 Sep
	Kyrgyzstan (Bishkek)	5–9 Apr
	Macedonia (Skopje)	4–8 Oct
	Tajikistan (Dushanbe)	22–26 Nov
	Turkmenistan (Ashkhabat)	4–12 Oct
South-East Asia	Bangladesh (Dhaka)	2–12 Oct
	Myanmar (Yangon)	22–26 Feb
	Nepal (Kathmandu)	5–9 Apr
	Sri Lanka (Sri Jayawardenepura)	25 Apr–1 May
	Timor-Leste (Dili)	2–6 Aug
Western Pacific	Cambodia (Phnom Penh)	8–12 Mar
	Kiribati (Tarawa)	25–27 Jan
	Lao People's Democratic Republic (Vientiane)	1–5 Mar
	Marshall Islands (Majuro) + training	20–26 Mar
	Mongolia (Ulaanbaatar)	17–21 May
	Papua New Guinea (Port Moresby)	22–26 Mar

GF = Global Fund



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