

**TUBERCULOSIS PROCUREMENT AND MARKET-SHAPING ACTION TEAM (TPMAT)**  
**SUMMARY MEETING REPORT OF THE NINTH GENERAL MEETING**

23 October 2023, 9:00-11:00am EST / 2:00–4:00pm CET  
Meeting Held Virtually

## Background and Introduction

The Tuberculosis Procurement and Market-Shaping Action Team (TPMAT)—established in July 2016—is the key global forum bringing together stakeholders to address common market shaping and procurement challenges related to fragile TB commodity markets. TPMAT is comprised of procurers, donors, implementers, international organizations, regulators, the World Health Organization (WHO), civil society organizations (CSOs), and National TB Programmes (NTPs).

TPMAT serves as an umbrella for all stakeholders to align on issues and coordinate activities, irrespective of procurement modalities or funding sources, and works end-to-end across the TB product cycle. TPMAT’s goal is to create fast, expansive access to the highest quality TB products for people living with TB and the NTPs that serve them. TPMAT uses a number of tools including the GDF-managed [TB medicines dashboard](#) which shows the status of all TB medicines in relation to different institutional guidance documents.

## Objectives and Overview

TPMAT’s October 23<sup>rd</sup> virtual meeting was attended by 45 people. The agenda and list of participants can be found in Annexes 1 and 2. The objectives of the meeting were to:

- Summarize recent TB product price decreases, and identify next steps to optimize use of savings from these price decreases
- Provide stakeholder input on a current Global Fund strategic initiative on country readiness, and a process for establishing KPIs on new product uptake

**SESSION 1: Pricing of TB Commodities, Progress, and Goals** - Facilitator: Sharonann Lynch (O’Neil Center for Global Health Policy & Politics) and Denis Godlevskiy (ITPC-EECA)

**1: Updates on Recent Changes in Pricing of TB Commodities** - Presenter: Brenda Waning (Global Drug Facility)

There have been significant savings achieved from recent price reductions to fixed-dose combinations (FDC) of rifapentine and isoniazid for the three month, once weekly (3HP) regimen for TB preventative treatment (TPT), adult bedaquiline for drug-resistant TB (DR-TB) treatment, pretomanid, delamanid, and GeneXpert cartridges, resulting in expected savings of more than \$70 million per year globally (\$27 million in medicines alone). Over the 3-year Global Fund grant cycle, this equates to more than \$200 million in total global savings. TPMAT and its partners have

played a key role in creating an enabling environment for price reductions, most notably for bedaquiline in which interventions to expedite generic entry began taking place five years prior to patent expiry. The entry of multiple suppliers and resulting price reductions, however, creates challenges to market shaping. If demand does not increase despite these large savings, it becomes harder to support multiple suppliers for these products and more difficult to get price reductions from suppliers in the future. GDF regional technical advisors have started working proactively with National TB Programmes (NTPs) to see how NTPs can apply these savings to procurement of additional TB products.

## **2: Global Fund Grants and Price Reductions: What Does It Mean and What Next?**

Presenter: Grania Brigden (Global Fund)

The Global Fund is looking into the impact of the price reductions for Global Fund grants. In Grant Cycle 6 (GC6; 2021-2023), Global Fund invested \$730 million in TB health products, split almost 50/50 across various TB screening and diagnostic tools (\$378 million) and TB medicines (\$352 million). The impact of these price reductions is potentially immense. GC6 investment in GeneXpert cartridges was \$173 million for 15.7 million cartridges; with price reductions, total commodities could have amounted to 19.3 million cartridges. GC6 investment in bedaquiline was \$48 million for 166,000 treatment courses of bedaquiline; with price reductions, total commodities could have amounted to 369,000 treatment courses with J&J or 247,000 treatment courses with Lupin. GC6 investment in 3HP was \$27.9 million for 1.86 million treatment courses of 3HP; with price reductions, total commodities would have amounted to 2.79 million treatment courses of 3HP. The Global Fund notes that, within the Grant Cycle 7 (GC7; 2023-2025) grant application windows, many essential commodities are (particularly in Year 3) being placed within the Prioritized Above Allocation Requests (PAAR). The Global Fund has disseminated the price decreases to country teams and is advising that country savings coming from price-reduced commodities should go to covering commodity gaps. A Global Fund partner webinar was held in October to provide an overview of price reductions. An associated [briefing note](#) on FAQs around GeneXpert price reductions was created.

**FACILITATED DISCUSSION** – Facilitators: Sharonann Lynch and Denis Godlevskiy

### **KEY POINTS**

#### **Perspectives on How Savings from Price Reductions Should be Used**

Many participants concurred with the Global Fund's assessment that essential commodity gaps in GC7 grants need to be covered as a priority, as many countries have bold targets for prevention, diagnosis and treatment. In particular, there remain serious commodity shortfalls around diagnostics, which were highlighted as a critical issue (i.e., countries cannot benefit from medicine/regimen price reductions if people with TB are not diagnosed). Countries' main objective, then, should be for savings from price reductions to be put toward ensuring these essential commodity gaps are filled. The Global Fund emphasized that their expectation is that countries should work to translate savings into finding more people with TB and enrolling them

on treatment. Attention needs to be directed toward advocacy by the global TB community around ensuring the TB space's limited resources are used in the best possible way.

#### Importance of Funding Interventions around Access to Commodities

One potential barrier to accelerating the scale up of both existing and new TB innovations identified by participants is technical assistance (TA) to countries. Innovations and new recommendations are now coming in extremely quickly, and some countries may have difficulty in absorbing new tools and products. It was also noted that there are many local partners that have the technical expertise to do this work and may only need limited support to implement. If countries use savings to fill existing commodity gaps, partners can then look to provide wraparound TA to support access. Scaling up diagnostics for DR-TB remains the biggest issue and this must be the priority in the coming years, as there will not be scale-up of medicines otherwise.

#### Research and Messaging Around the Benefits of Recent Price Reductions is Essential

Further analysis and discussion should take place to better understand how savings can translate into increased commodities and improved access, as well as how such issues are messaged. There already exist established coordination mechanisms to review countries' essential commodities gaps, as well as to analyze savings from price reductions in relation to Global Fund grants and national procurement plans. The message of what can be achieved dollar-for-dollar with savings is a good message, as is the message of how savings might translate into getting more people diagnosed and on treatment. There are meetings coming up for these issues to be discussed and communicated further (e.g., the Union conference, the TPMAT meeting, the Global Fund Board Meeting).

### **3: Safeguards for Sustaining Supply, Quality and Affordability while Shifting to National Procurement - Presenter: Sharonann Lynch**

Co-financing of TB medicines has created a number of challenges to procurement of quality-assured TB medicines, especially related to country rules and regulations around national procurement with domestic financing. There are many benefits to pooled procurement (e.g., via GDF) including guarantees of quality assurance and the creation of healthy TB medicines markets with multiple generic suppliers which have led to more consistent supply and subsequent price reductions. Countries may not continue to procure internationally recognized quality-assured medicines when procuring domestically, either because they opt out of doing so or face legal restrictions affecting how and/or what they procure. Co-financing may remove a number of levers that both national TB programs (NTPs) and partners can use to maintain quality, avert stockouts, and potentially delay development of resistance to newer regimens such as bedaquiline. Questions remain as to the impact of the removal of such safeguards, and discussions are needed around the steps that national and global stakeholders might take to ensure that access to quality-assured medicines is not affected. It is also important to monitor, document, and measure the risks associated with co-financing versus pooled procurement.

**SUPPLEMENTARY SLIDES: Assessment of Domestic Procurement of Child-Friendly DS-TB Medicines and Impact of National Procurement - Presenter: Brenda Waning**

Graphs were presented describing procurement for paediatric FDCs for drug-sensitive TB (DS-TB) procured through GDF with trends related to the annual numbers of treatment courses procured. The volume of paediatric FDCs procured through GDF has been trending down over time. While the number of countries procuring from GDF since 2017 may appear stable in terms of overall numbers, these numbers mask the fact that GDF has started supplying to some high-income countries which are replacing low- and middle-income countries (LMICs) opting out of pooled procurement. GDF data also show that, out of 53 GDF priority countries, 32 used domestic financing to procure paediatric DS-TB medications. Of these 32 countries, only 9 procured from GDF. Twenty-three procured from local suppliers and, of these, 7 procured a mix of quality assured medicines and medicines of unknown quality, while 13 only procured medicines of unknown quality, including non-optimized formulations. More analyses are needed around the impact of domestic procurement on stock outs, price, and procurement of WHO-recommended medicines.

**FACILITATED DISCUSSION - Facilitators: Sharonann Lynch and Denis Godlevskiy**

**KEY POINTS**

**Evidence on the Loss of Levers that Follow from Co-Financing Requirements**

Participants gave examples from both projects and countries of the impact of loss of safeguards, including the difficulty in confirming procurement timelines or guaranteeing procurement forecasts to manufacturers, the need to adjust guidelines to take into account potential issues around non-optimized formulations and medicines of unknown quality, the existence of non-competitive bids when only a single manufacturer is registered in a country, and the increased likelihood of drugs of unknown quality being the only drugs qualified for procurement under national procurement rules. Evidence on and analysis of the impact of the loss of such safeguards could be a focus of future TPMAT meetings.

**The Impact of Co-Financing on TB Medicines Quality**

It is important to speak up collectively for TB medicines quality assurance continually. Many important mechanisms exist to help protect quality standards (ERP, WHO PQ, pooled procurement, etc.). Quality is especially important to avoid anti-microbial resistance (AMR) and, without mechanisms like GDF, addressing the AMR issue can add additional work for NTPs, such as monitoring quality at country and facility level. The Global Fund and partners are looking closely at how quality is measured.

**TB Medicines Markets Need Engaged and Incentivized Manufacturers**

There should be a priority around ensuring evidence-based products continue to be available and supporting manufacturers—especially those for DR and paediatric TB which have small markets. An important message to manufacturers and developers is that there is a market, even if it is small. Through pooled procurement and market consolidation, GDF is an important mechanism to stimulate product development and supply security.

**SESSION 2: Global Fund Strategic Initiative - Facilitator: Stijn Deborggraeve (MSF)**

**4: Update on the Global Fund Strategic Initiative: Next Generation Market Shaping and How It Pertains to TB Diagnostics - Presenter: Melanie Kitongo (Global Fund)**

The Global Fund has launched its new 3-year Next Generation Market Shaping strategic initiative (SI) that aims to support the new Global Fund Strategy (2023–2028) and catalyze impact of new health product introductions across HIV, TB, and malaria programs. Of relevance to TB is the SI workstream “Accelerate Health Product Introductions at Scale” which will invest \$35 million across all three diseases to address barriers that affect the scale up of new products. This workstream includes support for country readiness to ensure that communities have tools and systems in place to introduce new health products. The focus of the SI for TB will be primarily on diagnostics. The amount of funding for this workstream is not large. Prioritization will be given to interventions that provide technical assistance to translate guidance into national strategies and planning, facilitate regional engagement to support demand for the introduction of new tools, and provide implementation support to drive and scale introduction of these tools. Global Fund will target the 20 TB priority countries (plus five countries in Western and Central Africa), but there will be a list of criteria leading to the selection of these countries, followed by further consultation with partners to develop a final list.

**FACILITATED DISCUSSION - Facilitator: Stijn Deborggraeve**

**KEY POINTS**

**Support for the Introduction and Scale Up of New Diagnostics**

Participants agreed on the need for such an SI as there are a number of new diagnostics coming to market in the coming years. Participants emphasized that advocacy, demand generation, and technical assistance support are key to facilitating access to new diagnostics. It was also raised that countries presently have concerns about platform proliferation and sustainability.

**The Importance of Partner Coordination**

This is the only Global Fund SI that has a TB component and the budget is relatively small, so avoiding duplication, amplifying existing work, and filling programmatic gaps are priorities. The Global Fund and its partners are working together closely on this initiative to ensure alignment and synergy and avoid duplication. Efforts by existing diagnostic consortiums on building country readiness and capacity can be leveraged. A significant amount of work for the SI will be in partner coordination and this is where the involvement of TPMAT can add value.

**Community-Level Inputs**

There is interest and advocacy within civil society for new diagnostic introduction, with the civil society space having taken time to learn about diagnostics across different diseases. Global Fund is thinking about engaging communities in countries where there are already diagnostic trials going on to see how demand can be built and to get more countries excited about the new products in the pipeline. UNITAID has also issued a call for proposals on community-led demand creation which would support work for diagnostic and treatment literacy and uptake.

## Wrap-Up

Brenda Waning thanked everyone for participating. GDF will follow up with a meeting report. TPMAT participants will soon get an invite for an in-person meeting on the 13-14 December in Washington DC. The themes of this virtual meeting will be discussed in more detail, as well as the implications of the new Global Fund Quality Assurance Policy for Health Products.

### Consolidated Action Points

- Partners to consider how to track savings from price reductions and how this translates into more commodities and better access—as well as how the opportunities presented from these savings might be messaged—for inclusion in discussions at upcoming meetings.
- Global Fund will continue to actively monitor essential commodities gaps, which it presently does for the highest burden countries.
- USAID has technical assistance available. Countries can email [USAIDTBTA@usaid.gov](mailto:USAIDTBTA@usaid.gov) to discuss further.
- Continue to monitor issues around the shift to domestic procurement/national financing: what levers/safeguards might be available to partners, what actions might be taken at national and global level to address the loss of safeguards, and which stakeholders should be included?
- WHO will continue to flag the issue of the loss of levers/safeguards during review of TB national strategic plans and funding applications and will bring the issue up during the annual meeting of the Child and Adolescent TB Working Group in November.
- Global Fund along with TPMAT will continue to focus on maintaining and strengthening coordination across various strategic initiatives.

## Annex 1: Agenda

### TB Procurement and Market-Shaping Action Team (TPMAT) Meeting

October 23, 2023, 8:00-10:00am New York / 2:00-4:00pm Geneva

#### Background

The TB Procurement and Market-Shaping Action Team (TPMAT) brings together procurers, donors, implementers, international organizations, NGOs, WHO, civil society, NTPs, and other stakeholders to address common procurement & market-shaping challenges inherent to fragile TB commodity markets. The group meets regularly to identify and prioritize issues and then align and coordinate on action plans towards a mutual goal of expedited and optimized access to TB products.

#### Objectives

The objectives of this TPMAT meeting are to:

- Summarize recent TB product price decreases, and identify next steps to optimize use of savings from these price decreases
- Provide stakeholder input on current Global Fund initiatives: A strategic initiative on country readiness, and a process for establishing KPIs on new product uptake

**Chair:** Brenda Waning

14:00-14:05	Welcome, Opening	Brenda Waning, GDF
<b>Session 1. Pricing of TB commodities, progress and goals</b> <b>Facilitators:</b> Sharonann Lynch (O'Neil Center) and Denis Godlevskiy (ITPC-EECA)		
14:05- 14:20	<ul style="list-style-type: none"><li>• Updates on recent changes in pricing of TB commodities</li></ul>	Brenda Waning, GDF
14:20-14:50	<ul style="list-style-type: none"><li>• Respondent</li></ul>	Grania Bragden, Global Fund
	<ul style="list-style-type: none"><li>• Q&amp;A, discussion, action steps (e.g., to ensure savings from price reductions equates to more people diagnosed and treated)</li></ul>	Sharonann Lynch, Denis Godlevskiy
14:50-15:05	<ul style="list-style-type: none"><li>• Safeguards for Sustaining Supply, Quality and Affordability while Shifting to National Procurement</li></ul>	Sharonann Lynch
15:05- 15:20	<ul style="list-style-type: none"><li>• Q&amp;A, discussion, action steps</li></ul>	Sharonann Lynch, Denis Godlevskiy
<b>Session 2. Global Fund Strategic Initiative</b> <b>Facilitator:</b> Stijn Deborggraeve (MSF)		
15:20 – 15:35	<ul style="list-style-type: none"><li>• Update on the Global Fund Strategic Initiative: Next Generation Market Shaping and how it pertains to TB diagnostics</li></ul>	Melanie Kitongo, Global Fund
15:35 – 15:50	<ul style="list-style-type: none"><li>• Q&amp;A, discussion, action steps</li></ul>	Stijn Deborggraeve
<b>Meeting Closure</b>		
15:50 – 16:00	<ul style="list-style-type: none"><li>• Meeting closure and wrap up</li></ul>	Brenda Waning, GDF

## Annex 2: List of Participants

- 1 **Brenda Waning (Chair)**  
GDF Chief  
Stop TB Partnership  
Geneva, Switzerland
- 2 **Cheri Vincent**  
Chief Infectious Diseases Division  
USAID  
Washington DC, USA
- 3 **Thomas Chiang**  
Senior TB Technical Advisor  
USAID  
Washington DC, USA
- 4 **Brian Kaiser**  
Technical Officer, GDF  
Stop TB Partnership  
Geneva, Switzerland
- 5 **Wayne Van Gemert**  
Technical Officer, TB Diagnostics  
Stop TB Partnership  
Geneva, Switzerland
- 6 **Lindsay McKenna**  
TB Project Co-Director  
Treatment Action Group  
New York, USA
- 7 **Sharonann Lynch**  
Senior Scholar, Global Health Policy &  
Politics Initiative, O'Neill Institute,  
Georgetown University  
Washington DC, USA
- 8 **Agrata Sharma**  
Fellow, Global Health Policy & Politics  
Initiative, O'Neill Institute, Georgetown  
University  
Washington DC, USA
- 9 **Fabienne Jouberton**  
Pharmacist for TB and NTDs  
MSF  
Geneva, Switzerland
- 10 **Stijn Deborggraeve**  
Diagnostics Advisor, Infectious Disease  
MSF  
Amsterdam, Netherlands
- 11 **Yulia Kalancha**  
Executive Director  
TB Europe Coalition  
Kyiv, Ukraine
- 12 **Lesya Tonkonog**  
Project Coordinator  
TB Europe Coalition  
Kyiv, Ukraine
- 13 **Olesia Murha**  
Administrative Officer  
TB Europe Coalition  
Kyiv, Ukraine
- 14 **Denis Godlevsky**  
Regional Head  
ITPC Eastern Europe and Central Asia; ECAT  
Munstertal, Germany
- 15 **Martina Casenghi**  
Technical Director, CaP TB Project  
Elizabeth Glaser Pediatric AIDS Foundation  
Geneva, Switzerland
- 16 **Agnes Gebhard**  
Technical Director  
KNCV TB Foundation  
The Hague, Netherlands



- 17 **Mansa Mbenga**  
Team Lead  
KNCV TB Foundation  
The Hague, Netherlands
- 18 **Fuad Mirzayev**  
Team Lead, Global TB Programme  
WHO  
Geneva, Switzerland
- 19 **Kerri Viney**  
Technical Officer, Global TB Programme  
WHO  
Geneva, Switzerland
- 20 **Sabine Verkuilj**  
Medical Officer, Global TB Programme  
WHO  
Geneva, Switzerland
- 21 **Deus Mubangizi**  
Coordinator, Prequalification Team  
WHO  
Geneva, Switzerland
- 22 **Tiziana Masini**  
Technical Officer, Global TB Programme  
WHO  
Geneva, Switzerland
- 23 **Annemieke Brands**  
Technical Officer, Global TB Programme  
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Geneva, Switzerland
- 24 **Jordi Balleste**  
Unit Chief, Strategic Fund  
Pan American Health Organization  
Washington DC, USA
- 25 **Martha Maria Suazo**  
Procurement Specialist  
Pan American Health Organization  
Washington DC, USA
- 26 **Marcos Chapparo**  
Procurement Specialist  
Pan American Health Organization  
Washington DC, USA
- 27 **Janet Ginnard**  
Director, Strategy  
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Geneva, Switzerland
- 28 **Cherise Scott**  
Technical Manager, Strategy  
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- 29 **Luca Occhini**  
Team Lead, Programme Division  
UNITAID  
Geneva, Switzerland
- 30 **Grania Brigden**  
Senior TB Advisor  
The Global Fund  
Geneva, Switzerland
- 31 **Melanie Kitongo**  
TB Technical Analyst, Technical Advice & Partnerships  
The Global Fund  
Geneva, Switzerland
- 32 **Aziz Jafarov**  
Manager, Global Sourcing Health Technologies  
The Global Fund  
Geneva, Switzerland
- 34 **Clarisse Morris**  
Manager, Market Shaping & Partnerships  
The Global Fund  
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- 35 **Erica Lessem**  
Director of Community Engagement  
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New York, USA

- 36 **Gillian Leith**  
Health Markets Executive  
MedAccess  
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- 37 **Evans Mburu**  
Implementation Executive  
MedAccess  
London, England
- 38 **Michael Campbell**  
Director, New Market Opportunities  
Team  
Clinton Health Access Initiative  
Manchester, England
- 39 **Claire Albert Watkins**  
Global Markets Team  
Clinton Health Access Initiative  
Massachusetts, USA
- 40 **Vanessa Rouzier**  
Chair, Pediatrics Department  
GHESKIO  
Port-au-Prince, Haiti
- 41 **Patrick Migambi**  
Director, TB Infection Control  
National TB Programme  
Kigali, Rwanda
- 42 **Rita Patricia**  
Deputy Programme Manager  
National TB Programme  
Accra, Ghana
- 43 **Lim Sheng Teng**  
Programme Management Support  
Specialist, GDF  
Stop TB Partnership  
Geneva, Switzerland
- 44 **Olena Iakovenko**  
Programme Assistant, GDF  
Stop TB Partnership  
Geneva, Switzerland
- 45 **Beth Anne Pratt**  
Senior Technical Writer, GDF  
Stop TB Partnership  
Nairobi, Kenya