Supply and Demand for Quality-Assured 2\textsuperscript{nd}-line TB Drugs

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STOP TB PARTNERSHIP

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Outline

- Last Year’s Problems
  - Delivery/Logistics – Improved last year/still needs work
  - Supply - of QA SLD is a still serious problem
  - GDF/GLC understaffed for the challenge

- Demand: The Real Issue: there is no significant demand for QA SLDs

- Recommended Solutions

- Summary
### GLC Projects and Patients 2006 to 2009

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<td>0</td>
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MDR-TB Burden and Patients in Treatment

Estimated # of new cases

- 489,000 new MDR-TB cases each year

(patients in thousands)

- 2004: 407
- 2005: 407
- 2006: 427
- 2007: 403
- 2008: 443

Estimated:
- 16 non-GLC
- 10 GLC
- 34 GLC
What is the Demand Problem?

- There are **no** demand or supply problems for 2nd-line TB drugs
- IMS Health data shows robust sales of all 2nd line TB drugs in Priority Countries – more than $1 b of market value in the Private Sector alone
- *Pathway to Patients* also confirms a large and growing market for 2nd line drugs
- But there is a significant demand problem for **Quality-Assured** 2nd line TB drugs
Summary

There is not a supply or demand problem for 2nd line drugs – there are robust markets in MDR-TB priority countries.

There is a supply problem for QA 2nd line TB drugs, and it largely results from:

Insufficient Demand for QA 2nd line drugs
Solution: New Strategic Approach

- No longer in DOTS-Plus pilot project era
- We have to stop envisioning and practicing procurement in that mode
- New Expansion Era – single sources of supply and single procurement agents supply no longer practical
- Engage all priority countries to commit to purchase quality-assured drugs and treat patients following Programmatic guidelines
- Engage the large countries to push their pharmaceutical companies to become pre-qualified
Analysis of Existing Supply Channels

- **Stream A: Procure through GDF/IDA**
  - All GLC-approved projects; approx 11,000 pts
  - Use only QA-drugs – 2007 market ~ $4 million
  - Likely to grow, but slowly re existing limitations

- **Stream D: Not committed to exclusive use of QA drugs, protocols for PMMDR-TB and routine monitoring of outcomes**
  - All non-GLC MDR-TB Tx; at least 35,000 patients
  - Mostly drugs of uncertain quality – market > $100 m
  - Likely to grow dramatically faster than Stream A
Analysis of Existing Supply Channels

- Stream A: Procure through GDF/IDA
- Stream B: Procure QA drugs direct from suppliers from GDF list pre-approved suppliers
- Stream C: Commits to QA drugs, cautiously willing GLC approval - not willing to procure only from GDF-approved suppliers
- Stream D: Unwilling to commit to using QA drugs, but requesting M&E, regular reporting
Track Progress QA Drugs & PM-MDRTB as with DOTS

- Others very close: Bangladesh, India, Kenya, Pakistan
- Indonesia
- China
- Viet Nam
- Philippines
Countries are rapidly scaling up MDR-TB treatment

But they are doing it – for now – mostly with drugs of uncertain quality

Challenge: Can we ensure that, increasingly, they do so with QA drugs and under proper conditions for Programmatic Mgt of DR TB?

This will not happen unless we take steps to change current trends and the market dynamics for 2nd – line TB drugs