To ensure universal access to quality TB drugs

**Why do we need a Global Drug Facility?**

Programme reviews and reports from countries with high rates of tuberculosis (TB) document that effective disease control is often undermined by problems in the supply of TB drugs. Recurrent interruptions in the supply of TB drugs need to be addressed urgently as they undermine the credibility and effectiveness of health services to provide TB treatment and endanger communities across the globe. Patients will die unnecessarily and fewer get cured when TB drug supply is inadequate. Irregular TB drugs supply further causes the development and transmission of drug-resistant TB strains. This results in much higher costs and reduced effectiveness of TB control strategies.

In view of these constraints an international group of experts concluded in March 1998 that a special international effort to safeguard and improve the supply of TB drugs is needed. Based on extensive discussions among high-burden country representatives, partner organizations in the global effort to Stop TB, and within WHO, a Global Drug Facility has been proposed to improve supplies, distribution and monitoring of anti-TB drugs. The facility would be designed flexibly to address problems inherent in today’s drug supply systems. While it would initially focus on interventions to improve the regular supply of anti-TB drugs, the facility could also include other essential drugs for other infectious diseases.

**What would be the basic operating principles for a Global Drug Facility?**

- The provision of TB treatment is first and foremost a national responsibility.
- Facility resources must not displace or substitute for national or international resources that are or might be available to address the same objectives.
- Assistance provided through a Drug Facility must be sustainable at country level.

**What type of loan, grant and assistance facilities would be provided by a Global Drug Facility?**

- Emergency finance to prevent or respond to urgent unforeseen stock-outs in high-prevalence countries by means of short-term interest free loans.
- Bridge finance to correct major imbalances between need and available resources:
  - where emergency fiscal adjustment limits national budgets;
  - where other foreign assistance is not immediately identifiable;
  - where epidemiological or social conditions have radically changed resulting in rapid rise in the TB case-load. This finance may be provided through interest free loans, in-kind donations of product or on a grant basis.
• Procurement Services to provide access to and information on procurement agents or intermediaries, standards, quality control and market intelligence on producers and prices.

• Technical assistance in the analysis and correction of systemic problems in the supply and quality of anti-TB drugs, including provision of tools, as well as assistance in capacity building for international and national procurement.

• Finance supporting operational research to improve the supply, distribution, control and rational use of drugs, especially in settings with a high prevalence of multidrug-resistant TB (MDR-TB) or HIV/AIDS and to improve the incentives for the development of new diagnostics and pharmaceuticals for TB control.

What investments are needed?

Estimated required grant funding for the first five years of operation of the Drug Facility, including loans, technical assistance, operational research and administration, as well as specific assistance to National TB Programmes in high HIV-prevalence countries, would total approximately US$ 100–125 million.

How will the Global Drug Facility relate to the Global Investment Plan and the Partnership Agreement?

The Drug Facility would represent a core component of the Global Investment Plan for TB Elimination. Several financial management systems are under consideration for the Drug Facility, including financing provided as a component of a proposed and larger global fund for TB control. The Drug Facility would provide its assistance to governments engaged in the proposed Global Partnership Agreement to Stop TB. In special circumstances, assistance would also be provided to nongovernmental and civil society organizations.