

A circular image of the Earth, showing continents and oceans, with a yellow border. It is positioned behind the title text.

GLOBAL TB DRUG FACILITY

What is the Global TB Drug Facility?

The Global TB Drug Facility (GDF) is a mechanism to expand access to, and availability of, high-quality TB drugs to facilitate DOTS expansion. The GDF will enable governments and nongovernmental organizations (NGOs) to implement effective TB control programmes based on the DOTS strategy.

By securing the timely supply of quality TB drugs, the GDF will complement other activities designed to increase access to quality drugs within effective TB control programmes. The GDF is therefore an integral part of a coordinated and accelerated global campaign to stop the TB epidemic.

Tuberculosis (TB) is the leading cause of infectious death worldwide. Despite a cure being available for more than 50 years, TB kills almost 2 million people every year. Significant progress in combating the global TB epidemic during the past ten years has been offset in some parts of the world by increases in TB due to HIV and multidrug-resistant TB (MDR-TB).

DOTS,* a public health strategy to control TB, increases cure rates by 20%–50%, reduces deaths due to TB by 10%–30%, and prevents the emergence of MDR-TB. TB drugs are an essential part of the DOTS strategy, yet many countries still face serious problems in funding, ordering, and distributing TB drugs.

*DOTS: Directly Observed Treatment, Short-course

What is DOTS and DOTS Expansion?

DOTS is the brand name for the WHO-recommended TB control strategy, which includes uninterrupted supply of high-quality TB drugs. In May 2000, the World Health Assembly (WHA) set global targets of detecting 70% of infectious TB cases and curing 85% of those detected by 2005. Although over 120 countries had adopted DOTS by the end of 1999, less than 25% of people with TB are treated with DOTS. Based on current rates of expansion, the 2005 targets will not be reached until 2012. The GDF will facilitate rapid acceleration in DOTS expansion in order to achieve global targets by 2005.



4 goals of the Global TB Drug Facility

- **Ensure** uninterrupted access to quality TB drugs for DOTS implementation.
- **Catalyze** rapid DOTS expansion in order to achieve global TB targets.
- **Stimulate** political and popular support in countries worldwide for public funding of TB drug supplies.
- **Secure** sustainable global TB control and eventual elimination.

Is TB drug supply really a problem?

Insecure financing and shortages of TB drugs are frequent and serious in many parts of the world and have hampered DOTS expansion. While poor drug supply is not unique to TB control, its impact may be especially severe. Drugs are essential to TB prevention and cure: inadequate and erratic supply can contribute to the emergence of MDR-TB.



5 reasons why people with TB do not have access to high-quality TB drugs

- **Lack** of resources and financial crises in countries.
- **Escalating** epidemics of TB due, for example, to HIV.
- **Limited** capacity in countries to procure, store, and distribute drugs.
- **Weak** health services infrastructure.
- **Poor** quality drugs.

Ensuring an uninterrupted supply of quality drugs through the GDF will free human and financial resources to address management, service delivery, training, supervision, and other services essential for scaling up DOTS.



functions of the GDF

- **Mobilize** resources for drug procurement and supply for countries implementing or expanding successful DOTS programmes.
- **Entertain** requests from countries or organizations that meet DOTS planning and implementation requirements, and develop grant agreements with recipients.
- **Procure** drugs via transparent, competitive bidding using procurement agents and pre-qualified suppliers for direct distribution to grantees.
- **Provide** procurement services for governments, and their partner organizations, that finance their own TB drug purchases.
- **Work** with Stop TB partners to ensure monitoring, evaluation, and problem-solving for effective drug delivery and deployment.

Who can apply for support from the GDF?

Governments and NGOs, in conjunction with their respective Ministry of Health or Finance, can apply for support from the GDF. The application consists of a written application form that asks for statistical information on TB and the country profile, the drugs needed, and supporting documentary evidence. The form will be screened by the Stop TB Partnership Secretariat for completeness and then submitted to the Technical Review Committee that will prioritize the applications.

Technical Review Committee

The Technical Review Committee (TRC) is a group of experts in TB control, drug management, and TB programme management. The TRC will review and prioritize applications and countries eligible for the GDF support. The first announcement will be made on World TB Day, 24 March 2001. The TRC will also recommend levels of support to countries and will propose agencies to monitor GDF-related country activities.

Stop TB Partnership Secretariat

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How much will the GDF cost?

The GDF needs an investment of US\$ 250 million between 2001 and 2005 in order to catalyze national efforts to expand DOTS and achieve global targets for the year 2005. This estimate is based on DOTS expansion plans for the high TB burden countries and reasonable assumptions on future drug prices, number of patients to be treated, and operational costs.

What will be the legacy of the GDF?

The GDF will facilitate rapid DOTS expansion in countries. The rewards of DOTS expansion will be less TB patients, lower health care costs, and the social and economic benefits of improved public health.

6 benefits of the GDF:

- **Treat** approximately 10 million patients by 2005 and 45 million by 2010.
- **Avert** 25 million TB deaths and prevent 50 million TB cases by 2020.
- **Prevent** the emergence of drug resistance.
- **Rationalize** procurement mechanisms to improve cost-effectiveness of drug purchasing.
- **Improve** the quality of TB drugs worldwide.
- **Create** a successful model of commitment and cooperation to confront a global epidemic.