The Stop TB Partnership's Global Drug Facility Technical Assistance in Malawi, 17-28 June, 2019

Malawi TB/HIV Joint program review was conducted from June 17 to 28, 2019 with the primary purpose of assessing the performance of the programs and provide feedback to inform strategic planning. The STOP TB/Global Drug Facility was among partners and stakeholders that took part in this evaluation which was led by WHO.

Malawi was among the first countries to initiate the implementation of the new WHO guidelines for DR-TB and is on course for complete transition to all oral DR TB regimens by January 2020. Adequate funding for this transition plan is available following a re-programming of GF grant to cover a potential funding gap in procurement of SLDs. The country is also implementing the new Rifapentine based regimen for treatment of LTBI from October 2019. Through the support of IMPAACT for TB project, procurement of 60,000 patient doses has been initiated. The Pilot phase will start with 2 districts.

Following training of the NTP pharmacist on *Innovative Procurement and Supply Planning to End TB* in October 2018, the PSM team has been generating Early Warning System reports on quarterly basis. Some corrective actions informed by EWS reports have been made, ensuring uninterrupted access to medicines. For example, emergency procurement of Delamanid was made following EWS reports for December 2018 which showed a sudden increase in number of cases leading to low stock levels. A stock out has been avoided. Some medicine alert action points have not yet been implemented. PSM team was advised to ensure timely action on EWS recommendations.

TB Review Team

The Stop TB Partnership's Global Drug Facility Technical Assistance in Zimbabwe, 17-28 June, 2019

Zimbabwe held a Joint Mid Term Review (MTR) of the TB Control Programme from 17th -28th Jun 2019 to review the extent of implementation of the TB NSP 2017-2020. As a key stakeholder supporting the country supply of medicines, the STBP/GDF participated in the review of the Procurement and Supply Management (PSM) component.

During the review some areas of strengths were observed, including the quantification of TB medicines which has been achieved through capacity building on the use of the Quan TB tool that led to a smooth transition planning, especially in the face of frequent changes in treatment regimen to align with WHO recommendations. The implementation of the early warning system has helped to ensure early identification of risk of stock outs and imminent wastage. Where risk could not be averted, some lessons learnt have been applied to prevent future occurrences. One of the lessons learnt is the use of realistic data for supply planning instead of targets because where targets are not met, wastage/expiry of products had been observed.

A review of the stock status during the mid-term review revealed that stock status is generally sufficient, and the frequency of emergency orders decreased when compared with review carried out in 2018. All medicines for commencement of injection-free regimen were also in country. However, non-adherence to transition timelines was observed as one of the challenges affected medicines supply management.

It is hopeful that as the country continues to highlight and discuss risk factors, the challenges faced would be overcome and commodity security would be attained.

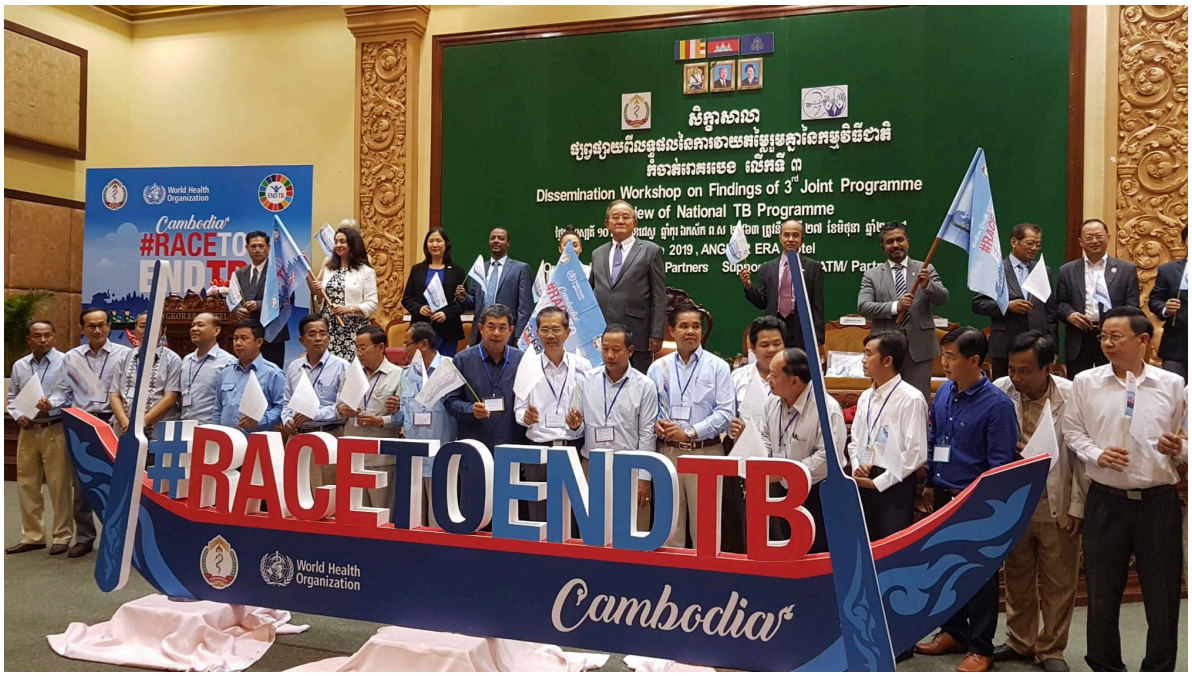
Team of external reviewers including STBP/GDF consultant.

The Stop TB Partnership's GDF's Technical Assistance mission in Cambodia, 17-29 June, 2019

The Stop TB Partnership's Global Drug Facility (GDF) provided technical assistance to the Kingdom of Cambodia during the Joint Program Review (JPR) from June 17, 2019 to June 29, 2019. The overall objective of the Cambodia TB program JPR was to review the progress and the performance of the National TB Program of Cambodia since the last program review in 2012; and determine the reasons for observed success or challenges and draw lessons from experience to produce evidence-based findings that allow NTP to make informed strategic decisions about NTPs path towards TB elimination in line with the global commitments. Morris Okumu (GDF Consultant) and Zaza Munez (GDF Regional technical Advisor) supported the JPR on behalf of the GDF.

The key findings from the JPR were: (i) the country has attained two sustainable development goals targets ahead of schedule; (ii) there has been significant drop in burden of TB compared to the 2012 and 2015 situations; (iii) there has been uninterrupted supply of TB medicines and key diagnostic products for last three years preceding the JPR; and (iv) government commitment to co-financing the TB program including first line TB drugs has continued to grow over the years. The key lessons from the JPR include but not limited to: (i) stronger and reliable pharmaceuticals and health products management systems is a key driver of program performance; (ii) country ownership of their own health products management system is critical in ensuring sustainability; and (iii) sustainable country led financing of the pharmaceutical and products drives impact. On overall, the JPR found that the procurement of TB medicines from the GDF ensured quality and reliability of supply.

As part of this mission, GDF supported updating of country quantifications, procurement planning and application of early warning system using QuanTB to ensure the country has sustainable supply through to June 2021. The Cambodia national TB program is now fully on board with use of QuanTB as the primary tool for quantification, supply planning and pipeline monitoring for TB medicines following training by GDF in 2018.



Dissemination workshop on the 3rd joint programme review of the national TB control programme of Cambodia.

The Stop TB Partnership's Global Drug Facility Technical Assistance mission in Kyrgyzstan, 1-9 July, 2019

The NTP requested the STOP TB Partnership GDF to be part of the comprehensive NTP review. The review mission took place from 1 to 9 July 2019. The mission identified positive developments as well as areas which need to be addressed.

Amongst the main findings of this mission were:

- New National TB Guidelines have been finalized in 2019 and these are in accordance with the latest WHO guidelines. Although these guidelines await approval by MoH, in collaboration with international partners, implementation has already started.
- Kyrgyzstan introduced legislation to help assure the quality of medicines in circulation. An example is the new Regulation 405/2019 which provides the basis for an accelerated registration of products that have already been prequalified by WHO or registered in EU, UK, USA or Japan. As a direct outcome of this legislation, a coalition of partners have made a list of 16 key TB medicines and KNCV is managing a project through which high quality manufacturers of these medicines are currently preparing to register their products in Kyrgyzstan. However, at present only the GF funded TB medicines (procured by UNDP from GDF) are from WHO prequalified manufacturers while those financed with domestic funds and procured via national competitive bidding do not yet meet that quality level. We recommend that the technical specifications used for procurement of TB medicines with national funds should include stricter quality standards and that preference will be given to products from prequalified sources, even if they may not be the cheapest product offered.
- The NTP has a very motivated and capable team of 3 pharmacists who are tasked with national quantification and stock monitoring of TB medicines. They have been trained in the use of QuanTB and are actively using this tool to manage the medicines in the program. Even at regional level, we found QuanTB being used.
- Although the availability of TB medicines was generally good, we found that in many facilities there was a lack of ancillary medicines which are needed to prevent or treat the side effects of TB treatment.

One of the GDF consultants taking a closer look at a chest X-Ray.

Four poly-resistant TB patients.

The Stop TB Partnership's Global Drug Facility Technical Assistance mission in Liberia, 8-19 July, 2019

From 8-19 July 2019, Stop TB Partnership/GDF participated in the Liberia National Leprosy and Tuberculosis Control Program review following the end of 2014-2018 strategic plan period. The recommendations from this review are meant to inform the 2019-2023 strategic planning period and align the country to the End TB Strategy. STB/GDF focused on procurement and supply chain management systems.

During the 2014-2018 implementation period, the country faced several challenges among them the Ebola outbreak in 2014 which led to significant disruption of the health services delivery system. This brought about decline in case finding, reduction of TB treatment facilities from 450 in 2012 to 170 in 2018 and disruption of the supply chain management systems. However, after 2015, the country has been on recovery path and has kept pace with the rest of the world in adoption of new innovations in fight against TB such as roll out new medicines Bedaquiline and Delamanid, child friendly pediatric formulations for DSTB and DR TB and the shorter treatment regimens for DR TB. Implementation of the new WHO guidelines on DR TB is also ongoing with full transition to injection free DR TB regimens planned from August 2019.

During this review, quantity of first- and second-line TB medicines adequate for the country needs until Dec 2020 was determined and a funding gap assessment done. It is worth noting that as a result of the training on *Innovative Quantification and Supply Planning To End TB* conducted by STB/GDF in October 2018 where two PSM staff from Liberia attended, NLTCP is now using the QuanTB tool more frequently for quantification and to generate early warning system (EWS) reports. More technical support is however needed for the country to make optimal use of the tool as there is a new PSM team on board.

The country is also facing some challenges in ensuring effective implementation of the EWS and accurate quantification. This is mainly contributed by difficulty in generation of inventory reports by the Central Medical Stores. The reports are delayed and inaccurate, making the program resort to physical counts to verify stocks during distribution planning, stock monitoring and quantification. To address this, installation of the new warehouse management system (mSupply) is ongoing.

A health care worker maintains updated stock cards on one of the health facilities visited. His stocks were however low due to delay in resupply