

Stop TB Partnership's Global Drug Facility's participation in the Joint TB Program Monitoring Mission in Nigeria, 19-31 January 2020

The Federal Ministry of Health in Nigeria, in collaboration with WHO, organized the end term review of the 2015- 2020 TB NSP between 19 and 31 February 2020. Considering the role that STBP/GDF is playing in strengthening TB medicines quantification and procurement systems, GDF participated in this activity and conducted a comprehensive review of the PSM component and elaborated recommendations to inform the next TB Strategic plan.

The mission observed good procurement practices whereby first line and second line TB medicines are sourced from WHO prequalified manufacturer via GDF using both government resources and GF support. This has helped to sustain availability of quality assured medicines: out of 90 health facilities visited during the program review, none of the facilities reported a recall of TB medicines due to quality issue. Findings from the post marketing survey conducted in 2018 by the National Agency for Food and Drugs Administration and Control (NAFDAC) in collaboration with NTBLCP, showed that all samples collected across all the six geopolitical zones in the country and tested complied with Quality control standards.

The country is also in track in terms of achieving the key National Strategic Plan indicator related to availability of medicines. Generally, there is uninterrupted supply of both first line and second line TB medicines as 96.2% facilities report no stock out of TB medicines.



Participants of the JPR in Nigeria

Stop TB Partnership's Global Drug Facility's participation in the Joint TB Program Monitoring Mission in Indonesia, 20-30 January 2020

The 2020 Joint External Monitoring Mission (JEMM) to Indonesia was conducted to review the progress made by NTP in implementation of the 2017 JEMM recommendations and provide inputs into the 2021-2024 draft strategic plan. The StopTB Partnership's Global Drug Facility's input was mainly focused on supply chain in accordance with its expertise in strengthening countries' supply chain systems and enhancing access to affordable, quality-assured products.

NTP plans to implement the new WHO guidelines for DSTB, DRTB and LTBI, particularly with the use of the recommended new medicines and regimens. Transition to daily dosing for category 1 patients was on course. A phased approach starting with 20% coverage in 2021, increasing to 50% by 2022 and full national wide implementation by 2023 has been adopted. Initial procurements of the daily dosing kits will be made through GDF using GF funding. A gradual transition to procure from local manufacturers as their capacity increases is planned. Phase out of Category 2 regimen in accordance with WHO guidelines is being implemented by end of 2020. Whereas for the DRTB transition, clinical expert teams including *TB wasors* and PMDT technical officers had already been oriented on the new regimens. NTP had already engaged the GF to support the procurement of bedaquiline to facilitate the transition, while procurement of other SLDs through GDF had also been initiated.

In efforts to improve quality of data used for forecasting and integrate management of all TB commodities data, NTP is working to roll out the NTP integrated information system (SITB), which will see eTB manager and SITT phased out.

Among the challenges observed was delay in procurement of medicines for transition to new WHO regimens. This is as a result of delay in process of listing of medicines in government e-catalogue which is a requirement for local procurement. Implementation of the new shorter LTBI regimens is also being constrained by challenges with in-country access to Rifapentine. Although there was notable improvement in time taken to process pre-shipment tax exemption and custom clearance for medicines imported in country, significant delays in this process that need to be addressed were observed.

During the debriefing, among the GDF's recommendations to improve the PSM of NTP Indonesia is to fast track the registration of Bedaquiline, Delamanid and Rifapentine into the government e-catalogue to pave way for timely procurement and phase in of new WHO treatment regimens for DR TB and new 3HP LTBI regimen. NTP should also continue to address the current delays in obtaining pre-shipment tax exemption and custom clearance to ease import process.



Orderly arrangement and use of stock cards observed in most facilities



Digital temperature and humidity monitor at Java West Province Warehouse

Stop TB Partnership's Global Drug Facility's participation in the WARN/CARN-TB's Fourth annual meeting of NTP coordinators from West and Central Africa in Benin, from 4 to 7 February 2020.

WARN/CARN-TB is the network of NTPs in West and Central Africa and aims to enable the NTPs in the region and bilateral as well as multilateral partners to harmonize and coordinate their strategies and practices in the fight against tuberculosis. WARN/CARN-TB works in 27 countries, including 16 in West Africa and 11 in Central Africa, of which 16 are GDF priority countries (two Tier 1 and fourteen Tier 2).

On 4 to 7 February 2020, the WARN/CARN-TB network organized its fourth annual meeting of NTP coordinators from West and Central Africa in Benin. The objective of the meeting was to review the activities carried out in the network, identify opportunities for strengthening, and establish an action plan for the coming year.

STBP/GDF was requested to join the meeting and lead a four-hour session on "Access to quality TB products across countries in the context of different procurement systems". GDF was represented by Regional Technical Advisors for Franco and Anglophone Africa, Country Supply Officer for Africa and Demand, Technical assistance and Capacity building team leader. The NTP manager of Nigeria chaired the session and during the meeting, a range of issues and challenges of TB Programs have been addressed and discussed between GDF and NTP coordinators. The audience expressed great interest, and the session was very interactive, with many Q&A and discussions.

Main challenges identified were: (i) financial constraints; inadequate donor and domestic financing especially in Francophone Africa, (ii) slow domestic procurement processes, (iii) complicated and lengthy custom clearance procedures due to bureaucracy and different taxes that have to be paid by the governments, (iv) challenges related to advance payment, hampering to procure from GDF, (v) no availability of medicines for low volumes for procurement, and (vi) low HR capacity for supply planning and procurement (PSM) along with insufficient technical assistance in PSM for GDF non priority countries.

GDF helped WARN/CARN-TB network secretariat to elaborate recommendations on how to support high-level advocacy and resource mobilization for access to QA TB products. It is expected that WARN/CARN-TB network secretariat provides a detailed implementation plan for provided recommendations.



Ghana team and GDF



Participants at the WARN/CARN Meeting

Stop TB Partnership's Global Drug Facility's participation in the Nairobi Peer review Meeting, from 11 to 13 February 2020

From 11 to 13 February 2020, Stop TB partnership participated in the HIV/TB joint peer review workshop held in Nairobi, Kenya. The overall objective of the meeting was to review draft Global Fund applications developed by countries and provide inputs for improvement, before final submission in March 2020. There were 12 participating countries: Benin, Burundi, Central Africa Republic, Congo, Cote d'Ivoire, DRC, Guinea, Guinea Bissau, Madagascar, Namibia, Nigeria and Uganda.

During this meeting, procurement and supply management (PSM) was identified as one of the key areas of focus under TB disease component and Stop TB Partnership/GDF collaborated with WHO in providing input on the same by actively participating in self-assessment discussions, peer review feedback meetings and thematic reviews.

STBP/GDF's involvement in this activity helped to gain a better understanding of TB interventions likely to be prioritized by most countries and their implications on procurement planning. However, it is worth noting that most GF proposals were still at the early stages of development with PSM components not yet fully developed. Therefore, recommendations for improving the developed proposals focused on key PSM interventions which need to be prioritized and related emerging issues for further consideration while working on the PSM module. These were incorporated into the Tuberculosis thematic feedback which was shared with countries at the end of the meeting.

Stop TB Partnership's Global Drug Facility's participation to the Joint TB Program Monitoring Mission in Burkina Faso, 12-21 February 2020

The TB/HIV Joint Programme Review in Burkina Faso was conducted on 12-21 February 2020 with the objective of reviewing the country achievements in the implementation of the 2018-2022 National Strategic Plan. This review was conducted by WHO, Stop TB /GDF, Expertise France, national partners from the Ministry of Health and members of the NTP.

On the programmatic side, the review noted that between 2017 and 2019 there has been approximately 10,932 missing cases. For TB/MDR, only 20% of expected cases are detected and approximately 88% of them are under treatment. Despite the decline over years, mortality remains high, at 9.3% at the end of 2018. The treatment success rate is low and the most affected age groups are those between 35-54 years and men.

At the PSM and laboratory level, the main challenges identified are; (i) the access to quality TB products through domestic funding, (ii) the supply of TB products in insecure areas (5/13 regions are in the red zone and there are more than 700,000 internally displaced persons), (iii) poor coordination of supplies with an impact on the supply chain, (iv) stock-out of culture medium, (v) problem of transport system of sputum, (vi) low GeneXpert MTB/RIF coverage (15 machines) while the diagnostic algorithm recommends the use of Xpert test as first tool, (vii) non-registration of anti-tuberculosis drugs (only RHZE is currently registered), and (viii) absence of notification of adverse drug reactions.

Regarding the TB products financing landscape, since 2016, the funding has been distributed as follows: (i) 40% of the needs of adult FLDs covered by the State budget and the Global Fund provides (ii) 60% of adult FLDs, (iii) 100% of paediatric FLDs, (iv) 100% of SLDs and (v) 100% of laboratory products.

The team recommended the NTP/ministry of health to increase and secure the state budget and guarantee a supply of quality TB products through circuits qualified by WHO, to set up the early warning system for monitoring stocks of TB Products at regional level, to strengthen the capacity of actors in the Supply and Stock Management of TB products, to establish a pharmacovigilance unit at the NTP level in collaboration with the national pharmacovigilance centre to effectively provide active drug safety monitoring, and to ensure the registration of TB medicines.



Debriefing meeting with the Stakeholders



Important Challenges – How to provide the TB products in the insecure area?