

### Mission Highlights: QuanTB Training Workshop Kingdom of Eswatini



*Figure 1: Workshop participants and facilitators poses for a picture.*

Adolescent TB), technical advisors and partner organisations supporting the TB programme. They all contributed meaningfully through knowledge sharing and provision of data and information for update of the QuanTB tool.

A face-to-face training workshop was conducted by the StopTB/GDF from the 16<sup>th</sup> to the 20<sup>th</sup> of May 2022 in Kingdom of Eswatini to support the National TB Programme in building capacity in procurement and supply management of TB medicines and in the use and application of the QuanTB tool. A total of 14 participants were trained, and these include persons from the central medical stores staff, regional pharmacists, NTP programme officers handling different thematic areas (M&E, PMDT, DSTB, TB/HIV, Child &



*Figure 2: Participants engaged in the training programme*

that GDF was a one-stop shop for TB medicines and diagnostics. They also updated QuanTB files for the TB medicines using country data and developed a costed supply plan for TB medicines. An interesting component in the procurement plan was presented to Director Health Services (DHS) who pledged his support at ensuring uninterrupted supply of TB using resources available including the GF grant.

Following the recently released rapid advice on treatment of DRTB TB by the World Health Organisation (WHO), Eswatini plans to introduce the BPALM in the first quarter of 2023. Therefore, the quantification for SLDs was adjusted to include this transition plan and this seems very positive for Eswatini in different areas.

- To the patient, the pill burden and the treatment duration would be reduced
- To the funders, the cost of medicine per patient would be reduced as DIm and Trd which are major cost drivers would be reduced. So, it is less money for a better value.

Eswatini mostly procures TB medicines using domestic funds but there has been reports of delays in the supply of TB medicines by the local suppliers affecting the TB supply system. However, there is also a window of opportunity for TB medicines to be sourced through the GDF procurement mechanism using GF grant which is yet to be utilized. In view of this, the country requested for capacity building of its staff so they could be well positioned to carry out this function. So, during the training, participants reviewed, and updated treatment regimens used in the QuanTB files for Latent TB Infection (LTBI), Drug Resistant TB (DRTB) and Drug Sensitive TB (DSTB) quantification. Participants learnt

- To the Health workers, their joy would be at the peak as they would see their patient's complete treatment within six months compared with 9-20 months duration previously used.



*Figure 3: The Director Health Services hands over certificates to training participants*

At the end of the training, certificates were handed over to the participants by the Director Health Services for active participation and good performance during the training. Participants are expected to apply the skilled gained to regularly monitor stock status using the QuanTB early warning system to avert supply risk and ensure continuous availability of TB medicines and GDF will continue to work with the country team in provision of technical support for the management of TB commodities.



*Figure 4: Training participants and facilitators pose for a photo with the Director Health Services, NTP manager and NERCHA officials*

## **Stop TB Partnership's Global Drug Facility Participation to Kenya's End-Term Review for TB National Strategic Plan 2019-2023 from 26 March to 8 April 2022**

The Stop TB Partnership together with other external and internal reviewers participated in the End Term Review of the Kenya National Tuberculosis, Leprosy and Lung Disease Program (NTLD-P) National Strategic Plan (NSP), 2019-2023, held from 26 March to 8 April 2022. The objectives of the review were to assess progress made towards implementation of strategies and initiatives geared towards finding the missing people with TB; assess the diagnostic services coverage and networking for both first and second-line DST as well as quality assurance; evaluate the responsiveness of the people-centred approach in finding the missing people with TB and provision of quality care along the care cascade in Kenya; assess the procurement and supply chain management (PSM) system for TB and leprosy commodities; assess the mechanisms of multi-sectoral engagement with stakeholders and sectors in TB control and determine the responsiveness of service delivery models and human rights and gender coverage for populations at risk of TB. During the review, GDF led the PSM component.

The key notable achievements related to PSM include ongoing implementation of the latest WHO recommended treatment guidelines. All-oral longer DR-TB treatment regimens are in use and plans are underway to introduce the modified shorter DR TB treatment regimen (mSTR) under operational research. The child-friendly formulations have been adopted including bedaquiline 20mg and delamanid 25mg though uptake is still slow. In addition, the country has continued to scale up the new shorter TPT regimens ((3HP and 3RH). In terms of funding, there is sustained commitment by the government of Kenya to fund procurement of TB commodities currently covering 70 % of the procurement budget for first line TB medicines (FLDs) as also observed during previous missions. Regular review of TB medicines forecasting, and quantification data has helped to ensure stable supply of second line TB medicines and adult FLDs at all level and reduced wastage. Registration of medicines is currently a requirement in Kenya and efforts have been made to register TB medicines except for new medicines-bedaquiline and delamanid which are yet to be registered. Furthermore, the country has maintained adequate capacity to monitor quality of TB medicines. Post marketing surveillance is being conducted and no TB medicine failed QC testing in the past 12 months. There has also been significant improvement in TB Logistic Management Information System (LMIS) data visibility as result of linkage of TB order management and reporting system to the DHIS2. The LMIS reporting rate currently stands at 98% from 45% in 2019.

Several TB supply chain challenges were identified as affecting TB commodity security and thus impacting effective implementation of the current NSP. These include delayed procurement of TB commodities due to the ongoing restructuring and change of leadership at Kenya Medical Supplies Agency (KEMSA) currently responsible for procurement of FLDs, inadequate funds for procurement of TB laboratory commodities as well as weak supply management system for TB laboratory commodities, rapid scale up of the new shorter TPT regimens which is not aligned with availability of TPT medicines and inadequate ordering and distribution systems for TPT medicines. As a result, sub-optimal stock status was observed for pediatric FLD formulation, TPT medicines, Xpert cartridges and laboratory consumables. Other key challenges observed were stock visibility at KEMSA warehouse is opaque due to lack of linkage of TB LMIS tools to KEMSA Warehouse Management System (WMS) making effective commodity allocation and management challenging. Lack of funds to implement the developed aDSM roadmap including training of health care workers is also a challenge and adverse drug reactions reporting (ADR) rate to the pharmacy and Poisons Board remains low.

The mission recommended the need to mobilize adequate resources for procurement of TB laboratory commodities, implementation of aDSM roadmap, and for supportive supervision and mentoring. The country was also advised to strengthen TB laboratory commodities supply management system including the need to develop or adopt existing forecasting and quantification tools and building capacity of the national and county staff on forecasting and supply planning for TB laboratory commodities. The need to ensure timely procurement of TB commodities, address challenges related to distribution of TPT medicines and strengthen collaboration between HIV and TB program to

improve TPT uptake and ensure TPT commodity security was highly emphasized. Furthermore, recommendations were made to NTP to ensure linkage of TB LMIS system to KEMSA warehouse management system, build capacity of health care workers on Pharmacovigilance/aDSM and commodity management and sensitize health care workers on the availability of the new child friendly DR-TB formulations to increase their uptake.



**Stop TB Partnership GDF/rGLC Joint Technical assistant Mission to Zambia  
from 21<sup>st</sup> to 28<sup>th</sup> March 2022**

Stop TB Partnership/ GDF Jointly with the regional Green Light Committee (rGLC) conducted a TA mission to Zambia from the 21<sup>st</sup> of March to 28<sup>th</sup> March 2022. The mission used a hybrid model where the rGLC consultant was physically present in Zambia while STBP/GDF Regional Technical Advisor and GDF consultant supported the country virtually. The mission recorded many remarkable achievements. Zambia is among 4 African countries (others DRC, Nigeria, and Tanzania) with increased annual notifications between 2019 and 2020. DS-TB cases notifications increased from 35,150 in 2019 to 40,716 in 2020 despite the COVID-19 pandemic. There was a further increase to 50,700 DS-TB cases in 2021 (25% increase). Proportion of DS-TB children among all TB cases has also increased from 6.1% in 2019 to 8% in 2021. However, DR-TB case notifications remained below 500 cases in 2020 and 2021 (30% of UNHLM target). The country has continued to roll out all oral DR-TB treatment regimens and the new shorter WHO recommended LTBI regimens, 3HP for PLHIV and 3RH for child TB contacts. Plans were also underway to implement 3RH for adults TB contacts. Furthermore, the new child-friendly DR-TB formulations have been adopted including bedaquiline 20mg and delamanid 25mg.

Significant achievements were also observed in terms of ensuring uninterrupted access to TB medicines and good warehousing practices. QuanTB software remains the only reliable Early Warning System (EWS), quantification, and supply planning tool currently used to inform the procurement of TB medicines. Regular stock status monitoring and frequent updating of TB medicines supply plans have majorly helped the country to record uninterrupted supply of TB medicines during the Covid 19 pandemic. Quantification review and the funding gap analysis conducted jointly with the NTP also confirmed that adequate funds are available under the current Global Fund grant for the procurement of TB medicines to cover 2022 and 2023. Adequate storage capacity of 32,000 pallets exists at the Zambian Medicines and Medical Supplies Agency with only about 50% of the storage space currently in use. Additionally, notable good distribution practices were seen where all commodities in transit have goods-in-transit insurance. Therefore, the risk management profile for TB commodities is assured.



*Visit by the mission team members to the National Reference Laboratory*