

# Supply and Demand for Quality-Assured 2<sup>nd</sup>-line TB Drugs



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# Outline



## – Last Year’s Problems

- Delivery/Logistics – Improved last year/still needs work
- Supply - of QA SLD is a still serious problem
- GDF/GLC understaffed for the challenge

– Demand: The Real Issue: there is no significant demand for QA SLDs

– Recommended Solutions

– Summary

# GLC Projects and Patients 2006 to 2009

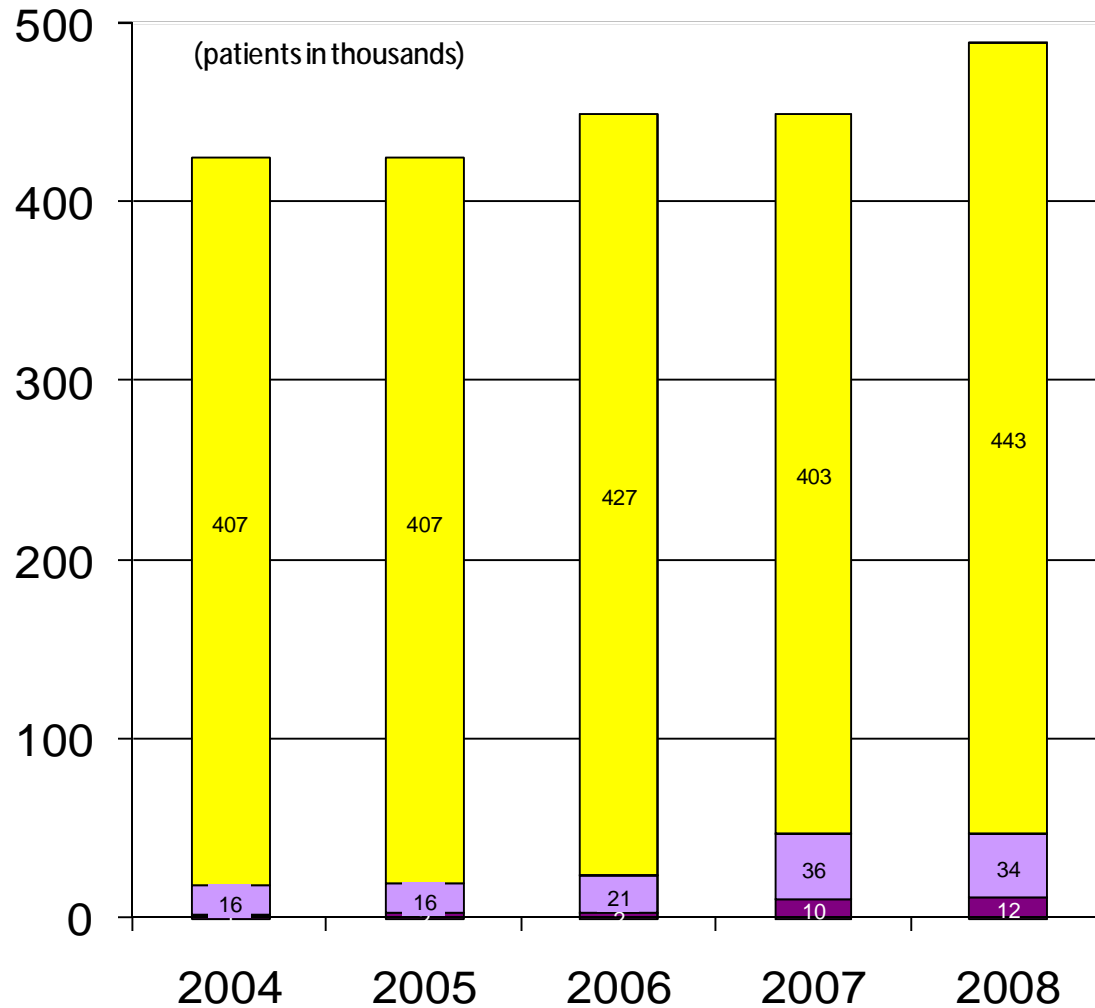


**2006**

**2007 through 2009**

	<b><u>Projects</u></b>	<b><u>Patients</u></b>		<b><u>Projects</u></b>	<b><u>Patients</u></b>
<b>AFRO</b>	0	0		15	2,800
<b>AMRO</b>	6	3,305		16	4,575
<b>EMRO</b>	5	122		7	650
<b>Euro</b>	15	1,672		50	15,000
<b>SEARO</b>	3	210		9	1,500
<b>WPRO</b>	3	240		7	5,500
<b>Total</b>	<b>32</b>	<b>5,549</b>		<b>104</b>	<b>30,025</b>

# MDR-TB Burden and Patients in Treatment



← Estimated 489,000 new MDR-TB cases each year

- Estimated # of new cases
- non-GLC
- GLC

# What is the Demand Problem?



- There are no demand or supply problems for 2<sup>nd</sup>-line TB drugs
- IMS Health data shows robust sales of all 2<sup>nd</sup> line TB drugs in Priority Countries – more than \$1 b of market value in the Private Sector alone
- *Pathway to Patients* also confirms a large and growing market for 2<sup>nd</sup> line drugs
- But there is a significant demand problem for Quality-Assured 2<sup>nd</sup> line TB drugs

# Summary



- There is not a supply or demand problem for 2<sup>nd</sup> line drugs – there are robust markets in MDR-TB priority countries
- There is a supply problem for QA 2<sup>nd</sup> line TB drugs, and it largely results from:
  - Insufficient Demand for QA 2<sup>nd</sup> line drugs

# Solution: New Strategic Approach



- No longer in DOTS-Plus pilot project era
- We have to stop envisioning and practicing procurement in that mode
- New Expansion Era – single sources of supply and single procurement agents supply no longer practical
- Engage all priority countries to commit to purchase quality-assured drugs and treat patients following Programmatic guidelines
- Engage the large countries to push their pharmaceutical companies to become pre-qualified

# Analysis of Existing Supply Channels



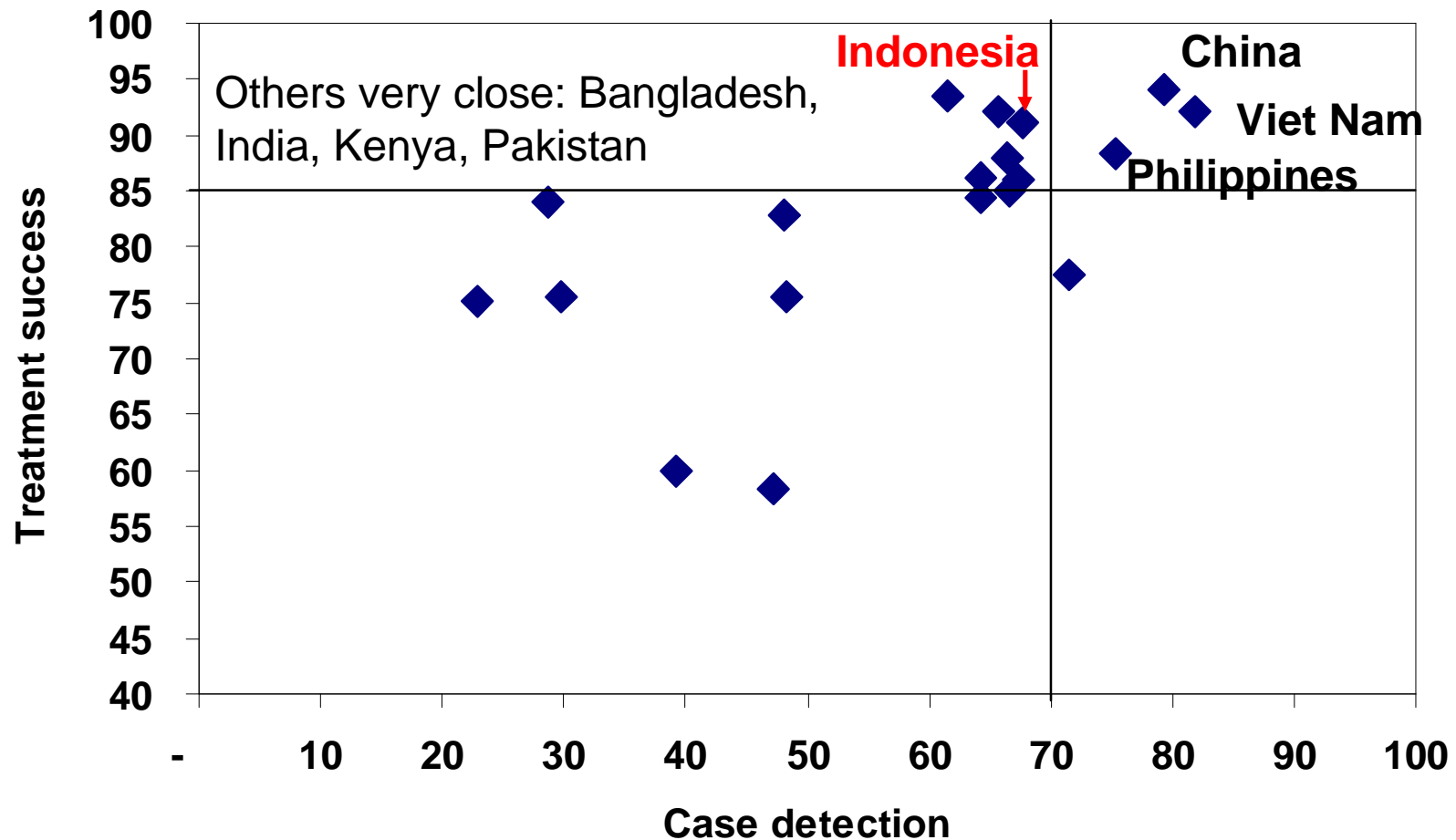
- **Stream A: Procure through GDF/IDA**
  - ∅ All GLC-approved projects; approx 11,000 pts
  - ∅ Use only QA- drugs – 2007 market ~ \$4 million
  - ∅ Likely to grow, but slowly re existing limitations
- **Stream D: Not committed to exclusive use of QA drugs, protocols for PMMDR-TB and routine monitoring of outcomes**
  - ∅ All non-GLC MDR-TB Tx; at least 35,000 patients
  - ∅ Mostly drugs of uncertain quality – market > \$100 m
  - ∅ Likely to grow dramatically faster than Stream A

# Analysis of Existing Supply Channels



- **Stream A: Procure through GDF/IDA**
- **Stream B: Procure QA drugs direct from suppliers from GDF list pre-approved suppliers**
- **Stream C: Commits to QA drugs, cautiously willing GLC approval - not willing to procure only from GDF-approved suppliers**
- **Stream D: Unwilling to commit to using QA drugs, but requesting M&E, regular reporting**

# Track Progress QA Drugs & PM-MDRTB as with DOTS



# Summary



- **Countries are rapidly scaling up MDR-TB treatment**
- **But they are doing it – for now – mostly with drugs of uncertain quality**
- **Challenge: Can we ensure that, increasingly, they do so with QA drugs and under proper conditions for Programmatic Mgt of DR TB ?**
- **This will not happen unless we take steps to change current trends and the market dynamics for 2<sup>nd</sup> – line TB drugs**