"MDR-TB scale-up"
Revisiting the Global Architecture

TEMPLATE FOR TASK FORCE PROFILE

Tool Supply and Procurement Function

1. Name of the Task Force:

Tool Supply and Procurement function

Mission of TF: Make quality assured medicines and other commodities available in sufficient quantities at an acceptable price in a timely manner (when patients need them) to all countries / projects

2. Convener and Co-convener :

Thomas Moore and Bernard Fourie

3. Members and Affiliation:

Bernard Fourie – SAMRC
Myriam Henkens – MSF and GLC committee
Aziz Jafarov – GLC secretariat
Hamidah Hussain - Indus Hospital, Pakistan and GLC committee
Kaspars Lunte – GDF
Cecile Mace – The UNION
Richard Mensies – ATS and GLC committee
Thomas Moore – GDF
Lisa Regis – UNITAID
Owen Robinson – CHAI

4. Aims of the Task Force (each to be numbered and defined clearly)**:**

Three recommendations made by the MDR-TB retreat participants in February 2010 were expanded by this "tools" sub group as follows:

1) Make recommendation on best option to help countries assess drug quality
   a. enlarge the current GDF/GF interim product quality approval mechanism
   b. provide information to countries on the quality of medicines

2) Create terms of reference for a focused analysis of the supplier landscape for second-line drugs (this may also include analysis of current level of drug quality and current cure rates, as discussed in the sub-group)

   a. forecast the needs (drugs, lab consumables, respirators, etc) to attract quality manufacturers and to attract donors – forecast should be ambitious but simultaneously realistic

   b. offer advance purchase commitments with price negotiation to suppliers for known market today

3) Identify short-term opportunities to improve global supply of quality drugs, in light of MDR-TB diagnostics scale-up

   a. ensure fair and timely access: central conductor role for GDF;

5. Expected outcomes or deliverables[1] (each to correspond to each aim as in item 4)**:**

1) Make recommendations on best options to help countries assess drug quality

   a. a data base with product quality information is available to the public

   b. interim quality approval mechanism will result in at least three suppliers for each medicine and commodity available by end of 2011

   c. descriptive material is prepared and shared with activists so they know how drugs can be considered of good quality (they could put pressure on countries and programs to use only quality assured medicines)

2) Create terms of reference for a focused analysis of the supplier landscape for second-line drugs (this may also include analysis of current level of drug quality and current cure rates, as discussed in the sub-group)

   Prices and market analysis previously done will serve as a basis

   a. Reasonable short and medium term forecasts are available to share with suppliers and donors

   b. Mechanism developed to adapt the forecasting tool for patient enrolment and changes in magnitude of the MDR-TB scale up when needed

   c. mechanism to offer suppliers a purchase commitment for agreed upon prices based on new MDR-TB forecasts

3) Identify short-term opportunities to improve global supply of quality drugs, in light of MDR-TB diagnostics scale-up

   a. the central conductor role is functioning for GDF

   b. GDF sources of products are made publicly available

c. model would provide good price, good service, needed quantities, agreement and support by donors that GDF is the preferred source of DR-TB products

d. model would provide attractive technical assistance in drug management (how to rank quality products, proper stock management, how to quantify drug needs, etc)

6. Process and Timeline (describe for each product how the TF will work as indicated in the boxes below)**:**

Product 1. *-Description (e.g. a paper, a software, a contract etc.):*

Database with product quality information – will have public access, providing information on quality of each product/manufacturer/manufacturing site pair (medicines, reagents, commodities, equipment) indicating if WHO pre-qualified, interim approval, unknown, missing quality information for proper rating, rejected for quality problems. Accomplish this by enlarging the current interim approval mechanism of GDF and Global Fund including human resources and procedures.

- *TORs: none*

-*Responsible person/agency:* GDF in collaboration with GF

-*Timeline for production:* first posting of qualified products, beginning of 2011; an on-going process as more products are approved or rejected

- *Potential areas of cooperation among Task Forces:* identify sources of support for this expanded role of GDF (additional quality-assurance and database personnel will be needed)

Product 2. *-Description (e.g. a paper, a software, a contract etc.):*

Short and medium term forecast and mechanism to adapt forecasting. To accomplish this, organize an expert consultancy to provide an ambitious yet realistic forecast, including recommendations for regular adaptation of forecasting according to evolving needs and tools

- *TORs:* develop a TOR for the expert meeting on forecasting and forecasting tool

- *Responsible person/agency:* CHAI – Owen Robinson for TOR; WHO and TF2 to identify experts

- *Timeline for production:* – TOR available 1st week of April; WHO/TF2 subgroup to identify experts in March-April and hold expert meeting 2nd or 3rd week in May 2010

- *Potential areas of cooperation among Task Forces:* help identify experts for the consultancy

Product 3. *-Description (e.g. a paper, a software, a contract etc.):*

Advance purchase commitment mechanism. To accomplish this, organize an expert consultation to develop the concept and propose to donors and potential manufacturers

- *TORs:* develop a TOR for the expert meeting on advance purchase commitment

- *Responsible person/agency:* Myriam Henkens using MSF staff for TOR; WHO/TF2 to identify experts

- *Timelines for production:*

TOR available 1st week of April;

Tools subgroup to identify experts in March-April and hold expert meeting 2nd or 3rd week in May 2010 to analyze feasibility and propose a description of the principles for donors information and endorsement (target: UNITAID Board meeting 8-9 June 2010)

Experts complete description of the advance purchase mechanism to get buy-in from suppliers and donors by end of 2010 or early 2011

- *Potential areas of cooperation among Task Forces:* help identify experts for the consultancy

Product 4. *-Description (e.g. a paper, a software, a contract etc.):*

GDF re-organizes itself based on outcomes of the two expert committees (forecast and pricing) and based on consultancy currently underway by STB Coordinating Board to allow timely supply of quality-assured TB medicines, commodities and equipment to all countries/projects willing to benefit from it

- *TORs:* to redefine GDF operations and services

- *Responsible person/agency:* WHO and GDF

- *Timeline for production:* – September 2010

- *Potential areas of cooperation among Task Forces:* to redefine product list for expanded role of GDF regularly adapted to new technology development (medicines, lab reagents, respirators, equipment, and other tools)

[1] *For each outcome or deliverable please indicate if it can fit with key events listed below:

- GLC meetings :
  - 19-23 April 2010, Delhi, India - 60th GLC meeting
  - 16-18 June (may change to match with guideline meeting), Geneva -61st
  - 1-3 September, Geneva - 62nd
  - 20-22 October - Geneva - 63rd
  - 9-10 December - teleconference - 64th
- Coordinating Board of the Stop TB Partnership:
  - 4-5 May, Hanoi, Vietnam
  - November (date and place to be determined)
- STAG meeting, 27th September- 1st October, Geneva
- World Conference on TB and Lung Disease, 11-12 November, Berlin