



Western Pacific Region Green Light Committee:

Updates and progress

(since last meeting in Paris, in Oct, 2013)

**Dr Lee Reichman, Chair, WPR rGLC
and
all rGLC members, rGLC Secretariat**

Flashback 2013

2013 report is available (can be shared upon request)

- **Monitoring missions**
 - Cambodia
 - China
 - Philippines (with JMM)
 - Vietnam
 - Laos (with JMM)
 - Mongolia
- **Technical assistance**
 - PPM-PMDT assessment
 - GF NFM preparation
 - SLD stock pile for PICS
 - PMDT SOP for PICS
- **Capacity building**
 - Regional trainings
 - PMDT TOT (in collaboration with HQ and CDC - USA)
 - Drug Management (in collaboration with IMDP)
 - In-country trainings
- **rGLC meetings**
 - 10 April (with Asia Pacific Regional UNION conference)
 - 19 August (with NTP managers meeting)
- **Completion of 2 years term**
 - All current rGLC members (9) re-applied for another term (2014-2015)
- **Two more members will be sought from the following areas;**
 - Pending decision due to 1 year extension period
- **Dr Chen- Yuan Chiang was elected as co-chair with Dr Lee Reichman for the year 2014**

Country snapshot

| | Yearly enrolment | | | | Est. MDR | |
|-------------|------------------|------|------|------|----------|-------|
| | 2009 | 2010 | 2011 | 2012 | 2013* | |
| | - | | | | | |
| Cambodia | | 38 | 57 | 110 | 122 | 386 |
| China | 458 | 1222 | 1155 | 1906 | | 60000 |
| | - | | | | | |
| Laos | | 2 | 2 | 9 | 10 | 218 |
| Mongolia | 88 | 156 | 126 | 171 | 180 | 163 |
| | 501 | | | | | |
| Philippines | | 548 | 2397 | 1918 | 2500 | 12200 |
| PNG | | | 60 | 82 | | 1090 |
| | | | | | | |
| Viet Nam | 307 | 101 | 578 | 713 | 943 | 3800 |

* 2013 data is preliminary and not for using as reference

Target areas for 2014

- Drug regulation – collaboration with national drug regulatory authority
 - Protection of irrational use of SLDs
 - Pharmacovigilance
- Rational introduction of new drug (BDQ)
- Childhood TB/MDR-TB - collaboration with paediatric association and MCH community
- Patient centred care and palliative care
- PPM-PMDT – collaboration with the private sector
- M-health & e-learning
- Monitoring including support for short regimen (9 month or modified 9 month regimen known as Bangladesh regimen)
- Capacity building (in-country workshop and training)

Progress (1):

- Strengthening and harmonizing the **regulation of TB medicine** in the Western Pacific Region, Manila, 12-14 March, 2014
- Objectives
 - promote regulatory actions and design strategies that ensure availability and appropriate use of quality-assured anti-TB medicines among NTP and NMRA
 - To design strategies for strengthening pharmacovigilance system
- Participants
 - NMRA focal points for drug registration, quality control and PV
 - NTP representatives and focal points for drug procurement
- Outcome
 - Regional roadmap (action plan) for strengthening TB medicine regulation
 - Country specific priority actions
- Follow up
 - Implementation of the action plan



Progress (2):

- Meeting on Development of **Childhood TB** Action Plans in the Western Pacific Region, 26-28 March 2014, Ho Chi Minh City, Viet Nam
- Objectives
 - To share country experiences, lessons learnt and best practices;
 - To establish priorities and design activities for strengthening childhood TB initiatives in the Western Pacific Region; and
 - To form a task force to oversee the activities and progress
- Participants
 - NTP focal point
 - MCH focal point
 - Paediatric association
- Outcome
 - Regional roadmap (action plan) for strengthening TB medicine regulation
 - Formation of child TB task force
- Follow up
 - Implementation of the action plan



Ho Chi Minh City, Viet Nam
26-28 March 2014

Progress (3)

- Short regimen according to WHO policy
 - Laos – patient enrolment ongoing, 4 patients enrolled
 - Philippines – Protocol developed, peer review stage
 - Viet Nam – protocol developed
- Introduction of new drug (BDQ)
 - Country workshop in Viet Nam and Philippines (Feb and April)
 - Implementation plan : development stage

Progress (4)

- Patient centred care and palliative care
 - Viet Nam mission (7-11 April) focus on patient centred care and palliative care
 - Checklist for palliative care developed



Progress (5)

- In-country workshop on PPM-PMMDT
 - Presentation on PPM-PMMDT assessment in the Philippines
 - Background work on making TB notifiable
- Collaborating with partner (SIAPS) for reviewing the whole pharmaceutical system

Public Health Action

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International Union Against Tuberculosis and Lung Disease
Health solutions for the poor



Market size and sales pattern of tuberculosis drugs in the Philippines

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Objectives: To identify the availability, types and quantity of anti-tuberculosis drugs in the public and private sectors from 2007 to 2011 in the Philippines.

Methods: Analysis of the procurement of and sales data on anti-tuberculosis drugs from both the public and private sectors from 2007 to 2011.

Results: Publicly procured anti-tuberculosis drugs were sufficient to treat all reported new tuberculosis (TB) cases from 2007 to 2011 in the Philippines. Nevertheless, the volume of anti-tuberculosis drugs in the private sector would have sufficed for the intensive phase of treatment for an additional 250 000 TB patients annually, assuming compliance with national treatment guidelines. Fixed-dose combination drugs comprised the main bulk (81%) of private market sales, while sales of loose drugs decreased over the years. Combining public and private sales in 2011, 484 725 new TB patients, i.e., 2.4 times the number of notified cases, could have been placed on treatment and treated for at least the intensive phase. Key second-line drugs are not available in the private market, making it impossible to design an adequate treatment regimen for multidrug-resistant TB (MDR-TB) in the private sector. **Conclusion:** An enormous quantity of anti-tuberculosis drugs was channelled through the private market outside the purview of the Philippine National Tuberculosis Control Program, suggesting significant out-of-pocket expenditure, severe underreporting of TB cases and/or misuse of drugs due to overdiagnosis and overtreatment.

private hospitals of various sizes.^{3,6} Anti-tuberculosis drugs are widely available in the private market in the Philippines.

Understanding private sector dynamics could provide new insights into the burden of disease, use of public services and the whereabouts of 'missing cases'. The primary objective of the present study was to identify the availability, types and quantities of anti-tuberculosis drugs in the public and private sectors in the Philippines from 2007 to 2011. For this study, the private sector was defined as drugs channelled outside government procurement services, irrespective of whether the drugs were used by public or private providers.

METHODS

We collected and analysed the procurement and sale data of anti-tuberculosis drugs in the public and private sectors during the period 2007–2011.

First-line anti-tuberculosis drugs

Data collection in the public sector

We collected public sector procurement data for 2007–2011 from the Central Bids and Awards Committee (COBAC) database in terms of the number and type of treatment units purchased (Figure 1). In 2007 and 2008, the Philippines NTP also procured first-line anti-tuberculosis drugs from the Global Drug Facility (GDF), an initiative of the Stop TB Partnership that was established to expand access to low-price, high-

AFFILIATIONS

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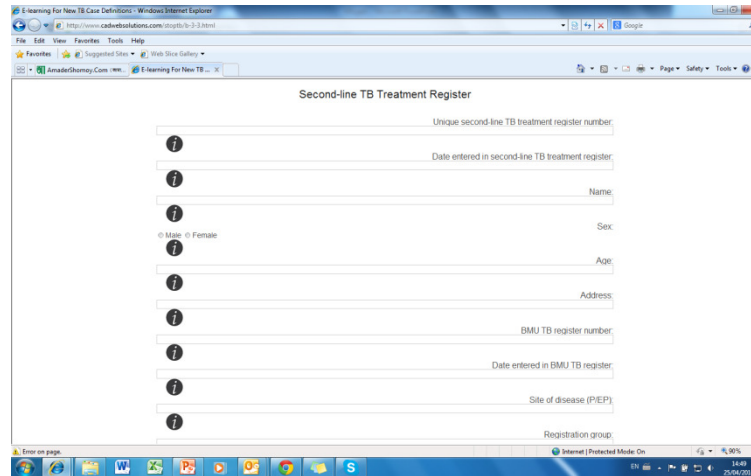
rGLC meeting - 2014

- 27-29 April, KL, Malaysia
 - XDR TB management in different condition
 - FQ dose in short regimen
- Workshop organized for KL
 - Review policy and practise of MDR-TB management in Malaysia
 - Providing updates on PMDT
 - Organized by NTP, inaugurated by DG and WR and attended by 60 participants (public health, respiratory, ID and Lab)



Plan

- E-learning on R&R
 - on progress



The screenshot shows a web browser window titled "E-learning For New TB Case Definitions - Windows Internet Explorer". The address bar shows the URL "http://www.cadefebdolutions.com/cadefebd/5-3-3.html". The browser has tabs for "AmadeoGomez.com" and "E-learning For New TB...". The main content area displays a form titled "Second-line TB Treatment Register". The form contains several input fields with labels: "Unique second-line TB treatment register number:", "Date entered in second-line TB treatment register:", "Name:", "Sex:" (with radio buttons for "Male" and "Female"), "Age:", "Address:", "BMU TB register number:", "Date entered in BMU TB register:", "Site of disease (PIEP)", and "Registration group:". Each input field has a small question mark icon to its left. The browser's status bar at the bottom shows "Internet Protected Mode On", "14.0", and the date "25/06/2011".

- Regional analysis of DR-TB surveillance data (June)
- Monitoring mission
 - Cambodia: August
 - China: Oct
 - Philippines: Sept
 - Lao: Oct
 - Mongolia: May (26-31)

Concern

- Financial
 - Secretariat function (approx need 220K), Meeting organization (approx need 60K), Activities (approx need 100K)
 - Current flow from GF is 200K/ year
- Sustainability
 - 1 year MoU (2014)
 - 3-5 years planning?
- Platform
 - for sharing issues across the Region (yearly meeting like GLI)

Thank You

