



A NEW
PERSPECTIVE
ON TB DRUG
PROCUREMENT.

DOC 1.06-12.2

BACKGROUND PAPER: COORDINATING BOARD MEETING 24-25 APRIL 2006
SUBJECT: TECHNICAL ASSISTANCE SERVICE LINE

In recognition of the importance of effective tuberculosis (TB) drug management (DM) for DOTS expansion, the Global Drug Facility (GDF) provides limited technical assistance (TA) to programmes receiving GDF drugs. This assistance, provided during GDF in-country missions, is intended to assure effective distribution and use of GDF drugs and safeguard the value of donated drugs.

Over the last year, the GDF has received numerous requests from national tuberculosis programmes, Stop TB Partners, the Technical Review Committee, as well as the Stop TB Coordinating Board, to adopt a more robust approach to facilitating TA. Some stakeholders have indicated that limited financial resources undermine partner ability to respond to GDF requests for pro-bono TA. In addition, a 2004 internal review of DM systems in 14 countries receiving GDF drugs revealed that despite GDF efforts to facilitate TA, DM bottlenecks contributed to a significant number of stock-outs of TB drugs at different levels in several countries.

In April 2005, the GDF commissioned a stakeholder analysis to better understand programme needs for TA. The key conclusions for the survey were as follows:

- High demand (78%) for TA among GDF supported countries.
- 22% of GDF programmes reported lack of access to TA.
- Financial and information restraints are often cited as reasons why GDF-supported programmes have unmet TA needs.
- 62% of respondents felt that the GDF does not play a large enough role in facilitating TA.

In response to these findings and partner recommendations, in late 2005, the GDF began developing a conceptual approach that would serve to strengthen existing GDF TA services.

GDF proposes to take a more practical role by offering TA as one of its core programmatic services. As a standard service, TA would be provided in one of two ways: either directly by GDF staff or brokered by the GDF to technical agencies.

Through existing regionally-based GDF staff, known as Regional Support Officers (RSO), who will possess key technical expertise in drug management and/or procurement, the GDF would include the management of TA as part of their terms of reference. RSOs would be responsible for managing requests for TA from country programmes. When appropriate and feasible, RSOs would provide the TA themselves. In other circumstances, TA would be contracted out by the GDF to appropriate technical agencies.

Brokered TA could be provided to GDF-supported countries in the form of grants, where TA is subsidized in part or in full by donors or the GDF. Additionally, countries who are interested and able to purchase the TA services could do so in the form of direct procurement.

The TA required will vary widely according to country and situation, in terms of complexity and the amount of resources (finances and time) required. For this reason TA has preliminarily been conceptualized in 3 categories: short term (1 week - 6 months), medium term (6-24 months), and long term (>24 months).

Further strategic development and expansion of existing TA into a core service of the GDF will require approval from the Coordinating Board to modify the GDF mandate to include a TA service line as a key component.

Immediate implications of an approval include:

1. Hiring of a TA Coordinator at the GDF Secretariat (*endorsed by participants of the GDF Strategic Plan Review - February 2006*).
2. Incorporating TA responsibilities into the terms of reference of RSOs.
3. Formally establishing a technical advisory subgroup from within the GDF Technical Review Committee.
4. Developing a strategic TA implementation plan, including policy and procedural development, comprehensive costing and concrete timelines.

10th Stop TB Partnership Coordinating Board Meeting
24-25th April 2006 - Abuja, Nigeria