

SUPPLIED

10 in 6

MILLION TREATMENTS

YEARS



World Health Organization

GDF
ACHIEVEMENTS REPORT

Stop TB Partnership

GLOBAL DRUG FACILITY

TB PROGRAMME

ACKNOWLEDGEMENTS

GDF would like to thank the many members of the Stop TB Partnership for their generous contributions to our work and constant guidance and support of GDF activities.

We gratefully acknowledge the contributions of those who were instrumental in establishing the Global Drug Facility and contributing to its current level of success including, but not limited to, Virginia Arnold, Marcos Espinal, Peter Evans, Jacob Kumaresan, the late J.W. Lee, Lucy Moore, Mario Raviglione, Ian Smith, Hugo Vrakking, members of the WHO ad hoc committee on the TB epidemic which identified ongoing drug supply problems as an obstacle to meeting global TB control targets (1998), the GDF Core Technical Group and Prospectus Writing Committee (2001), donors and agents, the current GDF team, the GDF Technical Review Committee, the Stop TB Partnership Coordinating Board and worldwide members of the Stop TB Partnership.



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Dear friends,

Drug-resistant tuberculosis (TB) is a threat to the entire world. One of our best lines of defence against this menace is to ensure that all people sick with TB are diagnosed properly, receive the high-quality drugs they need and complete a full course of treatment. The work of the Global Drug Facility (GDF), an arm of the Stop TB Partnership, is crucial to maintaining this defence.

A MESSAGE FROM THE EXECUTIVE SECRETARY OF THE STOP TB PARTNERSHIP

Today, on behalf of the Partnership, I am proud to announce that GDF has delivered the drugs needed to treat a remarkable 10 million TB patients in just 6 years of operation. This is the first of 5 extraordinary achievements of GDF: by ensuring that 78 countries have a reliable supply of high-quality anti-TB drugs, GDF is helping to save millions of lives.

This triumph has been complemented by 4 additional achievements, each of which is worth celebrating in its own right: while delivering life-saving drugs to countries, GDF has also (II) helped build the capacity of national TB programmes worldwide; it has (III) responded quickly to emergencies and urgent needs for drugs; it has (IV) used donor funds efficiently to achieve great public good; and it has (V) promoted better standards of treatment for TB patients.

The GDF Achievements Report is a testimony to the accomplishments of GDF and the hard work of those who have made these possible. Above all, GDF owes its success to countries. GDF's efforts would be fruitless without the dedication and determination of national TB control programmes and of those front-line health workers who diagnose and treat patients.

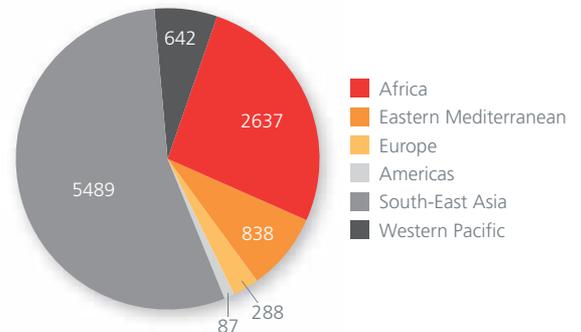
I salute the work of countries, and of members of the Stop TB Partnership and investors who have provided tremendous financial, technical and political support to GDF since its inception. Thanks to all of you, GDF has matured from an innovative concept into a key mechanism for supporting TB control worldwide.

Dr Marcos Espinal
Executive Secretary, Stop TB Partnership



SAVING MILLIONS OF LIVES

The Global Drug Facility (GDF) has provided 10 million life-saving anti-TB drug treatments in its first six years of operation and is on track to supply 25 million treatments by 2015. By working with in-country partners to ensure an uninterrupted supply of high-quality anti-TB drugs to countries, GDF is helping save millions of lives.

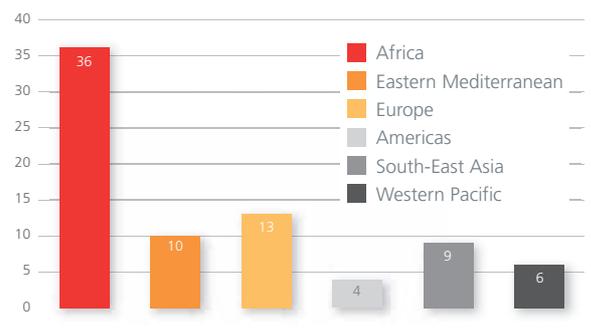


PATIENT TREATMENTS PROVIDED BY GDF VIA GRANTS AND DIRECT PROCUREMENT FROM 2001-2007 (IN THOUSANDS, BY WHO REGION)

Historically, insecure financing and shortages of anti-TB drugs have been frequent and serious in many parts of the world. But while inadequate and erratic drug supply is not unique to TB control, the impact is especially severe. Poor drug supply threatens not only the lives of TB patients but can also lead to multidrug-resistant TB, which is more expensive and difficult to treat.

Since 2001, GDF has improved access to treatment worldwide by providing anti-TB drugs to 78 countries.

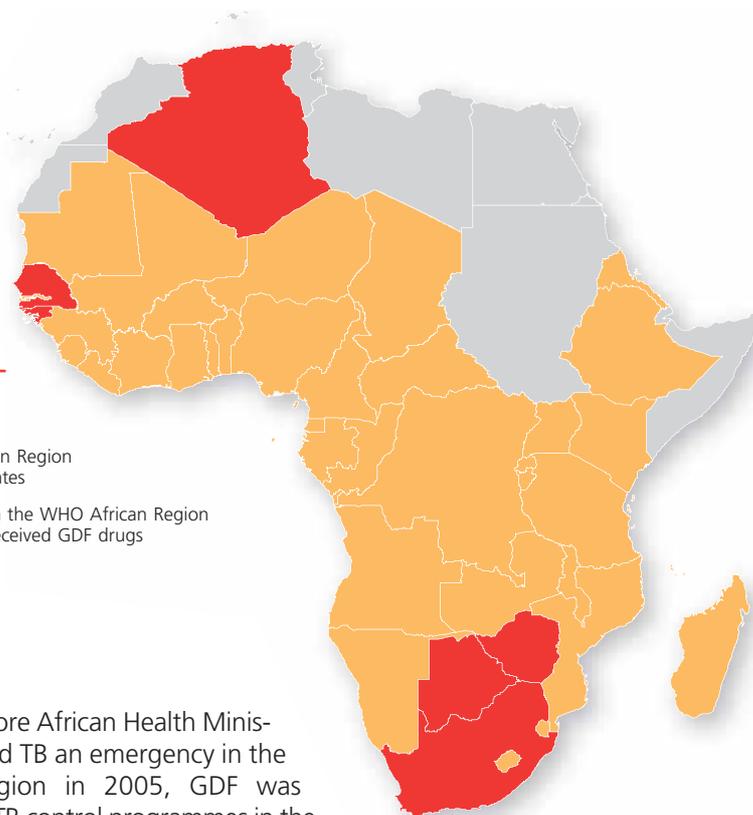
GDF's impact has been felt most by under-privileged communities. To ensure that even the disadvantaged have access to life-saving drugs, GDF requires that its drugs be given free of charge to patients, as recommended in the World Health Organization's (WHO) Stop TB Strategy. Furthermore, GDF provides grants only to countries with a gross national income (GNI) per capita of less than US\$ 3000, with priority given to countries with a GNI per capita of less than US\$ 1000.



COUNTRIES BENEFITTING FROM GDF GRANT AND DIRECT PROCUREMENT SERVICES FROM 2001-2007 (BY WHO REGION)

«The Global Drug Facility has been instrumental in the progress we are seeing today in global TB control. Lifesaving health commodities, when made available to people in need at the primary care level, can serve as a cornerstone for the entire health system. The GDF is an excellent example.»

*Dr Margaret Chan
Director-General
World Health Organization*



- WHO African Region Member States
- Countries in the WHO African Region that have received GDF drugs

Even before African Health Ministers declared TB an emergency in the African Region in 2005, GDF was supporting TB control programmes in the region that had patients to treat but no drugs with which to treat them.

An important provider of quality-assured anti-TB drugs in Africa, GDF has worked with big and small countries, sustaining them while they struggled to implement and maintain DOTS in the face of many challenges, including wars, droughts and famines, civil strife and the spread of HIV/AIDS. As new donors and financing mechanisms have stepped forward, particularly the Global Fund to fight AIDS, Tuberculosis and Malaria and UNITAID, many countries (such as Benin, Burkina Faso, the Democratic Republic of the Congo, Mali and Sierra Leone) find themselves in a position to further advance well functioning programmes, thanks to the dedication of staff in countries and support received from GDF.

«GDF helped us increase access to TB treatment in Tanzania. Our programme is now confident in the quality of the drugs we give to patients, which was not always the case before GDF. Thanks to GDF, the Tanzanian NTP sees a bright future for patients sick with TB in our country.»

*Honourable Professor
David Homeli Mwakyusa
Minister for Health and
Social Welfare
United Republic of
Tanzania*

Countries in the WHO Africa Region that have received GDF drugs (2001 – 2007)

Angola	Kenya
Benin	Lesotho
Burkina Faso	Liberia
Burundi	Madagascar
Cameroon	Malawi
Cape Verde	Mali
Central African Republic	Mauritania
Chad	Mozambique
Congo	Namibia
Côte d'Ivoire	Niger
Democratic Republic of the Congo	Nigeria
Equatorial Guinea	Rwanda
Eritrea	Sao Tome and Principe
Ethiopia	Sierra Leone
Gabon	Togo
Gambia	Uganda
Ghana	United Republic of Tanzania
Guinea	Zambia

Total: 36 countries

BUILDING HEALTH SYSTEM CAPACITY

Shortages of anti-TB drugs frequently result from insufficient country capacity to plan, fund, procure or manage a drug supply. GDF has successfully used a holistic approach to address immediate gaps in drug supply while helping countries to overcome systemic problems and establish the long-term drug management capacity of TB control programmes.

Since 2001, GDF has brokered more than 200 missions to countries by drug management and TB experts. Drawn from members of the Stop TB Partnership, mission teams monitor the use of GDF drugs while working with programmes to address bottlenecks and weaknesses in their supply chain. Mission teams also work with programmes to calculate their future drug needs and develop a plan for obtaining them.

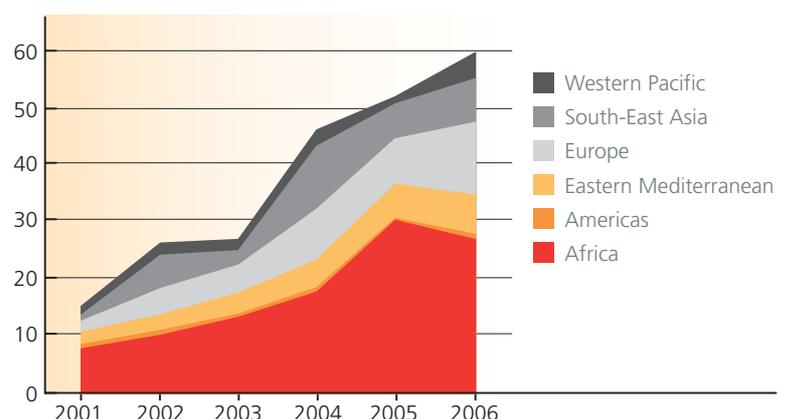
GDF technical support to countries goes beyond its missions. Through workshops in Benin, France, Kazakhstan, Kenya, the Russian Federation and Viet Nam, GDF has provided

crucial training in how to properly procure and manage anti-TB drugs to country staff and regional consultants. Such drug management workshops directly benefit TB control, but also teach skills that health care workers can use when managing medicines and supplies for other health programmes (such as HIV/AIDS, malaria and reproductive health).

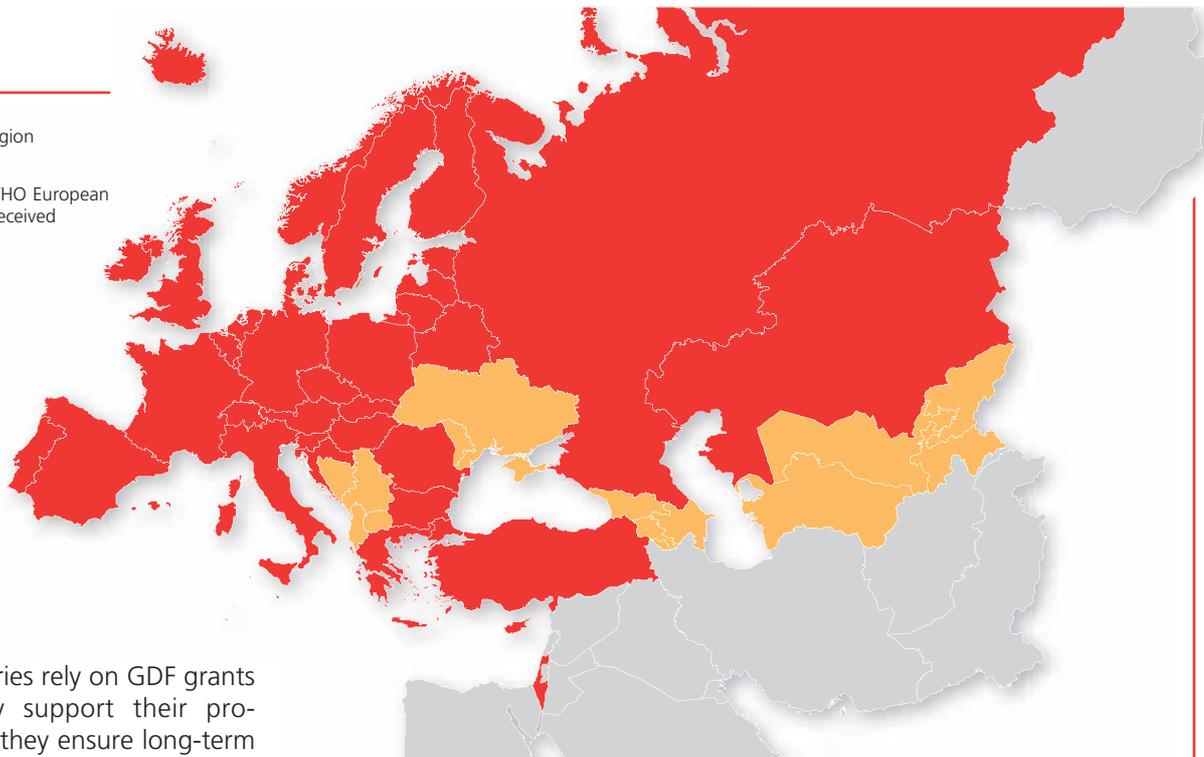
GDF also helps TB control programmes gain political support for their work. By providing drugs free of charge to programmes only when it does not displace existing funds, governments must maintain (or increase) their national budgets for drugs so as to qualify for future GDF support. In countries that cannot secure government funds for their drug supply, GDF helps programme managers and staff prepare plans for long-term funding from bilateral and international donors, such as the Global Fund.

Likewise, beneficial programmatic changes (such as introduction of a WHO-recommended treatment regimen or adoption of a national strategy for TB control) are often catalysed by technical conditions of GDF support.

**GDF MISSIONS TO COUNTRIES
FROM 2001-2006
(BY WHO REGION AND YEAR)**



- WHO European Region Member States
- Countries in the WHO European Region that have received GDF drugs



Many countries rely on GDF grants to temporarily support their programme while they ensure long-term financing plans. In Europe, nearly 50% of GDF countries (6 of 13) began with a grant and then switched to the GDF Direct Procurement service using other funds.

One such country, Tajikistan, relied on a GDF grant from 2001 to 2004 while implementing its DOTS expansion strategy and increasing its case

detection and cure rates. Tajikistan is now finishing its last GDF grant year as it simultaneously begins GDF Direct Procurement using Global Fund monies to cover 100% of its TB patients. A second country, the Republic of Moldova, the first country to ever receive a shipment of free GDF drugs

(on October 15th 2001), also began using the Direct Procurement service with Global Fund monies upon completion of its 3-year GDF grant. Albania began using the Direct Procurement service in 2005 and now orders 100% of its TB drugs through GDF using its own national budget line.

Countries in the WHO European Region that have received GDF drugs (2001 – 2007)

- Albania
- Armenia
- Azerbaijan
- Bosnia and Herzegovina
- Georgia
- Kyrgyzstan
- Republic of Moldova
- Serbia (and Kosovo)
- Tajikistan
- The former Yugoslav Republic of Macedonia
- Turkmenistan
- Ukraine
- Uzbekistan
- Total: 13 countries**

EXAMPLES OF GDF IMPACT ON COUNTRY CAPACITY	
IMPACT OF GDF	EXAMPLES
Transformative	In countries such as the Republic of Moldova and the Democratic Republic of the Congo, GDF has helped catalyse political commitment, encouraging significant expansion of country plans for implementing DOTS. In addition, partners mobilized financial and non-financial support to complement GDF support.
Facilitative	In countries such as Kenya, improvements in the National TB Programme have been facilitated by filling gaps in drug access through the GDF Grant Service and stimulating the political will to organize additional government resources to ensure complete and sustainable financing for anti-TB drug supply.
Supportive	In countries such as Somalia and Sudan, GDF has addressed some country drug needs but have had limited influence on other aspects of DOTS expansion due to obstacles in the infrastructure and political constraints.

RESPONDING TO URGENT NEED

Despite growing recognition that effective ant-TB treatment requires a reliable supply of high-quality drugs and sufficient, sustainable funding for drugs from governments, TB control programmes continue to report drug shortages.

There are many reasons for this. Humanitarian disasters, such as armed conflicts, earthquakes, famines and floods, are a cause of drug stock-outs. But calls for emergency supplies more often result from a lack of properly skilled health workers to accurately forecast country needs and carefully manage inventory, or because financial disbursements from donors do not arrive in time to pay for the drugs needed.

Even strong programmes can suffer drug shortages. Rapid implementation of the recommended TB control approach, i.e. the DOTS cornerstone of the WHO Stop TB Strategy, has rapidly increased case detection in many countries, resulting in more patients to treat than expected — and more drugs needed than planned for.

GDF helps programmes overcome potentially disastrous shortages by rapidly supplying emergency shipments of drugs, while working to identify the cause of the shortage and implement a strategy for ensuring sustainable supply.

Key to the success of GDF emergency grants has been contributions of expertise and resources from Stop TB partners and close coordination with in-country stakeholders and international donors, so as to ensure that GDF interventions are in harmony with other national activities and additional to existing resources.

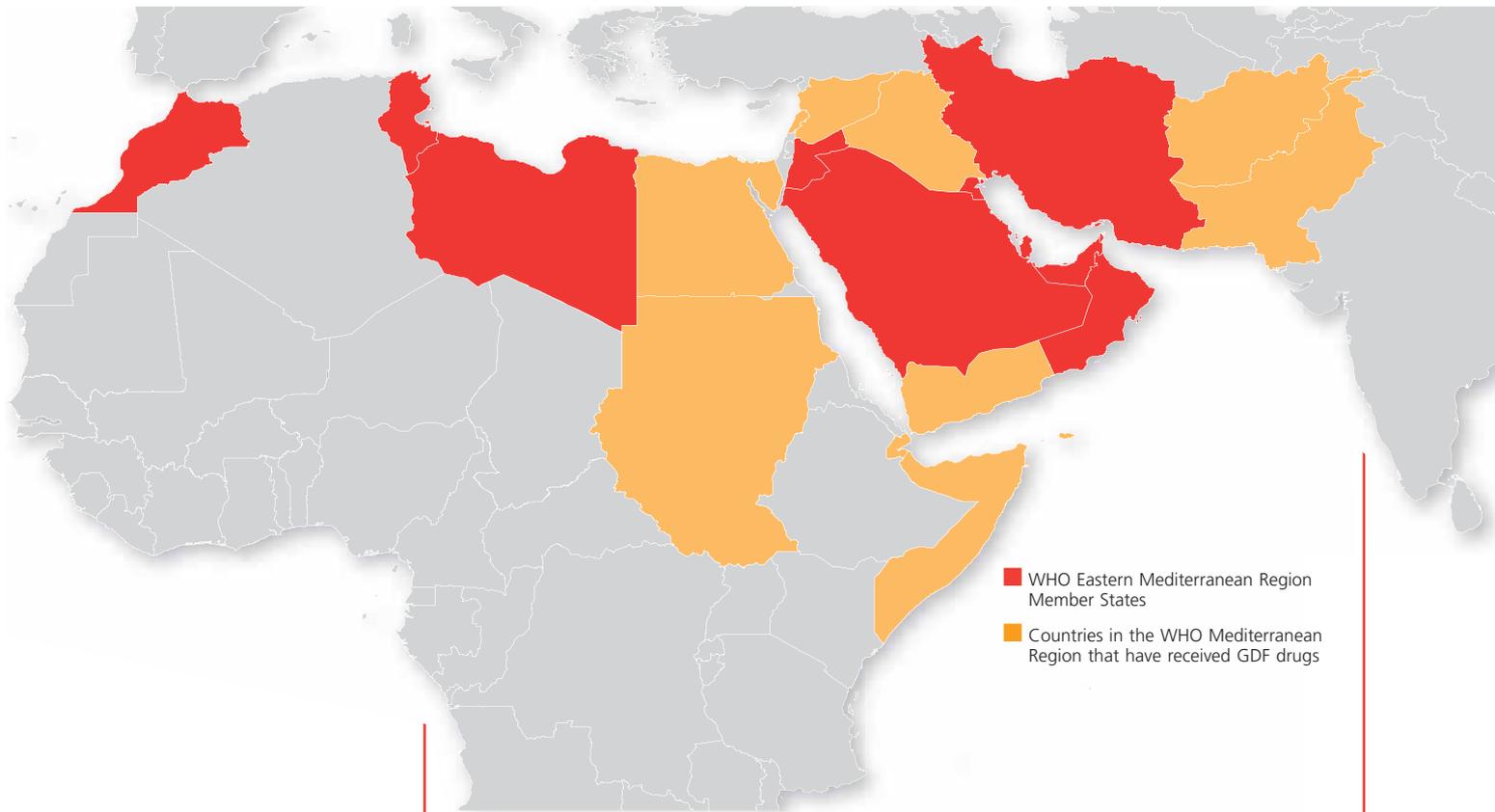


Since 2003, GDF has supplied nearly 100,000 patient treatments for use by the Islamic Republic of Afghanistan's National TB Control Program

«GDF provided us the drugs we needed to treat TB patients during very hard times. Thanks to GDF support we have saved many lives, and are now in a position to continue improving our programme -- rather than having to start from scratch.»

*Dr Michael Gasana
Programme Manager
National TB Control Programme - Rwanda*





«GDF has changed the TB world from one where TB drug shortages were the rule to one where they are the exception.»

*Dr Mario Raviglione
Director, Stop TB Department
World Health Organization*

In October 2005, a major earthquake (7.6 magnitude) struck north-east of Islamabad, in Pakistani Kashmir, triggering landslides that buried entire villages and roads. The earthquake collapsed facilities used to diagnose and treat TB patients and to store national drug supplies. Faced with shortages of staff, drugs, laboratories and damaged infrastructure, the National TB Control Programme issued a call to the international community for assistance. Within a month, GDF provided an emergency grant of drugs sufficient to treat 5000 patients.

At the time of the earthquake, Pakistan had a buffer stock designed to cover drug shortages in exceptional situations. However, as this would have entailed reshuffling drug stocks, a costly and logistically difficult effort, the emergency supply of GDF drugs was set in motion.

The emergency grant was in addition to existing GDF grant support for Pakistan, which has comprised approximately 476 000 patient treatments since 2001.

Countries in the WHO Eastern Mediterranean Region that have received GDF drugs (2001 – 2007)

Afghanistan

Djibouti

Egypt

Iraq

Lebanon

Pakistan

Somalia

Sudan (including South Sudan)

Syrian Arab Republic

Yemen

Total: 10 countries

WHAT IS TUBERCULOSIS AND HOW IS IT SPREAD?

Tuberculosis (TB) is a contagious disease that spreads through the air. Only people who are sick with TB in their lungs are infectious. When people with an infectious form of TB cough, sneeze, talk or spit, they propel TB germs, known as bacilli, into the air. A person needs only to inhale a small number of these to be infected.

There were 8.8 million new cases of TB in 2005. Approximately one third of the world's population is infected (but not yet sick) with the TB bacillus, although they may not be aware of it. In fact, only 5-10% of people infected with TB will become sick at some time in life. Left untreated, each person with infectious TB can infect on average between 10 and 15 people every year. About 1.6 million people died from this curable disease in 2005.

PUTTING RESOURCES INTO ACTION

Investing in GDF is not just a humanitarian responsibility for developed nations – it makes good public health sense. From 2001 to 2006, GDF received US\$ 128 million from donors. These contributions resulted in GDF Grants of free anti-TB drugs to more than 60 countries, and made it possible for GDF to supply 10 million patient treatments to countries through Grants and Direct Procurement.

Such scale of returns on investment are possible only because of a significant decrease in the price of anti-TB drugs. Before GDF, the Global Alliance for TB Drug Development reported that the world spent US\$ 470 million on anti-TB drugs. Countries were paying up to US\$ 797 for the drugs to treat a single TB patient in the public sector.

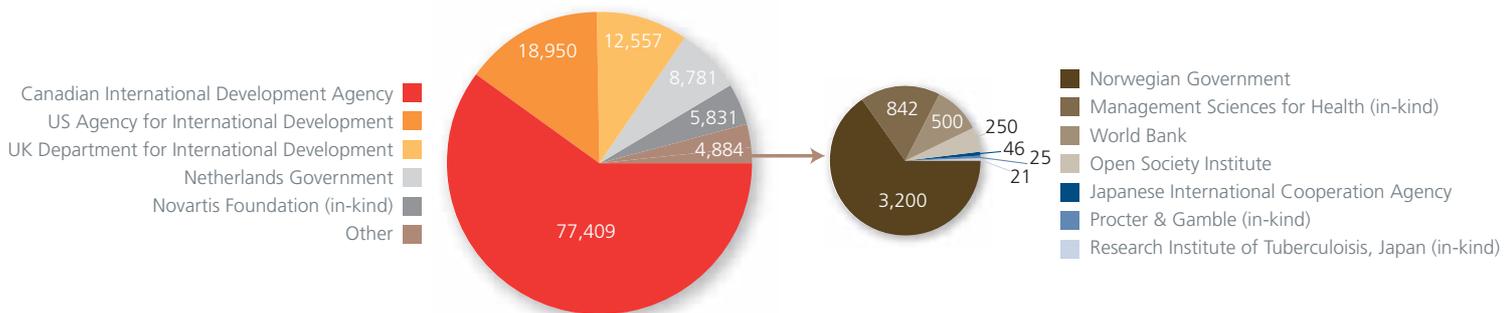
To maximize the benefits of donations and achieve consistently low prices, GDF has combined centralized, pooled procurement with a grant-making function, allowing GDF to generate a guaranteed minimum demand and position itself to negotiate prices with drug manufacturers.

This has meant that the cost to treat a new smear-positive case with high quality, innovatively packaged GDF drugs in 2007 (US\$ 20) is much less than what many countries pay.

The GDF yardstick for donor value, however, is not limited to drug prices — efficient and effective delivery of services to countries is paramount. GDF relies on a lean operational team of 15 staff in 2007, with functions outsourced to agents through transparent, competitive bidding. This means more time and resources can be spent on saving lives, and less on overhead costs. Consistently, GDF operational turnover has seen more than 80% of donor funds spent on drugs and related costs, and less than 5% on staffing.



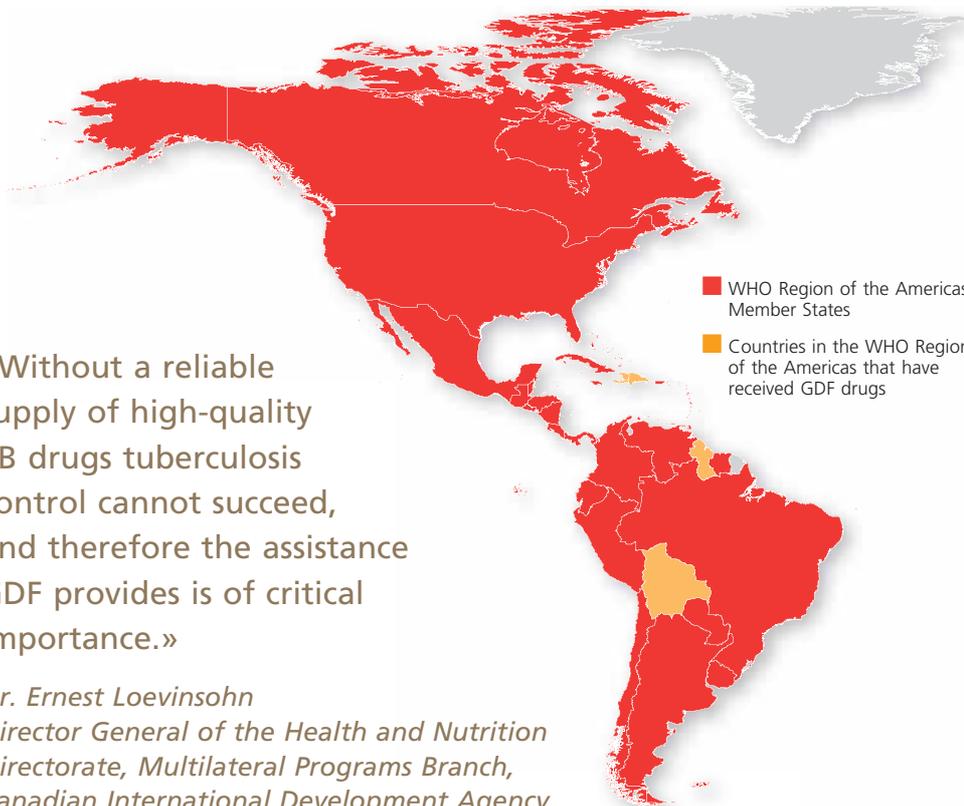
GDF has not sacrificed quality for its efficiency: adopting a management approach that is ISO 9001:2000 compliant for “provision of quality-assured anti-TB drugs and related services to eligible national TB control programmes” and a state-of-the-art information system, GDF maintains and monitors strict controls over its services to countries. GDF regularly reports on key performance and impact indicators via its public web site and annual progress reports.



CONTRIBUTORS TO GDF FROM 2001-2006 (IN THOUSANDS OF US\$)

«Without a reliable supply of high-quality TB drugs tuberculosis control cannot succeed, and therefore the assistance GDF provides is of critical importance.»

Dr. Ernest Loevinsohn
 Director General of the Health and Nutrition Directorate, Multilateral Programs Branch, Canadian International Development Agency



Before 2005, the Dominican Republic paid approximately US\$ 150 for the drugs needed to treat a TB patient. By using GDF Direct Procurement, the National TB Control Programme reduced these costs by 87%.

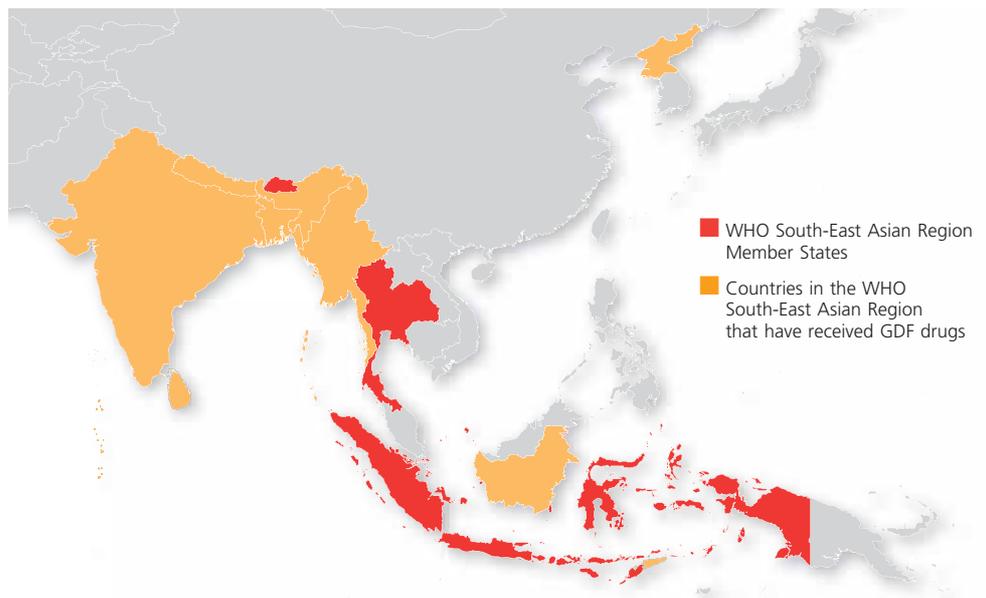
GDF leverages its competitive advantages to make public health improvements. As part of its work with the National TB Programme, GDF brokered technical support from its partner, Management Sciences for Health, which provided technical assistance to the Programme as it developed a comprehensive plan to introduce the use of fixed-dose combination drugs designed to improve treatment outcomes, patient adherence and stock management.

Countries in the WHO Americas Region that have received GDF drugs (2001 – 2007)

- Bolivia
- Dominican Republic
- Guyana
- Haiti
- Total: 4 countries**

Countries in the WHO South-East Asia Region that have received GDF drugs (2001 – 2007)

- Bangladesh
- Democratic People's Republic of Korea
- India
- Indonesia
- Maldives
- Myanmar
- Nepal
- Sri Lanka
- Timor-Leste
- Total: 9 countries**



«The Global Drug Facility has demonstrated that investment by governments, multilateral agencies, foundations and the private sector can have a profound impact on the ability of countries to access high-quality, affordable, life-saving medicines. GDF represents a major accomplishment in the history of TB control.»

Dr Jorge Sampaio, UN Secretary General Special Envoy to Stop TB and former President of the Portuguese Republic

PROMOTING HIGH-QUALITY STANDARDS

By ensuring an uninterrupted supply of quality assured anti-TB drugs, GDF has helped 78 countries improve TB control through implementation of DOTS, the cornerstone of the Stop TB Strategy. GDF provides support only to DOTS programmes, and only within the framework of multi-year national strategic plans for TB control.

GDF has stimulated country programmes to adopt WHO recommended treatment regimens by making the drugs needed for those regimens available in patient-friendly formulations (such as fixed-dose combinations), with packaging designed to meet the needs of health workers, drug managers and patients, at competitive prices. GDF offers a simple, but comprehensive selection of the products needed to treat people with TB (first- and second-line) with standard regimens.

While standardization of treatment regimens and products is a step forward, the persistence in the market of anti-TB drugs that are ineffective and of unacceptable quality remains a concern at both international and country levels. Patients treated with poor-quality drugs are less likely to be cured of TB and more likely to develop drug-resistant strains of TB.

GDF continues to advocate for high-quality assurance practices and standards among governments and stakeholders in manufacturing and procurement systems. From 2002 to 2006, GDF provided funding and technical input to the WHO TB Prequalification Programme, which aims

to facilitate access to medicines that meet unified standards of quality, safety and efficacy for HIV/AIDS, malaria, TB and reproductive health.

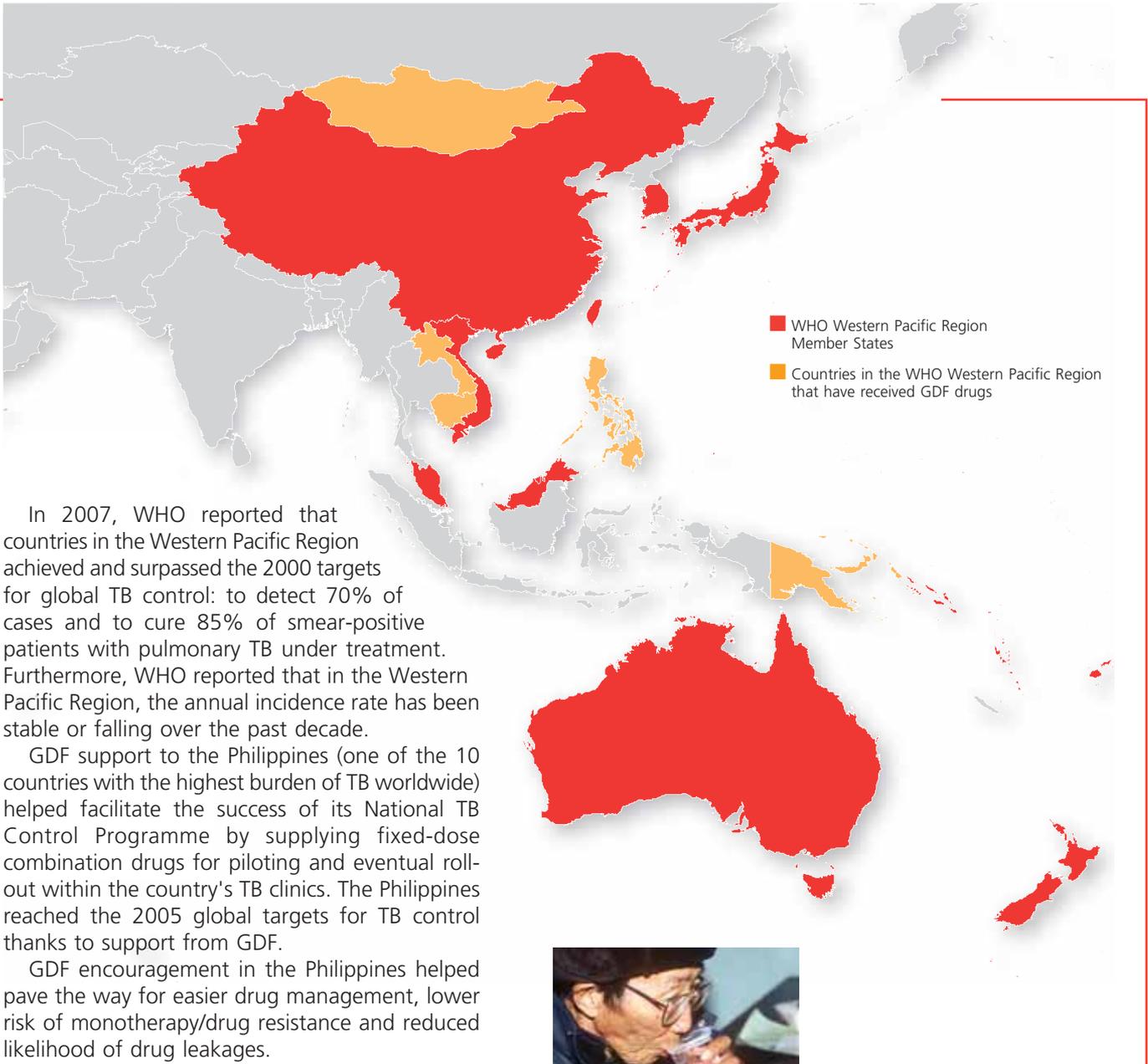
Furthermore, leading by example, GDF supplies only anti-TB drugs that are prequalified by WHO or approved for supply through transparent, independent expert assessments convened by WHO, pending prequalification. All batches of GDF drugs are quality-controlled by independent inspection and laboratory agents.

GDF technical support extends to the industries that national programmes rely upon. Regional workshops held in Malaysia and the Ukraine have instructed drug manufacturers in how to improve the quality of their products so as to meet standards required to supply anti-TB drugs more safely, enabling them to reach a wider market.

WHAT IS MULTIDRUG-RESISTANT TUBERCULOSIS (MDR-TB)?

MDR-TB is a form of drug-resistant TB due to a strain of *Mycobacterium tuberculosis* that is resistant to at least the two most powerful anti-TB drugs – isoniazid and rifampicin. Drug resistance arises due to the improper use of anti-TB drugs in chemotherapy of TB patients. This improper use may result from a number of actions, such as administering improper treatment regimens, using counterfeit or poor quality drugs and failing to ensure that patients complete the whole course of treatment. Just like with non-resistant strains of TB, patients with MDR-TB can infect other people, who can then develop drug resistant TB from the start.

Treating patients infected with MDR-TB (“second-line treatment”) is much more expensive, complicated and takes much longer (up to two years) than treatment of non-resistant strains of TB. High-quality drugs for treating MDR-TB can be accessed at concessional prices through GDF by first applying to become an MDR-TB Management Programme approved by the Green Light Committee.



In 2007, WHO reported that countries in the Western Pacific Region achieved and surpassed the 2000 targets for global TB control: to detect 70% of cases and to cure 85% of smear-positive patients with pulmonary TB under treatment. Furthermore, WHO reported that in the Western Pacific Region, the annual incidence rate has been stable or falling over the past decade.

GDF support to the Philippines (one of the 10 countries with the highest burden of TB worldwide) helped facilitate the success of its National TB Control Programme by supplying fixed-dose combination drugs for piloting and eventual roll-out within the country's TB clinics. The Philippines reached the 2005 global targets for TB control thanks to support from GDF.

GDF encouragement in the Philippines helped pave the way for easier drug management, lower risk of monotherapy/drug resistance and reduced likelihood of drug leakages.



«As a new donor to GDF, UNITAID has been

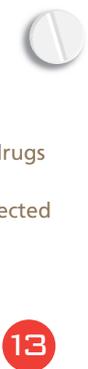
delighted by the dynamic, efficient way in which GDF is transforming our donations into life-saving medicines and taking the lead in getting them to those patients that have long been without adequate access: children with Tuberculosis.»

*Dr Philippe Duneton
Interim Executive Secretary, UNITAID.*

UNITAID was established in 2006 as an innovative new financing mechanism with a mandate to accelerate access to high-quality drugs and diagnostics for patients with HIV/AIDS, malaria and TB in countries that have a high burden of these diseases. UNITAID selected GDF as its programmatic partner for the supply of paediatric and second-line anti-TB drugs.

Countries in the WHO Western Pacific Region that have received GDF drugs (2001 – 2007)

- Cambodia
- Lao People's Democratic Republic
- Micronesia (Federated States of)
- Mongolia
- Papua New Guinea
- Philippines
- Total: 6 countries**



ANNEX

DETAILS OF GDF PATIENT TREATMENTS^(a) SUPPLIED TO 15 COUNTRIES WITH A HIGH BURDEN^(b) OF TUBERCULOSIS (2001-2007)

	2001	2002	2003	2004	2005	2006	2007 (quarter 1)	All patient treatments via GDF Grants and DP
1 AFGHANISTAN								
all DOTS cases (notifications) ^(c)	9,930	13,794	13,808	18,404	21,844	24,087	26,931	98,309
GDF Grant ^(d)	n/a	n/a	n/a	n/a	24,628	24,530	n/a	
GDF Direct Procurement (DP) ^(e)	n/a	n/a	38,190	n/a	9,961	n/a	1,000	
2 BANGLADESH								
all DOTS cases (notifications)	63,753	71,637	88,156	98,234	123,118	132,578	147,110	414,087
GDF Grant	n/a	n/a	111,400	127,555	n/a	52,159	n/a	
GDF DP	n/a	n/a	n/a	22,500	27,283	57,190	16,000	
3 CAMBODIA								
all DOTS cases (notifications)	19,170	24,610	28,216	30,838	35,535	39,361	43,257	n/a
GDF Grant	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
GDF DP	n/a	n/a	n/a	Single product (pyrazinimide) only	n/a	n/a	n/a	
4 DEMOCRATIC REPUBLIC OF THE CONGO								
all DOTS cases (notifications)	66,748	70,625	84,687	93,336	97,075	107,504	115,840	515,063
GDF Grant	n/a	140,726	70,256	n/a	122,656	113,597	n/a	
GDF DP	n/a	n/a	n/a	n/a	n/a	n/a	67,828	
5 ETHIOPIA								
all DOTS cases (notifications)	94,957	110,289	117,600	123,127	124,262	135,481	142,626	n/a
GDF Grant	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
GDF DP	n/a	n/a	n/a	Single product (isoniazid) only	Single product (isoniazid) only	n/a	n/a	
6 INDIA								
all DOTS cases (notifications)	409,049	549,700	836,768	1,053,364	1,146,599	1,392,725	1,590,602	3,527,026
GDF Grant	n/a	n/a	365,421	506,205	525,000	892,820	358,200	
GDF DP	n/a	n/a	n/a	n/a	648,220	n/a	231,160	

ABOUT THE GDF

The Global Drug Facility (GDF) is one of the success stories in the fight against tuberculosis (TB), a curable infectious disease that claims 4 400 lives every day. Launched in 2001, GDF has developed a new approach to promoting access to high-quality, affordable drugs and supplies and expanding the DOTS strategy (since 1995 the internationally recommended TB control strategy and since 2006 a pillar of the Stop TB Strategy).

GDF delivers its mandate through a unique model that comprises three services:

- a **Grant Service** whereby first-line anti-TB drugs are granted to eligible and approved countries which require donor support to meet their drug needs;
- a **Direct Procurement Service** for governments, donors and non-governmental organizations to purchase drugs for use in programmes in countries that have sufficient finances but lack adequate procurement capacity, including a robust quality assurance system; and

- a **Technical Support Service** whereby GDF Grant and Direct Procurement services are combined with technical assistance for in-country drug management and monitoring. GDF supports global efforts to improve anti-TB drug quality assurance, primarily via WHO's Prequalification of Medicines Programme.

GDF combines these core services with in-country monitoring of GDF drug management. Monitoring teams, composed of TB and drug management experts, work with programmes to identify strategies that will strengthen drug management, and ensure rational drug use and effective distribution.

GDF provides a comprehensive catalogue of the anti-TB drugs and supplies needed to diagnose and treat adults and children, for patients infected with both drug sensitive and drug-resistant TB.

For more information about GDF, visit our website (www.stoptb.org/gdf) or send an email to gdf@who.int.

«It is heartening to learn that Global Fund resources have provided so many people across the globe, once suffering from this terrible disease, with renewed hope. These people are alive thanks to the hard work of national TB programs who receive our funding and are supported by strong partners like the Stop TB Partnership, the Global Drug Facility and the Green Light Committee.»

Dr. Carol Jacobs

*Chair of the Global Fund to fight AIDS, Tuberculosis and Malaria,
on the occasion of World TB Day 2007*

SUPPLIED

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Stop TB Partnership

