Stop TB Partnership
GLOBAL DRUG FACILITY

GLOBAL DRUG FACILITY Ensuring Sustainable Access to TB Commodities

WHO AFRICA REGIONAL MEETING "Accelerating Progress towards Ending TB in the African Region"

23 – 25 JUNE 2026 Addis Ababa, Ethiopia

Stop TB Partnership
GLOBAL DRUG FACILITY

Outline of the Presentation

- Why Sustainable Access Matters
- GDF's Mandate & Tools — including QuanTB
- GDF's Value-Added Services & Safety Net Role
- Fast-Tracking New TB Products & Price Reductions
- GDF's Impact: Achievements & Results
- Country & Global Fund Engagement — incl. GC8 FR Support
- Key Observations from GC8 Funding Request Development
- Key Takeaways

Why Sustainable Access Matters

- Growing ambition of End TB targets
- Expanding access to new tools and regimens
- Increasing funding constraints
- Supply chain disruptions and market volatility

Key Message

Ambitious TB targets can only be achieved if commodities are available when and where patients need them

Why GDF Is the Right Lens for This Conversation

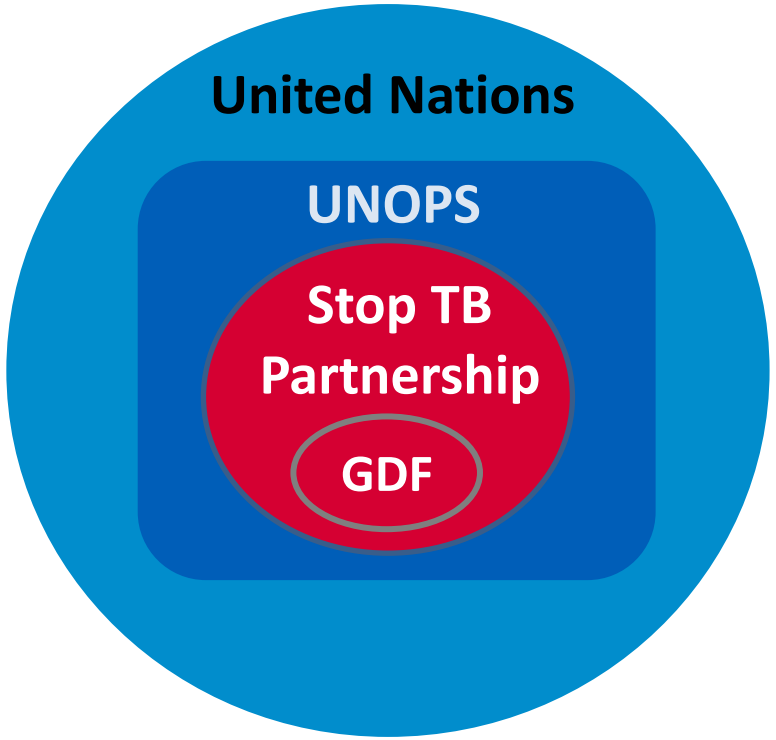
- GDF is the WHO-endorsed global mechanism for procurement & supply management (PSM) of quality-assured TB medicines and diagnostics — not just a product catalogue.
- Its mandate spans the full Procurement Supply Management cycle of TB products.
- This end-to-end scope — not just product availability — is why GDF is positioned to speak on sustainable access as a whole.

Global Drug Facility (GDF)

- UN entity within Stop TB Partnership; hosted by UNOPS
- Established in 2001 to create a market & promote access to quality-assured DS-TB medicines

Today:

- ISO:9001 Certified
- The largest procurer of all products needed for screening, diagnosis, prevention, and treatment of all forms of TB for all groups of the population



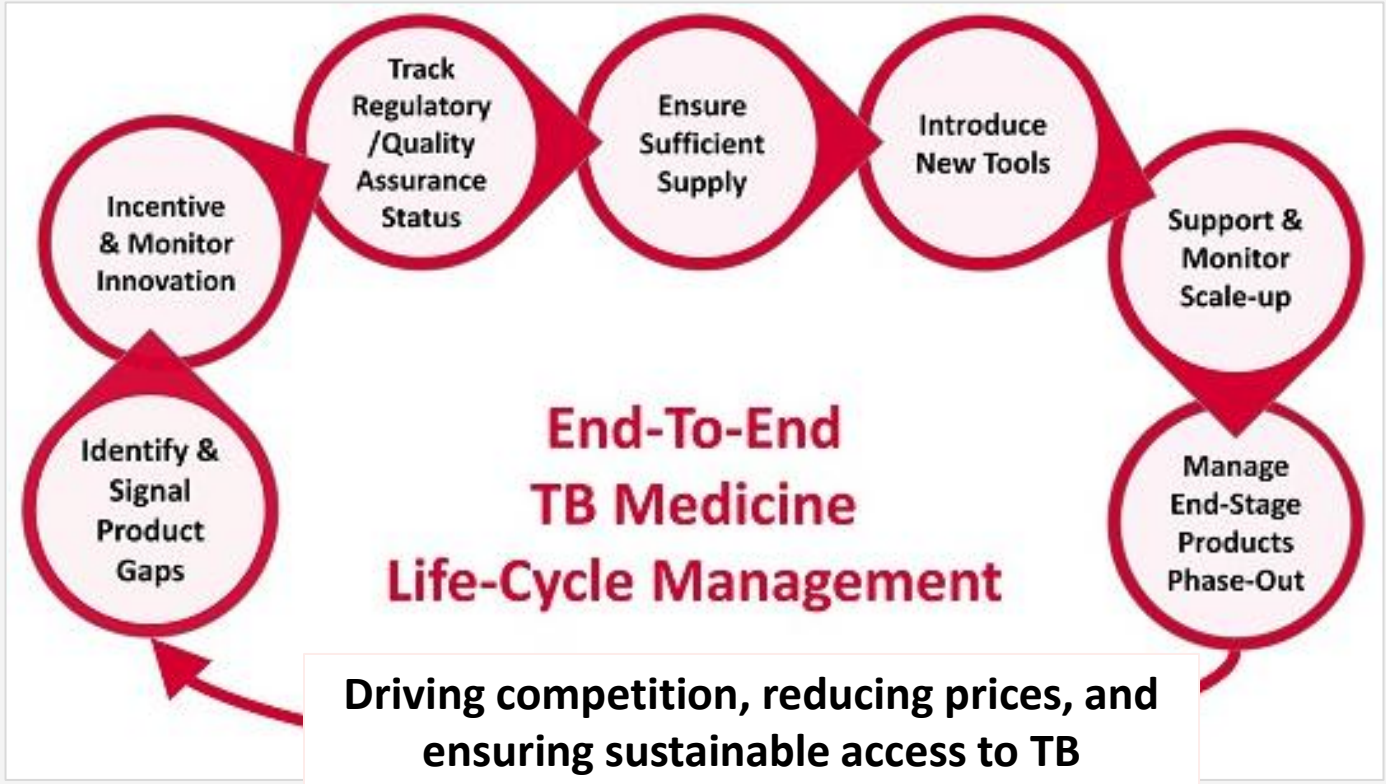
GDF Unique Mission & Approach

Mission

Worldwide access to TB products through sustainable, viable global markets that deliver innovative, quality-assured, affordable TB products, defined as

- No stockouts, uninterrupted access
- Expedited introduction of new tools

Market-Shaping Approach



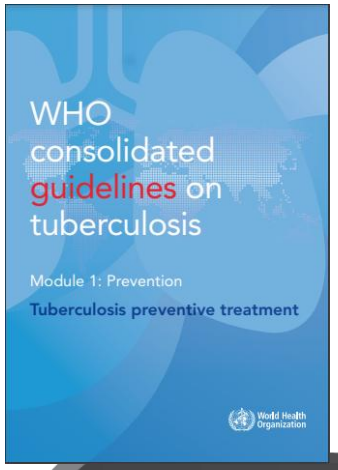
Driving competition, reducing prices, and ensuring sustainable access to TB medicines and diagnostics

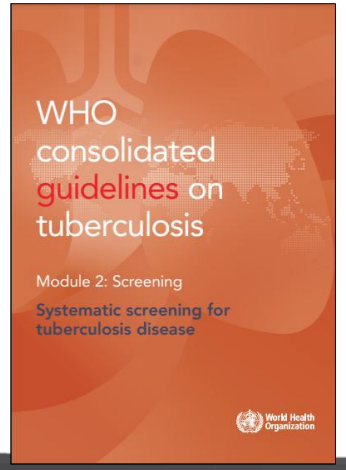
GDF Catalogs – Public With Transparent Prices

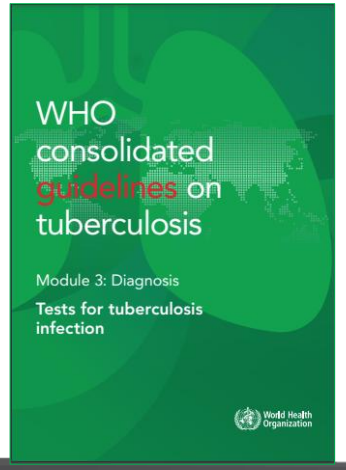
https://www.stoptb.or/global-drug-facility-gdf/gdf-product-catalog

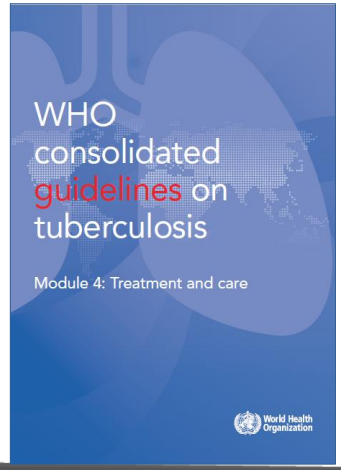
All WHO-recommended products available through GDF and cover the whole cascade to prevent, screen, diagnose, and treat all forms of TB

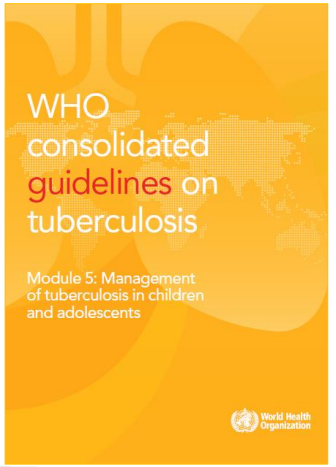
- **>500** Diagnostics, Medical Devices and other health products
- **47** formulations of all WHO-recommended TB medicines
  - **20** DS-TB and **27** DR-TB for adults and children
  - **2–3** competing suppliers per product
  - **100%** WHO-PQ or WLA-approved











GDF — More Than Procurement

Added-value services supporting clients across the supply chain

Inclusive Procurement Model

- Pooled procurement across GF funded and non-GF-funded
- Open to all (including high-income, research, etc)
- No minimum order size required
- Quality Assured (WHO, WLA)

Streamlined Client Operations

- GDF-specific labeling in 4 languages
- Online order placement & monitoring
- Warehousing & order consolidation — fewer deliveries

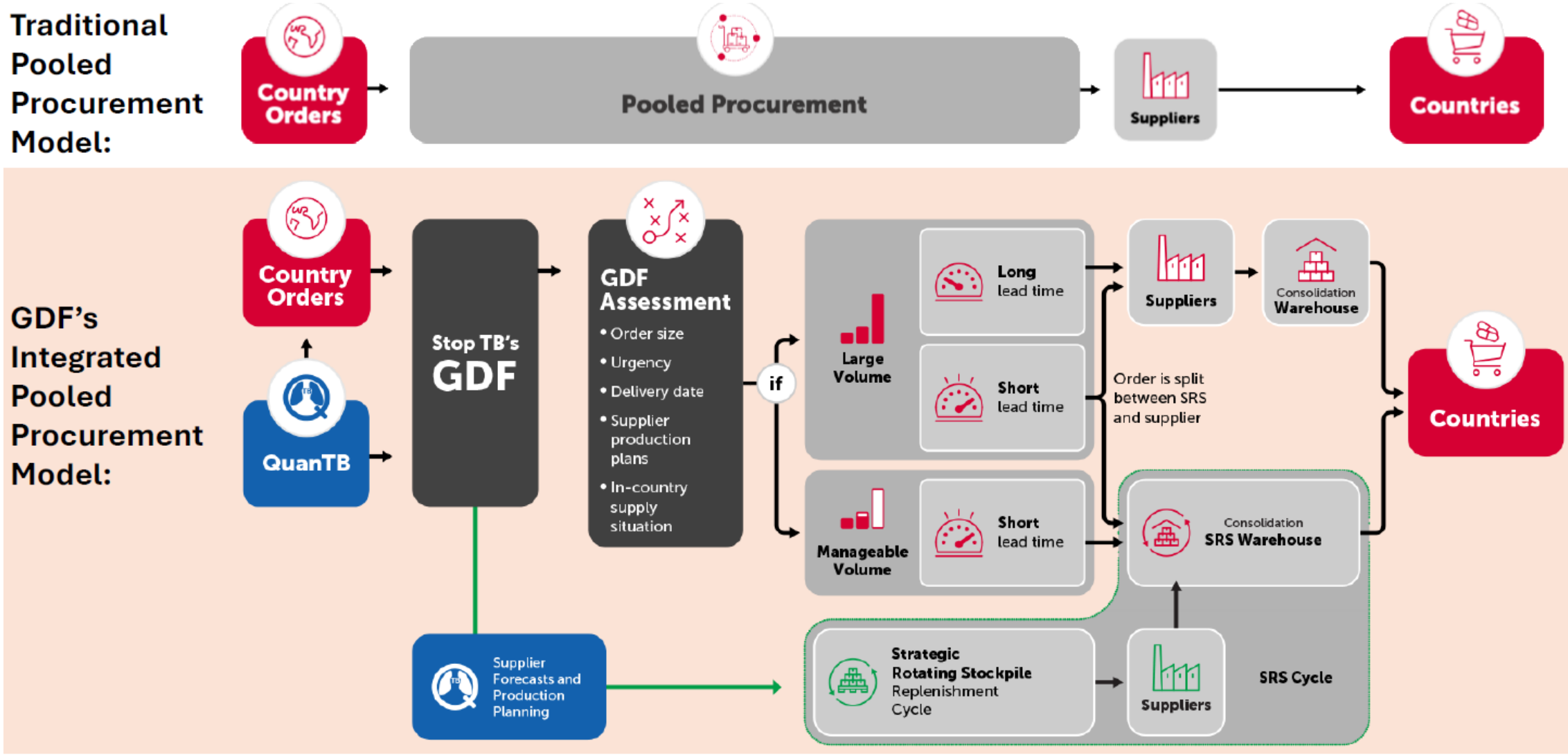
Supply Security

- Strategic Rotating Stockpile (SRS)
- Support for Pre-payment via Flexible Procurement Fund (FPF), e.g., interest-free bridge loan
- Production planning, prioritization & rationing in case of supply shortages

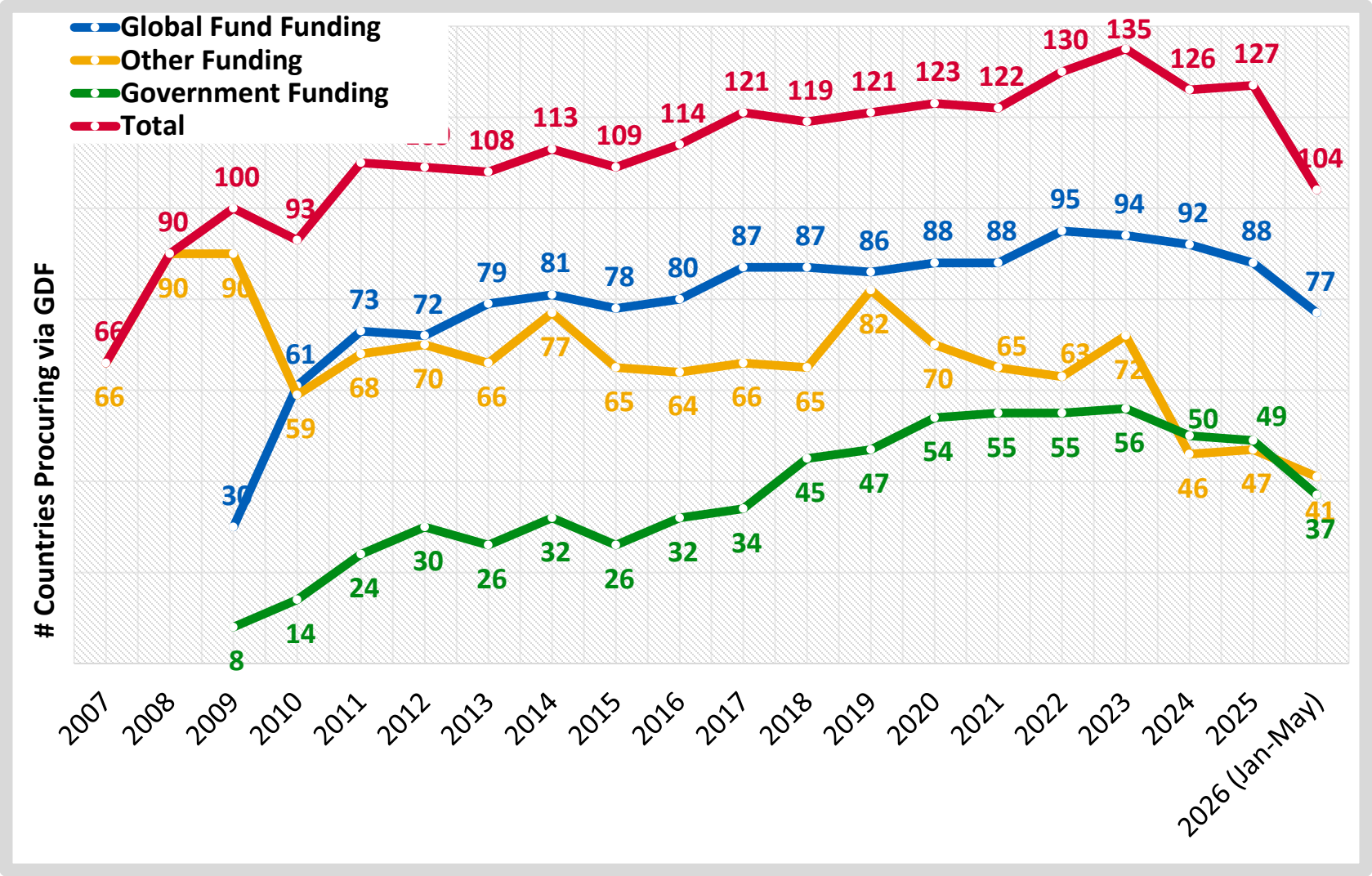
Strategic & Technical Support

- Policy recommendations for regulators, donors & partners
- Technical assistance on procurement & supply management
- QuanTB for PSM planning, early warning & faster new product uptake

Differentiating GDF's Unique, Data-Driven Platform from Others



GDF Procurement by Countries by Funding Sources



>200 Clients across 166 countries procure via GDF globally, **46** from Africa

- **120** procure via GF funding — **42** from Africa
- **106** procure via domestic funding — **42** from Africa

GDF: A Safety Net When Country Procurement Fails

As countries take on more financing, procurement is shifting to local mechanisms — but risks remain

What Countries Face

- Failed or delayed tenders, suboptimal outcomes (small countries lack volume to attract suppliers; large countries face complex coordination & slower approvals)
- Insufficient or delayed release of funds
- Supplier non or poor performance

→ **Stockouts**

GDF's Role

- Acts as a safety net — bridging gaps when procurement outside GDF fails
- Steps in regardless of country size or order volume
- Delivers needed quantities in a very short time
- Supports in mobilizing alternative fundings
- Continues market-shaping and technical assistance

2025 Impact

6 high-burden countries -- with failed procurements --incl. **3** in Africa -- where GDF stepped in to rapidly avert stockouts

43% of global TB disease burden carried by these 6 countries combined

1.5M people avoided treatment interruption

National quantification & supply management systems for medicines

GDF-managed,
open-source tool;
TB medicine quantification

Used by Countries to:

- Identify stockout and overordering risks up to 2 years in advance

GDF Provides Self-Funded, Quarterly Monitoring & Support — Regardless of Funding Source or Procurement Channel

- Countries are encouraged to share QuanTB files regularly
- Data is kept strictly confidential at GDF, used solely for decision-making

QuanTB

- First released in 2012
- **60+** Countries adopted
- **48** Share quarterly data

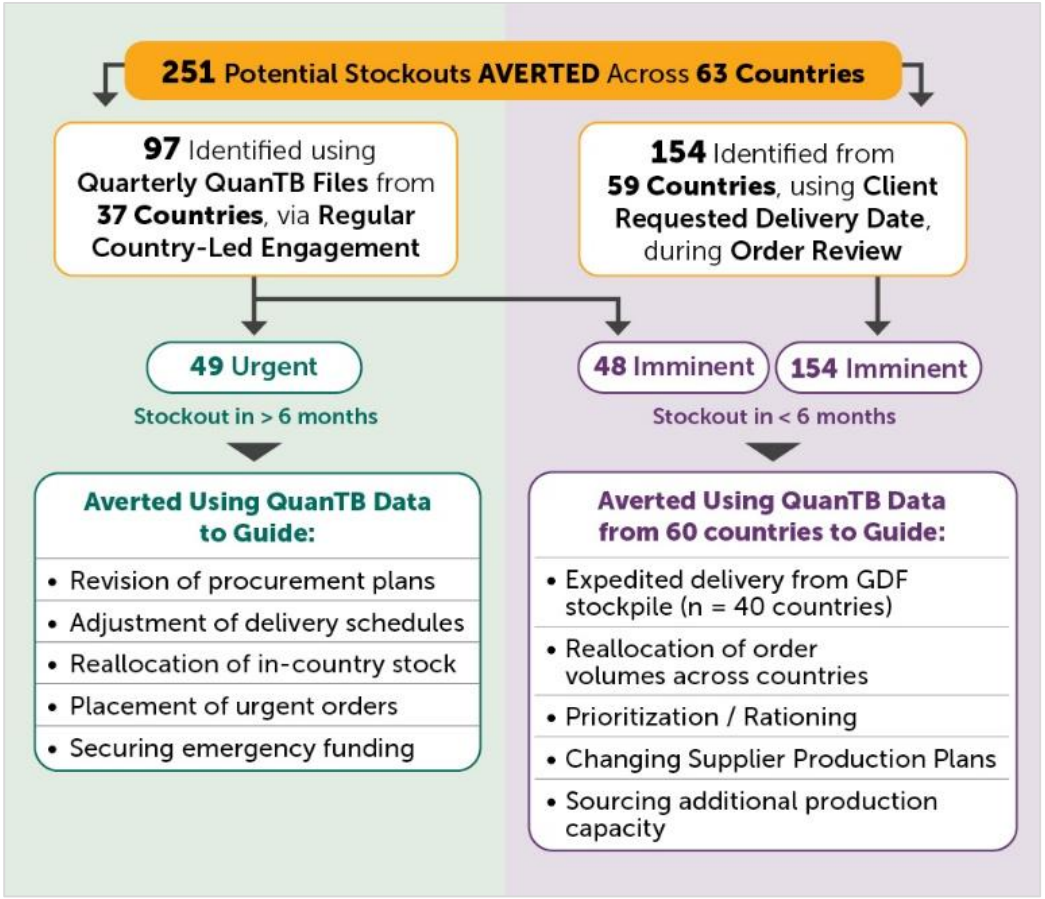
Used by GDF, with other data to:

- Generate global demand forecasts for pooled procurement
- Predict new product uptake; support production plans
- Determine the best intervention to avert stockouts:
  - Stockpile, ration, order diversion, expedite shipment
  - Diversify sourcing, increase supplier capacity
  - Utilize pre-financing, suggest reprogramming/grants

GDF's Impact: Protecting Countries from Stockouts & Driving Savings

GDF's unique end-to-end TB medicine cycle management minimizes stockout risk — from failed procurement, bureaucratic delays & funding gaps — while preventing overordering. In Q1 2026 alone:

- **251** potential stockouts averted across **63** countries (**40%** in Africa) — with **>60%** of shipments accelerated via SRS for fast, small-quantity delivery.
- **US$2.6M** saved across **5** countries (incl. **US$2.4M** for **3** African countries, all GF-funded DR-TB medicines) through proactive quantification & supply plan analysis.

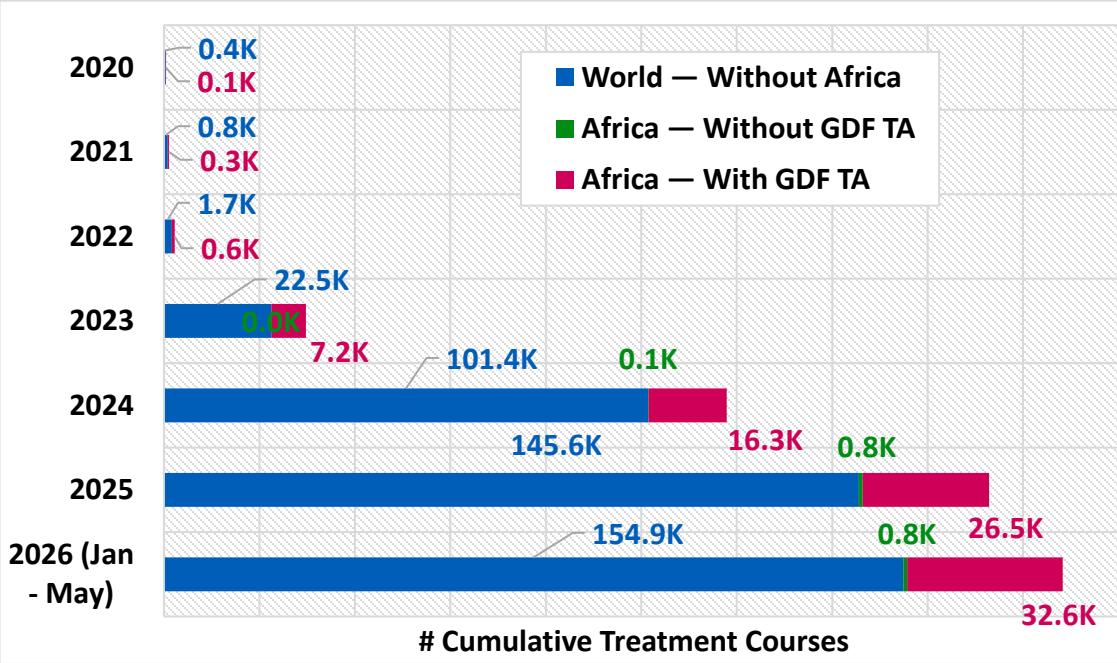


GDF: Fast-Tracking Access to New TB Products

- Ensures availability of quality-assured, WHO-recommended medicines & formulations (FDCs, child-friendly, etc.): **20** DS-TB and **27** DR-TB medicines for adults and children
- Promotes and monitors the development of new formulations once recommended by WHO: **13** GF ERP EOI updates & **6** WHO PQ EOI updates submitted, driving development of new products
- Adds new products to the catalogue within 4 weeks of availability & negotiates the best worldwide prices: most recent **75%** drop in DR-TB regimen treatment cost
- Helps countries to develop/review costed phase-in/phase-out supply plans from the earliest signal of a new product or regimen — minimizing wastage, avoiding stockouts & preventing transition delays: **40+** countries' phase-in/phase-out PSM plans for new regimens, reviewed quarterly
- Deploys new products into the SRS to enable quick delivery: **≈60%** of Pretomanid is shipped from SRS
- Supports clinical research by guiding researchers through procurement & removing obstacles (e.g. small-volume orders, single-supplier requirements) — accelerating innovation in new TB technologies: **95** clinical research projects supported since 2018

GDF's Role in Scaling Up BPaLM

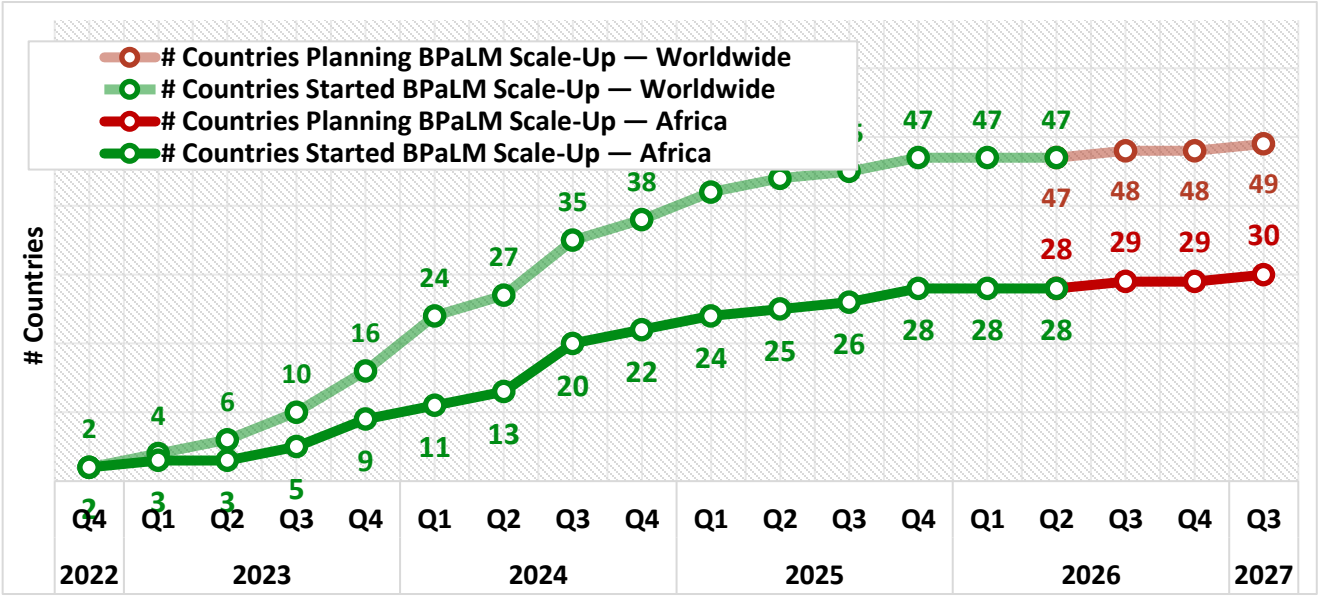
Cumulative Treatment Courses Delivered



- **188.3 K** treatment courses delivered to **117** countries (Jan 2020–May 2025), including **33.4K** (16%) for **39** African countries. Of these:
- **186.1K** delivered to **111** countries (Jan 2023–May 2025) following the Dec 2022 BPaLM programmatic-use recommendation, including **32.8K** (18%) to **37** African countries

- **>90%** of deliveries reached the 47 countries receiving GDF technical support
- **47 of 49** countries have started BPaLM scale-up; the remaining 1 country starts in Q3 2026 (order already placed), 1 included BPaLM in GC8 FR

BPaLM scale-up in 49 GDF TA Recipient Countries



GDF Estimated Regimen Prices: TB Preventive Treatment

Estimated Prices per Regimen → stoptb.org/.../plan-order

Regimen Type	Regimen Composition	Age or Weight Band	Estimated Regimen Prices (USD)*
Adult TPT	3HP FDC	> 50kg	$ 10
	3HP (Rpt300+H300)	> 50kg	$ 12
	1HP (Rpt300+H300)	> 50kg	$ 18
	6Lfx	12-<49.9kg	$ 8
Pediatric TPT	3RH	12-<15.9kg	$ 19
	3HP (H100+Rpt150)	12-<14.9kg	$ 6
	6Lfx (Lfx100 dt)	10-<14.9kg	$ 42

Prices updated as of 25 January 2025

GDF, with USG catalytic funding, cut 3HP FDC price 30%, from US$14.25 to US$9.99 per adult course

Product	Price per test (USD)
SIILTIBCY	$ 1.5

Note: *A new WLA-approved skin test for detecting Mtb infection is in the pipeline and will be added to the catalogue shortly.*

GDF Estimated Regimen Prices: Drug-Susceptible TB Treatment

Estimated Prices for DS-TB Treatment Regimens

→ stoptb.org/.../plan-order

Regimen type	Regimen composition	Age or weight band	Estimated Regimen Prices (USD)*
Adult DS-TB	2HRZE/4RH (FDC)	35-<65kg	$ 47
	2HPMZ/2HPM	35-<65kg	$ 176
Pediatric DS-TB	2RHZ/4RH	12-<16kg	$ 33
	2RHZ(E)/4RH	12-<16kg	$ 68
	2RHZ/2RH	12-<16kg	$ 23
	2RHZ(E)/2RH	12-<16kg	$ 58

**Prices updated as of 25 January 2025*

GDF Estimated Regimen Prices: Drug-Resistant TB Treatment

PRICE REDUCTIONS	Price per Treatment Course, USD		Percent Price Reduction	
	2019	2025	2025	2019-2025
Medicines				
Bedaquiline	$425	**$63**	68%	**↘ 85%**
Pretomanid	$364	**$160**	25%	**↘ 54%**
Linezolid	$251	**$27**	12%	**↘ 89%**
Moxifloxacin	$29*	**$24**	11%	**↘ 17%**
Regimens				
BPaL	$1040	**$250**	25%	**↘ 75%**
BPaLM	$1071*	**$274**	24%	**↘ 74%**

**BPaLM only recommended in 2022*

GDF Cutting DR-TB Treatment Regimen Costs Below $300 for the First Time

6 BDLLfx – BEAT-TB: $901
6 BDLC – BEAT-TB: $956
6 BDLLfxC – BEAT-TB: $974
9 BLMZ – endTB: $173
9 BLLfxCZ – endTB: $282
9 BDLLfxZ – endTB: $1,464
Bdq-based All-Oral Shorter Regimen: $258
Bdq-based All-Oral Shorter Regimen w/Lzd: $234
18 Bdq (6 months) Lfx Lzd Cfz: $428

Note: *A detailed list of all DR-TB regimens, including* ***for children using child-friendly formulations*** *and prices, is available on the GDF website:*

→ stoptb.org/.../plan-order

Diagnostics — Selected Products

→ stoptb.org/.../plan-order

Xpert Tests

Available through GDF at globally negotiated lowest prices, low PSM costs & short lead times. GDF continues to collaborate with manufacturers and partners to maintain these prices and expand access.

- Xpert MTB/RIF Ultra: US$9.98 → US$7.97 (–20%)
- Xpert MTB/XDR: US$19.80 → US$14.90 (–25%)

MTB Nucleic Acid Test Card

MTB Nucleic Acid Test Card (Guangzhou Pluslife Technology) — available at US$3.60 per test

Portable X-rays & CAD

Wide choice of X-ray equipment and CAD software available at best negotiated prices

X-Ray System Supplier	GDF Price (incl. 3-yr warranty)
Delft Imaging	$78,936
Fujifilm	$70,000
MinXray	$61,025
Sinopharm	$34,940
Peak International	$26,952

CAD/AI Software	GDF Price (incl. 3-yr warranty)
Qure.ai	$24,500
Delft (CAD4TB)	$22,289
Infervision	$16,700

How GDF Works with Countries

Direct Country & GF Engagement

- Works directly with TB programs and GF Principal Recipients
- Works closely with WHO regional offices on TA needs identification — most country missions conducted in close collaboration

Technical Assistance — Fully GDF-Funded — At No Cost to Countries and GF

- Delivered by RTAs & GDF-trained PSM experts
  - Provided regularly to 49 countries worldwide, including 27 in the African region. Africa alone is supported by 2 full-time + 2 retainer RTAs, covering procurement, supply planning, issue identification & resolution.
- Targets averting stockouts & expediting new product uptake, in line with GDF's broader mission
- List of countries (right) with regular TA coverage; other countries depend on funding & HR availability

Capacity Building

100+ national staff trained across **30+** African countries — **15** became international TA consultants worldwide

African Region: GDF TA Coverage (27)

Angola
Benin
Burkina Faso
Cameroon
Central African Republic
Chad
Cote d'Ivoire
DR Congo
Eswatini
Ethiopia
Ghana
Guinea
Kenya
Lesotho
Liberia
Malawi
Mali
Mozambique
Niger
Nigeria
Rwanda
Senegal
Sierra Leone
South Sudan
Tanzania
Uganda
Zambia
Zimbabwe

GDF's In-Kind Contribution TA to the NTPs and GF PRs in WHO African Region

TA for Grant Implementation (Q1, 2026)

27	GF-supported countries received GDF technical support on TB procurement & supply planning
60	Quantification files updated and reviewed to place procurement orders
18	Stock replenishment recommendations provided to PRs and NTPs
5	GF-supported countries' NTPs and PRs received PSM capacity-building
31	Individuals trained on TB procurement & supply planning activities
36	Costed PSM plans reviewed for the scale-up of shorter DS-TB, DR-TB and TPT regimens

TA for GC8 FR Development

25 African region countries supported (incl. Somalia, EMRO), of which:

- **8** submitted to Window 1,
- **2** moved to Window 2 (Somalia & Tanzania)
- **15** with support ongoing

This includes leading the PSM part of JPRs

Key Observations from GC8 Funding Request Development

Stop TB Partnership
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Teams worked diligently to meet demanding requirements — yet several recurring challenges remained

Budget & Funding Constraints

- >70% of GC8 allocations went to procurement, yet buffer stocks remain minimal & key items (e.g. Xpert cartridges) not adequately funded
- Delayed confirmation of government/partner funding for 2027–2029 weakened planning assumptions
- Price gaps between local procurement & GDF prices complicated a single consolidated procurement plan

Quantification Capacity & Tools

- No standardized tool used by countries for lab commodity quantification (e.g., simple Excel-based, GLI tool, etc,.)
- High turnover of trained PSM staff drove heavy reliance on external support
- Limited stock status and case enrollment data quality/availability affecting forecasting accuracy

Coordination & Budget Alignment

- Frequent back-and-forth to align quantification assumptions with the limited available resources
- Difficulty aligning national TB commodities budgets with GF modular/budgeting templates requiring disaggregation
- Last-minute requests for TA and the need for urgent responses

Uptake of New tools

- Overly ambitious rollout assumptions for shorter regimens risk underestimating commodity needs
- Lack of implementation plans for NPOC testing technology at the time of funding request development

Key takeaway

- End-to-end engagement matters most when GDF is involved from quantification through delivery, not just at the point of product supply
- Accurate, regularly shared quantification data -- QuanTB files -- is the foundation for stockout prevention, savings, and reliable forecasting
- Flexible, tailored procurement support is essential since large and small countries, domestic and GF-funded, all have different needs
- Investing in national staff training reduces long-term dependency on external technical assistance
- Starting planning earlier — whether for GC8 funding requests or new product transitions — consistently reduces rushed, reactive work
- Sustained, active supplier engagement is what drives price reductions like the BPaLM cost cut, not passive negotiation
- Strengthening national systems and providing a GDF safety net, work together to ensure sustainable access
- Transparent, regular reporting between countries, GDF, and the Global Fund strengthens collective decision-making

Thank you!

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