

*Sustainability, Transition and Co- financing: Ukraine`s experience in TB

Sergii Filippovych, TBEC

* The Goal of STC - investing to end the epidemics



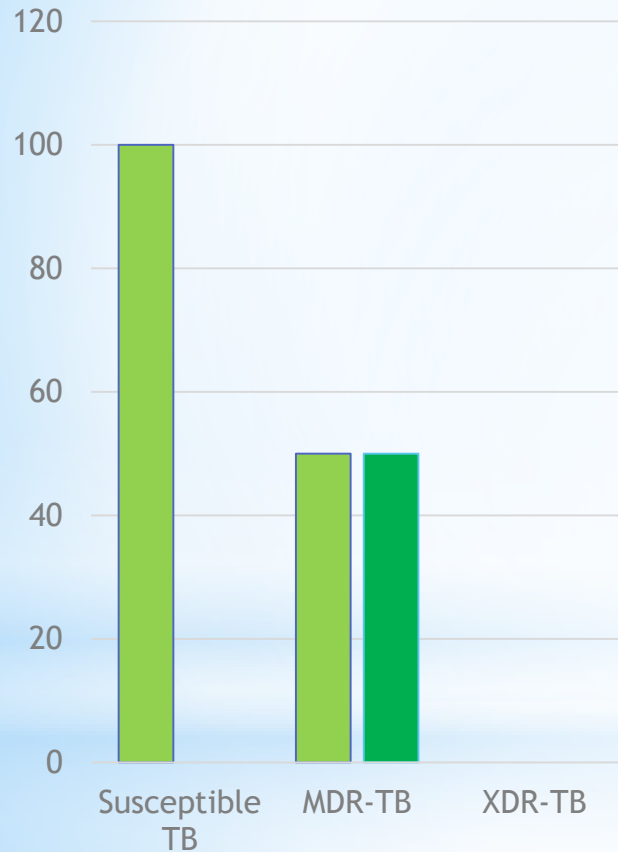
The Global Fund 37th Board Meeting, 03-04 May 2017, Kigali, Rwanda

The Global Fund Le Fonds mondial El Fondo Mundial Глобальный фонд 全球基金 الصندوق العالمي

* Key pillars of work on sustainability, transition and co-financing:

- * Countries need to develop robust national health strategies, health financing strategies and national disease strategic plans
- * Encourage additional domestic investments; require minimum 15 percent co-financing for each GF grant
- * Strengthen focus on key populations and structural barriers to health
- * Countries have to identify efficiencies and optimize disease responses
- * Work with partners to advocate for programmatic and financial changes
- * Strengthen alignment between donor`s grants and country systems

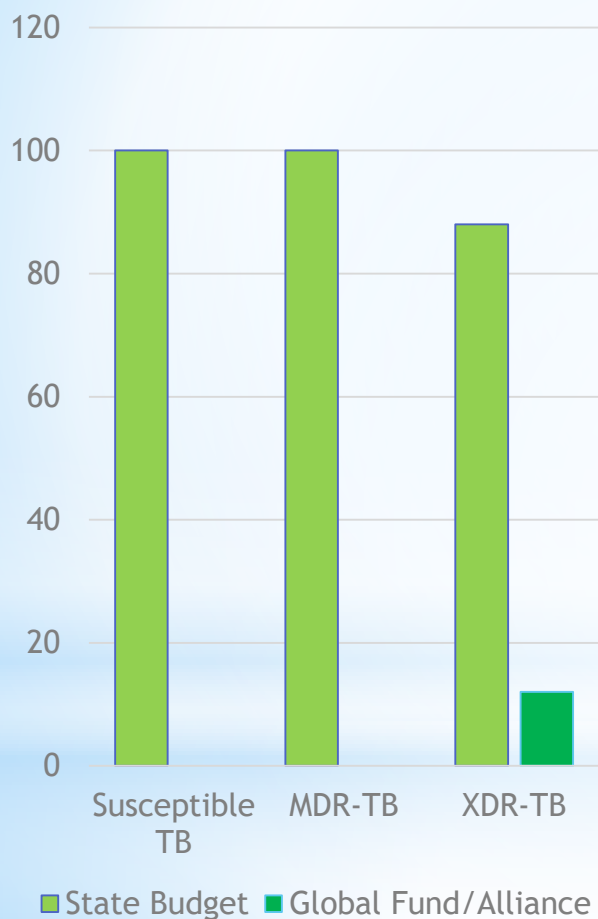
* Proportion of TB drugs procured by the Ministry of Health and Alliance with Global Fund funding in 2015 - 2017



■ State budget 2015 - 2016 ■ Global Fund/Alliance

- * Purchase of TB drugs with domestic funds (State budget) allowed to provide a continuous treatment in full of all patients with diagnosed susceptible TB and for 50% - MDR-TB patients.
- * Remaining 50% of second line drugs for MDR-TB treatment Ukraine was procured by Alliance within the Global Fund funding (10500 schemes).

* Transition plan to the State financing 2018



- * Procurement of TB drugs with domestic funds (State budget) will allow to provide continuous treatment in full of all identified patients both with susceptible TB and MDR-TB.
- * In 2018 - 90% with XDR-TB will be covered by domestic funds (State budget) without scheme with delamanid. The remaining 10% will be procured by Alliance within the Global Fund funding (133 schemes with delamanid).

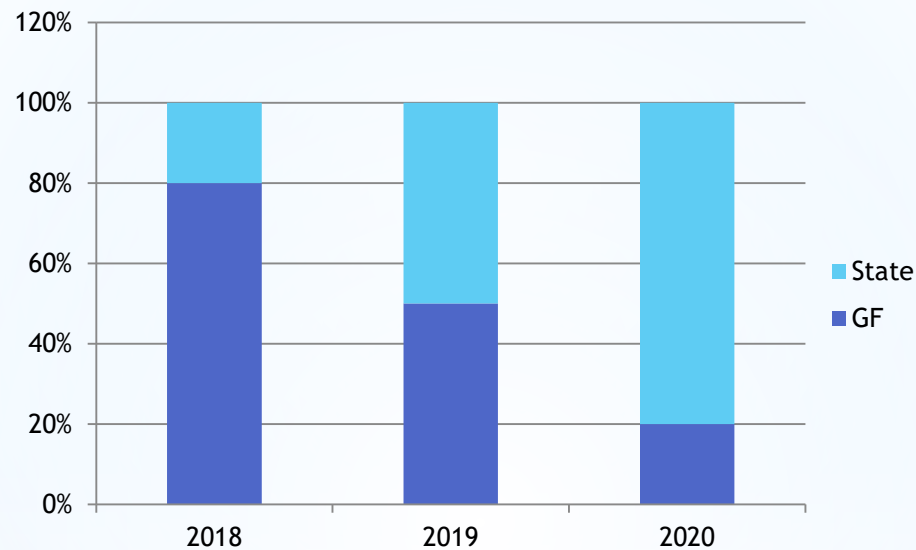
*PSM transition from donor to state financing/co-financing (1)

Key Issues	Ways to Address
<ul style="list-style-type: none"> Limited information about domestic financing and or /insufficient domestic financing 	<ul style="list-style-type: none"> Understand co-financing and its impact on procurement ensuring no supply gap
<ul style="list-style-type: none"> Lack of local capacity for QA medicines procurement (locally or in the internationally assured market) 	<ul style="list-style-type: none"> Clear plan QA products for procurement using domestic funding
<ul style="list-style-type: none"> Rigid systems for flexible procurement 	<ul style="list-style-type: none"> Established procurement systems including: <ul style="list-style-type: none"> Adjusted national laws and regulations Increased national capacity for sound procurement practices (national bidding documents)
<ul style="list-style-type: none"> Non availability of registered QA medicines 	<ul style="list-style-type: none"> Promotion of QA products registration and inclusion in the NEML
<ul style="list-style-type: none"> Non inclusion of new and repurposed TB medicines in the National Essential Medicine List (NEML) 	<ul style="list-style-type: none"> Registration waivers are still very important for donor funded medicines and diagnostics
<ul style="list-style-type: none"> Small market for QA manufacturers 	<ul style="list-style-type: none"> Pooled procurement (via GDF or other mechanism) could be a solution
<ul style="list-style-type: none"> Mixed regimens with donor funded QA and locally procured non proved quality drugs is not allowed by donors leading countries to cohort based enrolment 	<ul style="list-style-type: none"> Procurement of QA products is essential to avoid waiting lists for new drugs and new regimens

* PSM transition from donor to state financing/co-financing (2)

- * Some countries procure as they did with the Global Fund financing (procure through the GDF DP)
- * Some countries face challenges that were common prior to massive donor investments:
 - Failed tenders mainly due to the small volume
 - Procured non-quality assured medicines
 - Procured non-WHO recommended medicines (single formulation FLDs instead of FDCs)
 - Procured non-WHO recommended diagnostics (ExiPrep 16 Plus from Bioneer)
 - Paid too high prices for diagnostics (Xpert, LPA and MGIT)
 - Faced shortages and interruptions in drug supply due to improper supply schedule from local suppliers
- * Some countries cannot procure new TB medicines due to non-registration and/or non-inclusion them in the NELM
- * And some countries cannot import non-registered drugs - waivers are not provided by local authorities
- * Some countries procure first line injectable and use for new cases FLD treatment (Streptomycin, Ethambutol, Isoniazid)

* Transition to government funding services and programmatic activities for TB (2018-2020)

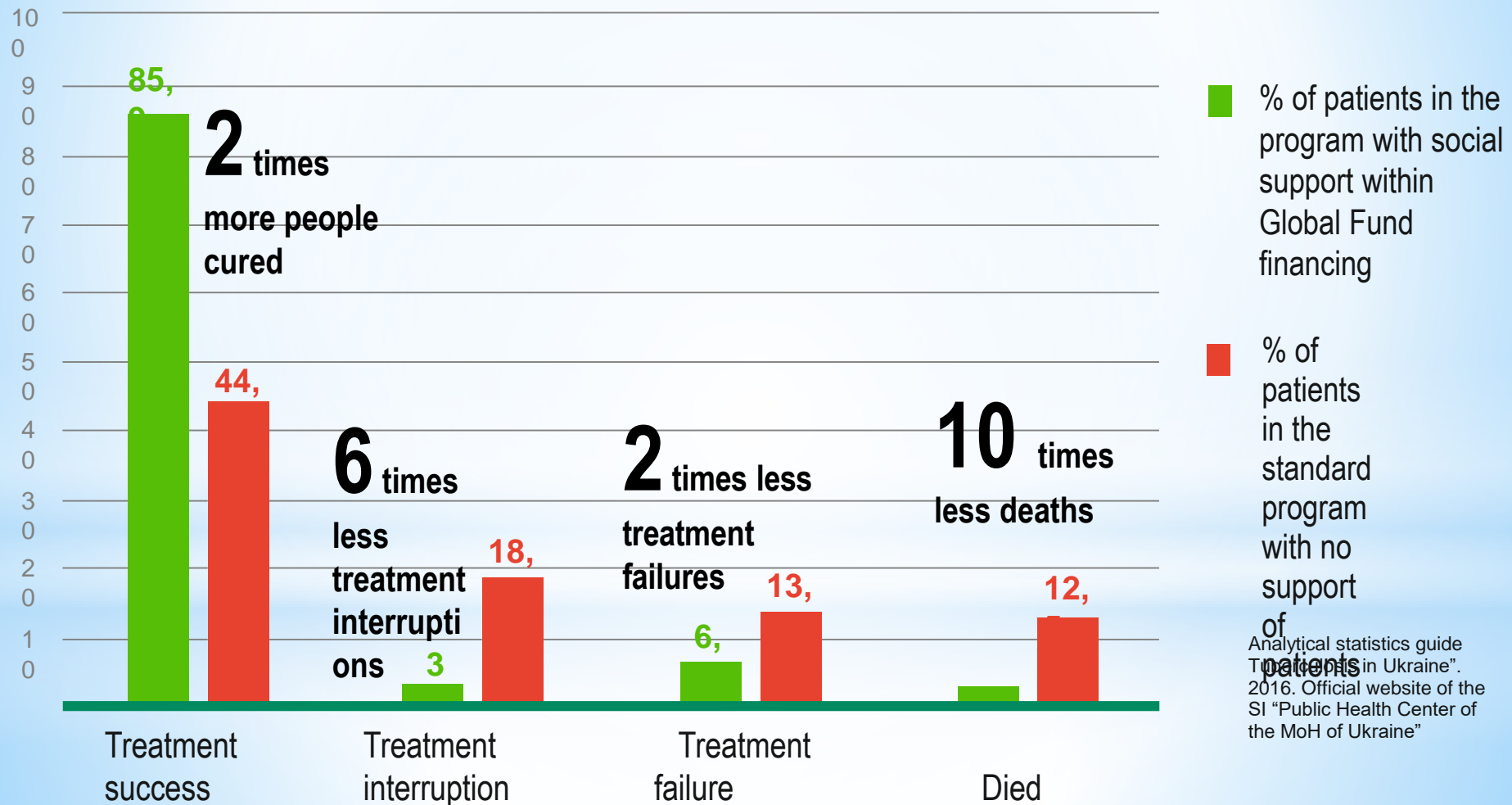


	2018	2019	2020
GF	80%	50%	20%
State	20%	50%	80%

* Key pillars of work on sustainability, transition and co-financing:

- * Countries need to develop robust national health strategies, health financing strategies and national disease strategic plans
- * Encourage additional domestic investments; require minimum 15 percent co-financing for each GF grant
- * Strengthen focus on key populations and structural barriers to health
- * Countries have to identify efficiencies and optimize disease responses
- * Work with partners to advocate for programmatic and financial changes
- * Strengthen alignment between donor`s grants and country systems

Value added of NGO work - key factor for successful results of MDR-TB treatment



*Acknowledgments:

- *Andriy Klepikov, Alliance for Public Health
- *Yulia Chorna, Alliance for Public Health
- *Maya Kavtaradze, Global Drug Facility, Stop TB Partnership

*Thank you!

Sergii Filippovych, TBEC
sfilippovych@gmail.com