

# **Improving Access to Essential Medicines for MNS Disorders**



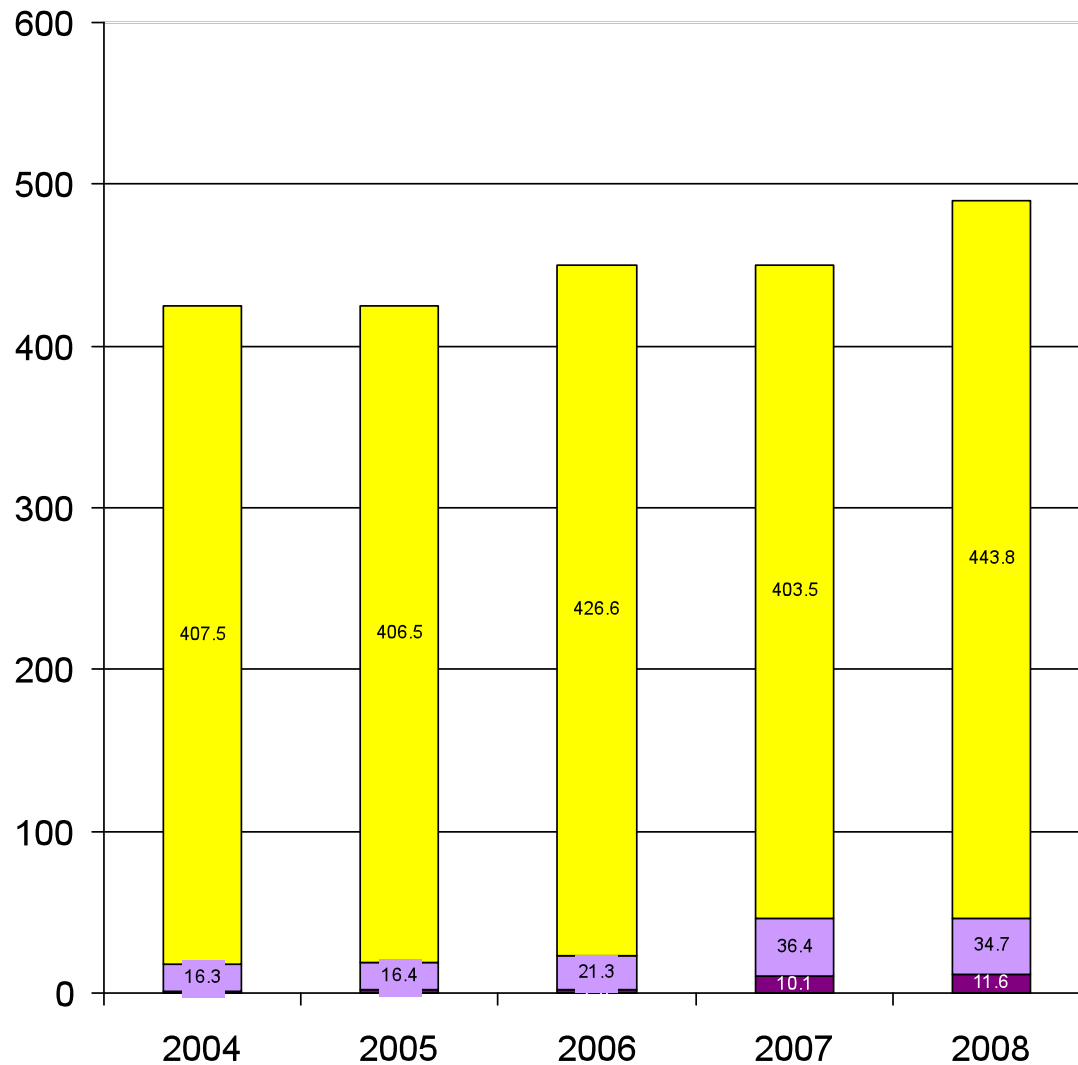
**CASE STUDY**

**MULTIDRUG-RESISTANT  
TUBERCULOSIS**

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IOM WORKSHOP  
ADDIS ABABA  
JANUARY 13-14, 2014

# Notified cases MDR-TB (2004-06), patients projected to be treated (2007-08) & estimated burden of MDR-



← Estimated 489,000 new MDR-TB cases each year

■ non-GLC  
■ GLC

## Is there Ambivalence re MNS?

- “SSA has one of the largest treatment gaps for MNS disorders in the world....The reduction of cost and improvement of the supply of effective medications was highlighted as one of the top five challenges.  
***Critical to the success of any effort to reduce the treatment gap is a demonstration that ignoring MNS disorders is not only devastating for overall population health but that it also undermines efforts to prevent and treat other causes of disease burden.***”

# MDR-TB Drug Access – Not a Success



- **Demand Issues**
  - Ambivalence about Treatment
  - Limited Diagnostic, Lab & Clinical Capacity
- **Supply Chains – for QA Drugs**
  - Small and opaque market. Too few suppliers
  - Regular unreliable (over) estimates of demand
- **Selection**
  - Was more of a problem than it ought to have been
- **Financing & Pricing**
  - Exacerbated Demand & Supply Chain issues

# Distinct Phases MDR-TB Treatment History



- > Pilot Projects - Drug access complex but not limiting
- > Demand, Supply Chains, Selection and Pricing/Financing very problematic in scale-up
  - Clinical expertise, Lab and Diagnostic capacity bottlenecks
  - Failure to drop “pilot-project” forecasting, demand, supply chain and financing procedures - “centralized node of control”
  - Insufficient and “lumpy” demand for Q-A medications limits supply and keeps prices high
  - Meds of uncertain quality fill the void

# Possible New Strategic Approach



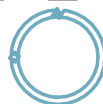
- Recommended in 2009 – never adopted
- Abandon pilot project processes – engage countries to commit to procure Q-A medications and follow Programmatic Guidelines for treatment scale-up
- Allow transparent and subtle competition on quality of treatment and Drug Access and quality
- Preserves national prerogatives on drug access and regulatory matters but provides useful incentives and aspirations for improvement

# Drug Supply & Treatment Aspirations



- **Stream A:** Procures only QA medications and follows Programmatic Guidelines for Treatment
- **Stream B:** Committed to quality meds (but not QA); intent on Programmatic Guidelines and routine monitoring of outcomes
- **Stream C:** Meds of uncertain quality; seeks to follow Programmatic Guidelines; routine monitoring
- **Stream D:** Unwilling to commit to quality meds, Programmatic Guidelines or routine monitoring of outcomes

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