



# **2021 Annual ARV Buyer Seller Summit**

## **Master Slide Deck**



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# Annual ARV Buyer Seller Summit

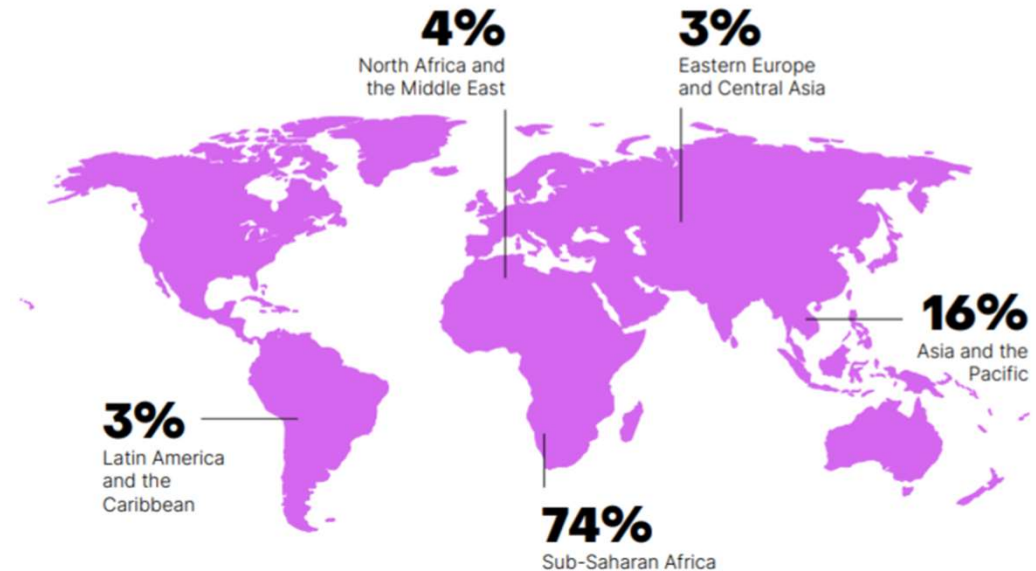
*Oct 13 – 14, 2021*

# Investing for Impact

- The Global Fund is one of the world's largest funders of global health.
- We have disbursed more than US\$50 billion since 2002 to respond to HIV, TB and malaria and for programs to strengthen systems for health across more than 155 countries, including regional grants.

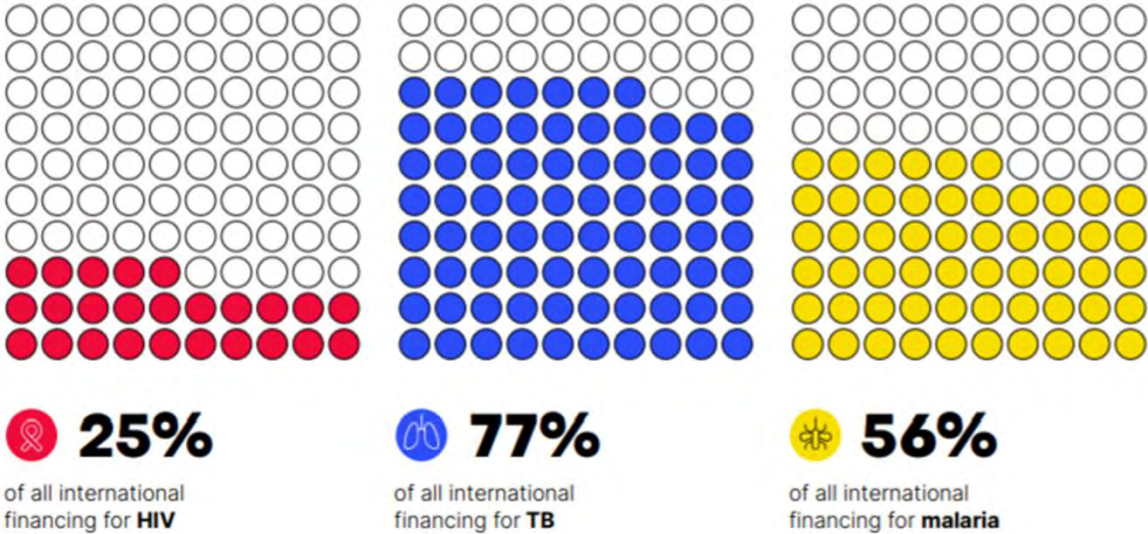
## Global Fund investments by region

In 2019-2021 as of June 2021



# Investing for Impact

## International grants provided by the Global Fund in 2020



<sup>9</sup> The Global Fund measures overall funding in US dollars but pledges and contributions are made in multiple currencies.

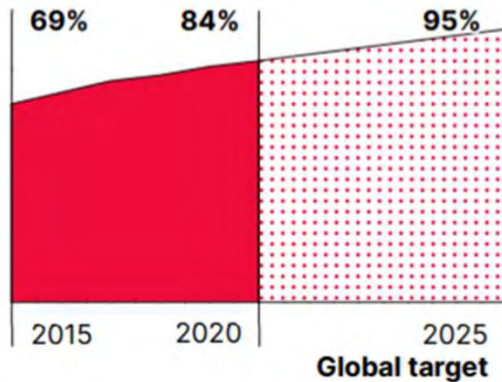
# HIV: State of the Fight in the Time of COVID-19

## Key HIV results for 2020 in countries where we invest

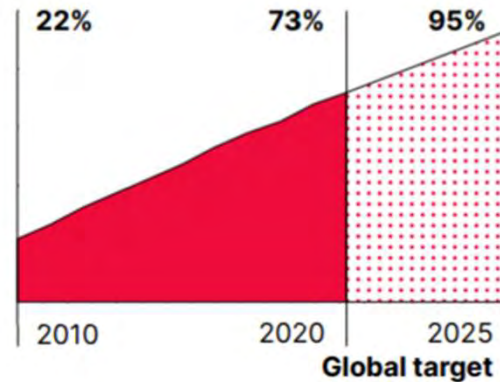


**21.9 million** people on antiretroviral therapy for HIV\*

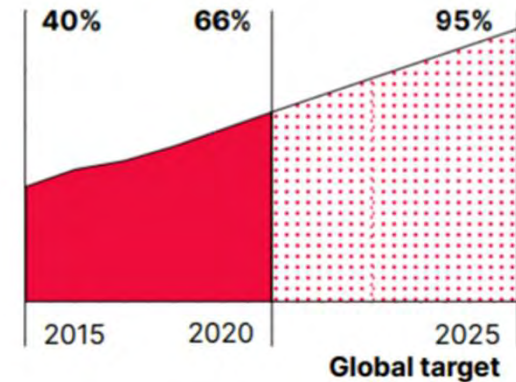
**People living with HIV who know their status**



**ARV coverage**



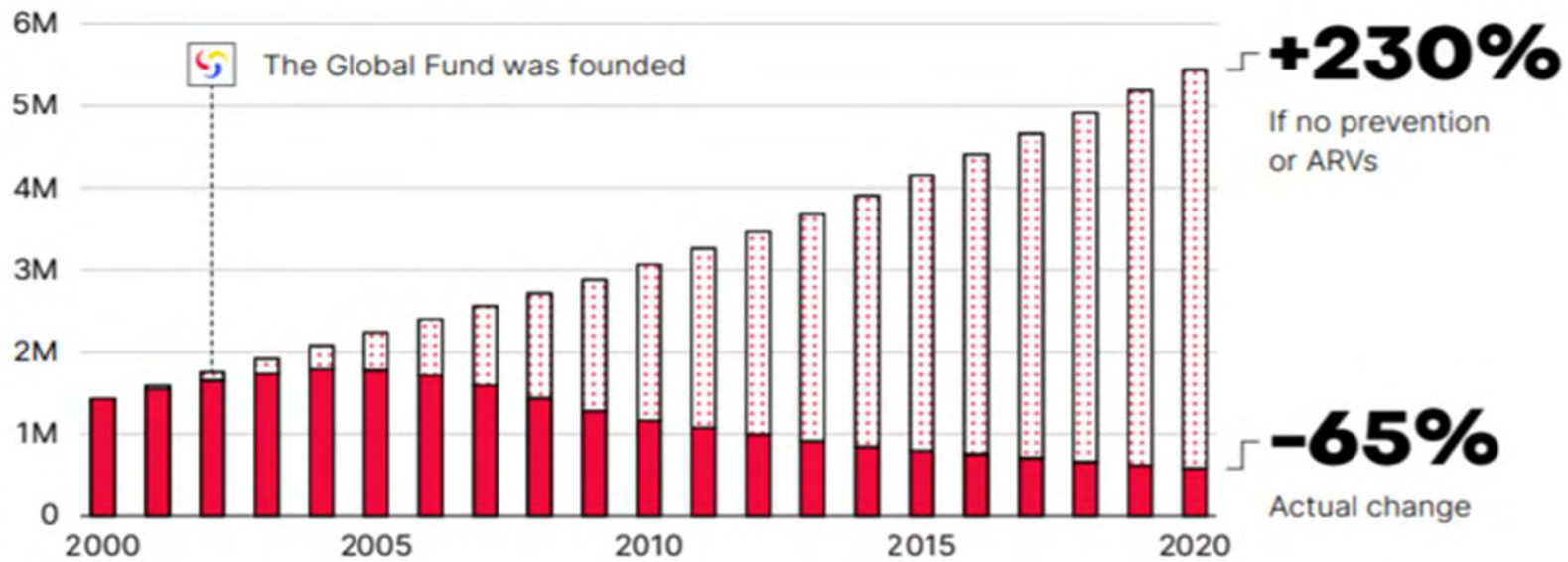
**People living with HIV with suppressed viral load**



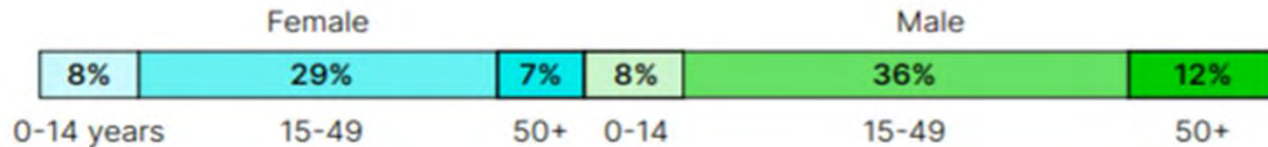
# Trends in AIDS-related deaths

In countries where the Global Fund invests

● With prevention and ARVs (actual)    ○ If there had been no prevention or ARVs    % change, 2002-2020



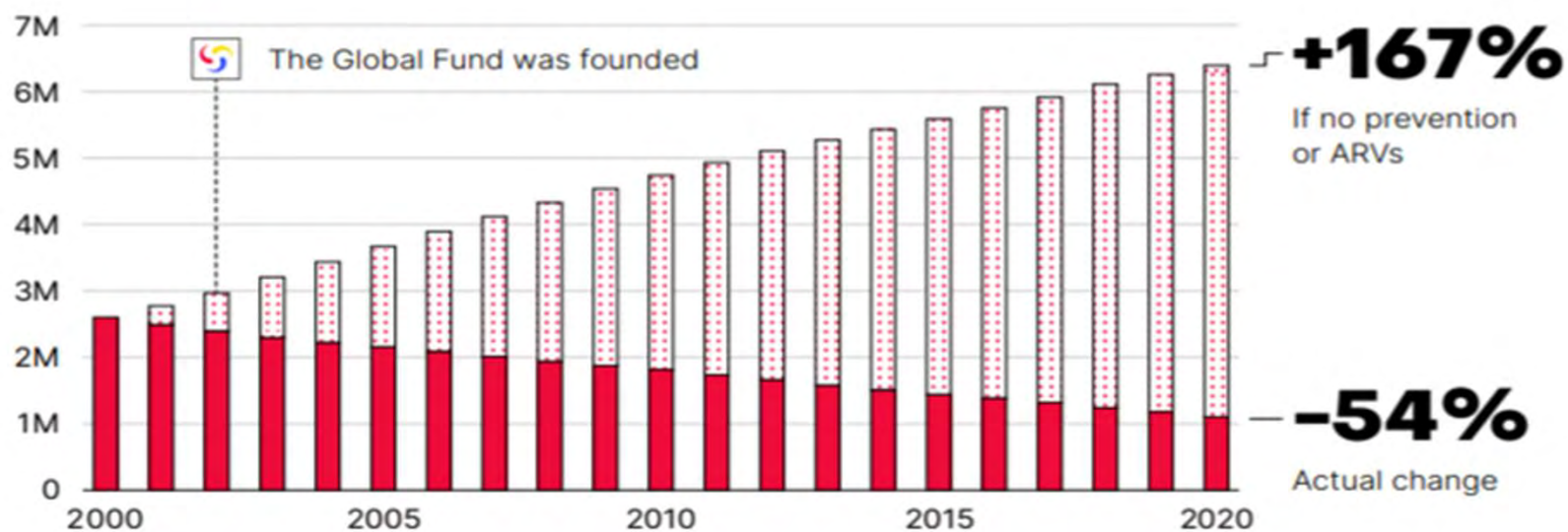
Age-sex breakdown, 2020



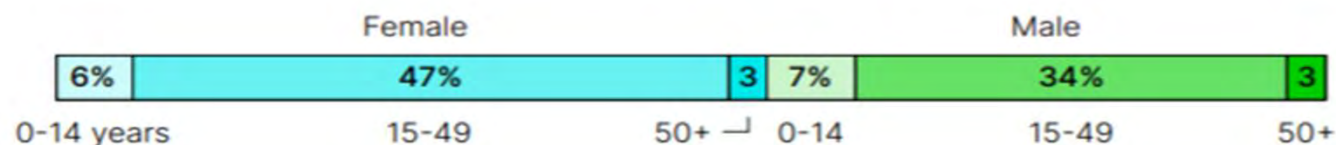
# Trends in new HIV infections

In countries where the Global Fund invests

● With prevention and ARVs (actual)    ⊕ If there had been no prevention or ARVs    % change, 2002-2020



Age-sex breakdown, 2020



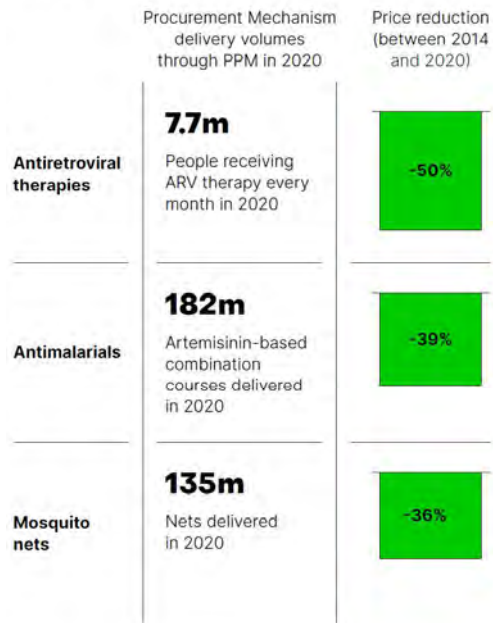
HIV burden estimates from UNAIDS, 2021 release. Estimation of "no prevention or ARVs" trends from Goals, AEM and AIM models.



# Investing for Impact

## Pooled Procurement Mechanism Savings

### Pooled Procurement Mechanism results



### Financial management systems meeting defined standards

Number of countries



Defined standards are measured as at least 80% of agreed actions for improvement of financial systems implemented. Countries targeted include High Impact and Core Countries where the use of Public Financial Management Systems or Donor Harmonized Systems are not feasible, therefore the Global Fund supports grant implementers to strengthen their financial management systems for effective and efficient management of grants/programs. Agreed actions relate to agreed actions to strengthen the people, processes and information systems of financial management systems. Financial management systems meeting defined standards represents only one of multiple RSSH key performance indicators.

# Fighting COVID-19

## Time for another global push to save lives

As of August 2021, we had approved US\$4 billion to support countries to respond the pandemic with critical tests, treatments and medical supplies, protect front-line health workers, adapt lifesaving HIV, TB and malaria programs, and reinforce fragile systems for health

### How countries are using the COVID-19 Response Mechanism

As of August 2021



#### Reinforcing national COVID-19 response

Including purchasing critical tests, treatments, oxygen and medical supplies; protecting front-line health workers with training and PPE like gloves and masks; and supporting control and containment interventions, including test, trace and treat/isolate.



#### Mitigating COVID-19 impact on HIV, TB and malaria programs

Including by delivering medicines, mosquito nets and critical supplies door to door, protecting community health workers and providing support and prevention services via digital platforms.



#### Making urgent improvements to health and community systems to help fight COVID-19, HIV, TB and malaria

Including by reinforcing supply chains, laboratory networks and community-led response systems.

# Global Fund Results Report 2021

Feature Film: We Can't Go Backwards

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**“ Just as 20 years ago, when the Global Fund partnership galvanized the world to fight the world’s leading infectious diseases, it is time for another global push to save lives. We must protect the gains made against HIV, TB and malaria. ”**

Peter Sands  
Executive Director of the Global Fund



# Thank you



The Global Fund to Fight  
AIDS, Tuberculosis and Malaria

+41 58 791 1700  
[theglobalfund.org](http://theglobalfund.org)



**USAID**  
FROM THE AMERICAN PEOPLE

# *Welcome to the ARV Summit!*

Christine Y. Malati, PharmD

13 to 14 October 2021

2021 Annual ARV Buyer Seller Summit

18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

**GOAL** Equip ARV manufacturers with an understanding of PEPFAR priorities to inform research, development, and manufacturing plans.

**OBJECTIVES**

1. Celebrate the accomplishments of the past 18 years of PEPFAR.
2. Explain the impact of treatment optimization on product forecast and viral load suppression.
3. Articulate strategies for ensuring a client centered supply chain with private sector engagement.





THE TREATMENT TARGET



diagnosed



on treatment



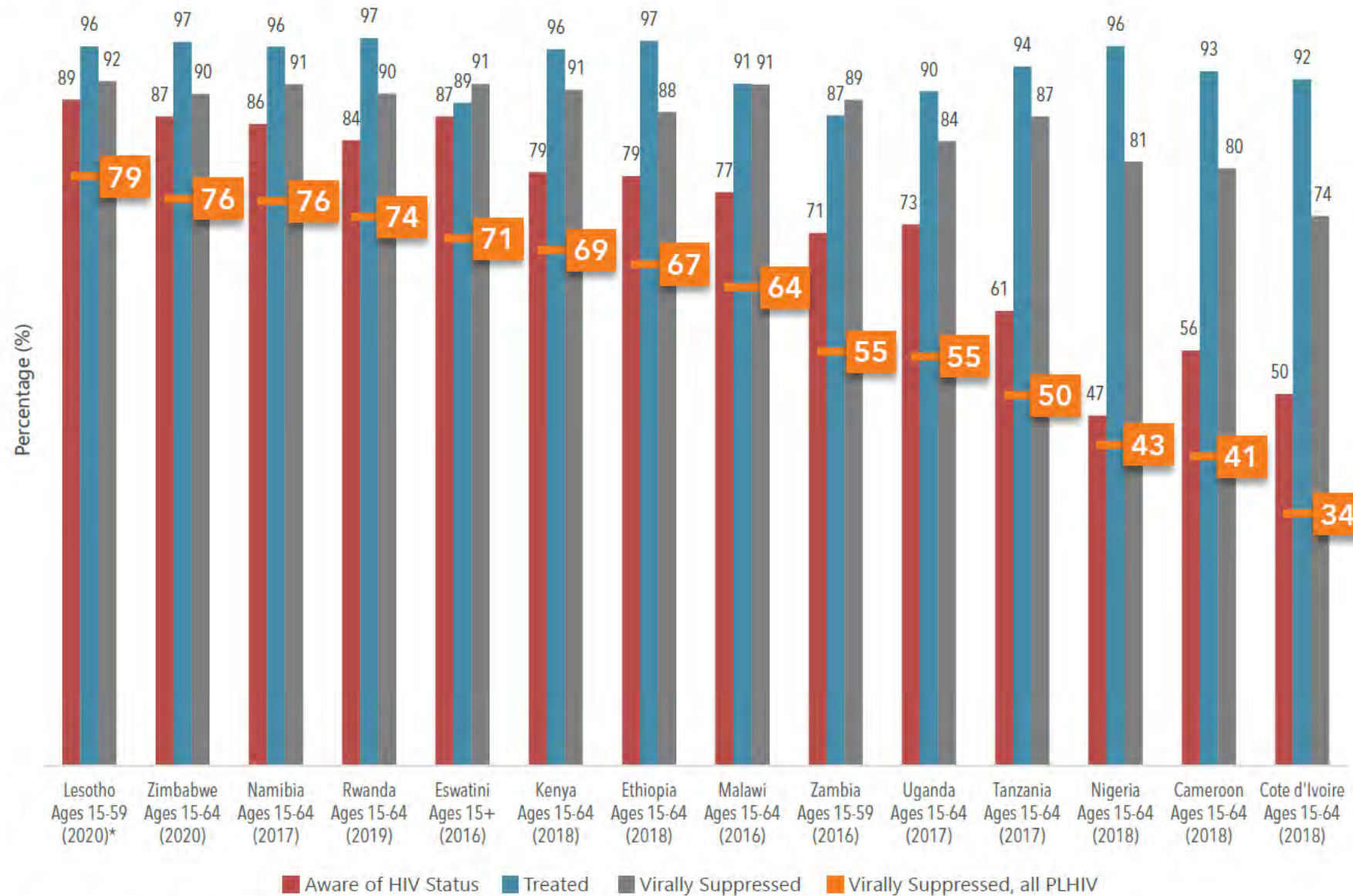
virally suppressed

72.9%  
of all  
PLHIV





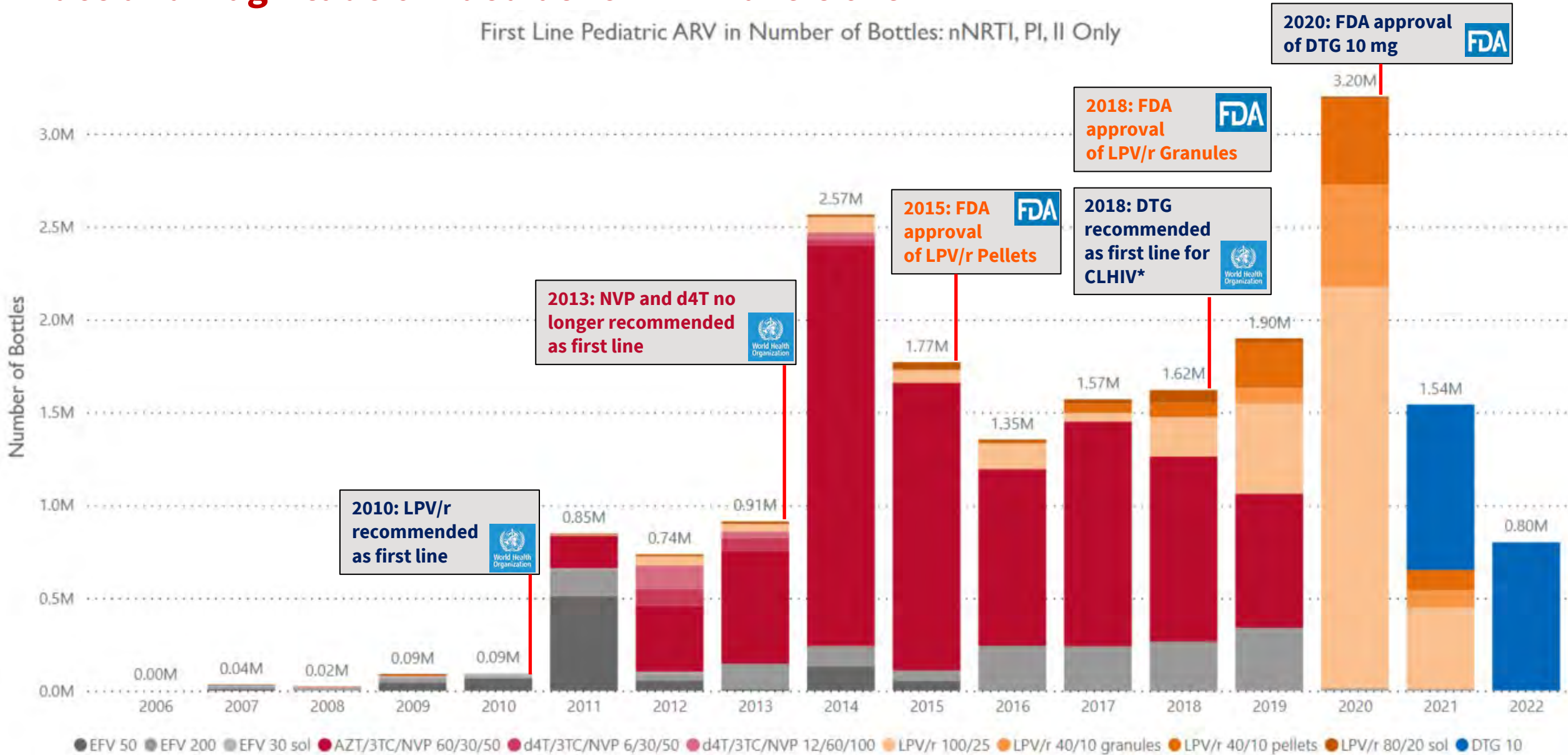
Figure 1. PEPFAR-funded PHIA – Countries Showing Achievements toward the Global HIV SDG 90/90/90 Goals



\*Lesotho results are viral load-adjusted; other countries are ARV-adjusted

# Pace and Magnitude of Paediatric ARV Transitions

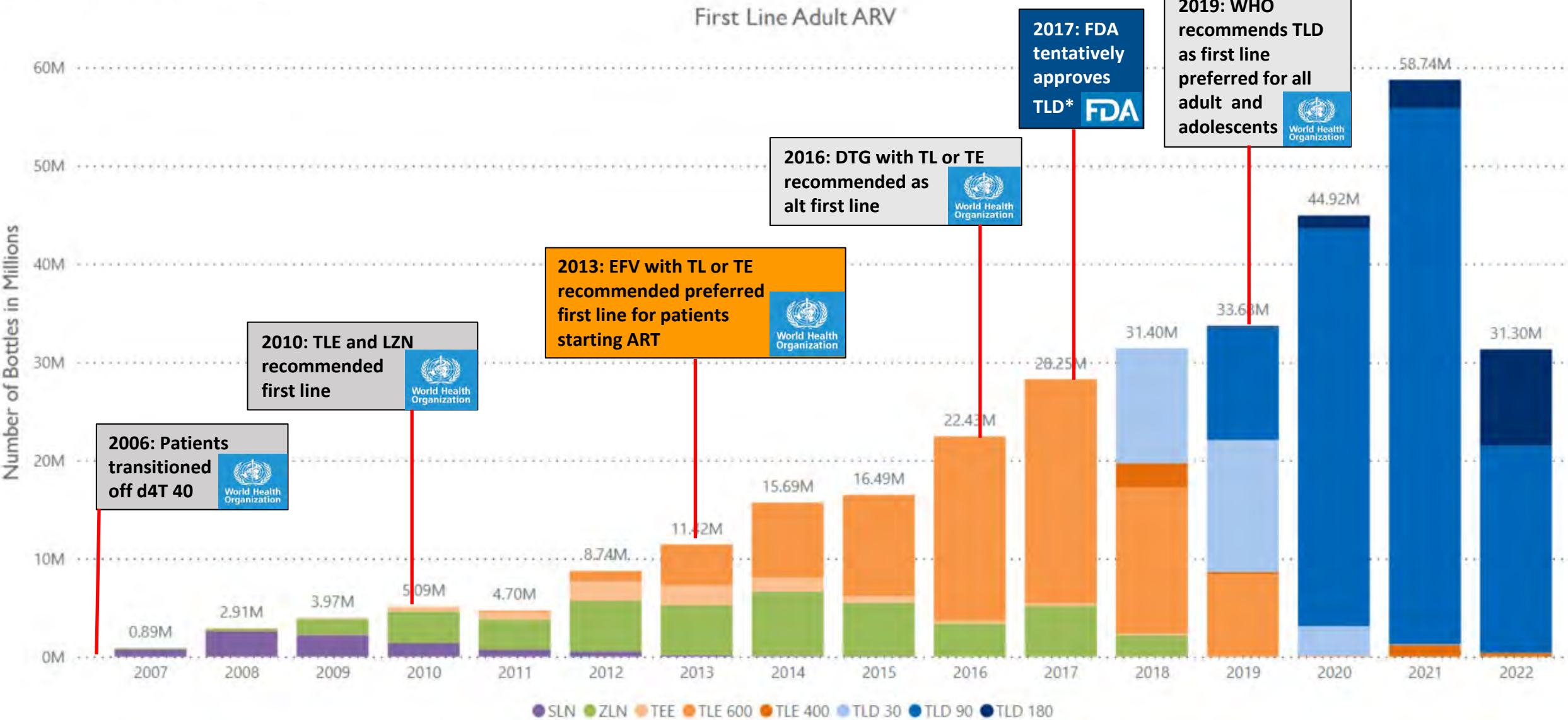
First Line Pediatric ARV in Number of Bottles: nNRTI, PI, II Only



Source: GHSC-PSM. Data current as of October 12, 2021.

# Pace and Magnitude of Adult ARV Transitions

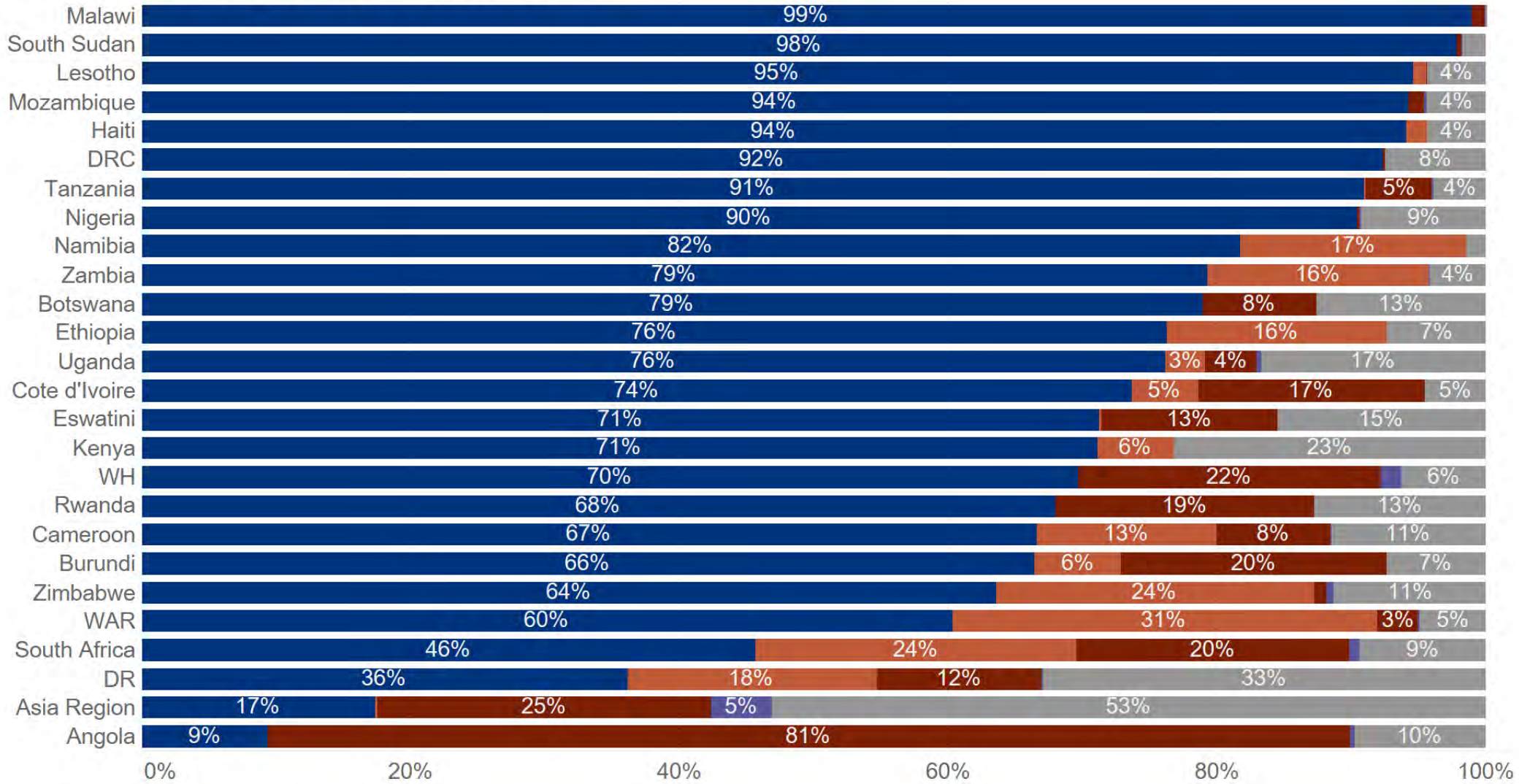
All TLD shown in TLD 30 equivalents



Source: GHSC-PSM. Data current as of October 12, 2021.

# ARV Optimization, FY21 Q2

## Adult ARVs by regimen, percent of total



SC\_ARVDISP, 30-count equivalent

- TLD
- TLE 400
- TLE 600/TEE
- NVP
- Other

Show Data by: OU

Period: FY21 Q2

Regimen View: All Regimens

Regimen Type: All

30-Count Equivalents: 30-count equivalents

Age: Adult

OU: All

Indicator: SC\_ARVDISP

Agency: All

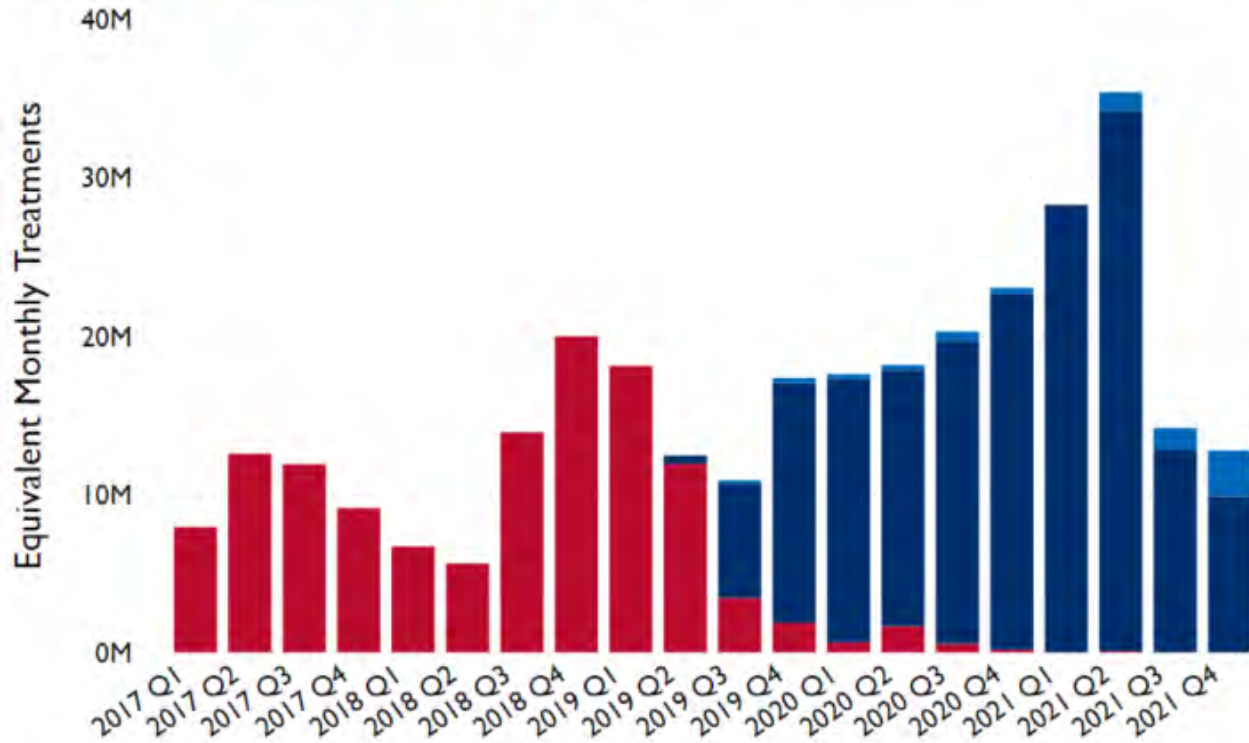
Partner: All

SNU: All

PSNU: All

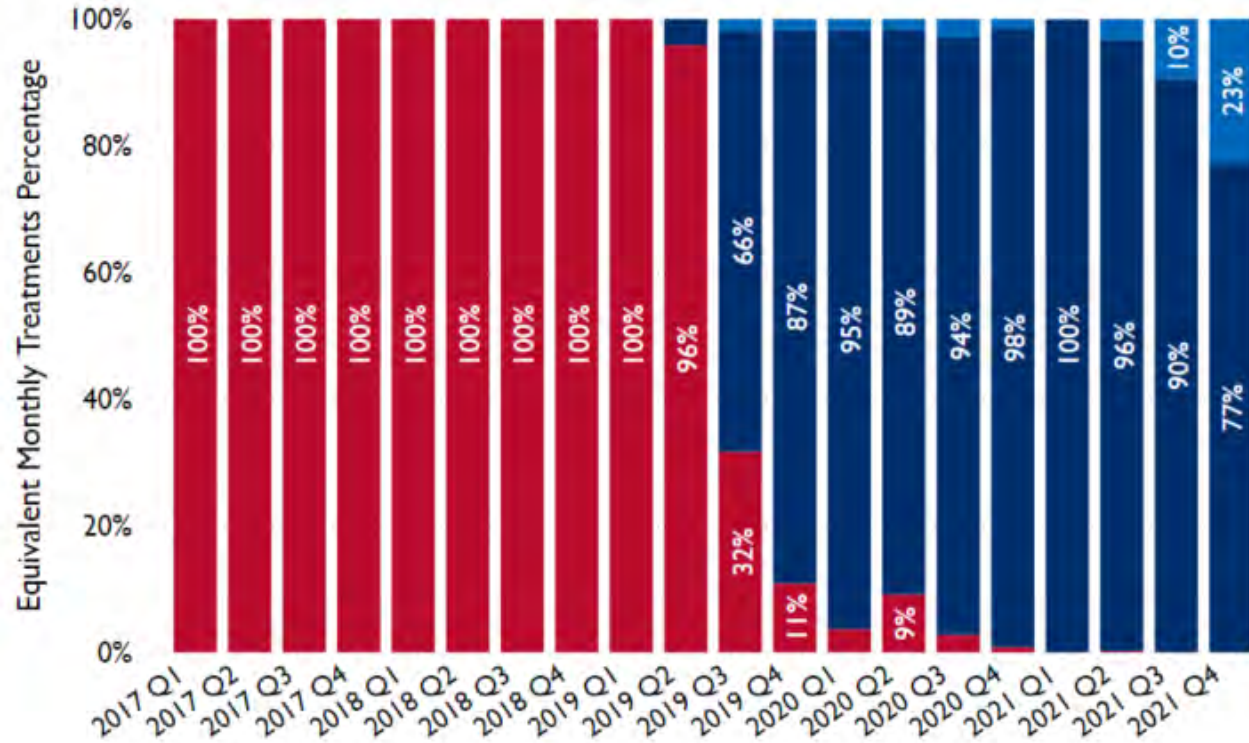
# Products Procured by PSM in Equivalent Monthly Treatments Categorized by 1, 3, + 6 Month Product Size

Product Size ● 1 month ● 3 month ● 6 month



Calendar Year, Quarter by Estimated/Actual Delivery Date

Product Size ● 1 month ● 3 month ● 6 month



Calendar Year, Quarter by Estimated/Actual Delivery Date

## Adult ARVs Included

TAF-ED: [Dolutegravir/Emitricitabine/Tenofovir AF 50/200/25 mg Tablet, 30 Tablets](#), [Dolutegravir/Emitricitabine/Tenofovir AF 50/200/25 mg Tablet, 90 Tablets](#)

TLD: [Dolutegravir/Lamivudine/Tenofovir DF 50/300/300 mg Tablet, 100 Tablets](#), [Dolutegravir/Lamivudine/Tenofovir DF 50/300/300 mg Tablet, 180 Tablets](#), [Dolutegravir/Lamivudine/Tenofovir DF 50/300/300 mg Tablet, 28 Tablets](#), [Dolutegravir/Lamivudine/Tenofovir DF 50/300/300 mg Tablet, 30 Tablets](#), [Dolutegravir/Lamivudine/Tenofovir DF 50/300/300 mg Tablet, 90 Tablets](#)

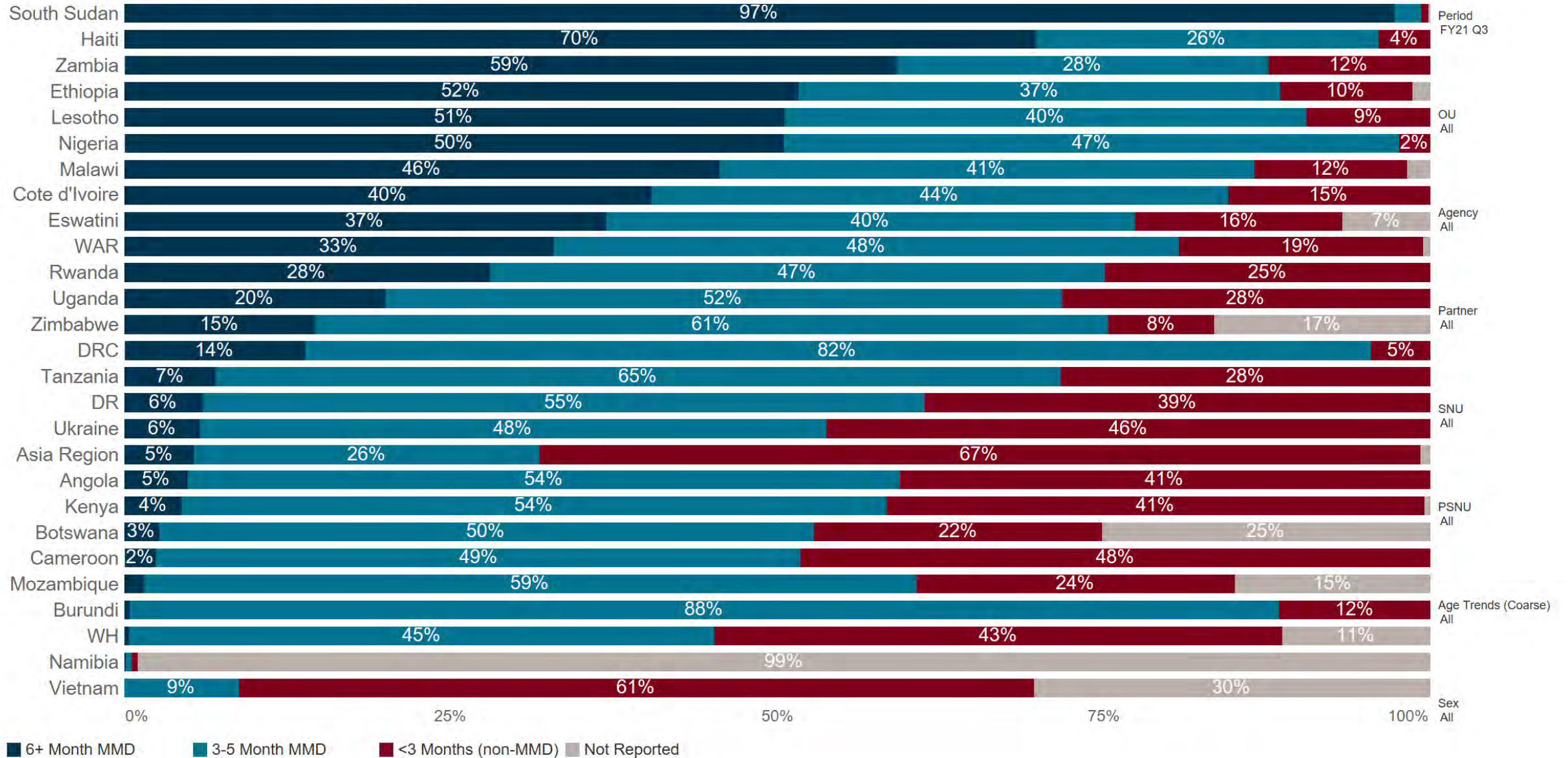
TLE: [Efavirenz/Lamivudine/Tenofovir DF 400/300/300 mg Tablet, 30 Tablets](#), [Efavirenz/Lamivudine/Tenofovir DF 400/300/300 mg Tablet, 90 Tablets](#), [Efavirenz/Lamivudine/Tenofovir DF 600/300/300 mg Tablet, 100 Tablets](#), [Efavirenz/Lamivudine/Tenofovir DF 600/300/300 mg Tablet, 30 Tablets](#), [Efavirenz/Lamivudine/Tenofovir DF 600/300/300 mg Tablet, 90 Tablets](#)

LZN: [Nevirapine/Lamivudine/Zidovudine 200/150/300 mg Tablet, 30 Tablets](#), [Nevirapine/Lamivudine/Zidovudine 200/150/300 mg Tablet, 60 Tablets](#)

# MMD Levels, FY21 Q3

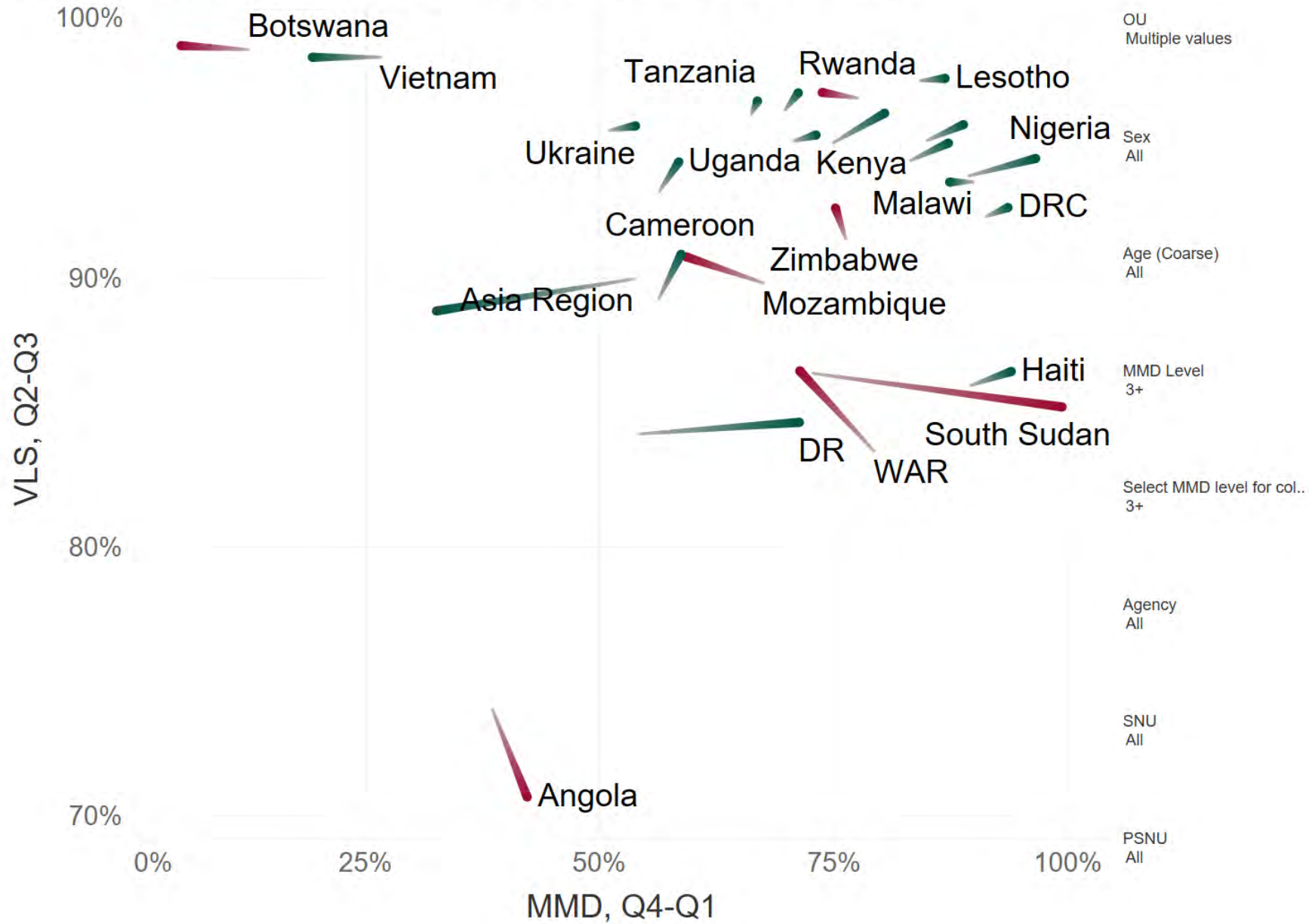
## TX\_CURR by MMD Duration

Show Data by:  
OU



# MMD and VLS Shifts

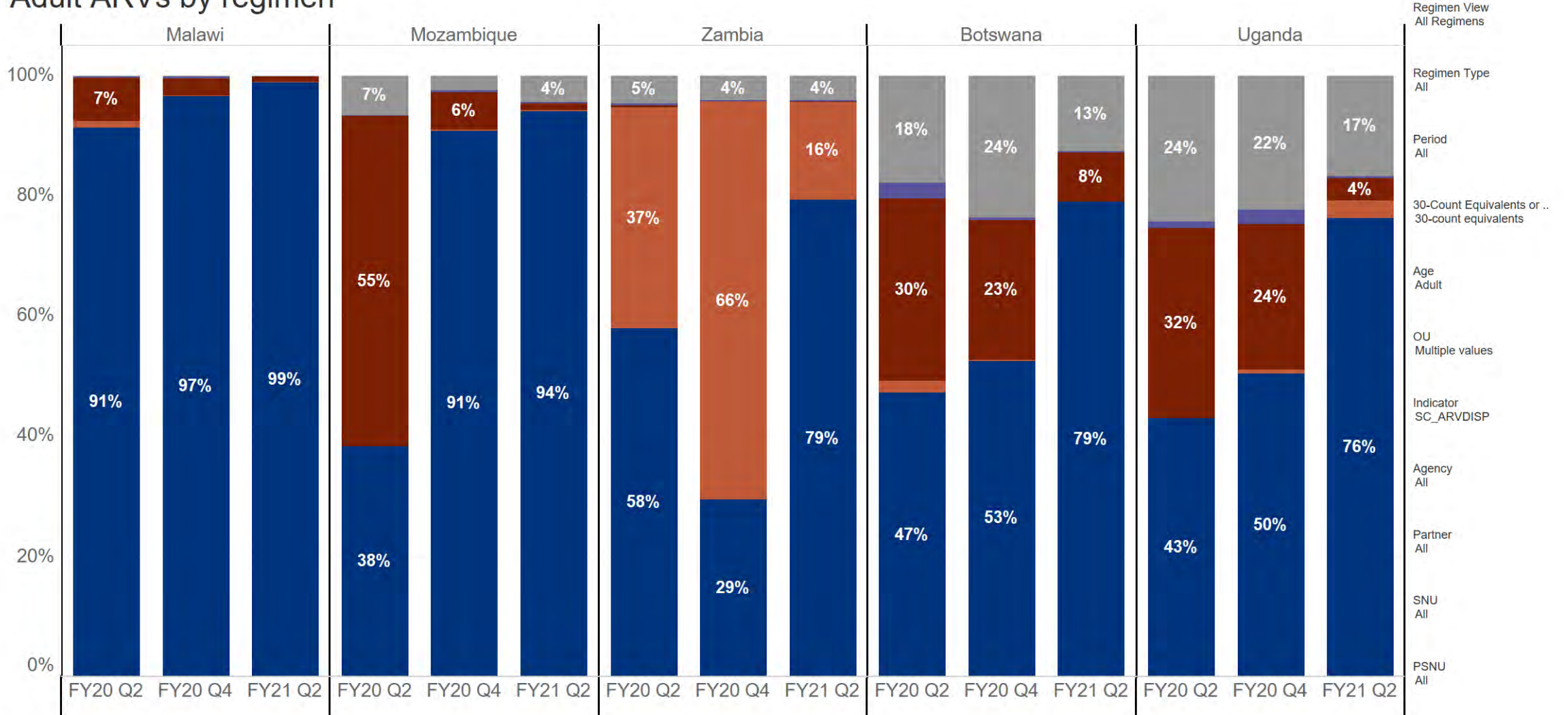
Change in Q4-Q1 MMD against Q2-Q3 VLS, FY20-FY21



# ARV Optimization Trends

## Adult ARVs by regimen

Show Data by:  
OU



SC\_ARVDISP, 30-count equivalents

Other NVP TLE 600/TEE TLE 400 TLD



# Guiding Principles for the Next Phase of PEPFAR



1. **DELIVER** inclusive people-centered HIV Px and Tx Services
2. **SUPPORT** resilient and capacitated partner country health and community systems
3. **PARTNER** for greater impact, burden sharing and sustainability

# 1. Local Procurement Service Agents



Rwanda Medical Supply



Joint Medical Stores

Medical Access  
Uganda Limited

2. Vendor Managed Solutions

3. Long acting formulations  
for prevention and  
treatment



All of these interventions will enable us to achieve 95 95 95 by 2030!



## Fast-Track Targets

by 2020

**90-90-90**

HIV treatment

**500 000**

New HIV infections or fewer

**ZERO**

Discrimination

by 2030

**95-95-95**

HIV treatment

**200 000**

New HIV infections or fewer

**ZERO**

Discrimination

**Thank you!**

# 2021 ANNUAL ARV BUYER SELLER SUMMIT

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18 MONTH CONSOLIDATED FORECAST

*Oct 2021*

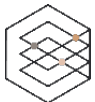


Republic of South Africa

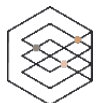
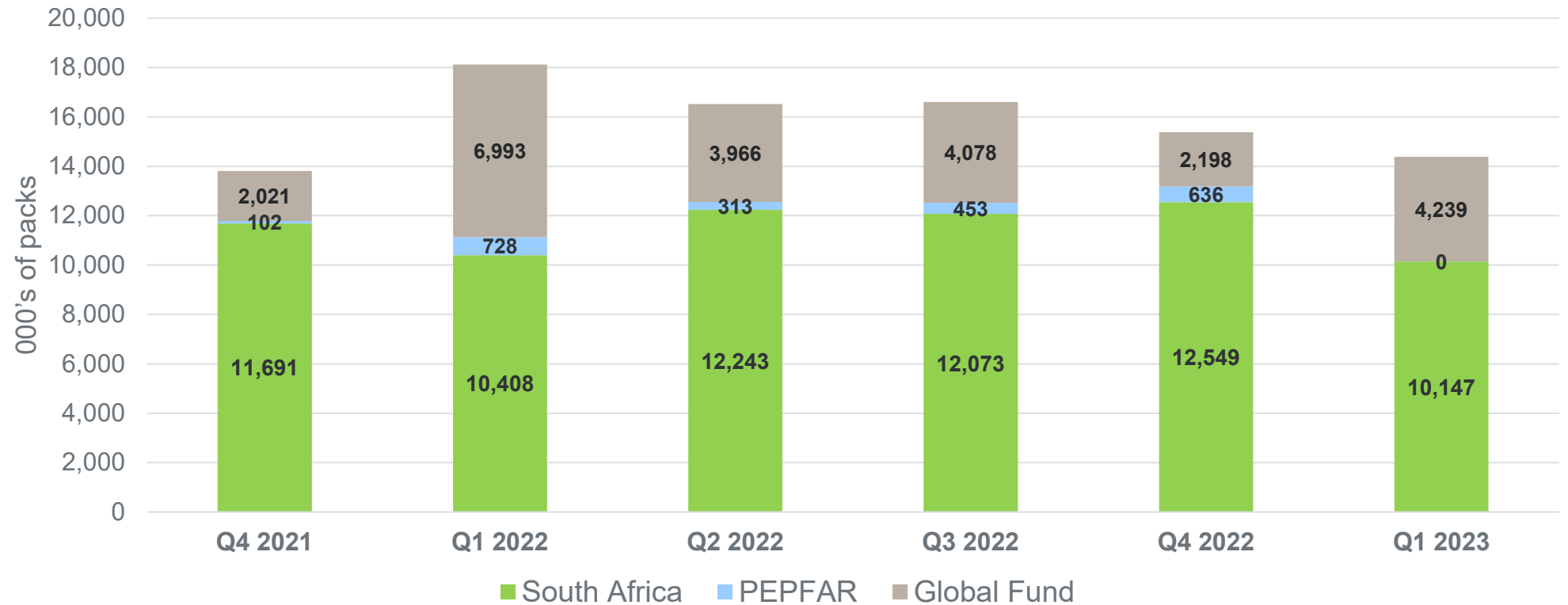
# CAVEATS AND LIMITATIONS TO THE CURRENT VERSION OF THE VISIBILITY DATA

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- **Conservative estimates** based on currently confirmed orders and firm demand
- Prepared based on **data currently available** to The Global Fund, PEPFAR, and South Africa
  - TGF forecast for Q1 2023 is a conservative estimate of current demand visibility; this is to account for any influence of the Global Fund Grant Cycle (i.e. final year of grant) versus real demand; additional volumes may materialize
  - Includes data from UNDP
- **Preliminary estimates for discussion and planning** – not final purchase commitments
  - Some country submissions used the July 2021 submission instead of the Oct 2021 submission; TBD volumes were not included
- **May not yet fully capture lead times** between order placement at manufacturer and in-country delivery
- **Tenth joint consolidated procurement forecast.** Next scheduled release is May 2022.

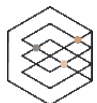
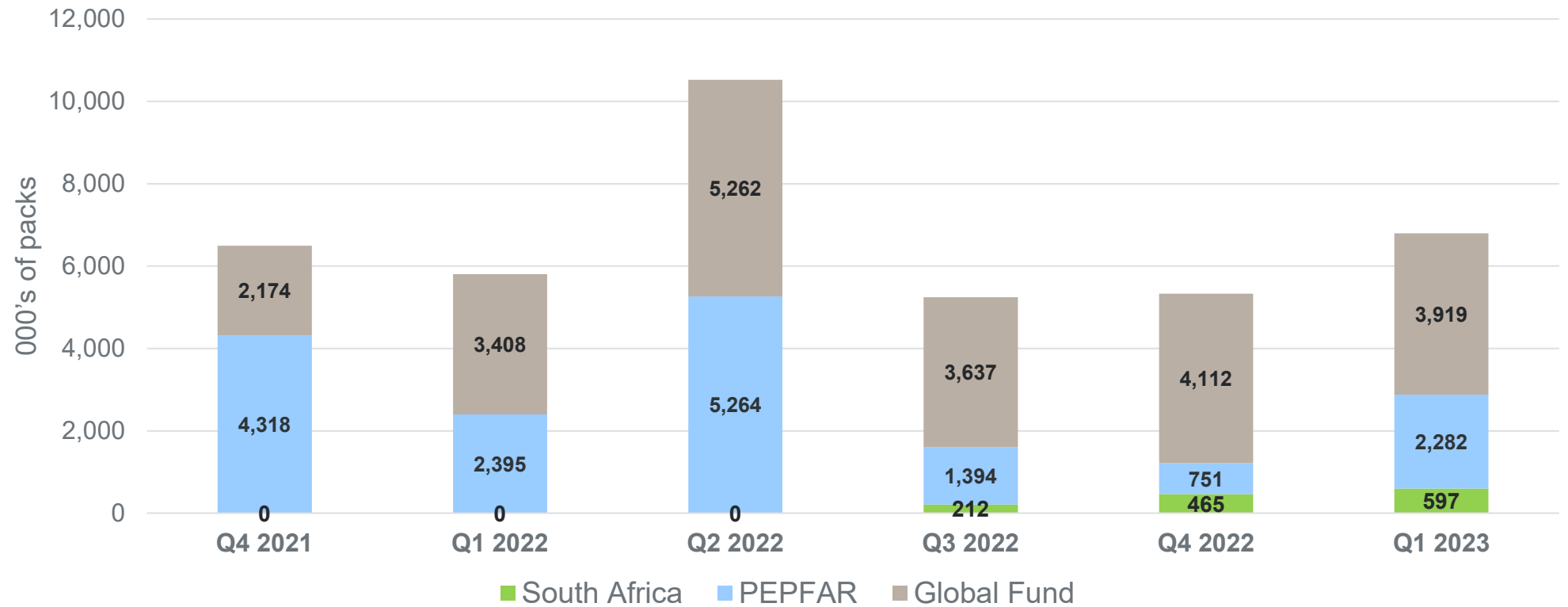


# TLD 28-30 TABLETS; SOUTH AFRICA IS THE MAIN MARKET



Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

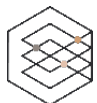
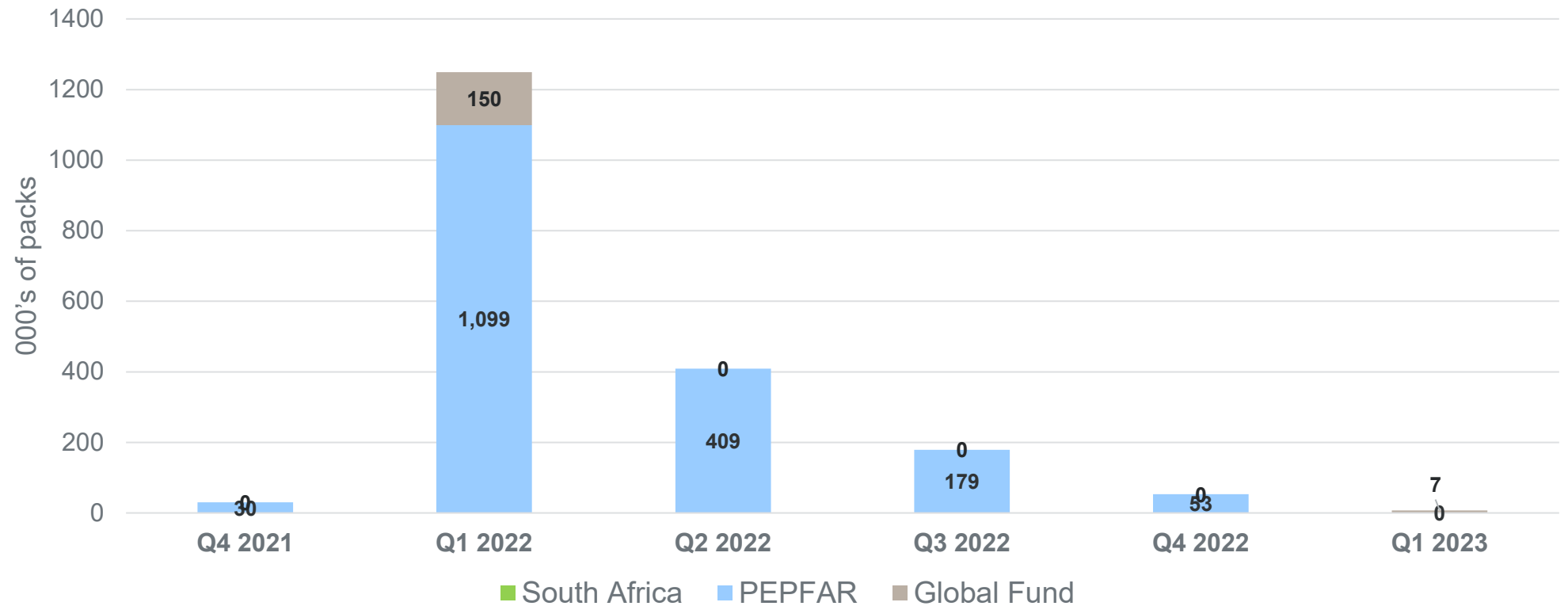
# TLD 84-90 TABLETS; HIGH DEMAND FOR Q2 2022



Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda  
Notes: SA volumes subject to 2022 tender award outcome

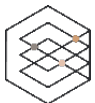
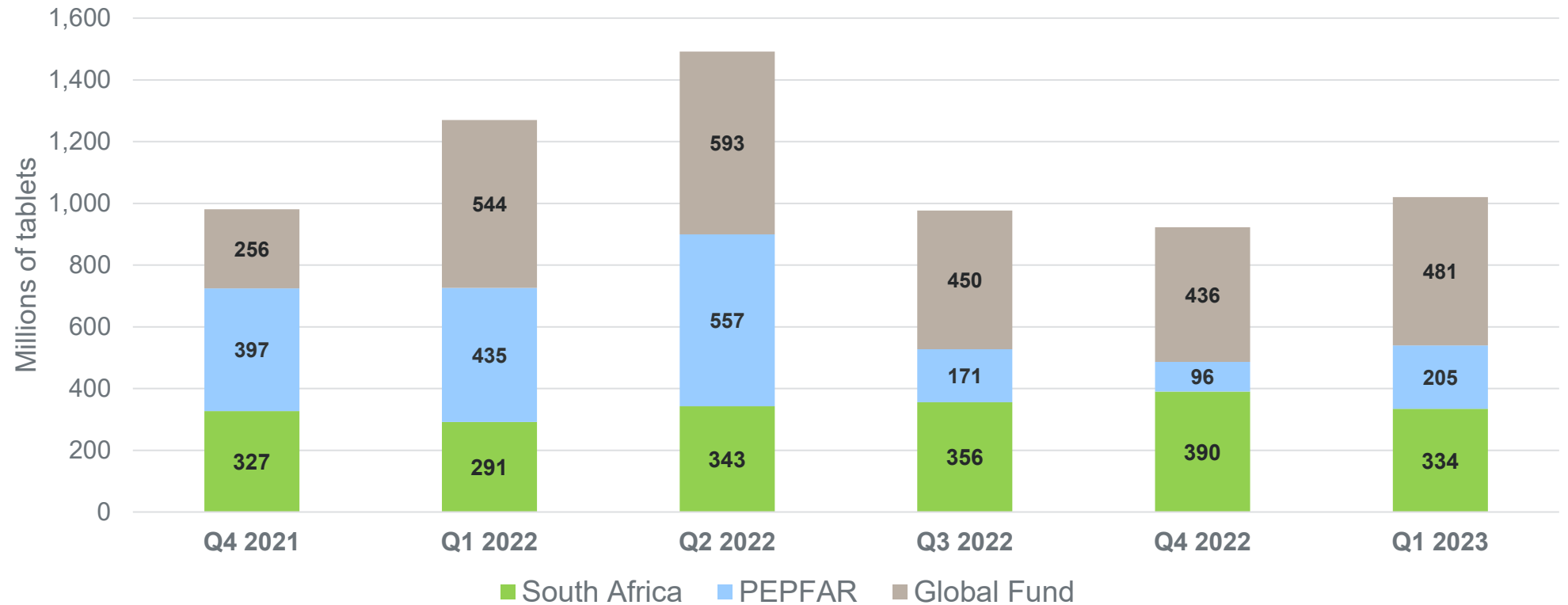


# TLD 180 TABLETS; PEPFAR DRIVING DEMAND



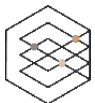
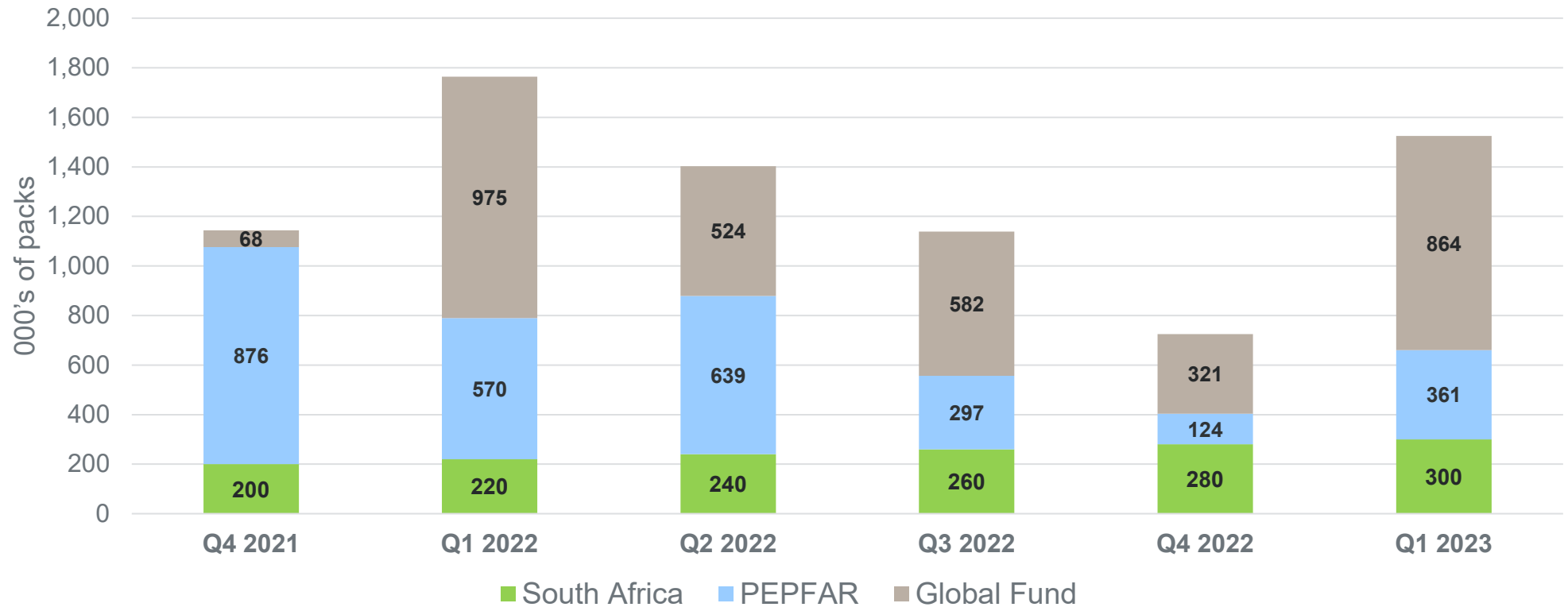
Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

# TLD TABLETS (ALL PACK SIZES)



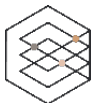
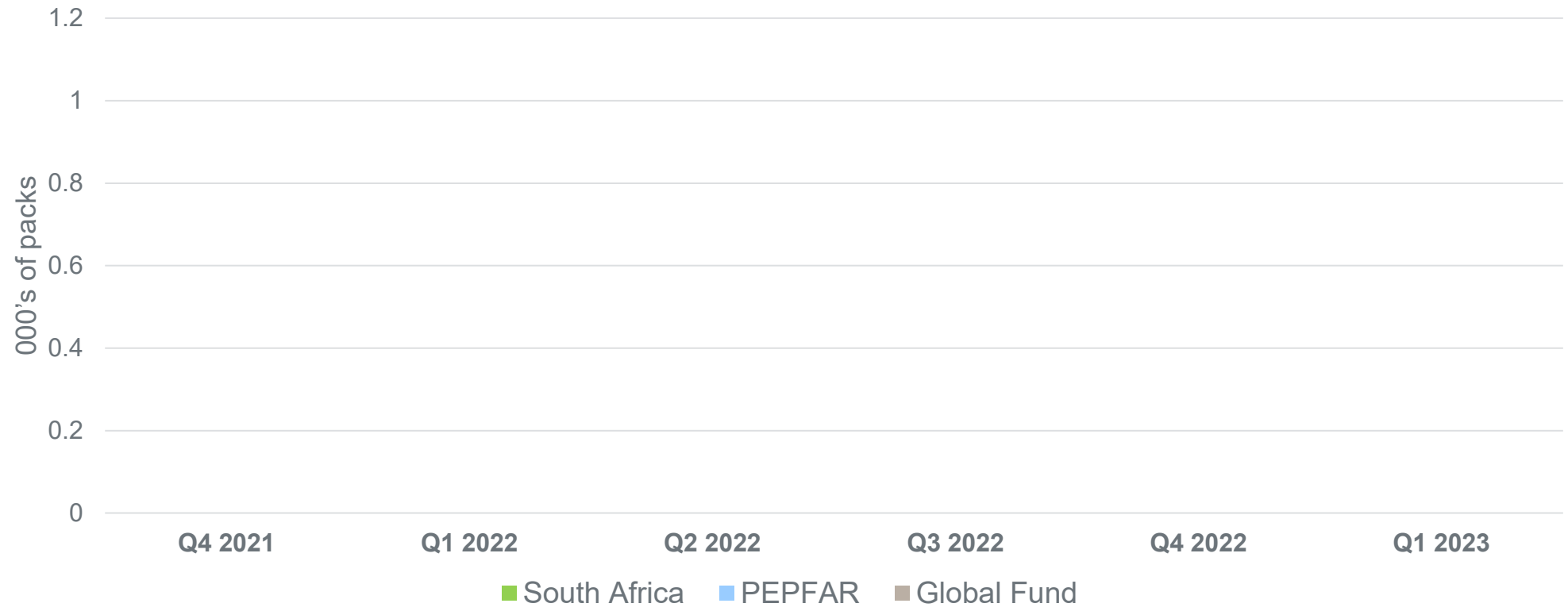
Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda  
Notes: Note the switch from packs to millions of tablets for this graph.

# DTG 50 MG, 30 TABLETS; CYCLICAL DEMAND WITH Q1 PEAKS

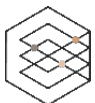
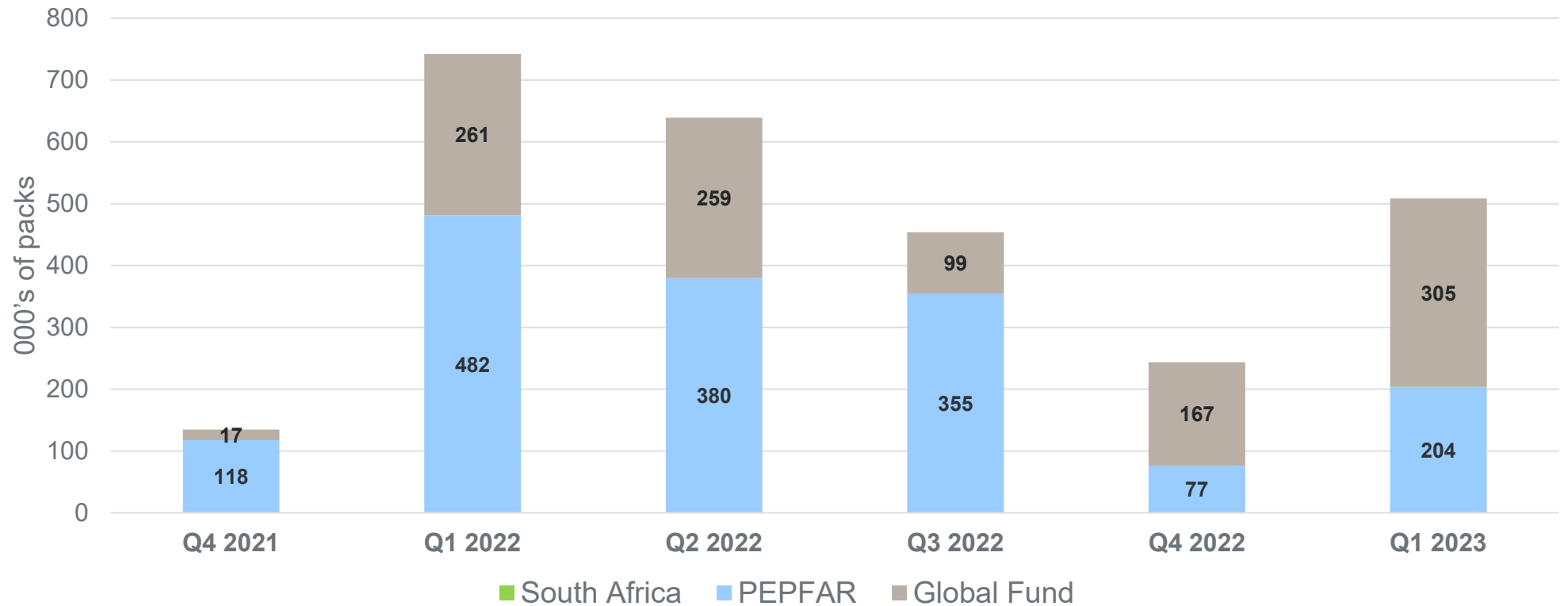


Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

# DTG 50 MG, 90 TABLETS; NO DEMAND INDICATED



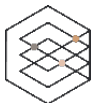
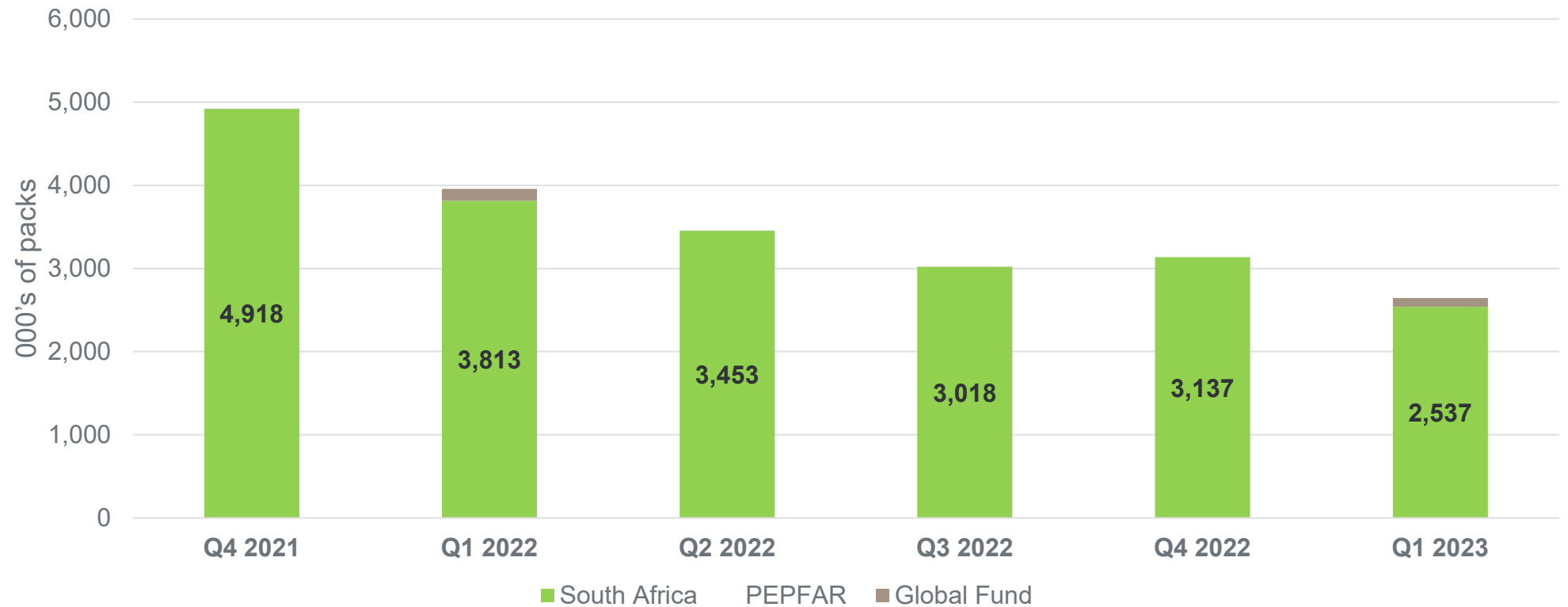
# DTG 10 MG, 90 SCORED, DISPERSIBLE TABLETS



Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

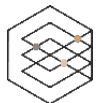
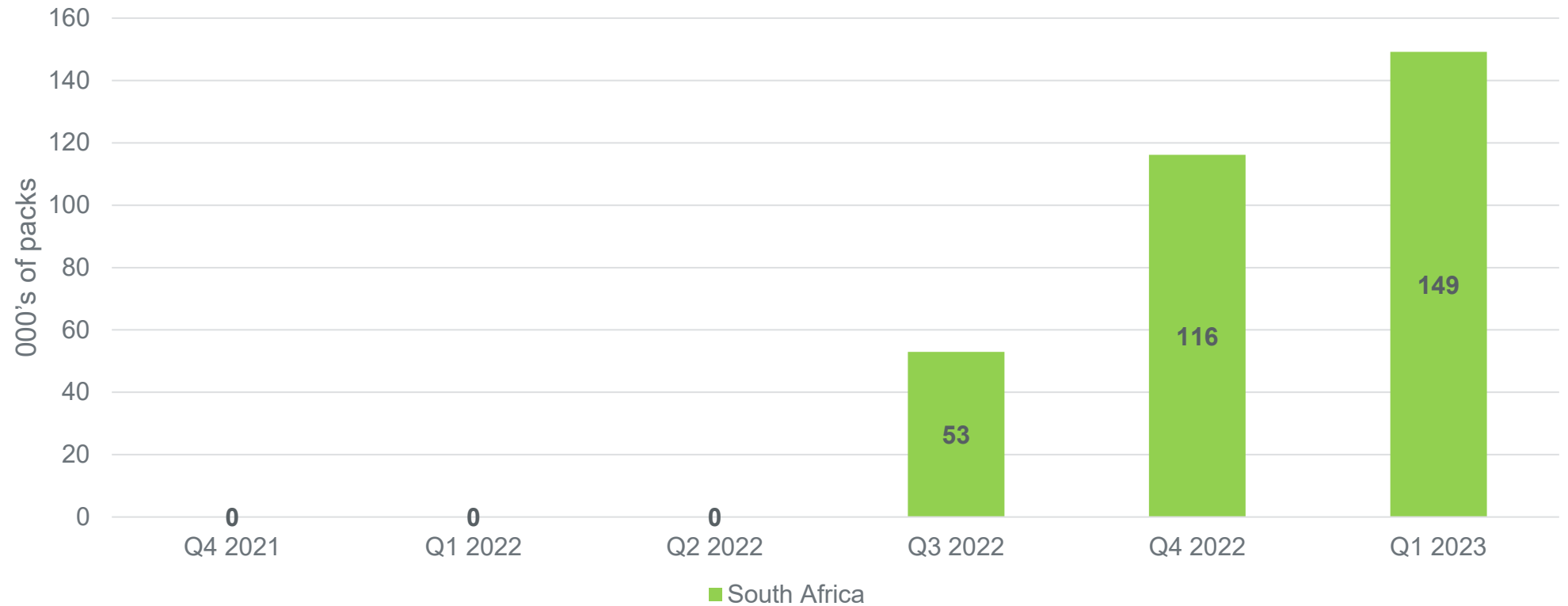
Notes: TGF forecast for DTG10 is based on an anticipated shift in demand from paediatric LPV/r (pellets, granules, and tablets) – which is not yet in grant planning documents

# TEE/TLE 600 MG, 28 TABLETS; SOUTH AFRICA IS THE MAIN MARKET



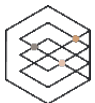
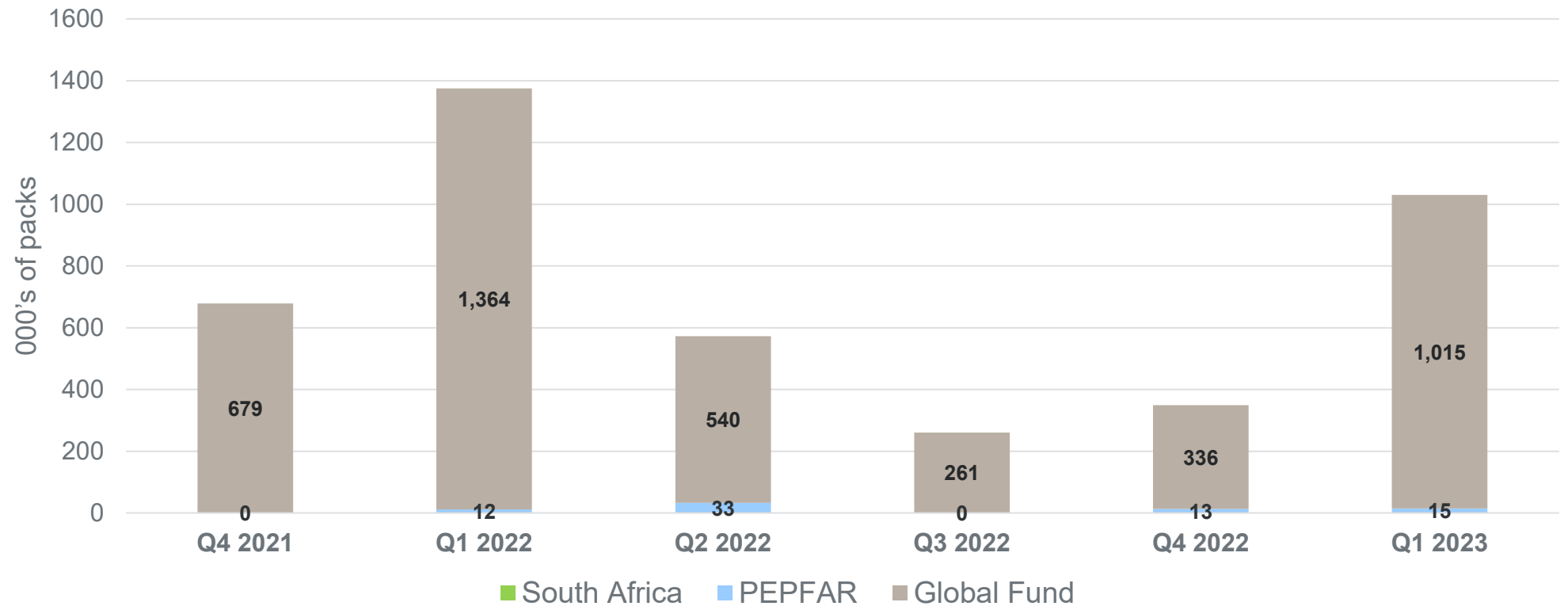
Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

# TEE 600 MG, 84-90 TABLETS; SOME DEMAND EXPECTED IN SOUTH AFRICA IN THE NEW TENDER



Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

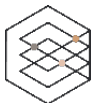
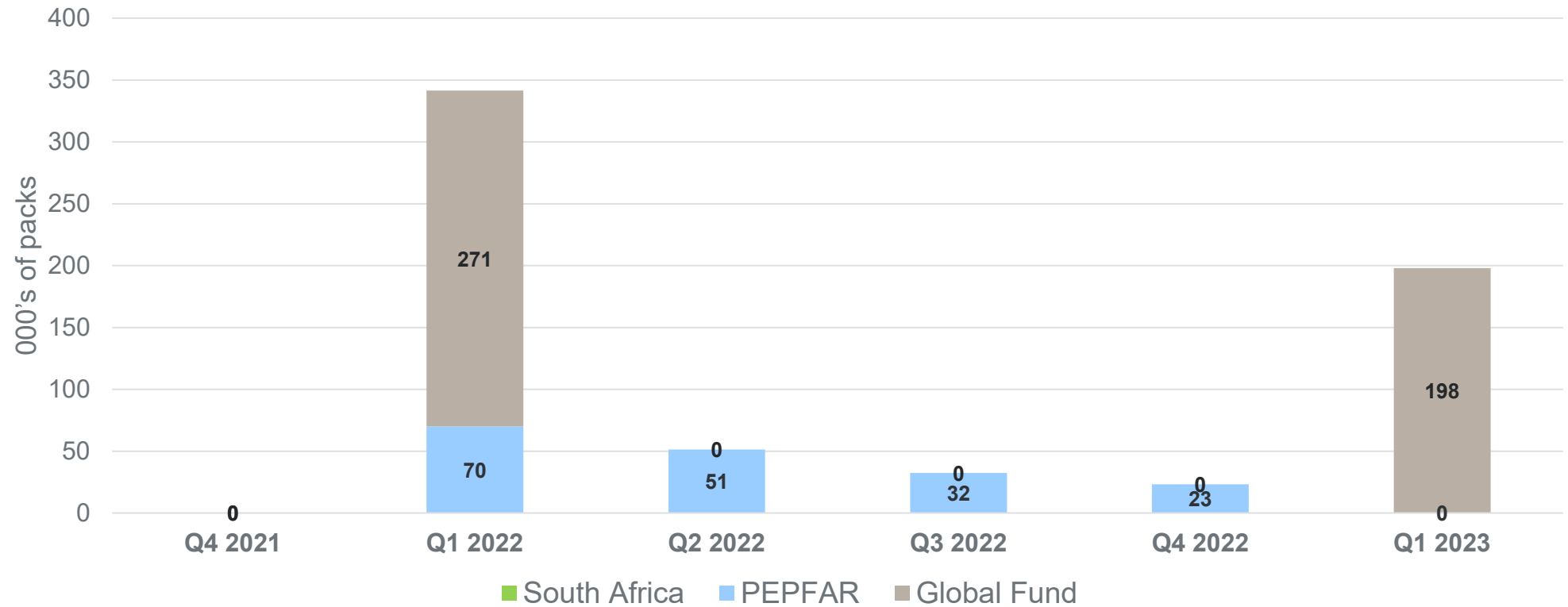
# TLE 400 MG, 30 TABLETS; GLOBAL FUND IS THE MAIN DRIVER



Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

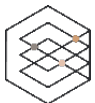
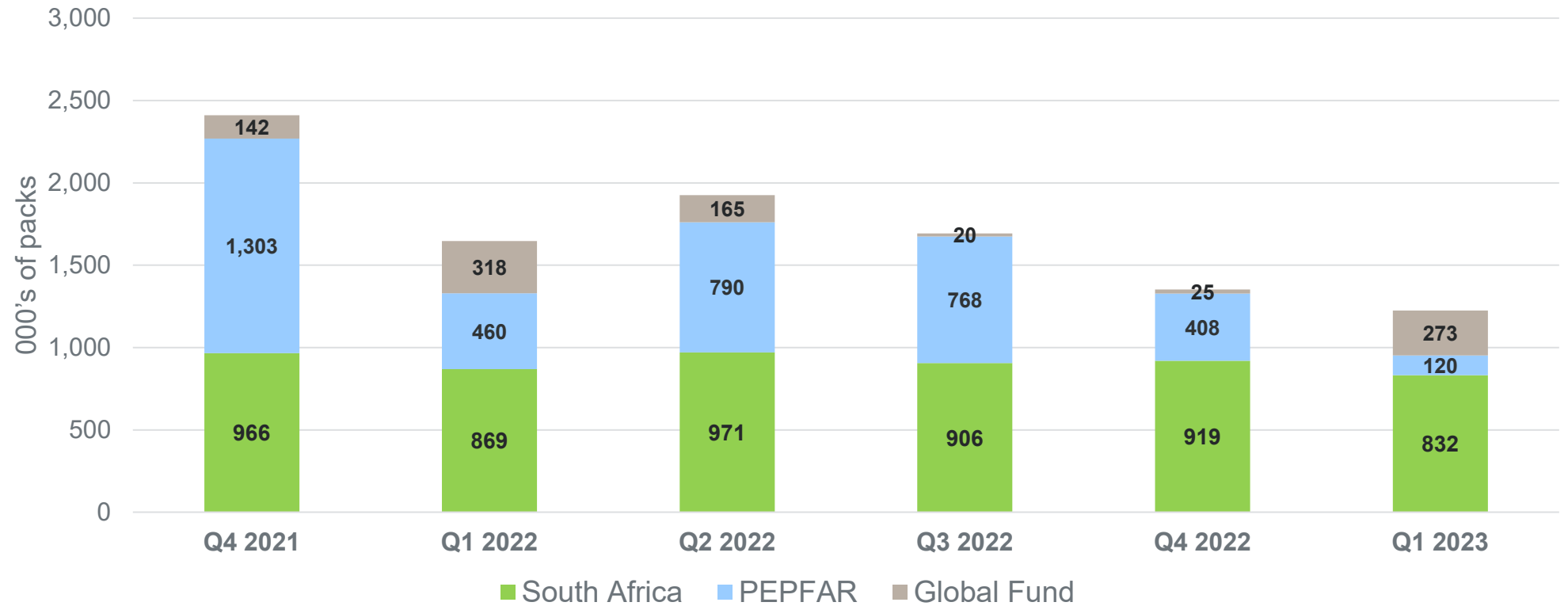


# TLE 400 MG, 90 TABLETS; LARGE CYCLICAL Q1 DEMAND INDICATED



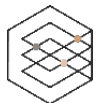
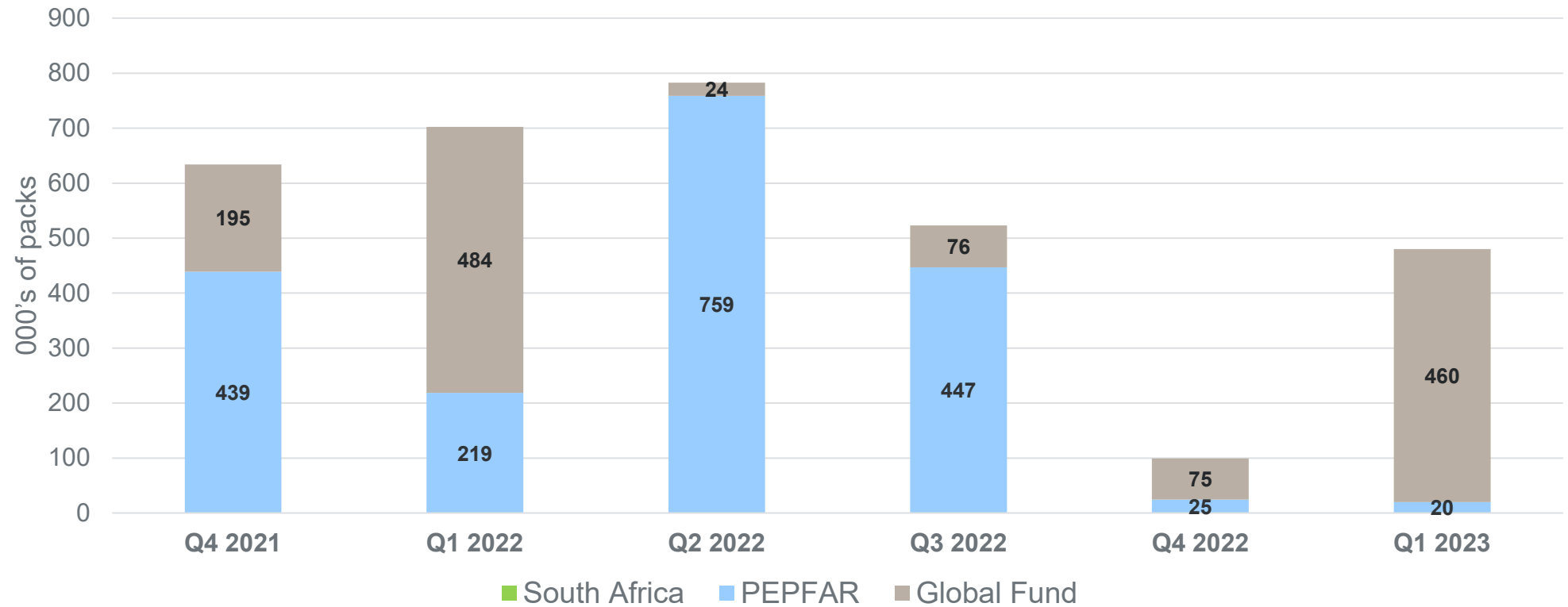
Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

# TDF/FTC 300/200 MG, 30 TABLETS



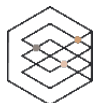
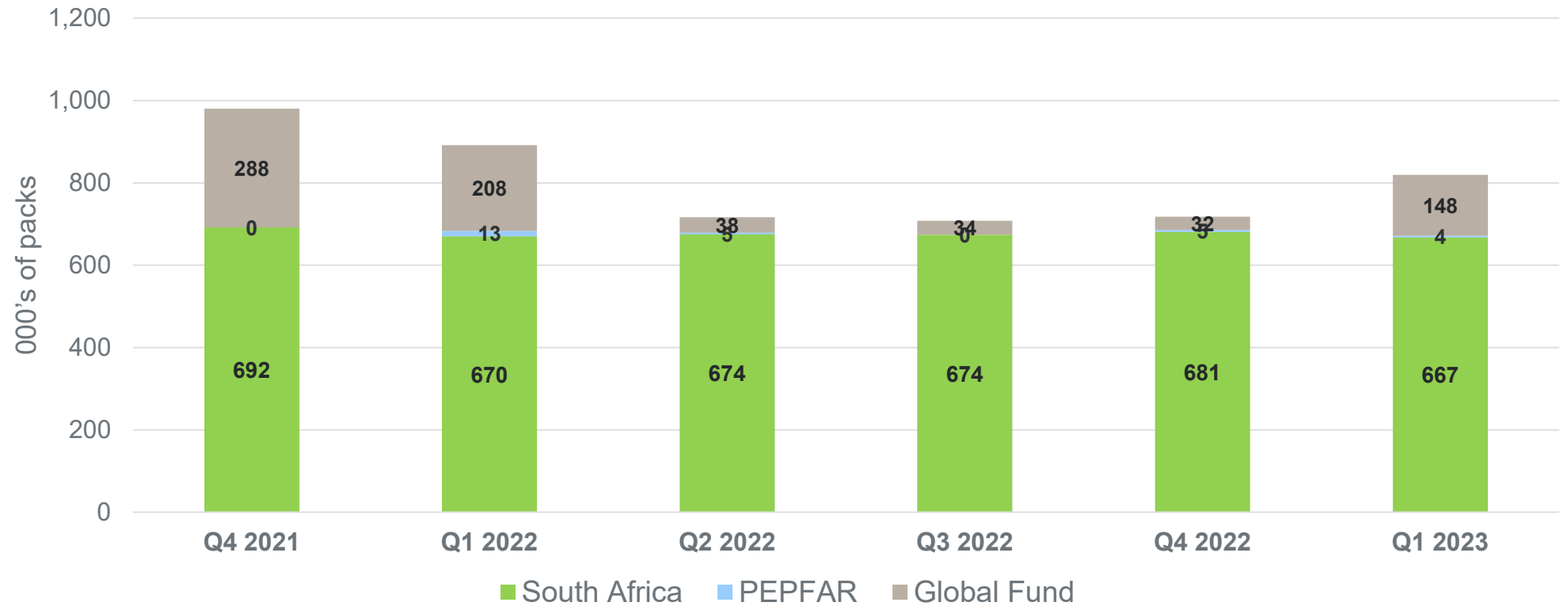
Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

# TDF/3TC 300/300 MG, 30 TABLETS; DEMAND DROPS OFF LATER IN PLAN



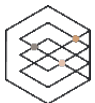
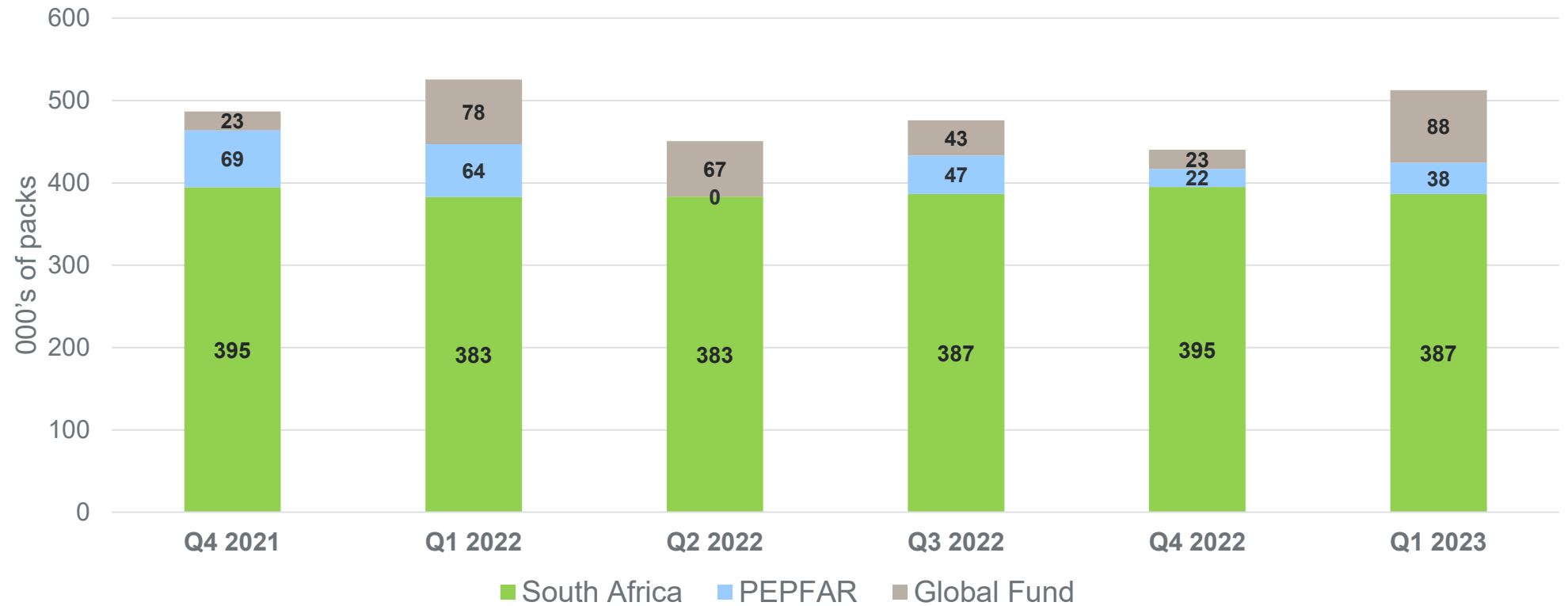
Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

# LPV/r 200/50 MG, 112-120 TABLETS



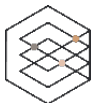
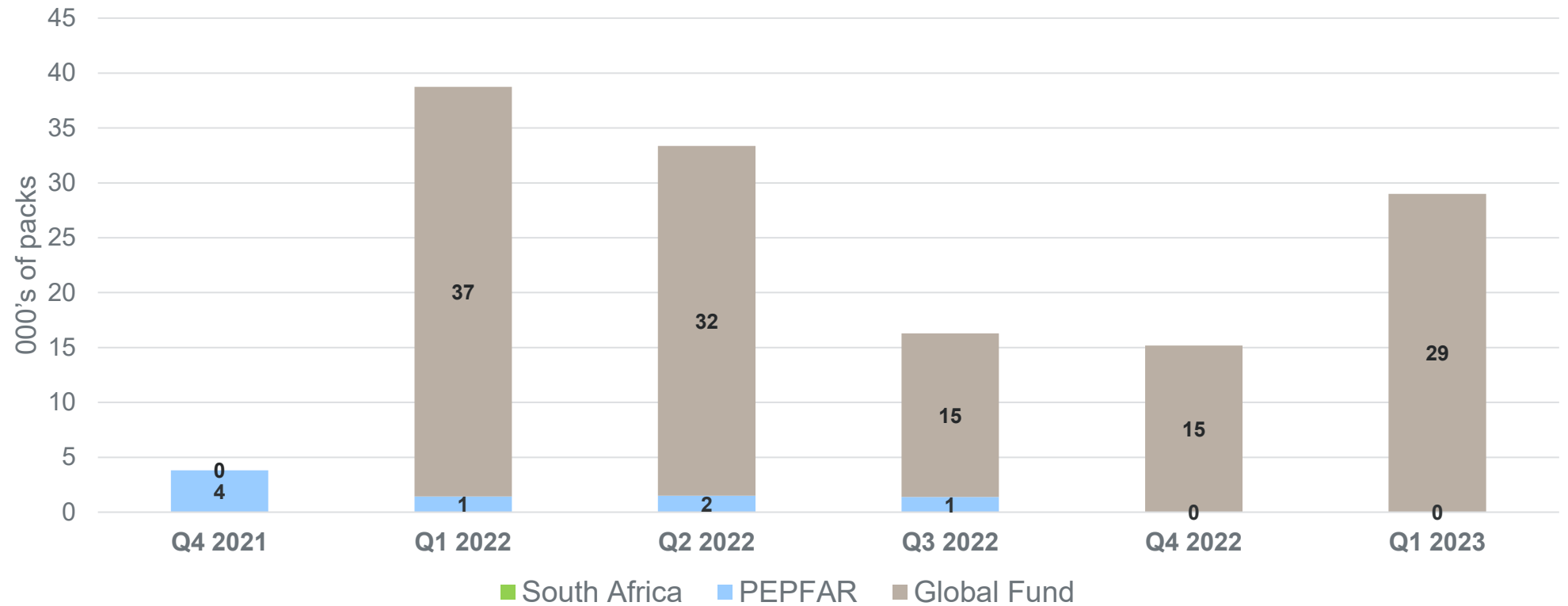
Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

# LPV/r 100/25 MG, 56-60 TABLETS



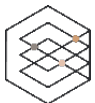
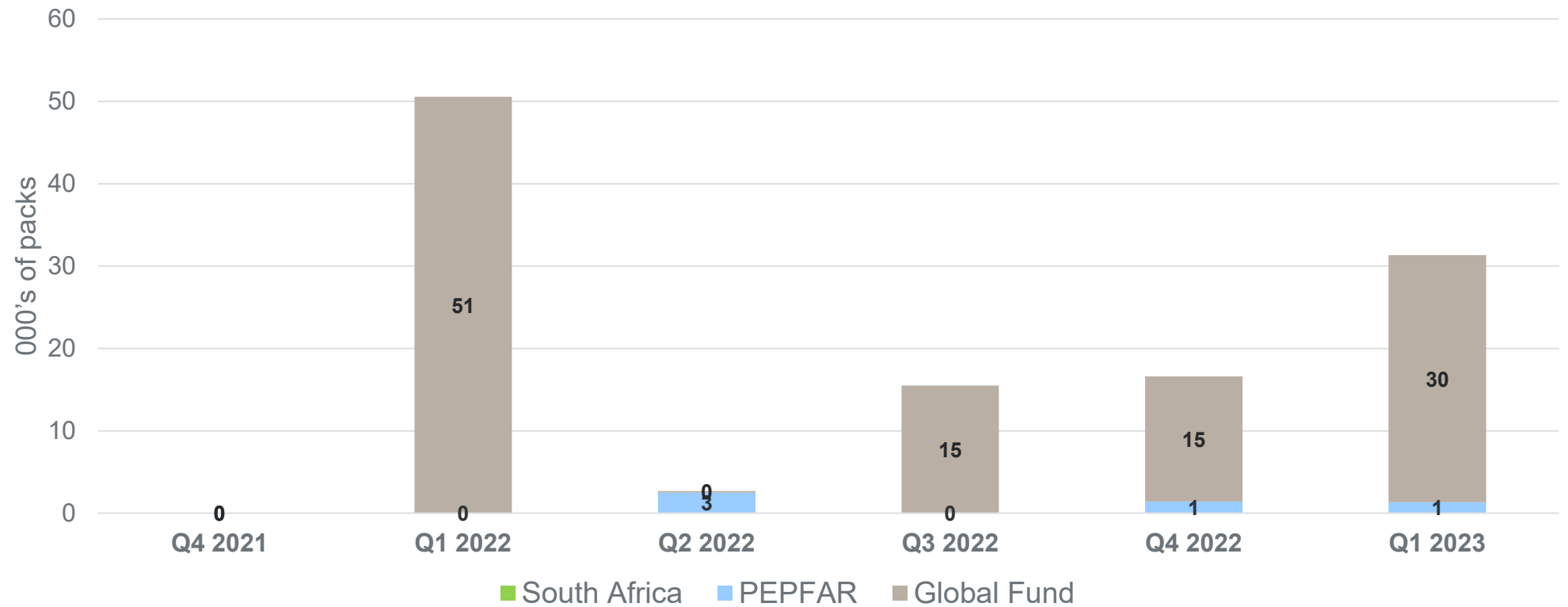
Source: Submissions from PEPFAR, Global Fund, South Africa, Ethiopia, Uganda  
Notes:

# LPV/r 40/10 MG ORAL GRANULES, 120 SACHETS



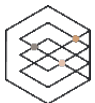
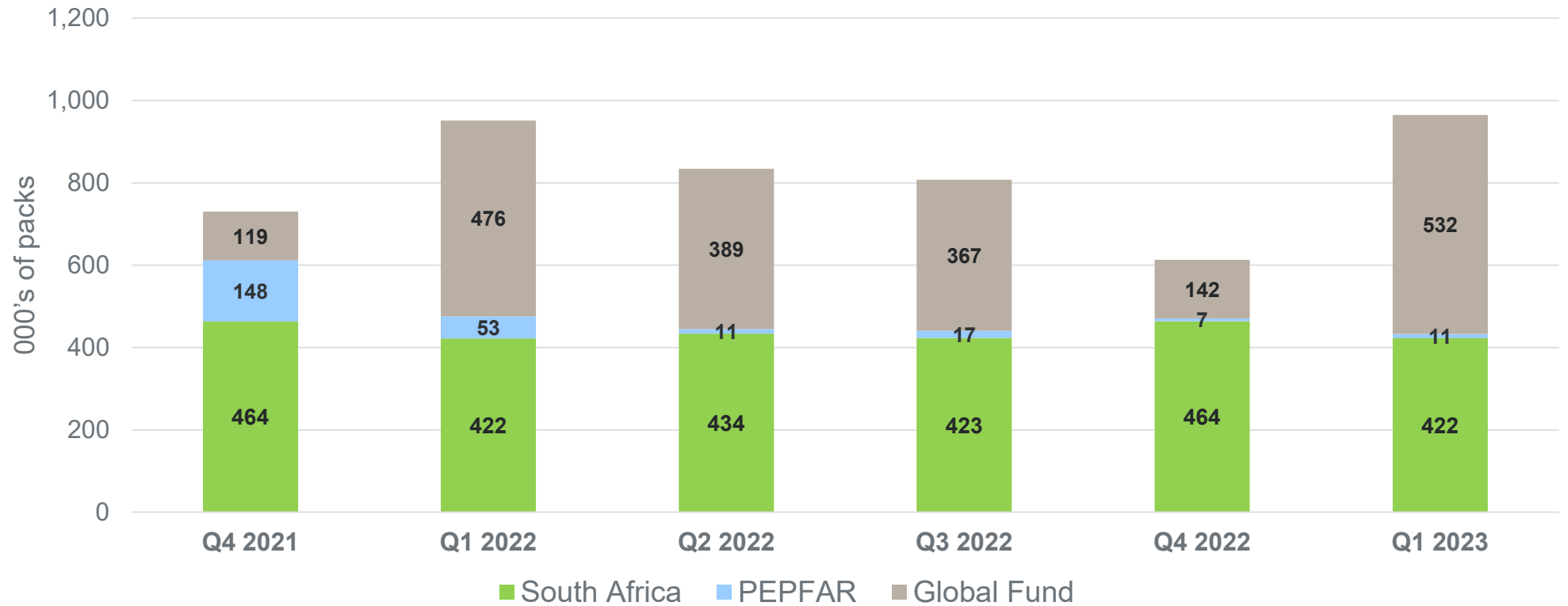
Source: Submissions from PEPFAR, Global Fund, South Africa, Ethiopia, Uganda  
Notes:

# LPV/r 40/10 MG ORAL PELLETS, 120 CAPSULES



Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

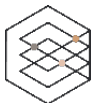
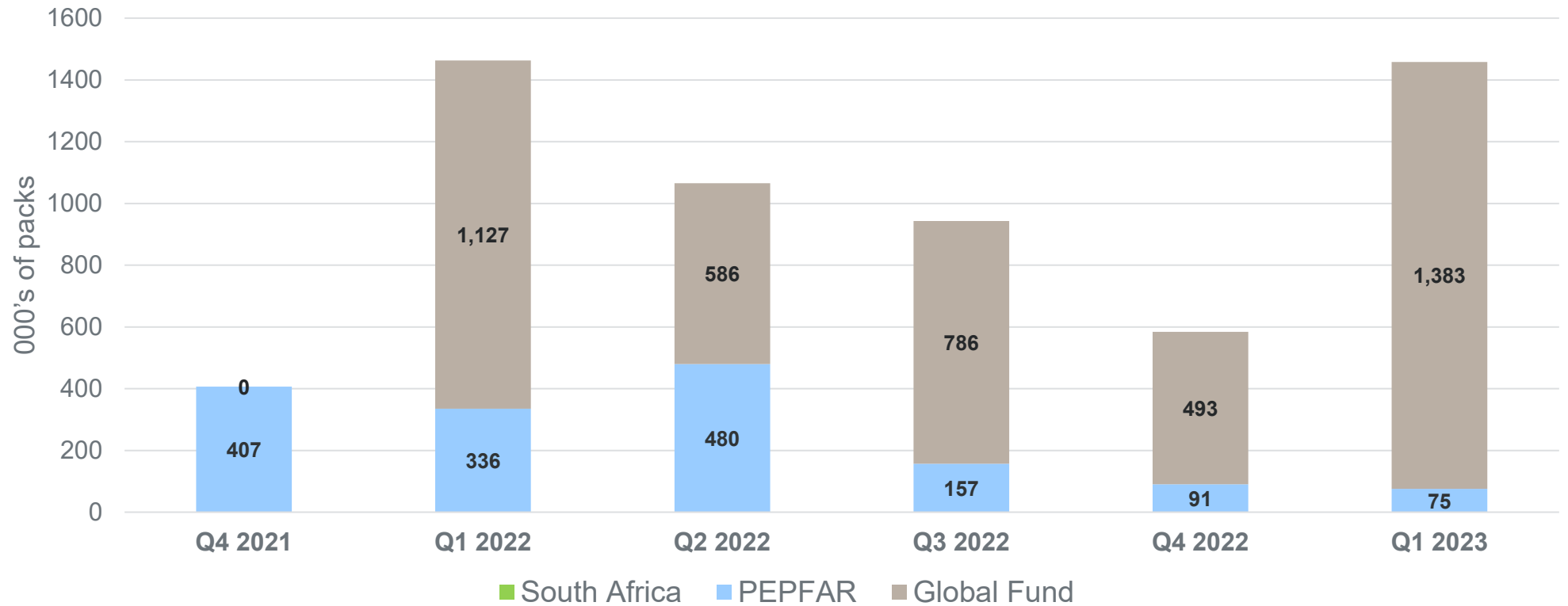
# ABC/3TC 600/300 MG, 30 TABLETS



Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

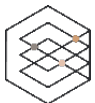
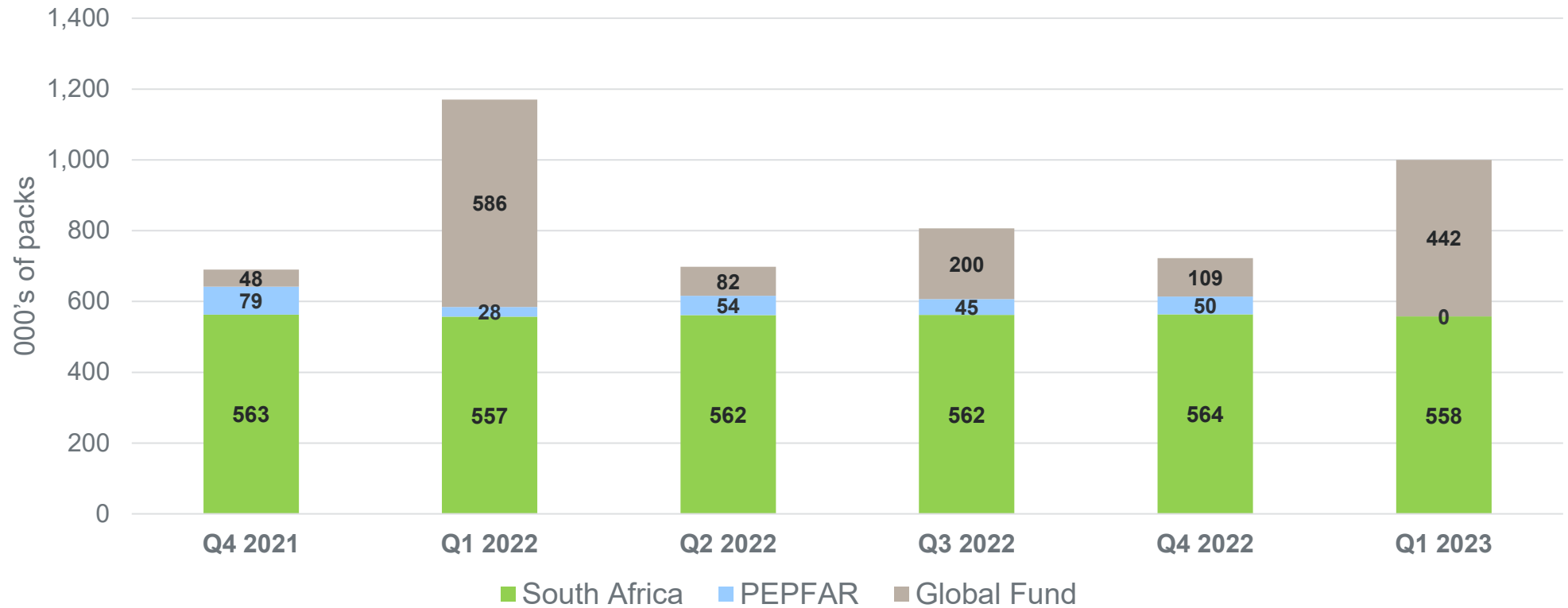


# ABC/3TC 120/60 MG, DISPERSIBLE 30 TABLETS



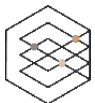
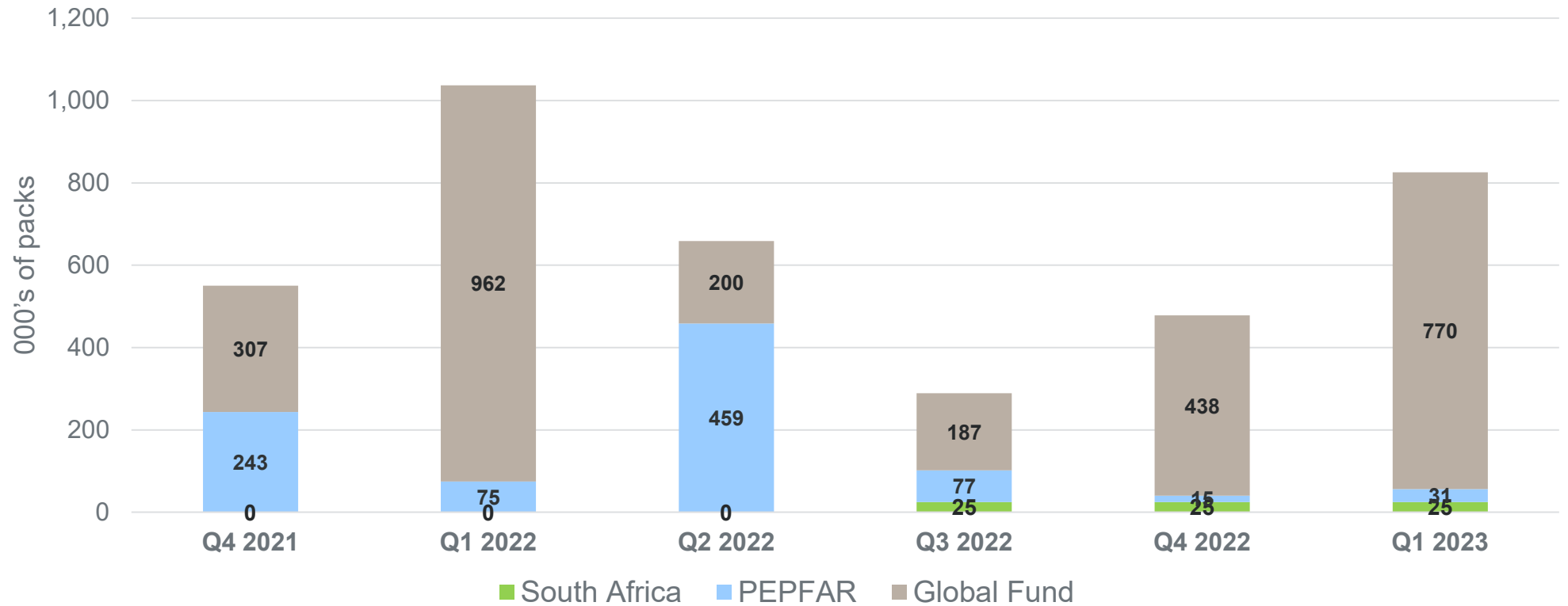
Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

# AZT/3TC 300/150 MG, 56-60 TABLETS



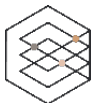
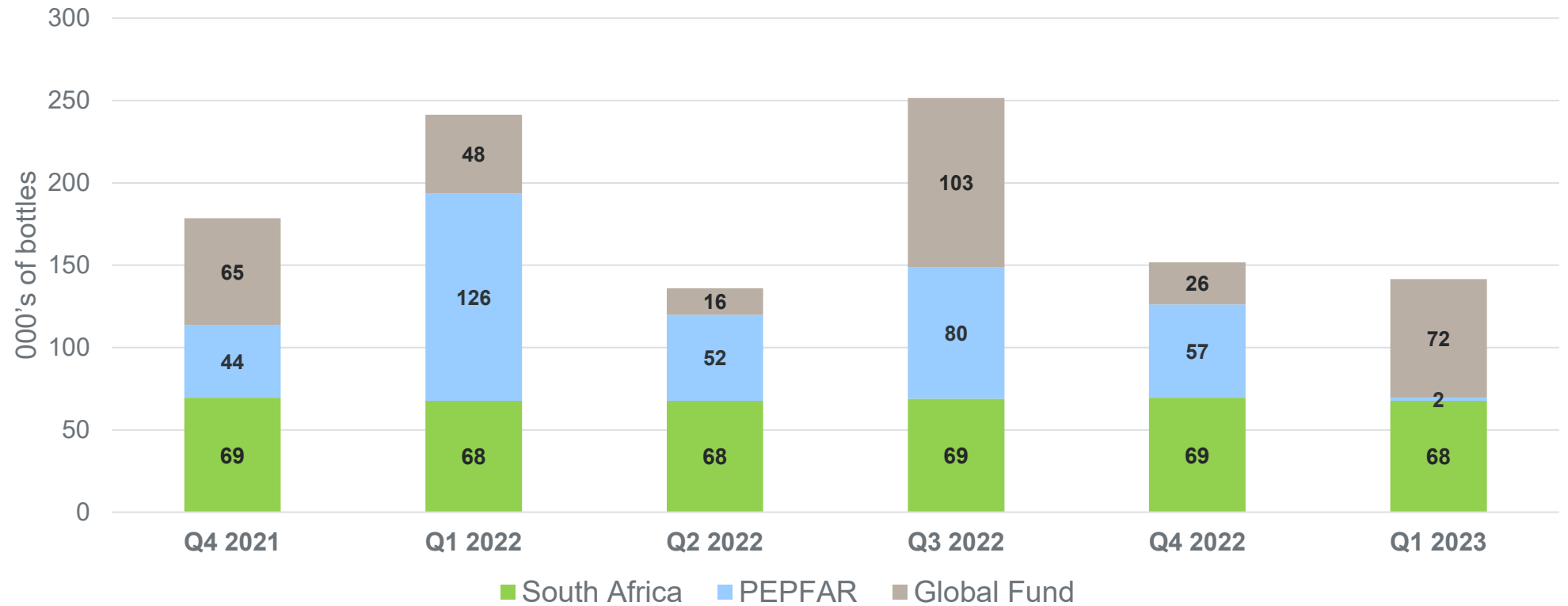
Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

# ATV/r 300/100 MG, 30 TABLETS



Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda

# NEVIRAPINE 10 MG/ML ORAL SUSPENSION, 100 ML



Source: Submissions from GHSC-PSM, Global Fund, South Africa, Ethiopia, Uganda



ጤና ሚኒስቴር - ኢትዮጵያ  
MINISTRY OF HEALTH-ETHIOPIA

የዚያች ጤና ለሃገር ብልጽግና!  
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

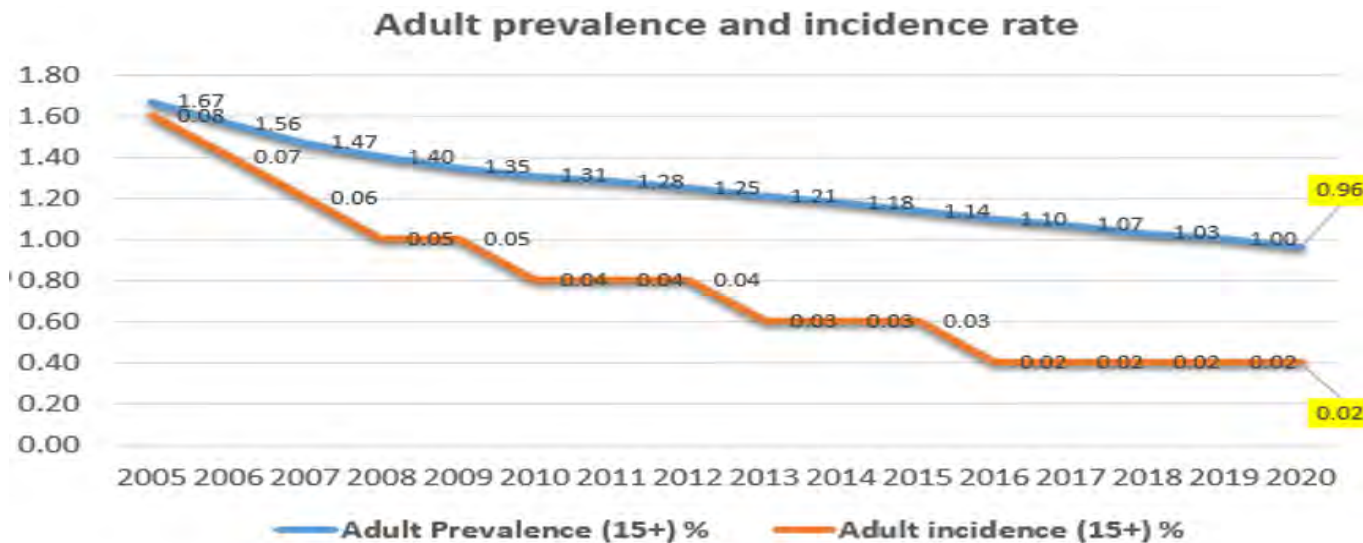


## Annual ARV Buyer and Seller Summit

# Ethiopia's update on HIV Program and ARVs Procurement

# Country HIV/AIDS Program Update

- Ethiopia is a Federal State having ten regional states and two City Administrations
- In 2021, total projected population: **102,998,001 (CSA Projection)**
- Annual New infections estimate in 2021 – **10,943**
- Annual AIDS related deaths in 2021 - **11,673**

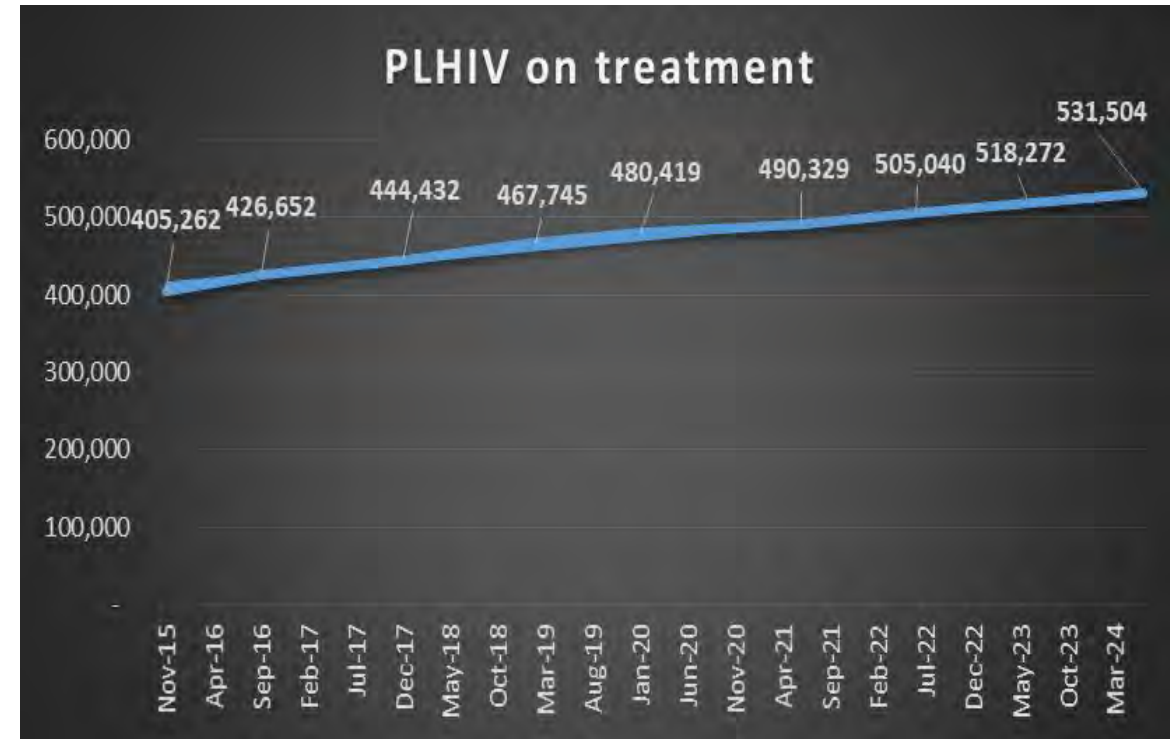


# Country HIV/AIDS Update continued. . .

- HIV/AIDS services is provided at
  - 1500 ART sites (>500second line sites, 50 Third Line sites)
  - 2865 PMTCT only sites
  - 14 Regional Laboratories
- The source of finance is **The Global Fund, USAID/PEPFAR, Government**
- National Program Owners and Implementers
  - MoH
  - FHAPCO
  - EPSA
  - EPHI
  - EFDA

## DSD Models

- ASM
- FTR
- UHEW managed CAG



# Regimen Composition

## Adult First Line

- 85% Adult on DTG Based Regimens
  - 84% on TLD
- Remaining 15% on EFV based regimens

## Adult Second Line

- 89% on ATV/r based PI Regimens
- 11% on LPV/r based PI Regimens

## Adult Third Line

- DRV/r + DTG based regimens

## Paediatrics

- Previous shifts from AZT/3TC/NVP based regimens (80%)
- <20kg paediatrics on LPV/r based regimens
  - Shift planned to **DTG 10**
- >20kg on DTG based regimens





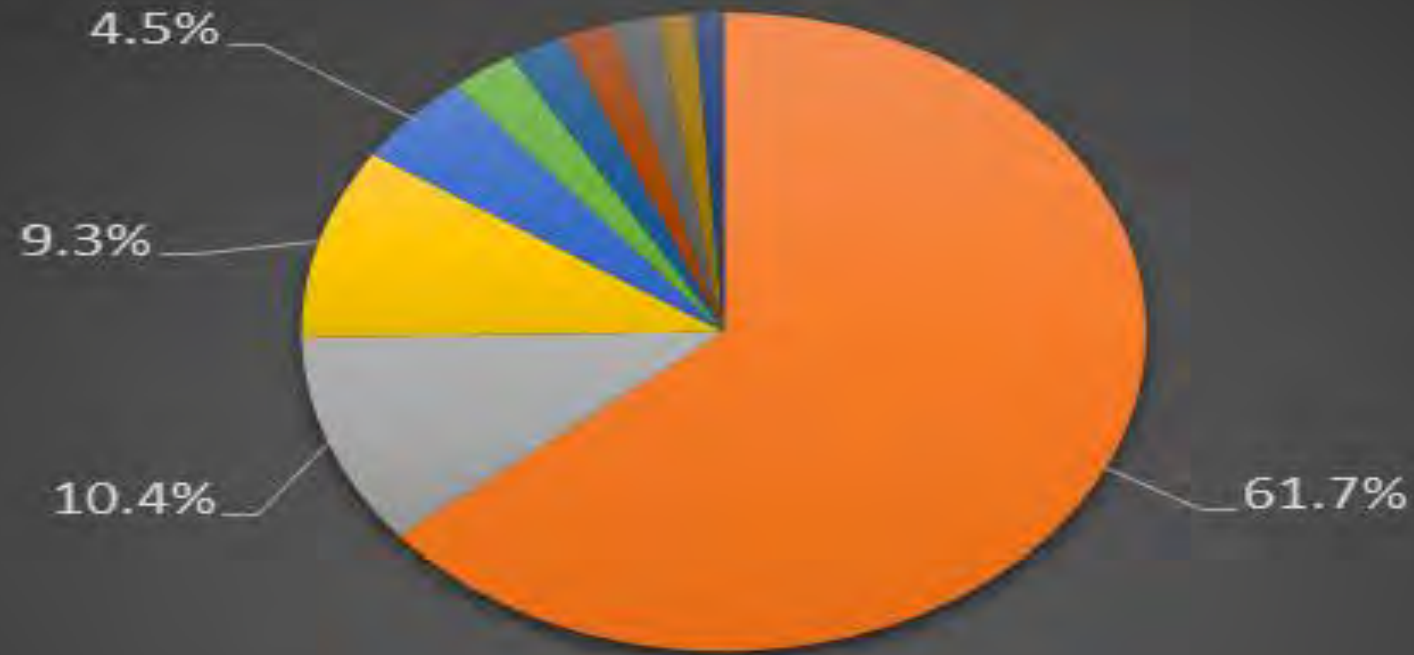
# Budget and ARV Procurements 2021/22

2021/22 Procurements



2021/22	2022/23	2023/24
\$40,555,115.75	\$42,031,279.90	\$39,210,922.30

# Current ARV Procurement in Weight



TLD

TLE

ATV/r

LPV/r Pellet

AZT/3TC Adult

ABC300

LPV/r Adult

ABC/3TC 120/60

TDF/3TC

DRV600

# LTA Experience

- EPSA has conducted a three years long term agreement for selected ARVs with a contract end of November-2021
  - Review of suppliers performance
  - Best experience, challenges and lessons learnt from LTA

- **Efficiency**
- **Reduction on workload**
- **Communication & Supplier responsiveness**
- **Lead time**
- **Possibility of price adjustment**

- **Restriction on the entry of new suppliers to the market**
- **Late contract termination**
- **COVID-19 Impact**
- **Consumption change**

# Planned Activities

- New long term framework agreement contract for ARVs for 2022-2025
- Introduction of e-GP
- Continuing suppliers performance review
- Enhancing suppliers' relationship management
- Supplier and commodity positioning
- Country specific ARV suppliers forum



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tesekkür ederim

Баярлалаа  
спасибо faafetai lava

thank you

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# Annual ARV Buyer Seller Summit



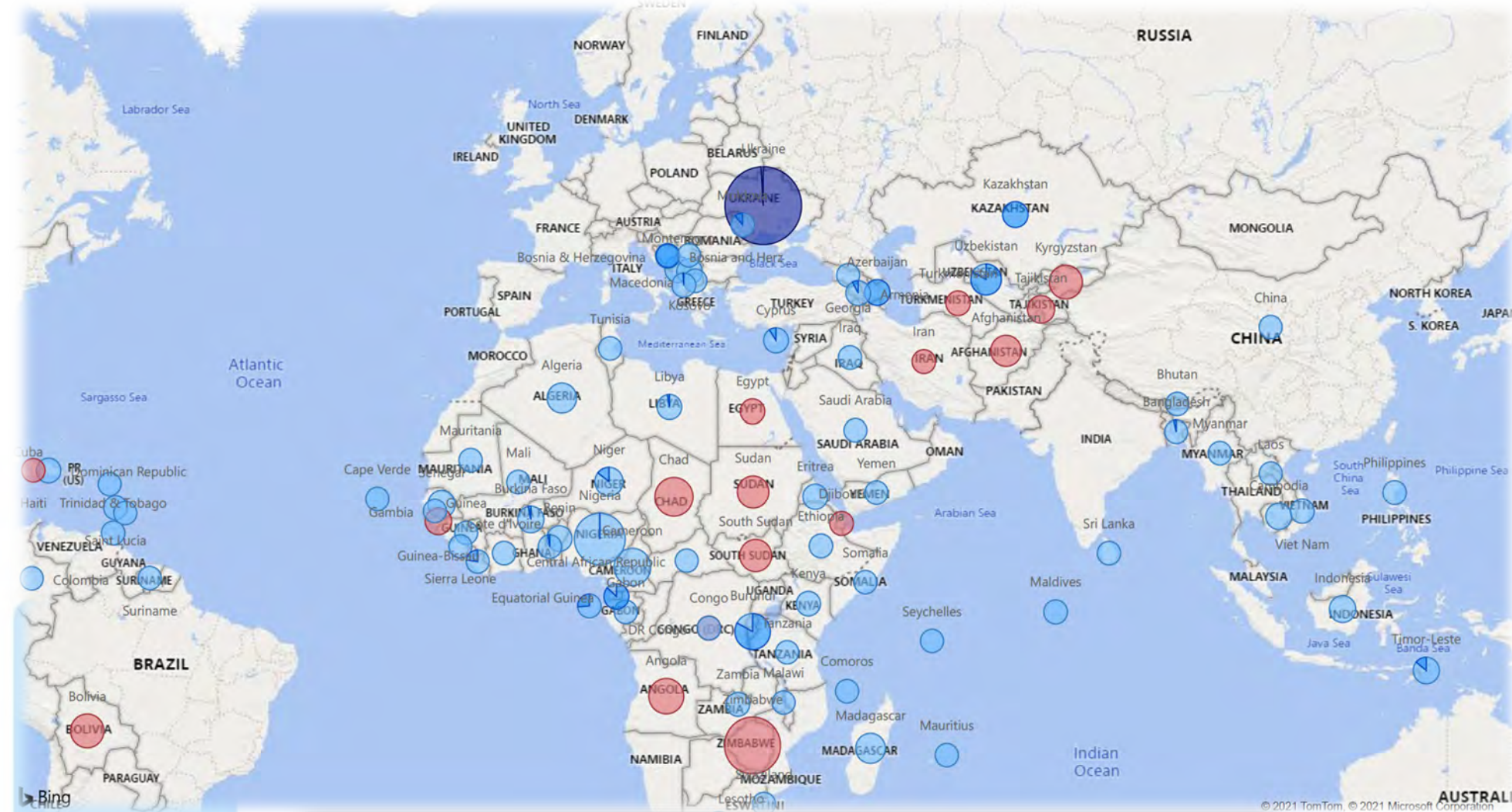
*Empowered lives.  
Resilient nations.*

## UNDP Procurement update

**ZAFAR YULDASHEV,**  
Procurement Specialist, GF HIST, Copenhagen

13 October 2021  
Denmark

# UNDP Portfolio Overview



**Type** ● COVID-19 ● Global Fund PR ● Health Procurement ● Health Procurement done by CO

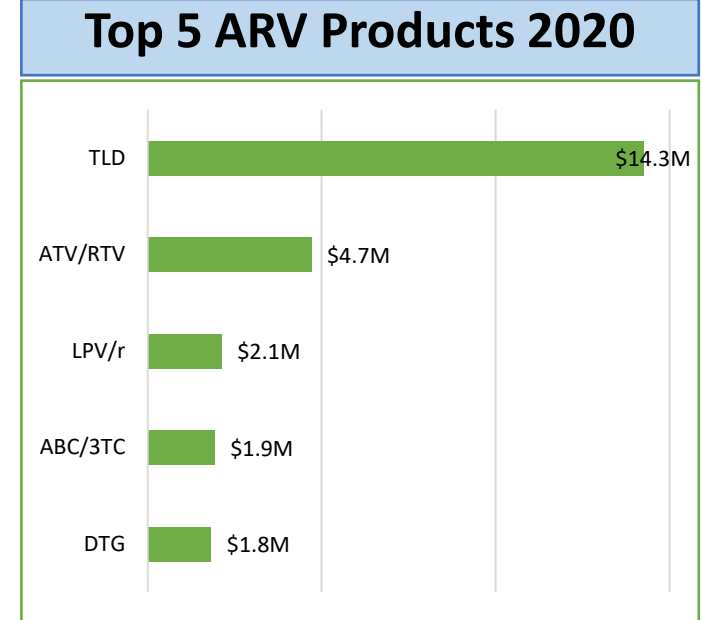
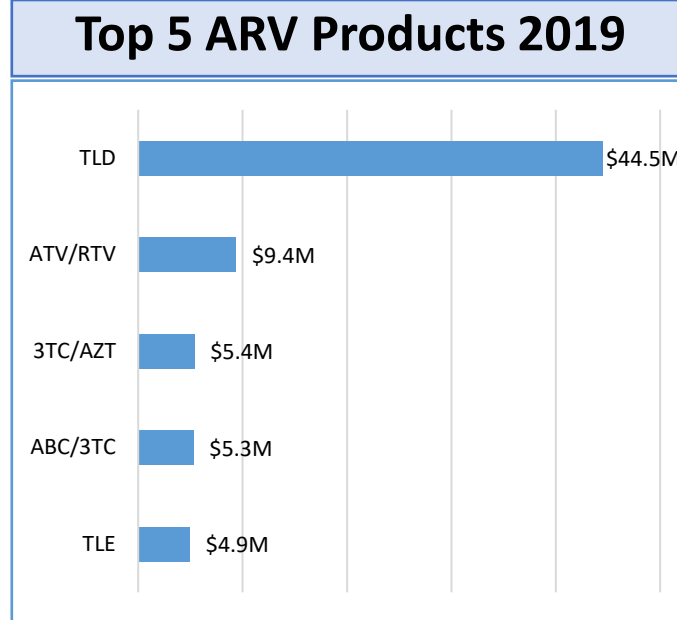
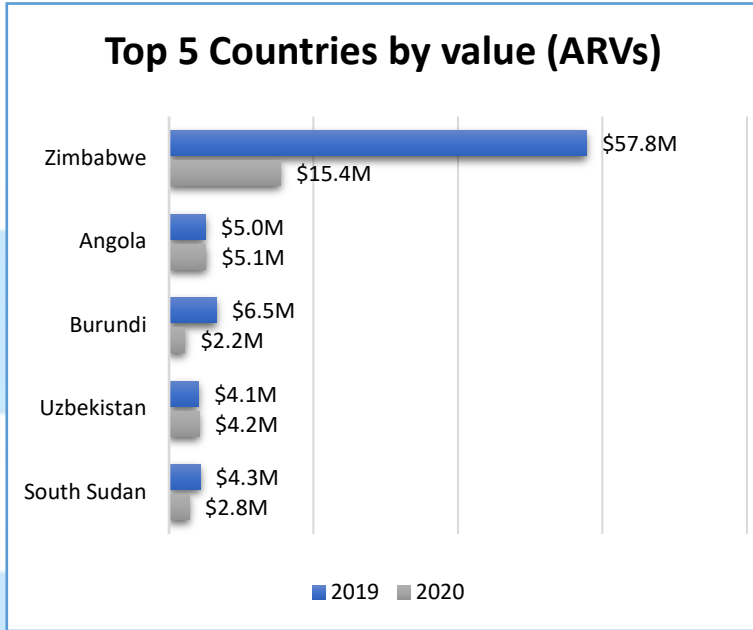
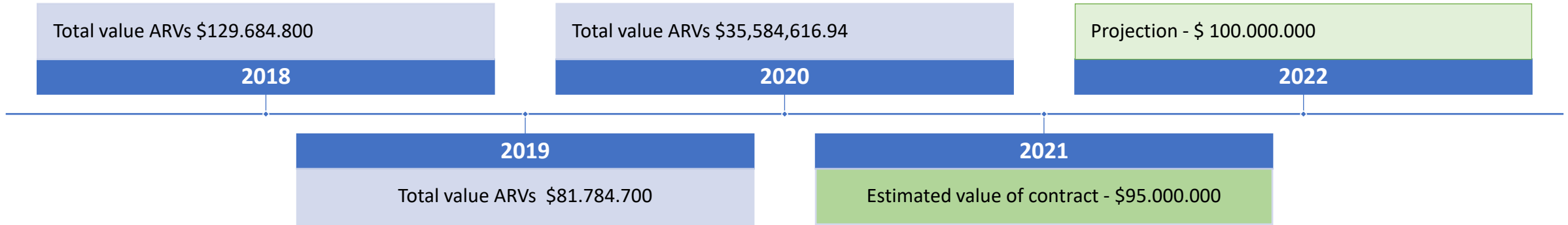
UNDP Global Health Procurement and Supply Chain Management Overview

**US\$ 304.1 Million**  
2020 Health Procurement Expenditure Delivered

**40+ Countries**  
Health Procurement Support and Advisory

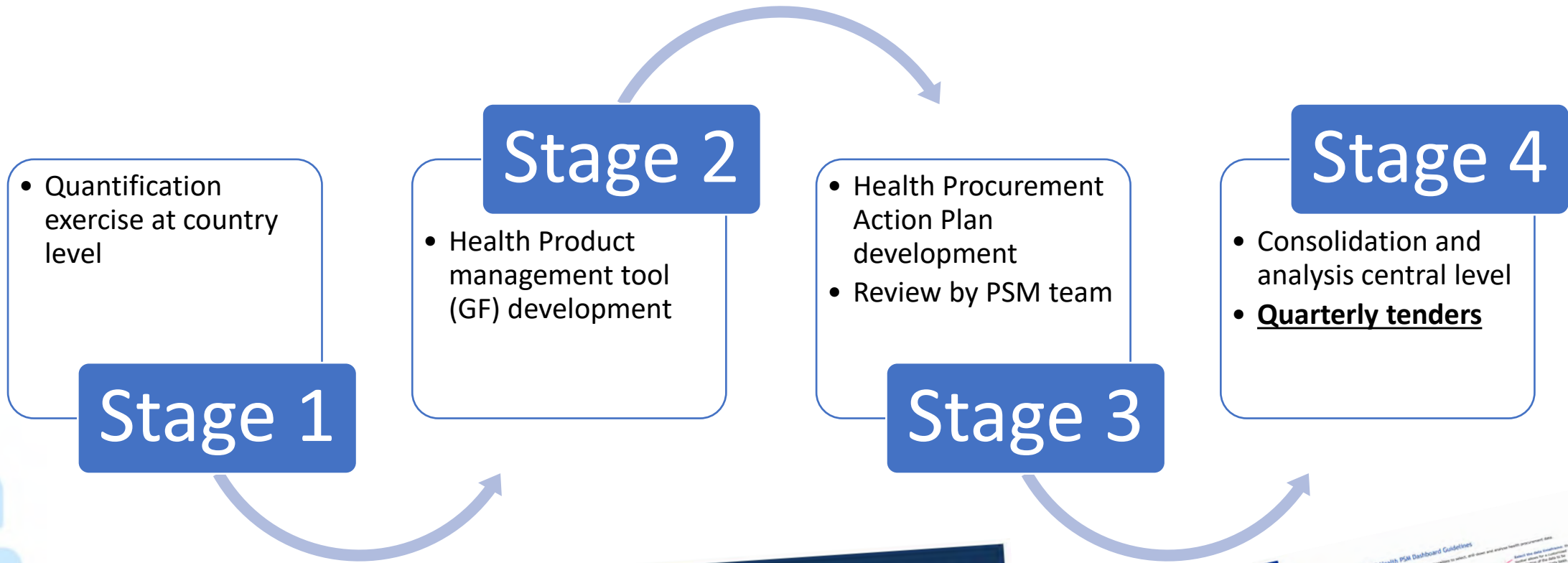
**100+ Countries**  
COVID-19 Emergency procurement support

# ARV VOLUMES





# Planning and consolidation

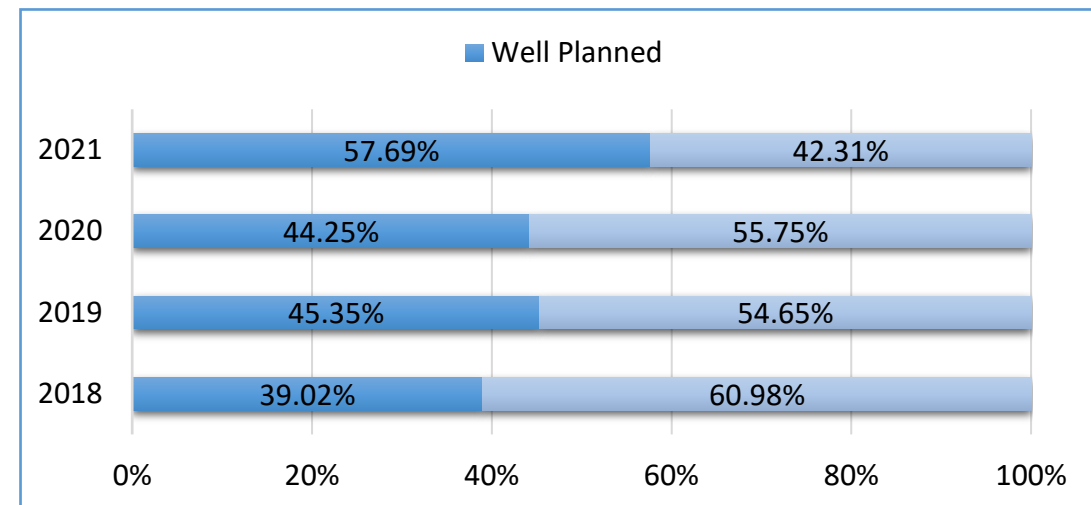


Item	Quantity	Unit	Start Date	End Date	Status
...	...	...	...	...	...



# Optimizations

- Centralized Procurement of key categories (consolidation and execution)
- Quarterly tenders for all product categories (# tenders, fixed schedules, predictability, better prices etc).
- Quarterly calls with LTA holders (feedback, KPI)
- Online delivery tracking



# Challenges



- Longer lead times - availability of containers (MMD)
- Timely pick up of ARVs (e.g. GL, custom clearance)
- Delays of delivery due to shortage of API / QC test results
- Share quarterly forecasts
- Issuance of POs (availability funds)
- Ad-hoc requests to prevent stock out situations
- Non consistent inclusion data loggers in all shipments
- Payment process for “sanctioned” countries



Saving *lives*  
Sustainably

 **SPHS**  
INFORMAL INTERAGENCY TASK TEAM



Empowered lives.  
Resilient nations.



# Sustainable Procurement Index for Health



# What is the SPIH?



- This is as a globally established, recognized and adaptable measurement tool for policy makers, manufacturers, suppliers, procurers, and healthcare facilities end users.
- This tool provides incentives for partners to improve their environmental and social sustainability record.
- It comprehensively monitor **(I) Greenhouse gas emissions, (II) resource depletion** (water, energy and material consumption), **(III) chemical/toxic impact** on human health and the environment, and **(IV) human, labour rights and gender equality.”**



# Who is the SPIH for?

**Suppliers** – complete the appropriate SPIH Tool (general or pharmaceutical) for the product selected

**Buyers/Procurers** – review the SPIH tool completed by a supplier for the product selected.

**Wholesalers:** who operate as both a buyer and supplier and may be required to answer the SPIH, or could ask their suppliers to do the same

**UN and Non-Government Organisations (non-buyer role):** Provide the evidence to support robust policy positions

**Regulatory agencies and policy makers:** Set top-level policy on sustainability

**Research bodies:** who could support best practice, provide new ideas and innovations at both company and product level; provide knowledge transfer to the market; &

**Other standards bodies:** develop robust standards/guidance that helps achieve specific goals; develop products that support standards users in achieving their goals; provide an independent view and rigor in demonstrating performance.



# What does it Measure: Key theme areas

## GHG Emissions

- Governance
- Measurement
- Target setting
- Supply chain issues

## Resources Depletion

- Governance
- Manufacturing
- Supply chain issues

## Chemicals and Toxicity

- Management
- Restricted substances
- Disclosure

## Social Dimensions

- Policy and governance
- Audits
- Equality issues

# List of products covered by LTAs



Product description	Strength	Dosage form	Type of packaging*
Abacavir	300 mg	Tablet	Bottle HDPE: 60
Abacavir/Lamivudine	600 mg + 300 mg	Tablet	Bottle HDPE: 30
Atazanavir/Ritonavir	300 mg + 100 mg	Tablet	Bottle HDPE: 30
Darunavir	600 mg	Tablets	Bottle HDPE: 60
Dolutegravir /Lamivudine/Tenofovir disoproxyl fumarate	50mg+300mg+300mg	Tablet	Bottle HDPE: 30
Dolutegravir /Lamivudine/Tenofovir disoproxyl fumarate - cartoon less**	50mg+300mg+300mg	Tablet	Bottle HDPE: 30
Dolutegravir /Lamivudine/Tenofovir disoproxyl fumarate	50mg+300mg+300mg	Tablet	Bottle HDPE: 90
Dolutegravir /Lamivudine/Tenofovir disoproxyl fumarate - cartoon less**	50mg+300mg+300mg	Tablet	Bottle HDPE: 90
Dolutegravir	50 mg	Tablet	Bottle HDPE: 30
Darunavir/Ritonavir	400 mg + 50 mg	Tablet	Bottle HDPE: 60
Darunavir/Ritonavir	400 mg + 50 mg	Tablet	Bottle HDPE: 120
Efavirenz	600 mg	Tablet	Bottle HDPE: 30
Efavirenz/Emtricitabine/Tenofovir disoproxyl fumarate	600 mg + 200 mg + 300 mg	Tablet	Bottle HDPE: 30
Efavirenz/Emtricitabine/Tenofovir disoproxyl fumarate	600 mg + 200 mg + 300 mg	Tablet	Bottle HDPE: 90
Efavirenz/Lamivudine/Tenofovir disoproxyl fumarate	400mg+300mg+300mg	Tablet	Bottle HDPE: 30
Efavirenz/Lamivudine/Tenofovir disoproxyl fumarate - cartoon less*	400mg+300mg+300mg	Tablet	Bottle HDPE: 30
Efavirenz/Lamivudine/Tenofovir disoproxyl fumarate - cartoon less*	400mg+300mg+300mg	Tablet	Bottle HDPE: 90
Efavirenz/Lamivudine/Tenofovir disoproxyl fumarate	600 mg + 300 mg + 300 mg	Tablet	Bottle HDPE: 30
Efavirenz/Lamivudine/Tenofovir disoproxyl fumarate - cartoon less*	600 mg + 300 mg + 300 mg	Tablet	Bottle HDPE: 30
Efavirenz/Lamivudine/Tenofovir disoproxyl fumarate - cartoon less	600 mg + 300 mg + 300 mg	Tablet	Bottle HDPE: 90
Emtricitabine/Tenofovir disoproxyl fumarate	200 mg + 300 mg	Tablet	Bottle HDPE: 30
Lamivudine	150 mg	Tablet	Bottle HDPE: 60
Lamivudine/Nevirapine/Zidovudine	150 mg + 200 mg + 300 mg	Tablet	Bottle HDPE: 60
Lamivudine/Tenofovir disoproxyl fumarate	300 mg + 300 mg	Tablet	Bottle HDPE: 30
Lamivudine/Zidovudine	150 mg + 300 mg	Tablet	Bottle HDPE: 60
Lopinavir/Ritonavir*	200 mg + 50 mg	Tablet (heat stable)	Bottle HDPE: 120
Nevirapine	200 mg	Tablet	Bottle HDPE: 60
Raltegravir	400 mg	Tablet	Bottle HDPE: 60
Ritonavir	100 mg	Tablet	Bottle HDPE: 30
Tenofovir disoproxyl fumarate	300 mg	Tablet	Bottle HDPE: 30
Abacavir/Dolutegravir/Lamivudine	600 mg + 50 mg + 300mg	Tablet	Bottle HDPE: 30







UNDP ANNUAL REPORT - 2020



Visit <http://open.undp.org>

**THANK YOU!!!**

**[zafar.yuldashev@undp.org](mailto:zafar.yuldashev@undp.org)**

**UNDP Global Fund Health Implementation Support Team**



**USAID**  
FROM THE AMERICAN PEOPLE

## **Transforming Rwanda Medical Supply Chain Activity: Partnering with a local, commercial supply chain operator**

**Annual ARV Summit, October 2021**

Dessaegn Tesfaye, Sr. Supply Chain Advisor,  
USAID/Rwanda, email: [dtesfaye@usaid.gov](mailto:dtesfaye@usaid.gov)



# Outline of Presentation

- Introduction to the Rwanda Medical Supply Ltd (RMS) & Transforming Rwanda Medical Supply Chain (TRMS).
- Objectives of TRMS activity
- USAID/Rwanda Local Supply Chain Partner Transition strategies
- Milestones of transitioning procurement services to local partner (RMS)
- Lessons learned

# TRMS Contract Signing Event



# Objectives of Transforming Rwanda Medical Supply Chain Activity

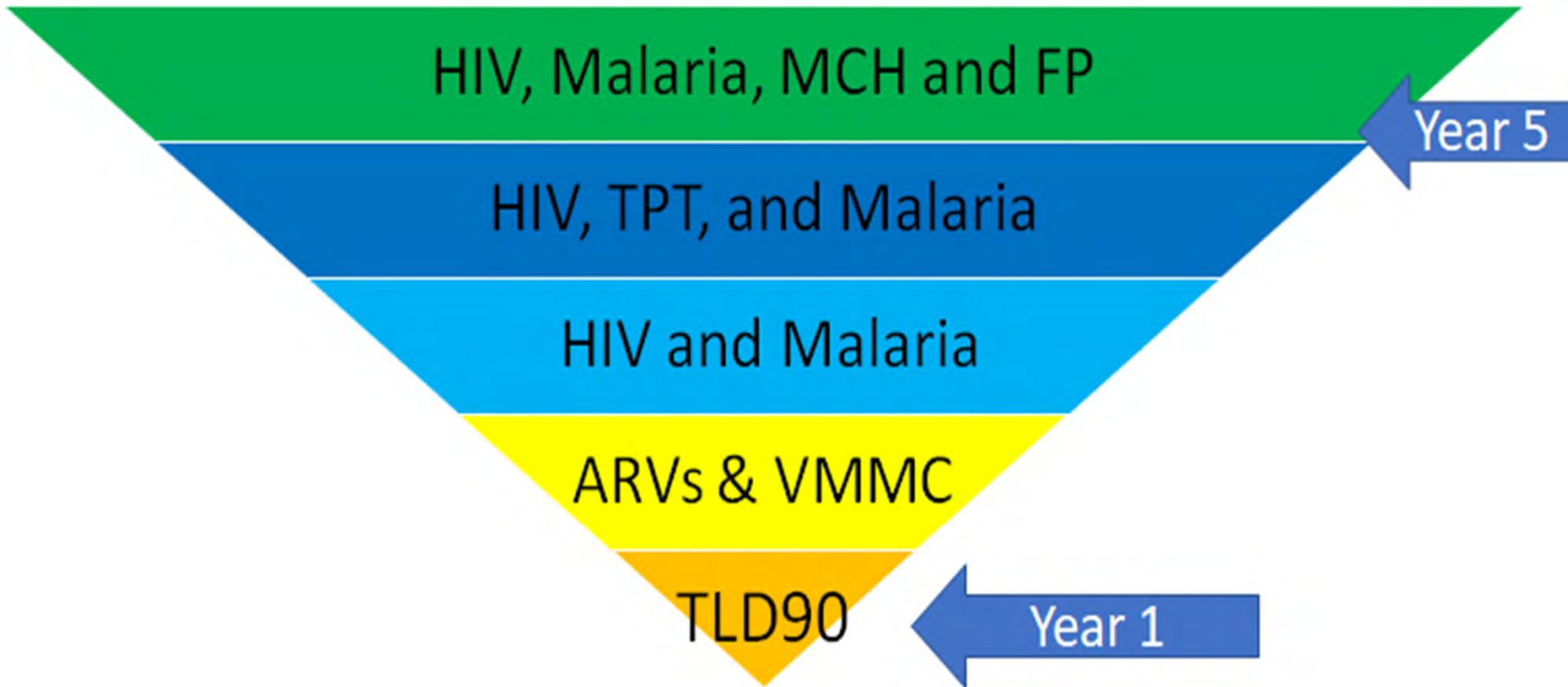
1. **Strengthen** planning and management capabilities to support the transition from a national commercial parastatal **towards a self-reliant, private sector supply chain organization**
1. Improve operational efficiencies through the application of **global industry standards for procurement, warehousing and in-country distribution**
1. Improve Supply Chain **Data Quality and Use for Decision Making** at all levels to **optimize supply and improve order fill rates.**

# USAID/Rwanda transition strategies

USAID/Rwanda used a stepwise approach. Including

- Support national reforms to create commercial supply chain operator - RMS
- Two prong approach @ RMS (a) receive TA through PSM and/or NextGen and (b) key personnel implement/manage the USAID/TRMS activity
- Innovative contracting with broad umbrella instrument with defined task orders
- Start with focus on a single program area and commodities (HIV/AIDS)
- Start with programs and commodities that RMS has experience procuring
- Involve all stakeholders especially the GFATM, GOR and USAID's implementing partners

# Milestones for Expanding Range of Commodities







# Initial Lessons Learned

Some of the lessons that may help other countries to consider in the planning are as follows:

**Step 1:** check the capability of the local partner(a) that it has functional capacity, and (b) that it can modify its procurement manuals & financial management systems. Document it.

**Step 2:** involve all stakeholders in the planning (internal, GFATM, govt, partners, private sector, and FBO)

**Step 3:** use & actively engage USAID/W available resources on QA/QC, ADS 312, other experiences

**Step 4:** design a feasible contract and identify all the resources to implement it

**Step 5:** manage expectations, collect regular data through Third Party Monitoring, and adopt a stepwise approach

Rwanda is implementing its transition plan to local partners and such forums are important to share sourcing and marketing of ARVs.





**USAID**  
FROM THE AMERICAN PEOPLE

# USAID/Uganda - HIV Commodity procurement for the PNFP Sector

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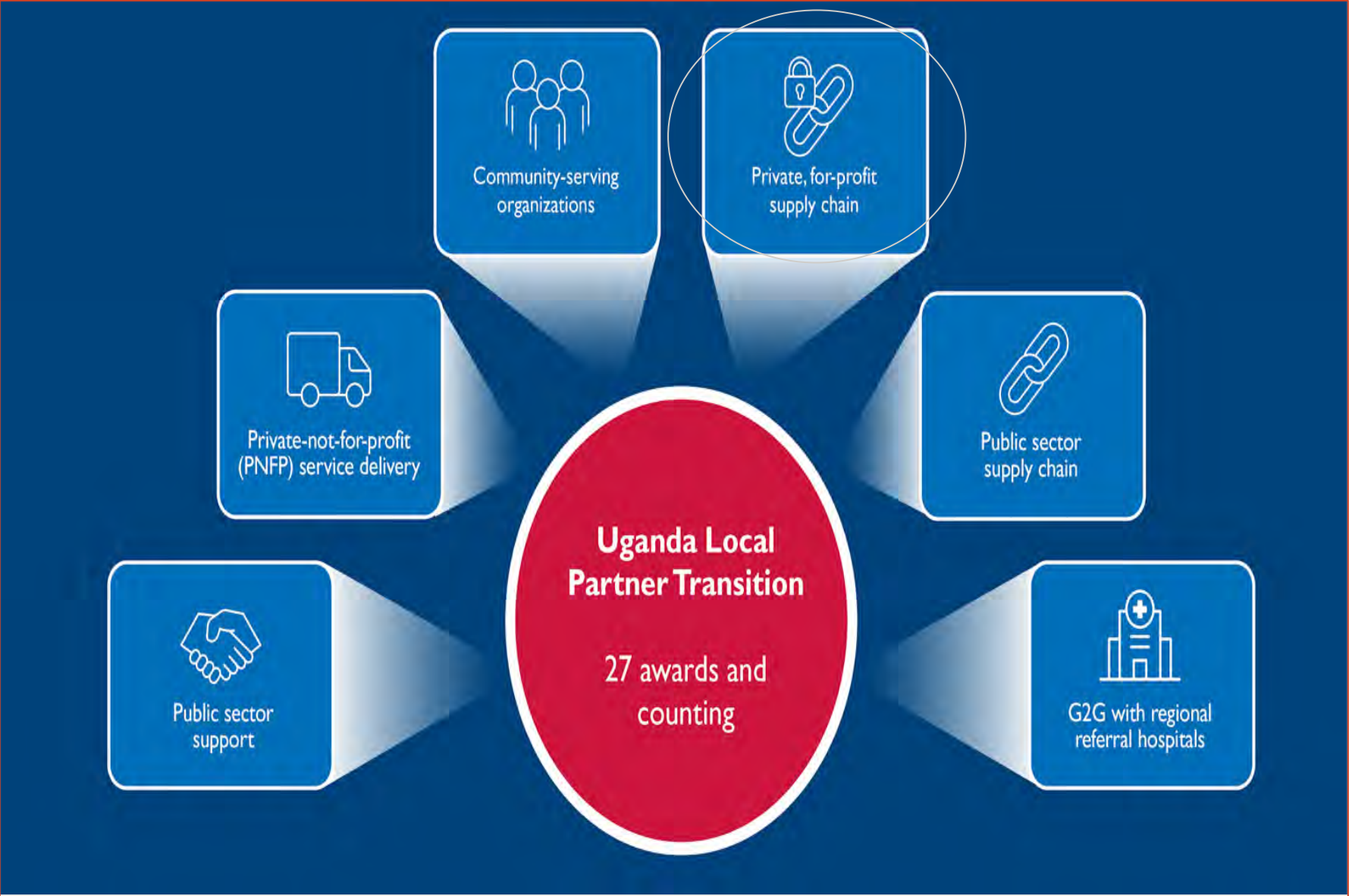
Presented by:

Suzan Nakawunde, USAID/Uganda, PMS-Health Commodities

# Presentation Outline

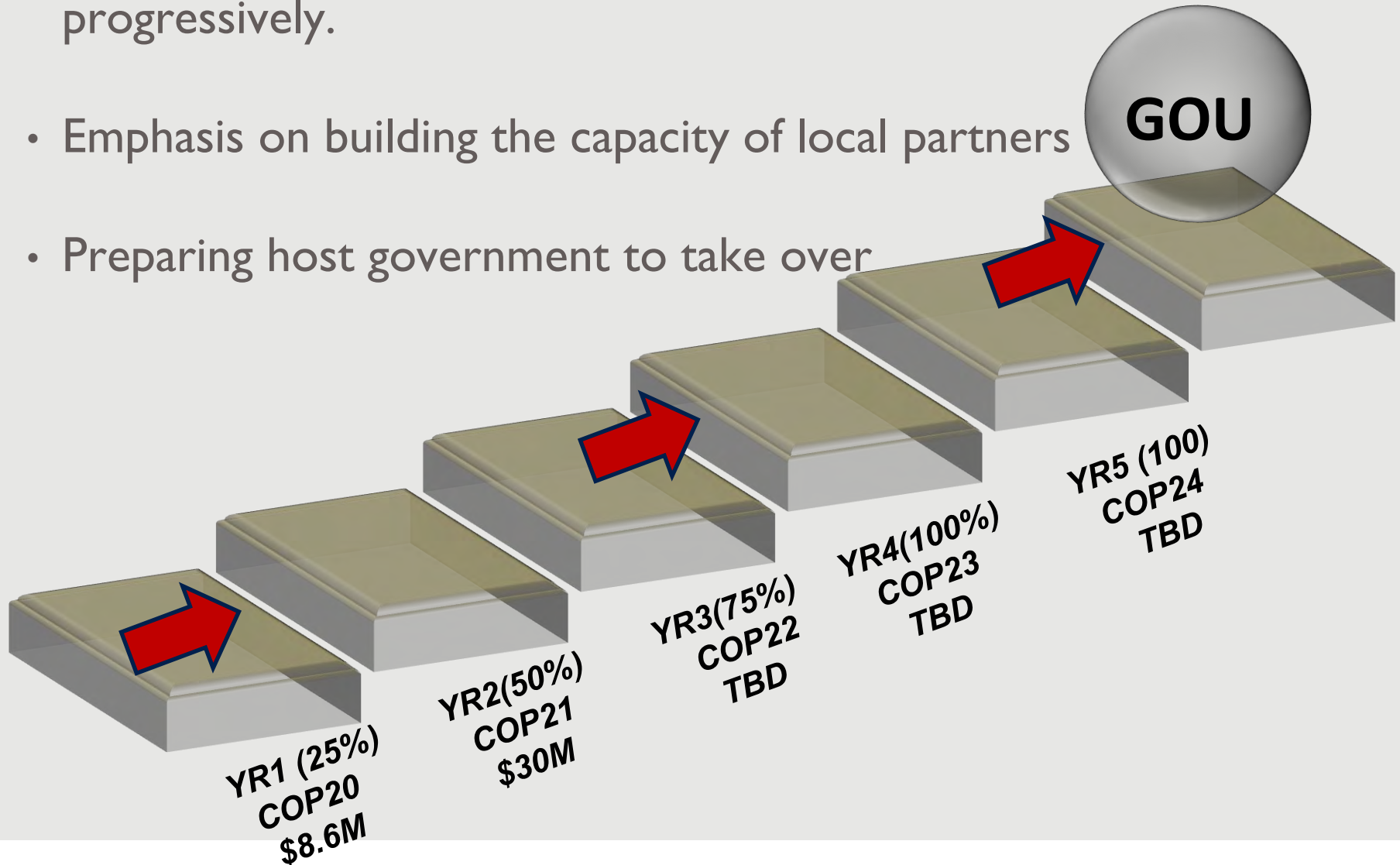
- Background to local partner transitions
- Procurement transitions in Uganda
- New Local procurement Agents
- Risk Management
- Collaboration with other key players

# Engaging a Diversified Ugandan Partner Base for Local Transition



# Procurement transitions in Uganda

- Commodity procurement IDIQ is implemented progressively.
- Emphasis on building the capacity of local partners
- Preparing host government to take over



## Uganda's new Procurement Agents

- The Request for Proposals (RFP) resulted in two successful IDIQ Offerors:
  - 1) **Joint Medical Stores (JMS)** and
  - 2) **Medical Access Uganda Limited (MAUL)** to procure 5 categories of HIV commodities
- IDIQ TEC \$294M over 5 years
- Year One, TOI implemented by Joint Medical Stores
  - 1<sup>st</sup> line ARV - TLD 90packs 298,000 packs
  - 2<sup>nd</sup> Line ARV - ALD 30 packs 142,000 packs

## Risk Management

- **Phased transition** to local agents away from the centrally managed mechanisms.
- Competitive process at the task order level.
- IDIQ holders partnered with International Organizations for capacity building and better understanding of USAID policies.
- IDIQ holders are required to work with the GHSC/QA-FHI360 to guarantee quality of products.
- Task Order have included **Payment Milestones**.



# Collaborating with Other Key Stakeholders

- Nationally:
  - a) Ministry of Health
  - b) USG Above site Supply chain partner
  - c) National Drug Authority – Pharmacovigilance issues
- Other donors e.g. Global Fund/UNITAID/CHAI
- GHSC-PSM/RTK – align deliveries/sharing of experiences
- GHSC-QA – Quality Issues
- Last mile delivery through a 3PL – transportation to Service Delivery Points
- Regional Service Delivery Partners – consumption trends

Thank you



**USAID**  
FROM THE AMERICAN PEOPLE



**PEPFAR**

U.S. President's Emergency Plan for AIDS Relief

# PEPFAR Priorities for COP 2022

S/GAC Katy Godfrey  
S/GAC Hilary Wolf  
S/GAC Sara Klucking  
S/GAC Kanjinga Kakanda

October 14, 2021

**18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS**

# Agenda

- Priorities for Adult Treatment
- Priorities for Pediatric Treatment
- Priorities for Prevention
- Priorities for Tuberculosis Preventive Treatment (TPT)



**PEPFAR**

U.S. President's Emergency Plan for AIDS Relief

# Priorities for Adult Treatment

S/GAC Katy Godfrey

October 14, 2021

**18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS**

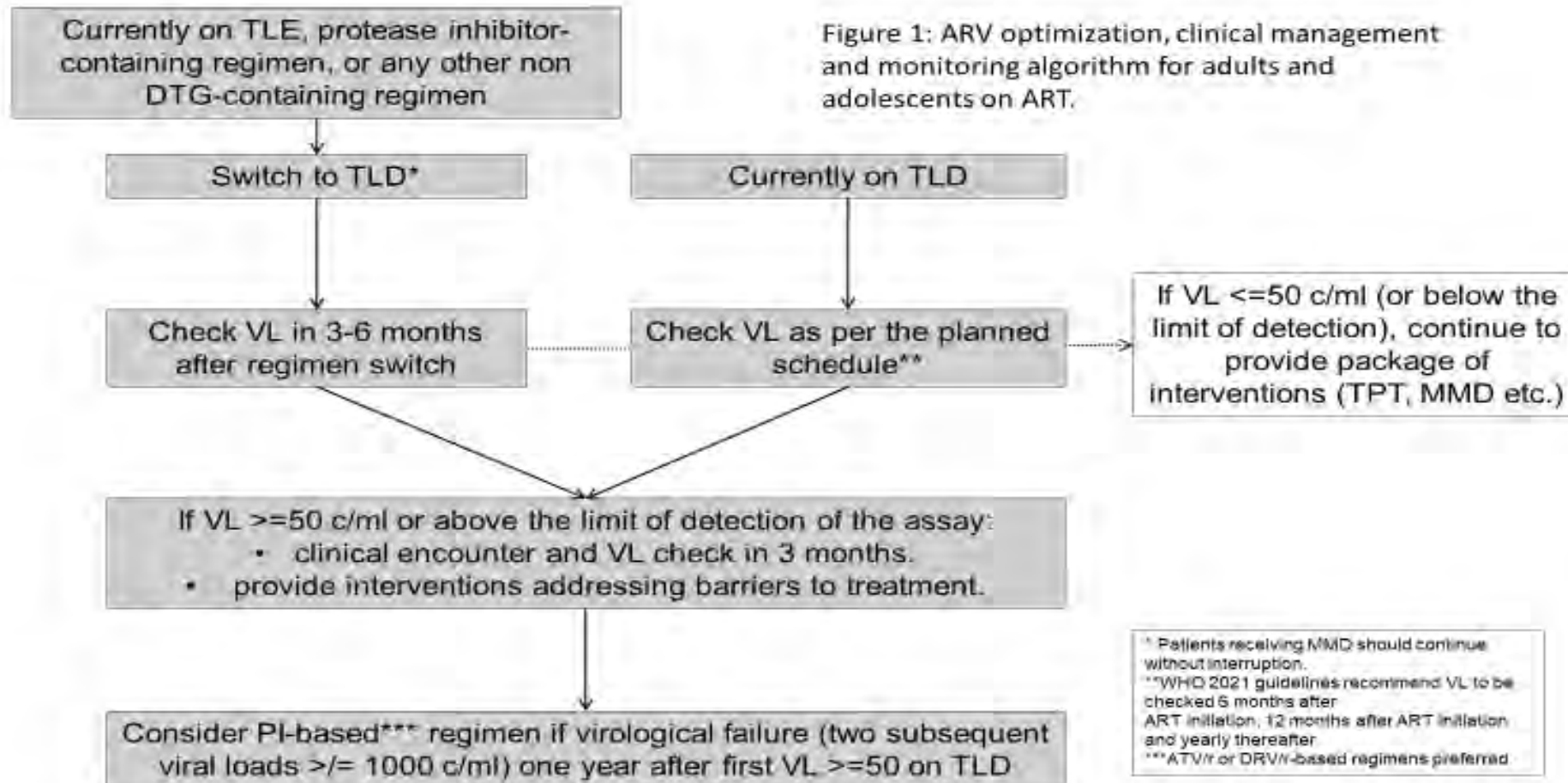
# Major themes

- Dolutegravir as both first-and second line therapy
- Differentiated service delivery and multimonth dispensing
- Focus on lifespan and healthspan
  - Advanced disease
  - Aging cohort.

# Dolutegravir for suppressed individuals

- TLD as the preferred option for ART for both first and second line treatment (for all PLHIV  $\geq 30$ kg including adolescents and pregnant and breast feeding women)
- Complete scale up of DTG to all individuals including those suppressed on PI and NNRTI based regimens
- Weight gain documented in multiple studies, I
  - AFRICOS was clinically small but statistically significant
  - Likely multifactorial
- Drug drug interactions:
  - Rifampin requires extra dose
  - EFV/Pis-requires extra dose
  - Metformin: significantly increased metformin exposure
  - Prenatal vitamins,  $\text{Ca}^{++}$  containing antacids- dose spacing

# Approach to non suppression: any vl >50 c/ml





# DTG for unsuppressed individuals

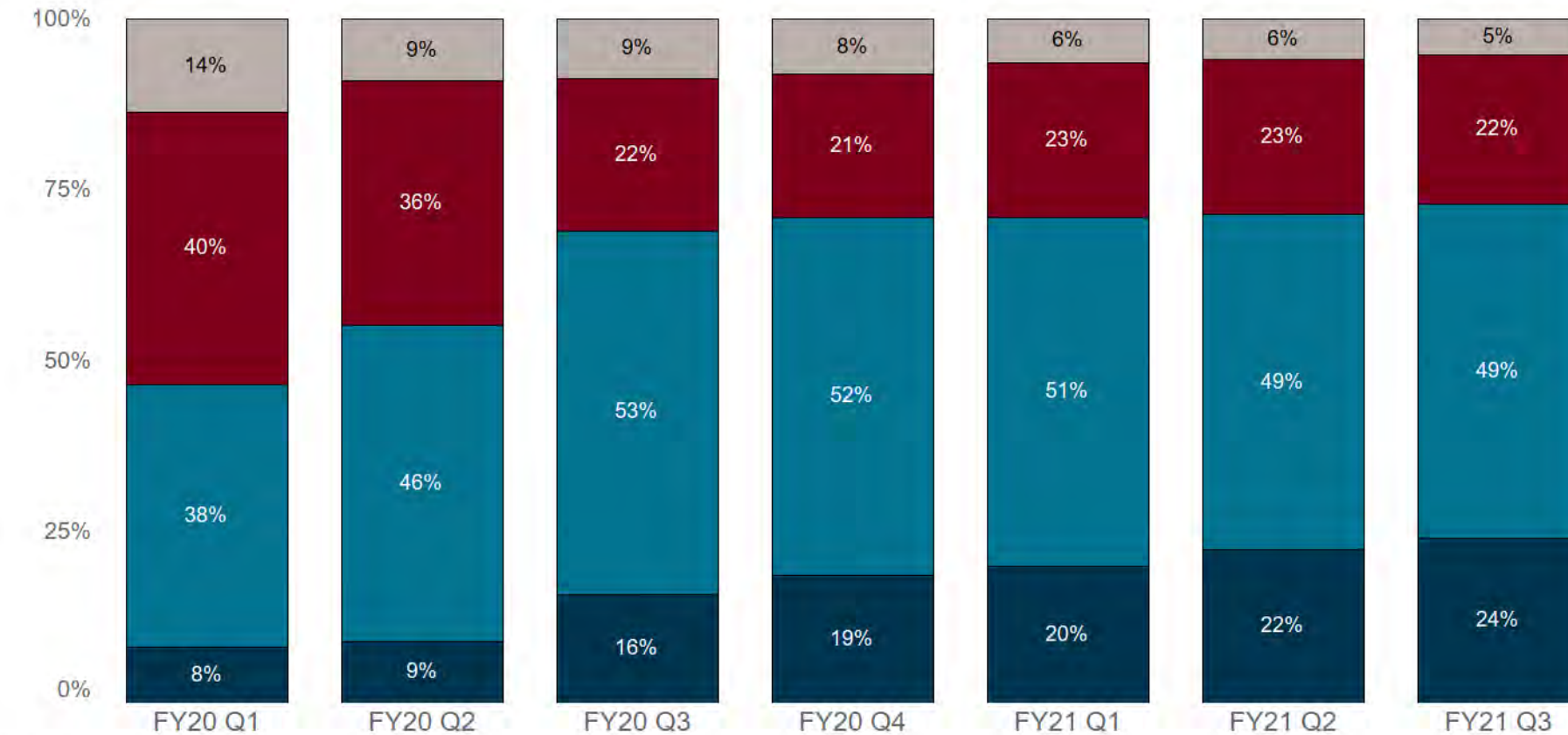
- Viral failure: 2 consecutive VL > 1000 c/ml
- Viral non-suppression: Any measurable viral load above 50 copies/ml (or above the limit of detection of the test used).
- Low level viremia: Repeated viral loads that are measurable but under 1000/c/ml

# Differentiated Service delivery and multimonth dispensing

- Separation of drug delivery and clinical care
- All individuals should get 3 months, preferably 6 months of drug
- Decentralized delivery-using other pick-up points besides clinic pharmacy
- Delivery of other required meds including ARVs
  - HIV related eg Cotrimoxazole, TPT
  - Non-HIV related: in setting of COVID-19 PEPFAR permissive for delivery of other meds.

## MMD Breakdown

### TX\_CURR by MMD Duration



- Not Reported
- <3 Months (non-MMD)
- 3-5 Month MMD
- 6+ Month MMD

South Africa not included

MMD coverage is high but growth has slowed.

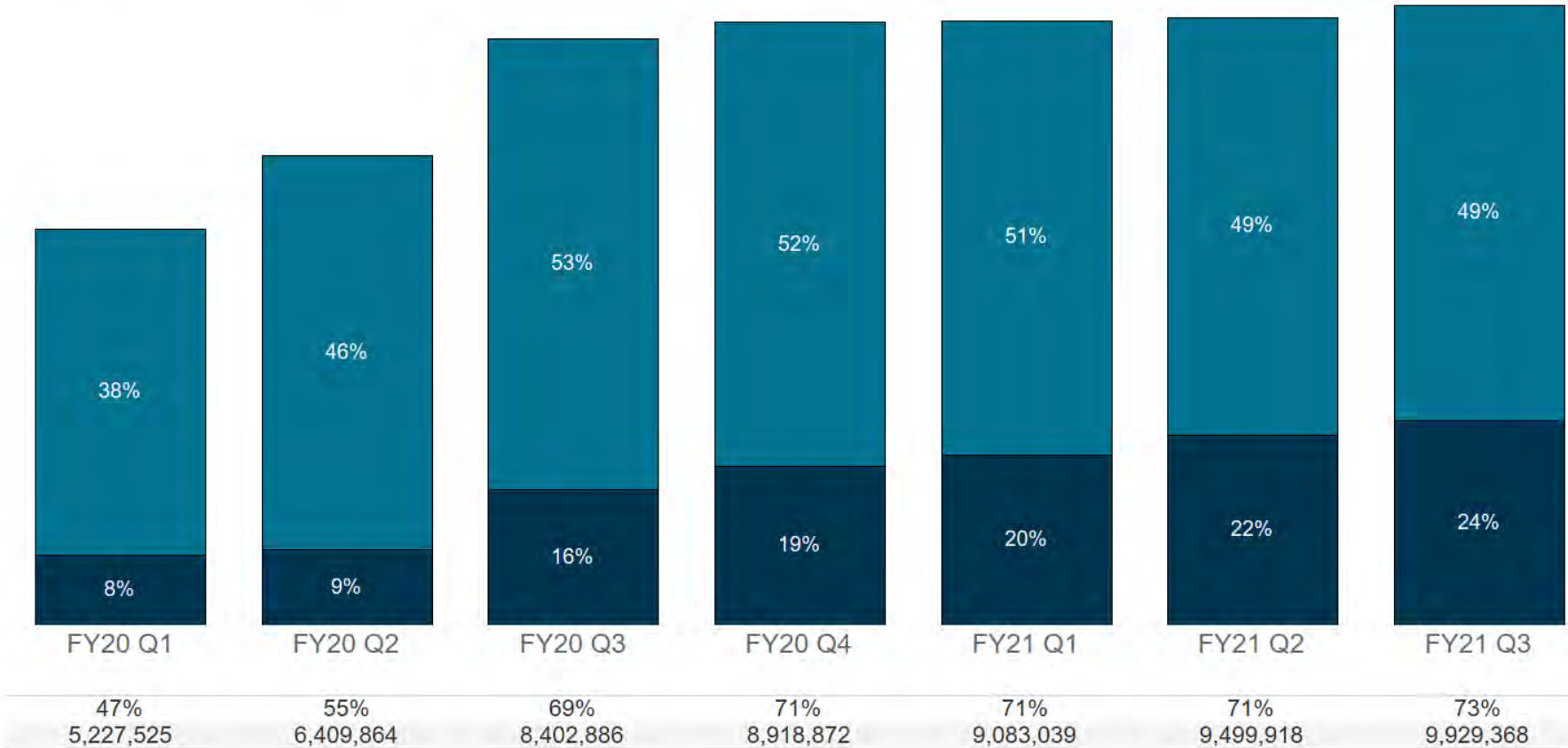
3-5MMD coverage remained at 49% in Q3; 6MMD coverage increased to 24%.

% of clients on 6MMD has increased 3-fold from FY20 Q1.

# MMD coverage and # of clients on MMD

## MMD Totals

TX\_CURR by MMD Level



■ 3-5 Month MMD  
■ 6+ Month MMD

South Africa not included

Q3 was the first quarter PEPFAR increased 3+MMD coverage since FY20.

This is likely due to the increase in MMD reporting completeness and 6MMD coverage.

In total, nearly 10M individuals on ART are receiving at least 3MMD.

# Comments

- COVID adaptation that is here to stay
- May have reached saturation
- Ordering patterns have changed; more stock required in country

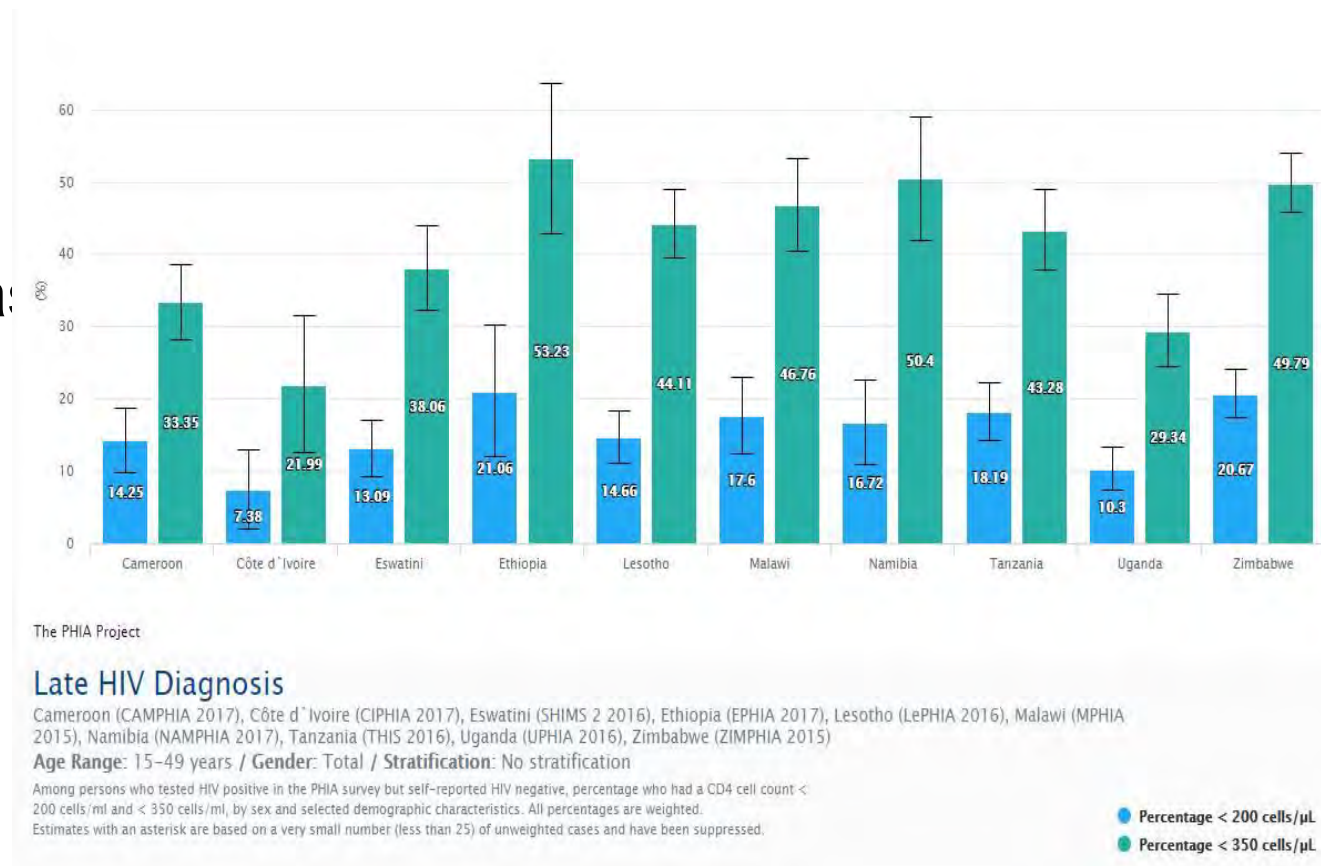
# Focus on mortality-advanced disease

Persistent problem for PEPFAR

Individuals presenting late, or representing to care

Interventions are life saving:

- TPT
- Diagnose and treat cryptococcal disease
- Cotrimoxazole



# Cryptococcal disease

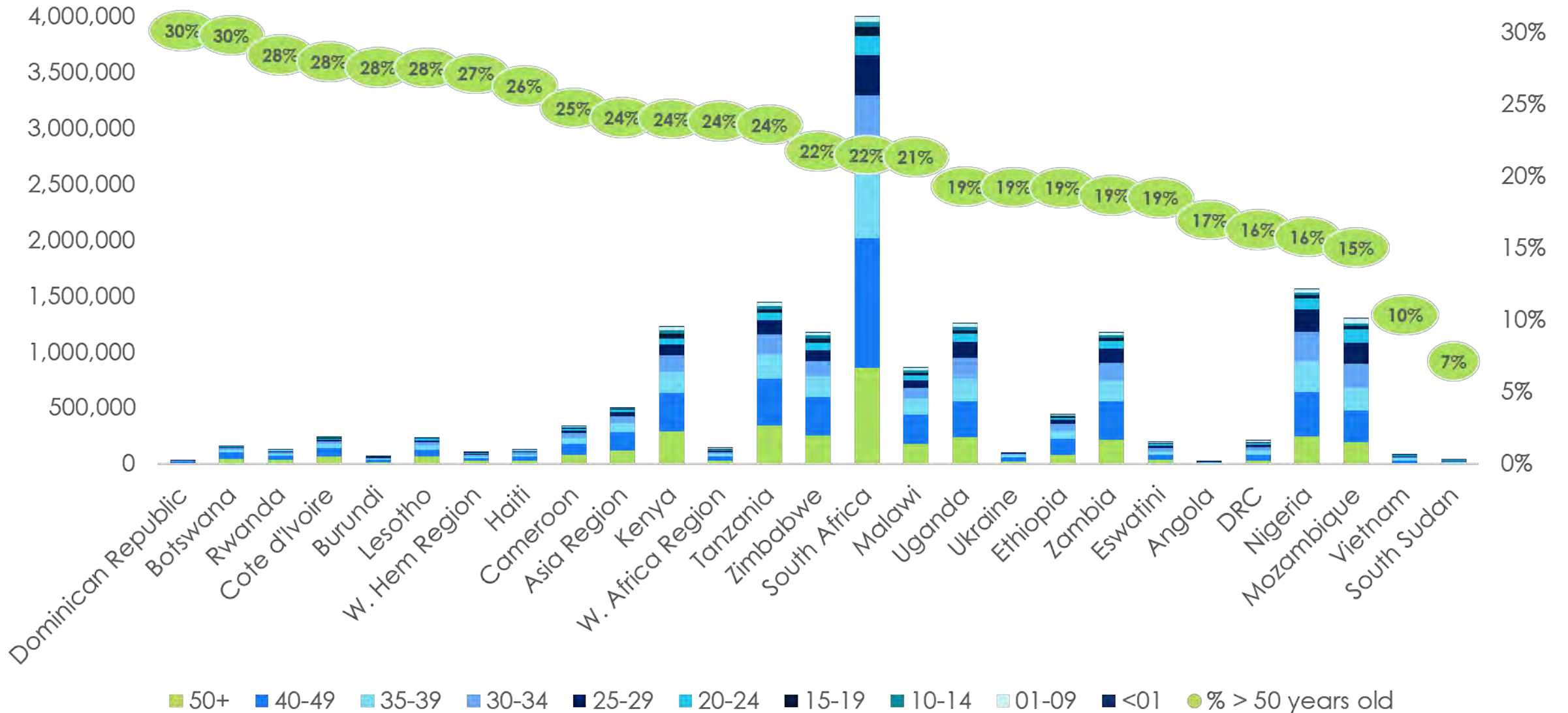
- Preemptive treatment: CrAg + but LP negative: Fluconazole
- Meningitis treatment: AmB with flucytosine preferred, followed by fluconazole
  - New study showing efficacy of a single dose of liposomal AmB plus flucytosine
  - Should that become part of WHO guidance, PEPFAR will consider.

Flucytosine is biggest challenge

# Focus on Mortality: Aging

4,500,000

35%

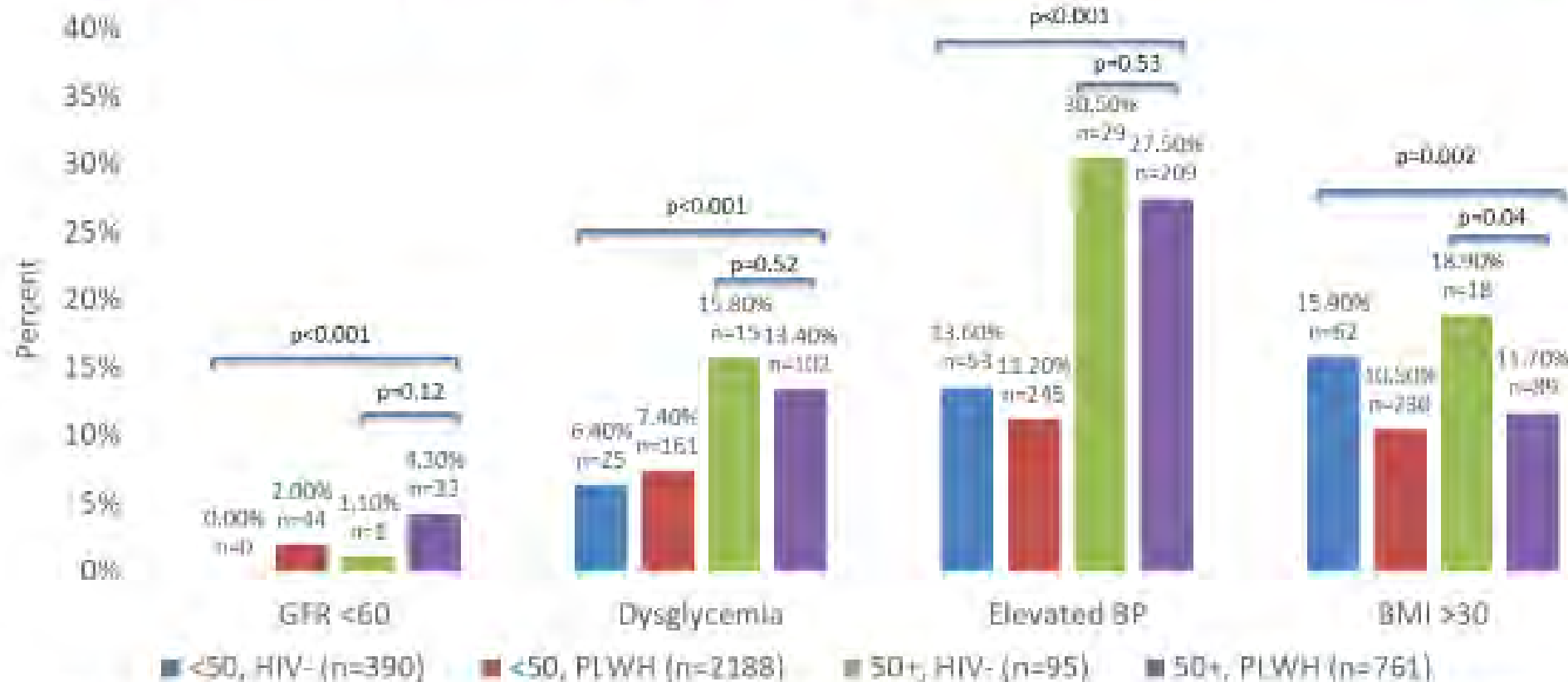


■ 50+ 
 ■ 40-49 
 ■ 35-39 
 ■ 30-34 
 ■ 25-29 
 ■ 20-24 
 ■ 15-19 
 ■ 10-14 
 ■ 01-09 
 ■ <01 
 ● % > 50 years old



# Aging and comorbidities-high burden of disease-AFRICOS

## Non-Communicable Diseases (NCD) At Most Recent Visit



David Chang,  
Conf on HIV  
and Aging  
2021

*NCD prevalence positively associated with age; BMI reduced in PLWH compared to those w/o HIV (age >50)*

# Client centered care

- PEPFAR does not support screening and treatment of co-morbid disease
- Can support delivery of medicines for older individuals if relevant.



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# Priorities for Pediatric Treatment

S/GAC Hilary Wolf

October 14, 2021

**18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS**

# PEPFAR Treatment Cascade for CLHIV <15



# ALL

CLHIV should undergo

# single substitution

to DTG as soon as DTG is available  
in country



DTG 10 mg dispersible tablets manufactured by Macleods  
*(Photo Credit: CY Malati. 2021)*

# DTG 10 mg supply planning

- USG, through PEPFAR, expects that all countries will transition all CLHIV onto a DTG-based regimen as quickly as possible; full implementation should be completed or at least well underway in COP21
- Detailed supply planning is extremely important to achieve a prompt transition and help ensure the roll out of DTG is not hindered by over-supply of pediatric LPV/r
- New orders for LPV/r will be highly scrutinized to ensure procurement is limited to quantities needed for alternative treatment only (expect to be <10% of CLHIV)



Photo Credit: USAID Global Health Supply Chain, 2018



Photo provided courtesy of Viartis, 2021

# Clinical recommendations for transition to DTG based regimen

- Rapid programmatic transition to DTG-based regimens for ALL children (at least 4 weeks old and 3kg) new to ART and established on ART irrespective of their current regimen.
- Single switch can and should occur irrespective of the availability of a VL test/result or the value of the latest VL result
- Important to maintain or optimize children on an ABC/3TC backbone
- Patients previously receiving MMD should continue on MMD when the switching to DTG



POLICY BRIEF  
TRANSITIONING TO THE 2021 OPTIMAL  
FORMULARY FOR ANTIRETROVIRAL  
DRUGS FOR CHILDREN:  
IMPLEMENTATION CONSIDERATIONS  
JULY 2021



POLICY BRIEF  
THE 2021 OPTIMAL FORMULARY AND  
LIMITED-USE LIST FOR ANTIRETROVIRAL  
DRUGS FOR CHILDREN



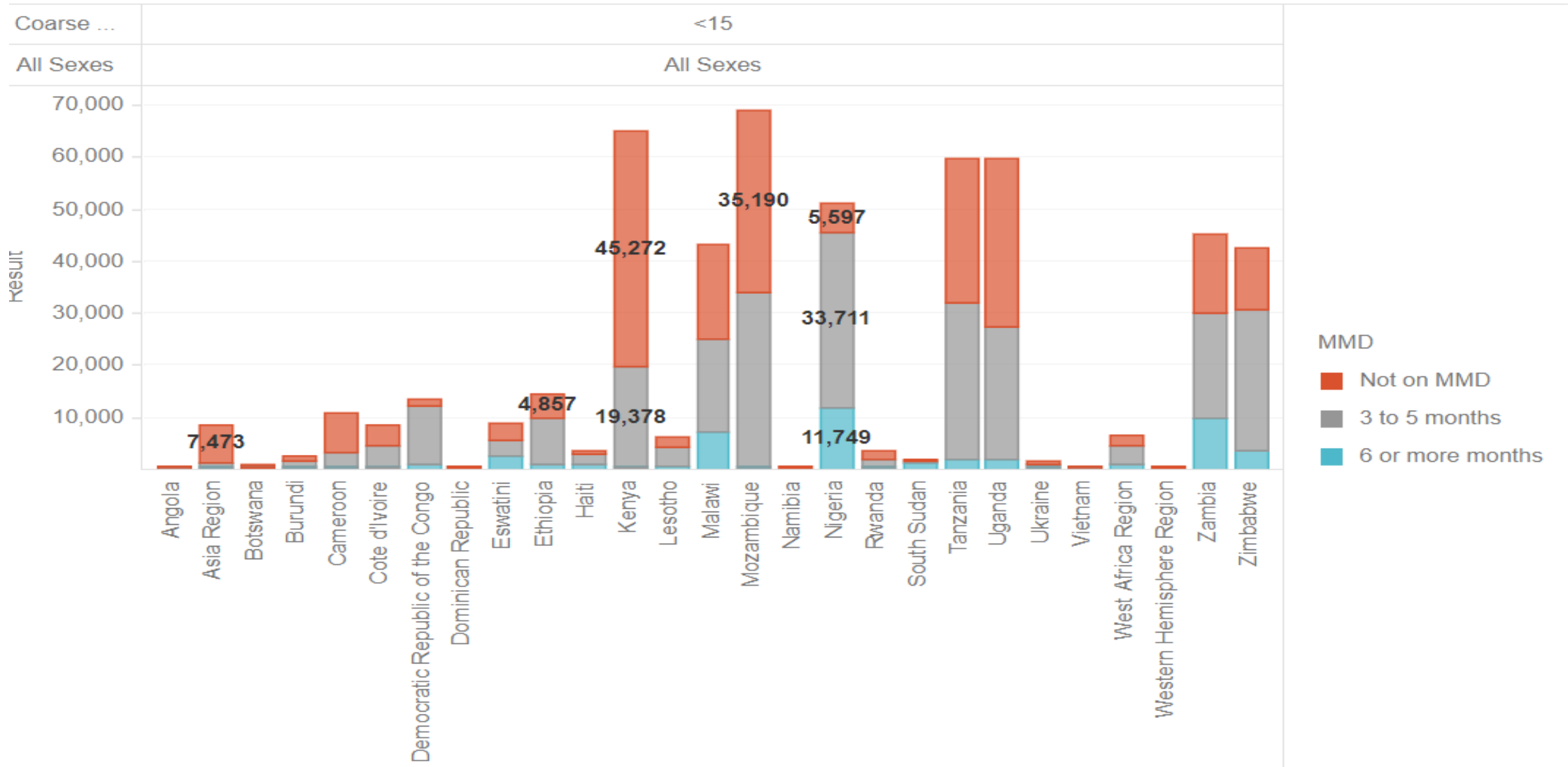
# Pediatric MMD guidance in the setting of COVID-19

- Programs should make every effort to supply children and CLHIV/ALHIV initiating and refilling ART with a 3-month supply of ARVs for those 2 - < 5 yo and a 6-month supply for those > 5 yo.
- For children requiring Cotrimoxazole, a 3-6-month supply should be provided at the same time as ARV pickup
- For children starting a new medication, administration of the first dose should be demonstrated and administered in clinic
- HIV-exposed infants should be given the greatest quantity of infant prophylaxis, both ART and cotrimoxazole as possible to last until the next immunization or EID testing appointment



# MMD for CLHIV<15 in Q3 (April 2021-June 2021) by country

Clients receiving multi-month dispensing by Age/Sex





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# Priorities for Prevention

S/GAC Sara Klucking

October 14, 2021

**18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS**

# PrEP Use Trends are Encouraging

Fiscal Year	2019	2019	2019	2020	2020	2020	2021	2021	2021
Operating Unit	Result Cumulative	Target	% Achievement	Result Cumulative	Target	% Achievement	Result Cumulative	Target	% Achievement
Asia Region	4,155	2,393	173.6%	5,930	8,110	73.1%	7,665	13,199	58.1%
Botswana	1,247	999	124.8%	1,301	1,001	130.0%	6,378	6,366	100.2%
Burundi							121	2,000	6.1%
Cameroon	208	2,077	10.0%	1,165	1,083	107.6%	1,751	7,096	24.7%
Cote d'Ivoire				422	1,810	23.3%	1,114	7,265	15.3%
DRC				1,383	1,910	72.4%	3,230	11,012	29.3%
DR	409	450	90.9%	710	700	101.4%	595	1,849	32.2%
Eswatini	3,025	3,268	92.6%	8,419	4,479	188.0%	10,416	11,760	88.6%
Ethiopia	314	0		2,446	2,601	94.0%	9,874	14,046	70.3%
Haiti	111	1,000	11.1%	2,759	3,566	77.4%	5,575	4,244	131.4%
Kenya	34,110	31,047	109.9%	39,841	37,947	105.0%	61,762	99,979	61.8%
Lesotho	12,143	12,429	97.7%	11,251	18,460	60.9%	13,898	20,895	66.5%
Malawi	762	1,060	71.9%	189	6,549	2.9%	2,574	16,052	16.0%
Mozambique	3,504	7,049	49.7%	11,122	8,514	130.6%	25,727	54,834	46.9%
Namibia	10,583	4,553	232.4%	11,654	15,589	74.8%	13,902	21,335	65.2%
Nigeria	379	0		32,249	14,738	218.8%	96,897	102,094	94.9%
Rwanda	943	1,800	52.4%	2,094	1,398	149.8%	8,446	7,602	111.1%
South Africa	30,599	28,099	108.9%	63,673	117,957	54.0%	185,993	250,020	74.4%
Tanzania	5,312	3,971	133.8%	7,147	32,652	21.9%	29,272	183,174	16.0%
Uganda	17,825	16,841	105.8%	37,831	30,000	126.1%	86,131	95,785	89.9%
Ukraine	881	2,100	42.0%	1,266	981	129.1%	1,560	3,016	51.7%
Vietnam	4,854	5,610	86.5%	8,311	4,641	179.1%	12,907	24,149	53.4%
WAR							3,146	4,483	70.2%
WHR				954	112	851.8%	1,135	3,069	37.0%
Zambia	23,352	8,647	270.1%	45,934	20,329	226.0%	96,820	86,694	111.7%
Zimbabwe	8,736	3,292	265.4%	13,966	8,239	169.5%	25,652	22,799	112.5%
<b>SUM</b>	<b>163,452</b>	<b>136,685</b>	<b>120%</b>	<b>312,017</b>	<b>343,366</b>	<b>91%</b>	<b>712,541</b>	<b>1,074,817</b>	<b>66%</b>

For FY 2021, PEPFAR set an ambitious goal to provide PrEP to >1,000,000 people at substantial risk of acquiring HIV

- 9 out of 26 OUs >=75% achievement
- 9 out of 26 OUs < 50% achievement
- 25 out of 26 >=100% of last year's annual total at this 3/4 point this year

# OUs are scaling up PrEP across PEPFAR

- > One million on PrEP
- PrEP scale-up continues in COP 21 and onward
- PrEP continuation research is ongoing
- Guidance is encouraging multi-month dispensing of oral PrEP
- PEPFAR continues to evaluate the expansion of the product pipeline into the PEPFAR prevention programs

# Approved products included in the WHO guidelines for PrEP

## ORAL TABLET, DAILY

- Emtricitabine/Tenofovir DF (TDF/FTC) 200/300 mg Tablet, 30 Tablets
- Lamivudine/Tenofovir DF (TDF/3TC) 300/300 mg Tablet, 30 Tablets
- Tenofovir 300 mg Tablets, 30 Tablets

## VAGINAL, MONTHLY

- Dapivirine Vaginal Ring
  - Sole Source Manufacturing
  - New to product commercialization

# PrEP Products – Not Yet Approved

## LONG ACTING, VARIED ADMIN

- Long Acting Injectable Cabotegravir
  - One dose intramuscularly every two months
- Islatravir
  - Oral tablet, monthly tablet
- Lenacapavir
  - Twice yearly injection

## ORAL TABLET, DAILY

- Dual Prevention Pill for HIV and Pregnancy Prevention
  - Tenofovir Disoproxil Fumarate (TDF 300 mg), Emtricitabine (FTC 200 mg), Levonorgestrel (LEVO 0.15 mg) Ethinyl Estradiol (EE 0.03 mg), Fixed Dose
  - Combination Tablet, 28 Tablets 21 tablets of TDF/FTC/LEVO/EE and 7 tablets of TDF/FTC



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# Priorities for Tuberculosis Preventive Treatment (TPT)

S/GAC Bill Paul / Kanjinga Kakanda

October 14, 2021

**18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS**

# TPT Scale-up Progress Across PEPFAR countries

- Ambitious targets set for full TPT coverage across PEPFAR countries since 2018
- More than 6,9 million have completed TPT since 2017 (about 40% of the current estimated TX\_CURR)
- Performance in 9 highest volume OUs (>500,000 patients) accounting for 82% of PLHIV on ART:
  - 5 OUs have >50% TPT coverage
  - 2 OUs have >25% coverage
  - 2 OUs achieved <20%

Year	TPT Targets	Results
FY18	1,900,000	797,418
FY19	2,800,000	1,393,965
FY20	6,300,000	2,661,128
FY21	6,686,627	1,360,802* (semi-annual results)



# Global Results for TPT coverage – Q2FY17 to Q2FY21

Are the number of TPT completions increasing over time?



Cumulative TPT Completions Over Time, from FY2017 Q2 to Most Recent Time Period

Global	Cumulative TPT Completions (TB_PREV Num.)	6,996,447
Global		

Comparison Level

Global

Operating Unit

(All)

SNU 1

(All)

Agency

(All)

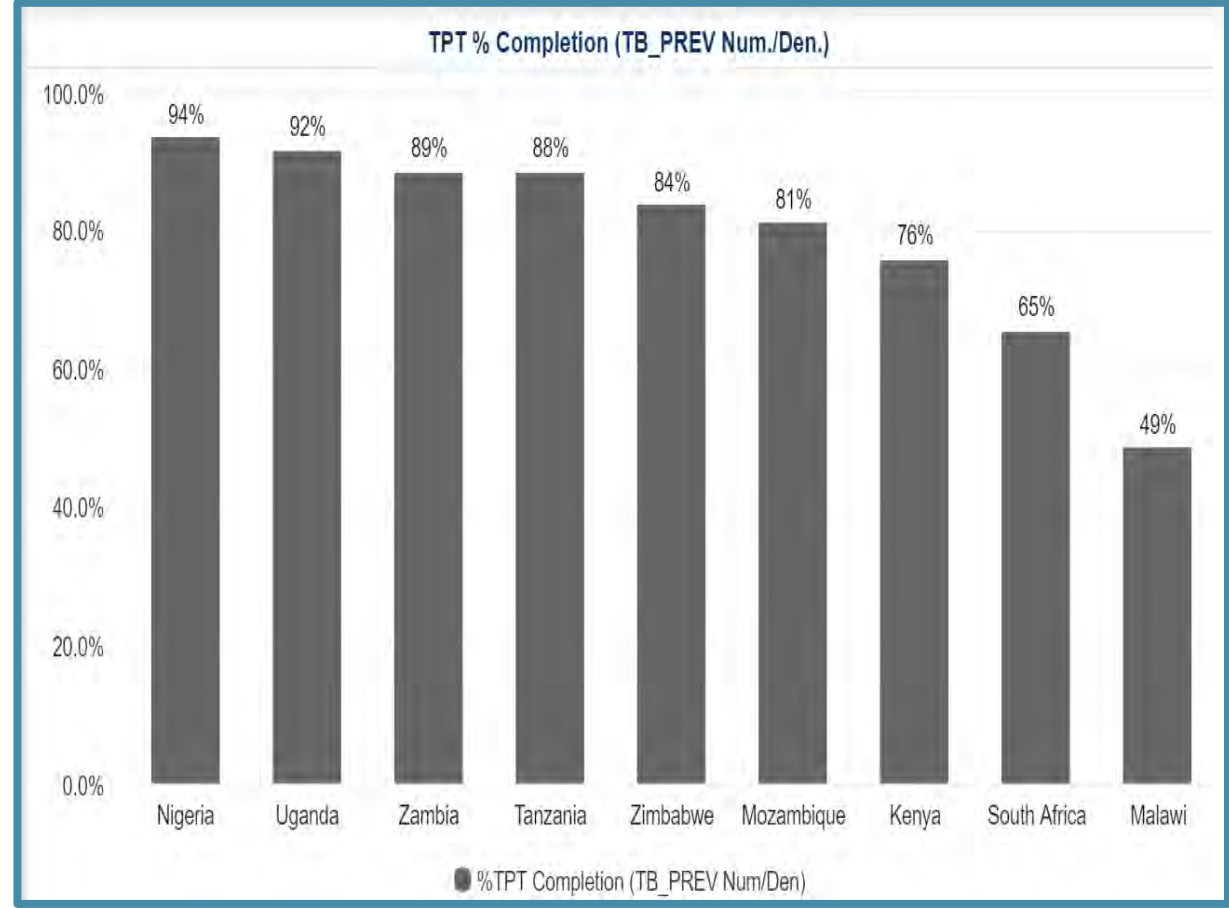
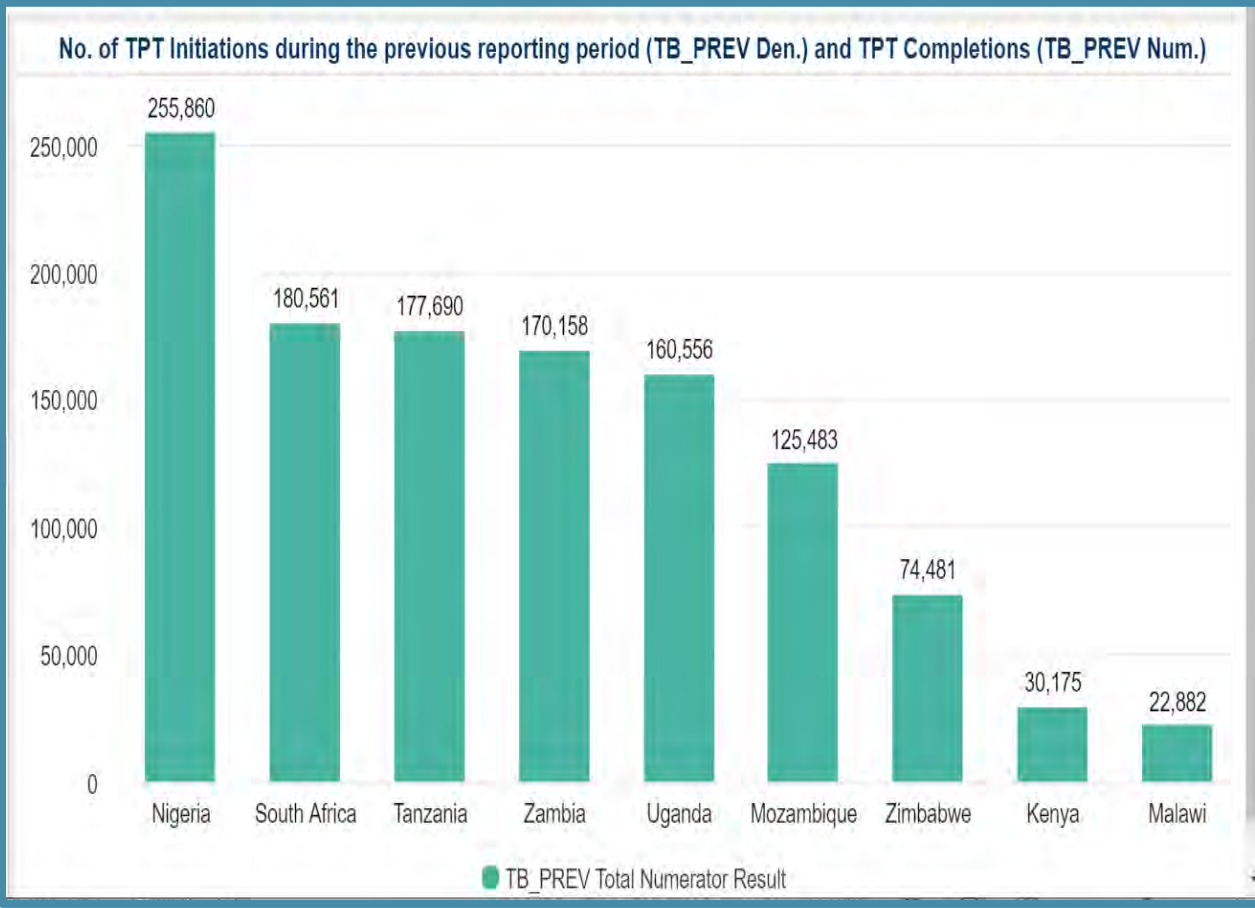
IM + Partner

- Massive TPT scale-up observed from Q4 2019
- Upward trend sustained
- 57% of TPT results accomplished in the last 3 reporting periods
- Increased number TPT results maintained in 2020 despite COVID-19

# Service Continuity in COVID-19 Context

- COVID-19 innovations included rapid integration of TPT and TB treatment for PLHIV into existing DSD models, harmonized MMD for ARVs and TPT, TPT expansion in DDD (community sites, private facilities and pharmacies)
- Program adaptations resulted in great volume in TPT completion despite disruptions due to COVID-19,
  - Nigeria - 56% of cumulative TPT coverage occurred in the last 3 quarters as a result of massive TPT initiation with completion over 90%
  - Tanzania - impressive overall TPT scale with ~80% patients covered with a course of TPT (completion rate maintained at/or above 85% for the last 2 years)

# Recent TPT initiation/ Q4FY20 and completion/Q2FY21 (highest volume OUs) Results



**Maintaining strong TPT initiation**

**Great completion rates for 6 of the 9 high volume OUs**

# Looking Forward

- PEPFAR committed to treating all eligible PLHIV with TPT, and reaching full TPT coverage by FY22
- **TPT commodity availability is critical to respond to scale-up demand, and sustain MMD and DDD models** being implemented
- Highlights from the recently published WHIP3TB study's results:
  - 3 months weekly of Rifapentine and Isoniazid (3HP) had higher TPT completion than daily isoniazid
  - No additional benefits (i.e., further reduction in TB incidence) from a second round of TPT
- Focus on shorter, Rifapentine based regimen (3HP, 1HP when available on the market)  
PEPFAR preferred TPT regimen is 3HP (Uptake for shorter regimen has been slower than anticipated in PEPFAR OUs due to various reasons, including COVID-19 related)
- TPT provision for child <5 yo contacts of PLHIV with TB remains a priority, but still a huge gap in uptake ( child-friendly formulation needed)

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## Thank You!

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# GHSC-PSM Reflections and Outlook for ARV Supply Chains

Alan Pringle, GHSC-PSM Supply Chain Director  
October 2021

[Link to live presentation](#)

# GHSC-PSM ARV COP20

## Snapshot Summary

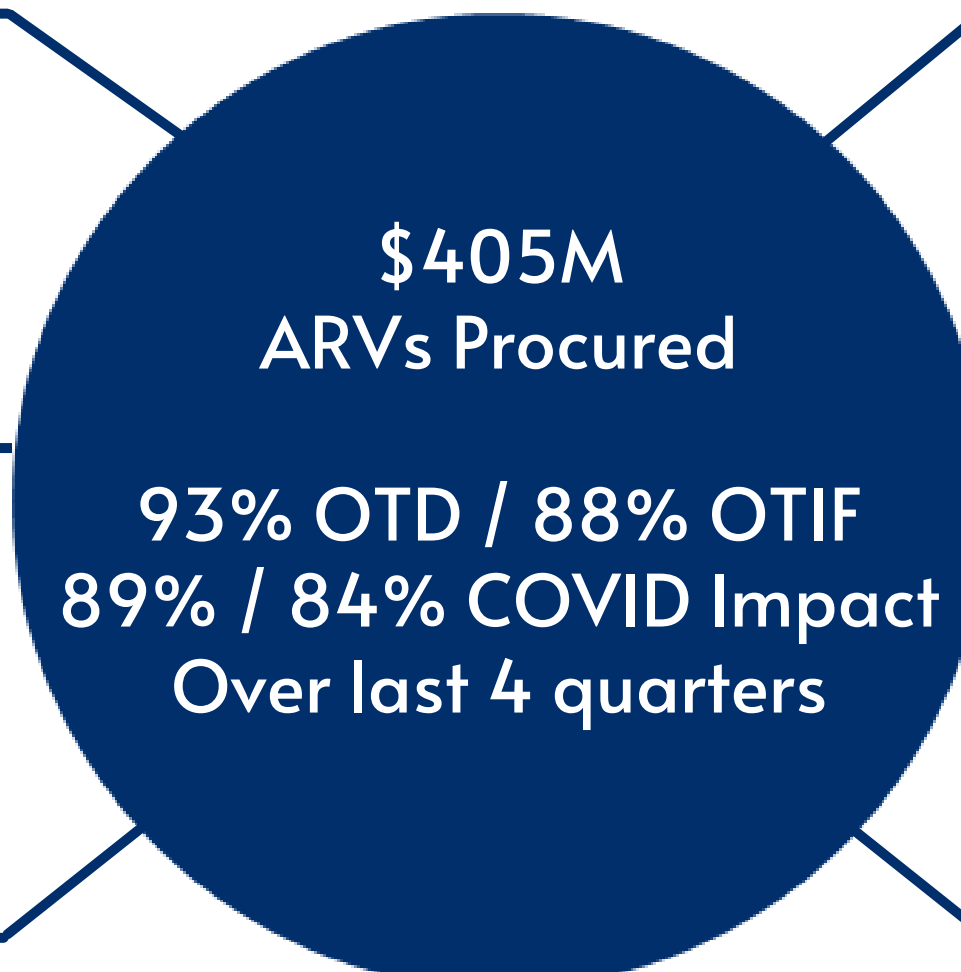
34% Delivered by Sea  
Increase of 7%



91% Avg Overall Supplier  
Performance Score  
Inclusive of all scorecard metrics (e.g.,  
OTP, incidents, GSI, qualitative factors)



MMD likely saved 59 million  
pharmacy trips for PLHIV\*



ARVs Delivered to 32  
Countries



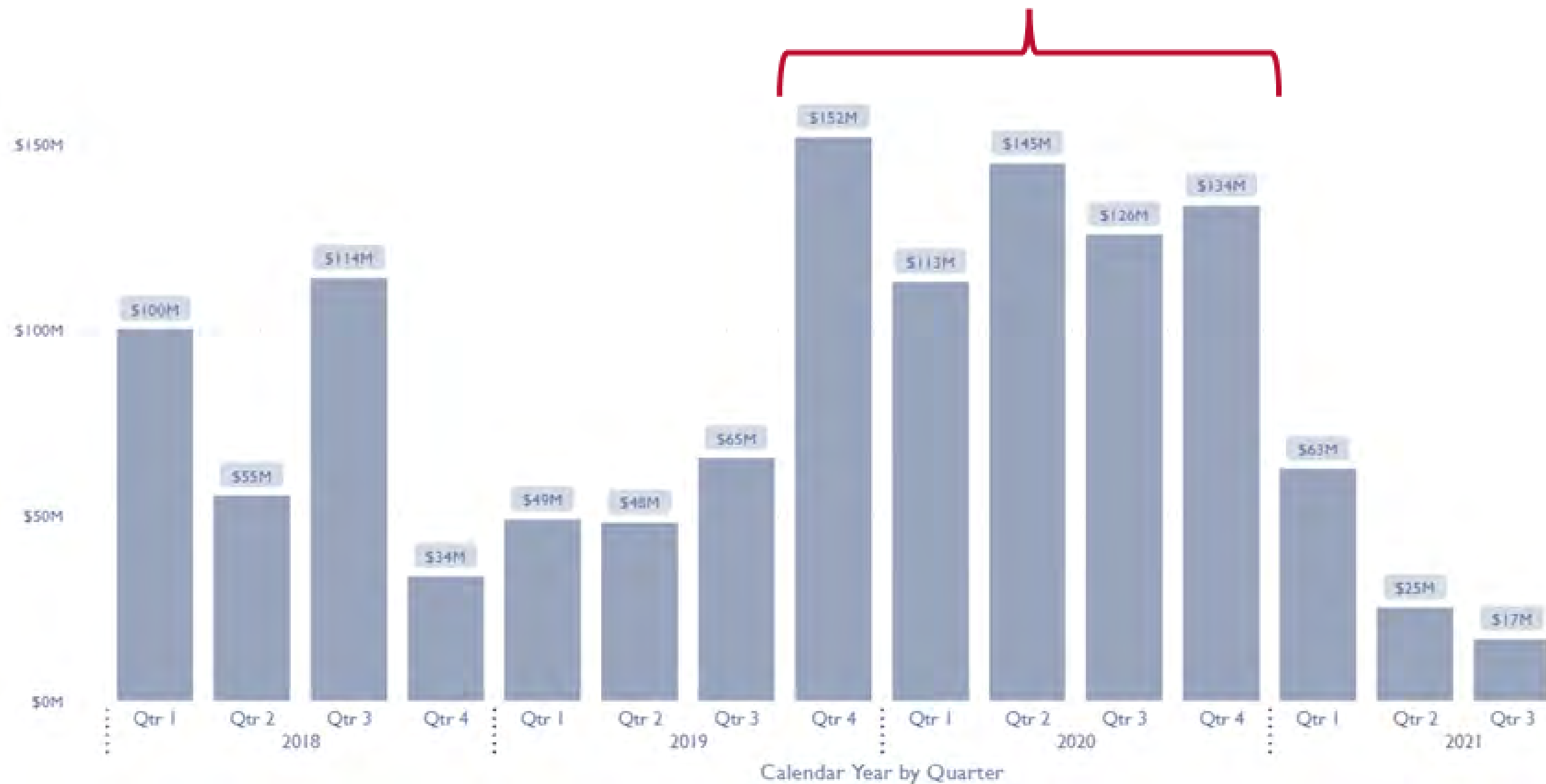
7% Pediatric ARV Spend  
Representing 39% processed  
line items



32% of Orders Fulfilled  
from the RDC  
8 unique products

# PEPFAR Countries were Encouraged to Accelerate Orders in 2020 to Offset COVID-Related Supply Chain Risks

Order Placement Date: Date PO is released to vendors. Includes orders for both Direct Drop and for the RDCs



Data as of August 2021



# Adoption of Global Standards for Product Identification, Data Capture and Master Data Exchange



GSI-based product and location identifiers (GTINs & GLNs) and product master data exchanged via GDSN supports the population of the GHSC-PSM catalog. In turn, catalog data is used for supply chain processes from procurement to logistics.



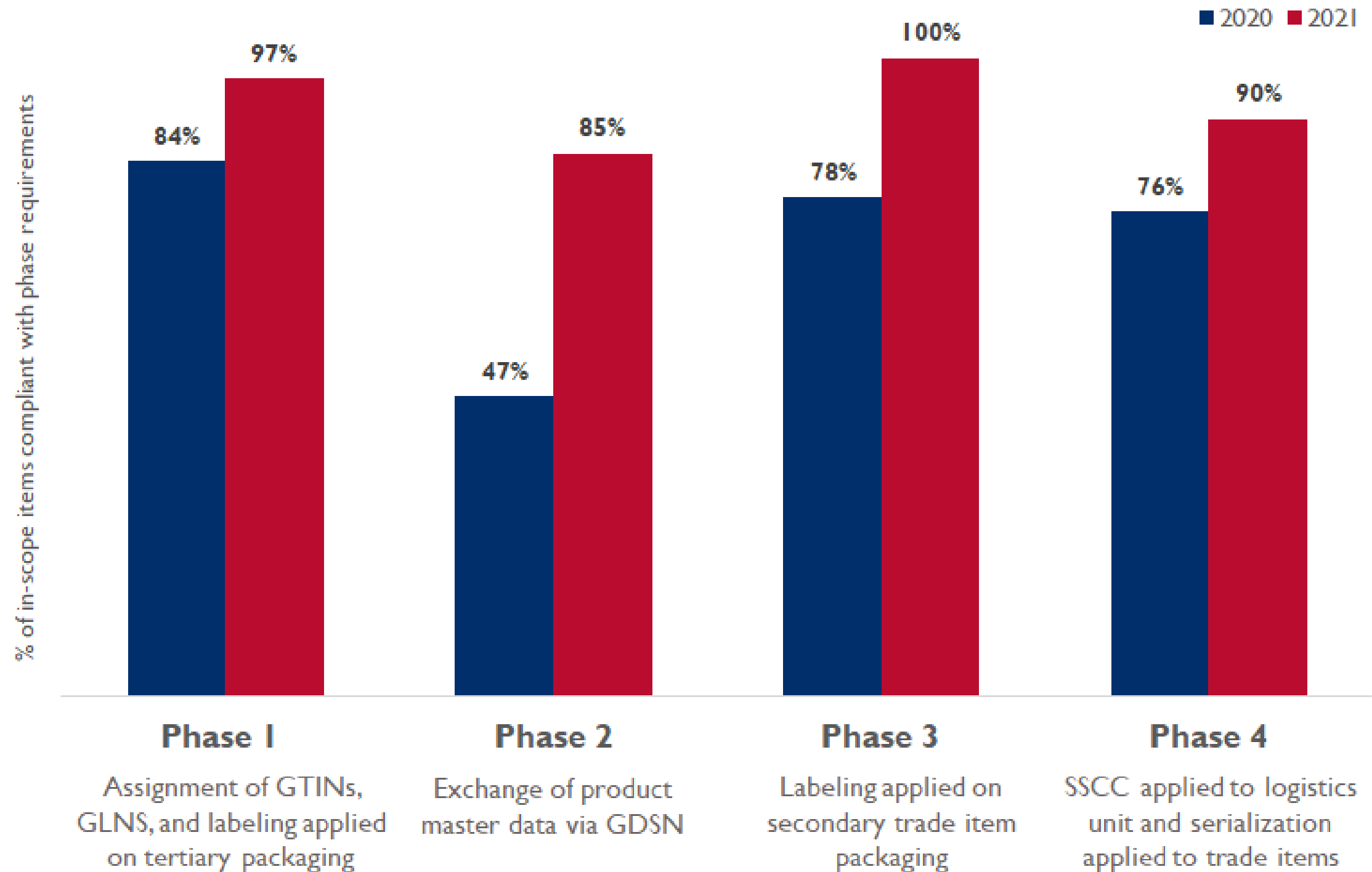
As countries progress toward using standards-based identifiers and labelling to support in-country operational activities and product traceability, GHSC-PSM is receiving increasing requests to provide GTIN data and confirm presence of product labelling to support those activities.



Through advancing the adoption of standards-based identifiers and serialization GHSC-PSM continues to work towards increased supply chain visibility and traceability.



# ARV GHSC-PSM Global Standards Requirement Compliance from October 2020 to September 2021



# Evolving GHSC-PSM's Procurement Strategy

## GHSC-PSM ARV Landscape

- ▶ Catalog Consolidation
- ▶ Acceleration of MMD
- ▶ Increased Supply Chain Flexibility
- ▶ Strong Supplier Performance

## Differentiators

- Extended Shelf-life
- Price
- Packaging Efficiencies
- E2E Visibility
- Increased PSE In-country (e.g., DAP, VMX)

# Thank you!



# ARV Large Buyer Seller Summit



**Republic of South Africa**

---

**Ms Khadija Jamaloodien**  
Affordable Medicines Directorate

---

ARV Large Buyer Seller Summit  
October 2021



**health**

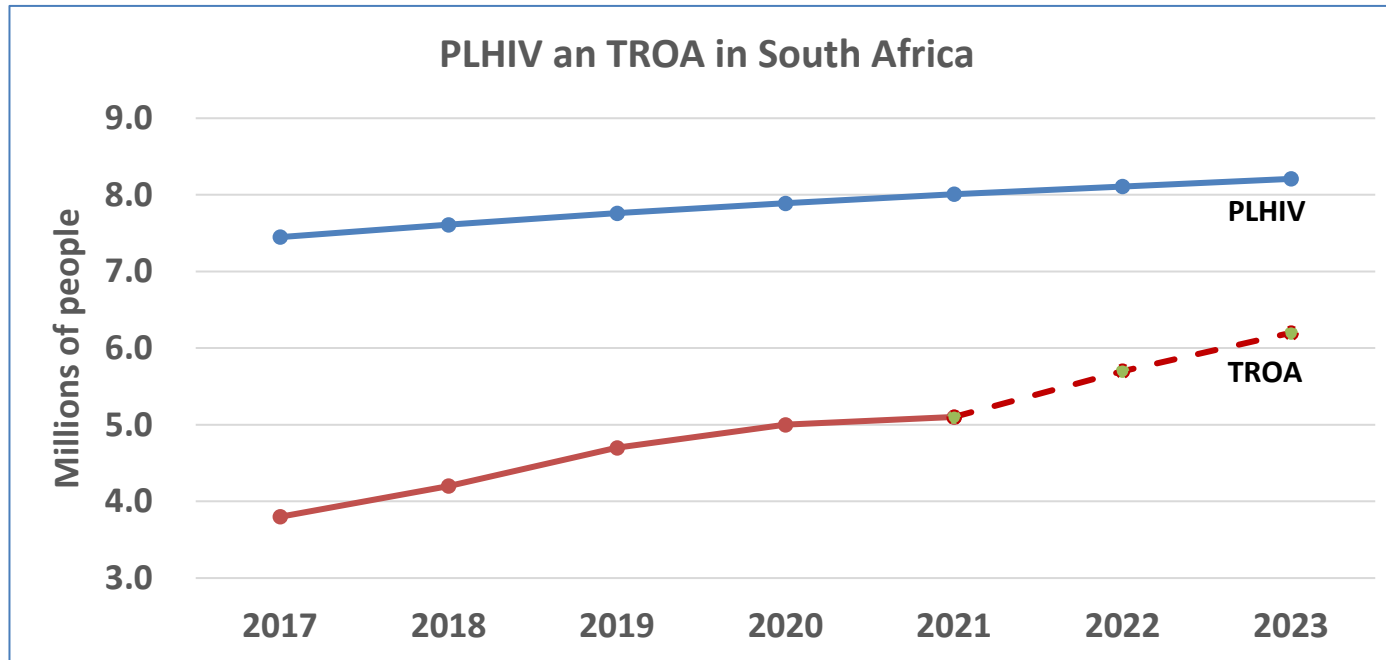
Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# We expect continued patient growth in SA



*PLHIV will surpass 8m in 2021, and SA still retains its aim to grow TROA to 6m*



**Note**

- TROA = Total remaining on ART
- TROA data on graph excludes private sector
- PLHIV from Thembisa 4.4 model



**health**

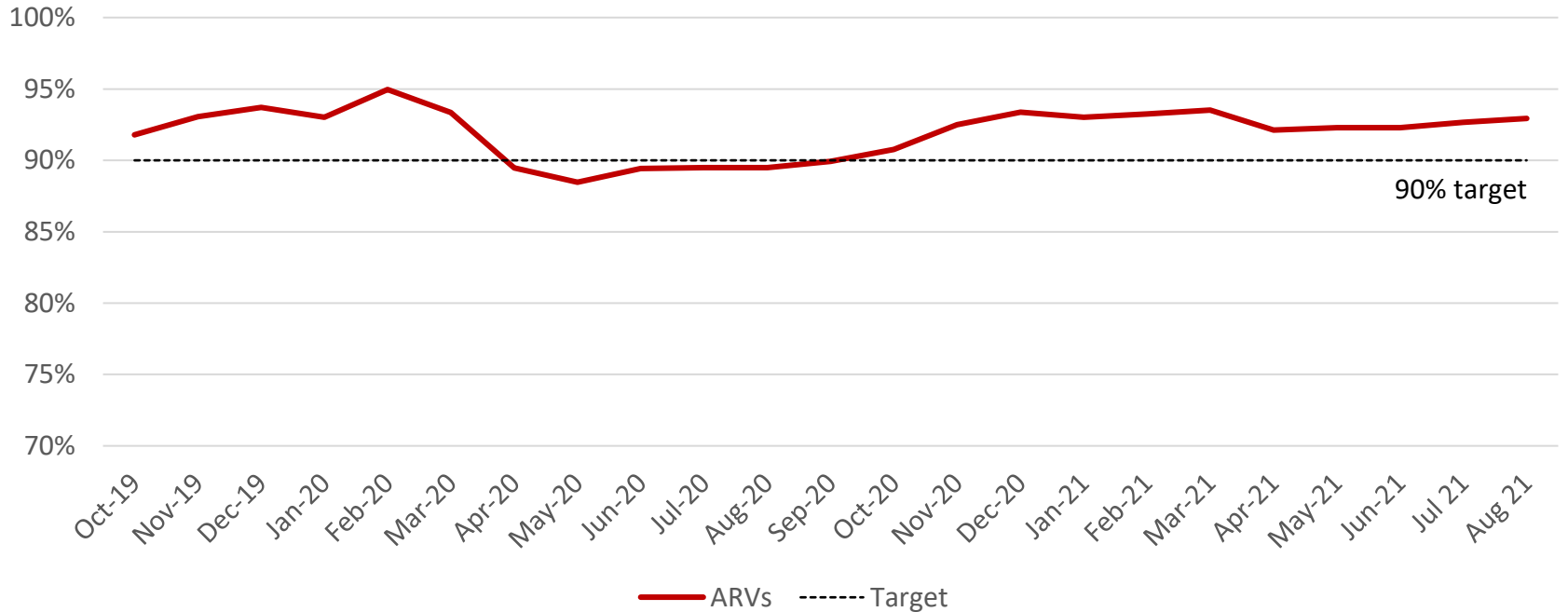
Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# ARV availability maintained >90% apart from short period over COVID 1<sup>st</sup> Wave



### ARV Availability



**Note**

- TROA = Total remaining on ART
- TROA data on graph excludes private sector
- PLHIV from Thembisa 4.4 model



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Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# ARV Tender



- Current tender expires on 30 June 2022
- New tender for 3 year period from Jul-22 to Jun-25
- Bids have been received
- Evaluation underway
- Targeting announcement of award in Feb-22
- AMD will work with suppliers on transition





# Transition to dolutegravir based regimens



South Africa has ~3m patients on TLD

- Steady increase seen over the year, with estimates of TLD:TEE at approximately 66:34
- Messaging from NDoH has attempted to support the transition
  - Confirmation of ample stock cover for TLD
  - Letter from HIV Programme supporting accelerated transition
  - Dolutegravir based treatment now accessible by all women
  - 2<sup>nd</sup> line patient transition also encouraged
- DTG50 demand has increased recently and is being monitored to assess uptake

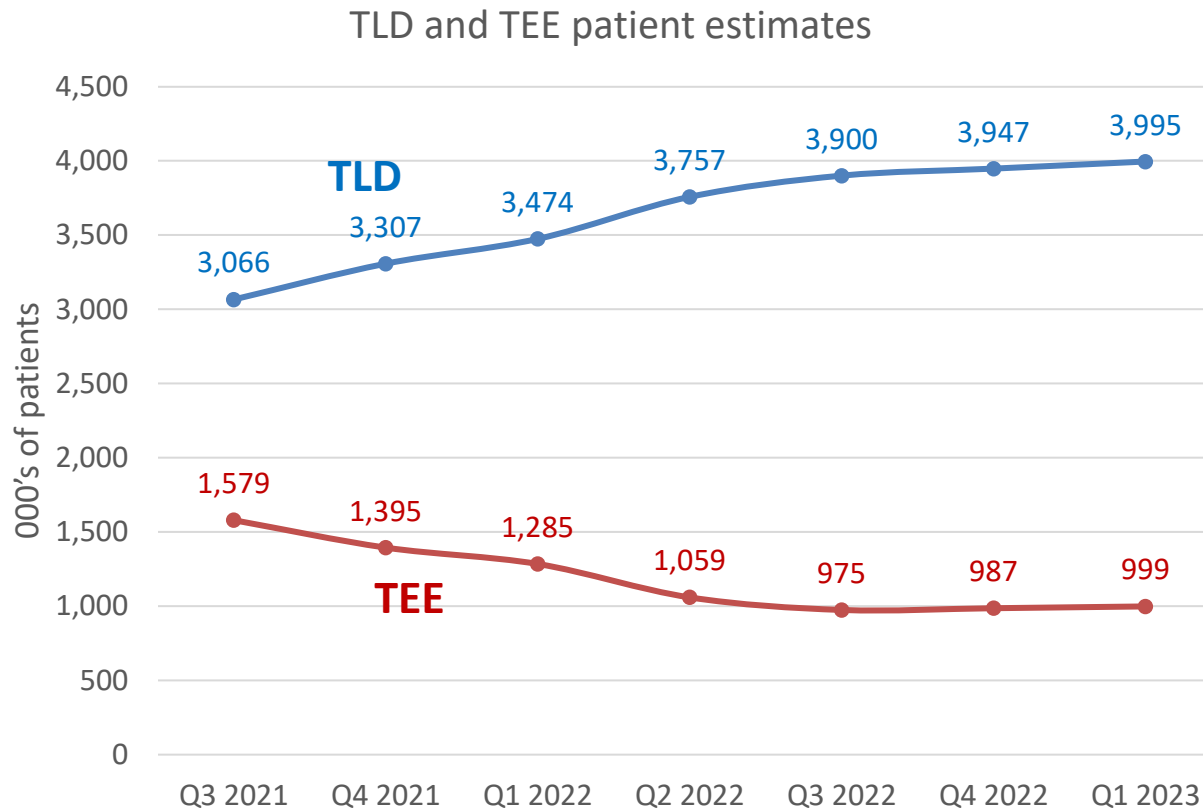


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REPUBLIC OF SOUTH AFRICA



# Adults on main 1<sup>st</sup> line ARTs; 80:20 will not be reached in 2021



Source: Team analysis; TEE/TLD profile based on TROA reaching 6m in Mar-22



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Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# Regimen trends: 2<sup>nd</sup> line adults



	Patient estimate	Comment
AZT/3TC+LPV/r	~280,000	LPV/r volumes expected to reduce, but based on clinician adherence to communication from HIV Programme on 2 <sup>nd</sup> line patient transition to DTG 50
AZT/3TC+DTG	~50,000	
AZT/3TC+ATV/r	~10,000	
TDF/FTC+LPV/r	~6,000	
TDF/FTC+ATV/r	~250	
<b>Total</b>	<b>~320,000</b>	Stable volumes expected



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Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# Regimen trend: 1<sup>st</sup> line children



	Patient estimate	Comment
ABC/3TC+EFV	~90,000	Expectation that EFV & LPV/r will be replaced by DTG 50
ABC/3TC+LPV/r	~45,000	
ABC/3TC+DTG	~2,000	
AZT/3TC+NVP	~6,000	Stable volumes expected
ABC/3TC+ATV+r	~3,000	ATV/r combination available but not on contract in current tender
<b>Total</b>	<b>~160,000</b>	



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# Conclusion



- Tender evaluation underway
- South Africa will continue to have a demand for TEE600
- Transition of 2<sup>nd</sup> line patients does carry uncertainty
- We hope 2022 will be a better year for all – but plan for surprises

*Looking forward to a successful tender outcome, with stronger relationships and continued innovation for the benefit of our patients*



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# THANK YOU



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REPUBLIC OF SOUTH AFRICA





# ARV Large Buyers and Sellers Forum 2021

## Global Fund Update

**13-14 October 2021**

# Key contacts here today



**Cathal Meere**  
Manager, Pharmaceuticals  
Strategic Sourcing



**Chirag Rajpuria**  
Associate Specialist,  
Principal Recipient Services



**Uranchimeg Badarch**  
Category Lead, ARVs  
Strategic Sourcing



# The Global Fund supports countries to fight HIV, TB & Malaria, & mitigate COVID 19 impact

*\$4.2 billion spend in 2020, 105 countries and 14 multi-country programs*



## HIV in 2020:

- 21.9 million people on antiretroviral therapy for HIV. Coverage increased from 48% in 2015 to 73% in 2020. Global target: 95% by 2025.
- 104 million HIV tests taken; HIV-positive people with knowledge of their status increased from 69% in 2015 to 84% in 2020. Global target: 95% by 2025
- People living with HIV with suppressed viral load increased 41% in 2015 to 66% in 2020. Global target: 95% by 2025.
- 686,000 HIV-positive mothers received medicine to keep them alive and prevent transmitting HIV to their babies in 2020; coverage increased from 44% in 2010 to 85% in 2020. Global target: 100% by 2025.



## Malaria in 2020:

- 188 million mosquito nets were distributed
- 11.5 million pregnant women received preventative therapy, 135 million cases of malaria treated
- 248 million suspected cases tested for malaria.



## TB in 2020:

- 4.7 million people received lifesaving treatment for TB in 2020.
- GF provides 77% of all international financing for TB by June 2021 and invested 7.8B USD in TB programs.
- 30% of the GF TB investments support interventions on TB care and prevention, particularly for children and other vulnerable groups such as people living with HIV; 271,000 HIV positive TB patients were on ART during TB treatment in 2020



## Covid Tx Products

- Covid-19 Response Mechanism (C19RM) provided US\$4 billion to date for 107 countries and 16 multi-country programs on protective equipment (PPE), diagnostic tests, and therapeutics (including medical oxygen), to support country responses to Covid-19

# Key ARV achievements in 2021



## Supply Continuity:

- Continue to drive value through strategic sourcing, H1 2021 ARVs spend alone 400mUSD.
- Price reductions for 1st line regimen by 9% in 2021 compared to 2020 (27% reduction since implementation of the FA 2018-2021)



## Demand Forecasting:

- Continued improvement of demand forecasting: COVID -19 acted as function for the GF to help shape demand, mandating the PRs to place annual orders by Jun 2021. All forecasted orders have been placed for 2021
- Number of Rapid Supply Mechanism (RSM) orders went down significantly from 21 ARV orders in 2020 to zero orders as of Sep end 2021.



## Continues Partner collaboration

- Continued close working relationship with our key partners including PAHO, UNITAID, CHAI & USAID/PEPFAR\



## Innovation:

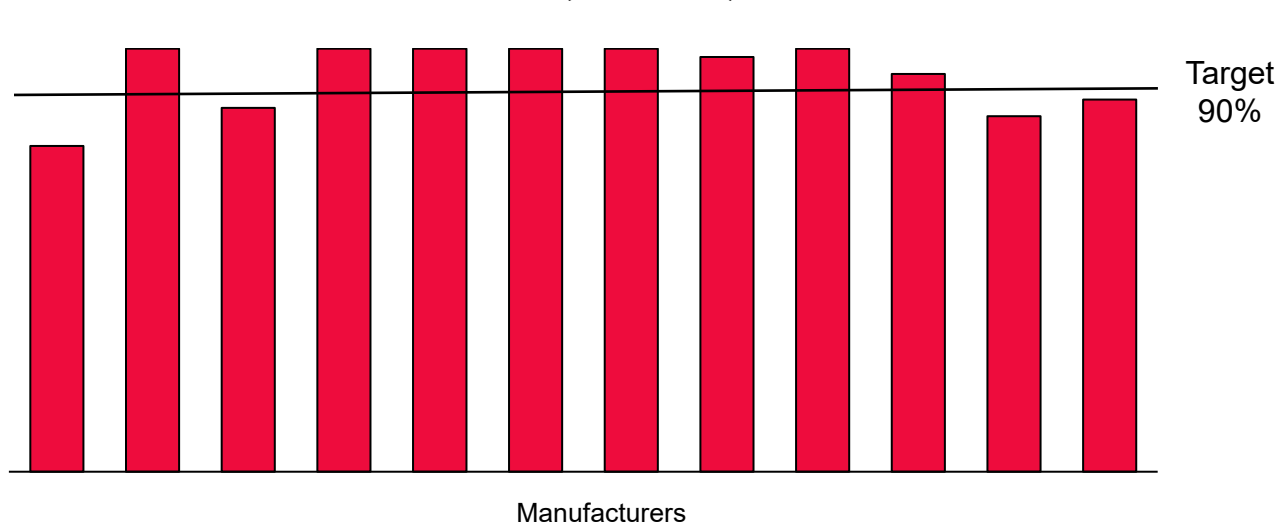
- Supporting efforts to stimulate innovation; accelerate the adoption of new and/or cost-effective products & introduction of better formulations for children-dispersible tabs (DTG 10mg)
- Supply carton-less products -96% of the 1st line ARVs supplied as of Q3 2021.

# 2021 supplier performance at the end of Q3

TGF ARV Strategy includes active supplier performance management with a greater focus on

- Supply security
- OTIF (on-time-in-full delivery) - Target of 90%
- Shorter lead-times
- Shelf-life extension
- Vendor Managed Inventory (VMI) stock visibility for low volume products, mitigate risk of stock-outs

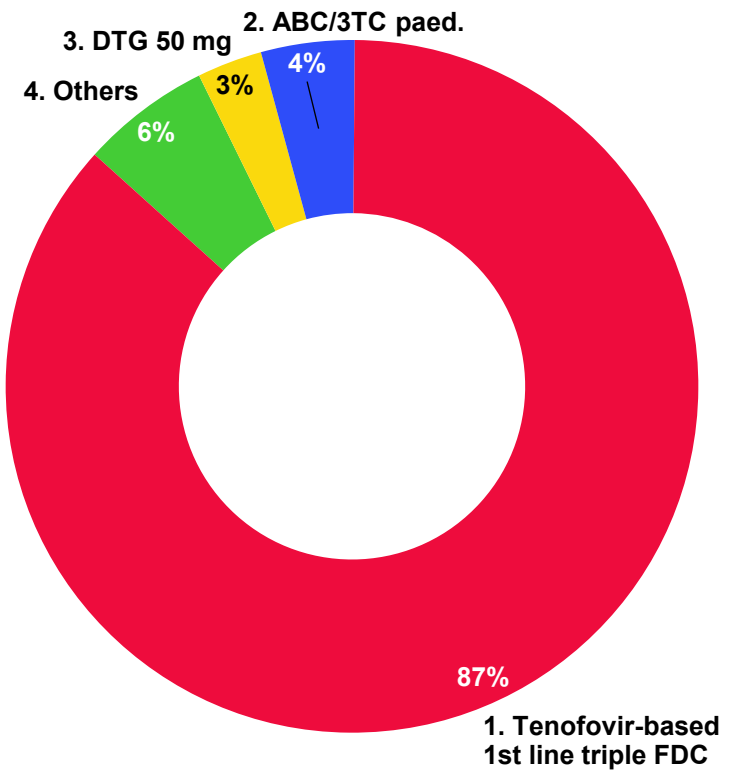
Supplier OTIF (on-time-in-full delivery) with target 90%  
2021 (Q1 – Q3)



Delayed Order 2021



# 75 million monthly ARV\* packs estimated for 2022 delivery through GF Pooled Procurement Mechanism



More than 96% tenofovir-based FDCs = carton less for POs placed in 2021

\*more detailed forecast for 2022 will be published in November 2021

Armenia, Belarus, Benin, Bhutan, Burkina Faso, Cambodia, Cote d'Ivoire, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Congo DRC, Ecuador, Gambia, Georgia, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Indonesia, Jamaica, Laos, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mongolia, Mozambique, Myanmar, Namibia, Nepal, Nicaragua, Niger, Nigeria, Pakistan, Philippines, Sao Tome and Principe, Senegal, Sierra Leone, Sri Lanka, Syrian Arab Republic, Eswatini, Tanzania, Thailand, Timor-Leste, Togo, Uganda, Vietnam, Yemen, Zambia

# Looking Ahead: 2022 Global Fund focus areas



## **Supply continuity:**

- Ensuring continued supply & long-term sustainability for strategic medicines and medicines for HIV program
- More focus on upstream supply visibility, support new entrants, diversify supplier base
- Accelerate transition to more optimal health products, smoothen new product uptake



## **Facilitate collaboration:**

- Between key partners & suppliers to balance supply & demand, drive stronger health product management across all procurement channels with end-to-end integrated tools and improved demand forecasting



## **Leverage supply synergies:**

- Combined tender for ARV, anti-malaria medicines and other strategic medicines in 2022

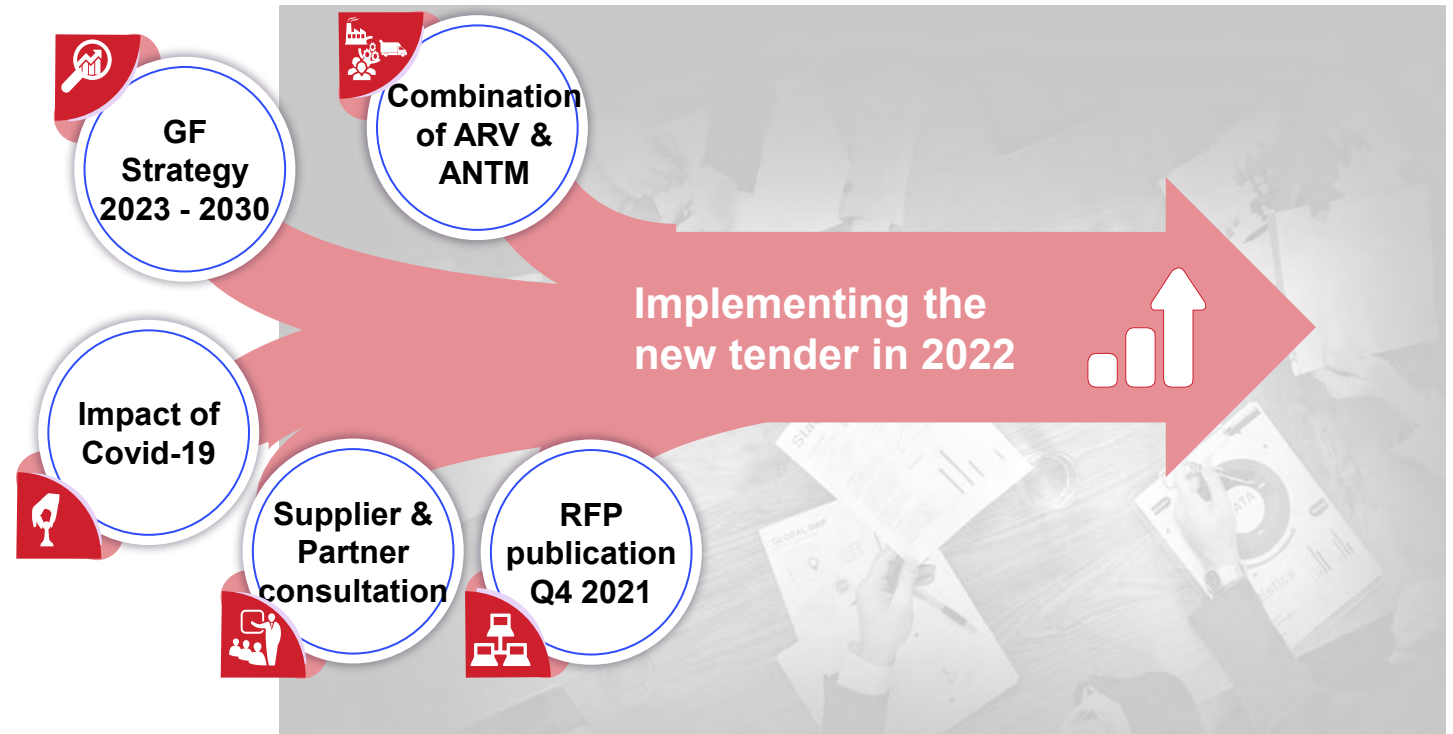


## **Innovation:**

- Continue supporting efforts to stimulate innovation
- Accelerate the adoption of new and/or cost-effective products,
- Adequate preparation and planning to respond to new product
- Reduce environmental footprint and improve traceability
- Supply of 2nd line ARVs with no carton (reduce packaging and shipping cost), implementation of the GS 1 barcoding (improve tracking of products and quality incidents throughout supply chain)

# Global Fund Combined Pharmaceutical Tender

- New tender will **combine both ARV's and ANTM categories**
- Initial tender **timing postponed due to COVID 19** impact on global supply network
- **Supplier and partner consultation** completed in Q1-Q2 2021
- New tender **implementation in 2022**



More information: <https://www.theglobalfund.org/en/sourcing-management/health-products/antiretrovirals/>

Check who is updating the website

• COVID-19

# Sourcing & Management of Health Products



Overview

Updates

Market Shaping Strategy

Procurement Tools

**Health Product Procurement** ^

Antimalarial Medicines

**Antiretrovirals**

## Antiretrovirals

Lifesaving antiretroviral medicines (ARVs) are vital for HIV programs and account for nearly 40% of the Global Fund's Pooled Procurement Mechanism annual spend. Our Market Shaping Strategy and our position as one of the largest global buyers of ARVs guide our commitment to facilitating healthy, balanced and sustainable markets.

**4.6 million**

people receiving ARV treatment procured through the pooled procurement mechanism in 2019

Thank You



The Global Fund to Fight  
AIDS, Tuberculosis and Malaria

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**PAHO  
STRATEGIC  
FUND**

# PAHO Strategic Fund

Supporting Countries in Improving Access and Availability to  
Essential Public Health Supplies



**PAHO**



# PAHO STRATEGIC FUND

## Vision

Improve the health and well-being of peoples and contribute to the advancement of universal health in the Americas, by **strengthening health systems and improving the equitable access to safe, efficacious, and quality medicines** and other priority public health supplies.



## Values

**Solidarity, quality, transparency, equity, efficiency, Pan-Americanism.**

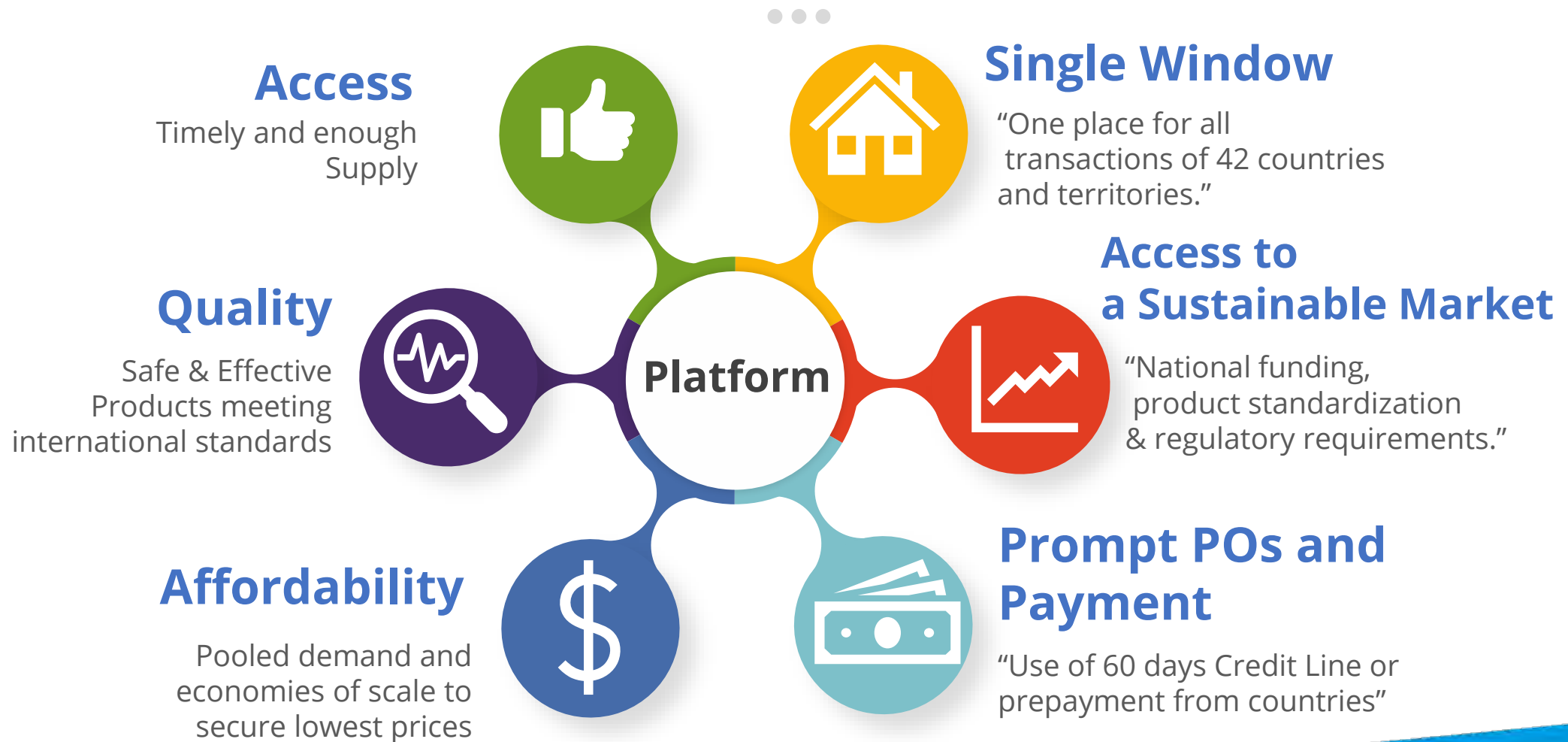
## Mission

Develop a regional platform for PAHO Member States that facilitates collective action to improve the **affordability, availability and quality of strategic health supplies** in the Americas.

# Platform for Value Creation for Countries & Suppliers

Countries

Suppliers



# Leveraging impact



## Partnership

Since July 2015, PAHO has been leveraging Global Fund long term agreements (LTAs) for procuring the majority of the ARVs purchased through the Strategic Fund



## Added value

- ✓ Vendor performance
- ✓ Supply assurance of products with low volume
- ✓ Access to products allocated to the Global Fund for emergency requests
- ✓ Best value for money



## Economy of scale

- ✓ Maximize use of LTAs: framework agreements
- ✓ Increase ARV demand visibility to secure availability
- ✓ Transition/adoption of new products: market intelligence



## Effectiveness

- ✓ Contract Supplier Management
- ✓ Harmonize Quality Standards & Quality Assurance
- ✓ Transparency in tendering process (eligibility, technical proposal & evaluation process)

✓ Stay tuned - New joint tender scheduled in 2022 !!!



# PAHO

# Access to ARVs through PAHO SF

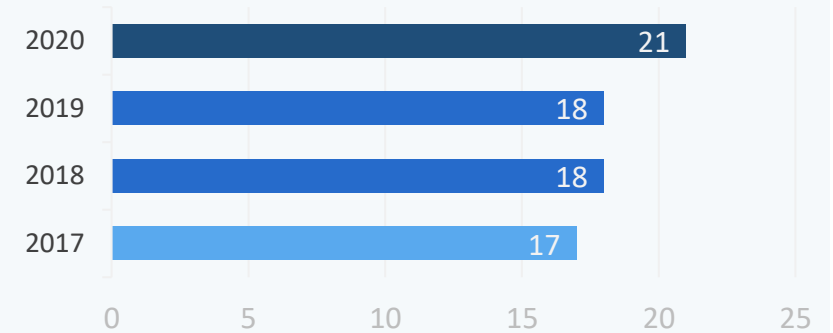


**22**

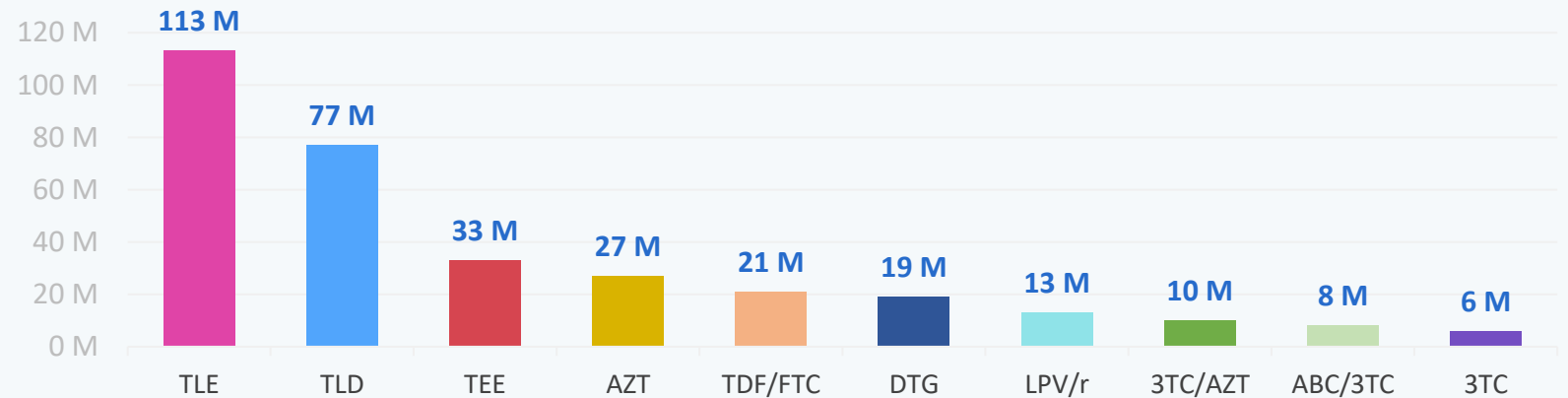
Countries purchasing ARVs through the Strategic Fund

*\*between 2017/2020*

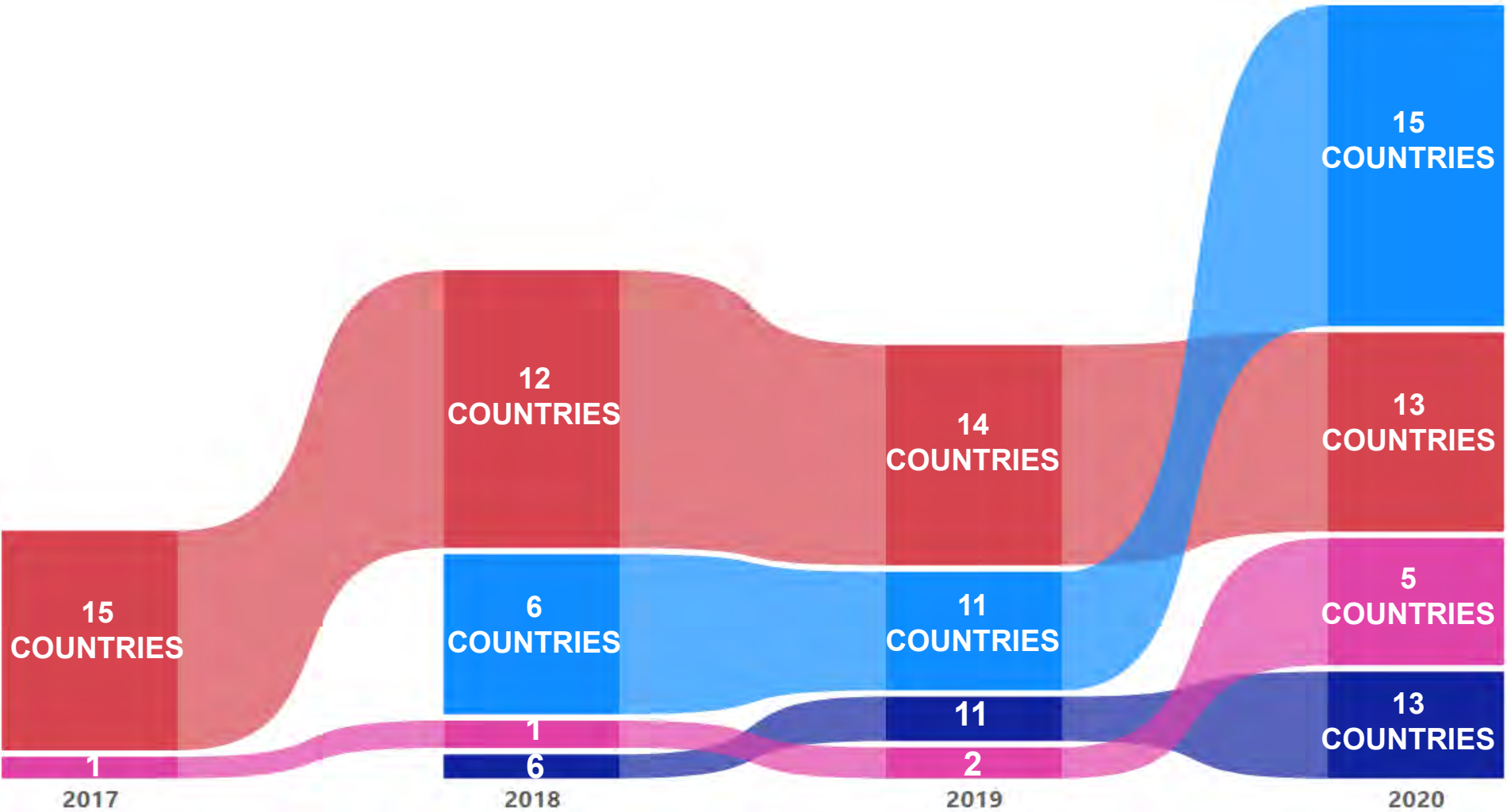
# Countries purchasing ARVs



Top 10 products purchased (in # tablets) 2019-2021



# Optimization of treatment schemes for Member States



TLD

TEE

TLE

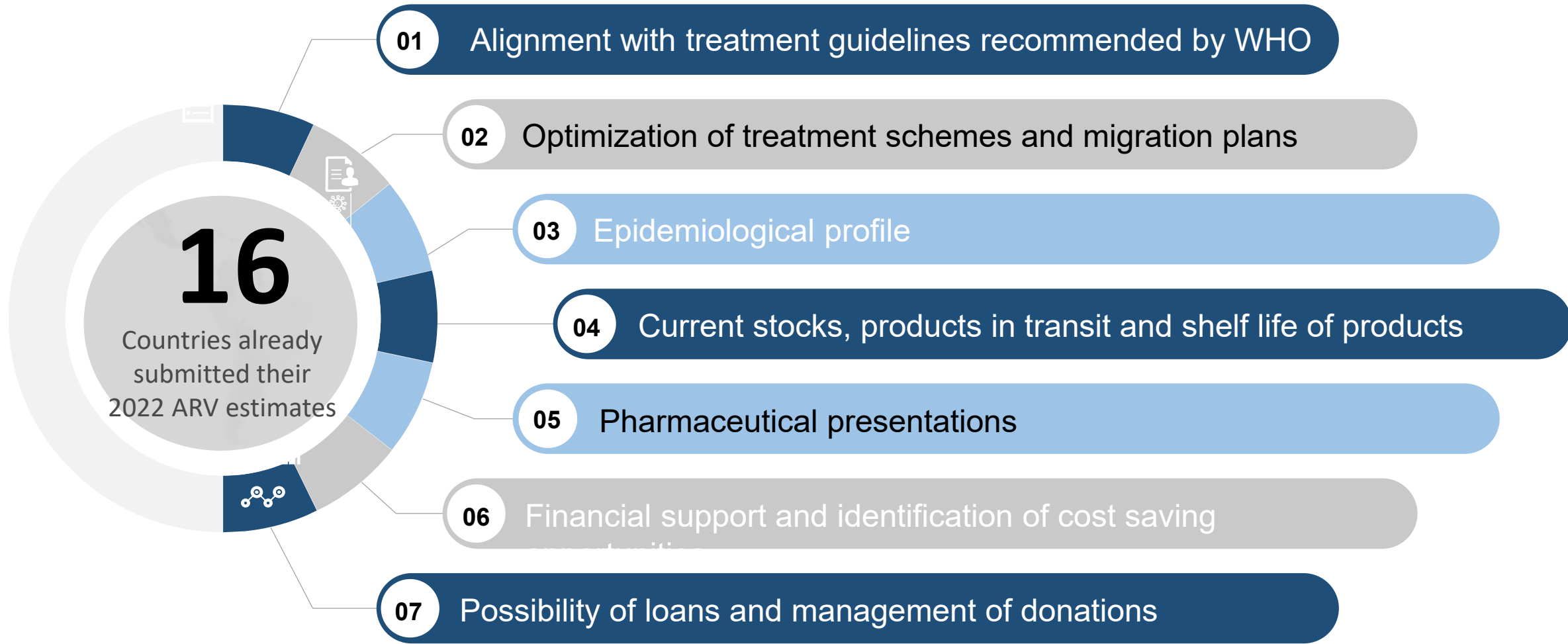
DTG

BRA excluded from the graph. The size of the ribbons represents the amount of tablets purchased. Data extracted 8/30/21



**PAHO**

# Regional Demand of ARVs 2022/23



# PAHO ARVs focus for 2022-25



**Increase TLD  
demand**



**Introduce  
pediatric  
DTG**



**Coformulated  
DRV/r**



**New  
formulations:  
DTG-3TC  
DRV/r-TAF-  
FTC**



**Long Acting**



# Long Acting Drugs: the new paradigm for HIV

## Global Roll out

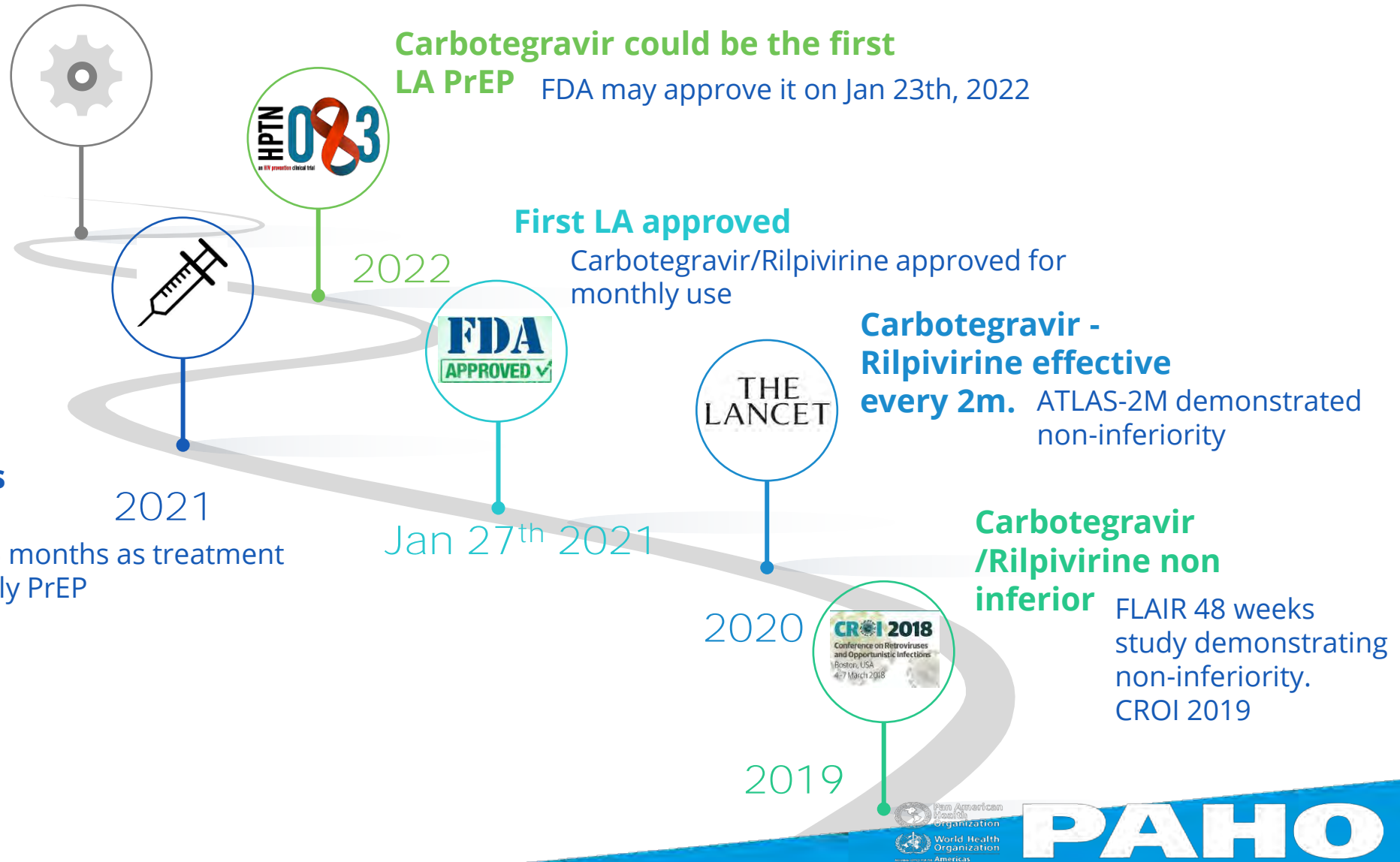
WHO and many partners are evaluating what can be the profile for the best candidates to be rolled out with a public health approach:

- Every 3-6 months
- No requirement for cold chain
- Easy to manufacturer
- Accessible price
- Patent status

## The year of new LA-ARVs

Several trials evaluating:

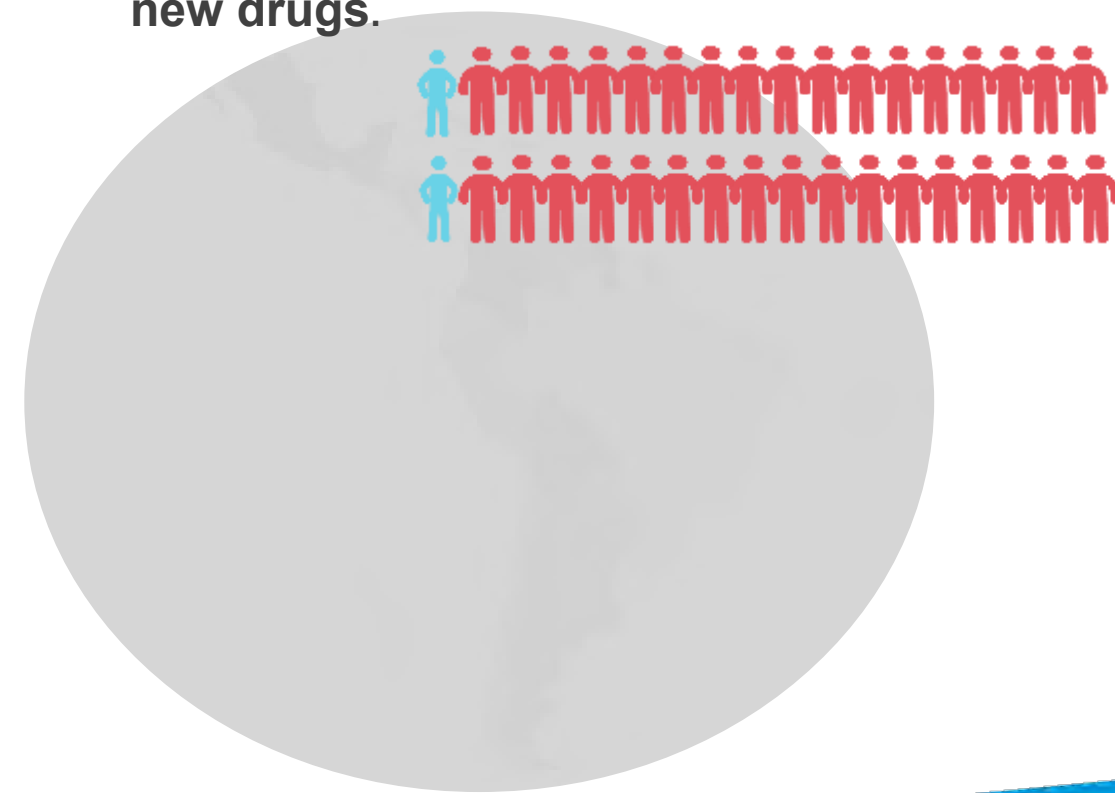
- SC LENACAPAVIR every 6 months as treatment
- Implant ISLATRAVIR yearly PrEP
- SC ALBUVIRTIDE weekly
- bNAbs



# The patents will limit the introduction of new drugs

Country	DTG	TAF	Cabotegravir
Antigua and Barbuda			
Argentina		Opposition	x
Bahamas		x	
Barbados			
Belize			
Bolivia		MPP License	
Brazil	x	x	x
Chile		x	x
Colombia	x	x	x
Costa Rica		x	
Cuba			
Dominica			
Dominican Republic	x	x	x
Ecuador	x	x	
El Salvador		x	x
Guatemala			
Guyana		x	
Haiti			
Honduras			
Jamaica		x	
Mexico	x	x	x
Nicaragua			
Panama		x	x
Paraguay		x	
Peru	x	x	x
Saint Lucia		x	
Suriname			
Trinidad and Tobago	x		x
Uruguay		x	
Venezuela		x	x
<b>Patent Granted or filed</b>			
<b>No Patent Granted or Filed</b>			

➤ Currently over 2.1M people living with HIV in LAC Region – and potentially 2M will be affected by the patent protection of new drugs.

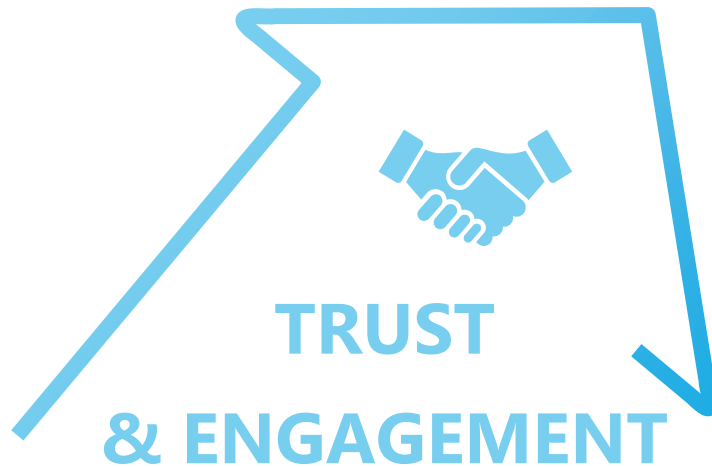


Source: Medicines Patent Pool database and World Intellectual Property (WIPO)

# Establishing supplier partnerships ...



Going to the next level ...



- ✓ Open communications
- ✓ Transparency and responsiveness
- ✓ Innovation and development of new products



- ✓ Demand & Supply Visibility
- ✓ Production visibility
- ✓ Performance management
- ✓ Risk mitigation and Impact







- ✓ Understanding the region - Pan-Americanism
- ✓ Expand access agreements in LAC
- ✓ Ensure compliance with regulatory requirements



THANK  
YOU!

[www.paho.org](http://www.paho.org)

PAHOWHO     
OPSPAHO 

#HealthForAll  
#MentalHealth  
#GetVax  
#pahowho  
#BeatNCDs  
#UniversalHealth



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE Americas

**PAHO**

*Healthier together.*



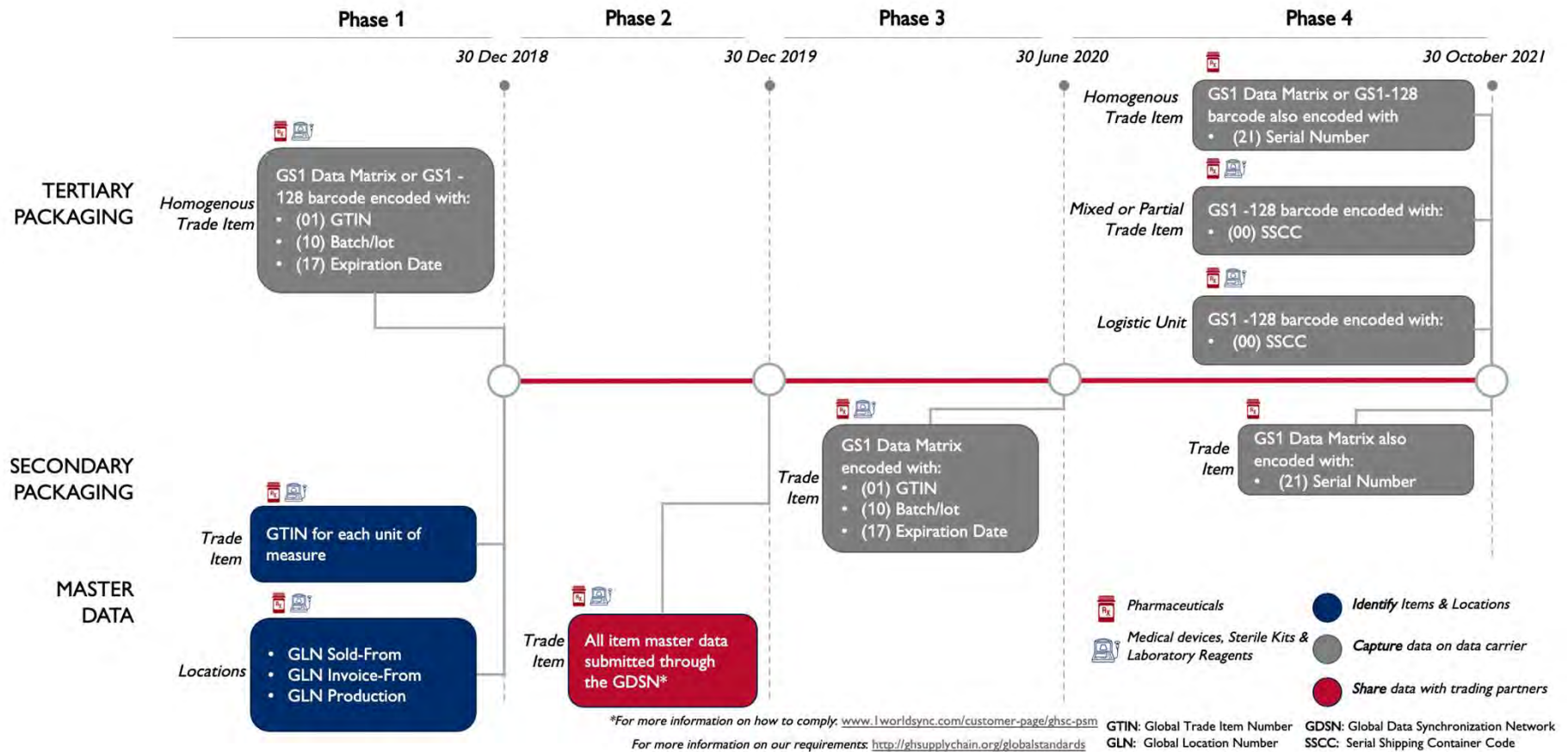
USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM  
Procurement and Supply Management

# Leveraging GSI Standards to Enhance Product Master Data Management

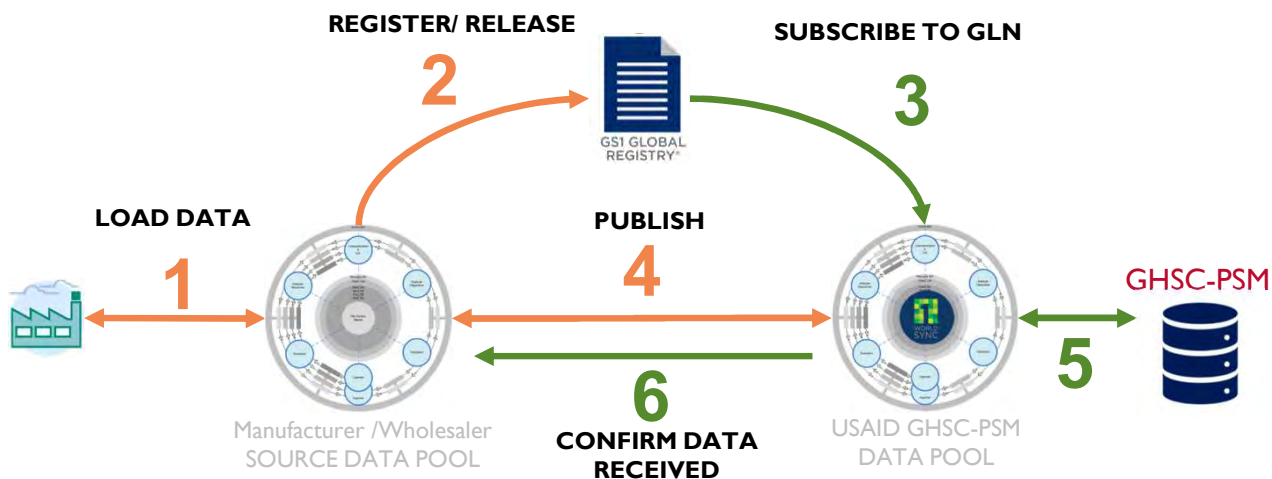
Rachel Smith, Global Standards Technical Specialist

September 2021

# GHSC-PSM ARV Global Standards Requirements Phased Timeline



# GDSN Master Data Exchange



**Manufacturer / Wholesaler Steps**

**GHSC-PSM Steps**

## What master data does GHSC-PSM collect?

- **General item information:** identifiers, brand name, product type
- **Product description**
- **Unit indicators:** base, consumer, ordering, dispatch unit indicators
- **Dimensions and weights**
- **Contact/role information:** brand owner, information provider, manufacturer
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- **Storage, handling, and shelf life**
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## How GDSN Data is used by GHSC-PSM

---

GHSC-PSM has adopted and implemented the GDSN to receive item attribute information as the basis of the GHSC-PSM product catalog and seeks the benefits of synchronizing product data with trading partners for both new and existing items

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Using the GDSN process aims to improve supply chain data quality and management for you and all of our trading partners.

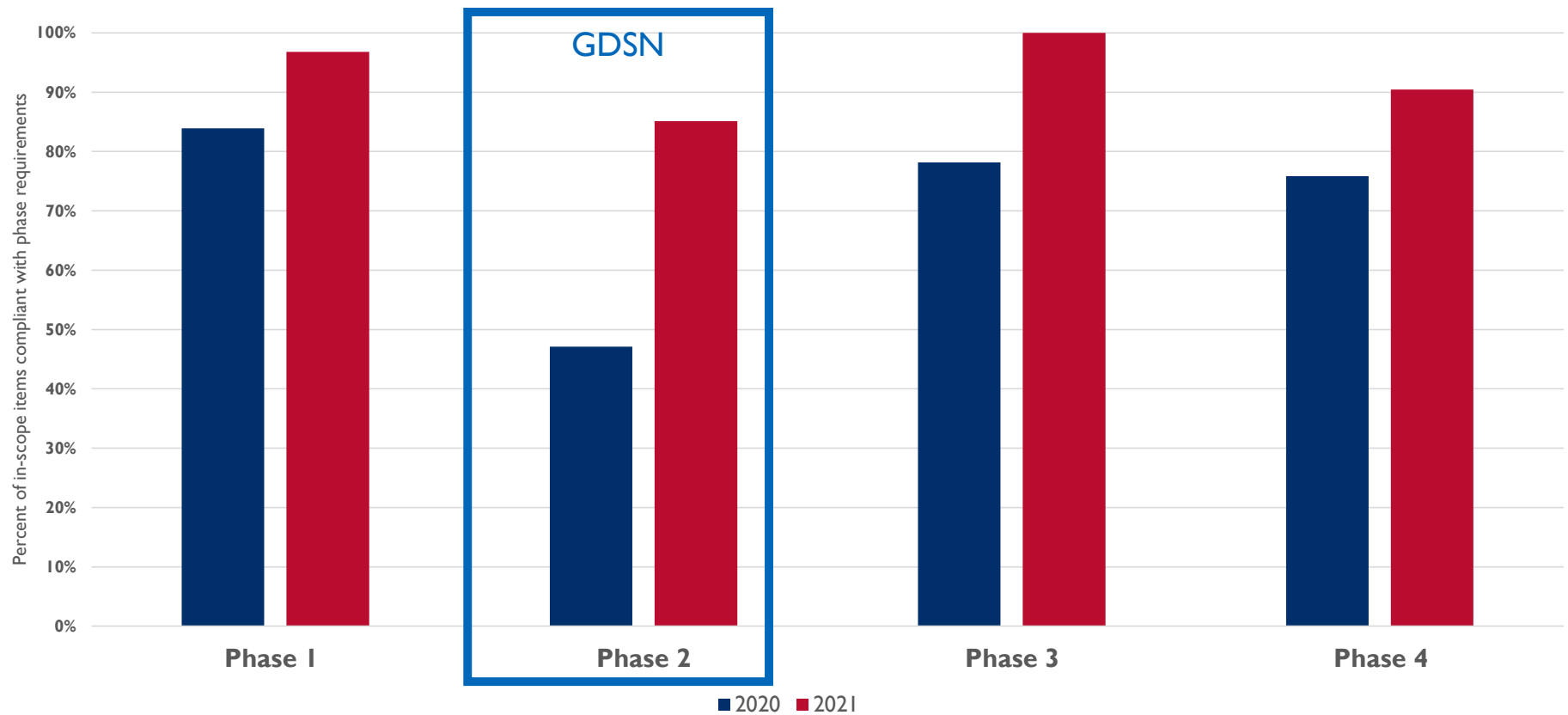
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It will provide USAID-supported countries with the information they need to optimize decision making for GHSC-PSM order planning, procurement, shipping and receiving.

---



# ARV GHSC-PSM Global Standards Requirement Compliance from October 2020 to September 2021



## Key challenges in receiving complete and accurate product master data via GDSN from ARV suppliers



Key difference between having all product items synchronized in the GDSN and having all required attribute data completed



Continued education of supplier personnel caused by turnover



Specific attribute challenges (e.g. UNSPSC, INN, Market Auth, Route of Admin)



Coordination between synchronization entities

# Multiple Educational Resources Available

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- Provides an overview of mandatory, required, and suggested data attributes, GDSN tags, definitions and guidance, and supporting code lists to support compliance with GHSC-PSM GDSN data exchange requirements for suppliers.

## GDSN Webinars

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## GDSN Attribute Guide

- Includes examples for all attributes

## Learnbite tutorial videos

- How to Interpret CIC Messages
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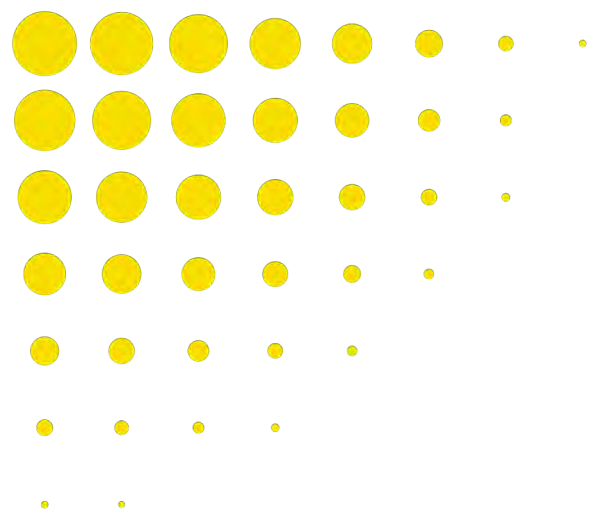


All of these resources can be found on our website!

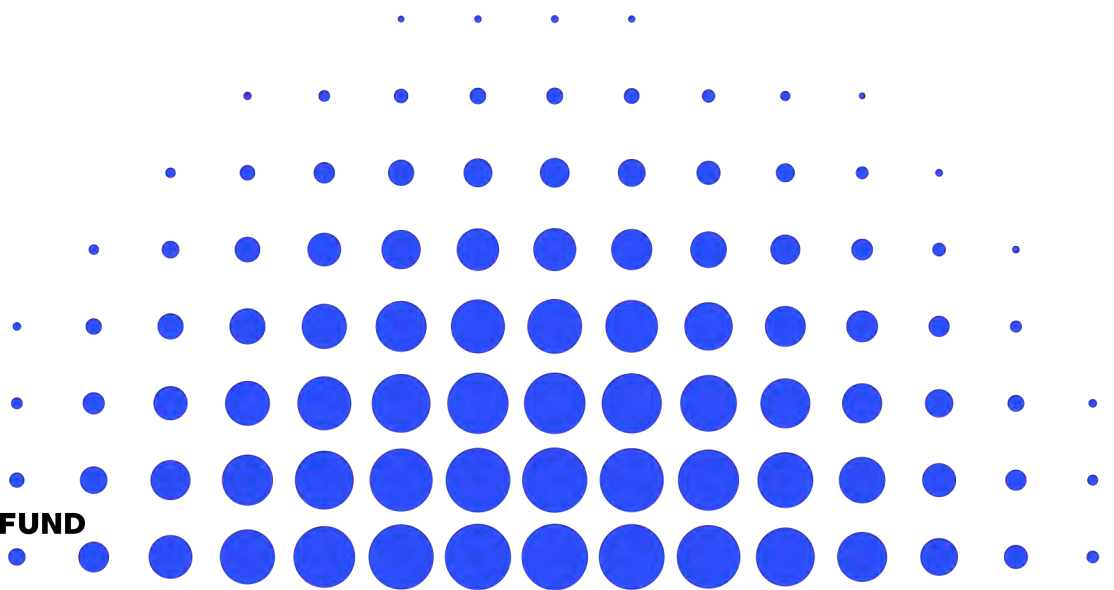


# **GDSN Integration Value Proposition for the Global Fund**

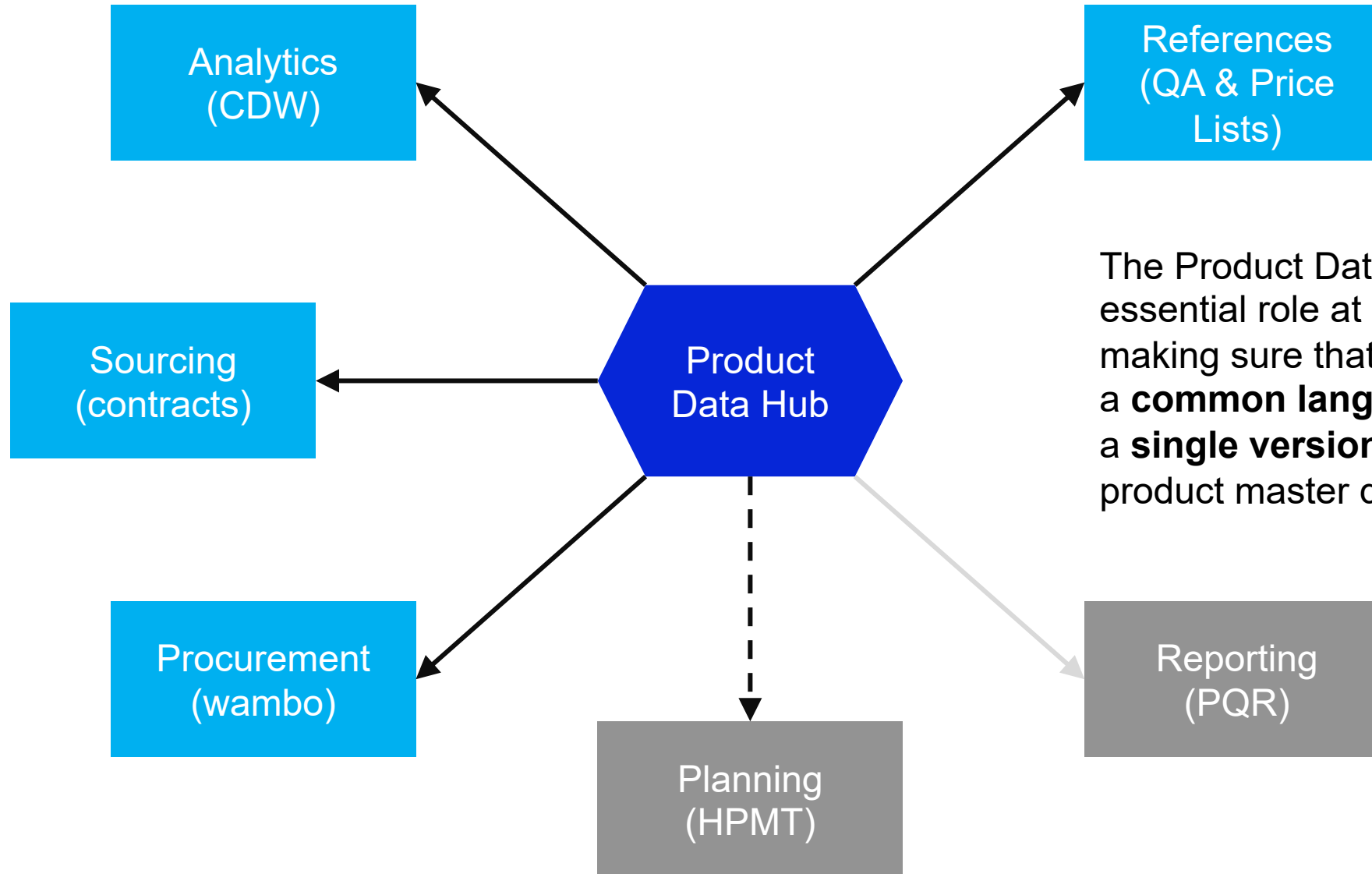
**14 October 2021**



# 1. Background

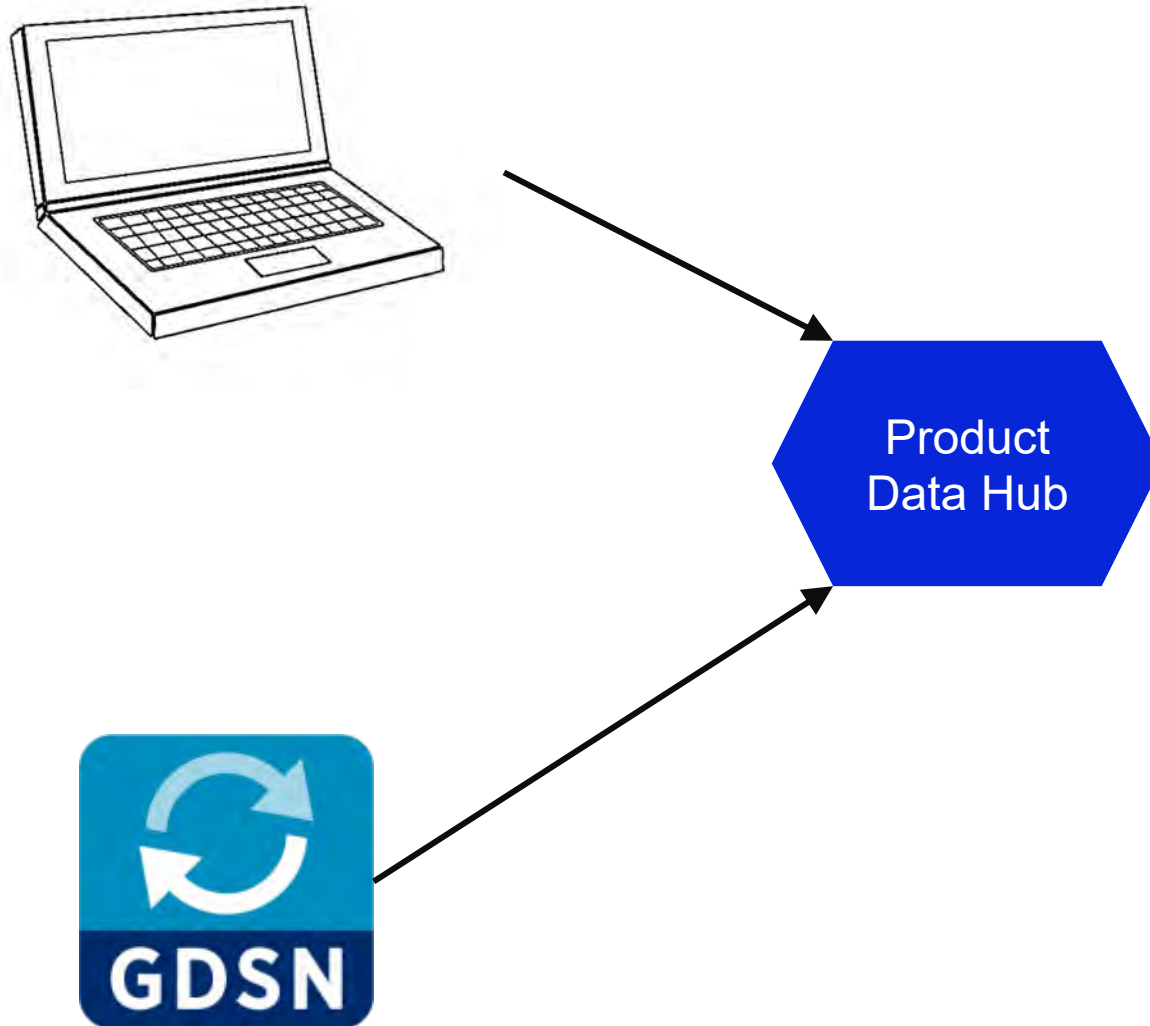


## Product Data Hub at the center of our infrastructure



The Product Data Hub plays an essential role at the Global Fund in making sure that all departments speak a **common language** and that there is a **single version of truth** regarding product master data.

## Entering data in the Product Data Hub



Products and Items are created and entered in the PDH manually with the appropriate workflow. Items will be defined down to GLN/GTIN combinations.

A GDSN Data Pool will be leveraged to enrich items further:

- Volumetrics
- Market Authorizations
- Parent/Child Hierarchy

## Product Data Hub data model

Product

Manufacturer

Manufacturer Site (GLNs)

GTIN

We distinguish the reference Product (**nomenclature item**) from the version produced by a particular Manufacturer (**supplier item**) in a particular production site (**trade item**) with a particular GTIN (**logistics item**).

In the PDH we only created the Nomenclature Item and the Trade Item levels. The Logistics Items are defined as attributes of the Trade Item, which is the target for GDSN Data Pool enrichment.

Product definition and pack size

Global Fund reference price

Manufacturer or PSA price

Shelf life

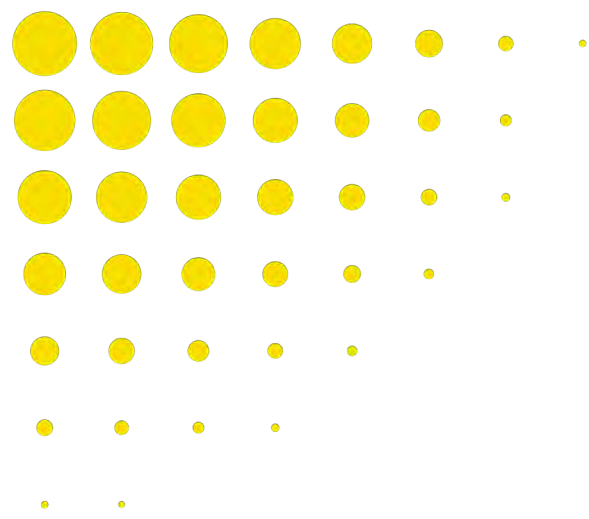
Country registration details

Stringent Regulatory Authority: Quality assurance details

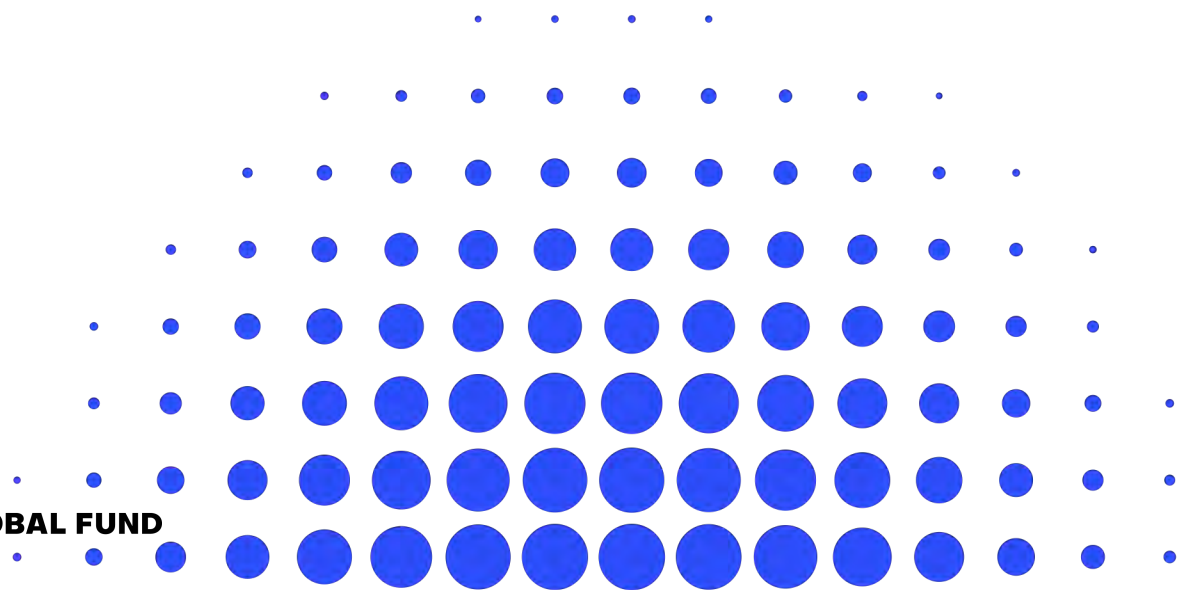
Logistics details







## 2. Why GDSN



## Immediate value for the Global Fund

The Global Fund intends to leverage a GDSN Data Pool to receive “faster moving” master data from its manufacturers and stay up-to-date:



Marketing Authorizations are essential for our procurement process: when allocating an order to a manufacturer, Sourcing teams at the Global Fund take into account marketing authorizations in the destination country and **select a compliant manufacturer**. This information is **fast-moving**, and the Global Fund **cannot wait** for new tenders to update its files.



Principal Recipients and Supply Chain partners need information about the Logistics Items (including cases and pallets) in order to plan for proper reception and management of goods. Volumetrics as well as parent/child hierarchies are rarely discussed and captured during tenders. New items for cases will be created throughout the lifecycle of the tender and should be easily captured.

## Driving adoption and access to information

The Global Fund intends to make its master data available to principal recipients and supply chain partners but believes countries should be autonomous in accessing this data.



Leveraging a GDSN Data Pool will force Manufacturers to upload relevant master data and allow Global Fund to monitor its completeness. Country organizations who interface to a GDSN Data Pool will immediately know which fields to request and be assured that the data is there.

# Thank you



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AIDS, Tuberculosis and Malaria

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# Global Data Synchronization Network

Presentation by

Umesh K - Senior Vice President Global Anti-virals



- 
- Our Journey  
Implementing GDSN
  - Challenges
  - Learnings





GHSC PSM requested details for GDSN implementation



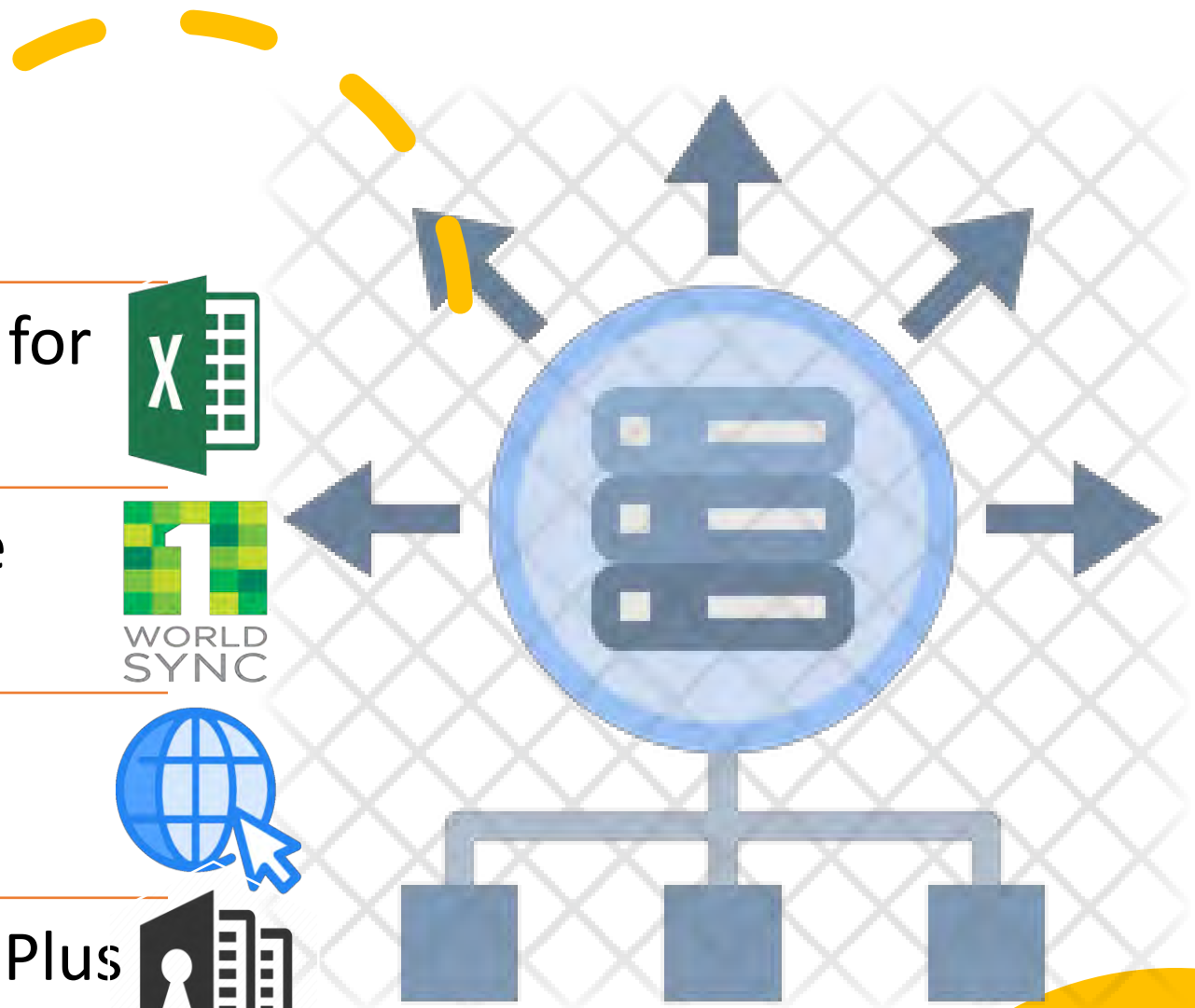
Subscription of GDSN service provider



Published attributes in GDSN Server



Data access to GHSC PSM & iPlus





# Challenges

---



Sl.No	Challenges	Overcome
1.	Data collection	Collating & finding right data from various internal department in a phase-by-phase manner.
2.	Data entry	Entering the right data for each SKU manually and the data was cross verified twice before the submission.
3.	New Attributes	Approached 1Ws and GHSC team to learn about the attributes and published in the GDSN server





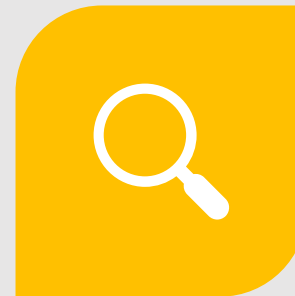
# Learnings



Knowing All About Product  
Related Info & New  
Attributes In Depth



Understanding The GDSN  
Process & Managing Big  
Data



Avoid Duplication, Accuracy Of  
Information, Inefficiencies In Manual  
Data transfer every time can be  
minimised



Real Time Access Of Data  
Pool By Trade Partners &  
Buyers

Thank You

# GDSN Service Providers

Sl.No	GDSN Service Providers
1	1WorldSync Item management
2	A1Sync
3	AECOC Data Pool (GS1 Spain)
4	AGENA3000 (PARANGON)
5	Alkemics
6	ANCCNET (GS1 China)
7	atrify GmbH
8	BC Services - b-synced
9	Carrefour Group
10	Central Data Bank - GS1 Belgilux
11	Comarch EDI MDM
12	COMMPORT GSDS (CGS) v2.0 R1.1
13	CONTENTIS AG - GloLIB
14	Datapool atGP
15	E2open Global Data Pool
16	Easy Global Data Pool - Attribytes
17	Edgenet, a Syndigo company

Sl.No	GDSN Service Providers
18	EDICOMDATADP
19	EQUADIS SA
20	EWAY SYNCWAY
21	GHX Health ConneXion
22	Global Halal Data Pool / Serunai
23	Global Product Exchange - Nielsen Brandbank
24	GlobeCat - GS1 Croatia
25	GS1 Association Greece - Hellasync
26	GS1 Canada
27	GS1 Colombia LOGYCA COLABORA
28	GS1 Czech Republic - SYNFONY
29	GS1 DAS - Netherlands
30	GS1 Denmark
31	GS1 Finland - Synkka
32	GS1 Hong Kong (GS1CN)
33	GS1 Iceland - Gagnalaug
34	GS1 Italy datapool

Sl.No	GDSN Service Providers
35	GS1 Mexico - Syncfonia
36	GS1 Portugal
37	GS1 Sweden - Validoo
38	GS1 UK TrueSource
39	GS1HUB - GS1 Hungary
40	ITN_GDS - ItradeNetwork
41	Markant Industriewaren-und Vermittlungs AG
42	National Product Catalogue - GS1 Australia
43	NECS, Inc.
44	Riversand GDSN Data Pool
45	RIVIR
46	Salsify Data Pool v1.1.0
47	Systrion AG
48	TOBBsenkron - GS1 Turkey
49	Viagenie Global Data Gateway



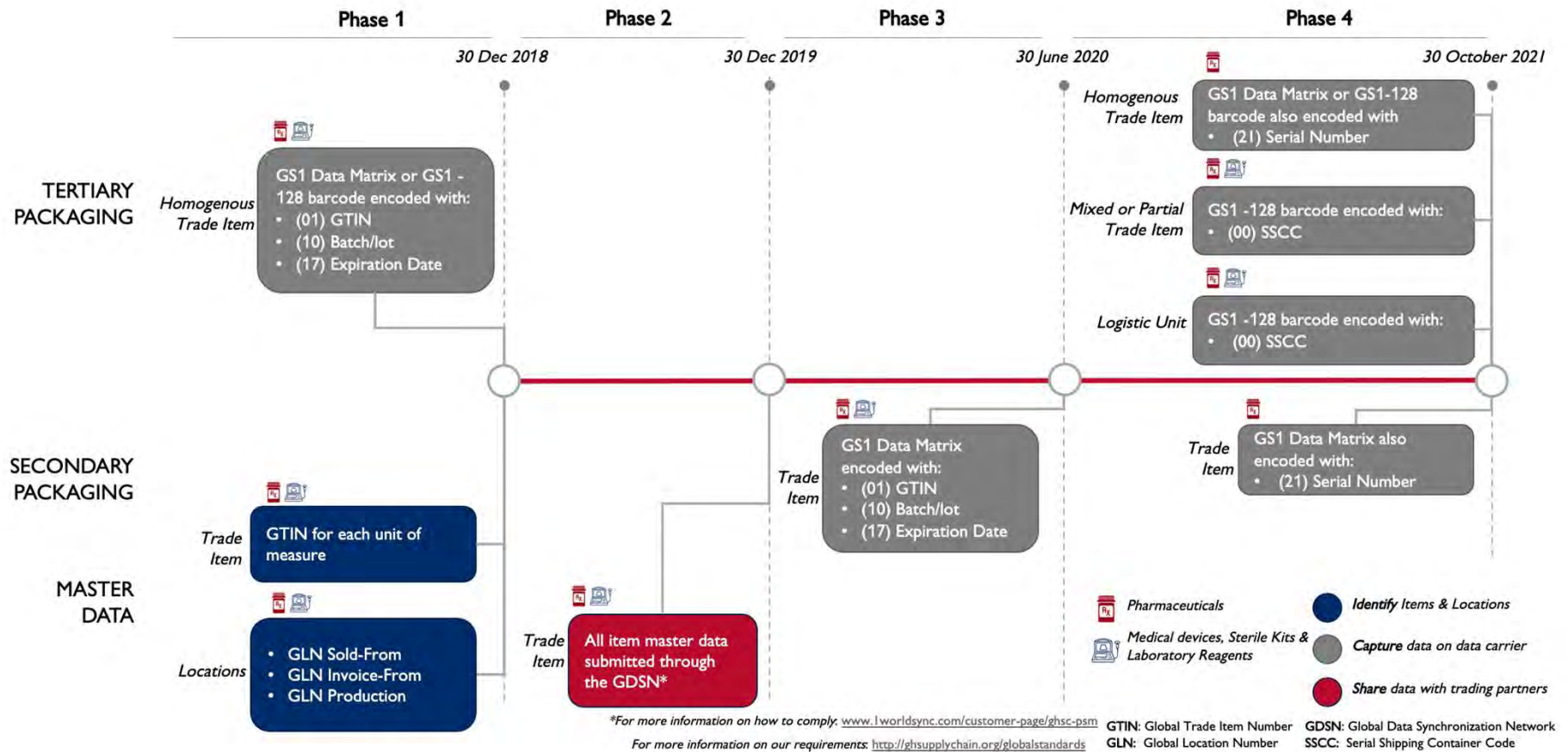
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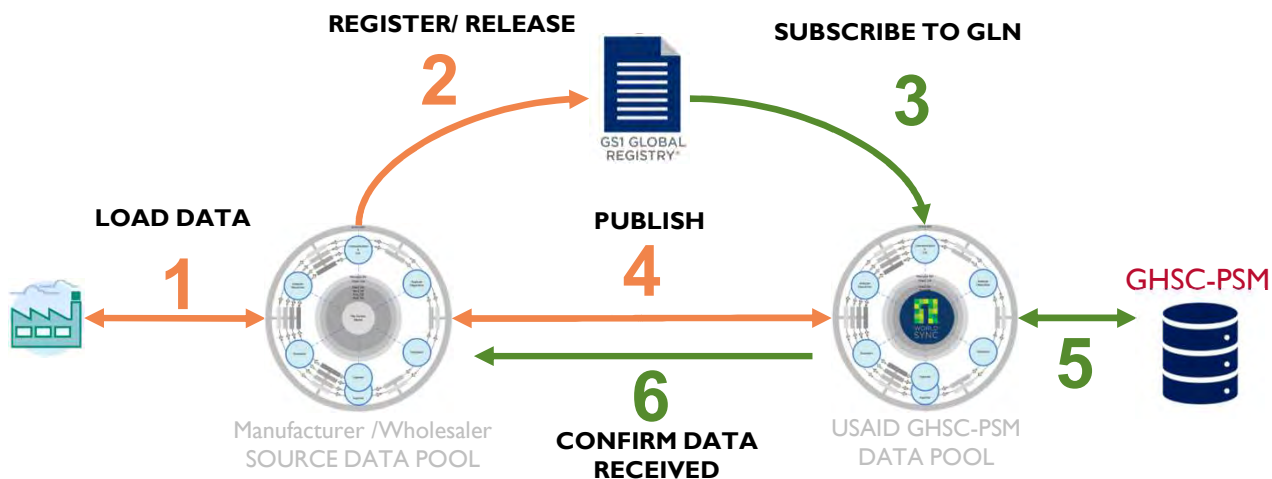
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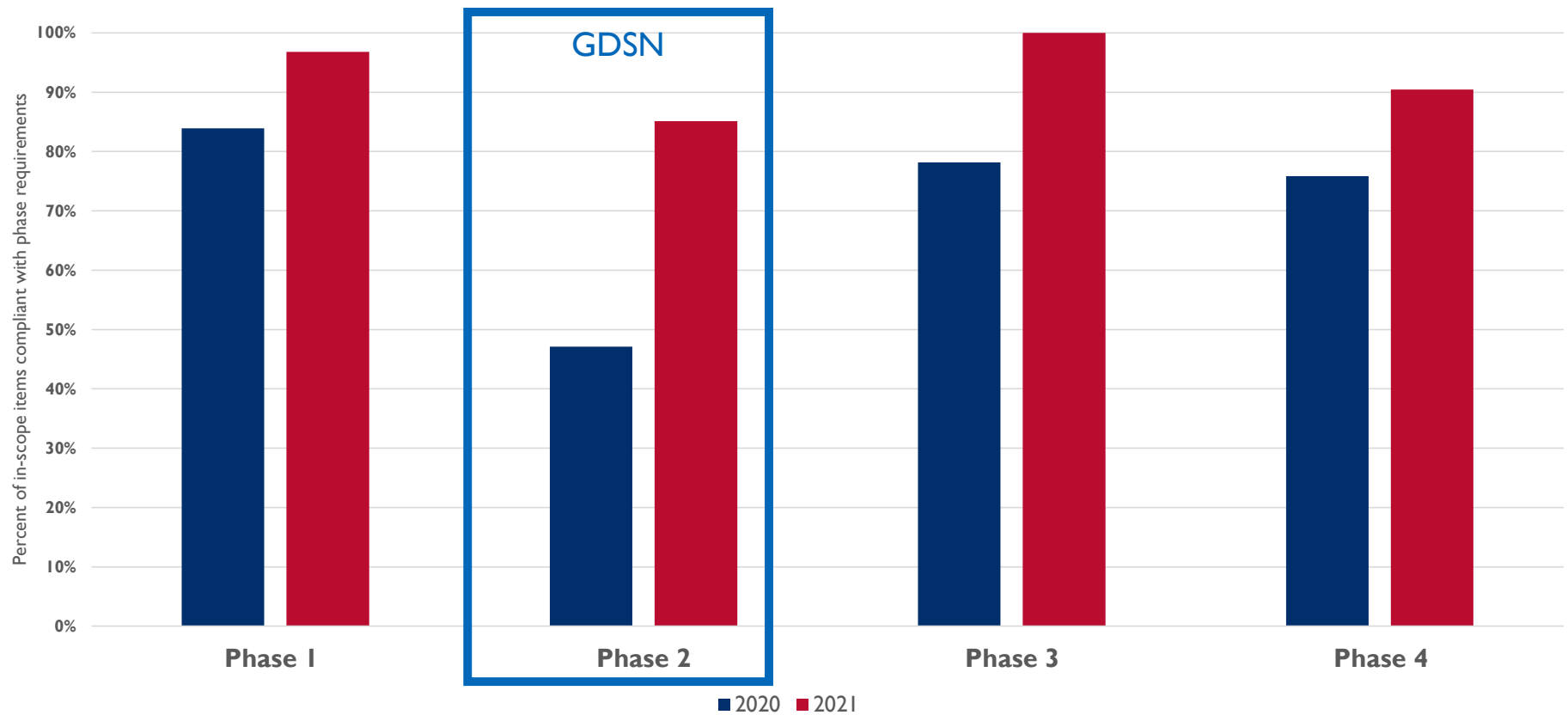
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