Procurement supporting access and scale-up of paediatric HIV treatment

Coordinated Procurement and the Paediatric ARV Procurement Working Group



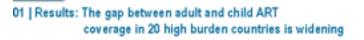
25 June 2014

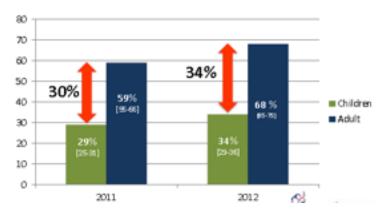
3.4 million children live with HIV: only 630,000 on treatment*

- Burden of paediatric HIV = high despite progress with PMTCT
- Children = 10% total HIV
- ½ proportion of children on treatment compared to adults with a widening gap
- HIV progresses faster in children
 - significantly contributing to child mortality with 260,000 deaths/year
 - without treatment: ¹/₃ infected infants die before 1st birthday
- 65% of infants born to HIV infected mothers are not tested by end of 2nd month
- $\frac{1}{3}$ children with HIV do not receive ART
- ¹/₅ children on treatment lost to follow-up within 12 months

HIV TESTING AND LINKAGE TO CARE







* data = 2011/2012



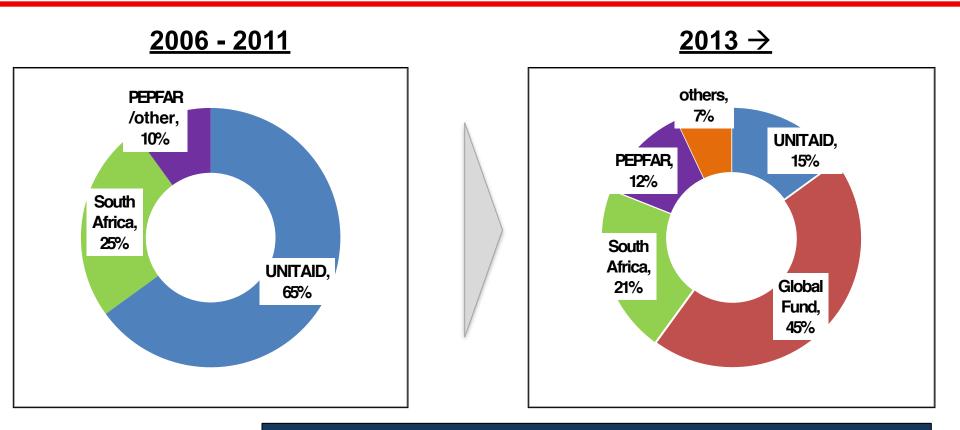
Paediatric ARV procurement challenges

- Unattractive market: large number of countries with small orders
- Large range of products; demand for some products < batch size
- Poor supply security with long and variable lead-times

Objective: Reducing the risks of supply disruption to paediatric ARVs (*improving the supply security*)

- ✓ Ensure sustained supply through coordinated procurement
- ✓ Strategically manage demand
- ✓ Reduce fragmentation through streamlined product selection
- ✓ Accelerate the introduction of new high opportunity products

Transition of financing from a UNITAID project to Global Fund grants



<u>And by 2015:</u> UNITAID \rightarrow 0: Global Fund \rightarrow 60% +

Global Fund PPM

- +50% in 2014 to USD 16 million +
- +50% in 2015 to USD 24 million +

Partnership of funders, procurers & technical bodies collaborating to improve the supply of paediatric ARVs



Paediatric ARV Procurement Working Group

Paediatric ARV Procurement Working Group and Procurement Consortium

- Collaboration of major funders and procurers
- Coordinated procurement
 - Consolidate, review, adjust and then orders placed by each procurement consortium member
 - Quarterly calls to review and act on low volume, sub-batch orders
 - Advise non-members of procurement timelines to facilitate broader timeline alignment
- Advocate for use the IATT formulary list

The Global Fund Rapid Supply Mechanism

The Global Fund is establishing a Rapid Supply Mechanism to deliver key medicines (for all three diseases) within 3-4 weeks of the alert of a shortage

Issue: Stock-outs

Frequent stock outs for various reasons resulting in treatment interruption. Currently there is no systematic way for the Global Fund to respond to this.

Approach:

- Fix the underling causes
- Hold limited quantities of inventory to be able to respond (and cycle the orders using some PPM orders).
- In the medium term: explore vendor managed inventory

Optimal commonly used optimal 1st and 2nd ARVs for adults and children

- Storage facility + potentially VMI
- Rapid Supply to any GF PR in shortage

Johannesburg

Low-volume paediatric ARVs: market shaping

 Selected new or phase-out products where demand aggregation may be needed to secure supply

Regular supply to any GF PR + others

Progressive Go Live Scheduled from Q3 2014