

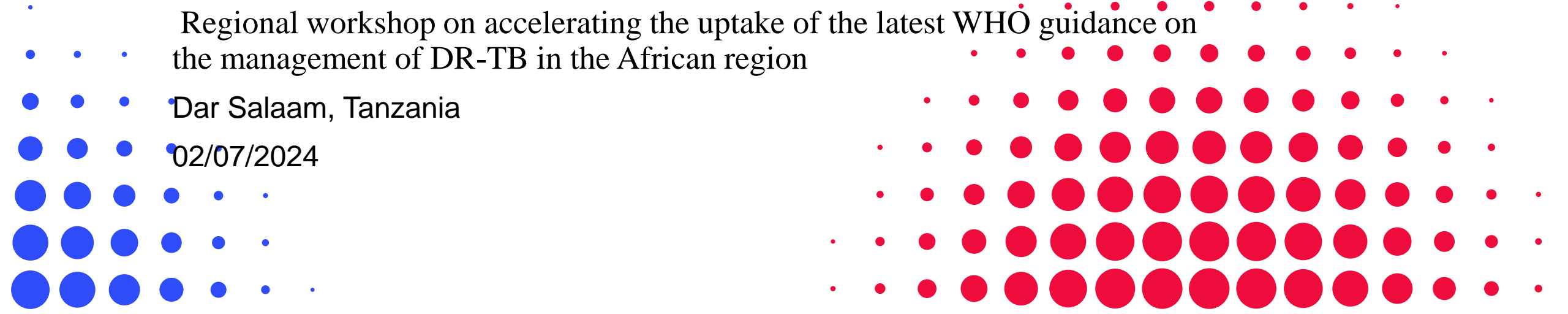
# The Global Fund perspective on the accelerated implementation of the WHO recommended shorter regimens

Dr Mohammed Yassin, Senior TB Advisor

Regional workshop on accelerating the uptake of the latest WHO guidance on the management of DR-TB in the African region

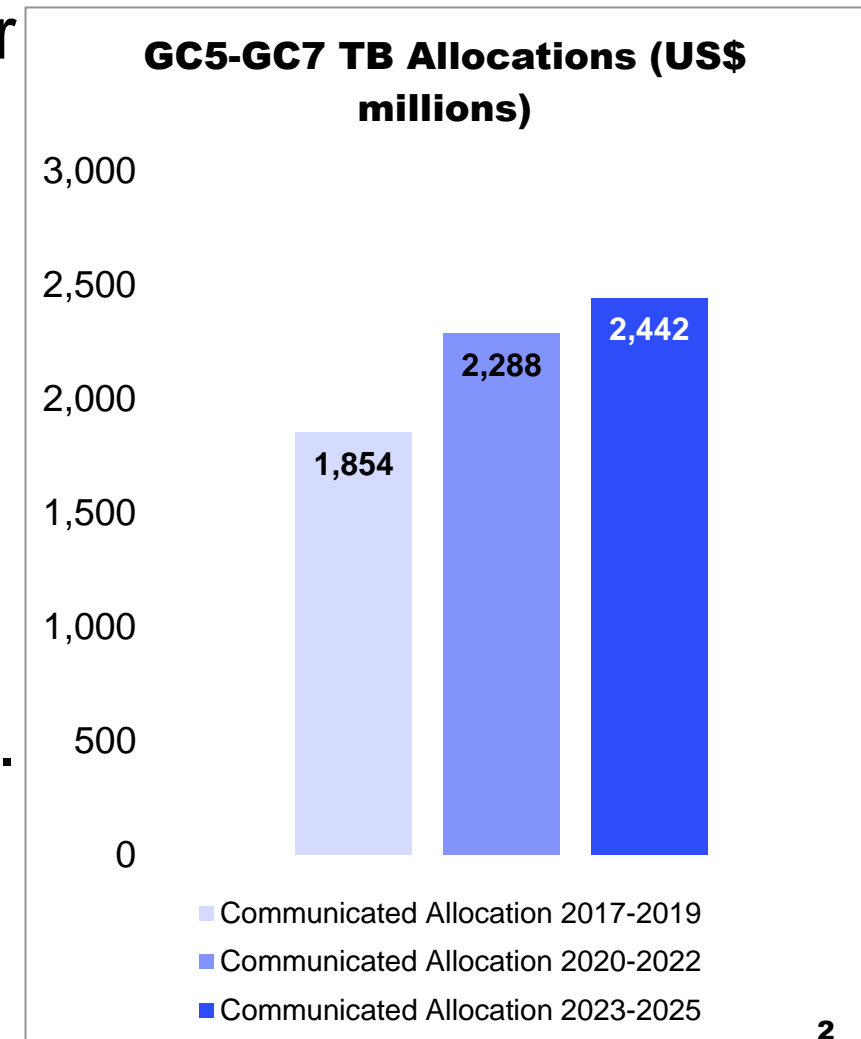
Dar Salaam, Tanzania

02/07/2024



# The Global Fund support to end TB (GC5-GC7)

- GF provides **75%** of international financing for TB, contributing **14%** to all funding for TB
- TB allocations have progressively increased over the grant cycles.
- Countries with the highest disease burden and lower income levels receive more funding.



# Global Fund support for DR-TB

- Over a third of TB investments is for DR\_TB responses
  - Diagnosis/DST, Treatment, prevention
  - Care and support including “enablers”
  - aDSM, training, TA
- Several countries procure FLDs using domestic funding, while Global Fund grants cover interventions for patients with DR-TB.
- Global Fund investments contribute to accelerating introduction and scale-up of new tools and regimens.

# Global Fund support for introduction of shorter regimens

STR with inj.  
since 2012 – OR,  
generation of  
data/evidence

Use of BDQ and  
DLM

All-oral regimens  
(short and long)  
Drugs no more  
recommended

Modified all-oral  
STR under OR

BPaL/M – under  
OR and  
programmatic  
condition

Collaboration with  
stakeholders on  
donations, price  
reduction, co-  
financing,  
capacity building  
and advocacy

TA through grants  
and GLC MOU  
funded by the GF

# Leveraging the Global Fund investment to transition to new regimens for DR-TB



Participation in GDG meetings, Rapid Communication, final recommendations/guidance



Communicating with internal teams and PRs on the new recommendations



Supporting full package including DST/lab, medicines, aDSM, patient support, training...



Additional funding through reprogramming of savings/efficiencies and PO



Inclusion of budget in the New funding requests and grants

# Advocacy to transition to BPaL/M regimens

OPINION

## Lifesaving, cost-saving: Innovative simplified regimens for drug-resistant tuberculosis

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### Conclusion

It is widely believed that new treatments tend to be more expensive than existing therapies that have been used for many years and have gained scale in the market. However, the cost of implementing BPaLM/BPaL regimens, even without accounting for patient-incurred costs, is potentially 40–90% less expensive when compared with current regimens, despite containing two innovative new drugs (bedaquiline and pretomanid). In addition to the cost savings, the BPaLM/BPaL regimens significantly reduce the pill burden and economic hardship for patients, simplifying administration and improving the patient experience. The STR requires 13–14 pills per day for 9–11 months and the LTR 4–5 pills for 18–24 months [7]. Comparatively, the BPaLM/BPaL regimens require, on average, 3–4 pills per day for just 6 months.

The development of these new regimens has the potential to transform drug-resistant TB treatment, benefiting patients and health systems globally. Countries should prioritize the implementation and scale up of BPaLM/BPaL regimens as there is 1) no financial barrier to procurement; 2) programmatic and patient costs promise cost savings; 3) clinical and operational research shows improved treatment outcomes compared to current standards of care; and 4) the transition to these regimens is supported by standard setting bodies and funding organizations like WHO and the Global Fund.

# Summary



Global Fund has been proactive in supporting introduction and scale up of new regimens for DR-TB.



Engaging Global Fund teams early would contribute to better understand the pipeline and facilitate accessing to funding



Global Fund promotes use of the best available/recommended regimens to all patients, these are often cost-effective and patient- and health-system friendly.



Global Fund encourages countries/PRs to leverage grants (including savings) to scale up new regimens.