



Tuberculosis (TB) today

- Every second, someone in the world is newly infected with TB
- One-third of the world's population is currently infected with TB
- People with HIV and TB infection are much more likely to contract and develop TB
- 5-10% of people who are infected with the TB bacilli (but who are not infected with HIV) become sick or infectious at some time during their life

TB infection and transmission

TB is a contagious disease. Like the common cold, it spreads through the air. When infectious people cough, sneeze, talk or spit, they propel TB germs (Mycobacterium tuberculosis) into the air. A person needs only to inhale a small number of these to be infected. Most people infected with TB will never develop active TB disease. However, those with compromised immune systems - the sick, malnourished or people living with HIV/AIDS - are particularly susceptible. Left untreated, each person with active TB disease will infect about 10 to 15 people every year.

Treatment

First-line TB

Directly Observed Treatment Short Course (DOTS) is the WHO recommended therapy for TB control, which uses a combination of different antibiotics over a 6-8 month period. Patients are observed taking their medication, to ensure the continued compliance needed for complete eradication of the bacteria. More than 41 million TB patients have been treated under DOTS since 1995.

Multidrug-resistant TB (MDR-TB)

MDR-TB or second-line TB is caused by TB bacilli being resistant to at least isoniazid and rifampicin, the two most powerful anti-TB drugs. It emerges through mismanagement of first-line TB medicines. It can also be spread from one person to another. It is a widespread and growing problem, especially in CIS countries (former Soviet republics), China and India.

Extensively drug-resistant TB (XDR-TB)

XDR-TB or third-line TB occurs when resistance to second-line medication develops, mostly through mismanagement of MDR-TB treatment, and is extremely difficult to treat. XDR-TB means being resistant to at least isoniazid and rifampicin (MDR), plus at least one of the fluoroquinolones and at least one of the second-line injectable drugs like amikacin, kanamycin or capreomycin. XDR-TB raises concerns of a future TB epidemic with restricted treatment options that will jeopardize the major gains made in TB control and progress on reducing TB death among people living with HIV/AIDS.

TB co-infection HIV/AIDS

HIV and TB form a lethal combination, each speeding up the other's progress. HIV weakens the immune system. Someone who is HIV-positive and infected with TB is many times more likely to become sick than someone who is HIV-negative. TB is a leading cause of death among people who are HIV-positive. In Africa, HIV is the single most important factor contributing to the increase in the incidence of TB since 1990.

Stop TB Partnership and GDF

The Stop TB Partnership aims to provide global leadership, strategy, and coordinating mechanisms. The Stop TB priorities are to expand, adapt, and improve strategies to control and eliminate TB in support of World Health Assembly Targets set in 2005 (70% case detection and 85% cure rates) and the Millennium Development Goals.

The Global Drug Facility (GDF) ensures access to high quality anti-TB drugs at the lowest possible price for countries in need. GDF has developed an innovative approach to furnishing the drugs and supplies needed to fully implement the Stop TB Strategy, including grants of anti-TB drugs free of charge to countries with limited resources, a direct procurement service and expert technical assistance for managing anti-TB drugs. GDF unites these essential services under one umbrella.

■ Tuberculosis (TB) is second only to HIV/AIDS as the greatest killer worldwide due to a single infectious agent.

■ In 2012, 8.6 million people fell ill with TB and 1.3 million died from TB.

■ Over 95% of TB deaths occur in low- and middle-income countries, and it is among the top three causes of death for women aged 15 to 44.

■ In 2012, an estimated 530,000 children became ill with TB and 74,000 HIV-negative children died of TB.

■ TB is a leading killer of people living with HIV causing one fifth of all deaths.

■ Multi-drug resistant TB (MDR-TB) is present in virtually all countries surveyed.

■ The estimated number of people falling ill with tuberculosis each year is declining, although very slowly, which means that the world is on track to achieve the Millennium Development Goal to reverse the spread of TB by 2015.

■ The TB death rate dropped 45% between 1990 and 2012.

■ An estimated 22 million lives were saved through use of DOTS and the Stop TB Strategy recommended by WHO.

Source: WHO TB factsheet 2014



photo: K. Lunte (GDF), TB project Myanmar

Source:
WHO Report 2010 - 'Global Tuberculosis Control'
WHO / Stop TB Partnership - The Global Plan To Stop TB 2011-2015

TUBERCULOSIS PRODUCT LIST

First-Line Single Formulations (incl. Paediatrics)

192010	Ethambutol 100mg	100	TAB BL
192011	Ethambutol 100mg	500	TAB BL
192211	Ethambutol 400mg	672	TAB BL
193210	Isoniazid 100mg	100	TAB BL
193411	Isoniazid 300mg	672	TAB BL
196111	Pyrazinamide 400mg	672	TAB BL
196012	Pyrazinamide 500mg	100	TAB BL
196011	Pyrazinamide 500mg	672	TAB BL
196210	Pyrazinamide 750mg	672	TAB BL
507501	Streptomycin 1g injectable	100	VIAL

First-Line FDC (fixed dose combinations) (incl. Paediatrics)

192311	Ethambutol HCl 400mg + Isoniazid 150mg	672	TAB BL
505111	Rifampicin 60mg+Isoniazid 30mg	84	TAB BL
505211	Rifampicin 60mg+Isoniazid 60mg	84	TAB BL
506410	Rifampicin 150mg+Isoniazid 75mg	672	TAB BL
506310	Rifampicin 150mg+Isoniazid 150mg	672	TAB BL
505311	Rifampicin 60mg+Isoniazid 30mg+Pyrazinamide 150mg	84	TAB BL
505410	Rifampicin 150mg+Isoniazid 75mg+Ethambutol 275mg	672	TAB BL
505510	Rif 150mg+Inh 75mg+Pyrazin 400mg+Ethambutol 275mg	672	TAB BL

Stop TB Patient Kit

KT0100	Stop TB Patient Kit CAT I & III KIT A	1	KIT
KT0200	Stop TB Patient Kit CAT I & III KIT B	1	KIT
KT0300	Stop TB Patient Kit CAT I & III KIT C	1	KIT
KT0400	Stop TB Patient Kit CAT II KIT A	1	KIT
KT0500	Stop TB Patient Kit CAT II KIT B	1	KIT
KT0600	Stop TB patient Kit CAT II KIT C	1	KIT

TB Related Medicines

472800	Amoxicillin 250mg+Clavulanic acid 125mg	20	TAB BL
427801	Amoxicillin 250mg+Clavulanic acid 125mg	14	TAB BL
472904	Amoxicillin 500mg+Clavulanic acid 125mg	2X10	TAB BL
472905	Amoxicillin 500mg+Clavulanic acid 125mg	15	TAB
473400	Amoxicillin 875mg+Clavulanic acid 125mg	14	TAB BL
473401	Amoxicillin 875mg+Clavulanic acid 125mg	12	TAB
473403	Amoxicillin 875mg+Clavulanic acid 125mg	100	TAB

Second-Line and Third-Line Single Formulations

503900	Amikacin 500mg/2ml inj	10	AMP
503904	Amikacin 500mg/2ml inj	5	VIAL
503901	Amikacin 500mg/2ml inj	100	AMP
197000	Bedaquiline 100mg	188	TAB
507800	Capreomycin 1g powder for inj	1	VIAL
503413	Clarithromycin 250mg	2X7	TAB BL
200900	Clofazimine 50mg	100	CAP
201001	Clofazimine 100mg	100	CAP
195001	Cycloserine 250mg	100	CAP BL
192512	Ethionamide 250mg	100	TAB BL
470501	Imipenem/Cilastatin 500mg + 500mg inj (pwd for solution)	1	VIAL
504001	Kanamycin 1g powder for inj	50	VIAL
500301	Kanamycin 1g/4ml solution for inj	10	AMP
504110	Levofloxacin 250mg	100	TAB BL
504210	Levofloxacin 500mg	100	TAB BL
508911	Linezolid 600mg	10	TAB BL
508910	Linezolid 600mg	20	TAB BL
504600	Moxifloxacin 400mg	5	TAB BL
504603	Moxifloxacin 400mg	10X7	TAB BL
504311	Ofloxacin 200mg	100	TAB BL
504412	Ofloxacin 400mg	100	TAB BL
507200	PAS acid sachet eq. to 4g aminosalicylic acid	30	SAC
507300	PAS sodium eq. to 4g PAS, powder for oral solution	25	SAC
507100	PAS sodium granules 60% (p-aminosalicylate sodium)	100	G
507110	PAS sodium granules 60% (p-aminosalicylate sodium)	30X9,2	G
192612	Prothionamide 250mg	100	TAB BL
505007	Rifabutin 150mg	30	CAP BL
191010	Terizidone 250mg	50	CAP BL
627200	Vitamin B-6 50mg (pyridoxine HCl)	1000	TAB
687200	Water for injection, 5 ml	100	AMP
687505	Water for injection, 10 ml	20	AMP

Medical Supplies

N06700	Syringe, autodisable 5ml with needle 21G x 1-1/2"	100	PCE
N06800	Syringe, autodisable 5ml with needle 23G x 1"	100	PCE
840774	Safety box carton 5L to dispose used syringes + needles	1	PCE

IDA Foundation and Tuberculosis

As the awarded procurement agent, for the Global Drug Facility (GDF), IDA has supplied first- and second-line anti-TB drugs to over 98 countries. IDA is a partner of the Stop TB Partnership and is responsible for procurement, supply and delivery. On behalf of GDF, IDA also takes care of the proper execution of quality control (QC) and pre-shipment inspection by a contracted QC agent for first-, second- and third-line products.

To ensure timely deliveries, IDA, on behalf of the GDF, keeps UNITAID-funded Strategic Rotating Stockpile (SRS). The SRS contains second-line medicines and is increasing towards a stock for up to 12.500 patients with an estimated value of USD 21.0 million.

IDA supplies to different customers; from large national TB projects in countries like Pakistan, Ukraine, Kazakhstan, Azerbaijan, Myanmar, Tajikistan, Kenya, Philippines and India to smaller TB projects.

IDA TB Product Range

- First-line TB
- Second- / Third-line TB
- Laboratory equipment
- Complete HIV/AIDS product range for patients with a infection of TB and HIV/ AIDS

IDA Mission

IDA's mission is to improve access to and deliver high-quality essential medicines and medical supplies at the lowest possible price to low- and medium-income countries.

IDA Facts

- Founded in 1972, the Netherlands (headquarters)
- Offices in India, China, the U.S. and Nigeria
- Global network of over 40 agents
- 180 employees worldwide
- 20 nationalities represented in the IDA Team



Streptomycin injectable

Service Desk IDA Foundation

phone: + 31 20 4033051

e-mail: info@idafoundation.org

fax: + 31 20 4031854

web: www.idafoundation.org