TUBERCULOSIS
FACTSHEET

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). 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.

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.

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 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, China and India.

EXTENSIVELY DRUG-RESISTANT TB (XDR-TB)
XDR-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. XDR-TB raises concerns of a future TB epidemic with restricted treatment options that may jeopardize the major gains made in TB control.

TREATMENT GUIDELINES MDR-TB AND XDR-TB
Over the years WHO has published several guidelines (latest update 2018), providing recommendations on management and care to support countries in their challenges to manage drug-resistant TB as effective as possible.

STOP TB PARTNERSHIP AND GDF
The Stop TB Partnership's Global Plan to End TB 2016-2020 is in line with the WHO End TB Strategy and the TB target as set in the Sustainable Development Goals (SDGs). These goals are built around a set of global targets endorsed by world leaders in 2015; SDG 3 includes a target to end the TB epidemic by 2030.

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

TB FACTS

- Tuberculosis (TB) is one of the top 10 causes of death worldwide.
- In 2017, 10 million people fell ill with TB, and 1.6 million died from the disease (including 0.3 million among people with HIV).
- In 2017, an estimated 1 million children became ill with TB and 230 000 children died of TB (including children with HIV associated TB).
- TB is a leading killer of HIV-positive people.
- Globally, TB incidence is falling at about 2% per year. This needs to accelerate to a 4–5% annual decline to reach the 2020 milestones of the End TB Strategy.
- An estimated 54 million lives were saved through TB diagnosis and treatment between 2000 and 2017.
- Multidrug-resistant TB (MDR-TB) remains a public health crisis and a health security threat. WHO estimates that there were 558 000 new cases with resistance to rifampicin – the most effective first-line drug, of which - 82% had MDR-TB.
- Ending the TB epidemic by 2030 is among the health targets of the Sustainable Development Goals.

Source: WHO Tuberculosis key facts 2018

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IDA FACTS
- Founded in 1972, the Netherlands (headquarters)
- Offices in India, China, Nigeria and D.R. Congo
- Global network of over 30 agents
- Over 220 employees worldwide
- Over 25 nationalities represented in the IDA Team

IDA FOUNDATION

TUBERCULOSIS
RELATED PRODUCTS

First-line single formulations (incl. paediatrics)

1920-002-07	ethambutol HCl 100 mg, blister	100 tabs
1921-010-07	ethambutol HCl 100 mg, dispersible, blister	100 tabs
1922-002-23	ethambutol HCl 400 mg, blister	672 tabs
1932-002-07	isoniazid 100 mg, blister	100 tabs
1934-002-23	isoniazid 300 mg, blister	672 tabs
1959-010-07	pyrazinamide 150 mg, dispersible, blister	100 tabs
1961-002-23	pyrazinamide 400 mg, blister	672 tabs
1960-002-23	pyrazinamide 500 mg, blister	672 tabs
5050-002-34	rifabutin 150 mg, blister	100 caps
5060-002-31	rifampicin 150 mg, blister	100 caps
5062-002-31	rifampicin 300 mg, blister	100 caps
5062-002-07	rifampicin 300 mg, blister	100 tabs
5049-002-A6	rifapentine 150 mg, blister	24 tabs
1959-010-10	pyrazinamide 150 mg, dispersible	100 tabs

First-line FDC (fixed dose combinations) (incl. paediatrics)

1931-253-14	isoniazid 300 mg + pyridoxine HCL 25 mg + sulfamethoxazole 800 mg + trimethoprim 160 mg (Q-TIB)	30 tabs
5065-010-73	rifampicin 75 mg + isoniazid 50 mg, dispersible, blister	84 tabs
5066-330-73	rifampicin 75 mg + isoniazid 50 mg + pyrazinamide 150 mg, dispersible, blister	84 tabs
5064-002-AV	rifampicin 150 mg + isoniazid 75 mg, blister	336 tabs
5064-002-23	rifampicin 150 mg + isoniazid 75 mg, blister	672 tabs
5054-TB2-23	rifampicin 150 mg + isoniazid 75 mg + ethambutol 275 mg, blister	672 tabs
5055-TB2-AV	rifampicin 150 mg + izoniazid 75 mg + pyrazinamide 400 mg + ethambutol 275 mg, blister	336 tabs
5055-TB2-23	rifampicin 150 mg + izoniazid 75 mg + pyrazinamide 400 mg + ethambutol 275 mg, blister	672 tabs
KT01-001-02	Stop TB Patient Kit CAT I & III KIT A	1 kit

TB related medicines

4729-AC1-07	amoxicillin 500 mg + clavulanic acid 125 mg, blister	100 tabs
4734-AC1-07	amoxicillin 875 mg + clavulanic acid 125 mg, blister	100 tabs
6272-VB6-67	vitamin B-6 50 mg (pyridoxine HCl), blister	50 tabs
6274-VB6-Z3	vitamin B-6 100 mg (pyridoxine HCl)	250 tabs

Medical supplies

N706-N01-01	syringe, autodisable 5 ml with needle 21G x 1-1/2"	100 pces
N706-N54-01	syringe, autodisable 5 ml with needle 22G x 1-1/2"	100 pces
N706-N02-01	syringe, autodisable 5 ml with needle 23G x 1"	100 pces
8407-005-00	safety box carton 5 L to dispose used syringes + needles	1 pce

Second-line single formulations (incl. paediatrics)

5039-002-20	amikacin 500 mg/2 ml, injection	100 amps
5039-002-09	amikacin 500 mg/2 ml, injection	1 vial
1970-002-N2	bedaquiline 100 mg	188 tabs
5079-002-09	capreomycin 0.5 g, powder for inj	1 vial
5078-002-09	capreomycin 1 g, powder for inj	1 vial
5078-002-16	capreomycin 1 g, powder for inj	10 vials
2009-002-34	clofazimine 50 mg	100 caps
2009-002-07	clofazimine 50 mg, blister	100 tabs
2010-002-34	clofazimine 100 mg	100 caps
2010-002-07	clofazimine 100 mg, blister	100 tabs
1949-002-31	cycloserine 125 mg, blister	100 caps
1950-002-31	cycloserine 250 mg, blister	100 caps
1975-002-23	delamanid 50 mg, blister	672 tabs
1928-010-07	ethionamide 125 mg, dispersible, blister	100 tabs
1925-002-07	ethionamide 250 mg, blister	100 tabs
4705-003-16	imipenem / cilastatin 500 mg + 500 mg, powder for inf	10 vials
1932-010-07	isoniazid 100 mg, dispersible, blister	100 tabs
5038-002-22	kanamycin 0.5 g, powder for inj	50 vials
5040-002-22	kanamycin 1 g, powder for inj	50 vials
5003-002-20	kanamycin 1 g/4 ml, injection	10 amps
5048-010-07	levofloxacin 100 mg, dispersible, blister	100 tabs
5041-002-07	levofloxacin 250 mg, blister	100 tabs
5042-002-07	levofloxacin 500 mg, blister	100 tabs
5047-002-07	levofloxacin 750 mg, blister	100 tabs
5089-002-53	linezolid 600 mg, blister	10 tabs
5089-002-07	linezolid 600 mg, blister	100 tabs
4707-019-09	meropenem 1 g, powder for inj	1 vial
4707-019-16	meropenem 1g injectable powder for solution for IV	10 vials
5045-010-07	moxifloxacin 100 mg, dispersible, blister	100 tabs
5046-002-07	moxifloxacin 400 mg, blister	100 tabs
5072-TB4-97	PAS acid sachet eq. to 4 g aminosalicylic acid (a*)	30 sacs
5073-004-H3	PAS sodium eq. to 4 g PAS, powder for oral sol	25 sacs
5071-TB3-97	PAS sodium granules 60% (p-aminosalicylate sodium)	30X9.2 grams
	pretomanid *(expected to be available soon)*	
1926-002-07	prothionamide 250 mg, blister	100 tabs
5075-002-16	streptomycin 1 g, powder for inj	10 vials
5075-002-A3	streptomycin 1 g, powder for inj	100 vials
1910-002-E5	terizidone 250 mg, blister	50 caps
1910-002-31	terizidone 250 mg, blister	100 caps
6872-002-61	water for injection, 5 ml	50 amps
6872-002-18	water for injection, 5 ml	100 amps

IDA FOUNDATION AND TUBERCULOSIS

IDA is the awarded procurement agent for the Stop TB Partnership / Global Drug Facility. In this role, IDA supplies First- and Second-line anti-TB medicines to over 100 countries. We are fully responsible for the procurement, execution of quality control, and the full supply chain until final delivery.

In line with the latest WHO treatment guidelines, IDA supplies to a broad range of customers; from large national TB programmes in countries like Pakistan, India, the Philippines, Congo and Ukraine, to small-scale TB projects.

On behalf of GDF, IDA also manages the Strategic Rotating Stockpile (SRS). The SRS, with a value of USD 21 million, allows us to substantially reduce lead times and supply quickly in case of emergency orders.

IDA TB PRODUCT RANGE

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

This also includes the **newer FLD and SLD paediatric formulations** and SLD products **bedaquiline** and **delamanid**.

IDA FOUNDATION

Stop TB Partnership GLOBAL DRUG FACILITY