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.
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.

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