The system of procurement and distribution of TB drugs in the Republic of Kazakhstan

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December 10-13, 2013
TB incidence and mortality in the Republic of Kazakhstan (per 100,000)

<table>
<thead>
<tr>
<th>Year</th>
<th>Incidence</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>26.4</td>
<td>24.5</td>
</tr>
<tr>
<td>2001</td>
<td>24.2</td>
<td>22.4</td>
</tr>
<tr>
<td>2002</td>
<td>20.6</td>
<td>20.8</td>
</tr>
<tr>
<td>2003</td>
<td>20.3</td>
<td>18.1</td>
</tr>
<tr>
<td>2004</td>
<td>16.9</td>
<td>12.9</td>
</tr>
<tr>
<td>2005</td>
<td>10.6</td>
<td>8.4</td>
</tr>
<tr>
<td>2006</td>
<td>7.4</td>
<td></td>
</tr>
</tbody>
</table>

Incidence: Red
Mortality: Blue
State budget funds for the second-line drugs ($ thousands)

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds</td>
<td>4,808</td>
<td>4,678</td>
<td>11,146</td>
<td>6,965</td>
<td>7,894</td>
<td>23,042</td>
<td>29,484</td>
</tr>
</tbody>
</table>

Note: The graph shows a significant increase in funding from 2007 to 2013.
Identification of needs in TB drugs

• Specialists in all regions are trained to use the methodology of calculation of needs (2012).
• In the regions – annual generation of demands of TB drugs for 3 years no later than by the 1st of March.
• NCTBP RK generates the summary of needs in TB drugs to be purchased at the expense of the state budget.
• NCTBP RK submits the request to the RK MH before April 1.
• RK MH sends the application to the procurement agency “SK-Pharmaceuticals”.
Procurement of TB drugs

• Since 2008– centralized procurement of TB drugs.
• Since 2010 – procurement through the Single distributor (resolution of the RK Government of October 30, 2009, #1729 “On approval of practices for organization and procurement of drugs to ensure the guaranteed range of free care”)
• Two-step procedure tendering through the Single distributor “SK Pharmaceuticals”.

Supplies of TB drugs

• Based on the tendering results, the Single distributor makes a Supply agreement with the suppliers.
• Customers purchase the drugs and medical supplies from the Single distributor based on the final requests and model contracts for drug purchasing.
• Purchased and adjusted amounts of TB drugs are being delivered to the regional warehouses as well as to the warehouses in Astana and Almaty according to the schedule of supplies approved at the level of Health departments.
Distribution of TB drugs from the TB facilities

- Local use
  At the facility level– to the clinical and dispensary wards of the facility.
  At the regional level – distribution within the region.

- To other facilities
  - At the facility level – all deliveries with the exception of its own wards. At the regional level – distribution among other regions and institutions.
Modernization of the National register of TB patients (NRTBP)

On-line mode

- Laboratory component
- Pharmaceutical component
- Monitoring and evaluation
- Procurements
- Social support
SLD treatment coverage of MDR-TB patients (%)

- **% of SLD coverage of MDR-TB patients**
- **# of patients receiving SLD covered by the state budget**
- **# of patients receiving SLD covered by the GF**

<table>
<thead>
<tr>
<th>Year</th>
<th>% of SLD coverage of MDR-TB patients</th>
<th># of patients receiving SLD covered by the state budget</th>
<th># of patients receiving SLD covered by the GF</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>27.5</td>
<td>1482</td>
<td>110</td>
</tr>
<tr>
<td>2009</td>
<td>49.4</td>
<td>3980</td>
<td>135</td>
</tr>
<tr>
<td>2010</td>
<td>66.1</td>
<td>3078</td>
<td>2430</td>
</tr>
<tr>
<td>2011</td>
<td>77.2</td>
<td>3364</td>
<td>1765</td>
</tr>
<tr>
<td>2012</td>
<td>86.9</td>
<td>6238</td>
<td>1670</td>
</tr>
<tr>
<td>2013</td>
<td>98</td>
<td>7299</td>
<td>1250</td>
</tr>
</tbody>
</table>
Challenges

• TB drugs procured at the expense of the state budget are not included in the WHO prequalification list.
• First-line pediatric TB drugs are not being purchased at the expense of the state budget.
• Easy access to TB drugs in the pharmacies and availability of over-the-counter antibacterial medications.
• Lack of full time drug management coordinators.
• The members of the Formulary Committee are not trained to use the methods of assessment and analysis of drug supplies to TB patients.
• Lack of the systematic quality control of TB drugs at the levels of distribution and use.
• Lack of the TB drug management guidelines in the Republic of Kazakhstan.
• Pharmacy component is not introduced at the level of PHC and clinical wards.