



Today's agenda

15:00 CET

5 minutes

IAS – Welcome and introduction

Sébastien Morin (IAS)

15:05 CET

15 minutes

WHO – Guidelines uptake and PADO priorities

Martina Penazzato (WHO)

15:20 CET

10 minutes

PHTI – Update on PHTI projects

Fernando Pascual (MPP)

15:30 CET

10 minutes

IATT – Update on IATT formulary + uptake

Nandita Sugandhi (CHAI)

15:40 CET

10 minutes

PAPWG – Update on PAPWG + expansion to adult ARVs

Wesley Kreft (PFSCM)

15:50 CET

10 minutes

CTA – Updates on fast-tracking development and introduction of paediatric formulations

George Siberry (PEPFAR)

16:00 CET

25 minutes

Q&A (from the chat)

All participants (moderated by Sébastien Morin, IAS)

16:25 CET

5 minutes

IAS – Closing remarks

Sébastien Morin (IAS)

ARV PROCUREMENT WORKING GROUP

December 2016



WHY THE PAEDIATRIC ARV PROCUREMENT WORKING GROUP WAS ESTABLISHED

Market Landscape

- Unattractive market: large number of countries with small orders and small tenders
- Large range of products; demand for some less than batch size, further fragmented by the use and procurement of duplicative and suboptimal formulations (e.g., syrups, non-dispersible ARVs)
- Lack of sufficient visibility, volumes, and/or capacities to individually coordinate sufficient orders and to aggregate demand
- Poor supply security with long and variable lead-times

Objective: Reducing the risks of supply disruption to paediatric ARVs
(improving the supply security)

- ✓ Ensure sustained supply through coordinated procurement mechanism
- ✓ Strategically manage demand
- ✓ Reduce fragmentation through streamlined product selection
- ✓ Advocate for and transition countries to use the IATT formulary list of optimal and limited-use products

WORKING GROUP MEMBERSHIP

Working Group Members

- Global Fund to Fight AIDS, TB and Malaria
- Clinton Health Access Initiative
- Organization of Eastern Caribbean States
- Partnership for Supply Chain Management
- UNICEF
- UNITAID
- PEPFAR
- PAHO
- KEMSA
- PFSA
- EVA

Working Group Observers

- Drugs for Neglected Diseases initiative
- International AIDS Society
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- Médecins Sans Frontières
- World Health Organization

Procurement Consortium

- Global Fund Pooled Procurement Mechanism (PPM)
- UNICEF
- PFSCM – PEPFAR
- GHSC-PSM – PEPFAR
- CHAI
- PAHO
- KEMSA
- PFSA
- OECS (observer)
- MSF (observer)

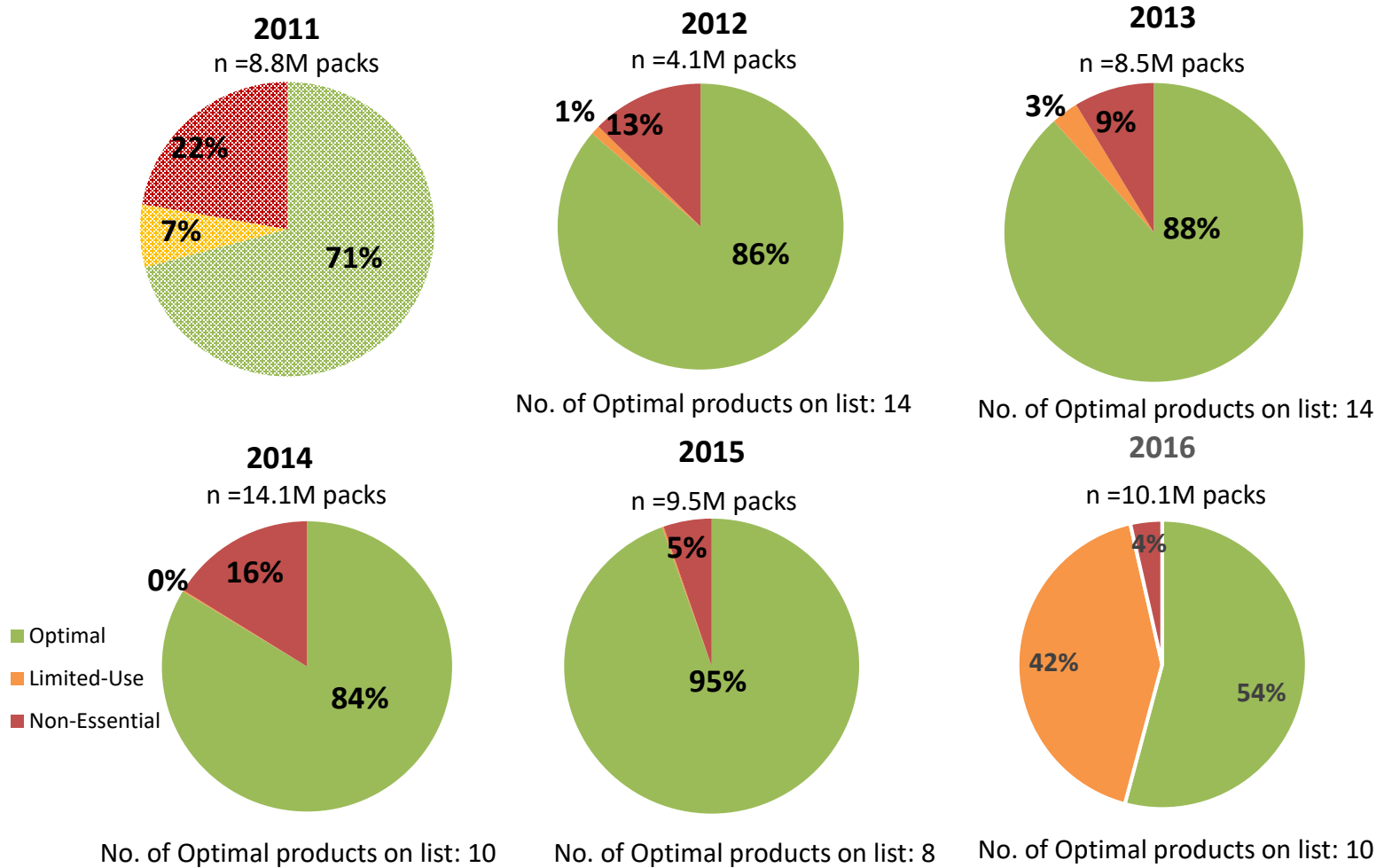
COORDINATED ORDER PLACEMENT

CONFIDENTIAL

IATT Status / Formulations	Pack Size	Supplier	Batch Size	Q4 2015			Warning Threshold: 1.0x Multiple of Minimum Batch Size							
				Delivered	Pending	Placed	Q1 '15	Q2 '15	Q3'15	Q4 '15	YTD	Q1 '16	Q2 '16	
Optimal														
ABC/3TC (60/30 mg) Tablet (Disp)	60	TBD		-	30.354	-								
		Cipla	13.333	13.750	-	55.857		0,0x	7,7x	4,2x	11,9x	2,1x	2,5x	
		Mylan	10.000	-	-	49.412			19,4x	4,9x	24,4x	18,8x	0,4x	
AZT/3TC (60/30 mg) Tablet (Disp)	60	TBD		-	1.700	-								
		Cipla	16.667	-	-	149.260		0,3x	1,6x	9,0x	10,8x	0,7x	1,9x	
		Mylan	20.000	21.300	-	66.590		1,0x	5,5x	3,3x	9,8x	0,2x		
AZT/3TC/NVP (60/30/50 mg) Tablet (Disp)	60	TBD		-	14.200	-								
		Cipla	16.667	-	-	663.856		0,0x		39,8x	39,8x	5,0x	16,2x	
		Mylan	43.333	12.000	-	296.047	0,1x	12,6x	6,2x	6,8x	25,7x	4,5x	0,3x	
		Strides	16.666	3.900	-	43.035				2,6x	2,6x			
EFV (200 mg) Tablet (Scored)	90	Strides	40.200	15.994	17.906	115.075	0,0x	0,4x	2,0x	3,3x	5,7x	0,4x	0,5x	
LPV/r (100/25 mg) Tablet (HS)	60	TBD		-	31.744	-								
		Aurobindo	13.000	788	-	13.464				1,0x	1,0x			
		AbbVie	20.000	15.167	-	54.225		0,6x	3,3x	2,7x	6,6x	2,5x	0,8x	

Optimal and Limited Use Formulations form 96% of 2016 PAPWG Procurement

PAPWG Volumes Distribution by IATT s



2016 (till Q3) Preliminary Order Data by IATT Status (1/2)

Formulation	2016 APWG order volume (packs)
Optimal	5,458,194
ABC/3TC(60/30mg)Tablet(Disp)-60	2,017,293
ABC/3TC(120/60mg)Tablet(Disp)-30	0
AZT/3TC(60/30mg)Tablet(Disp)-60	879,972
EFV(200mg)Tablet(Scored)-90	750,031
LPV/r (40/10 mg) Oral Pellets – 120	32,537
LPV/r(100/25mg)Tablet(HS)-60	607,130
LPV/r(80/20mg/ml)Syrup-160	10,641
LPV/r(80/20mg/ml)Syrup-300	46,306
NVP(50mg)Tablet(Disp)-30	193,928
NVP(50mg)Tablet(Disp)-60	25,493
NVP(50/5mg/ml)Syrup-100	894,763
RAL(100mg)Tablet-60	100

2016 (till Q3) Preliminary Order Data by IATT Status (1/2)

Formulation	2016 APWG order volume (packs)
Limited-Use	4,286,706
3TC(50/5mg/ml)Syrup-100	13,588
AZT(60mg)Tablets(Disp)-60	0
AZT/3TC/NVP(60/30/50mg)Tablet(Disp)-60	4,249,045
ABC(60mg)Tablet(Disp)-60	22,829
ATV(100mg)Capsule-60	0
AZT(50/5mg/ml)Syrup-100	36
DRV(75mg)Tablet-480	208
r(25mg)Tablet-60	0
r(80mg/ml)Syrup-90	1000
RAL(25mg)Tablet	0

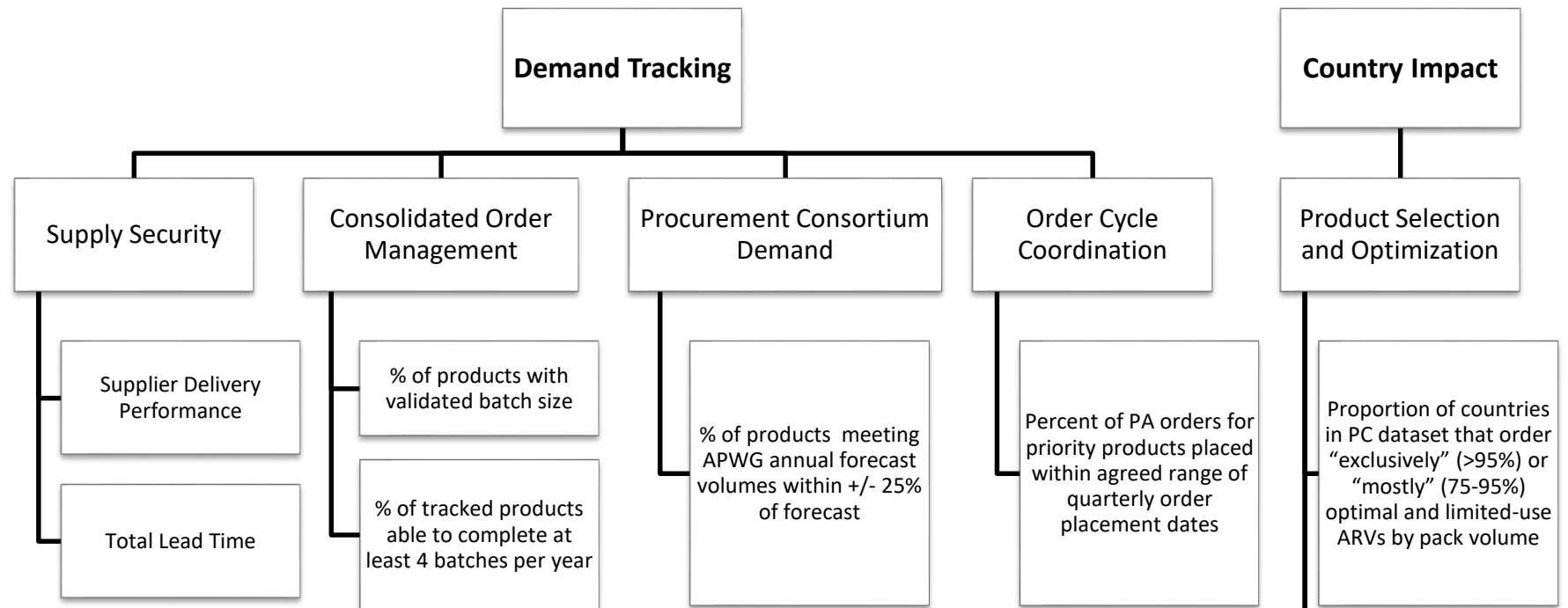
Countries ordering 2016 IATT added products

LPV/r (40/10 mg) Oral Pellet - HS - 120	32,537
Cambodia	75
Cameroon	5,142
D R Congo	3,960
Ghana (RDC)	10,000
Nigeria	2,400
Papua New Guinea	100
Swaziland	1,250
Uganda	9,610

RAL (100 mg) Tablet (Scored) - 60	100
Cambodia	12
Guatemala	88

3TC (50/5 mg/ml) Oral Solution - 100	13,588
Afghanistan	1,716
Albania	336
East Timor	170
Georgia	672
Mali	304
Papua New Guinea	1,008
Philippines	2,352
Tajikistan	1,008
Uzbekistan	6,022

2016 KPIs



Non-KPI figures to track

Demand

Volume of ARVs ordered by the PC

\$ Value of ARVs ordered by the PC

Reach

Estimated number of adults reached by the Procurement Consortium during the first two calendar years of new product introduction

Number of countries represented by Procurement Consortium for all ARVs and specifically pediatric formulations

ROAD AHEAD: IMPROVED ENGAGEMENT

- Active engagement with countries and partners to adopt/transition to the prescribed IATT formulary
- Periodic review of forecasts to communicate to Manufacturers/Suppliers
- Ongoing monitoring of market challenges and development of solutions as a group (e.g., registration/WHO PQ/FDA approvals, sub-batch orders, lead-times)
- Implement and monitor KPIs to track and validate progress made
- Work with countries not part of the procurement consortium to provide information on ordering cycle dates to enable them to align
- Continue to engage with suppliers individually and collectively
- Expansion of PAPWG to additional products

COORDINATED PROCUREMENT OF LOW VOLUME AND NEW OPTIMAL PRODUCTS (1/2)

- Procurement and Supply of most optimal paediatric ARVs mainstreamed
- Building on the paediatric ARV Procurement Working Group (PAPWG)
- Some adolescent and adult ARVs can also be challenging to procure
- Expanding scope to:
 - Supporting the uptake of optimal products for adults and children recommended by WHO
 - Coordinating the procurement of low volume and new adult ARVs (entry and exit)
- Expansion to other disease areas later if needed – e.g. low volume antimalarial medicines

COORDINATED PROCUREMENT OF LOW VOLUME AND NEW OPTIMAL PRODUCTS (2/2)

- Activities
 - Collecting demand intelligence
 - Monitoring market challenges and developments
 - Supporting the uptake of optimal products
- Provisional list of products

Coordinated procurement (18)	Adults	· ABC 300mg	· DTG 50mg
		· ATV 300mg	· EFV 400mg & FDCs RTV 100mg
		· AZT 300mg	· TDF 300mg
		· DRV 600mg	· 3TC 150mg
	Paed	· ABC/3TC 120/60 mg dispersible	· AZT 50mg/5ml solution (100ml)
		· LPV/r 80/20 mg/ml solution	· AZT 60 mg dispersible
		· NVP 50 mg dispersible	· LPV/r oral pellets
		· ABC 60 mg dispersible	· 3TC 50mg/5ml solution (100ml)
Consolidated demand forecast only (4)	Adults	· ATV 100mg;150mg	· RTV 25 mg
	Paed	· RAL 400mg	
		· DRV 75 mg or 150mg	
		· RAL 25 mg; 100 mg	