

ELEMENTS OF THE GLC INITIATIVE

GLC GOVERNANCE	GLC OPERATIONS	GLC FINANCING
Green Light Committee	GLC Initiative Coordination (GLC Secretariat)	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Stop TB Partnership	Drug procurement and management (GDF Secretariat)	UNITAID
World Health Organization	Technical assistance to GLC programmes (WHO & partners)	World Health Organization
	Monitoring & evaluation (Green Light Committee, WHO & partners)	Other donors

HELPFUL CONTACTS

FOR ASSISTANCE WITH SETTING UP A PROGRAMME:

- Your WHO country or regional office www.who.int

FOR INFORMATION ABOUT GREEN LIGHT COMMITTEE MONITORING AND EVALUATION:

- Green Light Committee Secretariat by email at glc_secretariat@who.int

FOR INFORMATION ABOUT TECHNICAL ASSISTANCE:

- Your WHO country or regional office www.who.int
- The WHO TB TEAM by email at tbteam@who.int
- Green Light Committee Secretariat by email at glc_secretariat@who.int

FOR QUESTIONS ABOUT SECOND-LINE DRUG PROCUREMENT AND DRUG MANAGEMENT:

- Global Drug Facility by email at gdf@who.int

THE GREEN LIGHT COMMITTEE INITIATIVE

HELPING COUNTRIES ACCESS TREATMENT FOR DRUG-RESISTANT TUBERCULOSIS AND PROVIDE TREATMENT ACCORDING TO WHO GUIDELINES.

WHAT IS THE GREEN LIGHT COMMITTEE INITIATIVE?

The GLC Initiative helps countries gain access to high-quality second-line anti-TB drugs so they can provide treatment for people with multidrug-resistant tuberculosis (MDR-TB) in line with the World Health Organization (WHO) guidelines, the latest scientific evidence and country experiences. The Initiative consists of a Secretariat, the Green Light Committee (an expert review and WHO advisory body) and the Global Drug Facility (the drug procurement arm of the Initiative).

WHAT DO TB PROGRAMMES NEED TO DO TO OBTAIN SECOND-LINE ANTI-TB DRUGS THROUGH THE GREEN LIGHT COMMITTEE INITIATIVE?

They must submit an application to the Green Light Committee, which will review the application, and then work with the Secretariat to address any questions or problems. Programmes also must facilitate a site visit by Green Light Committee technical experts and subsequently address any problems identified during the visit.

AS OF JUNE 2008, THE GREEN LIGHT COMMITTEE HAD APPROVED TREATMENT FOR 42,939 PEOPLE WITH MDR-TB IN 54 COUNTRIES.



World Health Organization



Stop TB Partnership

www.who.int/tb/challenges/mdr/greenlightcommittee/en

ONCE THE APPLICATION HAS BEEN APPROVED, HOW DO PROGRAMMES OBTAIN SECOND-LINE DRUGS?

The Global Drug Facility procures second-line anti-TB drugs for Green Light Committee-approved programmes. Once the programme has calculated the quantity of drugs needed for the cohort approved by the Green Light Committee, the Global Drug Facility sends an authorization letter to its procurement agent, the International Dispensary Association (IDA) for supply of second-line anti-TB drugs to the programme, which then places its orders. The Global Drug Facility works with IDA to ensure that the drugs arrive on time.

HOW ARE PROGRAMMES MONITORED BY THE GREEN LIGHT COMMITTEE?

All programmes are monitored annually via site visits to ensure that the programmes continue to adhere to their original protocols and WHO guidelines. Project managers also must submit an annual report to the Secretariat within one month of the anniversary of the programme's approval. If gaps or deficiencies are identified in either the annual programme report or the monitoring report, the Secretariat will recommend that the programme seek appropriate technical assistance to rectify the situation.

WHAT ARE THE KEY SUCCESS FACTORS FOR A WELL FUNCTIONING PROGRAMME?

Before submitting an application to the Green Light Committee (GLC), countries must address the following minimum requirements:

- secure political and administrative support for the planned activities;
- access to a functional and quality-assured laboratory that has culture diagnostic facilities and can provide rapid, valid and reliable drug-susceptibility tests (DSTs);
- access to functioning health care facilities;
- capacity to ensure patients' adherence to the treatment regimen;
- access to a functioning information and data management system.

APPLICATION REVIEW PROCESS

PRE-APPLICATION

- Needs of the programme assessed, through site visit if required
- Current capacity determined and gaps identified
- Plan for filling gaps through technical assistance developed
- Application submitted to donors to fund the gaps during needs assessment

APPLICATION PROCESSING

- Application submitted to GLC Secretariat well before starting to treat patients
- Secretariat staff work with applicants to ensure applications are complete and supporting documents are provided

GLC REVIEW

- GLC reviews applications every two months or as soon as received (depending on the type of application)
- GLC members may have questions about an application or identify problems or concerns that need to be addressed before an application can be approved

GLC APPROVAL

- Outcomes of GLC review communicated to applicants by GLC Secretariat
- Global Drug Facility informed of approval and begins preparing for drug orders

ISSUES ADDRESSED BY COUNTRIES WITH HELP FROM WHO AND OTHER STOP TB PARTNERS IDENTIFIED BY GLC

WHAT DOES THE GLC INITIATIVE OFFER TO COUNTRIES WITH MDR-TB PATIENTS?

Countries with multidrug-resistant tuberculosis (MDR-TB) patients can get access to:

- high-level expertise in management of MDR-TB programmes based on best available evidence and collective experience;
- high-quality, second line anti-TB drugs to treat MDR-TB at considerably lower than market prices;
- technical assistance on MDR-TB management through a wide network of technical partners;
- peer support and knowledge sharing in communication with other GLC-approved programmes;
- independent external monitoring and evaluation of the GLC-approved programme to help develop appropriate treatment regimens;
- funding for MDR-TB programmes and concessionally-priced second line anti-TB drugs from the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNITAID.

Feedback from GLC-approved programmes provides important clinical and programmatic experience needed to develop global standards for the prevention and control of drug-resistant tuberculosis.

One of the six components of the World Health Organization (WHO) STOP TB strategy calls for control and prevention of multidrug-resistant tuberculosis (MDR-TB) through (1) increased access to high quality 2nd-line anti-TB drugs and (2) prevention of development of resistance to anti-TB drugs. The GLC Initiative together with the Working Group on MDR-TB promotes implementation of this strategy as per the WHO Global Plan to Stop TB (2006-2015) and the Global MDR/XDR-TB Response plan (2007-2008).