# The Pharmaceutical Supply System in Haiti: A Assessment of Support Expansion of VCT/PMTCT Activities

## Background

Haiti has the highest prevalence of AIDS outside Africa; the number of people living with AIDS reached 250,000 in 2001. Among the HIV/AIDS initiatives of the Haitian Ministry of Health (MOH) is the National Strategic Plan of Prevention and Care of HIV/AIDS. The MOH is supported by nongovernmental organizations, such as the Haitian Study Group of Kaposi Sarcoma and Opportunistic Infections (GHESKIO) and public institutions, such as the Haitian State University Hospital (USHF), public departmental hospitals, and selected health centers.

Haiti is one of 15 countries to benefit from the U.S. President's Prevention of Mother-to-Child-Transmission Initiative (PMTCT) and Emergency Plan for AIDS Relief. The Rational Pharmaceutical Management (RPM) Plus Program (RPM Plus) is working with the MOH and stakeholders to build up the pharmaceutical management system in support of new HIV/AIDS-related programs.

## Objective

RPM Plus’s objective is twofold: (1) to assess the capacity of the Pharmaceutical Supply System in Haiti, including drug and commodities procurement, inventory control, management information systems, and distribution; and (2) based on assessment findings, to develop interventions to strengthen the overall pharmaceutical supply network and facilities scale-up of voluntary counseling and testing (VCT), PMTCT, and antiretroviral therapy (ART) programs. The assessment was done in November 2002.

## Assessment Methodology

### Procedure

- **Interviewed key stakeholders, including representatives of the MOH, GHESKIO BODE, departmental hospitals, and peripheral facilities providing HIV/AIDS services.**
- **Evaluated pharmaceutical management operations at three levels of service.**
- **Conducted a needs assessment of the medical stores.**
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## Assessment Findings

### Procurement

- Due to cash flow problems, PROMESS does not maintain a regular procurement schedule, which contributes to shortages.
- PROMESS does not buy from local distributors because of quality concerns, so supply is restricted.
- Other facilities procure most of their medicines and supplies from PROMESS, so procurement problems at PROMESS affect them.
- Although in principle, the departmental depots should get their supplies from PROMESS, no written guidelines mandate it. If products are not available or are too expensive at PROMESS, the peripheral depots turn to local distributors.

### Storage Conditions

- PROMESS storage space will need to be increased to accommodate expansion of HIV/AIDS-related programs.
- Most departmental warehouses do not have good storage conditions; expired items are often on the shelves.
- The quantity of supplies on hand is not in depots and warehousing system, which hampers drug quantification efforts.

### Management Information Systems

- The national health information system is disorganized and relies more on individual motivation than on a coherent network.
- PROMESS does not record what client facilities have asked for or received, thus not capturing the demand information needed for quantification.
- The quality of consumption data is poor in depots and worse at service delivery points, which hampers drug quantification efforts.

## Inventory Control

- PROMESS does not maintain a computerized inventory management system, but no backup manual system is in place.
- An analysis showed discrepancies between records of issues from PROMESS and records of receipt by the peripheral depots, ranging from a high of 6 percent to a low of 34 percent.
- None of the peripheral stocks or service delivery points had accurate data on stock management, facility consumption, and other information.

## Drug Availability

- PROMESS does not maintain a minimum stock level or buffer stock, resulting in shortages.
- PROMESS experiences stock-outs of certain products for one or more months in a year. Detailed analysis showed that of 46 products, 29 percent were out of stock in 2001 and 32 percent were out of stock in 2002. These stock-outs result in stock-outs at the facility level.
- Of 17 antiretroviral products, five products were out of stock (about 30 percent). Four products were overstocked by 100 percent or more, and one product was as much as 480 percent overstocked, leading to waste from expiry.

### Distribution

- PROMESS uses a “pull” system, where clients determine their needs and make requisitions.
- The quality of supplies ordered is determined not by the peripheral depots or facilities’ actual needs, but by the amount of money they are able to pay.
- Absence of transportation and lack of communication between various levels of the health system make monitoring stock levels and dealing with shortages difficult.

## Implementation Plan

To address the assessment findings, RPM Plus is implementing the following plan to strengthen the pharmaceutical system—

- Strengthen the management information system, since the quantification process depends on the availability and quality of data.
- With technical assistance, establish an information baseline and follow-up data system for VCT/HIV/AIDS—center for planning, management, and reporting.
- Develop standard operating procedures for ordering, receiving, storing, and dispensing drugs.
- Conduct drug management training courses specifically for warehouses and health facilities.
- Supervise follow-up of trainers and provide technical assistance to improve drug management at the departmental depots and service delivery points.
- Collaborate with nongovernmental organizations and the public sector to implement a translational distribution system for VCT/PMTCT/HIV/AIDS products.

## For more information

- [Web: www.msh.org/rpmplus](http://www.msh.org/rpmplus)
- [E-mail: rpmplus@veris.org](mailto:rpmplus@veris.org)

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**Facilities Using Drug Management Tools and Their Data Accuracy**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Manual Stock Card</th>
<th>Computer System</th>
<th>General Ledger</th>
<th>Ordinary Notebook</th>
<th>Inventory Sheet</th>
<th>Inventory Report</th>
<th>Accurate Data to Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral Medical Sites</td>
<td>(n = 17)</td>
<td>7/17</td>
<td>6/17</td>
<td>6/17</td>
<td>6/17</td>
<td>2/17</td>
<td>2/17</td>
</tr>
<tr>
<td>Service Delivery Points</td>
<td>(n = 17)</td>
<td>9/17</td>
<td>8/17</td>
<td>8/17</td>
<td>8/17</td>
<td>3/17</td>
<td>3/17</td>
</tr>
<tr>
<td>Total Percentage</td>
<td>71%</td>
<td>9/17</td>
<td>8/17</td>
<td>8/17</td>
<td>8/17</td>
<td>2/17</td>
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</table>

**Medical Stores**

<table>
<thead>
<tr>
<th>National Expansion of VCT Integrated Services</th>
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<tbody>
<tr>
<td><strong>2004 Total VCT Centers (43)</strong></td>
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<tr>
<td><strong>VCT Centers</strong></td>
</tr>
<tr>
<td><strong>Centers of Excellence (10)</strong></td>
</tr>
<tr>
<td><strong>Peripheral Centers (35)</strong></td>
</tr>
</tbody>
</table>

**Acyclovir tabs**

**Amoxicilline caps**

**Amoxicilline susp**

**Penicillin benzathine inj**

**Ciprofl oxacin tabs**

**Gentamicin inj**

**Nystatin vaginal**

**Tetracycline ointment**

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**Pharmaceutical supply should be neat and shelves clearly labeled.**