

**AIDS Medicines and Diagnostics Services (AMDS)
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Challenges in Medicines Supply Systems: Country case studies

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**World Health
Organization**

Overview of Studies

- **11 African countries** planned in 2007 to evaluate their medicines supply systems (Cameroon, Senegal, Rwanda, Burundi, Mali, Congo-Brazzaville, Ghana, Nigeria, Tanzania and Zambia)
- The countries carried out **2 surveys**:
 - 1. Mapping** of all partners involved in procurement and distribution of essential medicines and medical supplies;
 - 2. In-Depth Assessment** of medicines supply management system to identify strengths and weaknesses and opportunities for coordinated, coherent and efficient national medicines supply strategy.



Mapping Partners in Medicines Procurement Systems

- **Objective:**

- To establish a map of partners involved in procurement of medicines and medical supplies in a country

- **Expected Outputs:**

- A flow chart showing financial flows in the existing procurement and distribution system
- An overview of all stakeholders involved in medicines procurement and distribution in a country
- A synopsis of medicines procurement and distribution pathway in country



In-Depth Assessment

Objectives:

- To identify strengths and weaknesses at each level of the medicines supply management cycle and analyse the financial flows of the existing procurement and distribution system
- To use the results as evidence for the development of a coordinated, coherent and efficient national medicines supply strategy

Expected outputs:

- Strengths and weaknesses of the systems
- Recommendations to strengthen the systems

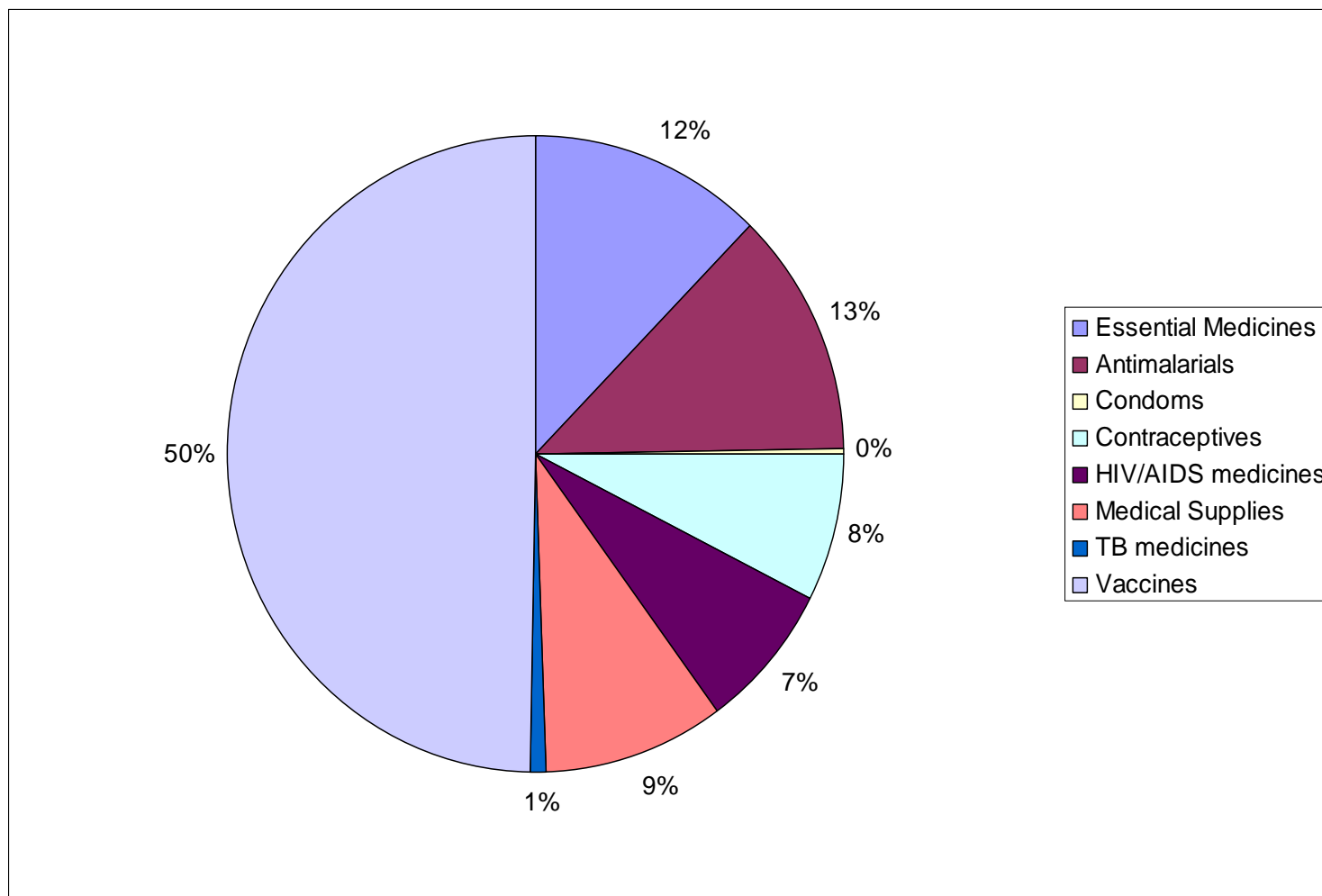


Mapping results

- **Burundi**
- **Congo Republic**
- **Ghana**
- **Mali**
- **Nigeria**
- **Rwanda**
- **Senegal**
- **Tanzania**
- **Zambia**



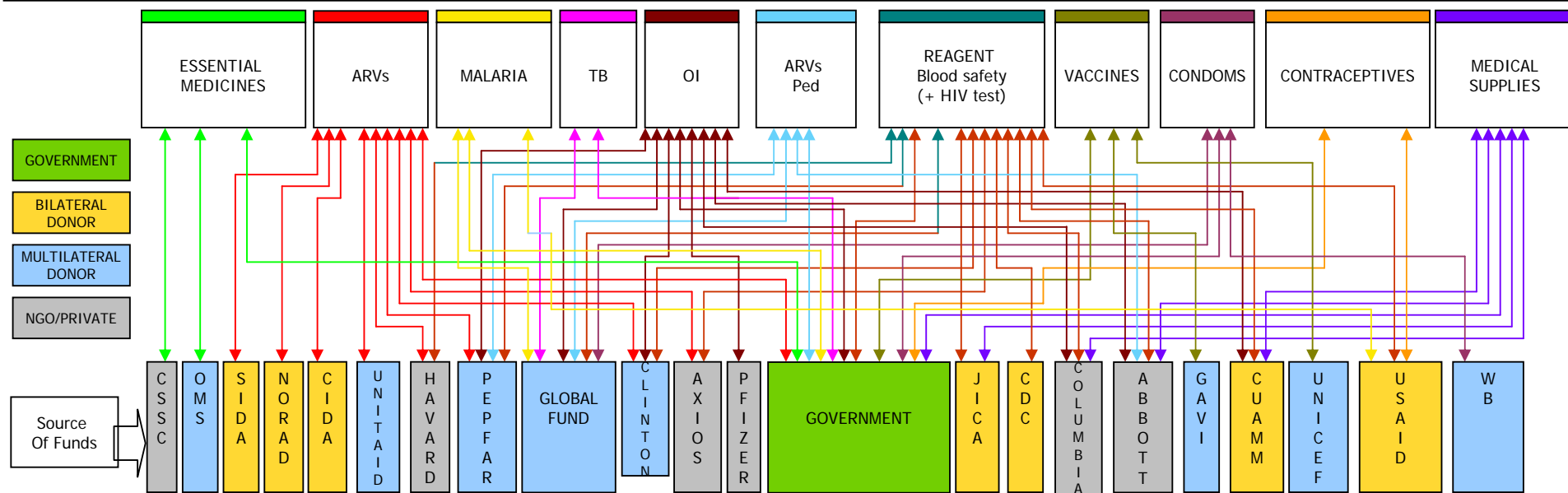
Ghana: Funding by supply type (2006)



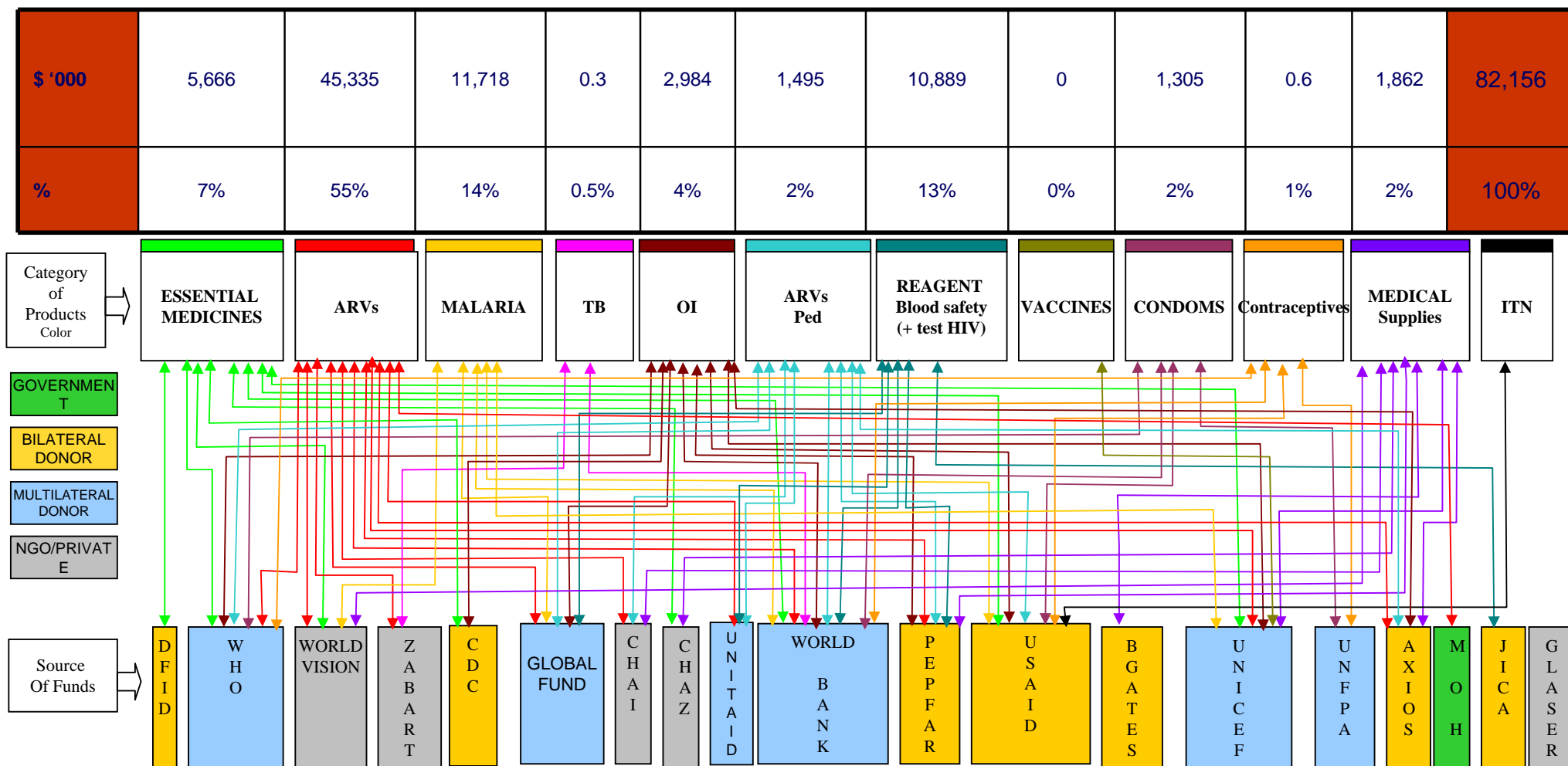
Tanzania: Funding by Supply Type

(2006-2007 Data)

\$ '000	65,869	56,853	54,201	4,700	3,722		37,027	17,300	3,905	17,734	53,859	315,170
%	20.9%	18.0%	17.2%	1.5%	1.2%		11.7%	5.5%	1.2%	5.6%	17.1%	100%



Zambia: Funding by Supply type



Study results: **Challenges** (1)

- **Structure Supply system:**

- Complex and magnitude not known to the actors
- Responsibilities and tasks of each of the actors not clearly defined
- Transparency not always assured
- CMS is rarely involved in forecasting/procurement

- **Selection:**

- Supply outside the EML/STG still exists
- Procurement of non registered medicines in countries still exists

- **Quantification:**

- Lack of coordination in planning between MoH/CMS and all partners results in stock-outs, shortages, overstocking and expired products
- Adequate logistic information system not in place (due to the complexity of the system?)



Study results: Challenges (2)

- **Procurement:**

Difficult to manage the various procurement and financial procedures specific to each of the multitude of partners.

- **Stock management:**

- Specific stock management tools available for products of some partners, leading to increased work load for personnel and adding to the complexity of stock management.
- CMS may not have adequate storage capacity due to lack of coordination in procurement planning

- **Distribution:**

- Inadequate funds for distribution.
- Where funds are available, no coordination between different programs leading to high operational costs for all programs.



Study results: **Challenges** (3)

● **Financing:**

- Most of today's donor funding target vertical disease programs such as HIV/AIDS, tuberculosis, malaria and EPI
- The above may lead to some programs being under-supported while others are over-supported
- Financial figures not always available.
- Logistic support is under- funded.

● **Monitoring-Evaluation:**

- Each unit/project having its stand alone M&E project for its products (e.g. condoms, ARVs, PMTCT, ITN, Coartem, Test Kits etc
- Not easy to manage due to the number of different reporting tools which increase the burden of work for personnel.

● **Human resources:**

- At facility level, the system is unable to provide different staff to manage various categories of medicines.
- Burden of work for the lone staff at facility level increases
- Remuneration is low and output diminishes leading to weaken health system

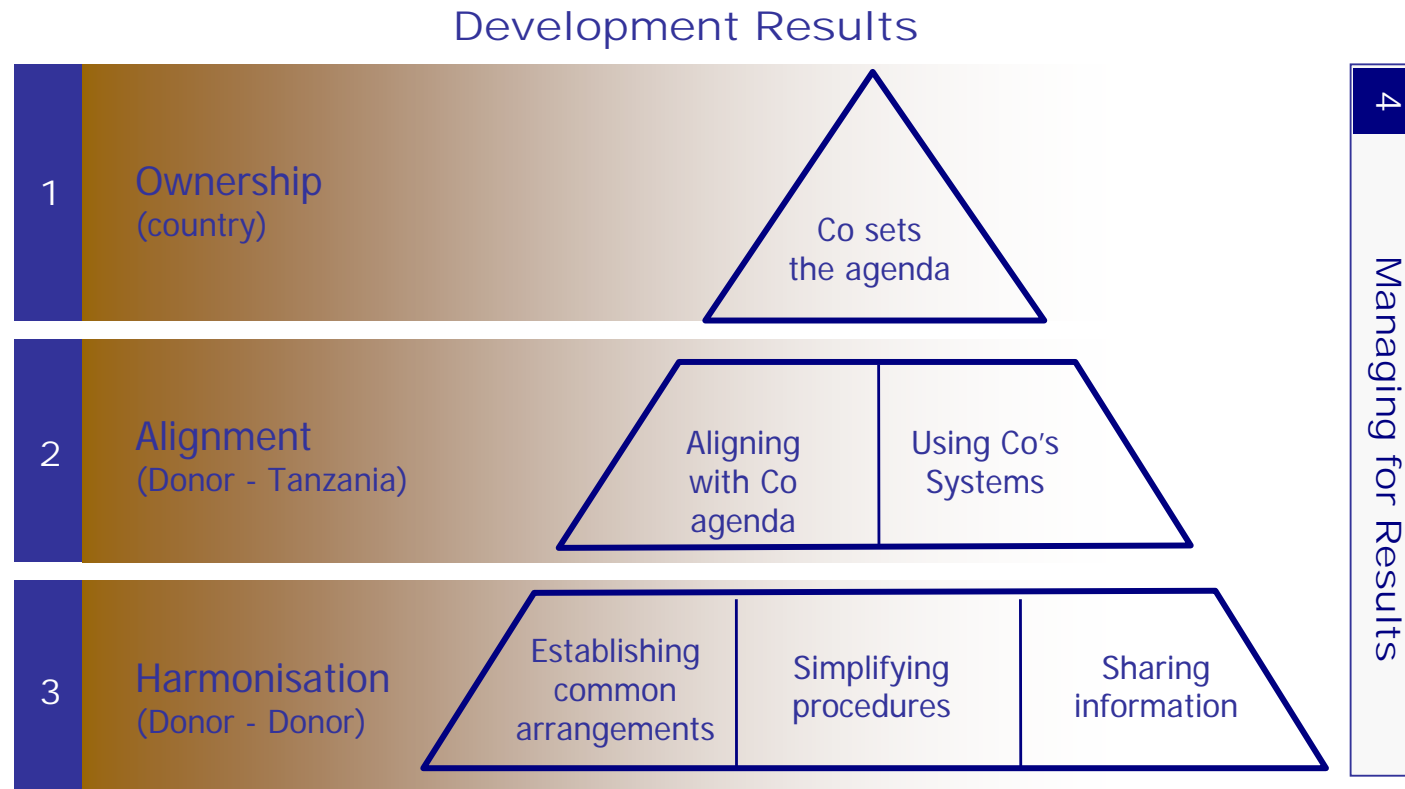


Study results: Strengths

- **Increased funding for procurement of specific categories of essential medicines from donors such as:**
 - Global Fund to fight HIV/AIDS, TB, malaria
 - UNITAID
 - PEPHAR
 - Clinton Initiative
 - World Bank etc
- Several partners offering technical support to strengthen national capacities in medicines procurement and supply management
- Logistic support to improve distribution and geographical availability of medicines
- Medicines supply systems (public and private) exist in all the countries
- Motivated human resource team in a difficult work environment



Harmonization and Alignment principles by Development Partners



Partner Alignment: The Global Fund example in Tanzania

- GF is inline with GOT system
- GF gives fund to the GOT (Paymaster General)
- Disbursed to beneficiary programs- NACP/NMCP
- Deposited to MSD (NACP/NMCP)
- MSD then procure, store, and Distribute
- MSD charge 8% for operating costs (the rest 6% covered by MOHSW)



Model Pathway

- **The Proposal from countries**

