Making HIV/AIDS commodities available:  
a proposal for a country level coordination mechanism

1. Introduction

The number of people living with HIV/AIDS (PLWA) on antiretroviral treatment (ART) increased from 400,000 in December 2003 to about 700,000 in December 2004 and to 1.33 M in December 2005. It is estimated that 250,000 to 300,000 deaths due to AIDS were avoided in 2005. However, while the increase in ART coverage with its impact on AIDS-related deaths is impressive, the reality remains that out of 6.5 million people who need ART, only 20% have access to it. Continued action across a broad range of areas is imperative to overcome the injustice embodied in these figures.

One of those areas is the procurement and supply management of HIV-related medicines needed to make treatment access a reality. With the increasing experience in treatment access, countries are increasingly overcoming the difficulties associated with procuring antiretroviral drugs, and the ability to manage supplies in country programmes is emerging as the next big obstacle. In addition, it is becoming clear that with antiretrovirals, institutions acting alone cannot deliver quality care for people living with HIV: a country level coordination mechanism is warranted. For instance, the demand for opportunistic infection drugs, antibiotics, topical drugs and drugs for palliative care is increasing, as is the demand for gloves, injection equipment, condoms, HIV tests and reagents for laboratory monitoring of HIV treatment. The case for the integration of ARVs in the mainstream supply chain system for other essential drugs is thus becoming stronger and stronger.

2. Rational for a national level coordination mechanism

As we are moving from 3by5 to Universal access to HIV care and prevention services, challenges to meet the growing needs will face partners working in countries. Efficient and coordinated approaches will be needed to meet these challenges. Opportunities such as PEPFAR, GFATM, UNITAID, World Bank/MAP and bilateral aid agencies will achieve their goals if various stakeholders work together in a coordinated manner. Some countries like Rwanda, Tanzania report successful results. It may be useful to systematically document these positive experiences for the sake of their replication in other countries. This evolution has enormous consequences for the AIDS Medicines and Diagnostics Service, a network of partner organizations.


2 The terms drug, medicine, pharmaceutical product and pharmaceutical are used interchangeably to refer to medicinal products intended for prophylactic, diagnostic and therapeutic use. The term medicinal products encompasses medicines, vaccines, blood derivatives other biological, diagnostics, medical devices and items as well as their combination and their components

3 AMDS is a network of the following partner organizations working together to improve procurement and supply management of HIV/AIDS commodities: Centrale Humanitaire Médico-Pharmaceutique (CHMP); William J. Clinton Foundation; Commonwealth Pharmaceutical Association; Crown Agents; Global Fund to Fight AIDS, Tuberculosis and Malaria; Ecumenical Pharmaceutical Network (EPN); Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau (ESTHER); International
supporting procurement and supply management for AIDS medicines and diagnostics, which was created in December 2003 to support drugs procurement and supply management.

The challenge for us has become not just to ensure access to ARVs, but to all medicines that are required for the care of PLWHA and the prevention of HIV infection. To tackle this challenge, drugs supply systems in developing countries need to be strengthened to levels that few people can imagine today - some think that the amount of medicines that those systems will need to handle will increase by a factor 100 within a few years. Given the dearth of resources and skilled people to take on this task in developing countries, a concerted action of all stakeholders is required to deliver on this daunting challenge. If successful, this effort will lead to an overhaul of the entire national drug supply system.

The present paper outlines some ideas on how countries could start work on this challenge, focusing on how collaboration at country level could be structured, and on the coordinating role that WHO could play. Specifically, it addresses approaches to the development of a national level procurement and supply management network for HIV-related medicines, its composition, deliverables, the risks and opportunities associated with its establishment, and the possible role WHO could play in their operationalisation.

2. Potential Approaches to develop a national level procurement and supply management network for HIV commodities

A national level network could be established on a voluntary basis between several committed stakeholders and could be institutionalized under a national authority. It is important to the success of the network to bring together relevant institutions willing to work together on commonly agreed products, to commonly define the objectives, and for each of the partners to deliver on promises made to other participants towards the achievement of the agreed objectives or products.

We think that in many cases it would be best to try to create this network as a voluntary collaboration between the main stakeholders at country level, and to formalize it as required later, possibly under the umbrella of the National AIDS Council or the National AIDS Control Programme.

We also think that initially it might be wise to start a collaboration around limited objectives (products), as initially it might prove difficult to agree on very broad objectives.
Also, the number of partners might initially be small, limited to those who are committed to reach the same goals, and be expanded as soon as initial collaborative endeavours are successful.

We need to make some documentation of current situation and test various approaches which may vary with countries.

3. Composition

The composition of a national procurement and supply management network will depend on who the actors are in the country. In Kenya for instance, it could include KEMSA, EPN, CEDMAP, Ministry of Health, JSI, MSH, MEDS, PEPFAR, the World Bank, WHO, GFATM, GTZ, Crown Agents, UNICEF, FHI and the private sector distributors. Not all these need to be included at once, or need to participate in all activities of the network, as long as there is progress in key areas.

4. Potential deliverables

Depending on countries and situations, the following functions and deliverables could be considered when formulating the agenda for a national procurement and supply management network:

- Share information among partners
  - Who is doing what where
  - Information on sources and prices of HIV medicines, quantity of drugs procured, stock at hand, patent status of HIV medicines, local production capacity, etc.

- Harmonize planning/budgeting, implementation and reporting mechanisms
  - Agree on complementary roles of different players
  - Share sourcing of inputs (e.g. warehousing, transport,…)
  - Harmonize Logistics Management Information Systems
  - Harmonize facility-level guidelines on stock management and reporting
  - Integrate management of drugs from multiple donor streams
  - Jointly forecast national needs

- Develop common agenda to address the human resources gap in the pharmaceutical sector, e.g.,
  - In training: harmonise training tools, support each other in training workshops and other capacity building activities
  - Review regulations on dispensing and handling of medicines so as to empower more people to handle them, and suggest changes to the authorities

- Tackle quality assurance problems

- Develop common approaches for product selection and procurement, storage & inventory control, distribution, and support rational use including treatment adherence.
5. The proposed role of WHO in this endeavour

The roles that different partners would play in the network would need to be agreed on in initial meetings, but, if no attempts at coordination are being made, we think that the WHO country office should take the lead in convening potential partners. Where this coordination is already ongoing, the WHO country office would make available its expertise and would support it technically, e.g. with training, strategic planning, secretariat of the network, etc.

In initial meetings and on a continuing basis the WHO country office should continue to broker the collaboration between the stakeholders, possibly provide the secretariat for the network, and support the chair to convene and structure network meetings that would need to focus on specific deliverables and tangible outcomes.

6. Proposed actions towards the development of country level PSM network

The following activities have been identified as priorities for the development of a national PSM network:

1. Documentation of current successful PSM integration and collaborations mechanisms at country level: ex. Tanzania, Rwanda, Burkina Faso, Cameroun, Zimbabwe
2. Refine the above mentioned approaches for establishing national PSM networks
3. Implementation of the approaches in two selected countries: ex. Kenya, Malawi

Activity 1: Documenting of current successful experiences with PSM integration and collaboration mechanisms among various PSM stakeholders

Approaches used to reach a good integration of drug procurement and supply management will be described systematically.

The identified country will:
- describe the PSM situation of HIV medicines in relation with the national PSM, ARV progress over time and current national ART coverage.
- rationale for any integration/national PSM network
- approaches
- members
- objectives
- achievements
- challenges
- future actions

Proposed countries: Tanzania, Rwanda, Burkina Faso, Cameroun, Zimbabwe
Selection criteria: High prevalence, several partners in the national PSM, successful integration of ARV in the national PSM system.

Activity 2: Development of guidance for the establishment of national PSM network.
Based on the experience and lessons learned from the above documentation of case studies, WHO will develop a paper describing potential approaches that will be implemented in some countries. The above outlined approaches will be revised to take into account the results of the case studies.

**Activity 3: Implementation:** Implement the above guidance in some countries which will be selected based on the following selection criteria: HIV prevalence, several stakeholders working in the national PSM system, potential for success, expressed need for national PSM network, political will to do that.

**Activity 4: Monitoring and evaluation:** conduct a documentation in the countries where the approaches have been implemented.