Building the Capacity of West African Countries to Ensure Uninterrupted Availability of Antiretrovirals and HIV Rapid Test Kits

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SIAPS

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Outline

An overview of the USAID-funded SIAPS West Africa Regional Project (WARP)

- Portfolio geographic coverage
- Problem statement
- Goal and objectives of WARP
- Results of the situation analysis
- Key achievements
- Next steps
- Challenges
Portfolio Geographic Coverage

Six Focus Countries

- Benin
- Burkina Faso
- Cameroon
- Guinea
- Niger
- Togo
Problem Statement (1)

- Inconsistent and inaccurate patient and commodity figures

- High burden of reporting for HIV and AIDS patients and commodities

- Confusion and delayed action by stakeholders

- 2012/13 - several alerts of stock-outs of antiretrovirals (ARVs) and rapid test kits (RTKs) in West and Central African countries
Problem Statement (2)

- Inadequately coordinated and unsustainable responses mechanisms to address stock-outs especially at country level
  - PEPFAR Emergency Commodity Fund (ECF)
  - Global Fund Voluntary Procurement Pool (VPP)
  - Coordinated Procurement Planning (CPP)
  - UNITAID
  - Grant Management Solutions (GMS)

- Absence of an early warning system for stock-outs
Goal

Enhanced availability and use of patient and commodity data for decision making for HIV and AIDS programs in Benin, Burkina Faso, Cameroon, Guinea, Niger, and Togo

Objectives

1. Improve coordination among regional and national stakeholders involved in HIV commodity supply
2. Increase the use of pharmaceutical management information for decision making at national and regional levels
3. Increase availability of financial resources for HIV and AIDS commodities
4. Enhance capacity for pharmaceutical supply management
Background

- Low HIV prevalence (0.8%-1.6%) except Togo (3.3%) and Cameroon (5.1%)
- Main source of funding for ARVs/RTKs is the Global Fund
- None are PEPFAR focus countries and majority in WAHO (Western African Health Organization)
- 1.5 million HIV tests conducted annually for a population of 70 million
- Small populations of patients on ART with low ART coverage (10%-35%, except Burkina Faso, 49%)
- Total ART patients – 254,000 (5 countries); new patients per month – 2,731

<table>
<thead>
<tr>
<th></th>
<th>Burkina Faso</th>
<th>Cameroon</th>
<th>Guinea</th>
<th>Niger</th>
<th>Togo</th>
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<tbody>
<tr>
<td># of active patients on ART</td>
<td>41,890</td>
<td>136,439</td>
<td>27,780</td>
<td>12,516</td>
<td>35,691</td>
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Sources: WHO 2010. World Health Statistics 2010
Situation Analysis of HIV-Related Information Management

Key elements assessed

- Product- and patient-related information flow and management
- Coordination and stakeholder engagement
- Quantification and procurement
- Sources of funding for commodities
- Product selection (treatment guidelines, registration)
- Storage, distribution, and inventory management
- Product use
- Reporting on commodity management
## Situation Analysis: Key Findings (1)

### HIV commodities and patient information management

<table>
<thead>
<tr>
<th>Low reporting rate</th>
<th>No</th>
<th>Yes</th>
<th>Number of countries</th>
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<table>
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<table>
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<th>Data collected</th>
<th>LMIS</th>
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</tbody>
</table>
Key Findings (2)

Coordination and stakeholder engagement

- Multiple stakeholders with varying information and contributions to the HIV program
- 4 of 5 countries had an established TWG and committee for HIV and AIDS commodities management
- Of the three countries that had set up monthly meetings, none of them held a meeting every month in the preceding 12 months
- Only one country that set up quarterly meetings held a meeting every quarter
- Inadequate stakeholder engagement
Key Findings (3)

Quantification of HIV commodities

<table>
<thead>
<tr>
<th>PROCESS</th>
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<td>Coordinated + Adhoc</td>
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<tr>
<td>Coordinated</td>
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<td>Annual</td>
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<table>
<thead>
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<th>TOOL</th>
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<td>CHAI Tool</td>
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<td>SOLTHIS Tool</td>
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<td>EXCEL</td>
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<table>
<thead>
<tr>
<th>ISSUE</th>
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</thead>
<tbody>
<tr>
<td>Data quality</td>
<td>5</td>
</tr>
</tbody>
</table>
Key Findings (4)

- Average number of stakeholders per country: 12 or 13
- Only one country provided funding figures for all stakeholders
- All five countries provided figures for government and Global Fund contribution

Sources of funding for HIV commodities:
- Global Fund: 39%
- Other stakeholders: 36%
- Host government: 25%
Key Findings (5)

Gap analysis for the HIV program accomplished

- Number of countries
  - 5

- Conducted gap analysis
- Gaps filled out
  - 3

Identified Needs

- Funds for procuring ARVs and lab commodities
- Procurement coordination
- Storage and distribution
- Technical assistance and capacity building

Challenges in Accessing Funding

- Complex Global Fund procedures
- Suspension of grants – Global Fund
- Complicated procedures to mobilize government funds
- Uncoordinated and inaccurate planning
Key Findings (6)

Percentage of ARVs at central level at risk of stock-out

<table>
<thead>
<tr>
<th>Country</th>
<th>Risk Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Cameroon</td>
<td>Very high risk (&lt; 6)</td>
<td>100%</td>
</tr>
<tr>
<td>Guinea</td>
<td>High risk (6 - 9)</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Medium risk (9 - 12)</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>Low risk (12 - 15)</td>
<td>11%</td>
</tr>
<tr>
<td>Niger</td>
<td>High risk (6 - 9)</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Medium risk (9 - 12)</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>Low risk (12 - 15)</td>
<td>9%</td>
</tr>
<tr>
<td>Togo</td>
<td>High risk (6 - 9)</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Medium risk (9 - 12)</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Low risk (12 - 15)</td>
<td>10%</td>
</tr>
</tbody>
</table>

Months of Stock

Very high risk (< 6) | High risk (6 - 9) | Medium risk (9 - 12) | Low risk (12 - 15)
Key Achievements

- Conducted a rapid situation analysis
- Conducted a sub-regional project launch and training on ARVs and HIV- and AIDS-related information management and quantification of ARVs
  - Presented situation analysis findings
  - Discussed the use of regional dashboard outputs for faster evidence-based decision making to mitigate stock-outs
  - Discussed collaboration between partners
- Provided support to the regional coordination mechanism
- Provided support to countries to address bottlenecks in the implementation of Global Fund grant funds
- Developed an early warning system (EWS) for ARVs and RTKs
Conceptual Design of the EWS

**Input level**
- Patient data
- Commodities in-stock
- Commodities in-stock
- Commodities in-stock

**Early warning system**
- Health facilities
- Regional medical stores
- Central medical stores (CMS)

**National Database**
- Data collection point, aggregation, analysis
- Patient nos. – active/new
- Months of stock/product & regimen
- Excess stock/risk of expiry

**National AIDS Control Program**
- Stock status
  - National
  - Facility level
- Shipments

**MoH/CMS/health facilities**
- Consumption reports
- National & facility reports

**MoF/President’s Office/Commissions**
- Global Fund/USAID/WB/Donors
- Multi-lateral agencies - UNAIDS/WHO & other stakeholders-

**Outputs**
- Stakeholders, committees, decision making, advocacy

**SIAPS**
HIV & AIDS Commodity Tracking Tool: OSPSIDA Regional Dashboard

Dashboard website: www.ospsida.org
**HIV & AIDS EWS/Dashboard**

**Purpose**

- Capture, track, aggregate data on ARVs & RTKs from facility, regional and national levels
- Facilitate stakeholders engagement in forecasting, supply planning
- Platform for sharing information on funding flows, stock-out risks

Already implemented in Benin, Cameroon, Niger, and Togo

*Figure: Stock status at different levels in Togo, January 2014*
Key Achievements in Togo

- OSPSIDA is hosted by National AIDS Control Program (NACP)
- Trained participants from Pharmacy and M&E Unit of NACP
- Already entered data from January and February 2014
- Data entry is ongoing

Screenshot of stock status entry form:
February paper-based form has been entered with lots of adjustments
Key Achievements in Togo (2)

- ARV LMIS reporting rate is acceptable, almost 100%
- Inaccuracy of paper-based reports submitted by ART sites to NACP: 35 out of 78 ART sites (45%) provided inaccurate stock records in submitted reports

As of February 2014
- 11.1% of ARV have less than 6 months of stock (MoS)
- 5.9% of ART patients at risk
- 4.5 MoS for EFV 600 mg; this product was out of stock June 2014 during OSPSIDA training
Key Achievements in Togo (3)

Inaccurate and inconsistent number of ART patients reported month to month

- OSPSIDA helped to highlight weaknesses in the reporting system
- NACP now pays more attention to patient reports

![Graph showing number of patients on ART (source: OSPSIDA)]
Implementation in Niger (1)

- OSPSIDA is hosted by Logistics Analysis Team (Central Medical Stores [CMS], NACP, and NACC) with the leadership of National AIDS Control Commission (NACC)
- Trained participants from NACC, NACP, CMS, and National Hospital of Niamey

- Quarterly data entry
  - Already entered first quarter (January-March 2014) data
  - Started entering second quarter data (April-June 2014)
Implementation in Niger (2)

- Quality of reports: 100% of sites submitted reports, where opening balance of current month does not match closing balance of previous month (source: January-March 2014 reports)

- Reporting rate = 43.2% for April-June 2014 reports

- The LAT started reminding all ART sites to provide their LMIS reports
Implementation in Niger (3)

OPSIDA alerted program managers about risk of stock out and expiry; increase consumption of ARVs or transfer to another country

- **13%** of ARVs are in very high-risk of stock out
- **26.1%** of ARVs are in very high-risk of expiry

- Five ARVs have more than 100 MoS (109 to 231 MoS) whereas shelf life is 24 months
Implementation in Benin

HIV & AIDS Commodity Tracking Tool for West Africa

<table>
<thead>
<tr>
<th>SL#</th>
<th>Health Facility</th>
<th>Balance</th>
<th>AMC</th>
<th>MOS</th>
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<tr>
<td>1</td>
<td>CHD ATACORA</td>
<td>161</td>
<td>88</td>
<td>1.8</td>
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<tr>
<td>2</td>
<td>CSC BOUKOUMBE</td>
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<td>9</td>
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<td>11</td>
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<td>HZ ABOMEY CALAVI</td>
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<td>CNHPP LAZARET</td>
<td>53</td>
<td>66</td>
<td>0.8</td>
</tr>
<tr>
<td>16</td>
<td>CS SO AVA</td>
<td>31</td>
<td>12</td>
<td>2.6</td>
</tr>
</tbody>
</table>

Facility: HZ SAVE
Closing Balance: 171
AMC: 145
MOS: 1.2
<table>
<thead>
<tr>
<th>Challenge/constraints</th>
<th>Proposed interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• High expectations from countries, but limited budget to respond to all their needs</td>
<td>• Establish and reinforce communication and collaboration between stakeholders at national and regional levels</td>
</tr>
<tr>
<td>• Niger and Togo are requesting long-term technical assistance</td>
<td></td>
</tr>
<tr>
<td>• SIAPS seen as competitor by some of the stakeholders rather than a supporting</td>
<td>• Enhance advocacy and communication between stakeholders</td>
</tr>
<tr>
<td>mechanism to enhance collaboration and standardizing tools in the region</td>
<td>• Define and disseminate roles and opportunities for partnership</td>
</tr>
<tr>
<td>• Short implementation period and small budget</td>
<td>• USAID/WA to review scope and timelines of the project</td>
</tr>
</tbody>
</table>
Next Steps for OSPSIDA Implementation (1)

- Deploy in Burkina Faso and Benin
- Deploy in Guinea (delayed due to the ebola epidemic)
- Provide on-going support to countries to update the dashboard
- Hold a regional meeting with all stakeholders to review implementation and make adjustments in data
- Reinforce coordination and information sharing with all regional partners
  - Share OSPSIDA reports with JURTA-PSM and other regional bodies
- Implement data quality assurance
Next Steps (2)

- Prepare handover to WAHO by September 2015
  - Prerequisites for sustainability (funding, commitment)
  - Sources of funding (country programs, Global Fund, as OSPSIDA is significant benefit for their program in the region)
- Enhance collaboration and partnership already established with members of JURTA-PSM group, WAHO, Global Fund, Solthis, Clinton Health Access Initiative, ESTHER, etc. (attended conference calls, regional meetings, shared SIAPS WARP scope, etc.)
Conclusion

• All achievements have been possible because of the high commitment of national program managers and USAID/WA and active collaboration with all stakeholders at regional and country levels.
• The task of updating data in the EWS has just begun and has a long way to go. Data quality remains a significant challenge but with increasing use of the system and development of a data quality evaluation system, data quality will improve.
• We implore stakeholders at regional and national levels to use, review, and evaluate the data in the system and to encourage countries to update their information in the database.
Thank you!

Visit: www.ospsida.org

Visit:http://siapsprogram.org/wherewework/west-africa-regional-project/