INTERGRATED PSM for EFFECTIVE iCCM IMPLEMENTATION
ZAMBIA

Regional Meeting on Scaling up iCCM
16-18 February 2016
Nairobi Kenya
Presentation outline

• National PSM strategy and PSM System organization
• Funding and procurement of iCCM commodities
• Forecasting and supply planning for iCCM
• Distribution of iCCM commodities
• PSM successes in iCCM implementation
• Challenges in PSM for iCCM
• How do we move forward?
National PSM strategy and PSM System organization

- **1976**: Medical Stores Limited (MSL)-a parastatal set-up
  - MSL Key functions - Procurement, quality control, warehousing distribution of medicines and medical supplies

- **1990’s Health Reforms**: Procurement and last mile distribution function moved to MoH from MSL

- No overarching strategic framework until 2012 when the National Supply Chain Strategy 2013-2016 was developed.

- **February 2015**: Implementation Plan of the National Supply Chain Strategy

- **January 2016**: Gradual transfer of procurement functions back to MSL (currently on-going)
Zambia Essential Medicine Supply Chain Management System/Organization

- **Manufacturer/Supplier**
  - MoH - MSL
  - CHAZ
  - Districts
  - Hospital & HC
  - Mission Hospitals/Health Centres
  - CHWs/CHAs
  - Patients

**Flow**
- **Distribution**
- **Reporting**
Funding and procurement of iCCM commodities include GF component

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount (US$)</th>
<th>Commodities</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRZ (Local)</td>
<td>??</td>
<td>Antimalarials, RDTS, Amoxicillin, Zinc, ORS, Timers</td>
<td>2016</td>
</tr>
<tr>
<td>GRZ (GF)</td>
<td>4,602,800</td>
<td>Antimalarials, RDTS, Timers</td>
<td>2015-2017</td>
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<tr>
<td>USAID (PATH)</td>
<td>??</td>
<td>Antimalarial &amp; RDTs</td>
<td></td>
</tr>
<tr>
<td>CHAZ (GF)</td>
<td>??</td>
<td>Anti malarials, Amoxicillin, ORS, Zinc</td>
<td>2015</td>
</tr>
<tr>
<td>Others-UNICEF</td>
<td>500,000</td>
<td>Anti malarials Amoxicillin, ORS, Zinc</td>
<td>2015</td>
</tr>
</tbody>
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Forecasting and Supply Planning for iCCM

Quantification done annually at national level based on issues, some consumption data and epidemiological data from HMIS
National iCCM Forecast 2015-2017
RBM gap analysis 2014

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Cost 2016</th>
<th>Cost 2017</th>
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<tbody>
<tr>
<td>ORS</td>
<td>870,770</td>
<td>895,152</td>
</tr>
<tr>
<td>Zinc</td>
<td>967,523</td>
<td>994,613</td>
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<tr>
<td>Amoxycillin</td>
<td>1,137,807</td>
<td>1,169,665</td>
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<tr>
<td>Resp Rate Timers</td>
<td>1,267</td>
<td>1,217</td>
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<tr>
<td></td>
<td>2,977,367</td>
<td>3,060,647</td>
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Distribution of iCCM commodities

• District and provincial health offices monitor the management and use of medicines and medical supplies at health facilities
• Health centres use both push and pull system
• 61 districts on the pull system (EMLIP)
• All districts get health centre kits (push)
• CHWs use R&R forms to order from their local HCs
DHIS2 iCCM e-Health: Ongoing demonstration

Expected Outcomes

Appropriate management of iCCM conditions (malaria, pneumonia and Diarrhea by CHWs at Community Level)

E-health supported community level reporting

Improved - mHealth supported supply chain management of iCCM commodities

mHealth supported, supportive supervision and mentorship of iCCM-trained CHWs.
PSM successes in iCCM implementation

• National Supply Chain Strategy (2013-2016) and operational plan (pending approval)
• Increased coordination between partners to avoid gaps and overlaps
• MSL and MOH have been implementing a new order management system (EMLIP) at health facilities, allowing facilities to ‘pull’ products from MSL
Challenges in PSM for iCCM

- New responsibilities are added to MSL (last mile delivery) without commensurate funding
- Stock uncertainty (Amoxicillin/ORS/Zinc) at the Health facility level
- CHWs face a myriad of challenges to access drugs and supplies from local HCs
- Lack of funds for supplies for Pneumonia and Diarrhea
How do we move forward?

- Advocacy for full operationalization of PSM Strategy 2013-2016
- Government led coordination of partners for holistic forecast, procurement and management of PSM
Findings:

- A mixture of pull and push distribution system in place
- Essential Medicines Logistics Improvement Programme (EMLIP) introduced in 2009, currently 61/105 districts on the system
- Challenges reaching the community level with supplies
- National Supply Chain Strategy 2013-2016 developed but not implemented fully
- MSL annexed to Industrial Development Cooperation (IDC) + Questions of funding.
Status of Recommendations

1) PSM Strategic Plan endorsed by the Ministry of Health: Not yet operational
2) MoH and partners to meet to clarify the process for finalisation of and support to implementation plan. Done. Government announced 28/1/2016 in annual Consultative Meeting (ACM) gradual transfer of procurement function to MSL
3) Ongoing discussion with the MoH on capacity challenges to managing the implementation of the PSM plan. World Bank is focal point on the partner side, but not much movement made since mission.
4) Commodity Security Financing and resource mobilisation: Not much on-going, the emergency was to liquidate historical debt, USAID/GF will increase ART budget thus freeing Govt resources to liquidate debt.
5) Support to last mile distribution of drugs: Both UNFPA and UNICEF plan to support last mile distribution through capacity building
6) Coordination among partners on clarity of support: Compilation of partner support prior to annual consultative meeting and planned monitoring for action meetings and tracking