GROUP WORK PART A: DEFINING PRINCIPLES FOR SCALING UP ICCM INTO PRIMARY HEALTH CARE SYSTEMS

WEDNESDAY, 24 July 2019

System Component: Supply Chain

Members: Jane Briggs, Grace Adeya, Thomas Lyimo, Catherine Clarence, Eva Carvalho, Silvia Schwarte, Abigail Pratt, Beth Yeager, Chris Warren, Francine Kimanuka, Dorothy Achu, Boubacar Sidibe, Fatima Hachimou, WHO Madagacar, MoH Nigeria

What are the bottlenecks / challenges pertaining to the specific system component? *(Utilize the root-cause analysis approach to arrive at the underlying cause to each bottleneck)*

- Limited data availability and use
  - weak integrated data system for logistics/supply chain management – parallel systems for different commodities
  - Limited use of available data for quantification, procurement, and planning distribution/re-supply of essential drugs and supplies for ICCM (at HF and CHWs levels)
    - Skill capacities of HF workers and CHWs
    - Quality of data – timeliness/real time, completeness, accuracy
    - Limited supervision of reporting of CHWs
    - Keep reporting simple for CHWs
  - Missing private sector data e.g pharmacies, drug shops, community drug dispensing outlets
    - Limited systems/platforms to capture private sector data

What are the bottlenecks / challenges pertaining to the specific system component?

- Challenges in procurement of essential drugs and supplies for ICCM
  - Mis-alignment of funding cycles and procurement cycles - delayed disbursements of funds
  - Quantification done at HF or district level – do not cover ICCM commodities
  - Un-availability of recommended formulations/products
    - Amoxycilin DT vs suspension, ORS vs co-packed ORS/Zinc

- Challenges in transportation of essential drugs and supplies for ICCM at all levels – Central → Regional/Zonal; Regional → HFs; HFs → CHWs
  - Inadequate pre-existing resources to support transportation of ICCM commodities
    - Financial
    - Means of transportation – trucks, cars, motorcycles, bicycles
  - Transport system not defined
  - Potential missed opportunities for private sector engagement
  - Infrastructural challenges – to remote and hard to reach HFs/areas

What are the bottlenecks / challenges pertaining to the specific system component?

- Irregular distribution of essential drugs and supplies for ICCM
  - Insufficient distribution planning – Regional/district, HF
    - Lack of engagement of lower levels in distribution planning
    - Poor use of data to plan distribution
    - Irregular frequency – quarterly? monthly?
  - Unreliable re-supply/replenishing of medicines and supplies
    - Rationing of supplies at all levels
    - Stock outs not factored in to distribution

- Challenges in accountability at HF and CHW levels
  - Lack of analysis of discrepancies between # of documented treated cases vs actual consumption of drugs/supplies
  - Irrational use of drugs and supplies by HF workers or CHWs
  - Inadequate capacity for supervision and monitoring – Region/district → HF; HF → CHWs
    - Financial, logistic, HR

What are the bottlenecks / challenges pertaining to the specific system component?

- Challenges in governance
  - Lack of policy harmonization – creating parallel systems
  - Misalignment of policy with commodities availability
  - Weak coordination of partners and vertical donor funded projects/programmes
  - Dysfunctional cost recovery model for services that are not charged e.g Under5 children
    - Delayed or no reimbursement from the government for the utilized services/commodities

- Challenges in human resource (CHWs) recruitment
  - Trade off between requirements for recruitment vs availability of qualified CHWs
  - Inadequate capacity of recruited CHWs to cope/handle supply management tasks
    - Intensity of training
    - Use of guides and tool
  - Inadequate/lack of basic skills for supply management among HF workers and CHWs

What are the system component enablers? *(List critical actions/approaches that support the specific system component under review, citing country examples)*

- Functional Logistic Management Information System (LMIS)
  - Provide data for planning
    - Quantification, procurement and timely distribution of ICCM commodities
  - Interaction with Health Management Information System (HMIS)
    - Provide epidemiological data

- Existence of potential platforms for adequate, aligned, and sustainable financing for supplies and supply chain
  - Cost sharing/user fees
  - Community health insurance schemes

    *If generated funds remain and used at respective HFs/communities
  - Increasing allocation of government/domestic and donor funds to support ICCM

GROUP WORK PART B: DEFINING GUIDING PRINCIPLES AND BENCHMARKS FOR INSTITUTIONALIZING ICCM

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Propose specific approaches/recommendations to address each of the prioritized system bottlenecks and benchmarks (for each recommendation)

Logistics

- Redesign the logistic system based on situation analysis and mapping of multi-sectorial actors and community programmes/interventions (what, who owns, who manages, who pays)
  - Take into account roles and responsibilities related to accountability, management, financing and implementation.

LMIS

- Ensure timely collection, analysis and use of community level data through investments in tools and processes that enable effective forecasting and supply planning for procurement, and health facility and community level resupply
  - LMIS should ensure disaggregated community logistic data is included
  - Ensure all community level commodities are included

Benchmark

- Availability of the package of the community commodities at community sites and their re-supply points – HF, District/Regional

Overarching Statement

- The supply chain for ICCM is not just an extension of the existing national system, but may require revision/redesign/reinforcement and tailoring to individual country context, including the private sector opportunities
- Supply chain stakeholders/actors need to be an integral part of the overall community health programme design and implementation
- Quality data is at the heart of supply chain system, therefore investment in tools and processes for data management is critical