

A regional analysis of the challenges to supply chain systems strengthening



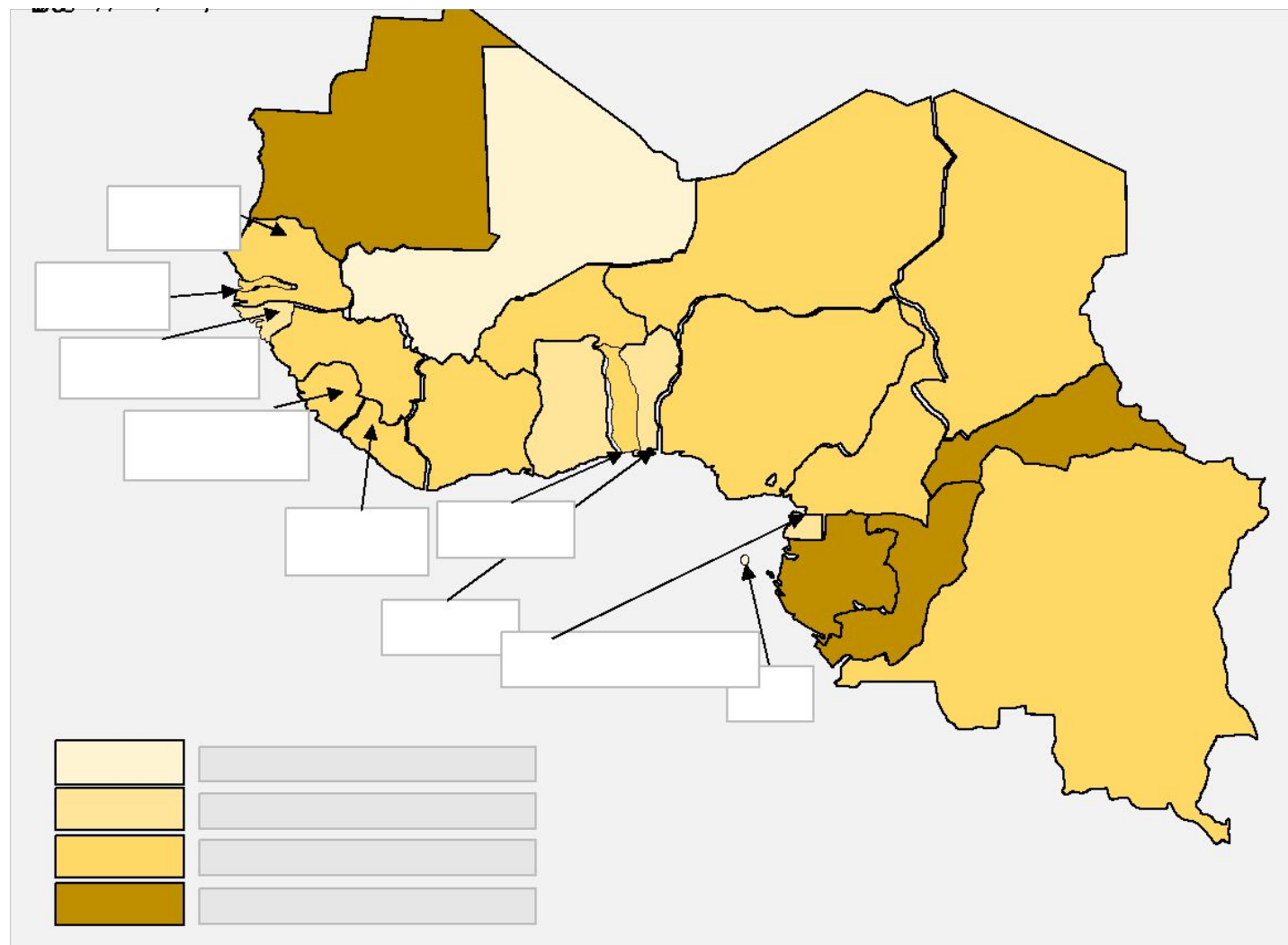
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Method:

- 24 countries (WCAR)
- 25 questions
- 8 domains
- Self-assessment
- Grading of the severity of bottlenecks
- UN Commission on Life Saving Commodities assessment guide
- Country teams+++



Domains	Policy, strategy, and financing	Efficiency regulation	Strengthening product quality and patient safety	Procurement and availability of supplies	Human Resources, Performance and Accountability	Initial and ongoing use of services
Countries (% out of the 24 countries)	46%	21%	42%	63%	25%	38%



Domaine 1. Policy, strategy, and financing

- Some countries still have cotrimoxazole instead of amoxicillin in the national policy document;
- **Lack of national quantification** for Amoxicillin DT, SRO, and Zinc (done for ACT) - either amoxicilline DT is not yet integrated into the national procurement list or no annual quantification plan
- The **LMIS** not considering the community level in most cases – no SOPs
- **Financing:** Weak functionality of the drug recovery cost initiative or the free health care initiative; no funding for training needs at the community level
- **Lack of community health drug management module** (quantification, distribution, storage, management, etc)

Domaine 2.

Efficiency Regulation

- No **commercial brand registered in the country** for Amoxicillin (DT) to facilitate procurement - no valid accreditation required for procurement either at the national or international level
- No procurement of Amoxicillin DT in some countries

Domaine 3.

Strengthening product quality and patient safety

- No certified national laboratory for the control of medicine by an accredited agency.
- No surveillance system for adverse events and the quality of medicines available in the country



Domaine 4. Procurement and availability of drugs

- Community assessment needs (but denominator issues) are taken into consideration for ACT (malaria) but, in most cases, not for Amox DT, SRO/Zinc.
- No quantification coordinated mechanism (as well as tools) for procurement – quantification is done by partners and for selected areas
- **Distribution system** of essential medicines for community health is **a parallel system (project-based) in most cases** - driven by partners in pockets of locations and not at scale (not for ACT in most countries);
- Product tracking and monitoring to the PHC level is better done for ACT (with electronic management system in some countries)
- Frequent stockout of drugs (Amox, ORS, Zinc) at the PHC level – no well defined procurement mechanism with **an alert system**

Domaine 5. Initial and ongoing use of services



- ACT are free for children under five years of age and for pregnant women – not for drugs used for pneumonia and diarrhea.
- DHIS2 already includes malaria treatment indicators in most countries – work in progress for pneumonia and diarrhea treatment
- Treatment rate for pneumonia is generally below 45% ($\geq 50\%$ in few countries)

Technical Assistance needs

- How to develop a national cost recovery strategy for drugs at the community level?
- How to set up an integrated and functional supply chain system at the community level?
- How to conduct annual quantification for the community level?
- Local production of drugs – what processes and mechanisms are required?
- Social marketing of essential products