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+++

<table>
<thead>
<tr>
<th>Domains</th>
<th>Policy, strategy, and financing</th>
<th>Efficiency regulation</th>
<th>Strengthening product quality and patient safety</th>
<th>Procurement and availability of supplies</th>
<th>Human Resources, Performance and Accountability</th>
<th>Initial and ongoing use of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries (% out of the 24 countries)</td>
<td>46%</td>
<td>21%</td>
<td>42%</td>
<td>63%</td>
<td>25%</td>
<td>38%</td>
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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% (>= 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