

# Briefing

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## Support to the AIDS Control Program (ACP)

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## 1. Introduction

This document highlights the kind of support given to the AIDS Control Program (ACP) of the Ministry of Health (result areas 2.2). Documents with more information have been prepared in the ACP folder as explained below:

1. Forms folder containing
  - a. Integrated ART and PMTCT order form
  - b. Job aid for the integrated ART and PMTCT order form
  - c. ACP request for printing (of ART dispensing logs)
  - d. PMTCT and ART dispensing log
  - e. Job aid for integrated ART and dispensing log
2. Master lists folder containing
  - a. ART master list
3. Option B+ folder containing
  - a. Communications subfolder containing
    - i. MoH communication on accelerated assessment of health facilities for roll out of Option B+
  - b. Presentations subfolder containing
    - i. Data issues with option B+ - case study JMS
    - ii. Option B+ implementation
    - iii. PMTCT ARV stock situation as of 14.12.12
    - iv. PMTCT stock situation as of 28.02.13
  - c. PMTCT phase drug push subfolder containing
    - i. Drug pushes for phases 1-4
  - d. PMTCT ARV costing June 2012
  - e. PMTCT option B+ scale up June 2012
  - f. PMTCT sites 2013
4. Supply Chain Rationalization (SCR) folder containing
  - a. Presentations subfolder containing
    - i. SCR presentation
  - b. Rationalization of ARVs – circular signed by the DGHS
  - c. SCR to PFCs and MMS
  - d. SCR transition plan
5. Web-based ARV Ordering System – WAOS folder containing
  - a. Communications subfolder containing
    - i. Access rights – WAOS-7.03.13
    - ii. WAOS circular to districts signed 10.04.13
    - iii. WAOS roll out circular – signed 24.09.12

- b. Presentations subfolder containing
  - i. WAOS presentation
- c. Training subfolder containing
  - i. WAOS ToT report
- d. WAOS IP tracking subfolder containing
  - i. WAOS IP tracking of their training
- e. WAOS Monitoring subfolder containing
  - i. Presentation on strengthening HIV commodity supply chain
  - ii. WAOS monitoring plan
- f. Estimated cost for implementation of WAOS

## 2. Problem analysis

There are existed (and still exists) a number of challenges in the HIV commodity supply chain at both national and facility level. These include:

At National level: uncoordinated quantification and pipeline monitoring, lack of central level stock monitoring, unmonitored information systems leading to low reporting rates and data utilization.

At facility level: there is poor stock management and there was parallel and multiple reporting.

Strategies were therefore developed to address the challenges mentioned above. These included:

- National strategy to improve Supply Chain Management by Medicines Management Supervisors through the SPARS (Supervision Performance Assessment and Recognition Strategy) approach
- Quantification and Procurement Planning Unit (QPPU) – this was a recommendation of the Policy Options Analysis held in April 2010
- Harmonization of supply chain – supply chain rationalization (SCR) – one facility – one supplier
- Web-based ARV Ordering System (WAOS)
- Monitoring of eMTCT – Option B+ medicines

## 3. Strategies

### a) Improving the National Supply Chain System through SPARS

SPARS, as more detailed under Result area 3.1 is a district based approach to improve capacity of health workers in medicines management. Through SPARS, supported health facilities were/are better able to manage their stock and avoid stock outs where causes are at facility level. Routine supervision by the MMS includes monitoring availability of the first line adult ARV regimen on the day of the visit.



## **b) Quantification and Procurement Planning Unit**

More details of this are available under Result area 2.3.2. The setting up of QPPU under the Ministry of Health Pharmacy division has led to a number of mile stones in regards to quantification for different MoH program areas. Because of QPPU, the following are available in a timely manner:

- Bimonthly stock status for HIV commodities
  - Decisions are now made in the Commodity Security Group meeting based on the stock status report
- Coordinated pipeline and procurement monitoring
  - A number of recommendations on expediting shipments have been made to avert looming stock outs
- Quantification for HIV commodities
  - National quantification for HIV commodities is done by QPPU and revised at an agreed frequency.

## **c) Supply Chain Rationalization (SCR) – One facility-one supplier**

A decision was reached between PEPFAR and MoH partners to rationalize the HIV supply chain in January 2012. It is worth noting however that harmonization and streamlining of the supply chain system was one of the recommendations of the Policy Options Analysis for Uganda Pharmaceutical Supply System Report 15-16 April 2010.

To this effect, all ART facilities receive supplies from one warehouse (one supplier); there is no more buffering by implementing partners. The latter is now done at central warehouse level among the three warehouses (NMS/JMS/MAUL).

## **d) Web-based ARV Ordering and Reporting System (WAOS)**

In line with support to streamlining of reporting and rationalization of the HIV commodity supply chain system, the SURE program supported the development of WAOS. Unfortunately, WAOS was not rolled out in a timely manner as had been anticipated. The biggest snag hit was the granting of access rights by the Ministry of Health Resource center. A number of meetings were held (as detailed under Result area 3.1 Information systems) to get this running. Delay tactics were made to hamper the roll out of the system. The system has only been officially rolled out in April 2013 after a circular by the DGHS to all stakeholders!



#### e) **Monitoring of e-MTCT – Option B+**

The SURE program has been pivotal in the roll out of option B+. The strategy was to roll out in a phased manner, with initial drug supplies pushed to the facilities through their supported Implementing partners. SURE program's major role has been to quantify the phased drug needs and avail allocation lists to the warehouses. The SURE program has also monitored option B+ stock situation though with a number of challenges as facilities do not report separately on option B+ since the same regimen is used for ART. It was hoped that WAOS would help with this monitoring, but was delayed.

#### **4. Lessons learnt – recommendations**

- Any hidden agenda in the delay of the roll out of any system should be addressed by all partners and development partners