

Track 3. Laboratory management and clinical laboratory interface: patient safety, clinical management, and system.

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Ensuring continuous access to HIV laboratory services by routine monitoring of stock status to attain national commodity security

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Background

The Ministry of Health (MoH) relies on strategic information for appropriate evidence based decisions for Commodity security. The MoH has been spearheading efforts to ensure quality and timely data collection for analysis that is later shared with key stakeholders for decision making. There have been challenges in data quality and timeliness of these reports for the upstream transmission and use. This also involves ensuring data is used for decision making.

Methodology

The Ministry of Health, through National AIDS & STI Control Program in collaboration with Health Commodities and Services Management (MSH-HCSM) program and other partners collect and analyze consumption and stock data for generation of reports on the stock status of HIV laboratory commodities in the country.

Commodities that are monitored routinely include Rapid HIV Test kits, and reagents for blood safety, CD4, viral load and early infant diagnosis. At facility level, data is collected using registers and submitted monthly to central level using the facility commodity data reporting and request (F-CDRR) form.

Additional upstream data is collected, including stocks available at Kenya Medical Supplies Agency (KEMSA), stocks pending with suppliers and other donor agencies, among others, as may be applicable. All these data is analyzed using automated templates to provide summary figures that demonstrate stock-out risks within the pipeline.

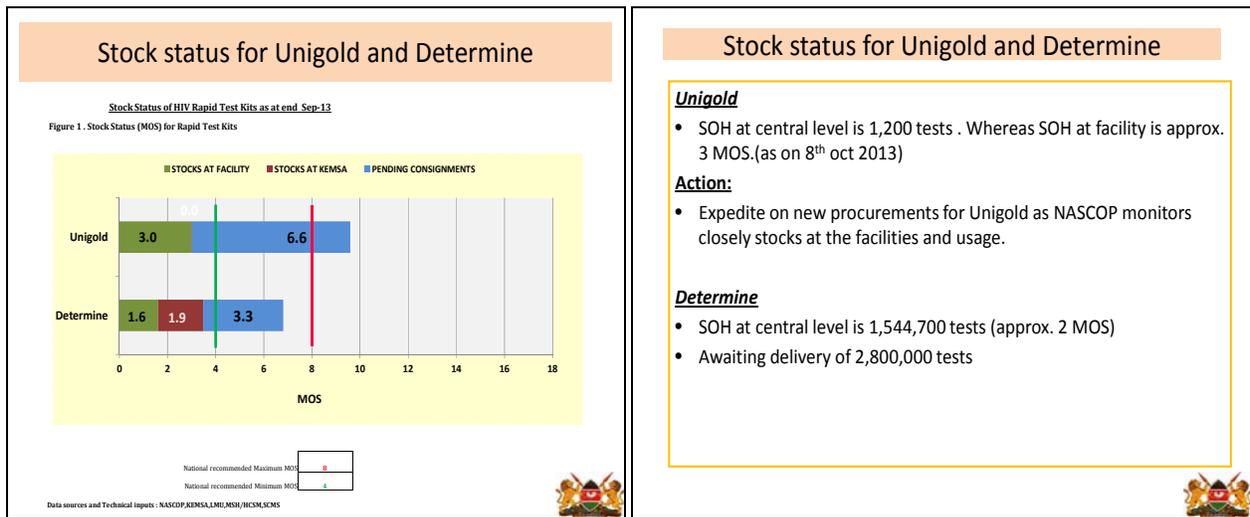
A summary report is generated on a monthly basis and shared with key stakeholders that cover the stock status of stocks at facility and national level and those pending with suppliers.

Results

Stock status for HIV laboratory commodities has been demonstrated in form of Months-of-stock. The stock levels are usually highlighted at the levels of facility, central and those pending with suppliers. This simplified way clearly summarizes the stock-out risks for the country and highlights key interventions required to mitigate national stock-outs. During the last one year,

the stock status report revealed incidences of low stock status that led to procurement of some of the blood safety reagents, Determine test kits and paediatric CD4% reagents. The reports also indicated incidences of overstock of Unigold leading to deferral of procurement, and informed the redistribution of short expiry blood safety reagents. In general has addressed HIV commodities stock outs from approximately 30% in 2010 to the current 70% in highlighting actions required.

Sample of the report generated showing stock status of rapid HIV testing kits and the recommended action.



Conclusion

Close monitoring of the stock status helps to minimize interruptions in the supply of HIV laboratory commodities. Analysis and sharing of the results with key stakeholders enables critical input and informs decision making to address identified supply chain challenges. This is critical for ensuring uninterrupted delivery of quality laboratory services.