



**Pharmaceutical Management Information System: Support
Supervision Report, January–March 2014, Cameroon**

September 2014



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Pharmaceutical Management Information System: Support Supervision Report, January–March 2014, Cameroon

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September 2014



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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

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ACRONYMS AND ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
AZT/3TC	zidovudine/lamivudine
AZT/3TC/NVP	zidovudine/lamivudine/nevirapine
AZT/3TC+EFV	zidovudine/lamivudine + efavirenz
CAPR	Centre d'Approvisionnement Pharmaceutique Régional (Regional Medical Store)
CBC	Cameroon Baptist Convention
CDC	US Centers for Disease Control and Prevention
CEBEC	Conseil des Églises Baptistes et Évangéliques du Cameroun
CMES	Centre Médical des Entreprises de la Sanaga
CNLS	Comité Nationale de Lutte contre le SIDA (National AIDS Control Committee)
CTA	Centre de Traitement Agréé (health facility treatment center)
EFV	efavirenz
GTR	Groupe Technique Regional (Regional Technical Group)
HD	Hôpital de District
HIV	human immunodeficiency virus
HR	Hôpital Régional
LMIS	logistics management information system
LPV/r	lopinavir/ritonavir
MoSoH	months of stock on hand
NVP	nevirapine
OI	opportunistic infection
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
TDF/3TC	tenofovir/lamivudine
TDF/3TC/EFV	tenofovir/lamivudine/efavirenz
TDF/3TC+NVP	tenofovir/lamivudine + nevirapine

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SIAPS/Cameroon finally acknowledges the technical support provided by SIAPS headquarters staff David Mbirizi, principal technical advisor HIV and AIDS, and Gabriel Daniel, principal technical advisor, through the draft and review of the report.

EXECUTIVE SUMMARY

A joint team from the Comité National de Lutte contre le SIDA (CNLS, or National AIDS Control Committee) at both central and regional levels and the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program provided supportive supervision in May and June 2014 to 6 of 10 regions of Cameroon and 30% (34/115) of the supported antiretroviral therapy (ART) health facilities in those regions. The supportive supervision covered data from the period of January to March 2014 for an estimated 55.6% of the total number of patients on ART in Cameroon.

During the supervision, SIAPS staff provides technical support, conducts trainings, provides supportive supervision, and mentors health workers at targeted health facilities in the regions of Adamawa, Centre, East, Littoral, Northwest, and Southwest. To support data collection, SIAPS has adapted the CNLS overall program supervision guide (*Guide des supervisions des acteurs de la mise en œuvre du plan stratégique nationale de lutte contre le VIH, le Sida et les IST 2011–2015*) to focus on supply chain management components.

This report shows that the percentage of health facilities reporting on time increased from 8.8% in the October–December 2013 quarter to 29.4% during the January–March 2014 quarter. The Adamawa region was on top, improving from 33.3% to 100%. The Northwest region, in contrast, saw a decrease from 14.3% to 0% compared with the previous quarter.

Stocks cards were available and used to manage all HIV and AIDS commodities in 100% of Centres d'Approvisionnement Pharmaceutique Régionaux (CAPRs, Regional Medical Stores) and health facilities in June 2014, compared with 70% in health facilities and 98% in the CAPRs in January 2014. In addition, these stock cards were updated in 88% of facilities, compared with 63% in January 2014. Also, temperatures were recorded morning and evening in 83% of CAPRs, compared with 33% in the previous quarter.

Report completeness during January–March 2014 indicates that 83.3% of targeted health facilities submitted complete reports, compared with 65% in the previous quarter. Laquintinie Hospital in Douala, which is a high-patient-volume facility, sent no report in March 2014.

In this quarter, 94% of targeted health facilities received dispensing registers printed and distributed by SIAPS, but only 84% are using them for dispensing. No SIAPS-targeted health facilities were using CNLS dispensing registers from October to November 2014.

The present support supervision report indicates that 35% of targeted health facilities are using CNLS-appropriate tools, including the ART register, dispensing register, stock card, and monthly reporting tools for reporting. Of health facilities, 74% have up-to-date patient and stock records in June 2014, compared with none in January 2014 because dispensing registers were unavailable.

There was an improvement in good storage with 9% of the facilities observing good storage practices and conditions, compared with 6% in the previous quarter.

The consumption trends of antiretrovirals (ARVs) keep fluctuating as the result of stock-outs but also as the result of poor management. Respectively, 97% and 68% of health facilities had no stocks of AZT/3TC/NVP and TDF/3TC/EFV the day of the visit, compared with the CAPRs, where more than one month's stock of TDF/3TC/EFV in each of five CAPRs and 18 days in Southwest CAPR were recorded. Stock is available at the CAPRs and not available at the health facilities.

Overall, 91.2% of facilities experienced at least three days of stock-out of at least one of the following products—AZT/3TC/NVP, AZT/3TC, TDF/3TC/EFV, TDF/3TC, NVP, EFV, LVP/r—with AZT/3TC/NVP recording the longest period of stock-out during the quarter (933 days for all the facilities).

The number of patients treated in the targeted health facilities increased from 62,589 in October 2013 to 64,338 in March 2014. In contrast, the number of new patients recorded in targeted health facilities decreased from 4,957 in the October–December 2013 quarter to 3,974 in the January–March 2014 quarter. The number of patients treated keeps fluctuating in almost 94% of health facilities except in Banso Baptist Hospital and Shisong Catholic Hospital, where there was a steady growth rate from January to March 2014.

The proportion of patients on AZT/3TC/NVP dropped from 56% to 38%. In contrast, the proportion of patients on TDF/3TC + EFV increased from 25.4% to 35.6% as a result of the Ministry of Health effort to initiate all new patients on TDF/3TC/EFV.

During this period, SIAPS—

- Trained storekeepers and pharmacy attendants in 100% of targeted health facilities on the use of stock cards and dispensing registers provided to improve the logistics management information system
- Provided a monthly reporting form to 100% of its health facilities and 100% of other health facilities in Cameroon to improve availability of data at central and regional levels for decision making
- Mentored store keepers and data clerks in observing good storage practices and data management

SIAPS should take the following next steps—

- SIAPS should provide pallets, thermometers, or shelves and should continue to assist through support supervision to storekeepers and pharmacy attendants for the improvement of commodities storage conditions.
- The standard operating procedures for the management of HIV and AIDS commodities elaborated with the support of SIAPS should be disseminated to guide the use of management tools at health facility level.

- SIAPS should support quarterly and annual review meetings at regional level to improve data management.
- SIAPS should continue to support the CNLS in harmonizing and disseminating recommended tools at all health facilities

INTRODUCTION

This report shows the result of continuous monitoring conducted quarterly in Cameroon to ensure stock availability at ART treatment sites of HIV and AIDS commodities. Data sources on patient information and consumption and report submission are from monthly reports collected at health facilities during supervision. Data on stock status are collected by the supervisors with the support of the pharmacy staff the day of the visit. The report is divided into six main sections: introduction, results, conclusion, SIAPS actions, recommendations, and annexes. The results section is an aggregate of five main subsections: report submission, stock status, consumption trends, patient information, and treatment regimen analysis.

RESULTS

Report Submission

Report Timeliness

Figure 1 shows the ratio of health facilities that submitted reports before the fifth of the month as recommended by the CNLS. The specific Logistics Management Information Systems (LMIS) reports are listed as follows—

- Monthly statistics on global management of persons living with HIV
- Monthly statistics on patients by protocol
- Follow-up of ARV and drugs for opportunistic infections (OIs)

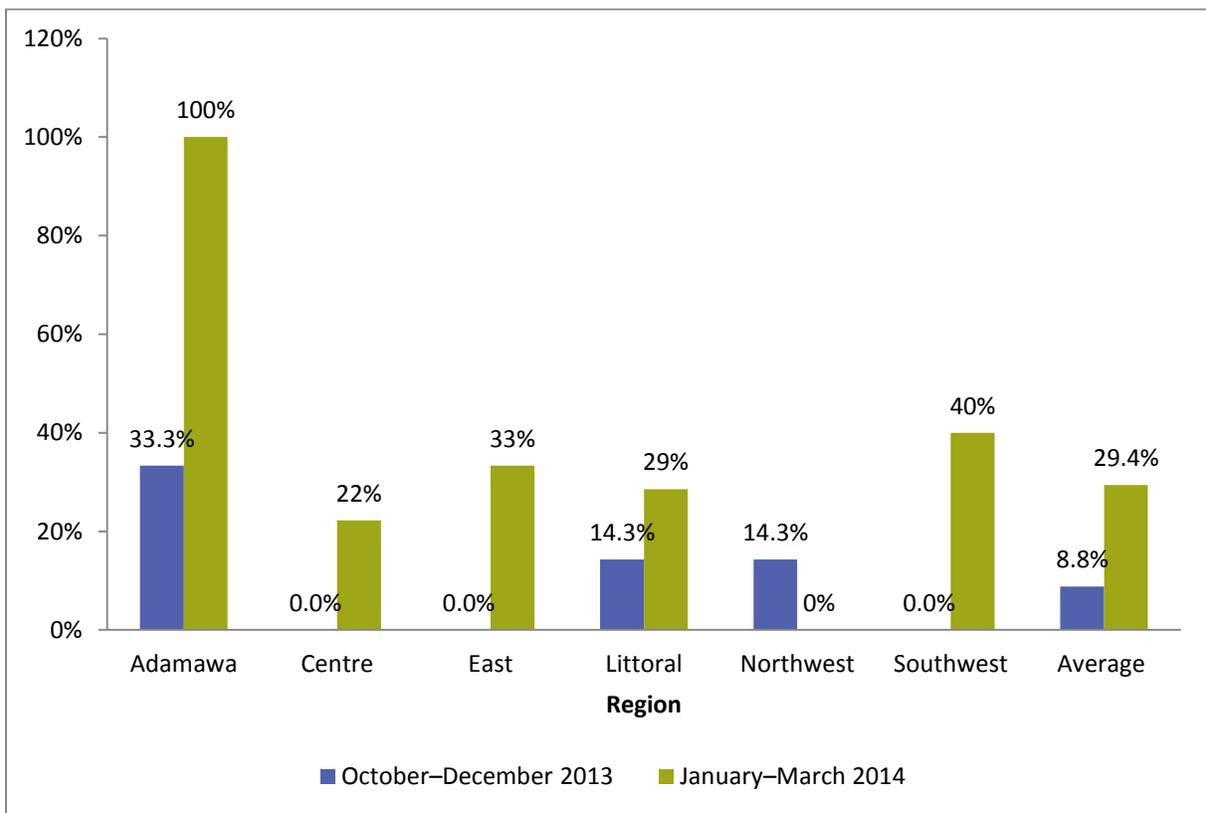


Figure 1. LMIS reports submitted on time from health facilities to GTR/CNLS

The highest compliance with timely submission of reports is noted in Adamawa (100%) whereas the lowest is in the Northwest (0%). In the Adamawa region, all (100%) of the health facilities submitted their reports on time in quarter 2 (January–March 2014), compared with 33.3% recorded during the previous quarter. In the other regions, less than 50% of health facilities reported on time.

In the Northwest region, none of the health facilities visited filed its report on time during the second quarter. Table 1 shows the list of health facilities that reported after the fifth of the month during the second quarter.

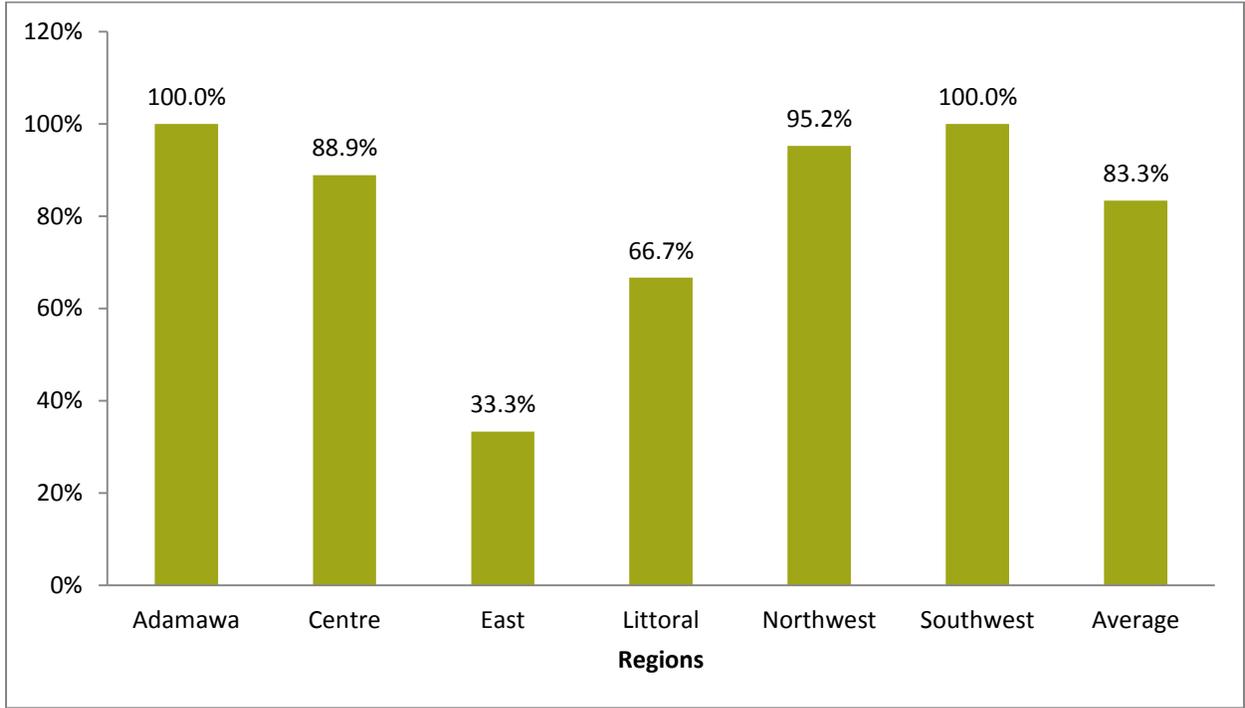
Globally the percentage of health facilities that submit their monthly report before the fifth of the month increased from 8.8% from October to December 2013 to 29.4% in January to March 2014; 62% of health facilities submitted their monthly report on or before the 10th of the month.

Table 1. Health Facilities Not Reporting on Time (January–March 2014)

Region	Health facility
Centre	Hôpital Central de Yaoundé
	Hôpital Jamot de Yaoundé
	Hôpital de la caisse de Yaoundé
	Hôpital Militaire de Yaoundé
	Hôpital General de Yaoundé
	Hôpital de District de Bafia
	Foundation Chantal Biya
East	Hôpital de District de Batouri
Littoral	Hôpital Laquintinie
	CMES d'Alucam
	Hôpital de District de Nylon
	CBC Mboppi
	CEBEC de Bonaberi
Northwest	Hôpital Régional de Bamenda
	Polyclinique de Mezam
	Hôpital de Batibo
	Banso Baptist hospital
	Shisong Catholic Hospital
	Mbingo Baptist Hospital
	Nkwen Baptist Hospital
Southwest	Hôpital de District de Buéa
	Hôpital CDC de Tiko
	Baptist Hospital Mutenguene

Report Completeness

From October to December 2013, the report on the “follow-up of ARV and drugs for opportunistic infections” was identified as the one not submitted at month’s end. The main reason for not submitting this report was the lack of stock management tools. SIAPS then provided stock cards, dispensing registers, and monthly reporting tools to health facilities. From figure 2, one can see that in March 2014, 83.3% of health facilities, compared with 62.5% registered during the last supervision period (October–December 2013), submitted this report.



**Figure 2. Completeness of health facility reports in quarter 2
(January–March 2014)**

The health facilities that failed to submit a complete report during this quarter (January–March 2014) are Hôpital Central de Yaoundé, Hôpital Régional de Bertoua, Hôpital de District de Batouri, Hôpital Général de Douala, and Hôpital Laquintinie de Douala. Mbingo Baptist Hospital failed in January but submitted all the expected reports in February and March 2014. Hôpital Laquintinie de Douala sent a complete report in February though no report at all was sent in March.

Stock Status

Stock Cards Up to Date

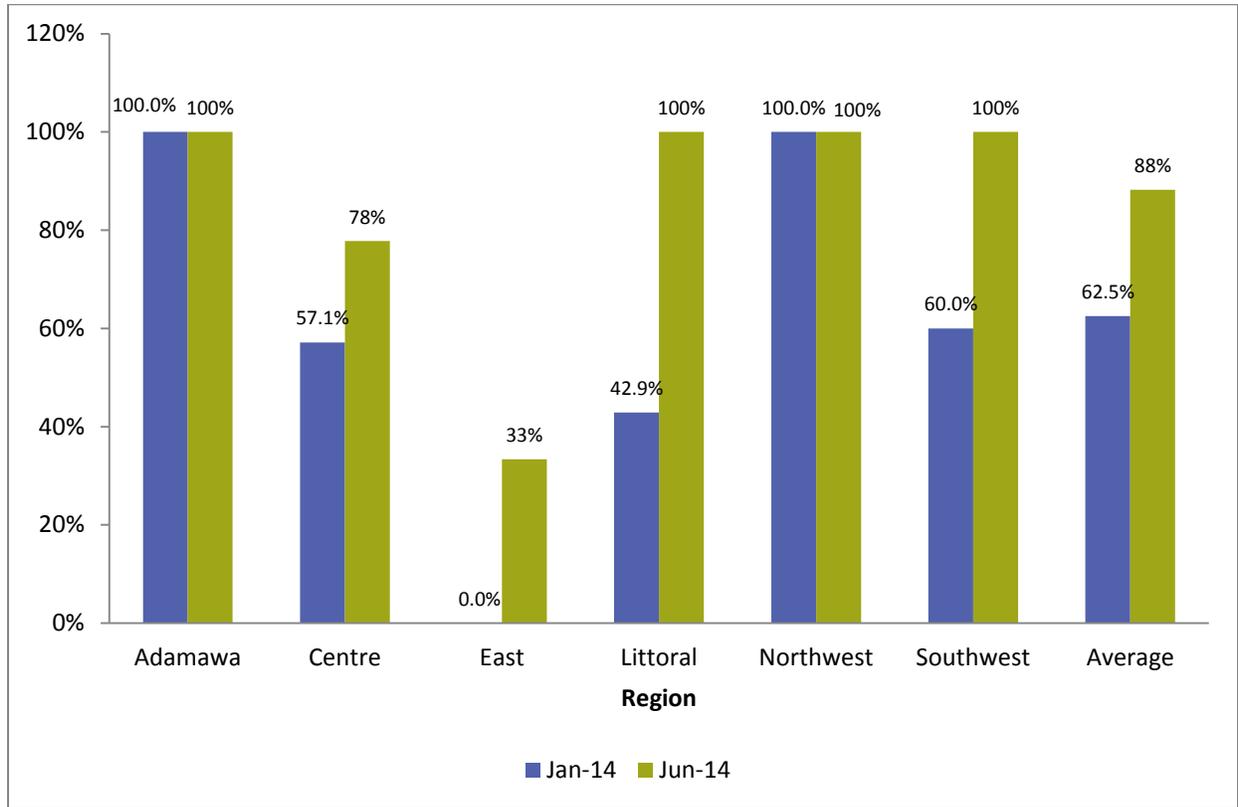


Figure 3. Percentage of health facilities with updated stock cards

According to figure 3, an average of 88% of health facilities had updated stock cards in May/June 2014, compared with 63% recorded in January 2014. The facilities where stock cards were not up to date are Hôpital de District de la Cité Verte and Hôpital de District de Bafia in Centre region, and Hôpital régional de Bertoua and Hôpital de District d’Abong Mbang in East region.

Similarly, there was a 30% improvement in the availability of stock cards in May/June 2014. All (34/34) health facilities had stock cards available in June, compared with 70% in January 2014. Additionally, there was a 29% improvement in the use of stock cards, with an average of 97% (33/34) of health facilities using stock cards to manage all the commodities available in their store, compared with 68% recorded in January 2014. Only Hôpital régional de Bertoua was identified as not having stock cards available for all the store’s HIV and AIDS commodities May 2014.

Stock cards were available for all the products managed in 100% of CAPRs supervised, compared with 98.14% recorded during the first quarter. Stock cards were up to date in 83.3% of

CAPRs supervised in quarter 2. Also, temperatures were recorded morning and evening in 83% of CAPRs, compared with 33% in the previous quarter (data not shown).

Use of Dispensing Registers Provided by SIAPS

In Cameroon, it has been very difficult to determine consumption of HIV and AIDS commodities at health facility level because dispensing registers were not available. In March 2014, SIAPS printed and made available dispensing registers to all its targeted health facilities (see annex). Figure 4 shows the percentage of health facilities that received and are using the dispensing registers, by region.

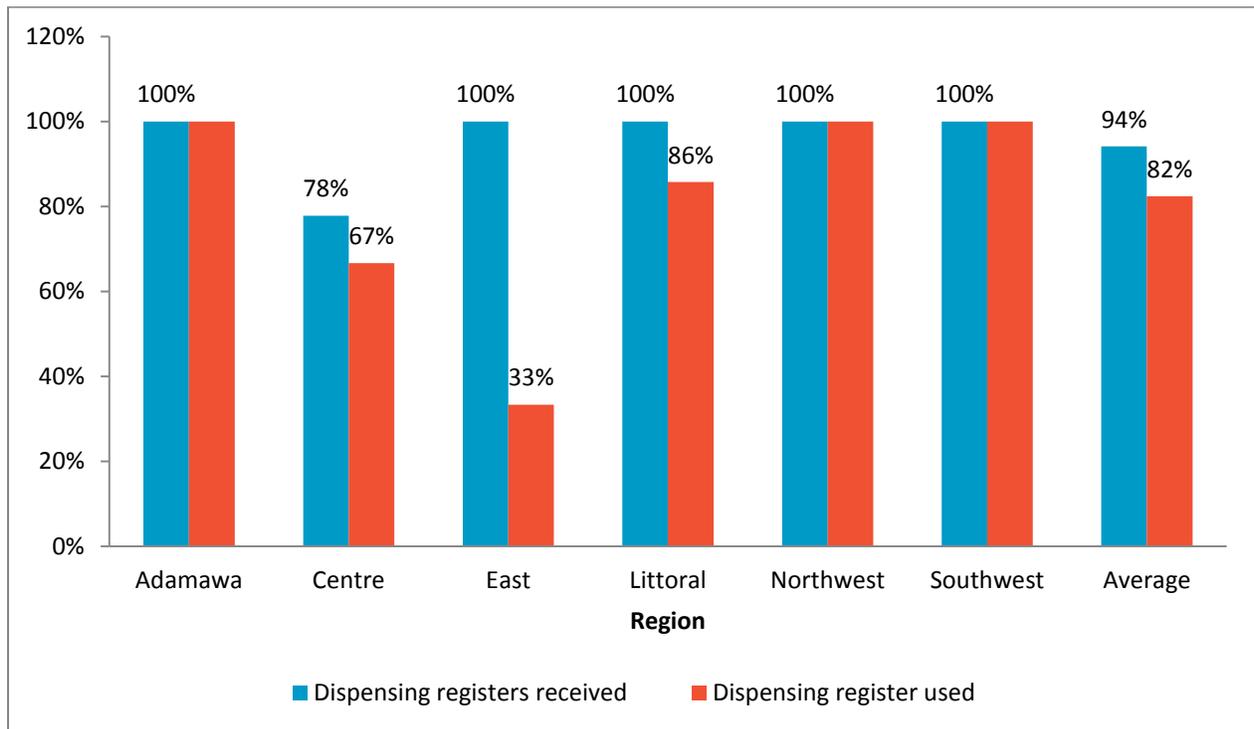


Figure 4. Percentage of health facilities that received and are using dispensing registers

According to figure 4, 94% of health facilities received dispensing registers provided through CNLS central and regional levels. Only 82% of health facilities are using this tool for dispensing HIV and AIDS commodities to patients. In the Northwest and the Southwest, 100% of health facilities received and are using dispensing registers to record patients' consumption data. In contrast, in the East region, 100% (3/3) of health facilities received but only 33% (Abong Mbang) was using this tool during the May 2014 support supervision. In the Centre region, 78% of health facilities received dispensing registers, and registers were used in 67% of health facilities. In the Littoral region, 86% of health facilities are using the registers, compared with 100% that received them.

Table 2. Health Facilities Not Using the Dispensing Register

Region	Health facility	Dispensing register received	Dispensing register used
Centre	Hôpital Général de Yaoundé	N	N
	Hôpital Central de Yaoundé	N	N
	Hôpital de District de la Cité Verte	Y	N
	Hôpital Saint Luc de Mbalmayo	N	N
East	Hôpital Régional de Bertoua	Y	N
	Hôpital de District de Batouri	Y	N
Littoral	Hôpital Laquintinie	Y	N

Note: N = No; Y = Yes.

Use of Appropriate Tools to Report Stock and Patient Data

The key tools used for the management of patients and stock that were targeted during the quarter 2 support supervision are the ART register, the dispensing register, the stock card, and the monthly reporting tool—because they are crucial for the availability of stock and patient data at all levels for decision making.

From October to December 2013, the updated tools—dispensing registers and reporting tool recommended by CNLS—were not available in almost all the health facilities targeted; therefore, this indicator was evaluated on the basis of stock cards, pre-ART registers, and ART registers only. From January to March 2014, the evaluation of the use of appropriate tool was done based on the updated standard tools recommended by CNLS: 35% of the targeted health facilities were using ART registers, dispensing registers, stock cards, and reporting tools recommended by CNLS (figure 5). This progress is a result of not only the support supervision provided by SIAPS but also the printing and distribution of tools to health facilities by SIAPS. The percentage of appropriate tool used per health facility is presented in figure 6.

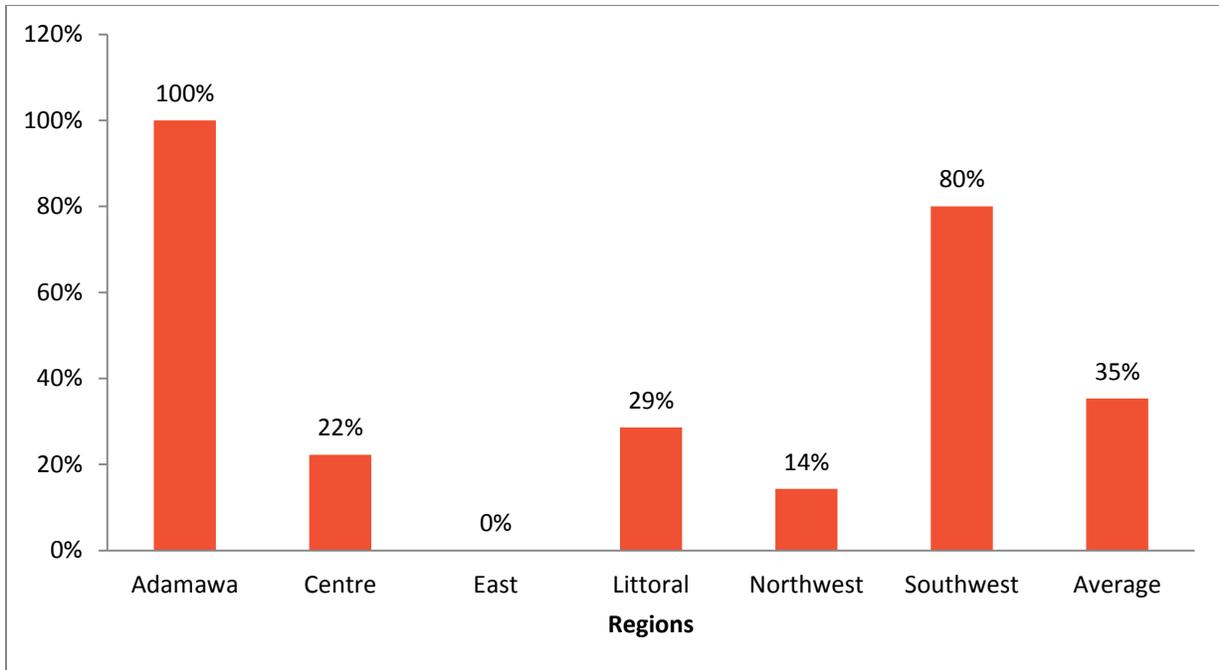


Figure 5. Percentage of health facilities that used CNLS-recommended tools to report patient and stock data, June 2014

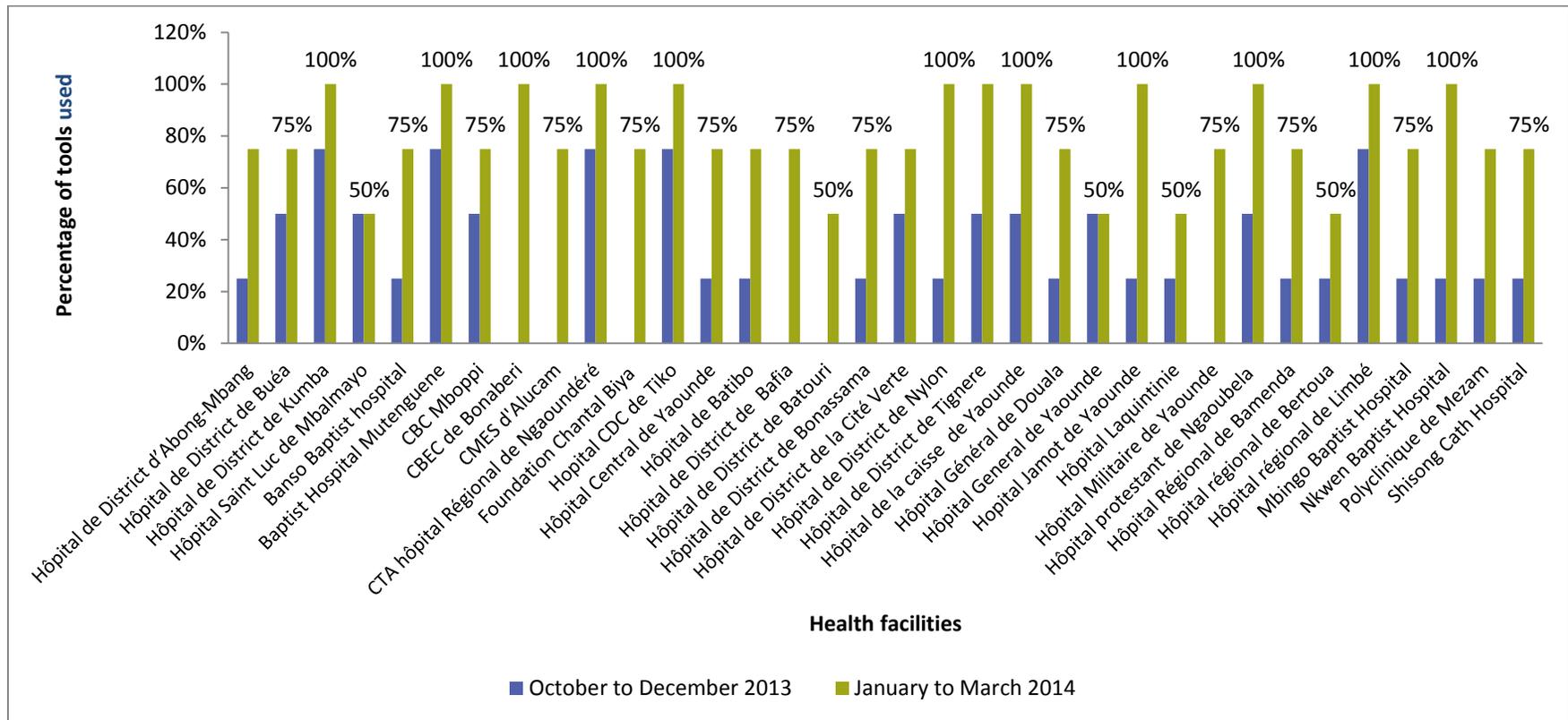


Figure 6. Percentage of CNLS-appropriate tools used to report logistics and patient data from October 2013 to March 2014

Health Facilities with Up-to-Date Patient and Stock Records

Whether patient and stock records were up to date was evaluated based on stock cards, dispensing registers, and ART registers. Figure 7 shows that an average of 74% of health facilities had up-to-date ART registers, stock cards, and dispensing registers in June 2014. In the Northwest and Southwest regions of Cameroon, ART registers, dispensing registers, and stock cards were up to date, but in the East region all these crucial tools were not.

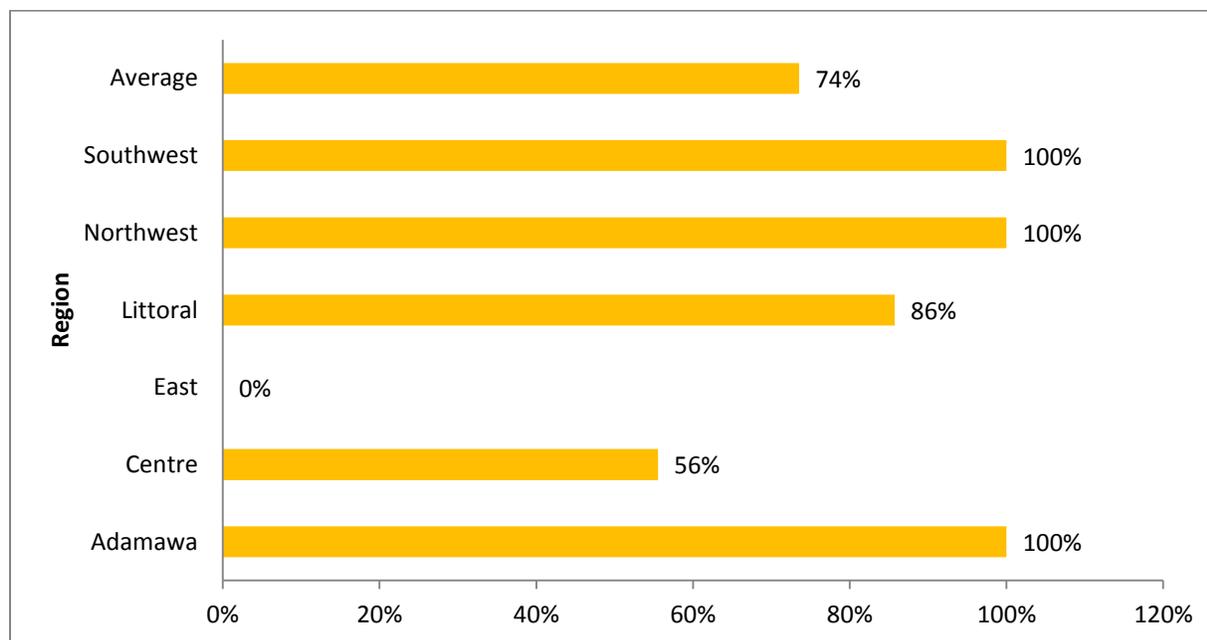


Figure 7. Percentage of SIAPS-supported ART health facilities with up-to-date patient and stock records

Storage Conditions and Practices

Good storage practices and conditions influence medicine quality, proper inventory management, and ease of movement in the warehouses and pharmacies. Twelve storage conditions and practices were included in the supervision—

- Appropriate arrangement of pharmaceuticals (medicines on pallets and shelves)
- Respect of distance between the medicine and the wall
- Visibility of expiry date
- Application of FIFO (first-in, first out)/FEFO (first expiry, first out) rules
- Security of medicines
- Ventilation
- Medicine not in direct contact with sunlight
- Existence and use of thermometer for monitoring room temperature
- Existence and use of stock cards

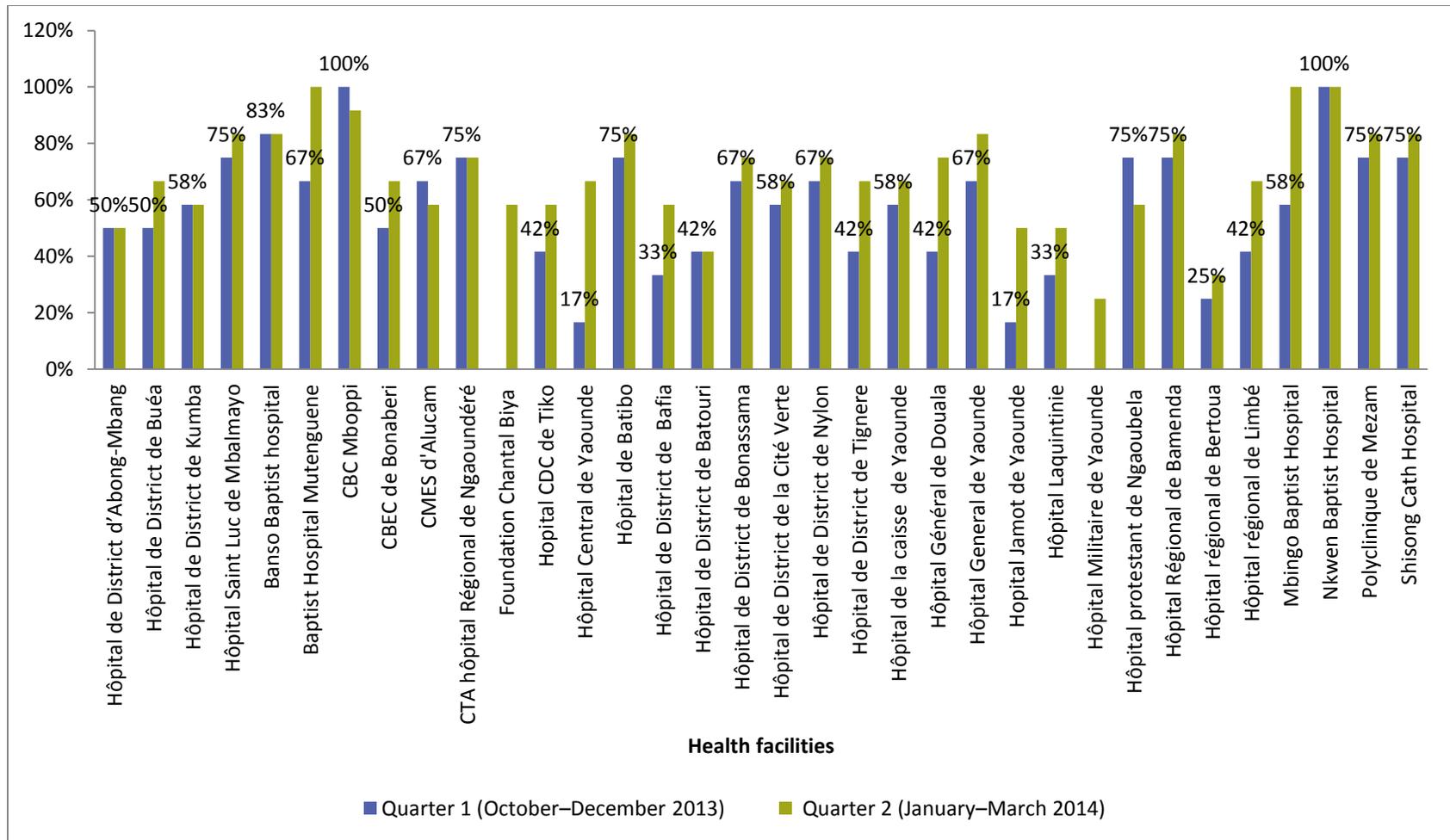


Figure 8. Percentage of good storage practices observed in SIAPS-supported health facilities, October 2013–March 2014

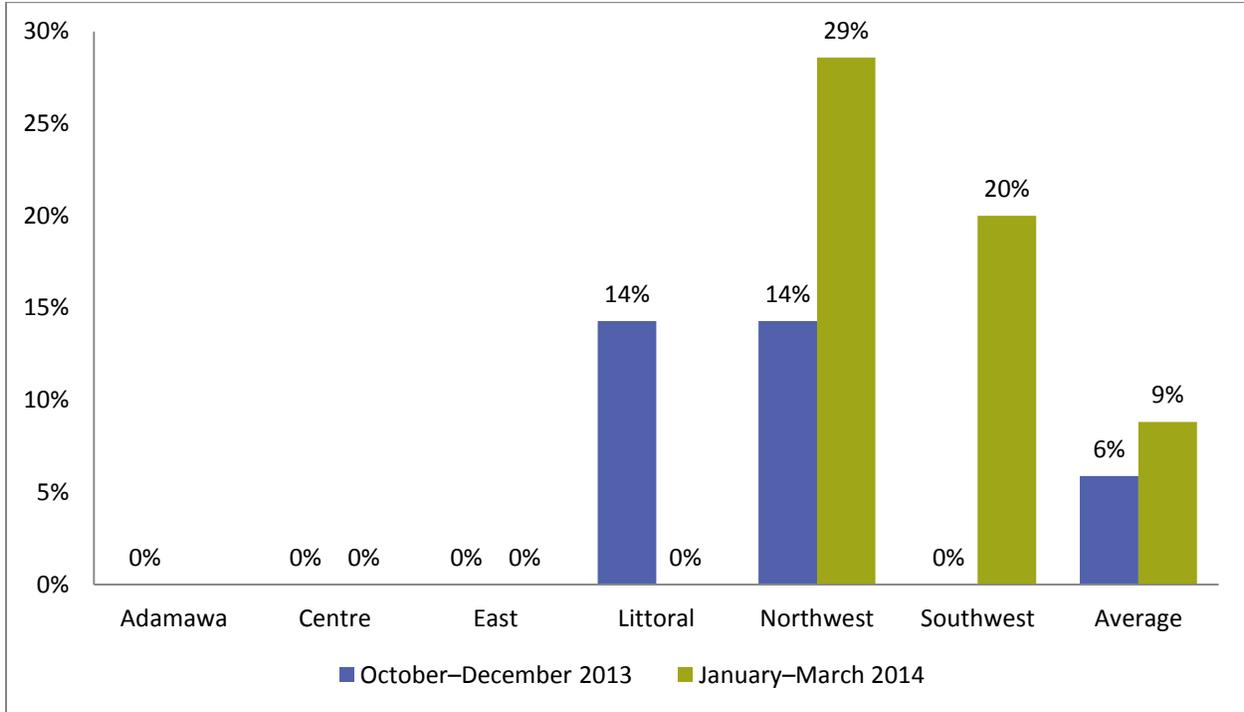


Figure 9. Percentage of health facilities with good storage practices

Overall, 9% of the health facilities observed good storage practices and conditions during the May/June support supervision. There was an improvement in the number of good storage practices compared with 6% observed in January 2014. The health facilities that observe good storage practices and conditions are Mbingo Baptist Hospital and Nkwen Baptist Hospital in the Northwest (2/7) and Baptist Hospital Mutengene in the Southwest (1/5).

Although there was an improvement, the percentage of health facilities observing good storage practices and conditions remains very low. Additional positive changes are required to improve storage conditions and practices at health facilities. SIAPS should provide health facilities with pallets, shelves, thermometers, and other materials to ease this organization.

Inventory Variation between Recorded and Physical Stock

To evaluate the correlation between the theoretical (records) and physical inventory (count), seven products were selected in the warehouse and at the dispensing points. The values obtained were compared to those recorded on the stock cards. For each product where the theoretical stock matches the physical count, the health facility scored one; the score was zero when they did not match. The total score was calculated as a percentage. Figure 10 shows the percentage of stock records that correspond with physical count by facility. The percentage of health facilities where stock records match physical counts increased from 47.05% to 94.12%.

Generally, a 36% improvement occurred in number of stock card records matching physical inventory, from 61% in the October–December 2013 quarter to 97% for January–March 2014.

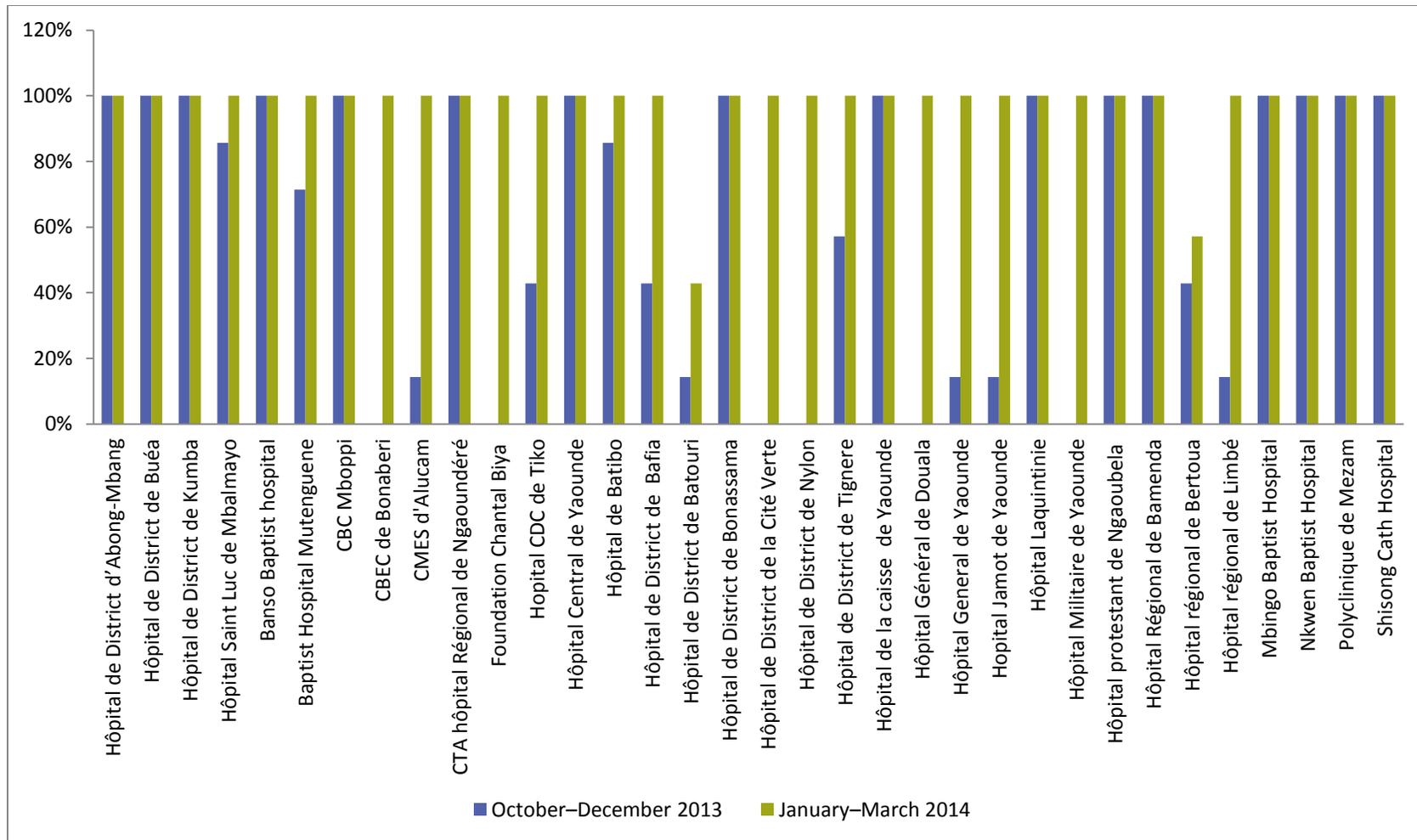


Figure 10. Percentage of stock records that match physical counts in 34 health facilities

Days Out-of-Stock of ARVs at ART Sites, January–March 2014

To determine the number of health facilities with stock-outs, the following products were considered as essential for the delivery of ART services: AZT/3TC/NVP 300/150/200 mg, AZT/3TC 300/150 mg, EFV 600 mg, TDF/3TC/EFV 300/150/600 mg, TDF/3TC 300/150 mg, NVP 200 mg, LPV/r 200/50 mg, and AZT/3TC/NVP 60/30/50. The percentage of health facilities that had a minimum of three days of stock-out of at least one of the selected products was assessed for the period from January to March 2014. Figure 11 shows the percentage of facilities that recorded stock-outs from January to March 2014.

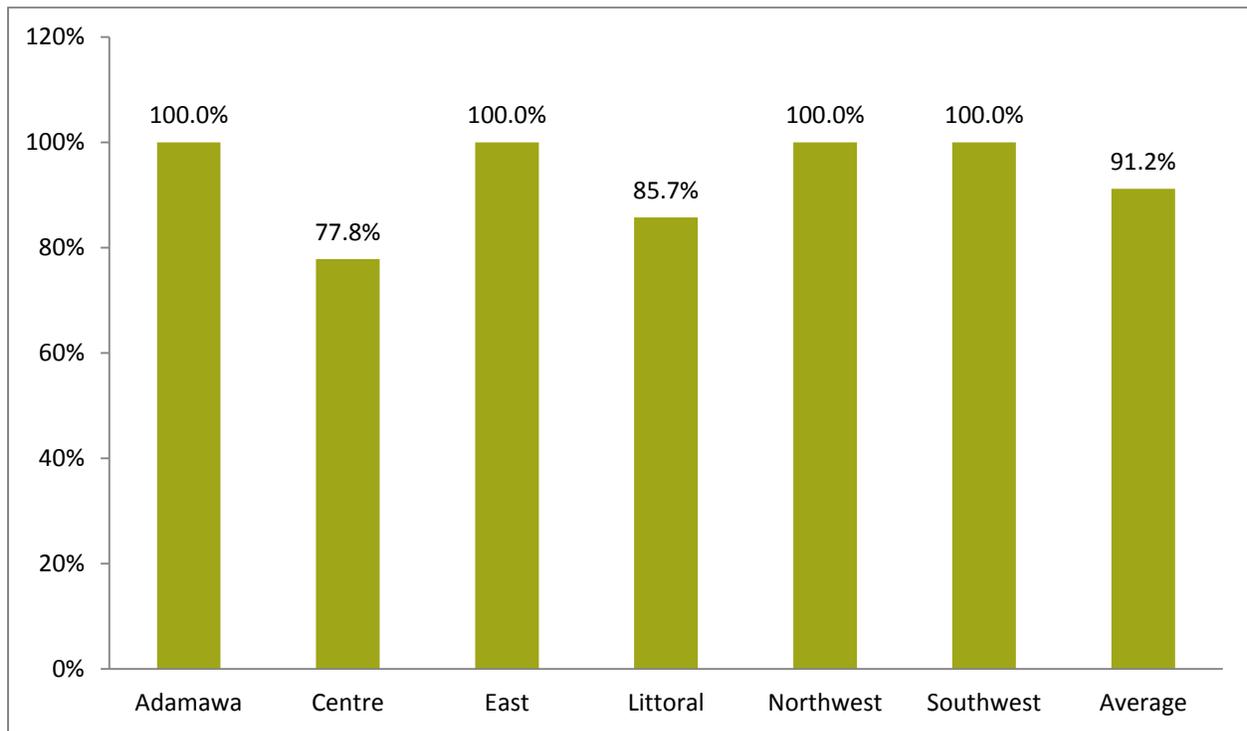


Figure 11. Percentage of health facilities with stock-outs of a preselected group of medicines for three days or more, January–March 2014

Figure 11 shows that at least one currently used ARV was out of stock for at least three days in 91.2% of targeted health facilities. Figure 12 indicates the number of days of stock-out from January to March 2014.

Figure 12 shows that from January to March 2014, 933 days out of stock were reported for AZT/3TC/NVP. During this same period, a total of 148 days of stock-out of TDF/3TC/EFV was registered. This might be caused by poor supply planning, because a good quantity of AZT/3TC/NVP shipment was expected from suppliers and should therefore have been available. The number of days out of stock (429) of AZT/3TC/NVP was very high in January.

There was no stock-out for the preferred first-line regimen (TDF/3TC/EFV) and the entire second-line regimen at central level during the review period.

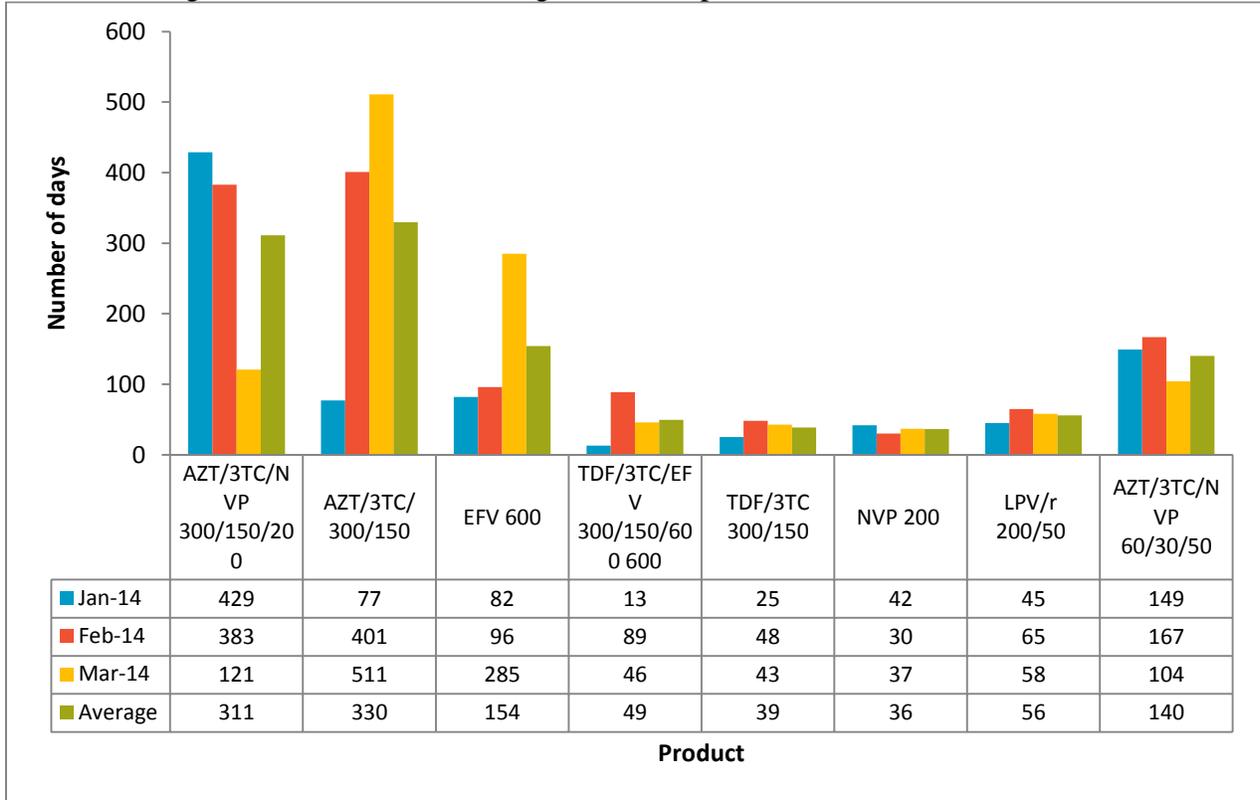


Figure 12. Number of days of stock-out in first-line product at health facilities, January–March 2014

HIV and AIDS Commodity Consumption Trends

First-Line ARV Consumption Trend

Table 3. Average Monthly Consumption of the Preferred First-Line ARV in the 34 Health Facilities Visited, October–December 2013 and January–March 2014

Region	Health facilities	Average Monthly Consumption													
		AZT/3TC/NVP (300/150/200)		AZT/3TC (300/150)		EFV (600)		TDF/3TC/EFV (300/300/600)		TDF/3TC (300/300)		NVP (200)		AZT/3TC/NV P (60/30/50)	
		Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14
Adamawa	CTA HR de Ngaoundéré	1,001	272	439	211	144	249	164	641	285	445	170	407	0	0
	Hôpital de District de Tignère	121	146	31	2	1	0	0	2	0	0	29	0	4	0
	H Protestant de Ngaoubela	393	0	95	89	173	70	428	191	118	0	33	33	5	50
Subtotal Adamawa		1,514	417	565	303	317	319	592	834	404	445	232	440	9	50
Centre	Hôpital Saint Luc de Mbalmayo	207	135	50	5	89	60	416	203	89	86	50	117	0	10
	Foundation Chantal Biya	0	357	0	56	0	43	0	101	0	35	0	23	0	230
	Hôpital Central de Yaoundé	304	3,267	253	1,325	37	87	854	2,632	3	514	233	1,389	25	0
	Hôpital de District de Bafia	390	369	31	175	23	63	188	170	62	145	20	249	0	20
	HD de la Cité Verte	212	311	232	0	219	13	1,410	521	120	94	31	31	0	0
	Hôpital de la caisse de Yaoundé	1,427	796	141	499	225	25	1,797	1,282	349	0	140	1,173	67	129
	Hôpital General de Yaoundé	458	656	205	65	129	93	1,016	756	255	432	98	200	8	14
	Hôpital Jamot de Yaoundé	968	587	515	77	382	168	1,238	887	220	439	322	241	0	0
	Hôpital Militaire de Yaoundé	0	0	0	0	0	0	0	934	0	821	0	300	0	3
Subtotal Centre		3,965	6,479	1,428	2,201	1,105	553	6,919	7,486	1,097	2,565	894	3,721	100	406

Results

Region	Health facilities	Average Monthly Consumption													
		AZT/3TC/NVP (300/150/200)		AZT/3TC (300/150)		EFV (600)		TDF/3TC/EFV (300/300/600)		TDF/3TC (300/300)		NVP (200)		AZT/3TC/NVP (60/30/50)	
		Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14
East	HD d'Abong-Mbang	570	425	111	79	68	20	240	170	41	68	119	116	19	9
	Hôpital de District de Batouri	512	445	84	21	126	20	770	100	86	100	63	78	21	10
	Hôpital Régional de Bertoua	1,376	463	624	34	264	30	1,089	787	291	121	358	531	104	0
Subtotal East		2,459	1,334	818	134	457	69	2,099	1,057	418	289	540	725	144	19
Littoral	CBC Mboppi	1,538	562	390	386	216	136	1,211	661	66	648	232	612	23	20
	CEBEC de Bonaberi	0	44	0	29	0	10	0	82	0	94	0	135	0	0
	CMES d'Alucam	162	17	46	45	25	13	141	38	14	10	0	24	6	26
	HD de Bonassama	1,129	398	217	209	203	57	1,277	795	59	282	50	276	2	10
	Hôpital de District de Nylon	1,553	1,405	292	447	660	93	4,455	1,219	713	1	277	180	29	18
	Hôpital Général de Douala	0	452	0	157	0	77	0	588	0	354	0	211	0	13
	Hôpital Laquintinie	1,569	513	534	385	470	92	2,975	1,818	103	291	61	362	0	135
Subtotal Littoral		5,952	3,391	1,480	1,657	1,574	479	10,059	5,202	954	1,680	620	1,800	60	222
Northwest	Banso Baptist Hospital	833	453	297	328	243	90	1,292	596	73	301	43	622	0	50
	Hôpital de Batibo	2,421	175	1,442	100	285	1	4,891	131	259	193	0	244	0	8
	Hôpital Régional de Bamenda	2,582	1,199	1,227	372	535	130	1,535	1,962	258	1,231	595	1,177	0	0
	Mbingo Baptist Hospital	453	200	165	73	90	105	554	177	20	261	96	222	0	40
	Nkwen Baptist Hospital	1,133	619	482	146	218	280	1,134	624	21	669	259	409	0	14
	Polyclinique de Mezam	522	337	376	69	96	1	745	297	67	308	212	323	0	0
	Shisong Cath Hospital	375	540	252	335	151	45	686	872	212	291	178	434	0	54
Subtotal Northwest		8,319	3,524	4,240	1,423	1,618	652	10,837	4,658	910	3,254	1,382	3,432	0	166

*Pharmaceutical Management Information System: Support Supervision Report,
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Region	Health facilities	Average Monthly Consumption													
		AZT/3TC/NVP (300/150/200)		AZT/3TC (300/150)		EFV (600)		TDF/3TC/EFV (300/300/600)		TDF/3TC (300/300)		NVP (200)		AZT/3TC/NV P (60/30/50)	
		Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14
Southwest	Hôpital de District de Buéa	542	400	279	45	146	123	672	472	62	269	110	63	12	11
	Hôpital de District de Kumba	754	609	640	0	276	112	1,517	694	126	427	454	346	47	0
	Baptist Hospital Mutenguene	0	247	0	225	0	80	0	1,317	0	558	0	413	23	94
	Hôpital CDC de Tiko	386	311	79	67	79	13	227	390	71	156	72	147	9	19
	Hôpital Régional de Limbé	920	931	237	18	198	183	2,156	840	198	746	140	382	29	56
Subtotal Southwest		2,602	2,499	1,234	355	698	511	4,572	3,712	457	2,155	775	1,351	121	180
Grand total		24,811	1,7643	9,765	6,073	5,769	2,584	35,078	22,49	4,240	10,388	4,444	11,471	434	1,043

It appears from table 10 that the difference between average monthly consumption in October–December 2013 and January–March 2014 of the main first-line product is very high in almost all the health facilities. Patients are treated with whatever regimen is available.

Consumption Trend of LPV/r, OI Medicines, and Test Kits

Table 4 shows the consumption of LPV/r, co-trimoxazole—which is used to treat OIs, and rapid test kits in quarters 1 and 2.

Table 4. Average Monthly Consumption of Selected Second-Line ARVs, OI Medicines, and Test Kits in the 34 Health Facilities Visited

Region	Health facilities	Average Monthly Consumption (AMC)													
		LPV/r 200/50		LPV/r 80+20		Co-trimoxazole 960		Co-trimoxazole 480		Co-trimoxazole 120		Determine		Oraqquick	
		Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14
Adamawa	CTA HR de Ngaoundéré	52	55	0	0	0	0	161	78	0	2	0	0	0	0
	Hôpital de District de Tignère	0	0	0	0	0	0	3	0	0	0	0	0	0	0
	H Protestant de Ngaoubela	0	0	0	0	0	12	1	9	0	0	0	0	0	0
Subtotal Adamawa		52	55	0	0	0	12	165	87	0	2	0	0	0	0
Centre	Hôpital Saint Luc de Mbalmayo	0	0	0	0	0	0	22	14	18	10	0	0	0	0
	Foundation Chantal Biya	0	92	0	9	0	6	0	77	0	63	0	0	0	0
	Hôpital Central de Yaoundé	4	379	0	0	0	0	18	213	0	0	0	0	0	0
	Hôpital de District de Bafia	0	4	0	0	0	0	0	34	0	27	0	0	0	0
	HD de la Cité Verte	0	0	0	0	0	0	25	0	0	0	0	0	0	0
	Hôpital de la caisse de Yaoundé	178	156	0	119	0	0	23	0	3	0	0	0	0	0
	Hôpital General de Yaoundé	243	247	1	1	15	11	0	6	0	133	0	0	0	0
	Hôpital Jamot de Yaoundé	77	112	0	0	0	0	0	0	0	0	0	0	0	0
	Hôpital Militaire de Yaoundé	0	379	0	0	0	142	0	0	0	0	0	0	0	0
Subtotal Centre		502	1,368	1	129	15	159	88	344	21	233	0	0	0	0

*Pharmaceutical Management Information System: Support Supervision Report,
January–March 2014, Cameroon*

Region	Health facilities	Average Monthly Consumption (AMC)													
		LPV/r 200/50		LPV/r 80+20		Co-trimoxazole 960		Co-trimoxazole 480		Co-trimoxazole 120		Determine		Oraquick	
		Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14
East	HD d'Abong-Mbang	0	0	0	0	0	32	0	10	0	52	0	427	0	5
	Hôpital de District de Batouri	3	3	0	0	0	12	18	9	0	9	0	0	0	0
	Hôpital Régional de Bertoua	173	21	0	0	0	0	51	0	0	0	0	0	0	0
	Subtotal East	176	24	0	0	0	44	69	19	0	61	0	427	0	5
Littoral	CBC Mboppi	65	68	1	21	0	123	68	29	0	515	0	0	0	0
	CEBEC de Bonaberi	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	CMES d'Alucam	16	8	0	0	0	0	0	0	0	0	0	0	0	0
	HD de Bonassama	32	37	0	0	0	0	10	11	0	0	0	0	0	0
	Hôpital de District de Nylon	317	165	3	0	0	3	28	33	0	180	0	0	0	0
	Hôpital Général de Douala	0	247	0	1	0	0	0	7	0	0	0	0	0	0
	Hôpital Laquintinie	254	293	0	7	9	0	34	64	37	144	0	0	0	0
	Subtotal Littoral	684	819	5	30	9	127	140	144	37	840	0	0	0	0

Results

Region	Health facilities	Average Monthly Consumption (AMC)													
		LPV/r 200/50		LPV/r 80+20		Co-trimoxazole 960		Co-trimoxazole 480		Co-trimoxazole 120		Determine		Oraquick	
		Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14	Oct-Dec 13	Jan-Mar 14
Northwest	Banso Baptist Hospital	0	75	0	2	0	6	0	88	0	7	0	0	0	0
	Hôpital de Batibo	285	18	0	0	0	0	17	0	0	0	0	0	0	0
	Hôpital Régional de Bamenda	0	419	0	0	0	35	0	0	0	0	0	0	0	0
	Mbingo Baptist Hospital	0	18	0	0	0	0	0	31	0	0	0	0	0	0
	Nkwen Baptist Hospital	0	59	0	0	0	0	0	0	0	0	0	0	0	0
	Polyclinique de Mezam	0	74	0	0	0	0	0	0	0	0	0	0	0	0
	Shisong Cath Hospital	0	46	0	2	0	0	0	27	0	6	0	0	0	0
Subtotal Northwest	285	709	0	4	0	41	17	146	0	13	0	0	0	0	0
Southwest	Hôpital de District de Buéa	8	3	0	1	0	0	18	0	0	3	0	0	0	0
	Hôpital de District de Kumba	37	51	0	0	0	0	72	0	0	0	0	0	0	0
	Baptist Hospital Mutenguene	0	189	0	4	0	0	53	67	0	0	0	0	0	0
	Hôpital CDC de Tiko	0	5	0	0	0	0	8	15	0	0	0	0	0	0
	Hôpital Régional de Limbé	24	249	0	0	0	0	3	69	0	0	0	0	0	0
Subtotal Southwest	69	497	0	5	0	0	155	152	0	3	0	0	0	0	0
Grand total	1,769	3,472	6	168	24	383	635	891	58	1,151	0	427	0	5	

According to table 4, a lack of rapid test kits exists that is likely to affect the identification of new patients in need of ART and thus uptake rates.

Health facilities have no management tools to monitor the consumption of laboratory commodities. Moreover, these products are consumed in laboratories, and Pharmacist Attendants do not always have access to information about their management. In addition, CNLS reporting tools allow no reporting on lab commodities.

Consumption Trends at Regional Medical Stores

Table 5. Average Monthly Consumption of Selected ARVs in the Six CAPRs from October–December 2013 Quarter to January–March 2014 Quarter

CAPR	AZT/3TC/NVP (300/150/200 mg) tablets B/60		AZT/3TC 300/150 mg tablets B/60		TDF/3TC/EFV 300/300/600 mg tablets B/30		TDF/3TC 300/300 mg tablets B/60		NVP 200 mg B/60		LPV/r 200/50 mg tablets B/120		Co-trimoxazole 960 mg tablets B/100		Co-trimoxazole 480 mg tablets B/1,000	
	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14	Oct–Dec 13	Jan–Mar 14
Adamawa	2,261	1,044	717	416	498	2,007	629	534	539	1040	0	227	0	0	11	97
Centre	12,347	5,906	6,216	477	11,546	11,703	5,656	11,322	6,289	7,119	1,446	1,875	48	4	1,602	74
East	1,666	1,828	232	543	1,386	1,512	724	711	492	844	61	41	0	115	71	116
Littoral	9,824	2,873	91	0	8,852	7,894	3,179	4,051	6,086	3,877	0	811	0	2,055	618	192
Northwest	8,878	4,667	3,907	1	6,541	4,540	2,556	3,309	2,668	2,646	0	1,343	0	1,262	265	459
Southwest	4,793	4,440	1,853	611	2,703	6,415	838	3,111	1,643	2,135	248	646	0	272	396	318
Total	39,769	20,759	13,015	2,047	31,526	34,072	13,581	23,037	17,717	17,660	17,56	4,943	48	3,708	2,963	1,255

Availability of ARVs on Day of Visit at Health Facilities

Figure 13 shows the percentage of health facilities with ARVs and OI medicines available on the day of the visit (see also annex F).

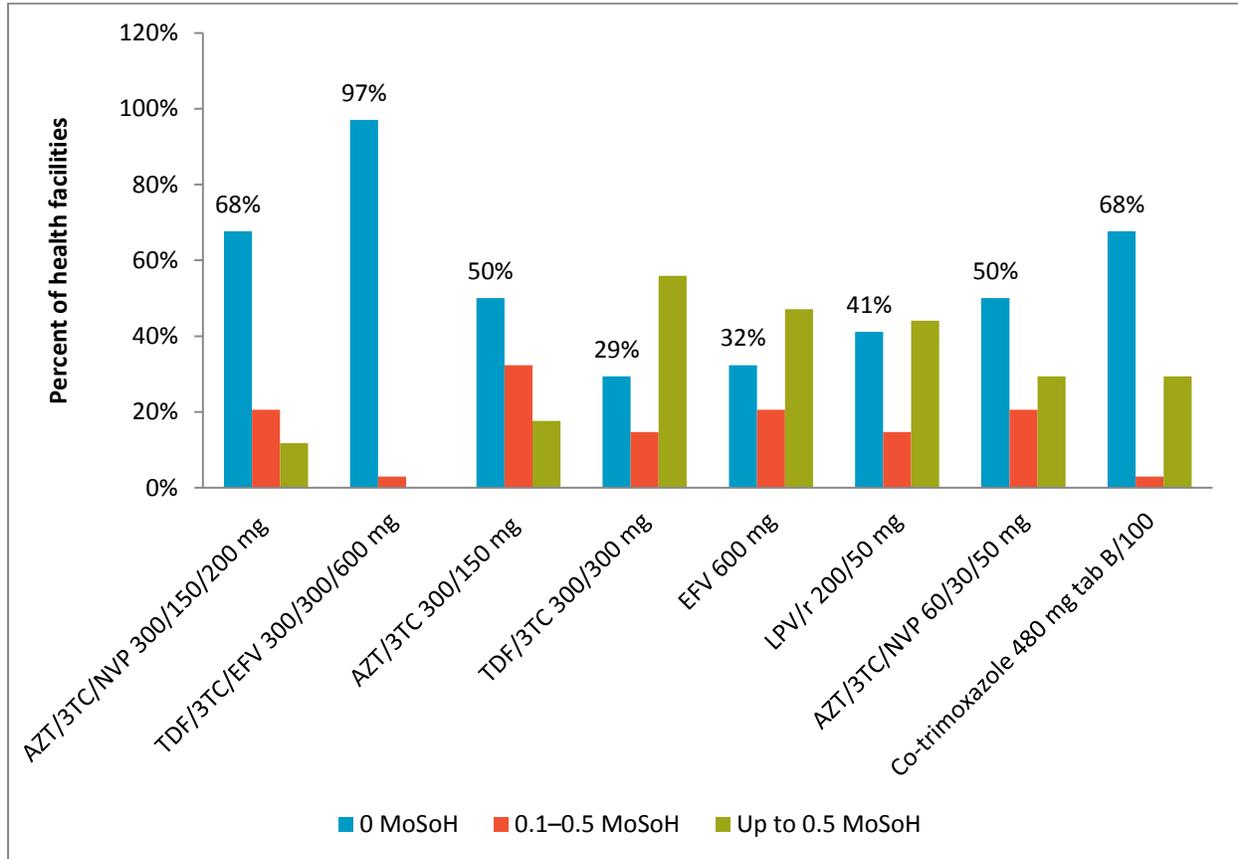


Figure 13. Percentage of health facilities with ARVs and OI medicines available the day of the visit

Figure 13 shows that availability of ARVs in the majority of health facilities was very low. For instance, on average 64.7% of health facilities had no stock of AZT/3TC/NVP, which is the most used first-line adult regimen; 17.6% of health facilities had between 0.1 to 0.5 months of stock on hand (MoSoH). Only 17% of health facilities had stock of AZT/3TC/NVP equal to or more than one MoSoH. This can be understood, because there were AZT/3TC/NVP stock-outs nationwide in that period.

For TDF/3TC/EFV, which is the second most used first-line adult ART regimen, 97% of health facilities had zero MoSoH. This finding is a cause for concern because this regimen was always in stock at central and regional levels for the past months and during the supervision.

Availability of Commodities at CAPRs the Day of the Visit

Table 6 shows the stock available at the CAPRs the day of the supervision. TDF/3TC/EFV was available in all six CAPRs though 97% of health facilities in the regions had no stock to deliver to patients. Although there was limited stock at the CAPRs, a gap exists in distribution of ARVs between the CAPRs and the health facilities. As discussed earlier, this is a serious cause for concern.

Table 6. Availability of Commodities on the Day of the Visit at CAPRs

CAPR	AZT/3TC/NVP 300/150/200		AZT/3TC 300/150		TDF/3TC/EFV 300/300/600		TDF/3TC 300/300		NVP 200		LPV/r 200/50		Co-trimoxazole 960		Co-trimoxazole 480	
	SOH	MoSOH	SOH	MoSOH	SOH	MoSOH	SOH	MoSOH	SOH	MoSOH	SOH	MoSOH	SOH	MoSOH	SOH	MoSOH
Adamawa	490	0.5	267	0.6	2,782	1.4	1,628	3.1	1,628	1.6	2,980	13.1	0	0.0	253	3
Centre	4	0.0	3	0.0	17,291	1.5	6,371	0.6	29,561	4.2	2,360	1.3	0	0.0	0	0
East	2,305	1.3	0	0.0	2,541	1.7	1,692	2.4	9,645	11.4	26	0.6	372	3.2	382	3
Littoral	199	0.1	6	0.0	12,155	1.5	66	0.0	21,704	5.6	479	0.6	579	0.3	1,453	8
Northwest	0	0.0	0	0.0	6,894	1.5	2,80	0.1	19,319	7.3	271	0.2	2,559	2.0	39	0
Southwest	0	0.0	0	0.0	1,630	0.3	1,196	0.4	0	0.0	220	0.3	1,144	4.2	0	0
Total	2,998	0.3	276	0.1	43,293	1.3	11,233	1.1	81,857	5.0	6,336	2.7	4,654	1.6	2,127	2.3

Co-trimoxazole 960 or co-trimoxazole 480 was available at all CAPRs except at CAPR Centre, where stock availability was zero.

Patient Information

Number of Patients on ART in the 34 Health Facilities in Six Regions Supported by SIAPS

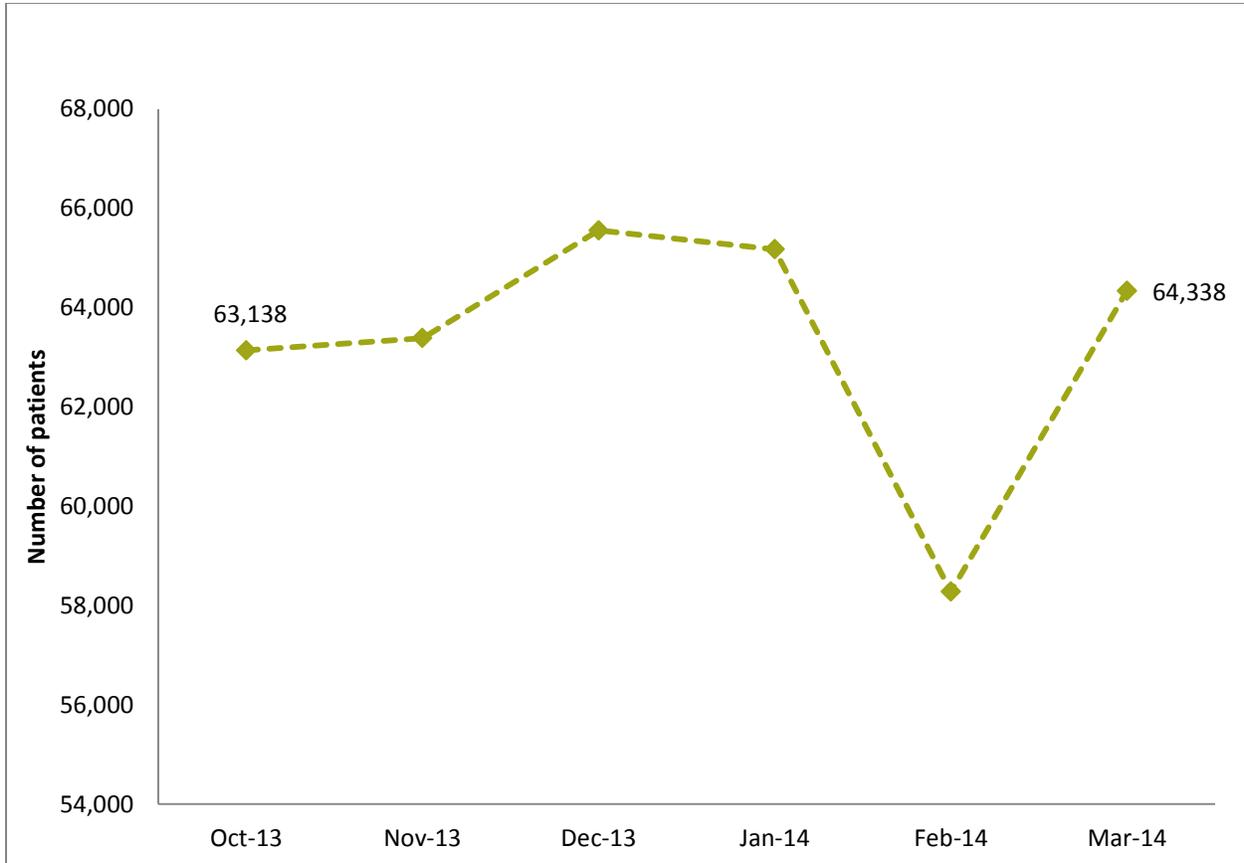


Figure 14. Trend of patients accessing treatment from October 2013 to March 2014 in the 34 targeted health facilities

Figure 14 shows that the number of patients fluctuated from October 2013 to March 2014. This pattern is attributable to the frequent or chronic lack of ARVs.

The number of patients treated in the Littoral region decreased from the first (43,644) to the second quarter (40,640). Similarly, the number of patient treated in the Centre region decreased from quarter 1 (61,886) to quarter 2 (59,497). It is the same situation in the East region despite initiation of new patients.

New Patients Started on ART

In quarter 2, the number of new patients started on ART decreased by 19.8% (3,974 patients were started on ART during this quarter, compared with 4,957 registered during the previous quarter). Evidently, the number of new patients started on ART is decreasing. This reduction in number of patients started on ART may affect the ability of Cameroon to meet the Millennium Development Goals of universal coverage for people in need of ART.

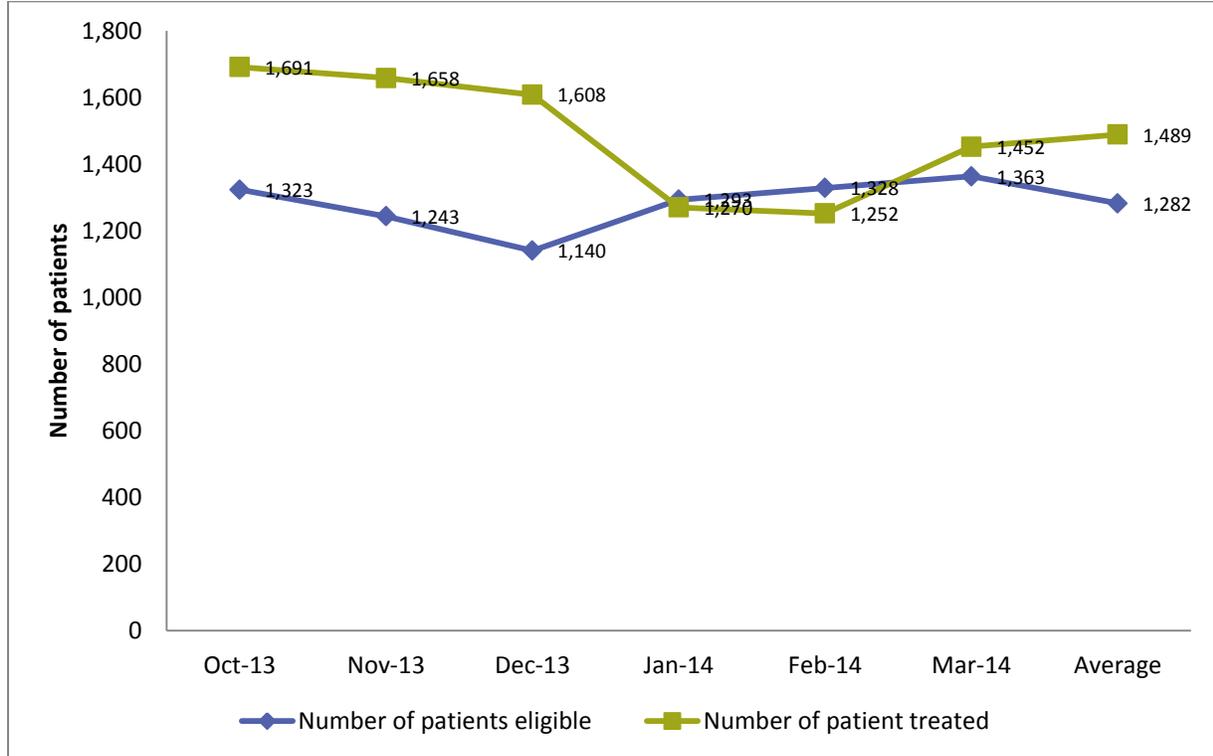


Figure 15. Number of new patients initiated on ART/eligible patients

Figure 15 shows that the number of new patients started on ART was almost steady from October to December 2013. The decline noted during the January to March 2014 quarter was more perceptible in January and February 2014. In addition, the number of new patients who started ART is higher than what was eligible from quarter 1 to quarter 2. This means that the sustainable availability of ARVs will increase significantly the number of patients under treatment in Cameroon. This should be considered during quantification and forecasting of HIV and AIDS commodities.

Trend of the Number of Patients Treated from October 2013 to December 2014

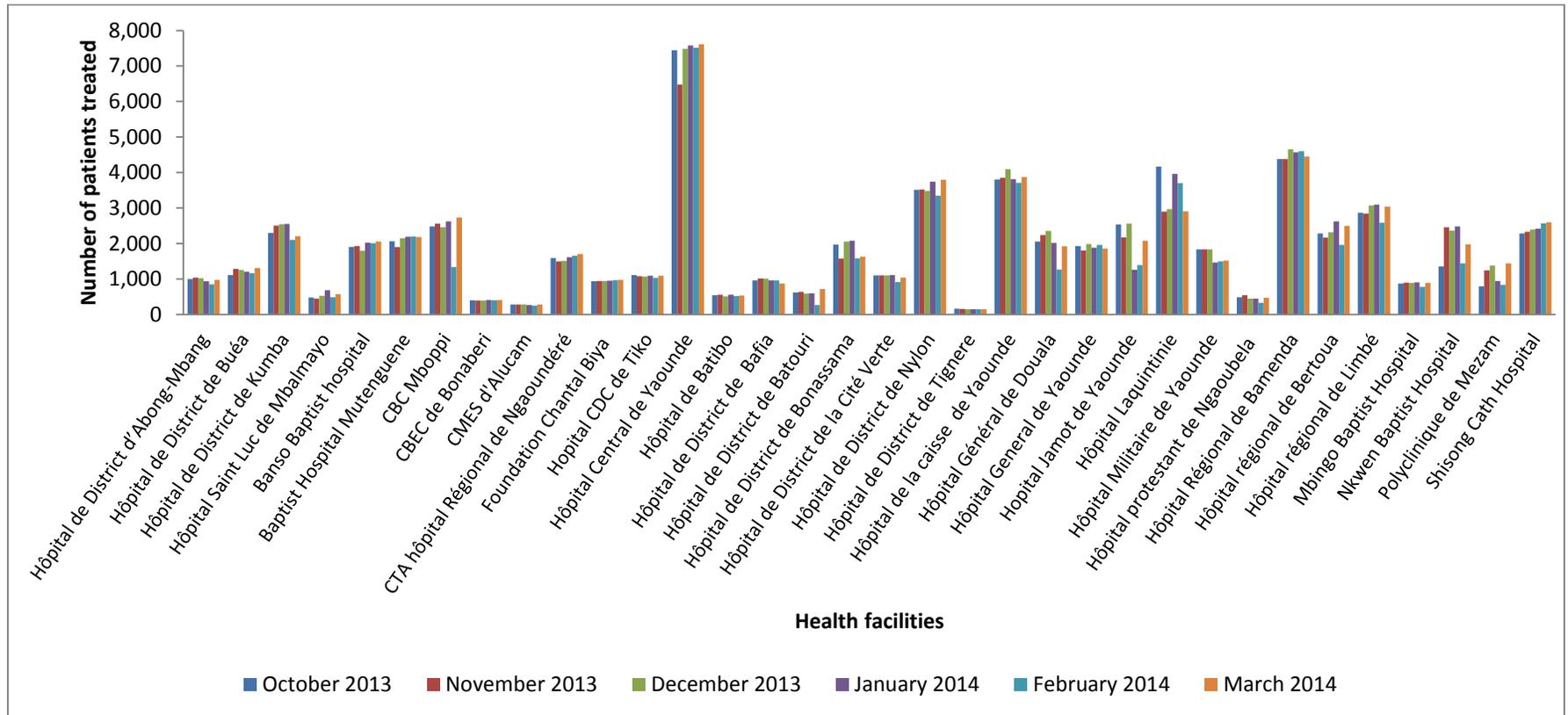


Figure 16. Trend of the number of patients in SIAPS-supported health facilities in Cameroon, October 2013–March 2014

From January to March 2014, the number of patients treated continued to fluctuate not only in Laquintinie Hospital Douala, Jamot Hospital Yaoundé, Hôpital Regional de Bertoua, but also at Polyclinic Mezam, Nkuen Baptist Hospital, Hôpital Regional Limbé, and Hôpital de District de Bonassama. From quarter 1 to quarter 2, the number of patients treated decreased (data not shown) in Hôpital Abong Mbang, Hôpital de District de Kumba, Hôpital de District de Bafia, Hôpital de District de Banassama, Hôpital General de

Yaoundé, Hôpital de la Cité Verte, Hôpital Militaire de Yaoundé, Nkwen Baptist Hospital, and Polyclinic Mezam de Bamenda. In a situation of uninterrupted supply of ARVs, one would expect a steady growth rate in the number of patients on ART.

Percent Variation in the Number of Patients Defaulting from Treatment from October–December 2013 to January–March 2014

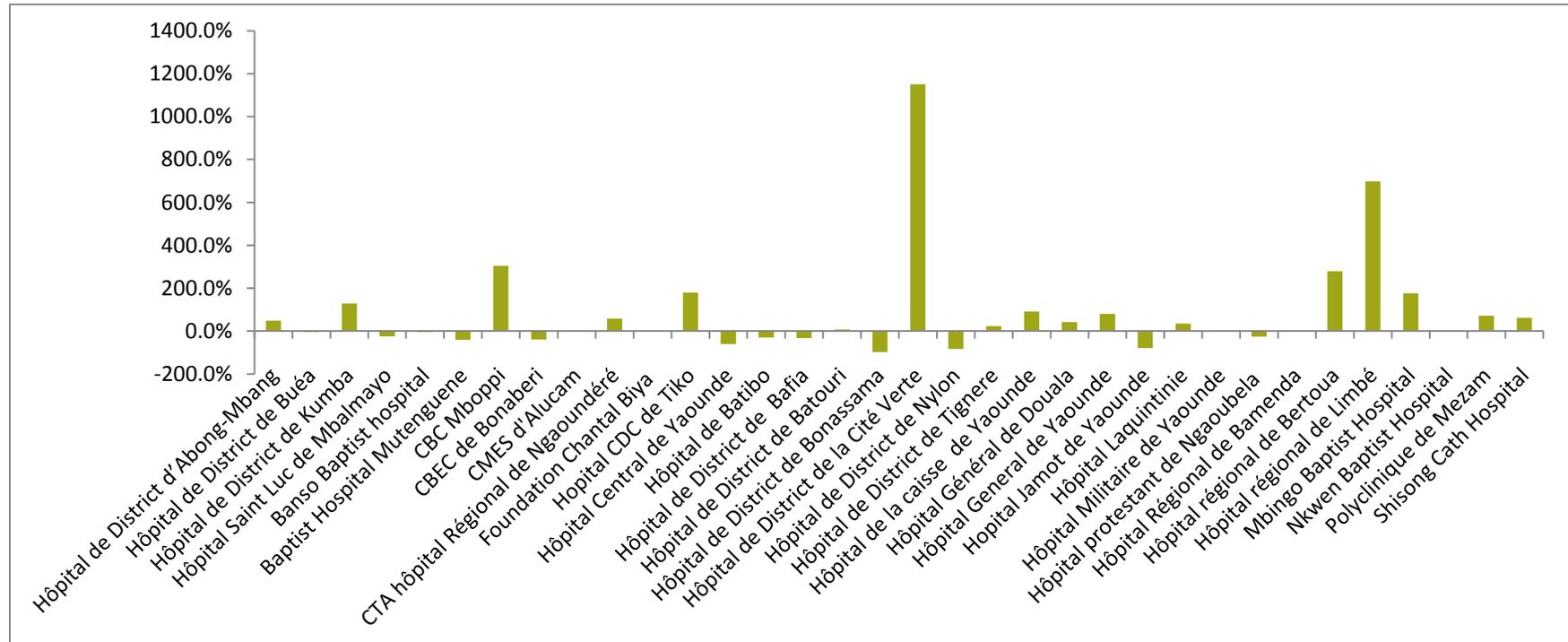


Figure 17. Percent variation in the number of defaulters from October–December 2013 to January–March 2014

Globally, the number of defaulting patients increased in 55.89% of health facilities from quarter 1 (October to December 2013) to quarter 2 (January to March 2014). This is more perceptible at Hôpital de la Cité Verte (1151%), Hôpital Regional de Limbé (698%), CBC (Cameroon Baptist Convention) Mboppi (304%), Hôpital I Régional de Bertoua (278%), CBC Tiko (178%), Mbingo Baptist Hospital (176%), and Hôpital de district de Kumba (127%). CMES (Centre Médical des Entreprises de la Sanaga) Alucam registered no defaulting patients from quarter 1 to quarter 2. In contrast, the number of defaulters decreased in 38% of health facilities.

Treatment Regimen Analysis

Regimen breakdown information is vital for informing forecasting, quantification, procurement, and distribution and dispensing of HIV and AIDS commodities.

Distribution of First- and Second-Line Regimens

Figure 18 shows the percentage of adult and pediatric ART patients on first- and second-line regimens from January to the end of March 2014.

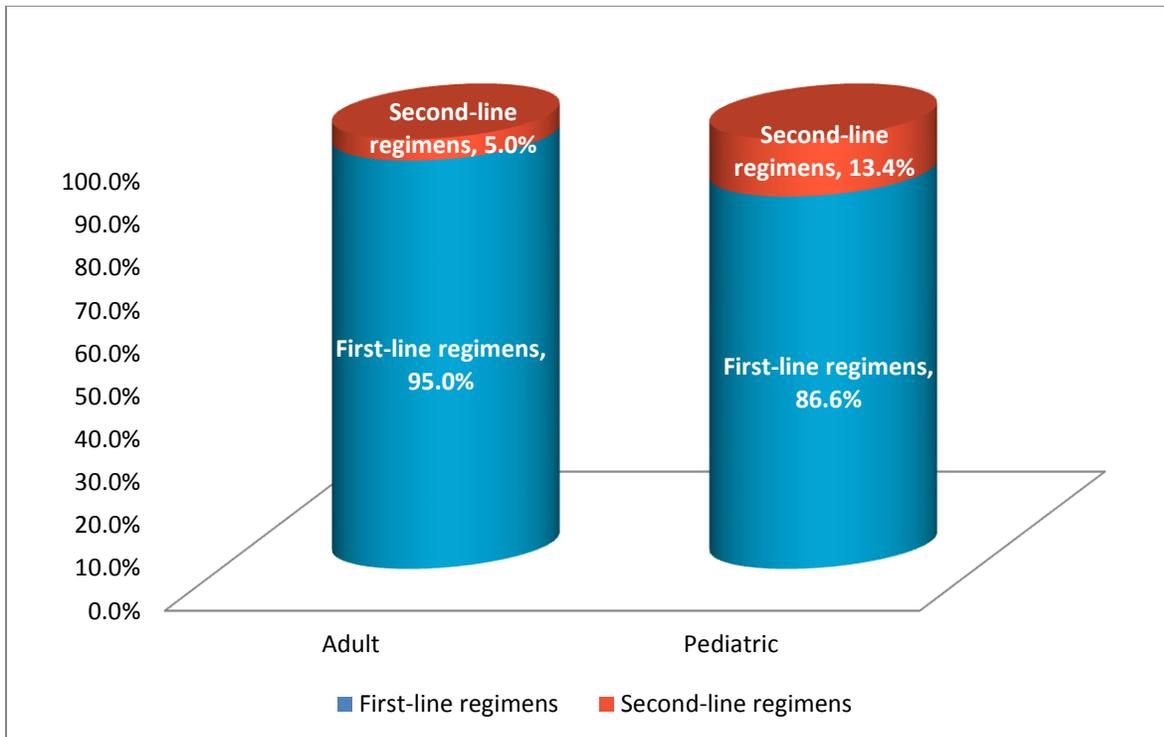


Figure 18. Distribution of first- and second-line regimens, January–March 2014

Figure 18 shows that for adults on ART, 95% of patients are on first-line regimens and 5% on second-line regimens. For pediatric patients, 86.6% are on first line and 13.4% on second line.

Detailed analysis reveals that Littoral (20%) and Centre (14.1%) regions have more than 13% of pediatric patients on second-line regimens.

Globally, the following ART sites have more than 4% of adult and pediatric patients on second-line regimens: Hôpital de la Caisse de Yaoundé (7.9%), Hôpital General de Yaoundé (16.9%), Hôpital Laquintinie de Douala (9.9%), Hôpital General de Douala (18.3%), and Regional Hospital Bamenda (7.9%).

The distribution of adults on first-line regimens is shown in Figure 19.

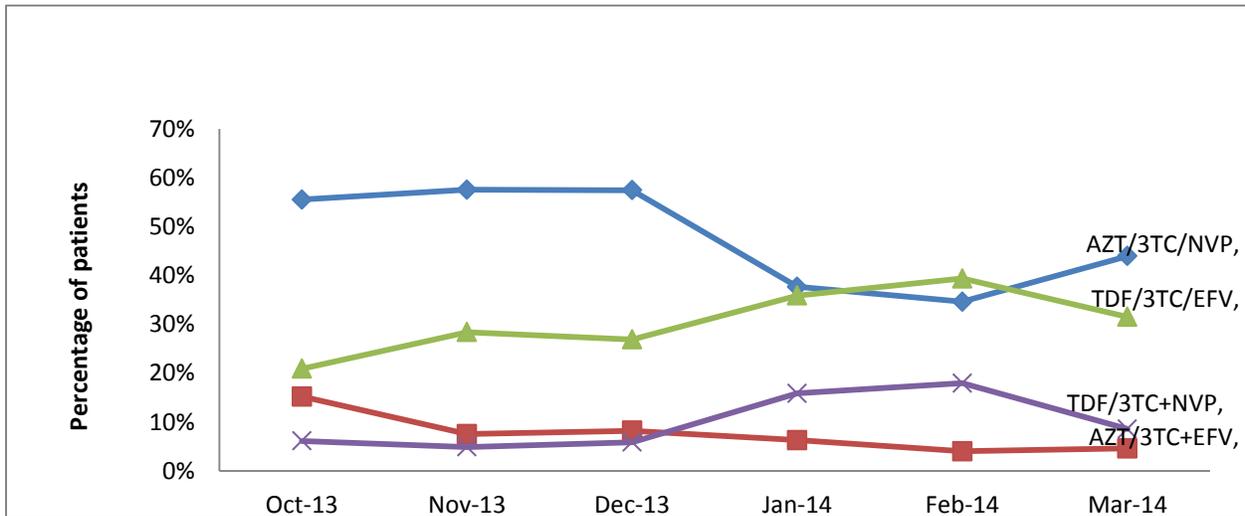


Figure 19. Patients on adult first-line regimens in the 34 targeted health facilities

In the October–December 2013 quarter, AZT/3TC/NVP consumption remained consistent (around 55% of first-line regimens) and started dropping from December 2013 to 34.6% in February 2014 with a rise again to 44% in March 2014. TDF/3TC/EFV consumption has also been somewhat consistent from October to December 2013 (21% to 26.9%) with a sharp increase to 36% and 39% in January and February 2014, respectively, and a drop to 31% in March 2014.

Globally, the increase in the number of patients on TDF/3TC/EFV in Cameroon follows a directive issued by the central level stipulating that new eligible patients to ART should be initiated on TDF/3TC/EFV rather than AZT/3TC/NVP. The number of patients on TDF/3TC/EFV is therefore expected to increase during the next quarter.

Centre Region

In the Centre region, the consumption trend for first-line adult regimens remained consistent from October 2013 to March 2014 (figure 20), meaning that the region was not affected by the stock-out of AZT/3TC/NVP in January and February 2014.

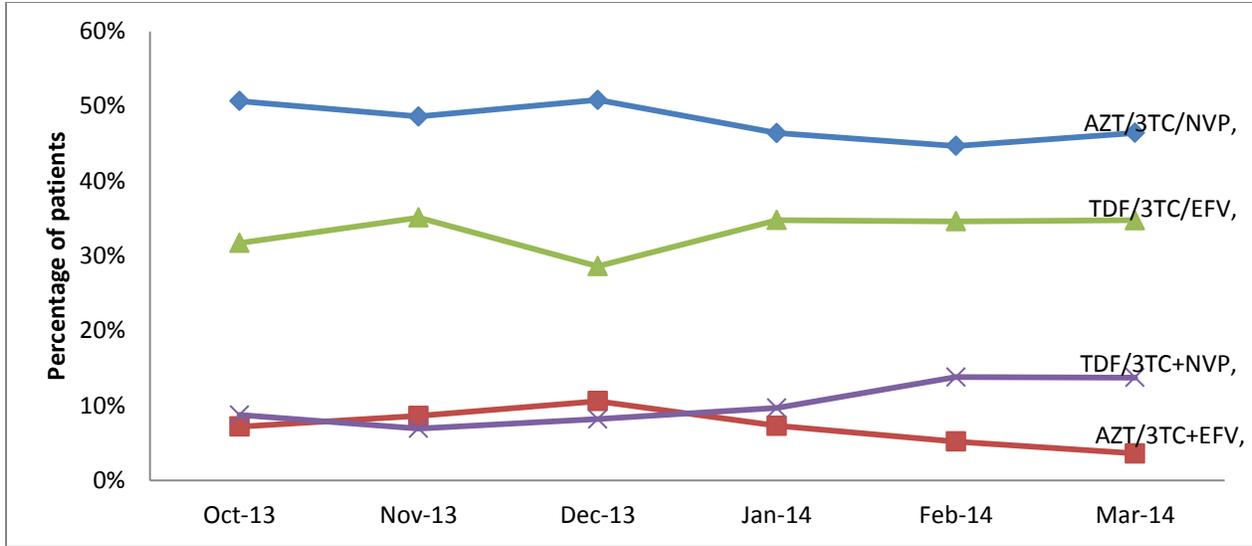


Figure 20. Trends of percentage of patients on adult first-line regimens in Centre, October 2013–March 2014

Littoral Region

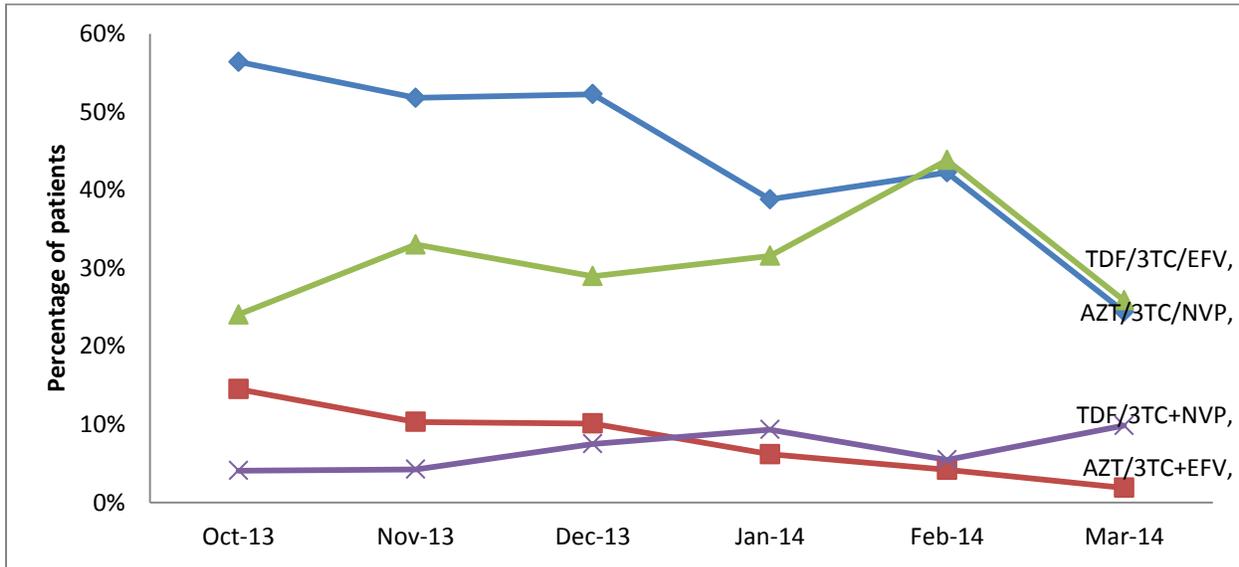


Figure 21. Trends of percentage of patients on adult first-line regimens in Littoral, October 2013–March 2014

In the Littoral region, ART consumption in the October–December 2013 quarter was relatively consistent compared with the January–March 2014 quarter, which was marked by a stock-out of AZT/3TC/NVP that led to a sharp increase in the consumption of TDF/3TC/EFV in January and February 2014. One can observe in this region that the consumption of both TDF/3TC/EFV and AZT/3TC/NVP dropped drastically in March 2014 to 24% (figure 21). This should be a serious

concern because TDF/3TC/EFV did not suffer any stock-out from October 2013 to date, and AZT/3TC/NVP came back in stock in March 2014.

Adamawa Region

As shown in figure 22, in the Adamawa region AZT/3TC/NVP accounted for about 80% of adult first-line treatment in the October–December 2013 quarter, compared with less than 10% for TDF/3TC/EFV consumption; during the January–March 2014 quarter, there was a sharp decrease in the consumption of AZT/3TC/NVP (from 83.9% in December 2013 to 51.4% in January and 12.7% in February 2014) and a rise again in March 2014(40%). In contrast, the consumption of TDF/3TC/EFV drastically increased from 10.6% in January to 83.1% in February and dropped to 44.5% in March 2014. These fluctuations in consumption in the January–March 2014 quarter reflect the national stock-out status of AZT/3TC/NVP in January and February 2014.

The poor adherence of health care workers of this region to the national guideline should be noted, shown by the very low consumption of TDF/3TC/EFV.

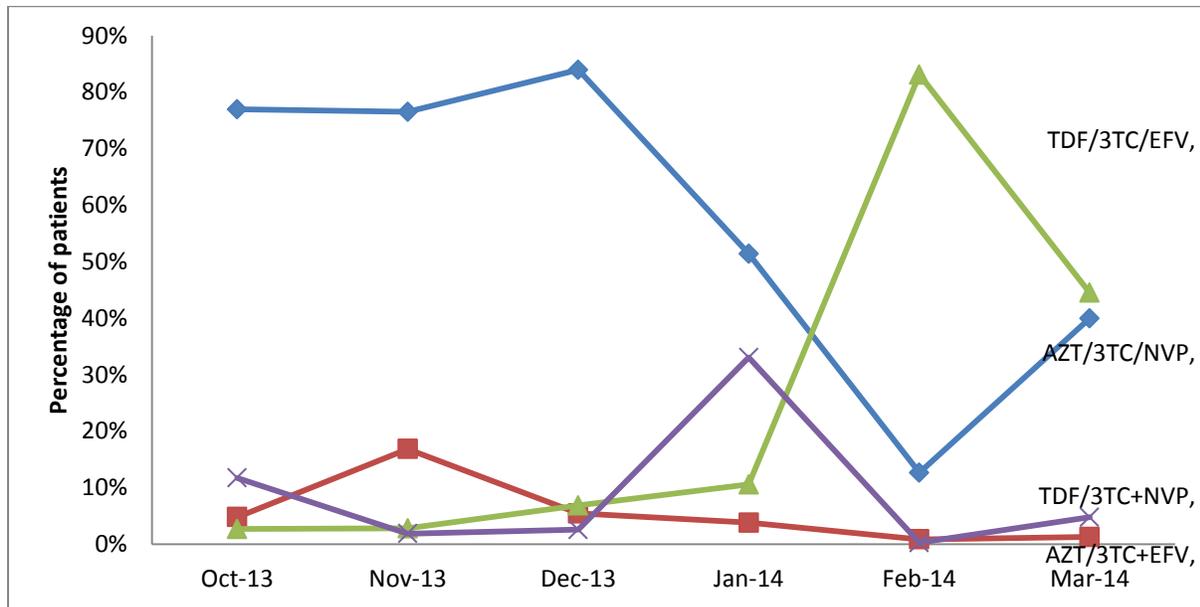


Figure 22. Trends of percentage of patients on adult first-line regimens in Adamawa, October 2013–March 2014

East Region

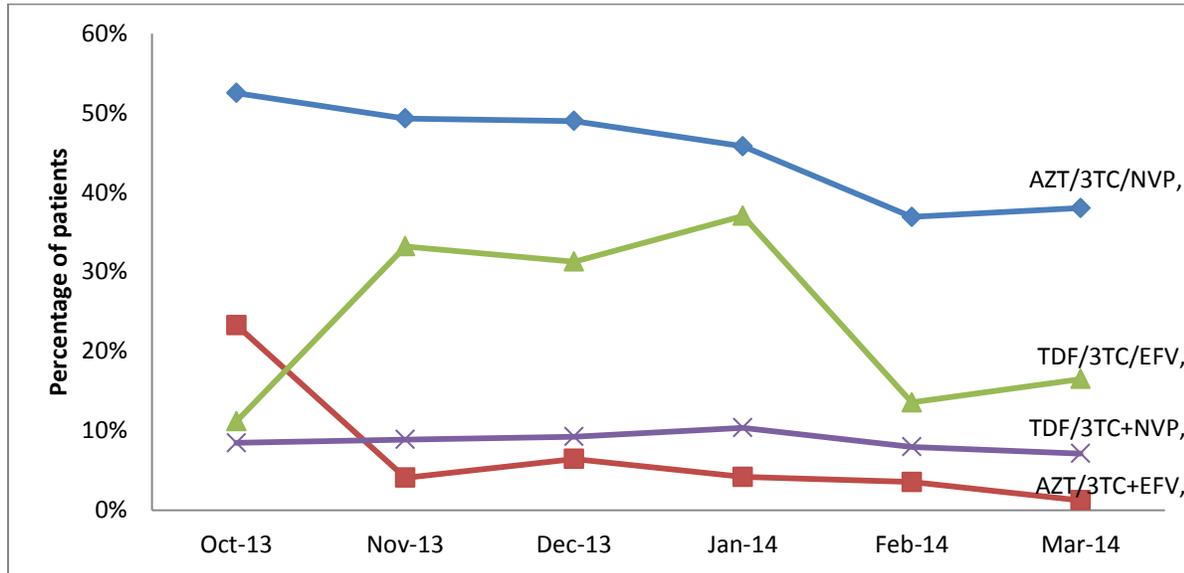


Figure 23. Trends of percentage of patients on adult first-line regimens in East, October 2013–March 2014

In the East region, AZT/3TC/NVP accounted for 50.26% and 40.23%, respectively, of first-line adult regimens on average in October–December 2013 and January–March 2014; as can be seen, this region did not suffer much from the AZT/3TC/NVP stock-out.

The consumption of TDF/3TC/EFV has been consistent from quarter 1 to February 2014, when a sharp drop is seen from 37.1% in January 2014 to 13.6% in February. This is a concern because that regimen has never been out of stock.

The consumption trends in figure 23 indicate that health care workers in this region adhered to national guidelines, especially in the months of November and December 2013, and January 2014.

Northwest Region

In the Northwest region, AZT/3TC/NVP accounted for on average 65.6% and 35%, respectively, of first-line adult regimens in October–December 2013 and January–March 2014.

AZT/3TC/NVP consumption dropped from 71.8% in December 2013 to 32.3% in January 2014 and to 12.3% in February 2014 as a result of a stock-out registered nationwide during that period. During that stock-out, consumption of TDF/3TC/EFV and TDF/3TC+NVP went up (34.2% and 47.8%, respectively) in February 2014.

It is worth noting that adherence to national guidelines by health care workers in this region is poor because consumption of tenofovir-based regimens is very low and rises only when there is shortage of AZT/3TC/NVP.

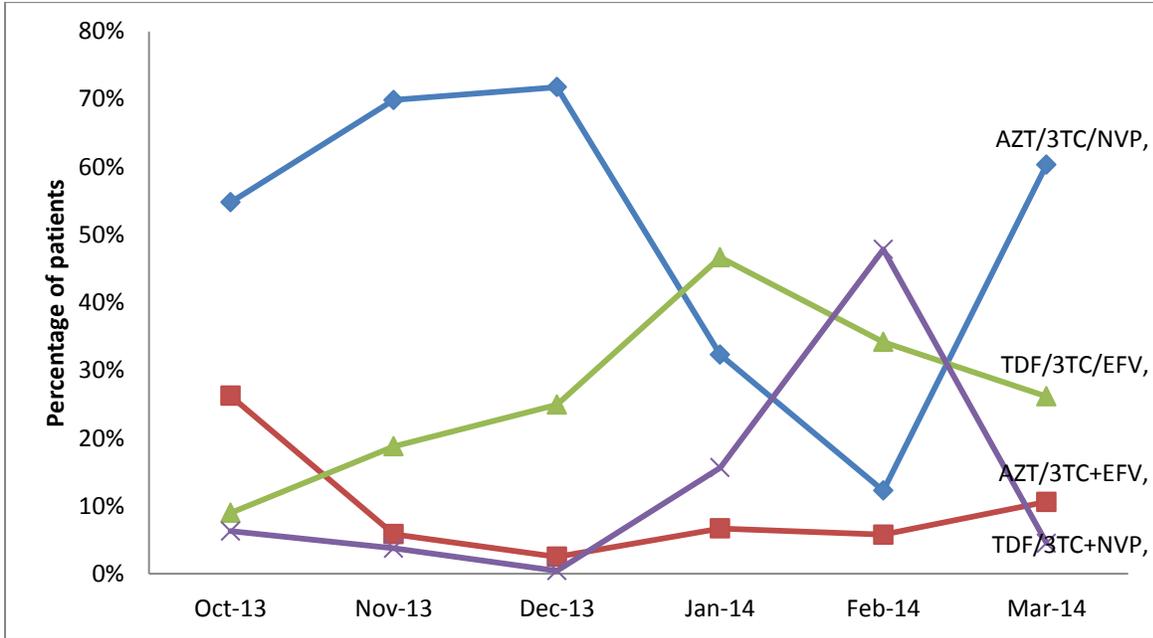


Figure 24. Trends of percentage of patients on adult first-line regimens Northwest, October 2013–March 2014

Southwest Region

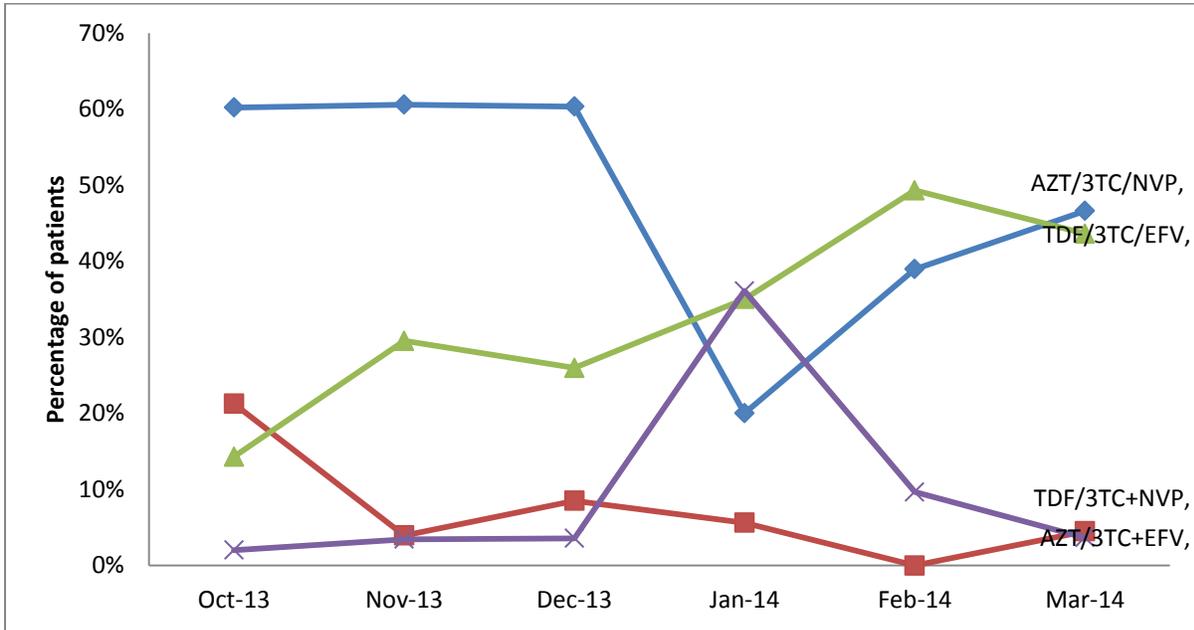


Figure 25. Trends of percentage of patients on adult first-line regimens Southwest, October 2013–March 2014

In the Southwest region, AZT/3TC/NVP and TDF/3TC/EFV consumption was consistent (on average 60% and 25%, respectively) in the October–December 2013 quarter. With the shortage of AZT/3TC/NVP nationwide in January 2014, some fluctuations occurred in the January–March 2014 quarter, and tenofovir-based regimens accounted for 64.5% of first-line adult treatments (42.5% TDF/3TC/EFV and 22% TDF/3TC+NVP against 34.5% for AZT/3TC/NVP).

SIAPS ACTIONS

During this time period, SIAPS staff—

- Trained storekeepers and pharmacy attendants in a few health facilities on the use of stock cards
- Provided dispensing registers to 100% of the targeted health facilities and to other health facilities in Cameroon to improve patient and commodity data entry at the point of service delivery to enhance the tracking of consumption patterns for ARVs
- Provided monthly reporting forms to 100% of its health facilities and 100% of other health facilities in Cameroon to improve availability of data at central level for decision making
- Mentored store keepers and data clerks in observing good storage practices and data management
- Ensured open communication between prescribers and pharmacy staff on regimen substitution in case of stock-outs and dissemination to health facilities
- Continued to provide feedback to heads of all supervised health facilities

RECOMMENDATIONS

- SIAPS should provide pallets, thermometers, or shelves and should continue to assist storekeepers and pharmacy attendants through support supervision for the improvement of commodity storage conditions.
- SIAPS should support quarterly and annual review meetings at regional level to improve commodities and data management.
- SIAPS should continue to support CNLS in harmonizing and disseminating standard tools at all health facilities.
- Management and reporting tools should be elaborated for HIV and AIDS laboratory commodities.
- CNLS with the support of SIAPS should ensure dispensing registers are available at all ART sites and are used daily to record consumption data.
- GTR/CNLS Centre should send dispensing registers to Hôpital Saint Luc de Mbalmayo as recommended in the distribution plan.
- CTA (Centre de Traitement Agréé) and UPEC (Unité de Prise en Charge) coordinators and pharmacists should follow up with store keepers and data clerks to ensure that reports are submitted to GTR before the fifth of the month following the reporting month.
- CNLS, with support from SIAPS, should provide feedback to heads of the Laquintinie Hospital Douala and other supervised facilities concerning timeliness and completeness of reports.
- CNLS should follow up the distribution of updated and recommended ART registers and others tools to ensure they are available and used in 100% of ART health facilities. Emphasis should be placed at Hôpital Laquintinie of Douala and the Central Hospital of Yaoundé, which record many patients.
- Central and Regional Medicine Stores should review the stock status of all commodities, especially AZT/3TC/NVP, and take all necessary precautionary action to avoid potential stock-outs.
- Communication on drug availability should be established and maintained by the central level to guide prescribing at health facilities.
- CAPRs should record and destroy expired HIV and AIDS commodities at CAPRs and health facilities.

- All health facilities should carry out a verification exercise to ensure that data submitted at RTG are accurate and consistent.
- Health facilities staff should allow data clerks better access to hospital laboratories and treatment registers to access data that will be used to compile monthly reports as required.
- Monitoring and Evaluation/RTG of the Littoral region should actively assist the data reporting clerk of Laquintinie Hospital and General Hospital to draft reports.
- Pharmacists should ensure the report named “Follow-up of ARV and drugs for opportunistic infections” is submitted by all health facilities.
- During support supervision, SIAPS/GTR staff should identify and train pharmacy attendants and data clerks lacking the skill required on drug and data management.
- Because of the erratic supply of ARVs and differing stock status at the regional, national, and facility levels, SIAPS should support the CNLS to implement a dashboard of HIV and AIDS commodities that enhances visibility of stock across the system and enables the CNLS to identify facilities at risk of stock-outs so that interventions can be implemented before a stock-out occurs.

ANNEXES

Annex A: Health Facilities Supervised in May and June 2014

Region	Facility name	Date of supervision	Supervisors	Organization/ Affiliation
Adamawa	GTR	April 26–May 16	Jean Dongang Dr Onana Ewane Dongmo Gustave	MSH/SIAPS Coordo GTR AD CUPSE GTR AD
	CAPR			
	CTA de Ngaoundéré			
	UPEC Tignere			
	UPEC Ngaoubela			
5		3		
East	GTR	April 27–May 16	Catherine Tadzong Dr Tchatchoua	MSH/SIAPS Coordo GTR East
	CAPR			
	Hôpital Régional de Bertoua			
	Hôpital de District d'Abong-Mbang			
	Hôpital de district de Batouri			
		2		
Centre	GTR	May 21, 2014	Yves Kaptue Dr Edimo Jean de Dieu	MSH/SIAPS GTC CNLS CUPSE GTR Centre
	CAPR	May 21, 2014		
	Hôpital Central de Yaoundé	May 22, 2014		
	Hôpital Général Yaoundé	May 23, 2014		
	Hôpital de la caisse	June 2, 2014		
	Foundation Chantal Mbya (FCB)	June 2, 2014		
	Hôpital de District de la Cité Verte	June 3, 2014		
	Hôpital Jamot de Yaoundé	June 3, 2014		
	Hôpital Militaire de Yaoundé	June 4, 2014		
	Hôpital St Luc de Mbalmayo	June 4, 2014		
	Hôpital de District de BAFIA	June 5, 2014		
11	May 21–June 5, 2014	3		
Littoral	GTR	May 18, 2014	Jean Dongang Dr Edimo MinkemDefo B.	MSH/SIAPS GTC CNLS CUPSE GTR Littoral
	CAPR	May 18–19, 2014		
	Hôpital Laquintinie	May 18–19, 2014		
	CMES d'Alucam	May 23, 2014		
	Hôpital de District de Nylon	May 21, 2014		
	CBC Mboppi	May 21, 2014		
	Hôpital Général de Douala	May 22, 2014		
	Hôpital de District de Bonassama	May 22, 2014		
	Hôpital CEBEC Bonabéri	May 23, 2014		
7	May 18–23, 2014	3		

*Pharmaceutical Management Information System: Support Supervision Report,
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Region	Facility name	Date of supervision	Supervisors	Organization/ Affiliation
Southwest	GTR Sud-Ouest	May 12, 2014	Yves Kaptue	MSH/SIAPS
	CAPR Sud-Ouest	May 12, 2014	Nguemne Ernest	GTC CNLS
	Hôpital Régional de Limbé	May 13, 2014	Mme Nana	CUPSE South West
	Hôpital de District de Kumba	May 15, 2014	Jean Dongang	MSH/SIAPS
	Baptist Hospital Muntengene	May 16, 2014		
	Hôpital de District de Buéa	May 14, 2014		
	Hôpital CDC de TIKO	May 16, 2014		
7	May 12–16, 2014	4		
Northwest	GTR	May 26, 2014	Yves Kaptue	MSH/SIAPS
	CAPR	May 26, 2014	Amanye	GTC CNLS
	Banso Baptist Hospital	May 29, 2014	Dr Arrey Charles	Coordo GTR NW
	Hôpital de Batibo	May 26, 2014		
	Hôpital Régional de Bamenda	May 27, 2014		
	Mbingo Baptist Hospital	May 27, 2014		
	Nkwen Baptist Hospital	May 28, 2014		
	Polyclinique de Mezam	May 28, 2014		
	Shisong Catholic Hospital	May 29, /2014		
9	May 26–29, 2014	3		

Annex B: Number of Patients Treated in the 34 Targeted Health Facilities from October 2013 to March 2014

Region	Health facilities	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Adamawa	CTA HR de Ngaoundéré	1310	1494	1513	1611	1651	1698
	Hôpital de District de Tignere	121	152	144	145	151	147
	Hôpital protestant de Ngaoubela	382	539	448	449	325	467
Subtotal		1813	2185	2105	2205	2127	2312
Centre	Hôpital Saint Luc de Mbalmayo	476	446	522	680	485	570
	Foundation Chantal Biya	936	936	945	953	968	973
	Hôpital Central de Yaoundé	7442	6478	7482	7579	7517	7612
	Hôpital de District de Bafia	960	1014	1007	961	958	870
	Hôpital de District de la Cité Verte	1103	1113	1098	1110	910	1037
	Hôpital de la caisse de Yaoundé	3805	3848	4092	3814	3713	3877
	Hôpital General de Yaoundé	1927	1803	1987	1883	1958	1861
	Hôpital Jamot de Yaoundé	2532	2172	2557	1257	1394	2082
Hôpital Militaire de Yaoundé	1735	1735	1735	1465	1494	1516	
Subtotal		20916	19545	21425	19702	19397	20398
East	HD d'Abong-Mbang	1002	1002	1036	933	846	978
	Hôpital de District de Batouri	623	634	592	599	263	714
	Hôpital Régional de Bertoua	2280	2164	2312	2620	1961	2496
Subtotal		3905	3800	3940	4152	3070	4188
Littoral	CBC Mboppi	2482	2485	2454	2620	1337	2734
	CBEC de Bonaberi	397	395	395	404	399	408
	CMES d'Alucam	263	278	278	263	253	284
	Hôpital de District de Bonassama	1955	1955	2053	2081	1584	1631
	Hôpital de District de Nylon	3512	3499	3480	3742	3343	3797
	Hôpital Général de Douala	2047	2047	2357	2016	1263	1920
	Hôpital Laquintinie	4170	4170	2972	3959	3700	2902
Subtotal		14826	14829	13989	15085	11879	13676
Northwest	Banso Baptist Hospital	1902	1932	1852	2022	2007	2055
	Hôpital de Batibo	540	556	513	561	518	536
	Hôpital Régional de Bamenda	4488	4383	4653	4571	4596	4448
	Mbingo Baptist Hospital	852	852	885	907	777	888
	Nkwen Baptist Hospital	1353	2456	2358	2478	1436	1974
	Polyclinique de Mezam	794	1246	1378	943	833	1436
	Shisong Cath Hospital	2283	2327	2392	2421	2569	2596
Subtotal		12212	13752	14031	13903	12736	13933

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Region	Health facilities	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Southwest	Hôpital de District de Buéa	1111	1111	1250	1205	1161	1307
	Hôpital de District de Kumba	2320	2320	2546	2550	2103	2207
	Baptist Hospital Mutenguene	2059	1895	2148	2185	2194	2184
	Hôpital CDC de Tiko	1110	1110	1069	1091	1029	1091
	Hôpital Régional de Limbé	2866	2839	3050	3096	2582	3042
Subtotal		9466	9275	10063	10127	9069	9831
Grand Total		63138	63386	65553	65174	58278	64338

NB: The number of persons treated in October, November, and December 2013 were updated using CNLS 2013 final report.

Annex C: Number of Absents from October 2013 to March 2014 in the 34 Targeted Health Facilities

Region	Health facilities	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Adamawa	CTA HR de Ngaoundéré	136	93	103	72	98	353
	Hôpital de District de Tignere	12	26	20	32	11	28
	Hôpital Protestant de Ngaoubela	56	66	29	0	0	111
Subtotal		204	185	152	104	109	492
Centre	Hôpital Saint Luc de Mbalmayo	84	100	114	60	92	73
	Foundation Chantal Biya	32	31	39	35	34	36
	Hôpital Central de Yaoundé	97	964	41	32	62	341
	Hôpital de District de Bafia	145	65	90	136	49	16
	Hôpital de District de la Cité Verte	3	11	31	15	251	297
	Hôpital de la caisse de Yaoundé	356	362	103	446	597	528
	Hôpital Général de Yaoundé	0	480	335	466	428	574
	Hopital Jamot de Yaoundé	1587	1615	1638	0	462	526
Hôpital Militaire de Yaoundé	8	0	0	1	4	3	
Subtotal		2312	3628	2391	1191	1979	2394
East	HD d'Abong-Mbang	184	174	186	173	392	239
	Hôpital de District de Batouri	71	76	0	131	0	26
	Hôpital Régional de Bertoua	107	ND	211	142	772	289
	CBC Mboppi	107	107	53	12	922	145
	CBEC de Bonaberi	34	35	111	41	35	34
	CMES d'Alucam	0	0	0	0	0	0
	Hôpital de District de Bonassama	188	476	96	11	0	0
	Hôpital de District de Nylon	864	631	759	0	55	309
	Hôpital Général de Douala	36	31	47	93	0	68
Hôpital Laquintinie	1512	2838	622	1678	2128	2927	
Subtotal		3103	4368	2085	2281	4304	4037
Northwest	Banso Baptist hospital	219	192	260	153	227	260
	Hôpital de Batibo	154	178	233	185	112	95
	Hôpital Régional de Bamenda	863	1115	815	918	946	1041
	Mbingo Baptist Hospital	35	25	53	45	167	100
	Nkwen Baptist Hospital	1213	165	341	207	1176	331
	Polyclinique de Mezam	703	179	66	460	570	595
	Shisong Cath Hospital	5	120	364	361	208	220
Subtotal		3192	1974	2132	2329	3406	2642
Southwest	Hôpital de District de Buéa	207	39	68	122	163	15
	Hôpital de District de Kumba	264	16	28	64	494	143
	Baptist Hospital Mutenguene	265	349	221	184	153	160
	Hopital CDC de Tiko	25	28	36	24	111	113
	Hôpital Régional de Limbé	53	47	ND	11	484	303
Subtotal		814	479	353	405	1405	734
Grand Total		9625	10634	7113	6310	11203	10299

Note: ND = No Data.

Annex D: Availability of Dispensing Registers Provided by SIAPS at Health Facilities

Region	Name of the health facility (HF)	Dispensing registers		Reporting tools	
		Number of dispensing registers provided	Number of dispensing registers received by the HF	Number of reporting tools provided	Number of reporting tools received by the HF
Adamawa	Hôpital Régional de Ngaoundéré	3	2	1	0
	Hôpital protestant de Ngaoubela	1	1	1	1
	Hôpital de District de Tignere	1	1	1	1
	Total	5	4	3	2
Centre	Hôpital Central de Yaoundé	12	7	1	0
	Hôpital Jamot de Yaoundé	4	2	1	2
	Hôpital de la caisse	7	4	1	1
	Hôpital Militaire	5	1	1	1
	Hôpital Général Yaoundé	3	-	1	0
	Hôpital de District de la Cité Verte	2	2	1	1
	Hôpital de District de Bafia	2	1	1	1
	Fondation Chantal Biya (FCB)	2	2	1	1
	Hôpital St Luc de Mbalmayo	1	-	1	0
Total	38	19	9	7	
East	Hôpital Régional de Bertoua	4	4	1	1
	HD d'Abong-Mbang	2	2	1	1
	Hôpital de District de Batouri	1	1	1	1
	Total	7	7	3	3
Littoral	Hôpital Laquintinie	7	6	1	1
	Hôpital de District de Nylon	5	1	1	0
	CBC Mboppi	4	4	1	1
	Hôpital Général de Douala	4	4	1	1
	Hôpital de District de Bonassama	4	4	1	1
	Hôpital CEBEC Bonabéri	1	3	1	1
	CMES d'Alucam	1	1	1	1
Total	26	23	7	6	

Region	Name of the health facility (HF)	Dispensing registers		Reporting tools	
		Number of dispensing registers provided	Number of dispensing registers received by the HF	Number of reporting tools provided	Number of reporting tools received by the HF
Northwest	Banso Baptist Hospital	4	8	1	1
	Hôpital de Batibo	1	3	1	1
	Hôpital Régional de Bamenda	8	1	1	1
	Mbingo Baptist Hospital	2	2	1	1
	Nkwen Baptist Hospital	4	2	1	1
	Polyclinique de Mezam	3	2	1	1
	Shisong Catholic Hospital	2	4	1	1
		24	22	7	7
Southwest	Hôpital Régional de Limbé	5	5	1	1
	Hôpital de District de Kumba	4	4	1	1
	Baptist Hospital Muntengene	4	2	1	1
	Hôpital de District de Buéa	2	2	1	1
	Hôpital CDC de TIKO	2	3	1	1
		17	16	5	5
Others HF *		64	64	103	103
	Grand Total	181	155	137	133

NB: Other dispensing registers and reporting tools were allocated to CNLS.

Annex E: Consumption Trends of the Two Preferred ARVs in the Targeted Health Facilities from October 2013 to March 2014

Region	Health facilities	AZT/3TC/NVP (300/150/200 mg)						TDF/3TC/EFV (300/300/600 mg)					
		Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Adamawa	CTA HR de Ngaoundéré	1000	1404	598	41	8	766	39	25	100	175	1317	430
	HD de Tignere	178	0	184	177	75.5	184	0	0	0	3	4	0
	HP Ngaoubela	400	400	378	0	0	0	210	91	127	413	51	108
	Subtotal Adamawa	1578	1804	1160	218	83.5	950	249	116	227	591	1372	538
Centre	HSt Luc Mbalmayo	140	290	190	240	72	93	0	224	192	248	138	224
	Foundation Chantal Biya				219	212	640				64	45	195
	HC de Yaoundé	632	279	0	4043	3047	2712	172	403	279	2712	2376	2808
	HD de Bafia	400	385	385	667	145	295	112	74	2	27	219	263
	HD de la Cité Verte	295	40	300	306	448	180	384	522	504	320	800	444
	H Caisse de Yaoundé	2251	2022	9	1435	752	200	847	950		1340	1256	1249
	HG de Yaoundé	690	684		615	643	711	406	610		727	814	726
	H Jamot de Yaoundé	1047	1137	719	0	746	1015	298	439	501	1737	448	477
	HM Yaoundé				0	0	0				328	653	1820
Subtotal Centre	5315	4547	1413	7285	5993	5753	2219	2998	1286	7255	6611	7982	
East	HR d'Abong-Mbang	571	656	484	315	481	480	96	144	0	260	0	250
	HD de Batouri	316	568	653	286	120	930	165	278	327	100	37	162
	HR de Bertoua	901	1835	1392	683	317	389	379	279	431	765	417	1179
Subtotal East	1788	3059	2529	1284	918	1799	640	701	758	1125	454	1591	

Region	Health facilities	AZT/3TC/NVP (300/150/200 mg)						TDF/3TC/EFV (300/300/600 mg)					
		Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Littoral	CBC Mboppi	1564	1557	1492	46	520	1120	140	737	334	720	507	757
	CEBEC de Bonaberi	0	0	0	0	9	124				28	92	127
	CMES d'Alucam	163	162	162	0	25	26	50	45	46	0	94	20
	HD de Bonassama	1214	1000	1174	149	732	313	435	351	491	903	505	977
	HD de Nylon	1602	1515	1543	0	3045	1169	1585	1450	1420	837	1029	1792
	HG Douala				189	677	490				616	571	577
	Hôpital Laquintinie	1589	1624	1495	630	92	816	657	835	1483	778	2604	2073
Subtotal Littoral		4568	4301	4374	968	4571	2814	2727	2681	3440	3134	4803	5439
North West	Banso Baptist hospital	1470	1028	0	0	0	1360	0	705	587	576	575	636
	Hôpital de Batibo	3479	3785	0	126	77	323	2432	2459		140	120	133
	HR Bamenda	2289	3251	2205	4	453	3140	360	669	506	2471	2343	1071
	Mbingo Baptist Hospital	455	542	363	0	305	295	0	269	285	254	196	81
	Nkwen Baptist Hospital	749	1581	1069	7	337	1513	2	737	395	1343	276	253
	Polyclinique de Mezam	246	835	484	17	0	994	17	422	306	512	278	100
	Shisong Cath Hospital	88	750	288	800	0	820	0	324	362	1784	422	410
Subtotal North West		8776	11772	4409	954	1172	8445	2811	5585	2441	7080	4210	2684
Southwest	HD Buea	456	661	509	0	448	752	154	358	160	461	449	506
	HD de Kumba	1097	705	460	288	1040	500	356	799	362	1155	423	503
	BH Mutenguene	0			0	160	580	0	0		808	1672	1470
	Hôpital CDC de Tiko	390	404	363	0	379	555	27	118	82	277	413	481
	Hôpital Régional de Limbé	1028	868	865	0	691	2103	226	954	976	1243	600	676
Subtotal Southwest		2971	2638	2197	288	2718	4490	763	2229	1580	3944	3557	3636
Grand Total		48725	55451	31649	21992	28794	45349	18195	27352	18410	43310	39194	41212

Annex F: Consumption Trends of the Five First-Line Products at the Regional Medical Stores (CAPR) from October 2013 to March 2014

CAPR	AZT/3TC/NVP (300/150/200 mg) cp B/60						TDF/3TC/EFV (300/300/600 mg)						AZT/3TC (300/150 mg) cp B/60					
	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Adamawa	2184	2888	1710	72	60	3000	550	700	244	1458	2384	2180	1280	170	700	1247	0	0
Centre	21360	15331	350	837	14017	2865	11771	20598	2270	18652	14646	1810	748	14369	3532	1352	55	24
East		4439	560	2318	66	3101	34	1735	2390	1471	29	3037	0	0	697	313	1233	82
Littoral	17281	12191	0	218	3521	4879	9694	6333	10529	9089	13211	1382	145	57	70	0	0	0
Northwest	4469	13058	9107	0	10820	3182	492	6672	12459	2129	5362	6130	1190	0	10530	0	2	0
Southwest	6355	8023	0	51	7308	5961	3336	4130	642	11246	4220	3780	0	3937	1621	1834	0	0
Grand total	51649	55930	11727	3496	35792	22988	25877	40168	28534	44045	39852	18319	3363	18533	17150	4746	1290	106

CAPR	EFV (600 mg)						TDF/3TC (300/300 mg)						NVP (200 mg)					
	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Adamawa	320	580	200	130	520	400	690	78	1119	141	760	700	452	0	1166	1319	1500	300
Centre	0	5556	948	1019	79	26	3629	11848	1490	24293	7926	1748	809	14102	3955	12406	6163	2789
East	11	0	667	330	0	1	1716	70	386	519	634	979	1130	25	322	297	1464	770
Littoral	0	2180	3137	1078	475	0	0	2041	7495	2579	7668	1906	130	1741	16387	208	9245	2178
Northwest	1623	60	7194	100	0	0	60	811	6796	3733	5013	1180	398	811	6796	3564	4114	260
Southwest	0	1134	410	915	194	797	395	1842	276	4940	2472	1920	282	3130	1516	4991	901	512
Total	1954	9510	12556	3572	1268	1224	6490	16690	17562	36205	24473	8433	3201	19809	30142	22785	23387	6809

Annex G: Availability (MoSoH) of ARVs and Medicines for OIs in the 34 Targeted Health Facilities the Day of the Visit

Health facilities	AZT/3TC/NVP (300/150/200 mg)	AZT/3TC (300/150 mg)	EFV (600 mg)	TDF/3TC/EFV (300/300/600 mg)	TDF/3TC (300/300 mg)	NVP (200 mg)	LPV/r 200/50 mg cp B/120	ATV/r 300/100 mg Cp B/30	AZT/3TC/NVP (60/30/50 mg -	LPV/r (80+20 mg/ml - Syrup) cp	Co-trimoxazole 960 mg cp B/100	Cot-rimoxazole 480 mg cp B/100	Co-trimoxazole 120 mg cp B/1000	Determine B/100	Oraquick B/100
	Months of stock on hand														
CTA Hôpital Régional de Ngaoundéré	0.3	0.0	1.7	0.0	0.0	0.8	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hôpital de District de Tignere	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hôpital protestant de Ngaoubela	0.7	0.0	3.1	0.0	0.0	9.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0
Hôpital Saint Luc de Mbalmayo	0.0	0.0	0.0	0.0	7.2	2.9	0.0	0.0	1.5	0.0	0.0	6.0	5.3	0.0	0.0
Foundation Chantal Biya	0.2	0.6	0.6	0.0	0.8	39.7	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0
Hôpital Central de Yaoundé	0.0	0.0	1.5	0.0	14.0	2.1	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0
Hôpital de District de Bafia	0.0	0.3	3.2	0.0	4.0	2.0	2.5	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0
Hôpital de District de la Cité Verte	5.2	2.0	0.0	0.0	8.7	24.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hôpital de la caisse de Yaoundé	0.1	0.1	6.6	0.0	0.0	0.7	2.2	0.0	0.3	0.6	0.0	0.0	0.0	0.0	0.0
Hôpital General de Yaoundé	0.0	0.3	0.9	0.0	2.5	10.2	1.4	2.7	0.3	1.5	26.1	17.9	0.0	0.0	0.0
Hôpital Jamot de Yaoundé	0.0	0.6	0.0	0.0	0.3	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hôpital Militaire de Yaoundé	0.0	0.0	0.0	0.0	0.3	1.9	0.4	0.0	29.1	0.0	1.1	0.0	0.0	0.0	0.0
Hôpital de District d'Abong-Mbang	0.4	0.3	0.0	0.0	0.6	1.7	0.0	0.0	0.6	0.0	2.0	1.2	0.0	0.4	0.0
Hôpital de District de Batouri	0.0	0.3	0.0	0.1	2.3	2.9	1.5	0.0	1.0	0.0	1.7	1.1	0.0	0.0	0.0
Hôpital Régional de Bertoua	0.0	0.0	0.9	0.0	0.0	0.0	29.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CBC Mboppi	0.0	0.0	0.5	0.0	0.0	0.1	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0
CEBEC de Bonaberi	0.0	0.2	0.9	0.0	0.6	0.6	0.0	0.0	0.0	0.0	0.0	57.4	0.0	0.0	0.0
CMES d'Alucam	14.9	0.6	4.7	0.0	3.2	3.3	3.0	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0
Hôpital de District de Bonassama	0.0	0.5	3.2	0.0	0.1	0.3	0.0	0.0	0.1	0.0	0.0	5.1	0.0	0.0	0.0
Hôpital de District de Nylon	0.1	0.5	0.0	0.0	1480	12.4	0.0	0.0	1.1	0.0	529	0.0	0.0	0.0	0.0
Hôpital Général de Douala	0.2	1.2	0.2	0.0	1.6	1.1	0.4	0.0	0.0	16.5	0.0	21.2	0.0	0.0	0.0

*Pharmaceutical Management Information System: Support Supervision Report,
January–March 2014, Cameroon*

Health facilities	AZT/3TC/NVP (300/150/200 mg)	AZT/3TC (300/150 mg)	EFV (600 mg)	TDF/3TC/EFV (300/300/600 mg)	TDF/3TC (300/300 mg)	NVP (200 mg)	LPV/r 200/50 mg cp B/120	ATV/r 300/100 mg Cp B/30	AZT/3TC/NVP (60/30/50 mg -	LPV/r (80+20 mg/ml - Syrup) cp	Co-trimoxazole 960 mg cp B/100	Cot-rimoxazole 480 mg cp B/100	Co-trimoxazole 120 mg cp B/1000	Determine B/100	Oraquick B/100
	Months of stock on hand														
Hôpital Laquintinie	0.0	0.0	0.2	0.0	1.5	0.9	0.0	0.0	0.0	5.7	0.0	7.8	3.5	0.0	0.0
Banso Baptist Hospital	0.0	0.0	1.5	0.0	0.9	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hôpital de Batibo	0.0	0.0	281	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hôpital Régional de Bamenda	0.0	0.1	4.8	0.0	0.0	0.0	0.1	0.0	0.0	0.0	11.6	0.0	0.0	0.0	0.0
Mbingo Baptist Hospital	0.0	0.0	0.4	0.0	0.3	1.0	1.4	1.0	0.5	0.0	0.0	0.9	0.0	0.0	0.0
Nkwen Baptist Hospital	0.0	0.0	0.0	0.0	0.0	0.3	1.3	4.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Polyclinique de Mezam	0.0	0.0	826	0.0	0.0	0.5	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Shisong Cath Hospital	0.0	0.0	26.7	0.0	1.1	1.3	0.8	0.0	0.0	2.0	0.0	0.0	1.9	0.0	0.0
Hôpital de District de Buéa	0.0	0.5	0.1	0.0	1.0	4.7	3.3	0.0	3.8	3.0	0.0	0.0	7.2	0.0	0.0
Hôpital de District de Kumba	0.0	0.0	0.0	0.0	0.2	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Baptist Hospital Mutenguene	0.0	0.1	0.1	0.0	0.9	0.7	0.5	2.2	0.3	0.3	0.0	0.0	0.0	0.0	0.0
Hôpital CDC de Tiko	0.3	0.0	0.0	0.0	0.7	1.5	3.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0
Hôpital Régional de Limbé	0.0	5.1	0.5	0.0	0.6	0.6	1.3	0.0	1.3	0.0	0.0	0.0	0.0	0.0	0.0