

In Namibia: Incorporating community home-based care into the national pharmaceutical supply system

By designing a sustainable community home-based care (CHBC) supply logistics system, SCMS helped transform the CHBC supply chain's parallel structure into an efficient and integrated national pharmaceutical supply chain system.

Home-based care services, which provide treatment to patients in the community and home setting, require medical kits, designed for home use. A strong and sustainable delivery system is essential to provide quality CHBC that meets the needs of a large HIV/AIDS population and other chronically ill patients.

Through USAID, SCMS began providing support to the Ministry of Health and Social Services (MoHSS)/Primary Health Care (PHC) Directorate in November 2007, with focus on strengthening the CHBC kit logistics system. To reduce costs, SCMS helped redesign Namibia's CHBC system to eliminate a parallel system that unnecessarily duplicated effort.

Home-based care in Namibia

In 2006, SCMS's first project year, the ratio of doctors to population was 0.30 per 1000. As of 2009, the number of people living with HIV/AIDS in Namibia was 180,000, at a prevalence of 13.1 percent. This shortage of doctors con-

tributed to the year's 6,700 HIV-related deaths and 70,000 orphaned children. With high HIV prevalence and over-stretched health systems, Namibia relies on its CHBC system to fill the gap and reach patients beyond the hospital.

Namibia began implementing an antiretroviral therapy program through the public sector in 2003, and has since rolled out the program to over 35 health facilities. In collaboration with MoHSS, USAID, CDC and the Global Fund, SCMS provides supply chain technical assistance to these facilities. With 80,300 individuals on antiretroviral (ARV) treatment in 2010, and a projected 125,607 in need of treatment in 2011/2012, the importance of CHBC has continued to grow.



Standardized HBC kits include basic medicines and essentials for personal hygiene.

Redesigning CHBC logistics

Home-based care for HIV/AIDS treatment depends on a standard HBC kit, which must be procured and constantly replenished. In turn, HBC kit availability depends on the coordination of stakeholders along the supply chain, Namibia's former CHBC supply logistics system, implemented parallel to the national pharmaceutical supply chain, was hampered by gaps and inefficiency in the supply chain.

In 2007 USAID commissioned SCMS to help improve access to CHBC in Namibia. After first approaching the MoHSS/PHC Directorate, SCMS assessed the existing CHBC system to define current weaknesses and supply chain gaps. Implementing institutions used SCMS's findings to collaboratively redesign the system. Stakeholders – i.e. those responsible for procurement, distribution, dispensing of required products and supportive services – were able to buy-in during the early stages of the process, which became a key element to its success. With these preliminary initiatives in place, logistics experts began strengthening the efficiency of the CHBC supply chain.

SCMS's role

SCMS worked with stakeholders to define a standard and cost-effective package of products for caregivers and patients – in essence, helping design a more sustainable CHBC kit. SCMS assisted in harmonizing the new list of kit products with the Namibia Essential Medicines List, and helped revise the CHBC caregivers' guidelines to include product and logistics management components. Along with sustainable product selection, SCMS helped conduct a logistics system design workshop involving all stakeholders. This workshop facilitated development of standard operating procedures to build cohesion within the logistics system.

This supply chain intervention has restructured CHBC in Namibia. SCMS helped eliminate the parallel CHBC logistics system and integrate it into the national pharmaceutical supply chain, hence a sustainable CHBC kit replenishment mechanism to ensure continuity of caretakers' supply.

Lessons learned

When designing sustainable CHBC programs, HIV/AIDS programs should bear in mind the following:

- **Benefits of standardized kits:** Standardized CHBC kits help provide a reliable supply and reduce costs. With products aligned to national essential medicines

lists, kits are more easily replenished, use established processes, and consistently meet the needs of caregivers, patients and the community.

- **Stakeholder Involvement:** Stakeholder involvement in beginning stages of design helps ensure buy-in during the project's implementation phase. Early buy-in builds sustainable supply and system strength.
- **CHBC System Integration:** Integrating the CHBC system with the national system ensures financial security for commodities, optimizes available resources, creates sustainability and maximizes patient impact. Joining all levels of the healthcare system allows open channels for delivering ARVs and other essential medicines. Existing staff may receive in-service training to further strengthen all branches of the HIV/AIDS supply chain.

Namibia's CHBC kit supply system was successfully integrated into the national pharmaceutical supply chain, and eliminated the existing parallel system. Though still in its early days, the new system has reduced labor and costs, and ensured replenishment of supplies at all health facilities. Since implementation, there have been no reported stock-outs of CHBC supplies. Through logistics design support, SCMS has helped strengthen the capacity of families, communities and institutions to deliver safe and quality home-based care services.

ABOUT SCMS

The Supply Chain Management System (SCMS) was established to collaborate within country and global partners to ensure a reliable, cost-effective and secure supply of high quality medicines and health products for HIV/AIDS prevention, care and treatment. SCMS is funded as part of the President's Emergency Plan for AIDS Relief. Visit us at www.scms.pfscm.org.

The author's views expressed in this publication do not necessarily reflect the views of the US Agency for International Development or the United States government.

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