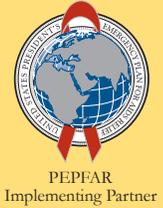


# SCMS

## IN BRIEF



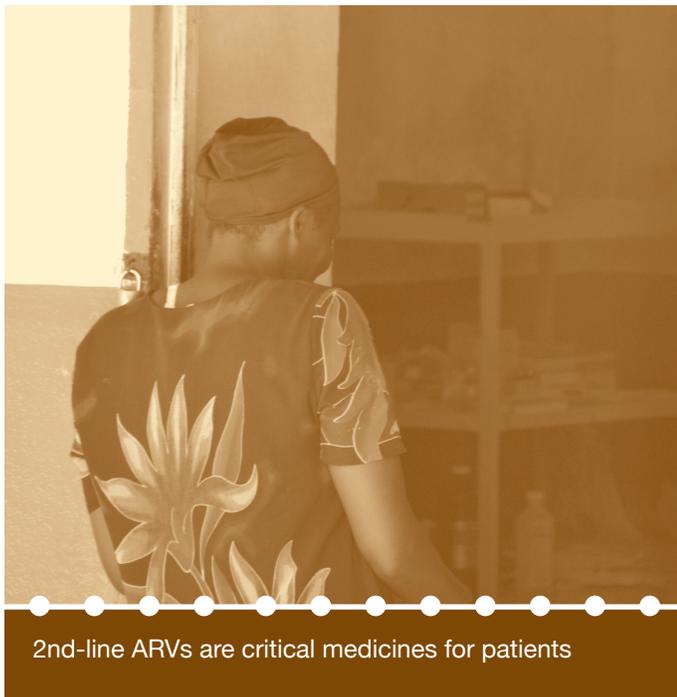
## In Zimbabwe, responding to emergency need for 2nd line adult ARVs

### Background: SCMS provides 1st line adult ARVs

Since 2007, USAID/Zimbabwe, through SCMS, has been providing 1st line ARVs for adult patients in Zimbabwe. Initial funding covered 40,000 patients, formerly financed by the Government of Zimbabwe (GOZ) but assumed by USG during the Zimbabwe dollar decline.

In order to help the GOZ to achieve its goal of putting more patients on antiretroviral treatment (ART), USG funding has increased substantially over the past few years, most recently as shown in the table below:

| Year    | Number of patient treatments supported by USG |
|---------|---|
| FY 2011 | 64,000  |
| FY2012  | 80,000  |
| FY2013  | 140,000                                       |
| FY2014  | 160,000 (expected)                            |



2nd-line ARVs are critical medicines for patients

USAID/Zimbabwe, through SCMS, currently provides a total of \$20,336,000 in funding for HIV/AIDS commodities.

While SCMS is a historical supplier of 1st line ARVs, 2nd line medicines are provided by GOZ through the National AIDS Council (NAC), Global Fund, and until recently CHAI/UNITAID.

### Changing treatment regimens in Zimbabwe

In 2012 GOZ changed its preferred 2nd line Protease Inhibitor (PI) from Lopinavir/Ritonavir to Atazanavir/Ritonavir, and all MOHCW partners who provide ARVs adjusted and implemented their procurement plans to account for this change. When planning these shipments, the Ministry of Health and Child Welfare (MOHCW) quantification and supply planning team assumed that 95 percent of patients would tolerate the new product. By late 2012, however, it became clear that this was not the case; more



Cartons of SCMS-procured 2nd line ARV medicines

patients, particularly those on TB treatment, faced medical interactions between Rifampicin and Atazanavir/Ritonavir, and needed to stay on a Lopinavir/Ritonavir regimen.

## Addressing a pending shortage of 2nd line ARVs

In 2013, Zimbabwe faced a pending shortfall of 2nd line ARVs, due to the fact that the international donors who normally purchase and supply 2nd line ARVs to the MOHCW had already made funding commitments for 2013 and ordered the corresponding products in 2012. Since potential emergency orders from these donors would entail significant lead times, MOHCW approached USAID for an urgent

procurement of Lopinavir/Ritonavir (Aluvia 200/50mg 120tabs) to ensure availability of 2nd line ARVs. This was in the form of two requests: one in early-January 2013 for 1,573 bottles and a second in mid-February 2013 for 2,390 bottles.

After obtaining USAID approval to respond to these emergency requests, SCMS placed the orders for Lopinavir/Ritonavir. Relying on existing stocks of Aluvia at the SCMS Ghana Regional Distribution Center (RDC), SCMS was able to provide the product when it was needed: the January order was received in early March 2013, and the February order in early April 2013. This reflects a total lead time (order fulfillment time) of only two months.

Overall, the ability to fulfill these emergency requests resulted from several key factors: SCMS's reliability to supply product, MOHCW's timely data analysis and communication, SCMS's timely response and SCMS's pre-positioned product at the RDCs. These best practices resulted in product availability when and where it was needed to maintain uninterrupted treatment for patients.

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### 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](http://www.scms.pfscm.org).

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