DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

Date

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From

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Subject

Foreign Trip Report (AID/RSSA): Egypt, August 12-September 1, 1981

To

William H. Foege, M.D.
Director, Centers for Disease Control
Through: Horace G. Ogden
Director, CHPE

SUMMARY
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SUMMARY

This was a joint consultancy with Dr. Timothy Warner who was supported by the American Public Health Association. The purposes were (1) to determine the quantities of contraceptives on hand, use levels of the different types and brands used to project future needs for the next 5 years, and (2) to evaluate the distribution system for contraceptives, and recommend improvements. In addition to interviewing various officials with the GOE, international agencies, and voluntary agencies in Cairo, field trips were made to Assuit, Ismailia, and Fayuum Governorates. Dr. Warner took the lead in the first purpose of the consultancy, and I took the lead in the second. This report covers the second purpose; a separate report on the first purpose is being prepared by Dr. Warner.

The Egyptian Family Planning Program manages approximately 20 different types and brands of contraceptives through government-owned manufacturing and distributing corporations and the Ministry of Health (MOH). Control of the commodities remains with the corporations to governorate level, where they are provided to MOH outlets, voluntary agencies, or private pharmacies. The program pays the corporation for their services, but the amount paid is not commensurate with the costs of manufacturing and distribution. The contraceptives are sold through all outlets, and the gross profit from these sales is used for profit in the private sector and incentives to employees in the public sector. The contraceptives are sold through all outlets at subsidized prices. The quantities provided to MOH outlets are governed by sales, i.e., it is a replacement system. Although there are provisions for increasing base supply levels, the system is cumbersome and slow to react. The program has a policy for stock levels to be maintained at warehouse storerooms and outlets, but the quantities recommended were not being maintained at the locations visited. The distributor moves contraceptives to its governorate warehouses using its own trucks, but transportation from these

warehouses to outlets is on an ad hoc basis; usually personnel from the outlets pick up their supplies and move them on public transportation. Some experiments are being conducted to test the feasibility of transporting these supplies with MOH vehicles.

We recommended that the supply system be formalized with provisions for first-in, first-out management, stock levels to be maintained, transportation, and requisition/allocation systems. The system should be documented by preparing a supply manual, and supply personnel should be properly trained. A senior official with logistics experience should be appointed and given the responsibility and authority to operate the supply system. The program should fully compensate the corporations for the manufacturing and distribution functions. Contraceptives should be labeled with manufacturing dates. Stock levels to be maintained should be separated from money collected so that adequate supplies can be maintained at all levels.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

A. Cairo, August 12-September 1, 1981
B. Fayuum Governorate, August 17, 1981
C. Assuit Governorate, August 26, 1981 (Graves)
D. Ismailia Governorate, August 26, 1981 (Warner)

This trip was made at the request of the Population and Family Planning Board, Government of Egypt; the Division of Health and Population, USAID/Cairo; and the Family Planning Services Division (FPSD), AID/Washington. It was a joint consultancy with Dr. Timothy Warner, Professor of Management, York University, Toronto, Canada, who was supported through the American Public Health Association's agreement with AID/FPSD. The purposes of the trip were:

(1) Based on available data and field visits, assess current in-country supply of major contraceptive commodities (pills, condoms, IUDs).
(2) Provide method-specific projections for the period 1982-1986, taking into consideration evolving contraceptive mix and program plans and strategies.
(3) Explain the methodology and assumptions underlying the method-specific projections.
(4) Assess the quality/limitations of the data sources used in making projections of requirements.
(5) Identify major contraceptive supply and logistics system constraints that may affect the provision of contraceptive commodities to users.
(6) Assess local production capacity vis-a-vis potential demand for supplies.
(7) Prepare standard AID Contraceptive Procurement Tables for oral contraceptives and condoms to facilitate future year program planning and budget preparation.
(8) Prepare a preliminary report prior to departure and brief officials of the MOH, Population and Family Planning Board, and Egyptian Pharmaceutical Trading Company regarding major findings of assignment.

Although we both worked on all phases of this scope of work, Dr. Warner took the lead on those items related to present inventory levels and forecasting contraceptive needs. Mr. Graves emphasized those items related to the supply system and its problems. This report covers the supply system. A separate report on contraceptive needs will be submitted by Mr. Warner. A preliminary draft covering the recommendations and stock position was prepared before leaving Cairo, and copies were left with the USAID/H/POP Office. In addition, separate verbal briefings were held with top officials in the Population and Family Planning Board and USAID/Cairo before our departure.

II. PRINCIPAL CONTACTS

A. Government of Egypt (GOE)

1. Population and Family Planning Board (PFPB)
   (a) Dr. Aziz Bindary, Chairman
   (b) Dr. Mustafa El-Sammaa, Deputy Chairman
   (c) Mr. Abdel Fattah, In-Charge, Population and Development Project (PDP)
   (d) Dr. Absalem, PDP Coordinator, Fayuum Governorate

2. Ministry of Health (MOH)
   (a) Dr. Helmy Bermawi, Coordinator of Foreign Aid to the Family Planning Program
   (b) Dr. Asim, Director General, Fayuum Governorate
   (c) Dr. Rashid, Director General, Assuit Governorate
   (d) Dr. Mounir, Health Director, Assuit District
   (e) Dr. Afaf Azmi, Manager, MOH Central Stores Assuit Governorate
   (f) Dr. Ragaa Helmy, Deputy Director, MOH Central Stores, Assuit Governorate
   (g) Dr. Maibel Sadek and Dr. Samya Wisa, Physicians, East Assuit MCH Center

3. Egyptian Pharmaceutical Trading Company (EPTC)
   (a) Dr. Sami Hafez, President, Planning Sector
   (b) Dr. Magar, Manager, EPTC Regional Warehouse, Assuit Governorate
   (c) Dr. Nemr, Manager, EPTC Branch Warehouse, Assuit Governorate
   (d) Dr. Hosni, Warehouse Manager, EPTC Central Warehouse

4. The Nile Company for Pharmaceuticals
   (a) Dr. Safaa Hussein, Production Manager
   (b) Dr. Mustaffa Afifi, Marketing Manager

5. El Gomhouria Pharmaceutical Company
   (a) Dr. H.A. El-Borollossi, Commercial Manager

6. Chemical Industries Development (CID) Company
   (a) Dr. Ahmed Aly Abul Enein, President

B. United Nations Fund for Population Activities
   1. Mr. Hamid Fahmy, Regional Coordinator in the Arab Republic of Egypt

C. Wyeth International, Ltd.
   1. Dr. M. Atef Dessouki, Technical Coordinator

D. Schering Drug Company
   1. Dr. Magid, Representative for Egypt

E. Families of the Future (FOF)
1. Mr. Effat Ramadan, Director

F. USAID/Cairo
1. Donald S. Brown, Mission Director
2. Owen Cylke, Deputy Mission Director
3. E. Kyes McManus, Assistant Director, Human Resources and Development Cooperation (HRDC)
4. William Oldham, M.D., Chief, Office of Health (HRDC)
5. Laura Slobey, Acting Chief, Office of Population (HRDC)
6. William Steckel, Program Officer
7. Dr. Fayek Michael Todary, Program Assistant, HRDC

III. DESCRIPTION OF THE SUPPLY SYSTEM FOR CONTRACEPTIVES

The commodities being managed by the system include several brands of oral contraceptives, condoms, IUDs, foaming spermicidal tablets, diaphragms, and a number of different brands of foams, creams, and jellies. With the exception of orals, all products are imported. Orals are tabletized and packaged locally by CID, the Nile Company, and Kahira Co. from imported raw materials. Condoms, foaming tablets, and IUDs for the FOF Program are repackaged under local brand names by FOF. In addition, two brands of microdose orals are produced by the Nile Company (Nordette, Wyeth) and CID (Microvlar, Schering) for distribution through the private sector. Funds for the purchase of these materials are provided by AID, UNFPA, and the Government of Egypt (GOE). The PFPB prepares forecasts of the needs of the family planning program and purchasing, importation and port clearance of all materials is done by El Gomhouria Company. After importation, finished products are moved directly to EPTC, and raw materials for orals are delivered to the appropriate manufacturer. Production schedules for orals are prepared by a committee composed of members from PFPB, EPTC, MOH, Nile, and CID; the finished product is then either moved to EPTC or sold through the distribution networks of Nile and CID. Private pharmacies may purchase orals from Nile, CID and/or EPTC; all products for the family planning program move through EPTC. The EPTC manages 41 warehouses; five central (two in Cairo, one each in Monsura, Asyut, and Zagazig); one port (in Alexandria); and 35 branches (one or more in each governorate). The company provides 4,000 different items of drugs and medical supplies with an annual volume of LE 160,000,000 (U.S. $140,000,000) to pharmacies and medical establishments in Egypt.

From its central stores in Cairo, the EPTC distributes contraceptive products directly to outlets in Cairo and Giza Governments. Products to be distributed outside the Cairo metropolitan area are shipped to regional and/or branch stores. These stores sell contraceptives to voluntary agencies and pharmacies for distribution through private channels and deliver them to the MOH governorate stores for use in the family planning program. MOH governorate stores may provide the contraceptives directly to outlets or, in some cases, move them through an MOH district store from which they are distributed to outlets. Transportation from EPTC branches and/or regions to the MOH governorate stores is provided by EPTC. Transportation to some outlets is provided by the District Health Office while other outlets must travel to the district or governorate store to pick up and transport supplies using their own or public transportation.

No special packaging is used for program supplies. Orals are provided to all outlets as individual strips of 21 tablets or in boxes of 50 or 100 strips. The microdose orals sold through pharmacies are packed in cardboard sleeves. No date of manufacture or expiration is printed on any package.

All program contraceptives are sold to users at the same price through all outlets. Orals sell for LE .05 per strip and condoms for LE .05 for 3 pieces; the microdose orals sell for LE .32 per strip. Items are discounted to pharmacies at 30 percent. The money collected by MOH outlets is deposited in the bank, and the deposit receipt is used to purchase new supplies. This money is then used in an incentive scheme which will be described later. The PFPB pays the manufacturer LE .03 per strip for tabletizing and packaging, and they pay EPTC LE .005 per strip to cover delivery costs. The actual cost of manufacture and delivery is more than this; the manufacturers and EPTC absorb the losses.

The manufacturing and distributing companies are all government-owned corporations, although their operation is similar to private sector companies. Their profits are used for expansion, bonuses to employees, and for deposit in the general fund of the GOE.

At the present time, only Nile and CID are producing orals; the brand produced by Kahira is declining in the market and will probably be phased out of the program. The brands produced by the Nile Company (except Nordette) are also declining, and it is estimated that CID products account for more than 90 percent of the orals being consumed. Also, it is estimated that 40 percent of all contraceptives move through pharmacies and 60 percent through the family planning program. This represents a substantial increase in sales through pharmacies over the past few years, and it is continuing to grow.

Program policy is to maintain 3 month's supply of contraceptives in program outlets. This quantity is placed on consignment. Stocks are to be replenished monthly using the money collected from sales. As the program grows, the base amount of consigned stock can be increased by the outlet by making a written request to PFPB. Contraceptives up to a value of LE 20 can be placed on consignment in pharmacies.

In the past, condoms were distributed to shops, street vendors, kiosks, and other nonmedical outlets by Gomhouria. This practice is no longer followed, and all program condoms move through EPTC's system.

At higher level storage facilities, program policy is to maintain 6 month's supply in MOH governorate warehouses, and EPTC policy is to maintain 3 month's supply in branches and regions, and 3 to 6 month's supply in the central warehouse.

The supply system is basically a "pull" system--that is, stocks for replenishment are provided to each program level based on their requisitions. From time to time, new products or products in excessive supply will be "pushed" down the system by allocation.

The incentive system used by the program is designed to encourage field level personnel to promote family planning. The money used in the system comes from

the sales of contraceptives. After deducting an amount (approximately 10 percent) for taxes, the money collected from the sale of contraceptives is returned to the governorate for distribution to clinic personnel. The amount is based on sales and goal achievement. The governorate deducts 10 percent as bonuses for administrative personnel, and the remainder is distributed to clinic personnel. The amount distributed to a clinic is based on performance in the family planning clinics and other measures, such as the appearance of the clinic. Doctors receive 40 to 45 percent of the incentive money, and the rest is distributed to other clinic employees. The amount of the incentive in any clinic is variable. For example, in Ismailia incentives paid for the period November 1, 1980, to March 31, 1981 (5 months), varied from LE 182 to LE 5, the median being LE 23, or about LE 5 per month. The lag time for payment of the incentives varies from about 6 months to a year.

IV. PROBLEMS IDENTIFIED

The goal of any logistics system is to insure that sufficient stocks of all commodities supplied by the program are available in the outlets to meet client demand. This should be done in the most efficient way possible to avoid imbalances in the supply system to prevent products from becoming unattractive and shopworn, and to insure that the expiration dates of the products are not reached before they can be used. This is an enormous task for a program as large as the Egyptian Family Planning Program. When one considers that the program manages some 20 different products for distribution to 8,167 outlets (3,764 family planning units and 4,463 pharmacies), and that more than a dozen agencies are involved in the process with little or no authority existing between agencies, there can be no doubt that serious problems will arise. We have attempted to identify some of these problems and their causes.

1. During our mission, we visited several program locations and collected data on inventories and issues of three of the most popular products managed by the system. Table 1 shows the number of month's supply available each month during 1981 for the locations visited in Assuit. This table shows that the locations checked were seldom in compliance with program or EPTC policy, with some items being overstocked and some being understocked. Questions might be asked as to why the EPTC Branch in Assuit had run out of Anovlar and Primovlar in August when the Regional Store had 17 and 19 month's supply of these items available. We were told that it is the policy in Assuit for the Region to issue contraceptives to the MOH and voluntary agencies, and for the branch to issue those commodities to pharmacies. Both receive their supplies from the central warehouse in Cairo. Also, the MOH governorate store ran out of Primovlar in May and ran out of condoms in June when there were adequate stocks in the regional warehouse. Note also that the MCH center we visited was consistently overstocked with the two brands of orals.

   We do not know to what extent this type of stock imbalance exists throughout the country. We found similar instances of over- and under-supply at other places we visited, and we were told by program officials that other locations experienced similar problems, suggesting that the problem is widespread. The seriousness of this

problem is intensified by the shortage of Primovlar and Anovlar at the central warehouse. At the present time, manufacturing of these two products is a "hand-to-mouth" operation with stocks being shipped to the field almost immediately after the manufacturing process. In 1981, EPTC has never been able to hold as much as a month's supply of Anovlar in central storage (see Table 2). However, the stock positions for Primovlar have improved, and there is now 4 month's supplies on hand.

2. Manufacturing and distribution personnel also informed us that their costs for serving the family planning program exceeded the amount paid to them by the program. This is particularly true for the manufacturers. The result is that, although these agencies cooperate with the family planning program, it is done with little enthusiasm. One gets a strong feeling that stocks of family planning supplies may be allowed to be depleted, even though they are easily available from a nearby supplier, because personnel are busy with items from which they receive more profit. It must be remembered that employees of these companies are paid annual bonuses based on profits.

3. Program managers feel that the main reason for maldistribution of supplies at outlet levels is lack of transport for movement within the MOH system (i.e., levels below the EPTC branches and/or regions). At the present time, an ad hoc system exists with different governorates employing different means to distribute contraceptive supplies. In three districts in Assuit, program officials are experimenting with direct delivery. An MOH van stocked with contraceptives travels to all clinics every month to bring their stocks up to recommended levels (see Appendix 1). We were told that the system works quite well, and the driver is able to resupply 33 clinics in 2 weeks time.

4. Strips of orals do not have the manufacturing or expiration date stamped on them. There is a lot number stamped on the packages, but only the manufacturer has the information as to when any lot was manufactured. In addition, raw materials for some brands of orals are in surplus supply, and only the manufacturer knows the age of the raw materials that were used for a given lot. It is, therefore, very difficult for the distribution system to practice FIFO (first-in, first-out) inventory management. We suspect that a large number of cycles of orals in low demand may be approaching (or past) their expiration date.

5. Since resupply is tied to money collected, some clinics have experienced low stock levels. Failure to present proper receipts also exacerbates this problem. In addition, requests for increasing base quantities (due to increased sales) have been processed slowly. In Fayuum, we were shown letters where an increase was requested, and the reply was received 4 months later.

6. The program seems to have an oversupply of spermicidal foams, creams, and jellies. We were told that these products are seldom used, and

many of them are nearing (perhaps some are past) their expiration dates. For example, we saw considerable quantities of Delfen Foam with an October 1981 expiration date. We did not examine the status of these materials in detail because they make up a very small proportion of the items used.

7. Condoms seem to be managed on an ad hoc basis. Recently, there was a shortage of condoms which was subsequently corrected, but condoms are still not available in Cairo pharmacies in very large quantities. In the past, special distributors were used to sell condoms to shops, street vendors, etc., but this is no longer done. Vendors now buy their supplies through pharmacies. However, the recent increase in the price of condoms (they are now sold to pharmacies at 3 for LE .035, formerly they were LE .60 per 144) could have a deliterious effect on this type of distribution.

V. RECOMMENDATIONS

1. It is difficult to identify any single reason for stock imbalances. These could be related to shortages of certain items and oversupply of others. In the past, pills might be shipped down the system without regard to brand; this is no longer done as the program is seriously attempting to respect requests by brand. Since users might not (and were told that they will not) accept any brand except the one they are using, this results in stock imbalances. Another contributor to this problem could be that managers of storerooms do not understand the program's policy regarding quantities to be stocked. Also, transportation and other resupply problems can add to the problem of over- and under-supply.

   The program should assign a person to be in charge of coordinating the supply system. One of this person's duties would be to constantly search for discrepancies between practice and policy. It would also be helpful if a supply management manual were produced for the different levels of the program so that supply personnel could understand their responsibilities.

   In order to remedy the present shortage of certain popular contraceptives, we recommend that the program adopt a maximum-minimum system of stocking contraceptives at all levels. All locations should be instructed to maintain not more than "X" month's supply and not less than "Y" month's supply. In this type of system, the resupply interval is the difference in X and Y. For example, if a clinic is instructed to maintain not more than 6 month's supply (maximum) and not less than 3 month's supply (minimum), then they would need to be resupplied once a quarter or every 3 months. If the rate of offtake increases, then the 3 month's minimum would be enough to assure sufficient quantities on hand until adjustments in the stock levels could be made. A month's supply is usually defined as the average offtake for the most recent 6 months; this might vary for new products, but should be reasonably stable for products that have been in the system for a year or more.

Once the system has been designed and documented with a supply manual, training should be provided to storekeepers and supervisors at all program levels.

2. The program should consider some way to properly compensate the manufactures and distributors of contraceptives for their efforts. Although we were impressed with the willingness of those we interviewed to continue to serve the program, it was also clear that they could not enthusiastically do so at the expense of neglecting those phases of their operations that were profitable.

3. A number of suggestions were made for relieving the transportation problem. We were unable in this short-term consultancy to analyze the costs and benefits of each. We recommend that PFPB, MOH, and EPTC meet together to try to solve this problem and perhaps try 2 or 3 different systems on a pilot basis in a few governorates. The results of these trials should be analyzed carefully, and a final decision made and implemented which would assure continuing availability at all outlets with minimal cost.

4. The strips of orals and all other products should be marked with date of manufacture so that those managing the supply system can determine the age of each product. In this way, FIFO can be practiced, and losses due to wear and expiration could be minimized.

5. Some way should be found to assure that the management of the money collected from the sale of contraceptives does not interfere with assuring continuous availability. We recommend that resupply not be tied to sales so tightly that under-supply and/or stockouts occur.

6. The program should conduct a careful analysis of the benefits of stocking and issuing several types of foams, creams, and jellies. Since these products are relatively expensive compared with orals, condoms, and IUDs, careful consideration should be given to their popularity before adding additional items to the system. Indeed, we recommend that the prevalence of use of these products be analyzed with the goal of reducing the number of products to those that are making a significant contribution to the program's goals.

7. Condoms should be managed as an integral part of the program. Efforts should be made to make them available from as many locations as possible.

Jack L. Graves, M.P.H.

TABLE 1

Number of Month's Supplies on Hand* at the Beginning of the Month in Assuit, Based on Mean Issues January-June 1981

	FPTC Regional			FPTC Branch			MOH Central			MCH Central		
	AN	PR	CON	AN	PR	CON	AN	PR	CON	AN	PR	CON
January	24	28	8	9	--	3	8	3	2	28	7	6
February	23	27	8	7	--	2	8	2	1	27	6	5
March	19	25	6	7	--	1	9	2	4	27	5	5
April	19	25	6	6	--	2	8	1	3	25	7	4
May	18	24	6	5	--	2	7	0	2	27	5	4
June	18	23	5	3	2	2	5	2	1	25	6	5
July	18	22	5	1	1	2	5	**	0	24	4	4
August	17	19	2	0	0	1	4	1	4	24	5	4
Mean Issues Per Month	2123	3416	14793	1063	3650⊛	27633	2109	2578	7285	73	213	915

⊛ = Mean Issues based on June-July only
* = Rounded to nearest whole number
** = Greater than 0 <0.5
0 = <0.05
-- = No data available

AN = Anovlar
PR = Primovlar
CON = Condoms

Policy: MOH Central is to maintain 9 month's supply.
Outlets are to maintain 3 month's supply.
EPTC Region and Branch are to maintain 3 month's supply.

TABLE 2

Stocks and Issues of Anovlar and Primovlar
January-July 1981
Central Warehouse of EPTC
(Thousands of Monthly Cycles)

Month 1981	On Hand First of Month	Issued	On Hand First of Month	Issued
January	77	193	11	291
February	91	244	44	116
March	141	338	170	268
April	0.5	7	412	363
May	3	32	665	570
June	79	464	542	149
July	22	72	933	258
August	25	-	1,179	-
Mean Issues		193		288

REFERENCES

The following is a list of the principal documents reviewed in connection with this consultancy.

1. Foreign Trip Report - Loudis/Rochat.
2. Foreign Trip Report - Graves, February 27, 1979.
3. Preparatory Phase of Project Activity, Development of a New System of Service Statistics, July-December 1981.
4. Evaluation of the Impact of the Population and Development Project (PDP) based on data from the 1980 Contraceptive Prevalence Survey (draft), Population and Family Planning Board and Westinghouse, April 1981.
5. Report of Mission on Needs Assessment for Population Assistance, UNFPA, January 1981.
6 Donor Assistance to Family Planning Programs in Egypt, UNFPA, August 1980.
7. Foreign Trip Reports, Kangas, July 12, 1981 and April 23, 1980.
8. Foreign Trip Report, Johnson, July 12, 1981.
9. Service Statistics Reports through December 1980, PFPB.
10. Egyptian Fertility Survey, March 1981.
11. Foreign Trip Report (Thailand) - Graves and Boni, January 9, 1981.
12. Preliminary data from the Contraceptive Prevalence Survey, PFPB and Westinghouse, 1980.
13. Some issues in Population Aid and Human Resource Development in Egypt, World Bank, May 12, 1981.
14. Statistical Yearbook, Arab Republic of Egypt, July 1980.
15. A proposal for the extension of the Population and Development Project, PFPB, May 1980.
16. Request to the Federal Republic of Germany for Contraceptive Support, undated.

In addition, the records pertaining to contraceptive supplies in the PFPB and EPTC were made freely available to us.

APPENDIX I

DISTRIBUTION OF FAMILY PLANNING MEANS

Objective

To increase availability and choice of family planning means to project communities.

Means

Once a month, the clerk at the District Health Office will make a round of all facilities within the district to distribute (replenish) family planning means. For this purpose, one of the vans currently assigned to the District Office will be fitted with a lockable wooden box featuring six main compartments. A record will be kept by the clerk featuring facility, type and number of family planning means distributed (see Exhibit 1).

Means and Number to be Distributed

A) Initially:

Pills - 60 rounds per 1,000 population per month (assuming 30 percent of eligible women utilization).

Condoms - 160 per 1,000 population per month (assuming coital frequency of 1/week and 20 percent utilization).

Foam Tablets - 80/1,000 population/month (assuming coital frequency of 1/week and 10 percent utilization).

B) At a later date and in line with health care provider training - Jellies, Diaphragms, IUDs.

The above numbers will be replenished on a monthly basis.

EXHIBIT 1

District: _____

Month: _____

Facility	Date	F.P. Means distributed									Signature of doctor
		Pills (by type*)				Condoms	Foam tabs	Diaphragm	Jellies	IUD	
		1	2	3	4						
Abu Sir											
etc.											
.....											

* Pill types: 1 = e.g. Anovlar
2 = ...
3 = ...
4 = ...

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