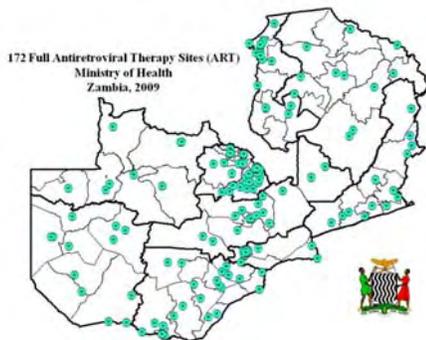




# USAID | DELIVER PROJECT

## Success Story

# USAID | DELIVER PROJECT Helps Zambia Reduce ARV Stockouts, Create Model Logistics System



By 2009, Zambia had 172 antiretroviral therapy sites nationwide.

**In January 2009, with the project's help, Zambia reached a 100 percent reporting rate for their monthly logistics data and product orders.**

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Antiretroviral (ARV) drugs provide a lifeline to thousands of Zambians living with HIV and AIDS. When stocks dwindle and products are scarce, lives are at stake. In 2007, approximately 50 percent of the 140 health facilities distributing ARVs were faced with stockouts. To turn the situation around, the Zambian Ministry of Health (MOH) and the USAID | DELIVER PROJECT began a partnership to redesign the logistics system for managing ARVs. The initiative, which began in 2006, targeted all antiretroviral treatment (ART) sites nationwide; by 2009, they had increased to 172 sites.

The key to making a logistics system function well is timely and accurate reporting of logistics data. The 172 ART sites provide monthly reports on logistics data and product orders to the MOH Logistics Management Unit (LMU); in January 2009, with the project's help, Zambia achieved an unprecedented 100 percent reporting rate for monthly logistics data and product orders. A number of factors contributed to full reporting in the ARV logistics system. Most important, a key decision was made to link reporting to the resupply of ARVs—No report, No product. To trigger the monthly resupply of ARVs, the facility must send the monthly report with key logistics data to the LMU.

For the reporting system to function at a high level, it must have sustained support. The LMU plays that pivotal role in the success of the ARV logistics system. The unit must ensure that all reports from facilities are received, processed, approved, and sent to the Medical Stores Limited (MSL) for distribution. The LMU receives reports from the facilities and processes them in a computerized

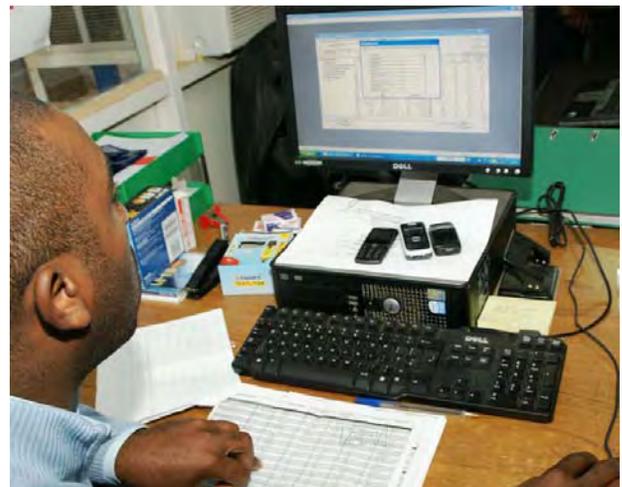


logistics management information system program called Supply Chain Manager (SCMgr). The orders are then sent to the MSL; the ARVs are then delivered to the sites. The data in SCSMgr are analyzed and shared with the MOH and key partners. Each day, the LMU staff review the list of facilities that were due to report; they immediately call the non-reporting facilities and send official memos to the MOH district and provincial health offices.

In addition to the support from the USAID | DELIVER PROJECT in managing the ARV logistics system, a number of nongovernmental organizations (NGO) that are cooperating partners also provide direct support to ART sites across the country. The partners receive weekly updates about the facilities they support. If a facility has problems with reporting, the LMU provides technical assistance, working with the partner to follow-up with the facility for technical assistance.

Because of the high reporting rates and improved logistics system, ARV stock availability at the 171 ART sites has increased significantly. The percentage of facilities experiencing a stockout of key ARVs, which means that the facility cannot dispense the needed ARVs to clients, has decreased from approximately 50 percent in 2007 to less than 5 percent at the end of 2008.

The success of the ARV logistics system is now a model for implementing other logistics systems. Programs that work with HIV test kits, laboratory commodities, and essential drugs—including malaria drugs and family planning commodities—have already used the successful ARV logistics system model to improve commodity availability. In the words of USAID/Zambia Activity Manager, Richard Osmanski, “Zambia demonstrates what can be possible in the development of critical logistics systems by virtue of having three key elements in place: a clear understanding of the need and transparent commitment on the part of Government for the development of such systems; strong, unified, capable and committed in-country technical assistance in the form of a responsive partner (USAID | DELIVER PROJECT); and a supportive and/or involved donor community, in Zambia's case, led by the USAID Health Office and Mission. In my experience, this is not often the case and system development stumbles in development because of this.”



At the MOH Logistics Management Unit, staff members monitor the monthly reports on logistics data and product orders from all 172 ART sites.

Improving stock availability is one key step when scaling up health programs. In Zambia, high-level staff members in the MOH and other cooperating partners are committed to empowering the LMU. The ARV logistics system could not succeed without support from a central point of coordination—a role played by the LMU. With a stronger emphasis on management, Zambia now expects other logistics systems to have as much success as the ARV logistics system.

The measures spearheaded by the MOH and the USAID | DELIVER PROJECT show what is possible with the right approach and a reliable commitment from partners. The initiative not only improved the lives of Zambian people living under the threat of HIV and AIDS; it is also a workable model for Zambia's other logistics systems.

*The USAID | DELIVER PROJECT, Task Order 1, is funded by the U.S. Agency for International Development, and implemented by John Snow, Inc. The project improves essential health commodity supply chains by strengthening logistics management information systems, streamlining distribution systems, identifying financial resources for procurement and supply chain operations, and enhancing forecasting and procurement planning. The project also encourages policymakers and donors to support logistics as a critical factor in the overall success of their health care mandates.*

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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