

Reconnaissance Visit of the Supply Chain Management System Project and Follow Up on RPM Plus Activities Côte D'Ivoire Trip Report – February 20 – March 2, 2006

Michael Derosena

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Rational Pharmaceutical Management Plus
Center for Pharmaceutical Management
Management Sciences for Health
4301 N. Fairfax Drive, Suite 400
Arlington, VA 22203 USA
Phone: 703-524-6575
Fax: 703-524-7898
E-mail: rpplus@msh.org

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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Rational Pharmaceutical Management Plus
Center for Pharmaceutical Management
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203 USA
Telephone: 703-524-6575
Fax: 703-524-7898
E-mail: rpmpplus@msh.org
Web: www.msh.org/rpmpplus

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Acronyms

ART	anti-retroviral treatment
ARV	anti-retroviral
AZT	Azido-Thymidine (AIDS Drug)
CDC	U.S. Center for Disease Control and Prevention
CI	Côte d'Ivoire
DFR	Training Unit of the Ministry of Health
DIPE	Information, Planning and Research Unit of the Ministry of Health
DMIS	drug management information system
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
HTL	High Tech Logic
IMAT	Inventory Management Assessment Tool
JSI	John Snow Incorporated
MOH	Ministry of Health
MSH	Management Sciences for Health
PEPFAR	President's Emergency Plan For AIDS Relief
PMTCT	prevention of mother to child transmission (HIV)
PNPEC	HIV/AIDS national program
PSCM	Partnership for Supply Chain Management
PSP-CI	Public Health Pharmacy - Central Medical Store
RPM Plus	Rational Pharmaceutical Management Plus Program
SCMS	Supply Chain Management System
SIMPLE	Information system for managing drugs used in epidemics
USA	United States of America
USAID	United States Agency for International Development
TA	technical assistance
USG	US Government
VCT	Voluntary Counseling Testing

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Background

In September 2005, the US Government (USG) awarded the Supply Chain Management System (SCMS) project to a consortium of 17 agencies – the Partnership for Supply Chain Management (PSCM) – led by John Snow Incorporated (JSI) and Management sciences for Health (MSH). SCMS is aimed at providing and distributing essential HIV/AIDS supplies and supply-related services for use by HIV/AIDS programs funded by the President’s Emergency Plan (PEPFAR). Côte d’Ivoire was among the six priority countries to benefit from SCMS, and the first to receive a visit from the US-based team following the official launch of the project in 2005.

In September 2004 and June 2005, RPM Plus received funds from the USG to provide technical assistance (TA) to the Public Health Pharmacy of Côte d’Ivoire (PSP-CI) for the reinforcement of its institutional capability in order to support the PEPFAR expansion. PSP-CI plays a major role in the organization and delivery of health services in Côte d’Ivoire. PSP-CI is a governmental structure that has been assigned the mandate to procure and deliver health commodities to public health facilities. RPM Plus provided TA to PSP-CI for preparing a three-year plan to reinforce its institutional capacity and improve drug management operations at all levels of the health system. RPM Plus assisted PSP-CI in building a core of trainers in drug management, who afterwards ensured the preparation of a curriculum in drug management used for training of staff at central and district levels, as well as for service providers from selected ART health facilities. To date, 56 pharmacists and managers have been trained, including service providers from PMTCT centers.

In response to difficulties experienced by PSP-CI for getting data from ART centers on the number of patients under treatment, number of regimens in use, and ARV management practices, RPM Plus introduced and disseminated an automated ARV dispensing tool in 13 ART centers where appropriate training was also provided to the users. In addition, another management tool for tracking expiration dates of HIV/AIDS commodities was also disseminated and is being used by trained pharmacists in most of the ART centers. RPM Plus has also been requested to work on a tool/program allowing the capture of information on drugs for opportunistic infections and lab commodities management. Since the PEPFAR support to Côte d’Ivoire will channel through SCMS, RPM Plus joined the PCM team during a reconnaissance visit to Côte d’Ivoire from February 20 – 24, 2006. RPM Plus’ stay was extended to March 2nd for follow up of ongoing TA activities and coordination with partners in the field.

Purpose of Trip

The main purpose of the SCMS visit was to analyze the ARV supply chain system and provide recommendations to the USG CI team to determine short and long term technical assistance needs in order to develop a country wide coordinated system.

In addition to SCMS, the Scope of Work for Michael Derosena was as follows:

- Meet with PSP-CI trainers and staff from the Training Unit of the MOH to review the drug management curriculum based on input/comments/suggestions from the last training

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workshop in October 2005;

- Assist the local team of trainers in conducting the training for 20 pharmacists from health districts and selected PMTCT/ART accredited centers;
- Meet with PSP-CI Director to:
 - Investigate progress in the signature process of the memorandum of understanding related to the implementation of ORION. An updated and final version was submitted to Dr. Souaré in January 2006 for transmission to the Cabinet of the new Minister;
 - Discuss strategies and mechanisms for building the HIV/AIDS commodity information system in coordination with DIPE and EGPAF;
 - Discuss strategies for conducting ARV quantification exercises as needed and assisting the PSP-CI team/unit in procurement operations.
- Meet with the PNPEC Director to discuss:
 - RPM Plus support to PNPEC in the context of expansion of the HIV/AIDS program, including supervision and monitoring of HIV/AIDS activities;
 - RPM Plus technical assistance for the preparation and dissemination of the revised HIV/AIDS Standard Treatment Guidelines;
 - Key indicators for the HIV/AIDS drug management information system;
 - Status of the Axios donation program of Nevirapine for PMTCT activities.
- Meet with the DIPE Director to discuss:
 - Basic tools for collecting information on HIV/AIDS commodity management at ART sites, district and central levels;
 - Mechanisms to facilitate the smooth flow of information from ART sites to central level and vice versa;
 - Preparation of periodic reports to share with the USG team and partners.
- Meet with EGPAF to:
 - Review progress in the collaboration of RPM Plus/EGPAF, especially training for drug management, training in the use of SIMPLE-1 and collection of data for ARV quantification, and strategies for reinforcing the ARV management information system;
 - Discuss the EGPAF procurement plan of HIV/AIDS commodities to support targeted accredited VCT/PMTCT/ART centers;
- Meet with the SCPA Law Office Dogué Yao & Associates to clarify issues related to the registration of MSH in Côte d'Ivoire
- Brief upon arrival and/or debrief prior departure USAID officials, as requested.

Activities

Activities conducted during this trip were related to the implementation of the SCMS project as well as follow up on RPM Plus technical assistance to PSP-CI. RPM Plus activities were presented to the audience at the introductory session of the visit. The first week centered on site visits with the SCMS team and meetings with MOH and partners. A detailed report for SCMS activities is shown in the annex. The following sections refer to activities conducted at the end of the SCMS mission.

- **Meet with PSP-CI trainers and staff from the Training Unit of the MOH to review the drug management curriculum based on input/comments/suggestions from the last training workshop in October 2005;**

Dr. ATTIA Régine who manages the Distribution department at PSP-CI is also in charge of drug management training coordination activities. Jointly with the RPM Plus local advisor, Dr. Moise Touhon has been preparing materials and equipment needed for the third round of training for pharmacists that was supposed to take place on January 23rd. Due to the deterioration of the political situation in Côte d'Ivoire, this activity was tentatively re-scheduled for February 20, and postponed again because of the SCMS visit. However, an opportunity was offered to discuss progress on the final validation of the curriculum. A group of senior pharmacists, including the Dean of the Faculty of Pharmacy and the former PSP Director, was approached to be part of the validation committee. A specific date was not retained yet, but it was agreed with the PSP-CI Director and Dr. ATTIA to have this activity conducted as soon as possible in Bassam during a three-day workshop. In anticipation of this workshop in Bassam, a meeting was conducted with the group of trainers in Abidjan on Tuesday, February 28. The group shared information on key issues and lessons learned from the previous training sessions, adjustments made to the curriculum, and their vision about the validation of the curriculum in Bassam. It was agreed to prepare a plan of action targeting all categories of service providers according to PSP-CI three-year workplan.

We also took the opportunity during this visit to review with Dr. ATTIA the results of the first training session in inventory management conducted for a group of midwives and nurses from PMTCT centers. The content of the course was too ambitious and far beyond responsibilities of these categories of personnel, which led to mixed results in this experience. It was agreed to simplify the topics identified to focus mainly on stock inventory management and data to fill in the information system. A curriculum targeting PGP will also be developed and used soon for this category in post at PSP-CI as well as at peripheral levels.

- **Assist the local team of trainers in conducting the training for 20 pharmacists from health districts and selected PMTCT/ART accredited centers;**

As mentioned above, the training was reported to provide more attention to the SCMS visit. Dr. ATTIA will coordinate with the PSP-CI Director and the RPM Plus local advisor the best period for conducting this activity. The team will need to also take into account the development of the SCMS project and priorities identified in the short term that will require the involvement of the PSP-CI pharmacists.

- **Meet with the PSP-CI Director**

Following the review of the first draft of the MOU by the PSP-CI legal experts and comments provided, an updated version of the document was submitted to Dr. Souaré in January 2006 for transmission to the Cabinet of the new Minister of Health. The process slowed down because of a legal matter between PSP-CI and a local company – High Tech Logic (HTL) – that was awarded a contract in 2003 to provide drug management software to PSP-CI. The bid was conducted in May 2003, and the contract awarded to HTL. According to the agenda agreed upon, the product should have been delivered and validated on March 16 - 25, 2004. The training of the PSP-CI users was scheduled for January 13 – 29, 2005. Dr. Souaré became PSP-CI's Director in January 2004, but was not enthusiastic to deal with HTL. The presence of MSH/RPM Plus and the opportunity offered with ORION were providential to PSP-CI for the replacement of their current software. HTL had not received any advance so far from PSP-CI. With the political changes that occurred in the country in November 2005, the PSP-CI Director was reminded about the contract with HTL and was requested to pay 60% of the amount of the contract – more or less CFA 28,800,000 or approximately \$ 57,000 as an advance to the company that promised to deliver the software in 60 days. Since the introduction of ORION to PSP-CI staff in March 2005, the Director has always been very cooperative in providing all information requested by MSH as well as inventory data to facilitate their transfer to ORION. However, PSP-CI never revealed that the institution was already engaged with another company; neither were they forced to pay that company. The USG team was immediately alerted. MSH was required to put this activity on hold until a final decision is taken by the MOH authorities.

The other key points of discussion with Dr. Souaré are the following:

Plan of expansion of SIMPLE-1: One of the main recommendations of the SCMS visiting team was to extend the use of the SIMPLE program to all ART centers in CI. PSP-CI fully supports this activity that will be coordinated by the RPM Plus local advisor and the PSP-CI computer specialist based at the ARV management unit. A first draft of the plan of expansion shown in annex 2 was prepared by the team to be discussed with Dr. Souaré for approval and implementation.

Use of the Expiry tracking sheet at the ARV warehouse: During the site visits, the SCMS team was able to observe an excellent demonstration of the use of the “Expiry tracking sheet” at CAT Adjamé by one of the pharmacists trained by RPM Plus. The result was so impressive that the team recommended extending the use of the tracking sheet at PSP-CI while expecting the installation of the drug management software ORION. This recommendation was supported by Dr. Souaré, and the Expiry tracking sheet should be tested and used by the PSP-CI ARV manager.

Review of the workplan prepared by the PSP-CI Stock Management Department: RPM plus sponsored the participation of the Director and Deputy Director of the Stock Management Department in the course on Drug Management conducted in Amsterdam in 2004 and 2005. Upon RPM Plus request, the team prepared a draft of an action plan showing what interventions

are needed in priority to improve drug management practices at the Stock Department, based on knowledge and new techniques learned during the training. Some changes were already noted at the warehouse, like the use of a temperature sheet for daily follow up of the cool room, the application of the Inventory Management Assessment Tool (IMAT) to the warehouse, interpretation of the indicators, and appropriate actions to improve the indicators. The drafted document will be updated and submitted to the PSP-CI Director for approval and follow up.

Meeting with the PSP-CI ARV management unit: The ARV management unit was created in 2005 by Dr. Souaré in response to the need of identifying strategies/mechanisms to improve HIV/AIDS commodity management. The ARV management unit is composed of one PSP-CI pharmacist, one pharmacist from the Global Fund and one pharmacist local advisor from RPM Plus seconded to PSP-CI. Two computer specialists support the team as well as an admin staff. This visit offered an opportunity to assist in the weekly meeting of the Unit and to present the SCMS project and relations with ongoing RPM Plus activities. Among topics discussed was the quantification exercise conducted jointly with EGPAF for placing the next ARV order to cover 34,000 patients at the end of a twelve-month period. RPM Plus was requested by Dr. Souaré and staff from the ARV management unit to provide feedback on the drafted document as soon as possible. This document is being submitted to the specialists of the quantification tool “Quantimed” for analysis and for follow up.

Overstock of products at PSP-CI: It appeared during the visit of the warehouse that a number of essential medicines were close to the expiration dates with little chance to be delivered and used in the health facilities before expiring. This was brought to the attention of the PSP-CI Director who provided the following information to RPM Plus:

Year	Cost of expired products	Turnover	% lost	Observations
2003	CFA 63,321, 327	CFA 14,865,144,840	0.43	Stavudine 1mg/ml included; Lost: CFA 982,565
2004	CFA 175,300,150	CFA 14,838,215,905	1.18	AZT 300mg included; Lost: CFA 13,604,394
2005	CFA 322,827,996	CFA 15,716,123,235	2.0	AZT + 3TC included; delivered by the manufacturer with short expiration date ; Lost: CFA 102,854,188, but manufacturer agreed to replace them at no cost.

Although the costs due to expired products look a bit low, it is obvious that PSP-CI is dealing with management problems that may hamper its capability to address the growing demand of health services. In 2005, PSP-CI cumulated CFA 90,689,140 due to damaged/spoiled products of which CFA 74,568,656 (+/- \$ US 150,000) for insecticide treated bed nets were ordered but not taken by the Malaria National Program. PSP-CI has also been experiencing problems with lab commodities for which 50% were destroyed because the products expired due to irregular requests from the laboratories. Another source of loss for PSP-CI is the management of some

articles used for patients affected by cancer. These products are expensive and require subsidies from the government to make them affordable to patients. This process is very long and patients used to die before receiving the products. PSP-CI needs assistance in identifying the best ways or mechanisms to deal with these problems. At the time of visit, the team noted other products that might have been overstocked and close to their expiration date. That was the case for an important lot of Oxacillin with an expiration date in June 2006. It was obvious that PSP-CI won't be able to deliver them to health facilities before expiration. The PCM team identified the need to send a warehouse expert to CI to assist PSP-CI with different issues in the management of the warehouse, especially the three-level storage, lack of ventilation, tracking of products that are in different locations, etc.

Validation of the curriculum in drug management: PSP-CI has already initiated the process of building a national committee to work on the final stage of the drug management curriculum. This is being done jointly with the Training Unit of the MOH (DFR). Some difficulties popped up related to the members and size of the committee. Initially, the PSP-CI Director agreed to include the trainer-pharmacists who contributed to the preparation, testing and use of the curriculum plus external members from DFR and the Faculty of Pharmacy, totaling 9-10 participants. But DFR came back to propose the involvement of staff from other services of the MOH extending members of the committee to almost 30 persons! This complication was brought to the attention of the PSP-CI Director who promised to meet DFR and to limit the committee to 9-10 members. This is still pending.

- **Meet with the PNPEC Director**

RPM Plus conducted a brief meeting with the PNPEC Director, specifically to clarify the limited role of RPM Plus now in Côte d'Ivoire and the transition to SCMS. A new approach will be developed to continue the dialogue and identification of TA areas to be provided to the national program.

- **Meet with the DIPE Director**

RPM Plus conducted a very productive meeting with the DIPE staff and participation of the local JSI/MEASURE advisor Eby Pascal, assisting DIPE in the reinforcement of the national health information system. Technical discussions were conducted with the DIPE Director, Mr. Bamsie and Dr. Bosso Edwige. The key points of discussion centered on the inaccuracy of the health information systems due to new indicators introduced with the PEPFAR expansion, the absence of drug management indicators, specifically HIV/AIDS commodity management indicators, and the lack of coordination in the national reporting system. The DIPE Director also emphasized the ongoing collaboration with DIPE/RPM Plus, the need to establish a coordinated HIV/AIDS management information system, the standardization of drug management tools at peripheral levels, the collection/treatment/dissemination of information, and mechanisms to make the health information system efficient and sustainable. RPM Plus clarified the transition process with SCMS and potential opportunities to support DIPE with the preparation and dissemination of the HIV/AIDS commodity management report forms needed at sites and at the national level. DIPE

was expecting the drug management indicators from PSP-CI to be included in the set of tools to be disseminated. In order to reinforce coordination mechanisms, it was agreed to continue regular meetings with RPM Plus and MEASURE, extended to the HIV/AIDS national program, the TB national program, and the Population and Community Health Department of the MOH.

- **Meet with EGPAF**

The meeting with EGPAF was conducted with Dr. Joseph Essombo, EGPAF Representative, , Dr. Yapi Faustin, EGPAF Pharmacist, and Dr. Anthony Tanoh. The MSH/RPM Plus local advisor Moise Touhon and the PSP-CI computer specialist Sidibé Mohamed were also present. RPM plus introduced the purpose of the meeting that centered on four elements: a) a more detailed presentation of the SCMS project, b) the proposed immediate local structure of SCMS and short term technical assistance identified by the visiting team, c) updating of the ART/VCT/PMTCT list of selected centers according to different donors supporting health activities in each site, and d) discussion of the last quarterly report and expansion of SIMPLE-1 to other ART centers. This meeting with EGPAF offered an opportunity to raise the problem of EGPAF pharmacists who have been trained to use SIMPLE-1 since December 2005, but who were not able to use the dispensing tool, because they were waiting for computers to be provided by EGPAF to the sites. The EGPAF representative, Dr. Joseph Essombo, requested a report from his team on facilities that have been experiencing this problem and the necessity to take actions immediately to have SIMPLE-1 operational in all centers with trained staff.

Another key point of discussion was the difficulty for EGPAF to get information from PSP-CI while the organization still continues to use the PSP-CI warehouse to store ordered ARVs. This subject was going back and forth between PSP-CI and EGPAF. RPM Plus recommended that all requests from EGPAF to PSP-CI and vice versa go through both Directors and need to be documented. The same suggestion was also communicated to PSP-CI, and both parties agreed to follow that direction.

- **Meet with the SCPA Law Office Dogué Yao & Associates to clarify issues related to the registration of MSH in Côte d'Ivoire**

RPM Plus was able to meet with the lawyer contracted by MSH to assist with the registration in Côte d'Ivoire. At the lawyer's request, a set of documents was prepared and submitted to the national authorities by the lawyer. The process of registration starts with a request from MSH to operate in the country. The government may or may not give "a temporary authorization" if the company is perceived as credible enough to develop programs in the country. Then, it can continue to prepare the paperwork and other requirements of the government. But such "temporary authorization" does not allow MSH to open an office, to have a bank account, to buy or to have vehicles registered with a diplomatic plate etc. MSH can hire local personnel as well as expatriates to work in Côte d'Ivoire without being registered, as long as such personnel are hired by MSH in the USA. Key documents requested by the authorities are being translated in French. However, the set of documents – MSH Corporate Letter, MSH Board of Directors, Certificate of Good Standing, MSH personnel policies, MSH non-profit Status, MSH mission statement – has been already submitted in English by the lawyer to the Ministry of Internal Affairs through the Prefecture of Abidjan. It was recommended by the lawyer to obtain a letter

from the Minister of Health to the Minister of Internal Affairs explaining the role of MSH in Côte d'Ivoire to accelerate the registration process.

Next Steps

- Continue the extension of SIMPLE-1 to other ART centers with computer technology;
- Conduct the training in drug management for pharmacists as scheduled;
- Prepare training sessions in drug management for PGP from PSP-CI central and targeted sites at peripheral levels;
- Assist in the implementation of the SCMS project;
- Coordinate the revision of drug management tools and indicators to be included into the management information system with DIPE and PNPEC;
- Coordinate assistance techniques to field staff using SIMPLE-1 and the Excel sheet for quantification at ART sites with EGPAF and consultants from the ARV management unit;
- Initiate steps for the development of tool (s) to manage OI drugs and lab commodities.

Conclusion

The implementation of the SCMS project will surely bring significant changes in the extension of PEPFAR activities. During the transition phase to SCMS, RPM Plus will continue its TA activities in conformity with the PSP-CI three-year plan. At the end of RPM Plus, TA will continue from MSH to PSP-CI through SCMS. There are few key activities still pending such as the HIV/AIDS lab commodities management and the installation of the drug management software ORION at PSP-CI. RPM Plus has submitted a matrix that provides an overview of the current situation and the projected timeline for this activity to be completed to the USG team. The problem with HTL is also being considered at the highest level. In the meantime, MSH/RPM Plus will continue to work with PSP-CI to get all necessary information for transferring their inventory data to ORION until further notice.

ANNEX 1

**Report of
Procurement and Commodities Management Working Group
Cote d'Ivoire**

February 20-24, 2006

**Richard Ainsworth
Joel Kuristky
Michael Derosena**

**Report of
Procurement and Commodities Management Working Group
Cote d'Ivoire
February 20-24, 2006**

Introduction

A Procurement and Commodities Management Team was invited to Cote d'Ivoire from February 20-24, 2006 to review the HIV/AIDS supply chain management system. The Team consisted of representatives from USAID, the Partnership for Supply Chain Management (PSCM), Rational Pharmaceutical Management Plus (RPM Plus) Program, and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). The main purpose of the visit was to analyze the ARV supply chain system and provide recommendations to the USG CI team to determine short and long term technical assistance needs in order to develop a country wide coordinated system. The request for this technical assistance visit was also a follow-up to a recommendation identified in the Bassam Report. This report of national representatives and international donors concluded that the overall supply chain management system of the government lacked sufficient forecasting ability, lacked appropriate funding for the national pharmaceutical program (PSP-CI), had non-computerized product management at the central and peripheral levels. In addition the report concluded that there were multiple product ordering channels, and currently insufficient laboratory capacity to assess quality assurance of purchased product. At a briefing session attended by all members of the USG team, visiting consultants from CDC, USAID and other stakeholders the representatives from PSCM and RPM Plus made presentations concerning their projects.

This report outlines the observations and recommendations of the team during their 5-day visit to Cote d'Ivoire.

Site Visits

To collect information about supply chain management operations, the team visited a number of sites that are involved with HIV/AIDS program implementation or support. The visits also afforded the team the opportunity to share information about the new Supply Chain Management (SCMS) project, and progress RPM Plus has made in providing technical assistance to the Public Health Pharmacy of Cote d'Ivoire (PSP-CI-CI) for almost two years. The following organizations were visited:

- PSP-CI (Public Health Pharmacy)
- DPM (National Drug Regulatory Authority)
- Adjame CAT (TB Center)
- LNSP (National Public Health Laboratory)

Additionally, the team attended two important meetings:

- Meeting of the Technical Committee at PSP-CI

- Meeting of the Monitoring and Evaluation Committee at RETRO-CI

The observations of the team during these visits and meetings are presented below.

Flow of HIV/AIDS Commodities

Before providing information on the Team’s observations, the flow of commodities is presented in Figure 1. Please note that the chart only details the flow of ARVs; rapid HIV test kits, OI drugs and other products have somewhat different flow patterns. A few points can be made about the chart:

- All ARVs, regardless of responsibility for funding, program management or procurement, are received, warehoused and distributed by PSP-CI.
- It is proposed that while EGPAF is procuring ARVs through UNICEF using FY05 PEPFAR funds, beginning in (PEPFAR) FY06 the PSCM will be tasked with ARV procurement for EGPAF for the next procurement.
- The Boehinger Ingelheim (BI)/Axios procurement managed by the MOH is for Nevirapine donated by BI for PMTCT centers.

Flow of HIV/AIDS Commodities: ARVs

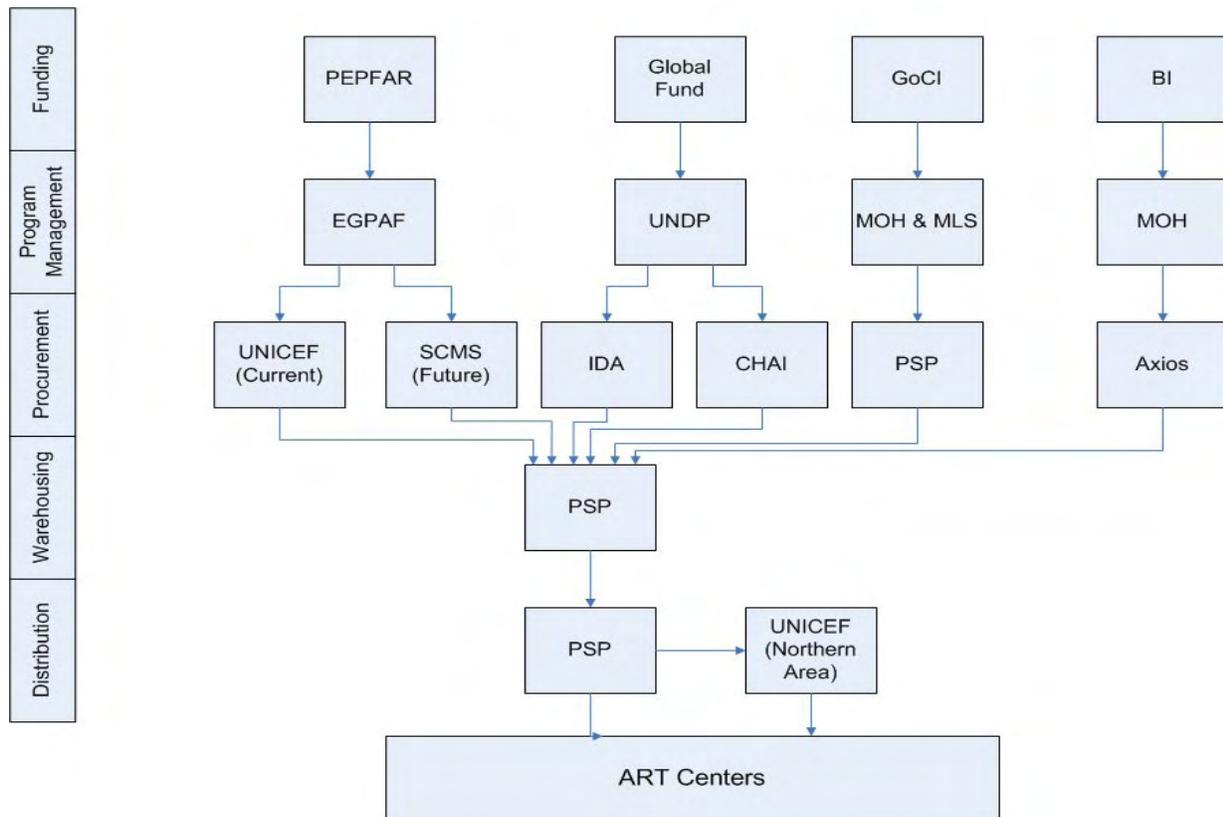


Figure 1. Flow of HIV/AIDS Commodities: ARVs

Observations

PSP-CI (Public Health Pharmacy)

Director Dr. Souaré Doussou

The PSP-CI functions as the central receiving, storage and dispatch facility for Cote d'Ivoire's public sector drugs and medical supplies.

- All ARVs imported into Cote d'Ivoire are supposed to be received and warehoused by PSP-CI;
- PSP-CI does not use wholesalers for ARV purchases, but negotiates tenders directly with manufacturers;
- PSP-CI had significant debt for pharmaceuticals, which was retired for ARVs in 2004, but recently has accumulated additional debt;
- PSP-CI does not have control over funds realized from cost recovery;
- GoCI has both a subsidized and non-subsidized treatment program;
- PSP-CI ships products every month within Abidjan and every two months outside of Abidjan;
- PSP-CI would like to see the site specific ARV dispensing tool, SIMPLE 1 expanded to all ART sites.
- It is PSP-CI's stated responsibility to manage ARVs at the central level, to distribute to peripheral sites, to analyze consumption data, and to have the ability to track and trace commodities, however they currently have limited capacity to adequately perform these responsibilities;
- PSP-CI has a triennial plan that describes their strategy
- PSP-CI has significant warehouse storage capacity (7,600 square meters);
- PSP-CI warehouse does not have an adequate computerized warehouse management system;
- The warehouse is relatively clean and well organized with racking facilities and wide aisles to accommodate handling equipment;
- The warehouse has a product quarantine area;
- Minimal QA testing of products managed by PSP-CI is done at National Public Health Laboratory;
- The PSP-CI warehouse is impressive in size and scope; however, further information is needed to determine technical assistance requirements in the following areas: a) automation/computerized warehouse management system; b) review of storage conditions (e.g., ambient temperature); c) review of operating practices; d) existing stock expiry review; e) first expire/first out practice review; f) product QA review; g) and distribution review; h) cold storage back up.

DPM (National Drug Regulatory Authority)

Director: Dr. Rosalie Assi-Gbonon

The DPM functions as the national drug regulatory agency, controlling through a certification and registration process the importation and use of drugs, medical supplies and devices and dietary products.

- Registration of drugs is granted after review of dossiers describing the properties of the drug, as well as inspection of the manufacturing plant.
- Drugs approved by the FDA or equivalent stringent authority are not subject to quality testing; drugs from generic manufacturers, however, are subject to quality testing before being granted registration.
- While Cote d'Ivoire's National Public Health Laboratory quality testing is limited, samples can be sent to the Faculty of Medicine in Abidjan. Samples may also be sent to the WHO reference laboratory in Niamey, Niger, but the process is time consuming and expensive.
- New drugs that are required in emergency situations, such as ARVs, may receive a fast-tracked provisional registration during which time the manufacturer submits the dossier for review.
- Dr Assi-Gbonon agreed to provide a list of registered drugs, including approved manufacturing plants, if she were to be given a list of the product categories.
- A set of documents was provided to the team that describes the registration process of medical and dietary products.
- Dr Assi-Gbonon cited needs in the following priority areas: improvement of the national public health laboratory; enhancement of pharmacovigilance process; and additional training for her and her staff.
- Dr Assi-Gbonon advised that she had attended the FDA training of PEPFAR and NDRA officials in November 2005.

LNSP (National Public Health Laboratory)

Director Dr. Mamadou Coulibaly

Deputy Director: Dr. Kourouma Aissata

The Public Health Laboratory located in Abidjan has capability of doing limited quality testing of medicines.

- The laboratory is not able to test ARVs.
- Since an assessment of the laboratory in 2003, some improvements have been noted in the HIV testing area.
- LNSP seems to have enough human resources;
- Limited testing capability for friability, sterility, and product composition;
- Some equipment was observed to be antiquated and/or nonfunctional;
- LNSP only performs quality testing for initial registration of drugs, and of products in the PSP-CI warehouse, not in the downstream supply chain.
- LNSP is mandated to conduct quality testing of products for both DPM and PSP-CI;
- LNSP has quality assurance standard operating procedures;

- LNSP does minimal testing of products.

Technical Committee

The team had the opportunity to attend the monthly meeting of the Technical Committee. This committee was created to follow up with HIV/AIDS commodity management activities, but its role was later extended to all essential drugs and commodities. The Technical Committee is composed of approximately 10 members including the MOH and different stakeholders (including WHO, GF and EGPAF). Its mandate is to:

- provide regular update on availability of essential medicines;
- ensure that the national drug policy is followed;
- provide timely results on activities conducted.
-

This committee reports to the Bassam Committee that is under the leadership of the national HIV/AIDS program PNPEC. Since the Bassam workshop, the Technical Committee has conducted at least one meeting every month. The key decisions resulting from these meetings center on the following:

- need to establish a national pipeline for ARVs;
- identify strategies and mechanisms for reinforcing the HIV/AIDS management information system, especially for collecting data on program activities;
- identify strategies and mechanisms to avoid HIV/AIDS commodity stock outs at central level as well as at ART centers;
- forecast needs for 2006.
-

The technical committee has identified the ARV quantification exercise as priority number 1, and the HIV/AIDS commodity management information system as number 2

Adjame CAT (TB Center)

Adjame CAT is one of the main centers in Abidjan for TB treatment; ART is also provided at this site.

- Adjame runs a parallel supply system for TB drugs, and is re-supplied by PSP-CI on a monthly basis;
- The distribution system requires 69 treatment sites to travel to Adjame each month to pick up their TB supplies (many use public transportation for this travel);
- TB product storage area was crowded with some products close to expiration on hand;
- The system is functioning, but appears to run the risk of having expired products;
- Future plan is for TB drugs to be held at PSP-CI rather than Adjame and be distributed through PSP-CI's normal distribution system to health district pharmacies to be picked up or dispatched to TB treatment centers.

ARV Management Information System

Since PSP-CI was given the mandate to ensure HIV/AIDS commodity distribution, PSP-CI required an instrument to track/manage drugs and other commodities delivered to ART facilities. In addition, basic data on ARV management are needed at central level to forecast needs and make HIV/AIDS related commodities continuously available at the central warehouses as well as at ART centers.

- With technical assistance provided by MSH/RPM Plus, PSP-CI has been facilitating the implementation and expansion of the ARV Dispensing tool “SIMPLE-1” in 13 facilities, which allows the availability of a set of basic data on ARV management needed for decision making.
- The team noted enthusiasm for the use of SIMPLE-1. A demonstration of SIMPLE-1 was observed at PPH Cocody and at CAT Adjame. Users at these two facilities have a strong confidence in the capacity of the tool to facilitate their work and provide information on drug management.
- Although 13 ART centers have been using this tool, many others are continuing to use their own programs, generating significant variations in the quality and quantity of data available at sites.
- The team was pleased to see the proper utilization of the “Expiry tracking sheet” in the two ART centers visited, which will contribute in avoiding wastage and/or inadequate prescribing practices.

Recommendations

1. To serve overarching technical assistance needs, the team strongly recommends that the Partnership for Supply Chain Management identify senior leadership to establish an SCSM office in Abidjan. The office should be staffed by a long-term expatriate Lead Resident Advisor plus locally recruited technical and support staff, depending on the level of resources available. Suggested terms of reference for the resident advisor include:
 - Forecasting: establish a process of quarterly revision of the national forecast, assist PSP-CI and implementing partners to use Quantimed and PipeLine computerized tools; arrange for training required to use these tools; provide guidance for members of the Technical Committee in the use of quantification data to produce accurate national forecasts and supply plans; ensure timely submission of forecasts and supply plans for products to be procured by the PSCM.
 - Coordination: advocate for and assisting to arrange for appropriate sharing of information among implementing partners; meet frequently with individual partners to ensure they are on board and committed to the coordination process.
 - Expediting of PSCM procured products: track the procurement and freight forwarding actions of PSCM; monitor the arrival, customs clearance and delivery, perform troubleshooting and problem solving as necessary.
 - Technical assistance: provide direct TA to improve supply chain management as appropriate and within the skill set of the advisor; arrange for short term TA as required.

2. A more complete draft workplan, including a budget, will be developed and submitted to the USG Team in early March. The budget will outline the resources required from all sources to fund the anticipated activities through March 2006.
3. A complete detailed workplan will be submitted to the USG Team after the long-term expatriate Lead Resident Advisor has arrived in Cote d'Ivoire.

In addition to these overarching recommendations, the team proposes the following detailed recommendations:

A supply chain management system consists of several elements:

- Forecasting;
- Procurement
- Freight forwarding;
- Warehousing;
- Distribution;
- Rational product use;
- Management Information System

The parts of the system are interdependent in order to prevent stock outs, overstocks and product insufficiency. The team believes that the current system in Cote D'Ivoire is adequate, but not sufficient to meet the needs of rapid scale-up for ARV treatment and care. We believe that improvements in each area will stabilize the system and reassure the MOH, patients, and national and international partners that sufficient product for HIV/AIDS testing, care and treatment will be available as the program rapidly scales up.

Forecasting:

- In the short term, PSCM will offer a desk review of the forecast which is to be concluded shortly in order to ensure that the forecast is complete and accurate at the time orders for the EGPAF product procurement are placed with PSCM.
- In the long term, PSCM will provide on-going technical assistance to help coordinate the forecasting process to better ensure accuracy of the forecast and consensus in the process.

Procurement:

- In the short term, existing procurement mechanisms should remain in place; FY05 EGPAF monies have been allocated and this process should remain intact.
- In the next few months, however, we recommend that most procurement to support the USG efforts should be transitioned to the Partnership for Supply Chain Management.

Freight Forwarding:

- In the short term, we recommend that Fuel Logistics and/or UPS, consortium members of the Partnership, should conduct a technical site visit to Cote d'Ivoire to assess the current freight receiving, customs clearance and delivery system. The assessment will include

recommendations as to how the PSCM will manage this process in future. This assessment will be covered by core funds.

Warehousing:

- In the short term, we recommend that the Partnership provide technical assistance to the PSP-CI and develop a plan to address concerns related to inventory management, storage of product, QA testing of product, distribution, and track and trace of product.
- .In the long term we recommend that modest investment be provided by national and international partners to improve PSP-CI drug management operations.
- PSCM staff will continue working with PSP-CI to improve their supply chain management practices.

Distribution:

- In the short tem, we recommend that UPS or another consortium member assess and provide a TA plan to improve the distribution system, focusing on the adequacy, condition and operating capacity of PSP-CI's fleet of vehicles, their distribution planning system, and other issues related to distribution within Cote d'Ivoire.
- In the long term, selected recommendations of this assessment may be implemented, depending on availability of resources.

Rational Product Use:

- It is widely recognized that the large number of treatment regimens complicates the ability to do consolidated procurement and impacts the supply chain management system. It is recommended that the Standard Treatment Guidelines document be finalized, approved and disseminated.
- PSCM staff will continue providing TA to ART sites to improve their supply management practices.

HIV/AIDS Supply Chain Management Information System:

- In the short term, we recommend that RPM Plus continues to implement SIMPLE 1 in all ART centers.
- In the long term it will be necessary to have a fully compatible and integrated MIS system to track commodities, and to reinforce the involvement of DIPE in the improvement of the MIS for better coordination and standardization at site and district level.
- Plans will be developed for PSCM's VOXIVA staff to visit Cote d'Ivoire to assess the potential for their services in working with the HIV/AIDS Alliance to improve their database and allow sub-grantees to directly report indicator data electronically.
- Use of the "Expiry tracking tool" should be implemented at other centers and the ARV storage section at PSP-CI.

Annex 2 : TERMES DE REFERENCE POUR L'EXPANSION DE SIMPLE- 1, SUIVI ET EVALUATION DES CENTRES DE PRISE EN CHARGE

1. CONTEXTE

Véritable partenariat mondial entre le Gouvernement, la société civile, le secteur privé et la communauté infectée ou affectée, le Fonds Mondial de lutte contre le Sida, la Tuberculose et le Paludisme constitue une nouvelle approche du financement de la santé par la communauté internationale.

Admise en 2003 au bénéfice de ce Fonds, La Côte d'Ivoire a reçu une subvention que le PNUD administre en tant que bénéficiaire principal pour 2 ans.

Conformément aux objectifs visés par le Fonds Mondial et à la soumission de la Côte d'Ivoire, l'accès au soins apparaît comme étant une priorité. Une stratégie de décentralisation/ déconcentration de la prise en charge (PEC) des PVVIH est envisagée à cet effet.

Le Programme de renforcement de la réponse nationale face au VIH/SIDA, objet de la subvention du Fonds Mondial poursuit 5 objectifs immédiats qui sont : i) améliorer la qualité et l'accès à une prise en charge globale des personnes infectées ou affectées par le VIH/SIDA sur toute l'étendue du territoire nationale, ii) assurer la prévention de la transmission mère enfant (PTME), iii) améliorer l'accès et la qualité du conseil et dépistage volontaire, iv) renforcer les activités et l'implication de la communauté dans les activités de lutte contre le VIH/SIDA, v) renforcer les capacités nationales de lutte contre le VIH/SIDA.

Dans le cadre d'une convention signée entre le PNUD/Fonds Mondial et la Pharmacie de la Santé Publique de Côte d'Ivoire, relatif au volet « Renforcement des capacités nationales », il est prévu d'effectuer des missions de supervision mensuelles des activités de gestion des ARV auprès des centres accrédités qui s'inscrivent dans le cadre des activités de gestion pris en charge par le Budget du projet dans sa rubrique «TRAVEL ; Missions locales ; supervision des centres de prise en charge ».

OBJECTIFS

Assurer l'installation dans lesdits centres de prise en charge le logiciel SIMPLE-1

De façon concrète, l'informaticien est chargé :

- D'installer et configurer (protocoles thérapeutiques, produits, patients...) SIMPLE-1,
- D'assurer la maintenance et la sauvegarde de la bases de données installée

- De Former le personnel du centre à l'utilisation de SIMPLE-1

Un rapport sera produit à l'issue de la mission.

COMPOSITION DE L'EQUIPE

Elle sera composée de l'Informaticien de la Cellule ARV/ PSP-CI et du chauffeur.

DUREE

La mission se déroulera du **7 au 11 Mars 2006**.

PROGRAMME DE LA MISSION D'EXTENSION

Intérieur du pays

Mardi 7 mars 2006	07h30	Abidjan - Aboisso
	10h00	Installation au CHR Aboisso
	14h30	Formation au CHR Aboisso
	16h00	Aboisso – Abidjan
mercredi 8 mars 2006	Matinée	Abidjan - Gagnoa
	Après-midi	Installation au CHR Gagnoa
Jeudi 9 mars 2006	Matinée	Formation au CHR Gagnoa
	Après-midi	Départ sur San Pedro
Vendredi 10 mars 2006	Matinée	Installation au DS San Pedro
	Après-midi	Formation au DS San Pedro
Samedi 11 mars 2006	Matinée	Retour sur Abidjan