

Assessment of Governance, Transparency, and Operations of the Central Medical Stores of Benin: Summary and Recommendations

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About SPS

The Strengthening Pharmaceutical Systems (SPS) Program strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. SPS focuses on improving governance in the pharmaceutical sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines.

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Benin, governance, transparency, Central Medical Stores

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ACRONYMS

CAME	Centrale d'Achat des Médicaments Essentiels et des Consommables médicaux (Central Medical Stores)
CoGes	Comité de Gestion (Executive Committee of the Board of Directors)
DPM	Directorate of Pharmacy and Medicines
DRFM	Directeur des Ressources Financières et Matérielles (Director of Financial and Material Resources)
HR	human resources
MoH	Ministry of Health
MSH	Management Sciences for Health
SPS	Strengthening Pharmaceutical Systems (Program)
SMT	Senior Management Team
USAID	U.S. Agency for International Development

BACKGROUND

At the request of the U.S. Agency for International Development (USAID) Mission in Benin, Management Sciences for Health's Strengthening Pharmaceutical Systems (SPS) Program carried out an assessment of Benin's Central Medical Stores, the Centrale d'Achats des Médicaments Essentiels et des Consommables médicaux (CAME), between November 17 and December 12, 2008.

The objective of the assessment was to identify weaknesses and gaps in governance and internal management that ultimately affect CAME's ability to carry out its central role in procurement and distribution of essential medicines, supplies, and diagnostics for the public sector. In addition to a report on the findings and recommendations from this assessment, an action plan identifying concrete actions to be taken to address problems identified was developed as a separate document. The actions to be taken grow out of the recommendations in the assessment report.

Good governance has been defined as the exercise of governance in a manner that exhibits the following characteristics: strategic vision, participation, equity, consensus orientation in decision making, results orientation, efficiency, transparency, and accountability.¹ The focus on improving governance in the pharmaceutical sector in developing countries is of increasing interest, as evidenced by the development of the World Health Organization's Good Governance for Medicines program in 2004, which aims to ensure that medicines and other products flowing through public pharmaceutical systems ultimately reach patients by reducing pharmaceutical system vulnerability to diversion of medicines and other pharmaceutical products.² The methods used to conduct this study were guided by the concepts developed through these initiatives.

Methodology

The assessment was carried out by a six-person multidisciplinary team consisting of two pharmacists, two physicians, one central medical stores expert, and one human resources expert. Data were collected using a variety of methods: a review of key documents, including past evaluations of CAME; interviews with key informants; direct examination of CAME systems at the central level; direct review and examination of CAME's systems in its regional depots; interviews and observations at selected health facilities; and implementation of the *Inventory Management Assessment Tool* to determine availability of key health products in regional depots and health facilities.

Benin's Pharmaceutical System

The key actors in Benin's public pharmaceutical sector are the Directorate of Pharmacy and Medicines (DPM), the Ministry of Health (MoH), CAME and its regional depots, and pharmaceutical depots at the health zone level. In addition are CAME's clients, who include both public health facilities and private nonprofit organizations. The DPM's role is both

¹ "Governance and Sustainable Human Development," United Nations Development Programme, 1997.

² WHO Good Governance for Medicines program, <http://www.who.int/medicines/ggm/en/>.

normative and one of enforcement. The DPM participates in defining pharmaceutical policy and regulations, develops standards for the pharmaceutical sector, and oversees the implementation of policy and regulations as well as the adherence to standards.

The private pharmaceutical sector in Benin comprises six private wholesalers, 179 private retailers, and 276 private pharmaceutical depots. Private wholesalers source health products from both international suppliers and local suppliers and manufacturers. Private wholesalers in turn supply private retail pharmacies and private pharmaceutical depots. A thriving informal sector exists for the sale of pharmaceutical products, and at least one household survey has found that a large percentage (40 percent) of households in Cotonou bought pharmaceutical products from the informal sector.³ However, no further information is available on the actors in this informal sector, the source of supply for products, and the quality of pharmaceutical products sold. Artemisinin-based combination therapies from CAME initially destined for distribution to pharmaceutical depots and health facilities were recently found for sale in the informal private sector. The government of Benin is investigating this finding to determine the source and mechanism for this leakage.

Description of CAME

Created in 1989 through a collaboration of the Government of Benin and development partners, Benin's Central Medical Stores began operations in 1991. Initially created exclusively to procure and distribute pharmaceuticals to public health centers and private nonprofit health centers, CAME has since 1994 been authorized to supply essential medicines to the for-profit private sector. CAME's mandate was further extended in 1997 to cover the purchase of reagents as well as to provide assistance to the Ministry of Health with the storage and distribution of donated medications. CAME's capacity to supply generic essential medicines and medical supplies for Benin's 34 health districts in the whole territory of Benin was expanded through the creation of regional depots in 2002 in Parakou and Natitingou in the Central and Northern parts of the country.

CAME's current mandate is to supply the public health sector with pharmaceutical products. Its central-level warehouse directly supplies the National University Hospital and the Hôpital de la Mère et de l'Enfant as well as CAME's two regional depots in Parakou and Natitingou. CAME's regional depots in turn supply district-level depots (run by the MoH), departmental hospitals, public health centers, health zone hospitals, and private clinics. Distribution of pharmaceutical products by CAME stops at the level of its regional depots. CAME is entirely self-financed through sales of the products it supplies to the public pharmaceutical sector and the private sector.

³ Adeya, Grace, et al. 2006. *Évaluation rapide du système de santé de Bénin, avril 2006*. Arlington, VA: Management Sciences for Health, p. 67.

KEY FINDINGS AND RECOMMENDATIONS

The remainder of this report summarizes the recommendations and findings from the assessment report.

CAME's Legal Status

Since its inception, CAME's legal status has been that of a project under the authority of the Ministry of Health, thereby classifying the CAME as an "association." However, CAME's articles of creation are vague on what type of legal institution CAME is.⁴ Moreover, the articles of creation do not specify which laws CAME is subject to. As a result, CAME's legal status is ambiguous. Furthermore, the agreement with the Government of Benin authorizing its operations lapsed in 2007 and has since not been renewed. Although CAME has never ceased to operate, absence of such an agreement puts it into a legal vacuum.

The ambiguity of CAME's legal status has been beneficial to the extent that CAME has been able to operate independently and to generate and manage its own resources, including staff. Nevertheless, CAME's governance bodies have significant representation from the Government of Benin. Furthermore, its articles of creation state that it falls under the supervision of the Ministry of Health, although the modalities of this supervision are not clearly defined in the articles.

The assessment found two key problems arising from the ambiguity of CAME's legal status, namely—

- *Dilution of the Ministry of Health's role in managing the public sector pharmaceutical management system.* The MoH has no legal basis on which to seek redress if CAME is found not to be reaching its public health objectives or if it is found to be misusing funds. Updating CAME's articles of creation to be more specific about its responsibilities to the MoH would remedy the situation, as would transforming CAME from a project to a permanent legal entity.
- *Difficulty in defining roles and responsibilities between CAME and its collaborators.* CAME's ambiguous legal status prevents it from entering into contractual relationships (such as performance-based contracts) with its collaborators, which would help define roles and relationships of each. Such relationships include financial relationships (with donors), regulatory relationships (with the MoH), and client/service relationships (with health centers). This lack of definition of roles and responsibilities between CAME and its collaborators in turn contributes to problems identified through previous assessments and reconfirmed in this latest one. Of note are the difficulties experienced by CAME in managing pharmaceutical stocks, using available space, and providing services to the MoH that cause CAME to incur unreimbursed operational costs.

⁴ For example, for-profit vs. non-profit or autonomous vs. a branch of the MoH.

Structure and Effectiveness of CAME's Governance Bodies

CAME has a clearly defined governance structure that is described in its articles of creation. CAME's governance bodies include a General Assembly,⁵ a Management Committee, a Review Committee, and a Senior Management Team (SMT). Led by a president and a vice president, the General Assembly consists of 11 members serving three-year terms and drawn from the public health sector (8), national nongovernmental organizations (2), and faith-based health centers (1).

The Comité de Gestion (CoGes) is equivalent to an executive management team of a board of directors. The CoGes has the authority to act on behalf of the General Assembly in all matters concerning oversight of CAME. Its main responsibilities include directly receiving and reviewing all semi-annual and annual programmatic and financial reports from CAME's senior management, proposing policy changes related to CAME's functioning to the General Assembly, overseeing procurement done by CAME, approving prices charged by CAME to clients, and overseeing management of pharmaceutical products purchased by CAME. The CoGes is also responsible for requesting audits and inspections, and initiating any legal actions found to be necessary in the course of CAME's operations.⁶

The Review Committee has an audit and control function. All audit and investigation reports are referred to this committee, which reviews documents and makes recommendations to the General Assembly. Committee members consist of donors and MoH staff.

CAME's Senior Management Team consists of the Director and Deputy Director of CAME.⁷

The assessment identified the following weaknesses among these governance bodies.

Lack of Transparency Arising from Poor Definition or Absence of Key Procedures

Key procedures are poorly defined for these governance bodies. For example—

- The powers of the General Assembly are not clearly defined by laws.
- The quorum for General Assembly meetings is not clearly defined.
- Procedures for introducing new members of the general board of directors do not exist.
- Criteria for board of director membership are not clearly defined.

⁵ This is a direct translation from French *Assemblée Générale*. An *assemblée générale* by definition is an annual meeting of shareholders. However, CAME's articles of creation describe the *Assemblée Générale* as the sovereign body of CAME that makes policy, approves the budget and programming for the institution, and decides on long-term strategic directions for it. The *Assemblée Générale* can delegate some or all of its powers to the *Comité de Gestion*. As such, the *Assemblée Générale* functions as a board of directors, whereas the *Comité de Gestion* has the functions of an executive committee of the board.

⁶ CoGes members consist of the 11 members of the General Assembly plus the following additional members, 1 bilateral member, 1 multilateral member, 1 member from the Ministry of Health, and 1 member from the Ministry of Finance.

⁷ The Senior Management Team is responsible for executing the decisions of the board of directors and overseeing CAME's day-to-day functioning.

- Although a practice is made of remunerating governance body members, the criteria and procedures for remuneration do not exist in written form.

Weaknesses in Practice and Performance

- The General Assembly and the CoGes do not use key performance indicators linked to CAME's main activities to evaluate the performance of the organization. Much weight is given to annual sales of pharmaceutical products as a measure of performance.
- The Senior Management Team sometimes exercises functions that should normally be carried out by the CoGes. Unfortunately, lack of clarity on membership qualifications and procedures for adding new members makes replacing or supplementing existing members difficult.
- The annual cost of coordinating these bodies is approximately 40 million Communauté Africaine Financière francs per year,⁸ allocated as follows: General Assembly (33 percent), GoGes (29 percent), and activities of technical committees within CAME's operations (38 percent).
- CAME collaborates with a number of different actors in the pharmaceutical system, notably the MoH's various disease programs (HIV/AIDS and malaria), and various donors, such as the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and USAID. However, the lack of coordination among the actors by the MoH gives rise to a certain degree of chaos. The following factors limit CAME's capacity to collaborate with its partners—
 - An outdated information system
 - Absence of delegated authority from the MoH to convene partners for the purposes of procurement planning and coordination
 - Insufficient storage capacity to handle the volume of products purchased by various collaborators (Storage requirements may be reduced, however, through better inventory management, which in turn relies on good procurement planning and coordination among CAME's collaborators.)

Recommendations Concerning Legal Status and Governance Bodies

Reinvigorate Governance Bodies

Reinvigorate CAME's General Assembly by recruiting new members through a transparent process using explicit criteria and qualifications (through a public call for applications). The reinvigorated General Assembly would in turn appoint a new Executive Committee, which would be charged with regularizing CAME's legal status.

⁸ Approximately 81,000 U.S. dollars at the end of January 2009.

Clarify Legal Status

Update the legal and administrative texts of CAME through a consensus-based approach that includes facilitated discussions among the Ministry of Health, CAME's new Executive Committee, and other relevant stakeholders. Carry out this exercise with the technical assistance of an expert with appropriate past experience in creating or updating legal texts defining the status of Central Medical Stores in African countries.

Introduce a Contractual Approach for CAME

To better define the roles and responsibilities of CAME and its collaborators and to address CAME's unfunded mandates,⁹ CAME should enter into contracts with its key collaborators, in particular the donors and various actors within the MoH. This approach would require that CAME's clients and collaborators clearly define their product and service needs, as well as their timelines. Indicators could be defined and agreed upon to measure CAME's performance.

It is recommended that CAME enter into formal contractual relationships with external partners (all entities that carry out joint activities with CAME that involve overt or hidden costs). Activities would include all purchase of essential medicines and consumables, all purchases made by CAME on behalf of vertical programs, storage and stock management of these items, and distribution of these items. CAME's General Assembly would have to approve these contracts.

Update CAME's Information Systems and Capacities

To support contract compliance, CAME needs to replace its information system with an updated system capable of generate appropriate data for decision making. Next, CAME would need to agree with its partners on indicators and targets relevant to its major activities that can be tracked through this updated information system.

A proviso should be included in CAME's articles of creation stating that CAME report to the Ministry of Health on a regular (monthly) basis to enable the MoH to carry out its role of coordinating of pharmaceutical activities across Benin. This information should include a variety of performance measures in addition to financial information. This system will permit CAME's various collaborators and CAME itself to monitor progress on each contract and will facilitate the Ministry of Health's exercise of supervision authority over CAME.

Administrative and Financial Management

Financial and administrative management procedures impose a heavy burden, and insufficient transparency exists with respect to finances. Positive findings and good practices include—

- Key staff interviewed during the assessment have adequate training and demonstrated competence to carry out their work in administrative and financial management.

⁹ CAME is occasionally asked to by its collaborators to carry out activities that incur costs but for which it is not reimbursed.

- An adequate system of cash management exists, which is controlled on a daily basis.
- Adequate written procedures are in place for cash management and are consistently followed.
- The accounting system conforms to the regional accounting standards (OHADA).¹⁰
- Adequate, written budgeting procedures exist, which are consistently followed.
- CAME has a department of internal audit that carries out audits on a regular basis.

Weaknesses include—

- CAME's accounting system is automated only at the headquarters in Cotonou. Manual bookkeeping entries are therefore done at the sites before being forwarded to CAME headquarters for data entry into computers, which introduces a high risk of error. The preference would be to enter data on financial transactions directly into computers at the depot and transfer the bookkeeping files electronically to Cotonou.
- The head of the Finance Department has no tools for estimating cash flow and therefore has difficulty predicting periods of insufficient cash or excess cash in CAME's financial system.
- Cash transfers from depots to the central level of CAME are not carried out in a secure manner.
- Valuation of inventory is carried out only every six months, which is inadequate for the inventory turnover required to keep pace with needs. CAME's financial system is not capable of generating financial indicators more frequently or information such as the financial position (assets vs. liabilities), net margin, rate of expiry, percentage of losses (thefts, wastage), and so forth.
- The budget does not have objectives or targets by division, thus making evaluation of the performance of the budget difficult, beyond looking at funds expended. Likewise, a lack of defined indicators and targets makes it difficult for CAME's internal audit division to evaluate financial performance.
- The Department for Billing and Statistics focuses primarily on billing and does little statistical analysis to generate information for performance evaluation or decision making.
- The inappropriate size and shape of CAME's building in Cotonou makes it difficult for CAME to efficiently service its large number of clients who come to Cotonou to buy pharmaceutical products.

¹⁰ OHADA: Organisation pour l'Harmonisation en Afrique du Droit des Affaires.
[http://fr.wikipedia.org/wiki/Plan_comptable_\(OHADA\)](http://fr.wikipedia.org/wiki/Plan_comptable_(OHADA)).

- CAME does not have a formal way to track the handling and transportation costs associated with procurement of pharmaceuticals (the costs incurred between arrival in country and entry into the CAME's stores).
- No consumption profile has been established for tracer products. Tracer products are those that play a key role in public health programs as well as those that move rapidly (implying high consumption) and those that are an important source of CAME's revenue.
- Transparency is lacking in the administrative systems. Furthermore, there is a lack of timely follow-up on issues identified by administrative staff in activity reports.

Recommendations

- Provide CAME staff with tools to carry out routine analysis and reporting on key financial and administrative indicators.
- Replace the software currently being used for accounting and financial management with more current software that can respond to the information needs of a Central Medical Stores and its depots.
- After a tool for projecting cash flow is in use by CAME (through updated software), it should use the information generated with this tool to develop funding proposals to finance growth of the institution's operations, including capital investments.
- While CAME's annual budget is being drawn up, performance indicators (process and output) should be proposed and agreed to by CAME's General Assembly to allow evaluation of CAME's financial performance.
- CAME should develop a medium- to long-term plan for the development of its physical plant.

Human Resources

On the positive side, employees interviewed expressed satisfaction with their jobs. However, key weaknesses were identified in the following areas of human resources (HR) planning and development, human resources management, and evaluation of human resources—

- CAME has no human resources development plan.
- Career advancement is based on seniority and not on merit or performance. Promotions are not usually accompanied by appropriate training to ensure that personnel have the capacity to carry out their new responsibilities.
- No clear training plan exists that takes into account the strategic objectives of the organization and the roles and responsibilities of various CAME staff.

- Standard HR management practices are not in place. Hiring decisions do not take into account the overall strategic HR needs of the organization.
- Transparency is lacking in HR practices—vacant posts are not announced internally to give existing staff the opportunity to apply. The senior management simply appoints people to posts. The key entry point into the organization is through internships or by being hired initially as a security guard.
- The system of evaluation is one of assigning grades; however, the criteria on which people are evaluated are identical for all job groups. No distinction is made for specific competencies required for different jobs. Evaluations are not signed by staff being evaluated.

Recommendations

- Establish a clear HR policy.
- Establish standard HR practices and procedures, including a structured system for maintaining and updating personnel files.
- Ensure that all levels of employees have job descriptions with explicit responsibilities and qualifications.
- Establish and operationalize a personnel training plan.
- Following discussions with staff, establish an evaluation system based on the achievement of objectives.

Information Systems

CAME's information system consists of a network that supports three major areas: accounting and financial management, physical plant (buildings), and commercial activities (orders, supplier tracking, stock levels, and so on). Each area of activity has its own database.

Thirty computers and 15 printers support these three areas of activity. The system is Windows-based (2003), and the software currently in use is Sage SAARI 500. The Department of Administration of the Information Network manages this system, led by a Network Administrator who is supported by an Assistant Administrator. Their major responsibilities are managing existing databases, maintaining computer hardware and software, and administering the computer network. These staff also train CAME staff in using the software and producing reports from databases that the existing software cannot produce automatically.

Positive findings and good practices identified include—

- Qualified, competent staff currently manage the information system.
- The computer hardware in use is adequate and includes surge protection.
- Anti-virus protection is sufficient.

- The system has two servers that store data, which are backed up daily and weekly.
- Access to data is controlled through the use of passwords.

The following weaknesses were identified—

- The Sage SAARI 500 software currently in use is no longer being sold and therefore Sage is no longer doing maintenance and development. It is therefore not possible to obtain external support from the software manufacturer.
- No written procedures exist on the functioning of the network, security, and quality of data.
- No mechanism is in place for internal quality control of data entered into the three databases.
- CAME's regional depots are not linked to CAME's information system at the central level.

Recommendations

- CAME will need to select new software for commercial management through a transparent, competitive process to replace the software currently in use. It is suggested that this be done by first creating a technical committee to develop the technical specifications for the new software to be acquired ahead of launching a tender to acquire the software.
- Replacement software should be capable of—
 - Automatically transmitting the information on sales entered into computers at regional depots to the CAME at the central level
 - Generating key statistics for decision making and planning by CAME's Senior Management Team and General Assembly/CoGes
- Technical assistance will be required to install this software, train CAME in its use, and follow up to ensure adequate operationalization.
- In addition to the replacing software, auxiliary tools should be put in place to—
 - Analyze international tenders, supplier performance, and quality assurance
 - Measure the availability of tracer products on a monthly basis
 - Generate weekly stock data by lot and consolidate this information for all CAME warehouses for decision making by CAME and the Ministry of Health
 - Generate statistics on CAME's commercial performance, such as sales, inventory levels, service levels, and client satisfaction

- Allow a complete survey of CAME prices and margins according to private sector references via a pricing policy tool
- Help CAME management be more transparent regarding CAME's commercial performance by generating and sharing information on statistics, such as cash flow situation vs. forecasts, stock levels, quality assurance results, and client satisfaction

Operational Aspects of Pharmaceutical Management at CAME and Its Depots

Pharmaceutical management operations were reviewed at CAME's central location as well as at its regional depots. Visits and interviews were also carried out with public sector clients of CAME, which include health zone depots, hospitals, and health centers.

Key weaknesses observed are the following—

Selection

- The National Essential Medicines List has not been updated since 2003. Malaria medications that are no longer recommended (such as chloroquine) are still on the list, whereas the recommended first-line treatment, artemether-lumefantrine, is not yet on the list. This situation gives rise to confusion among health providers and patients about which medications should be used.
- No policy exists on the management of donated products.

Procurement

- The practice of accepting products from a supplier and paying for them after sales (consignment) is growing at CAME (from 15 percent in 2006 to 23 percent in 2007). In contrast, procurement through conventional tenders is decreasing (from 72 percent in 2006 to 40 percent in 2007). This situation contravenes CAME's standard operating procedures, which state that the gold standard for acquisition of pharmaceuticals is through conventional tendering. This situation also raises issues of transparency, because the basis on which decisions are made to buy on consignment is not clear. Neither is it clear whether CAME is obtaining the best prices through this choice of procurement method.
- CAME's stock management system currently does not allow adequate tracing of lots and expiry dates. This lack would present a problem if CAME were required to manage the recall of a particular lot.
- Insufficient data from health centers on consumption of pharmaceuticals have led CAME to base its quantification on past sales.

Storage and stock management

- Storage is inadequate for the volume of products stocked in CAME's warehouses. This lack of storage has given rise to storage practices that make good stock management practices difficult to implement. Poor stock management practices include the lack of designated quarantine zones within the central warehouse in Cotonou and absence of temperature controls except in the cold room.

Transportation and distribution

- CAME currently has the capacity to distribute products it procures only to its regional warehouses. It is limited by having one larger truck and four pickups to cover the entire country. Additionally, its two regional depots do not cover all 34 health districts. Because of lack of transportation, CAME sometimes resorts to contracting out for private transportation to deliver products to its regional depots. However, CAME's clients still have to find the means to travel to the regional depots or to make unscheduled visits to CAME's main warehouse in Cotonou to pick up products.
- A high degree of unpredictability exists in the current distribution system. The system for resupplying regional depots does not follow a distribution plan, and no written procedures exist for resupplying the regional depots.
- CAME has a large number of clients that bypass the established distribution system. For example, certain health centers that are covered by regional depots (or *depots répartiteurs de zones*) go directly to CAME in Cotonou for resupply.

Availability of medicines

- The availability of medicines decreases as one goes further down the health system. All the health centers visited had stock-outs of antimalarials at the time of the visit despite the fact that antimalarials were available in the corresponding regional depots at the time of the assessment.
- Staff in the health zone depots are poorly trained. There is weak financial management capacity at health zone and health center level.

Relationship between CAME and national disease programs

- Historically, no written agreements or memoranda of understanding exist between CAME and national disease programs to establish their respective roles, responsibilities, and targets. Recently, however, a memorandum of understanding was established between CAME and the national AIDS program for the provision of antiretrovirals.
- Although CAME sometimes receives logistical and human resources support in exchange for its services, the services provided by the CAME to vertical programs that extend beyond the act of procuring products are not reimbursed.

Recommendations

- Update the National Essential Medicines List.
- Create and implement a policy on donation of medicines.
- Carry out a study to identify CAME's space needs, and assist CAME in determining whether to expand its current physical plant or to build a new facility capable of addressing its space needs.
- Establish contracts between CAME and its clients and key collaborators to improve access to medicines at health centers.

- Put in place a system to measure availability of essential medicines (percentages of orders placed that are actually delivered to facilities as well as availability at facilities).
- Create standard operating procedures for managers in health zone depots, hospitals, and health centers to serve eventually as a reference for good practices in managing medicines.
- Strengthen storage capacity with new installations that conform to standards for pharmaceutical storage.
- Nominate a pharmacist to the departmental level (one in each of six departments).
- Support the existing public sector health zone depots in improving management of stocks and quantification of needs in essential medicines with a view to eventually having them sign contracts with CAME for supply of pharmaceuticals.
- Introduce contracting as an approach to improve the availability of medicines at health centers, and appoint a pharmacist (at national level) to coordinate the contracting approach.
- Ensure that health zones lacking revolving funds establish revolving funds. Access to funds is necessary to ensure that health zones can pay for the products supplied by CAME and should be a precondition to establishing contracts between CAME and health zones.

Action Plan: Follow-up to the Assessment

A draft action plan was also produced based on the recommendations from this assessment. The draft appears at the end of this executive summary. The USAID Benin Mission is taking the lead on coordinating with other health sector donors in Benin to identify interest in providing financial support for the eventual implementation of all key recommendations.

SPS in Benin will incorporate some of the recommendations into its work plan as actions to undertake during the remainder of the fiscal year (January to September 2009).

Summary of Proposed Action Plan						
Findings	Short-Term Solutions (Implement in 1–6 Months)	Medium-Term Solutions (Implement in 6 Months to 2 Years)	Expected Results	Proposed Timeline	Persons Responsible	Implementation Partners
<i>CAME's Legal Status</i>						
CAME's agreement with the MoH that allows it to operate lapsed in 2007 and has not been renewed, thereby created a legal vacuum concerning its operation.	Recruit an international expert to update the articles of the creation of the CAME.	CAME's updated articles of creation are signed and made official.	CAME's articles of creation are updated, and the agreement between CAME and the MoH is up to date.	March 2009	MoH	<ul style="list-style-type: none"> • Legal adviser to the MoH • DPM • CAME • Technical and financial partners
CAME's articles of creation are outdated and do not therefore reflect the roles of the various actors in the health system that contribute directly or indirectly to the CAME's activities.		Establish contracts between CAME and all its partners (national diseases programs).	<ul style="list-style-type: none"> • Contracts established between CAME and its partners. 	January 2010	MoH	<ul style="list-style-type: none"> • Legal adviser to the MoH • DPM • CAME • Technical and financial partners
<i>Governance</i>						
The General Assembly and its Executive Committee (CoGes) lack the capacity necessary to exercise adequate oversight over CAME.	The CAME General Assembly (by way of the MoH) launches a call for expressions of interest for new members.		CAME General Assembly membership capable of making robust decisions on behalf of the organization.	May 2009	MoH	<ul style="list-style-type: none"> • Legal adviser to the MoH • DPM • CAME • Technical and financial partners
	Newly constituted General Assembly names a CoGes meeting criteria outlined in the updated articles of creation of CAME.	Regular production and dissemination by CAME to the MoH of a dashboard that reports on process and output indicators.	CAME SMT produces and regularly shares a dashboard on CAME's performance with the MoH.	June 2009	MoH	<ul style="list-style-type: none"> • CAME SMT • DPM • New General Assembly • Technical and financial partners

Key Findings and Recommendations

Summary of Proposed Action Plan						
Findings	Short-Term Solutions (Implement in 1–6 Months)	Medium-Term Solutions (Implement in 6 Months to 2 Years)	Expected Results	Proposed Timeline	Persons Responsible	Implementation Partners
<i>Information System</i>						
CAME's regional depots in Natitingou and Parakou are not networked with CAME at the central level.	Create a technical committee responsible for defining technical specifications for new software.	Network CAME's regional depot with the central level.	A technical committee responsible for developing technical specifications for new software is in place and operational.	October 2009	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • DPM • Technical and financial partners
The current information systems for accounting/ financial management as well as for tracking commercial activities cannot generate statistics necessary for decision making.		Acquire new software capable of generating a wider range of statistics on CAME's financial and commercial operations.		June 2010	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • DPM • Technical and financial partners
The Department for Procurement and Quality Assurance does not have a tool to facilitate decision making during the process of bid evaluation.		Install new software capable of evaluating bids received during the procurement process (ANAOMES).	ANAOMES software is installed at the Department for Procurement and Quality Assurance.	January 2010	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • DPM • Technical and financial partners
		Create auxiliary tools to support the ANAOMES software.	Auxiliary tools are created and available to track and store the following information on pharmaceutical products: manufacturers, logistics, finances, prices by tracer product.	April 2010	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • DPM • Technical and financial partners

Summary of Proposed Action Plan						
Findings	Short-Term Solutions (Implement in 1–6 Months)	Medium-Term Solutions (Implement in 6 Months to 2 Years)	Expected Results	Proposed Timeline	Persons Responsible	Implementation Partners
Human Resources						
Human resources policies (recruitment, training, remuneration) are absent.	Create human resources policies where policy gaps have been identified.	Human resources policies approved by the General Assembly.	Human resources policies are in place and are applied.	September 2009	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • Technical and financial partners
Inadequate match exists between staff profile and job function in certain departments because of lack of human resources planning.		Establish a human resources planning system.	A human resources planning system is in place.	January 2010	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • DPM • Technical and financial partners
Staff in lower job groups do not have job descriptions.	Create job descriptions for posts without descriptions.		All categories of staff have job descriptions.	June 2009	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • DPM • Labor unions • Technical and financial partners • HR organization (technical assistance)

Key Findings and Recommendations

Summary of Proposed Action Plan						
Findings	Short-Term Solutions (Implement in 1–6 Months)	Medium-Term Solutions (Implement in 6 Months to 2 Years)	Expected Results	Proposed Timeline	Persons Responsible	Implementation Partners
There is no evaluation of staff based on previously agreed-upon objectives, and personnel files are not up to date.	Establish a system of evaluating personnel based on objectives.		Transparent and objective personnel evaluation system in place and operational.	December 2009	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • Division of Human Resources/ MoH • Labor unions • Technical and financial partners • HR organization (technical assistance)
No human resources training plan exists.		Create a human resources training plan.	A human resources training plan is in place that is consistent with CAME's development objectives.	December 2009	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • Division of Human Resources/ MoH • Labor unions • Technical and financial partners • HR organization (technical assistance)

Summary of Proposed Action Plan						
Findings	Short-Term Solutions (Implement in 1–6 Months)	Medium-Term Solutions (Implement in 6 Months to 2 Years)	Expected Results	Proposed Timeline	Persons Responsible	Implementation Partners
Administration and Finances						
Key indicators are not tracked on a monthly basis. These indicators should include balance sheet, net margin, expiry rates, and product losses.		Acquire and install new software capable of generating a wider range of statistics on CAME's financial and commercial operations.	CAME has replaced its current software with updated software capable of generating key information for monitoring commercial and financial management.	January 2010	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • DPM • Technical and financial partners
CAME lacks a tool for forecasting cash flow requirements.		Following installation of software and auxiliary tools, use cash flow forecasting tool to predict upcoming gaps in cash needs. As required, use these data to prepare proposals to donors to address gaps in cash requirements.	Proposal to address gap in financial needs is prepared and submitted to donor(s) as needed.	February 2010	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • Director of Financial and Material Resources (DRFM) • Technical and financial partners
The consumption profile for tracer products has not been established.	Establish the consumption profile for tracer products.		Consumption profile of tracer products is available.	May 2009	SMT/CAME	<ul style="list-style-type: none"> • SMT/CAME • DRFM • Technical and financial partners
CAME's budget is not linked to objectives, indicators, and targets by division.		Determine objectives, indicators, and targets by division for the 2010 CAME budget.	CAME's 2010 budget contains objectives, indicators, and targets by division.	September 2009	General Assembly/ CAME	<ul style="list-style-type: none"> • SMT/CAME • DRFM • Technical and financial partners

Key Findings and Recommendations

Summary of Proposed Action Plan						
Findings	Short-Term Solutions (Implement in 1–6 Months)	Medium-Term Solutions (Implement in 6 Months to 2 Years)	Expected Results	Proposed Timeline	Persons Responsible	Implementation Partners
<i>CAME's Pharmaceutical Operations</i>						
The current national essential medicines list is out of date.		Update the national essential medicines list.	National essential medicines list updated.	December 2009	DPM	<ul style="list-style-type: none"> • CAME • MoH • National programs of the MoH • Technical and financial partners
No policy exists on the management of donated pharmaceuticals.		Create a policy on the management of donated pharmaceuticals.	Policy for the management of pharmaceuticals is adopted.	December 2009	DPM	<ul style="list-style-type: none"> • CAME • MoH • National disease programs • Technical and financial partners
		Disseminate and apply the policy on donated pharmaceuticals.	MoH partners and donors are familiar with the policy on the management of donated pharmaceuticals.	March 2010	DPM	<ul style="list-style-type: none"> • CAME • MoH • National disease programs • Technical and financial partners
Product consumption data are inadequate to carry out quantification using consumption methodology.		Establish contracts between CAME and its partners in which the transmission of consumption data to the CAME is a priority.	Contracts are in place between CAME and its clients (national programs, health zones, hospitals).	March 2010 (Pilot phase)	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • National disease programs • MoH • Technical and financial partners

Summary of Proposed Action Plan						
Findings	Short-Term Solutions (Implement in 1–6 Months)	Medium-Term Solutions (Implement in 6 Months to 2 Years)	Expected Results	Proposed Timeline	Persons Responsible	Implementation Partners
		Support public sector health zone and hospital pharmaceutical depots to quantify their needs in essential medicines in preparation for contracting with CAME.	CAME bases its forecasts on quantification carried out at health zones and hospitals with which contracts have been established.	June 2010 (Pilot phase)	SMT/CAME	<ul style="list-style-type: none"> • CAME • Health zones • Technical and financial partners
Stock-outs of essential medicines at health centers and hospitals are common because of absence of pharmaceutical management data (quantities consumed, stock on hand, losses and adjustments).	Regularly review the quantification of tracer products with health zones and adjust the procurement planning accordingly.	Put into place a tool for tracking logistics indicators for tracer products.	A revision of the quantification and redeployment of stocks of artemisinin-based combination therapies and other tracer products is carried out to avert stock-outs and expiries.	March 2009	National Malaria Control Program	<ul style="list-style-type: none"> • CAME • DPM • Health zones • Technical and financial partners
	Improve the logistics information system for pharmaceutical products, including antimalarials	Evaluate the logistics system for medicines and make recommendations for improvements.	The system for procuring medicines is evaluated, strengths and weaknesses are identified, and an action plan with recommendations is developed.	October 2009	DPM	<ul style="list-style-type: none"> • CAME • Health zones • Private sector pharmacies • Technical and financial partners
		Improve capacity of personnel in charge of managing pharmaceutical products at different supply chain levels (quantification, stock management, use of stock management tools).	Pharmaceutical management improved at pharmaceutical depots, hospitals, and health centers.		July 2009	DPM

Key Findings and Recommendations

Summary of Proposed Action Plan						
Findings	Short-Term Solutions (Implement in 1–6 Months)	Medium-Term Solutions (Implement in 6 Months to 2 Years)	Expected Results	Proposed Timeline	Persons Responsible	Implementation Partners
Coordination between CAME and national disease programs is insufficient.		Establish MoU or contract between CAME and its collaborators to improve coordination of activities and availability of essential medicines in health facilities.	Projects and national disease programs collaborating with the CAME mention the CAME in their pharmaceutical management plans.	March 2010	SMT/CAME	<ul style="list-style-type: none"> • President of new CoGes/CAME • National programs • MoH • Technical and financial partners

