Ministry of Public Health
General Directorate of Pharmaceutical Affairs
Coordinated Procurement and Distribution System

Strategic Roadmap for the Implementation of a Coordinated Procurement and Distribution System of Medicines in Afghanistan for 2013-2015

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USAID
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SPS Strengthening Pharmaceutical Systems

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About SPS

The Strengthening Pharmaceutical Systems (SPS) Associate Award 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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ACRONYMS

ACSS	Advisory Committee for System Strengthening
BPHS	Basic Package of Health Services
CMS	Central Medical Store
CPDS	Coordinated Procurement and Distribution System
CSC	Commodity Security Committee
DIC	Data and Information Committee
EPHS	Essential Package of Hospital Services
GDPA	General Directorate for Pharmaceutical Affairs
MOPH	Ministry of Public Health
NGO	nongovernmental organization
P&D	procurement and distribution
PSM	pharmaceutical supply management

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BACKGROUND

The CPDS roadmap is a plan to coordinate MOPH, several donors, nongovernmental organizations (NGOs), United Nations agencies, and other multi- and bilateral agencies for procuring and distributing medicines and medical supplies to facilities offering BPHS and EPHS. The road map provides an overview of the activities carried out and planned and their current status and how these activities help achieve the vision of a sustainable and uninterrupted supply of quality pharmaceuticals in the public sector overseen by the MOPH. It is a framework for progress toward a coordinated provision of safe, effective, and quality essential medicines for the people of Afghanistan. The interest in establishing the coordinated system of procurement and distribution (P&D) was first discussed in July 2008 with the SPS Program and MOPH.

Concept

To achieve a coordinated and uninterrupted supply of pharmaceutical products, the road map requires CPDS stakeholders involved in P&D of essential medicines to make concerted efforts to support and abide by the principles espoused in the Governance Framework and to provide practical opportunities for better provision of essential medicines, capacity building, and systems development.

Process

There are four goal-driven phases with the ultimate goal of achieving a CPDS by 2015. These phases are as follows:

- Development of a governance framework
- Planning and development of activities for the various committees and offices
- Implementation of the planned activities
- Performance monitoring and evaluation

However, progress will require the good faith and efforts of stakeholders and their compliance with each of the obligations put together by the National Management Commission (NMC), including amendments written in consultation with the General Assembly.

In December 2008, the MOPH and stakeholders acknowledged the need for a CPDS among the BPHS and EPHS stakeholders, which led to the development of the first roadmap. In 2009, an assessment was conducted to understand the roles and systems of the stakeholders and situations of the current system and to explore coordination needs. The assessment found that there were multiple, parallel P&D mechanisms based on priority diseases and health conditions. These multiple mechanisms came about as a result of insufficient regulation and management for pharmaceutical management; unclear roles and responsibilities of local institutions involved in pharmaceutical supply**;** inadequate human and infrastructure resources**;** and pressure to achieve program targets. The parallel systems cause fragmented and incomplete Pharmaceutical

Management Information Systems (PMIS) resulting in inaccurate quantification and inappropriate procurement planning, imbalanced availability and wastage of pharmaceuticals, wastee human and financial resources, and irrational use of medicines.

The assessment findings led to a consensus of the stakeholders to establish a CPDS. A governance framework was then developed. It clearly defines the structure of CPDS which comprises the NMC, a coordinator, and three technical committees (Advisory Committee in System Strengthening [ACSS], Commodities Security Committee [CSC], and Data and Information Committee [DIC]) and their roles and responsibilities. In 2010, the committees developed action plans with the inputs from the stakeholders. Implementation of the action plans began in late 2010 and 2011, including development of a P&D information system, capacity building of a quantification team, and gathering information on stakeholder P&D mechanisms.

Regarding stakeholder P&D mechanisms, an assessment was performed in October 2011 to collect information on their procurement, distribution, and quantification (PDQ) systems. The assessment revealed that only 30−50% of stakeholders have documented systems in place for P&D. The assessment report recommended that action plans previously developed by the committees be revised and that P&D and financial documentation be strengthened to improve transparency and accountability of the systems. On the basis of these findings and recommendations, a three-year CPDS roadmap for 2013-2015 was initiated in 2012.

PROBLEM STATEMENTS

A review of the current system was conducted by CPDS members, and several issues were identified regarding CPDS development and P&D (which includes quantification, procurement, distribution, inventory management, and logistics information management). Those issues were classified as 1) system coordination, 2) P&D systems, 3) information management, and 4) human capacities. They are described below.

System Coordination

- There is no operational mechanism (guidelines and tools) to coordinate P&D activities among stakeholders.
- There is little cohesion or a limited degree of a standardized approach and operation to P&D activities among stakeholders.
- The GDPA organogram indicates that there is no office that is in-charge of pharmaceutical supply management (PSM).
- The P&D systems implemented by some of the stakeholders do not show consistent accountability and transparency.
- Only one donor (USAID) has been financially supporting CPDS activities. Therefore, the CPDS is potentially unsustainable.
- The public sector is highly dependent on external funding and technical assistance in PSM, which is potentially unsustainable.

P&D Systems

- It was observed that not all the stakeholders consistently apply quantification practices. There are constraints to this issue, such as the required information is not available, the stakeholders have limited capacity in quantification methods, and the appropriate quantification process is not enforced.
- Some stakeholders do not consistently practice all good procurement activities. As a result, the procurement of medicines may not be based on economic, technical, and managerial considerations. The potential causes could be that some stakeholders (including MOPH) do not have procurement guidelines or regulations for pharmaceuticals; stakeholders with guidelines/regulations might not adhere to them; the pharmaceutical or medical staff are not involved in the procurement plan or decision making for adjustment in case of budget constraints; and the human resource or capacity to implement good procurement practices is inadequate.

- The custom clearance process is cumbersome and long. Seven institutions are involved in custom clearance, and the process takes two to four months. The long process delays pharmaceutical supplies, increases storage costs at customs, and shortens the remaining shelf-lives of the pharmaceuticals after they are released from customs.

- Some stakeholders have no clear information on the type of transport used for each link in the distribution chain.

- There is no national prequalified suppliers list because there is no mechanism to prequalify suppliers; there is also no system to identify prequalified suppliers.

Information Management

- There is no standardized recording and reporting system for P&D in the public sector.

- The national-level Health Management Information System captures information for 30 tracer medicines, which is inadequate for decision making.

- Some of the stakeholders have no comprehensive P&D information system.

- The stakeholders' PSM information is not shared with other stakeholders, including MOPH, to maximize utilization of resources.

- The stakeholders do not use PSM information for procurement planning and decision because it is inaccurate and they lack the capacity to use the information in decision making.

Human Resources and Capacities

- The MOPH staff have limited capacity (GDPA, Central Medical Stores (CMS), Procurement Directorate, pharmaceutical enterprises) in PSM, leadership, and management.

- MOPH has limited capacity to oversee the PSM systems implemented by the stakeholders.

- Some of the stakeholders do not have professional staff to be responsible for pharmaceutical management at the health-facility level, which impacts the quality of inventory management and inventory data used for quantification and decision making.

- There is no clear capacity building or transfer of capacities from international aid organizations to national counterparts regarding PSM.

STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS ANALYSIS FOR CPDS

The purpose of analyzing strengths, weaknesses, opportunities, and threats (SWOT) is to identify the advantageous factors and barriers to the implementation of CPDS strategies and activities. Taking these factors into account in the planning process will be helpful in developing feasible strategies.

Table 1. SWOT Analysis for CPDS

Strengths	Opportunities
• The CPDS governance framework is the first step of the coordination mechanism. • CPDS stakeholders have constructive relationships with MOPH and GDPA. • Some NGOs have staff experienced in pharmaceutical management. • NGOs capture management information about distribution, consumption, and epidemiology at the operational level.	• USAID is supportive of CPDS with funds, resources, and technical assistance. • SPS is supportive in capacity building for MOPH/GDPA. • CPDS stakeholders have constructive relationships with MOPH and GDPA. • There is political support from MOPH and GDPA.
Weaknesses	**Threats**
• There is an insufficient number of professional staff at NGOs and MOPH to carry out PSM. • Some of the stakeholders pay little attention to PSM which affects the quality of pharmaceutical service delivery. • Some stakeholders have little interest in CPDS. • MOPH/GDPA staff have limited capacity to carry out PSM properly. • The management information captured at the operational level by NGOs is not shared with the stakeholders, including MOPH.	• There is no consistent international technical assistance for CPDS. • There is no experienced expertise on CPDS. • Some stakeholders have little interest in CPDS. • Donor support is potential unsustainable. • There is potential change of political support from MOPH. • Current support from USAID/SPS is subject to termination by close of project three years later. • There are security concerns (violence and theft) and geographical barriers in the distribution of pharmaceuticals and data reporting. • There are political barriers in neighboring countries to shipping pharmaceuticals.

VISION AND MISSION OF CPDS

Vision

A sustainable pharmaceutical supply system overseen by the MOPH with good governance that ensures an uninterrupted supply of quality pharmaceuticals in the public sector

Mission

Provide quality pharmaceuticals to the Afghan people who are in need, as well as to build MOPH's capacity and strengthen the PSM system in the public sector

CPDS STRATEGIC ROADMAP FOR THE NEXT THREE YEARS (2013-2015)

The strategies are presented below to address the problems or their root causes regarding pharmaceutical supply management and the coordination among stakeholders:

	Objectives and strategies	Respon-sibility	2013	2014	2015	Expected results/ outcomes	Challenges/risks
Objective 1: Sustain the coordinated system by strengthening the coordination and capacity of CPDS stakeholders							
1	Advocate the value of CPDS and strengthen the stakeholders' interests in CPDS to motivate their willingness to contribute to CPDS activities (financial, technical, and human resource support) to sustain the coordinated system and advocate that the MOPH engage CPDS stakeholders in PSM activities to build MOPH's capacity and strengthen the system	GDPA, ACSS	X	X	X	• Stakeholders host the meetings • Attendance increased	Change of leadership in the stakeholders may affect their interests
2	Establish a technical session in CPDS joint committee meetings for stakeholders to share their experiences and success stories in PSM	GDPA, ACSS, CSC, DIC	X	X	X	Stakeholders adopt successful approaches	Change of leadership in the stakeholders may affect their interests
Objective 2: Harmonize PSM among stakeholders and build MOPH's capacity toward the maintenance of a sustainable PSM system							
1	Establish the minimum requirements/standards and guidelines for quantification and P&D to be used by the stakeholders as the first step ensuring transparency, accountability, efficiency, and harmonizing pharmaceutical supply operations and quality among stakeholders	GDPA, ACSS, CSC	X			Minimum requirements/ standards and guidelines approved by MOPH	To agree with the minimum requirements among stakeholders could be a lengthy process
2	Build the capacity (training, coaching, mentoring, etc.) of MOPH staff and stakeholders who are responsible for PSM on minimum requirements and guidelines	GDPA, ACSS, CSC		X	X	Reasonable number of MOPH and stakeholders' staff trained	Stakeholders may be unwilling to financially support training for their staff
3	Share stakeholders' experiences about their suppliers to establish the criteria for prequalification of suppliers and to develop a list of prequalified suppliers	GDPA, ACSS		X	X	• Criteria for pre-qualification of suppliers established • Prequalified suppliers list developed	Performance of suppliers may change, therefore, periodic revision of the prequalified list would be needed
4	Train the MOPH PSM-related officials (GDPA, CMS, Procurement Directorate) in computers, English, PSM, information management, and monitoring and evaluation	GDPA, ACSS	X	X	X	• Reasonable number of MOPH officials trained • MOPH PSM-	• Not all officials trained could put the knowledge into practice • High turnover of

	Objectives and strategies	Respon-sibility	2013	2014	2015	Expected results/ outcomes	Challenges/risks
						related waiting time shortened (application, custom clearance, etc.)	officials could affect training courses or results
Objective 3: Develop a pharmaceutical logistics information system (PLIS) and build stakeholders' capacity to use the information in planning and decision making							
1	Propose minimum required data/information to be captured in the stakeholders' information system	GDPA, DIC	X	X		• Number of types of data confirmed after the pilot phase • A minimum set of indicators developed	• Unavailable/ unaccessible/ incomplete/incorrect data could affect the selection/decision on the required data and indicators for the information system • Shortage or low capacity of staff at the health facilities/stores may affect collection & reliability of the data
2	Develop the PLIS to capture the information from the stakeholders, taking into consideration its compatibility with Pharmaceutical Management Information System	GDPA, DIC	X	X		• The e-PLIS developed • The e-PLIS is functional (keeps and analyzes data)	Human capacity in the development and maintenance of the system is critical to the success of the system
3	GDPA to share the PLIS with the relevant MOPH departments and stakeholders to build their capacity for use of the information for decision making	GDPA, DIC	X	X	X	• An information dissemination system established, including feedback to BPHS/EPHS implementers • Orientation on the implication of the indicators facilitated in the CPDS joint committee meetings	