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USAID Global Health Supply Chain Program
Procurement and Supply Management

Warehouse and Distribution Optimization for Differentiated Service Delivery

Supply chain optimization to move for six-monthly refills

The CQUIN Learning Network: Partnering to Advance Differentiated Service Delivery Maputo, Mozambique, February 12-15, 2018



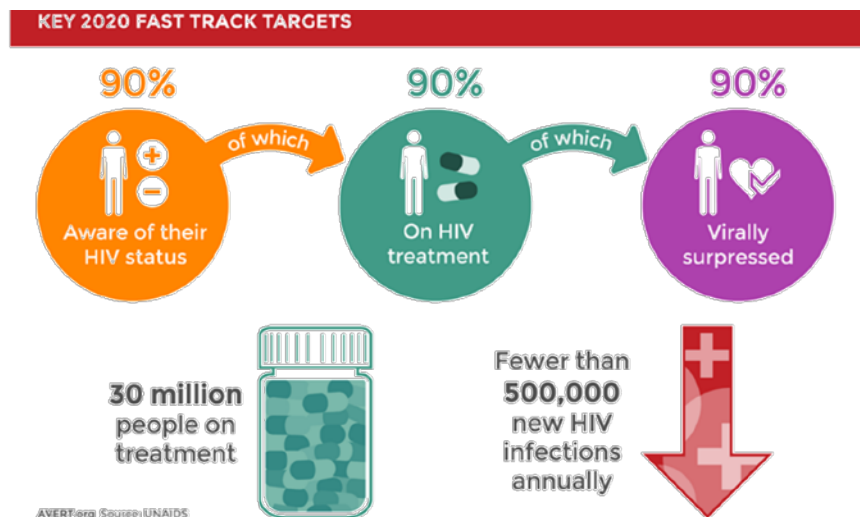
Background

On Track for the UNAIDS' 90-90-90 treatment targets to help end the AIDS epidemic

- but countries are facing an overwhelmed workforce & infrastructure, patient retention challenges and limited financial resources.

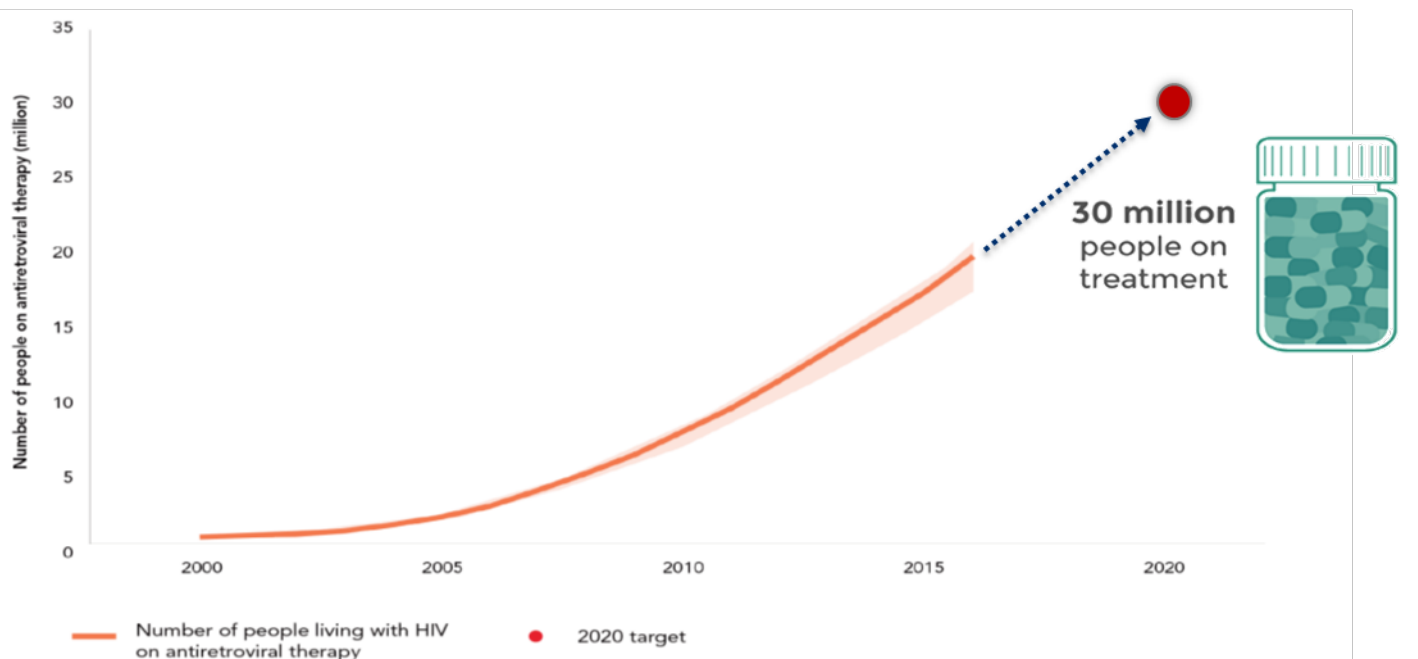
Response

- Increasing patient centric services and efficient strategies
- One Key Differentiated Service Delivery Model - Multiple Month Dispensing
 - Stable patients represent over 60% ART
 - Reduce visit frequency
 - Reduce burden on the patient & on the services – improves retention
 - Reduce costs for patient & services
 - Enable health facilities to manage the higher number of patients
 - Move from the current three-monthly to six-monthly refills



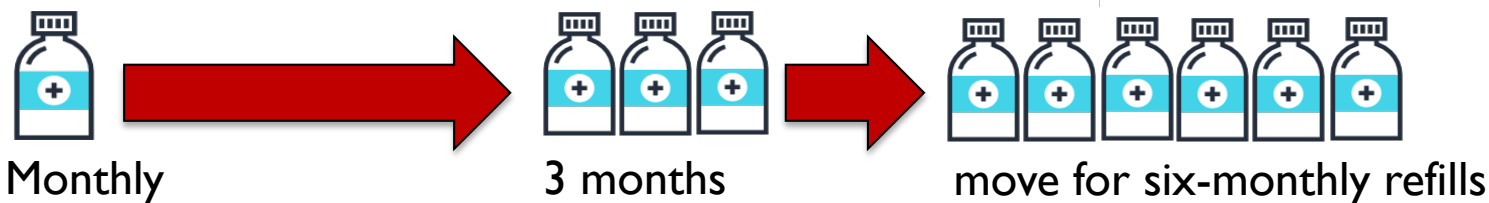
Background

ON TRACK TO 30 MILLION PEOPLE ACCESSING TREATMENT



NUMBER OF PEOPLE LIVING WITH HIV ON ANTIRETROVIRAL THERAPY, GLOBAL, 2000–2016

Source: UNAIDS 2017 estimates. Global AIDS Monitoring, 2017.



Continuing the process of national roll out and implement multi-month dispensing and move to six-months refills

Impact On the Supply Chain

- Patients will consume the same quantities of ARVs in a year whether they are re-supplied monthly or multi-monthly, but we are moving large quantities of ARV stock from the supply chain to the patients' houses.
- Recommendations to phase in multiple month dispensing requires a maximum additional stock at a health facility:
 - ❑ For 2 or 3 month dispensing – up to **one month's additional supply**
 - ❑ For 4 month dispensing – **up to 1.5 month's additional supply**
 - ❑ For 6 month dispensing – **up to 2.5 month's additional supply**
- The additional stock is to transition the stable patients over the same number of months as the dispensing quantity. This has an impact on the storage capacity at the facility level.
- Even with additional supplies, the risk of shortages and stock outs increases 6-8 months after implementation (active patients not reported in the LMIS)

Optimization – Multi-month Dispensing

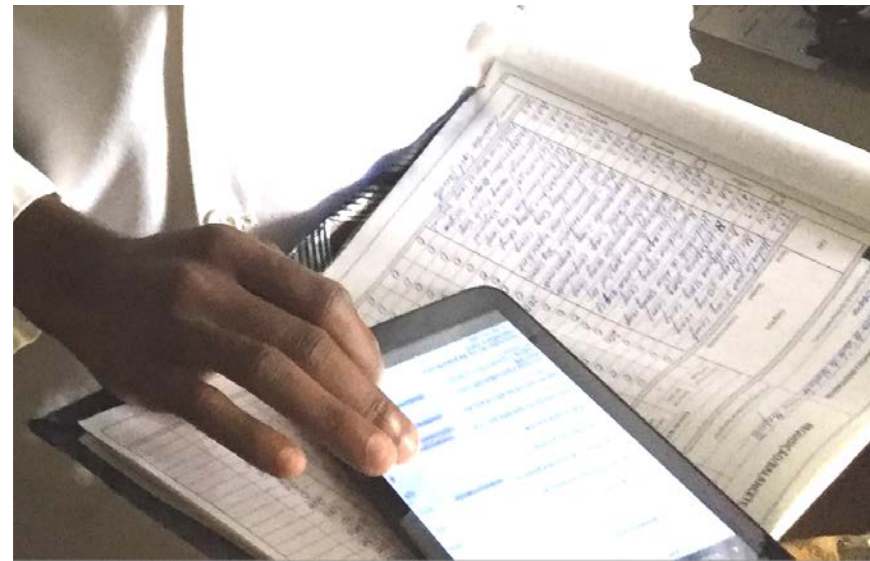
1. National policy and guidance defining eligible patients for multi-month dispensing
2. LMIS adapted to reflect the quantities and frequencies of orders/distribution
3. Guidance, SOPs and job aids for health facility:
 - Identify the patients that meet the eligibility criteria for “stable”
 - Segment the patients – align the transition to visit frequency
 - Estimate the additional stock needed to be pre-positioned at facilities
 - Assess the storage capacity at the facility level to hold the stock (implementation period)
 - Record quantities dispensed and patients regimens in multi-month dispensing
4. Coordinate with the Central Medical Stores, additional stock and transport
5. Implement systems to closely monitor the stock and distribution
6. Plan for a responsive emergency delivery mechanism
7. Prepare mechanisms to assist and train teams during and after the implementation



Optimization – Multi-month Dispensing

Mozambique experience

- Readiness of Ministry of Health, supply chain; strong coordination needed between HIV/AIDS Program and Central Medical Stores.
- Timeline of implementation – visit frequency and implementation period to decrease the initial stock impact.
- Guide with patient eligibility definition, based on national guidelines & policies.
- Anticipate potential Supply Chain implications of multiple-month dispensing.
- LMIS system review to enable a smoother implementation and ability to track patients in multi-month dispensing, and improve the replenishing decisions.
- Guidance, SOPs and job aids for health facilities.

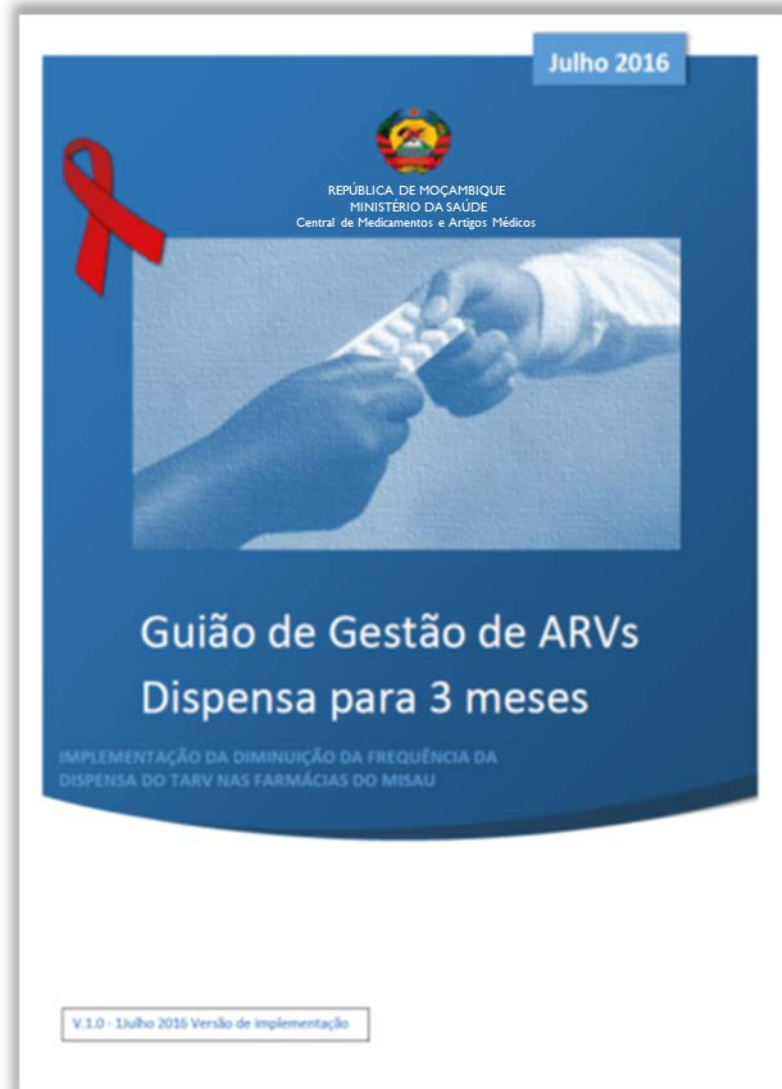


Optimization – Multi-month Dispensing

Mozambique experience

■ Implementation Guide:

- Eligibility criteria
 - Readiness assessment questionnaire
 - Investing in the resources – equipment and materials
 - Potential administrative tasks to shift to non-dispensing personal
 - Processes, SOPs and job aids for health facility
 - Process to record and report quantities dispensed and patients regimens in multi-month dispensing
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- Definition of facilities deemed eligible to implement based on the Readiness Assessment questionnaire (2 Key HF per province) – selected to pilot
 - TOT for supply chain, facility staff, implementing partners to implement multiple month dispensing.
 - Changing the iDART (informatic dispensing tool – patients) for reporting patients multi-months, implemented in high volume sites.



Optimization – Multi-Month Dispensing

Mozambique experience

- Using the selected pilot facilities with good implementation experience to train other sites and expand the Model.

Results:

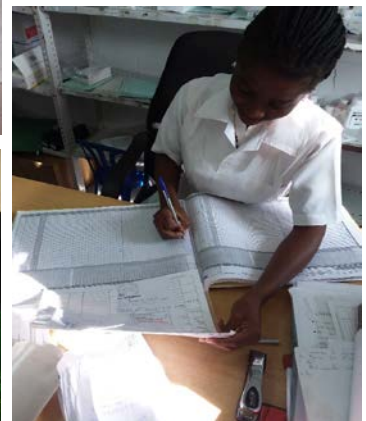
- Multi Month Dispensing model expanded to 6 Health Facilities per Province and 10 in Maputo City.
- 10% to 20% of the total patients on the Pilot Sites are now on Multi-Month Dispensing.

Challenges:

- Training and resources for expanding.
- Excessive eligible criteria – narrowing opportunities
- Manual systems require good management practices

Perspectives:

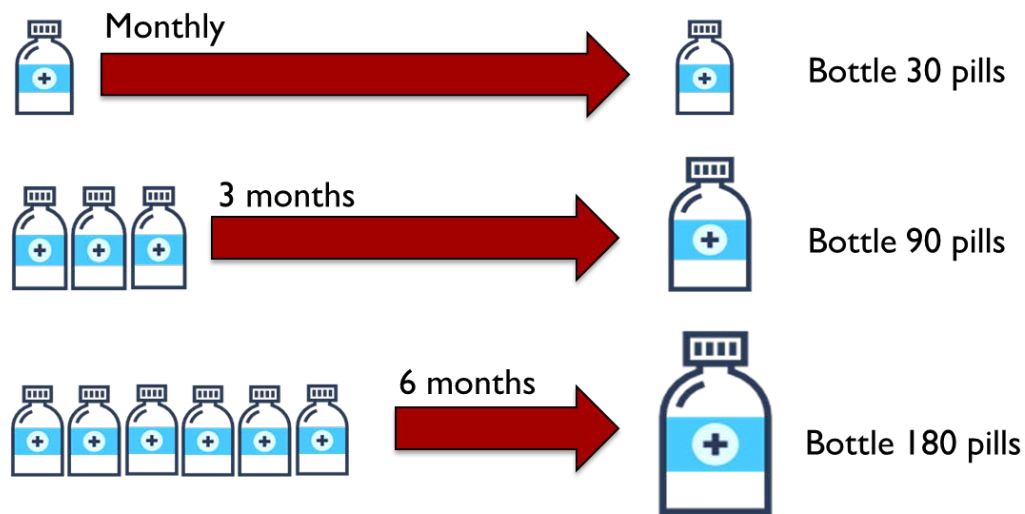
Model evaluation and plan for national roll out will be a key subject for the 2018 National HIV/AIDS Meeting



Optimization

Opportunities – Multi-months packs

- Manufacturers are also supporting the multi-month dispensing with multi month packs
- Adapting the pack size to the number of dispensing months
- The process may also lead to decreasing costs with package, patient information leaflet and labeling.



Opportunity

- Decreases the volume in the overall supply chain
- Friendly to the patient
- Decreases costs (product, handling, storage and transport)
- Security (decreases the risk of patients providing pack to other patients – neighbor or family)

Challenges

- Complexity to manage 3 different SKUs for the same regimen and the replenishing mechanism for the Health Facilities
- Opening bottles and counting pills at facility level
- Conservation and hygiene (will need additional patient training to manage pack at home)

Final Considerations

- Moving to an optimized Multiple-Month Dispensing model (especially for 6 months) cannot be an administrative decision - it requires planning, preparation, resources and training
- Readiness, leadership and guidance from the Ministry of Health, Supply Chain and facility level staff are critical
- Investment & resources – infrastructure, equipment, material
- Including task shifting – administrative tasks updated, accurate LMIS report to support replenishing decisions
- Training & management of teams at facilities – supervision and support systems
- Transition period is critical to avoid excessive stocks and optimize the process
- Investing and implementing robust LMIS and Electronic Patient Dispensing Systems to record and report consumption and patients (including the ones in multi-month) are critical for optimization and decrease the need for excessive stocks, in all the levels of the supply chain, especially to move to a 6 month refill system



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Obrigado!

Credits to Ivandra Libombo and CMAM team support.

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