

Kenya Perspective: Enhancing Pharmaceutical Procurement & Security Systems

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Pharmaceutical Procurement Systems

Strategies, Innovations, and Lessons Learnt

CQUIN 9th Annual Meeting

Delivering Differently: Prioritize. Adapt. Sustain



Procurement Regulatory Framework (1)

- Public Procurement in Kenya is governed by the Public Procurement and Disposal Act 2015 (*Revised 2022-regulations*)
- This Law governs Global Fund and Government of Kenya procurement
- For value >USD 23,000, the prescribed procurement method is open tendering/competitive bidding
- Single sourcing/direct procurement also permitted by Law, with justification

Procurement Regulatory Framework (2)

- The entity responsible for public procurement is the Kenya Medical Supplies Authority (KEMSA)
- Pooled procurement is limited to USG and selected products under GF e.g. Liposomal amphotericin B, Lenacapavir (Wambo.org)
- Framework contracting does not apply to Global Fund(GF) procurement; limited to essential medicines/supplies for sale by KEMSA to health facilities
- KEMSA has capacity to monitor supplier performance using electronic tools

The Complete Procurement Cycle

- Identification of Needs (Quantification)
- Procurement Planning
- Tendering and Evaluation
- Professional Opinion/Award of Contract
- Notification to Bidder(s)
- Signing of Contract
- Contract Management
- Receiving, Inspection and Acceptance
- Warehousing, Distribution, Payment, Review
- Disposal of obsolete or unserviceable assets

Achieving Procurement Efficiency (1)

- **Annual quantification in Feb/March:** early determination of requirements and preparation of supply plan, with allocation of HPTs to funding commitments
 - Plan early, start procurement early
- **Open tendering has enabled competitive realized prices**
 - e.g. 2025 TLD 90s; USD 7.25 per pack (over USD 2 less than PPM EXW prices)
- **Streamlined ART regimens:** Over 93 % of PLHIVs on TLD regimen-reduced product portfolio-better resource utilization
 - pALD introduction from November 2025

Achieving Procurement Efficiency (2)

- **Mid-year review of quantification:** optimize subsequent supply planning decisions
 - Schedule/reschedule product deliveries, review remaining shelf-life
- **Joint monthly procurement planning/review meetings** to optimize the supply pipeline
- **Collaborative Programs**, e.g., New Horizons for donation of pediatric Darunavir (150mg and 75mg)

Adapting to Declining Donor Funding

- At the time of the SWOs, procurement had already been initiated for most health products
- Scheduled deliveries under USG eventually unlocked
- Year 2 GF procurement on course (USD 53M); Funding cut in Year 3 (USD 26.M)
- Funding gap analysis finalized and shared with Government for resource allocation/mobilization
- Ongoing discussions with USG for a bilateral agreement/MOU expected to support ring-fencing of Government funds
- Market-shaping initiatives by the MOH to support local manufacturing of medicines

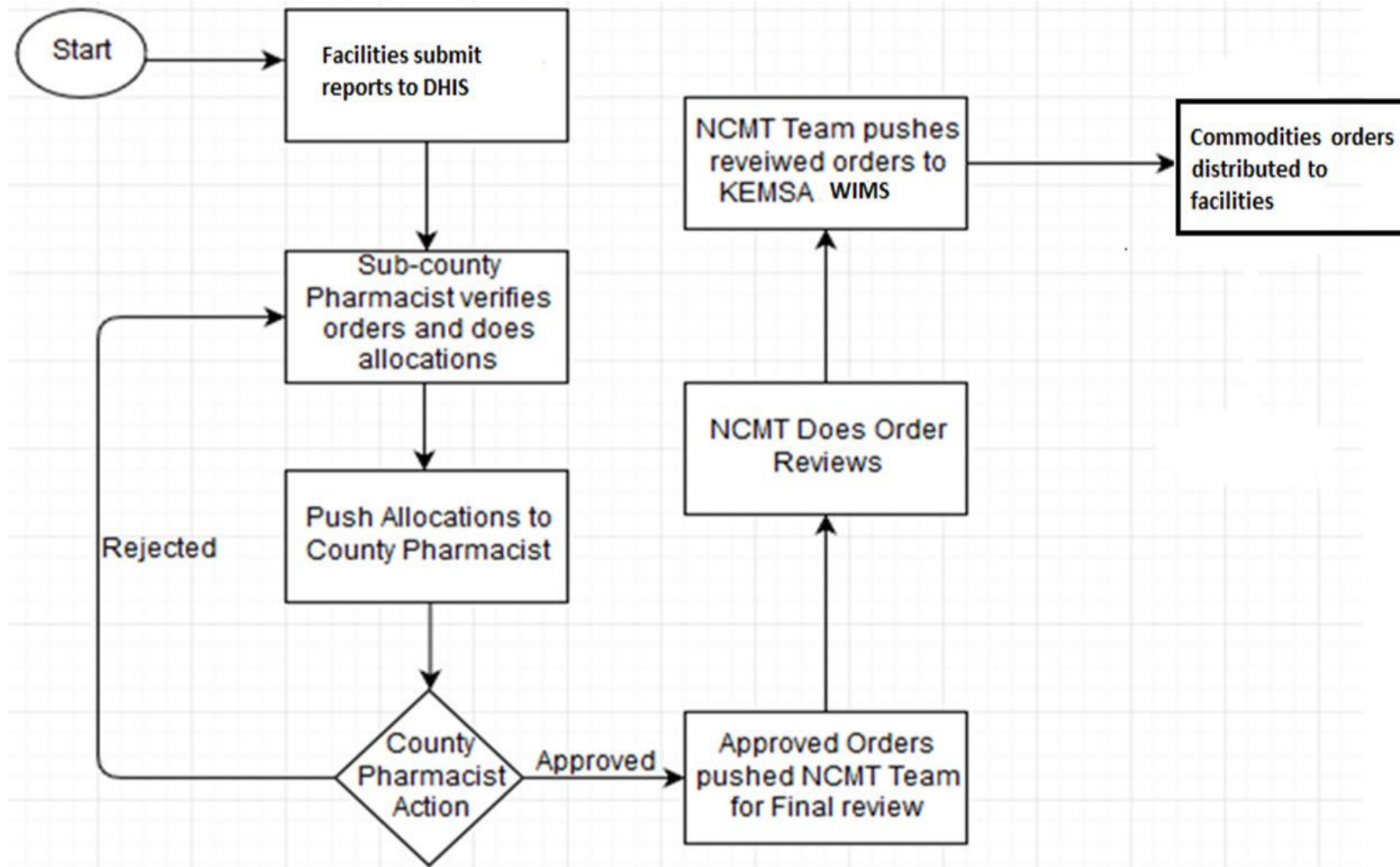
Enhancing HPT security and Pharmacovigilance Systems

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Decentralized ART Order Management: From 2018



Achievements

- 100% reporting on KHIS by ART health facilities
- Improved reporting rates (Avg. 96%) and reporting timelines-by 15th (Avg. 93%)
- Allocation and validation done on LMIS- owned and maintained by the public procurement entity (KEMSA)
- Order management planner data uploaded on LMIS to guide medicine allocation and validation
- 2-step order validation to optimize order quality
- Improved process ownership at the Subnational/County Level
- Bi-monthly last-mile delivery to over 3,800 ART health facilities countrywide

Pipeline Monitoring

- Monthly multi-stakeholder national stock status virtual meetings to support HPT security
- A 2-pager report that highlights ARV stock status at facility & central levels, plus stocks pending with suppliers
 - Report also highlights patient numbers by regimens
- Key decisions such as rationalization of use at health facility level and redistribution are communicated
- Counties with high and low reporting rates are highlighted to enhance improvement

Pharmacovigilance reporting systems in Kenya

PvERS <https://pv.pharmacyboardkenya.org/>

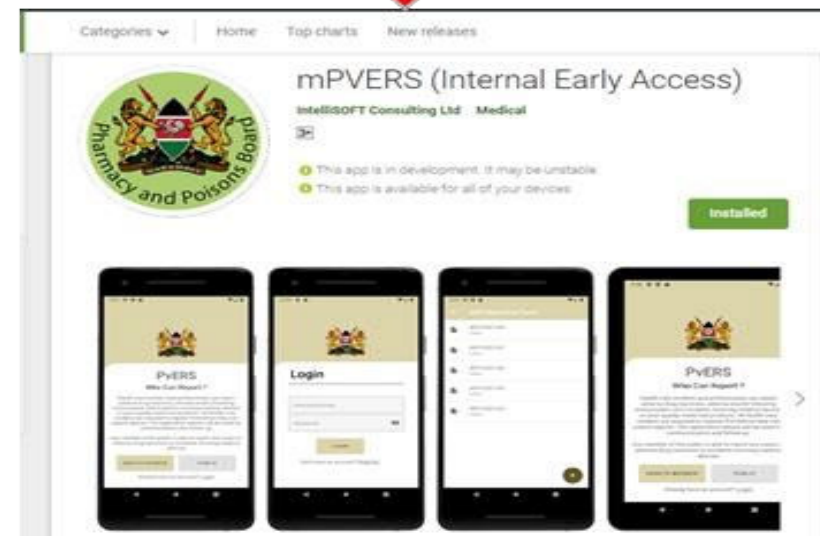
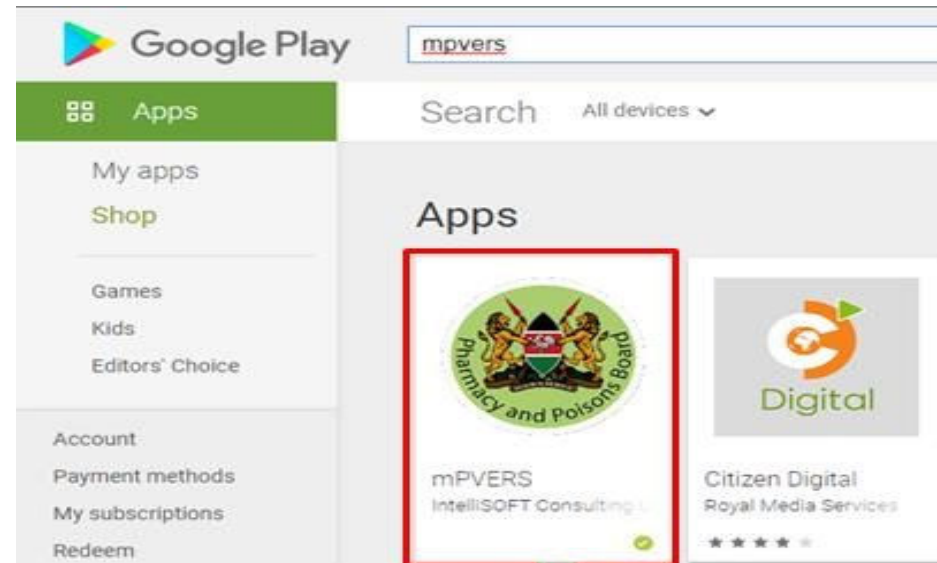
The image displays the PvERS (Pharmacovigilance Reporting System) website. The top section features a banner for AEFI (Adverse Event Following Immunization) reporting, with a background image of COVID-19 vaccine vials. A large AEFI Reporting Form is overlaid on the banner. The form includes fields for reporting institution, patient details, and a checklist of AEFI types such as BCG lymphadenitis, Convulsion, Anaphylaxis, and Encephalopathy. Below the form, there are navigation buttons for LOGIN, FAQ, Safety alerts, Who can report?, and What can you report on?.

The middle section shows the user dashboard for a logged-in user named 'christine'. The dashboard includes a navigation menu with options like Dashboard, SADR, AEFI, PQMP, Devices, Medication Errors, Transfusion Reactions, Notifications, and My Profile. The main content area is divided into 'Reports' and 'Notifications!'. The 'Reports' section contains six colored boxes for reporting different types of adverse events: SADR (yellow), AEFI (white), PQMP (pink), Medical Devices (green), Medication Errors (blue), and Transfusion Reactions (light green). Each box has a 'Report' button and a link to view all reports. The 'Notifications!' section shows a large orange pill icon and a button for 'All notifications >>'. On the right side, there is a 'DETAILS OF THE PERSON REPORTING' form with fields for Name, Relation, County, Email Address, and Mobile No. Below this is a 'DETAILS OF THE PATIENT' form with fields for Patient's Name, Date of Birth, Age Group, and Gender. A 'Submit Report' button is visible on the right side of the dashboard.

MPVERS

Using your android device, navigate to Google Play Store or IOS Apple Store and search the name mPVERS

Download and install the application in your device



General Public/Patient reporting (USSD)

USSD code: *271#

Carrier info

Welcome to mPvERs. (Karibu kwenye mPvERs)
Please select a language (Tafadhali chagua lugha)

1. English
2. Swahili

Select all side effects experienced
(for multiple choices use a comma to separate e.g
1,4,9)

1. Vomiting
2. Diarrhoea
3. Dizziness or drowsiness
- 4.
- 98: MORE

Cancel

Send

PHARMACOVIGILANCE ACTIVITIES

QUARTER 1 (JULY - SEPTEMBER 2025)

RECEIVING AND PROCESSING

1299 ICSRs



SADR **432**



AEFIs **606**



Medication Errors **238**



Public Adverse Drug Reaction **23**



Transfusion Reactions **9**



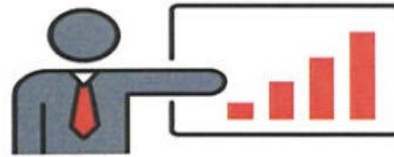
Medical Device Incidence **1**

STAKEHOLDER ENGAGEMENT ACTIVITIES



3
EVENTS

TRAINING OF HEALTHCARE PROVIDERS



245
HCPs TRAINED

PROCESSING AND EVALUATION OF AGGREGATE REPORTS



PSURS/
PBRERS

51



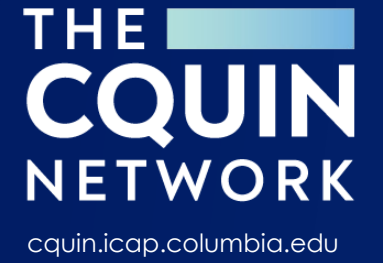
RMPS

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ISSUANCE OF SAFETY COMMUNICATION



Excerpt from Q1 Pharmacovigilance Report



Thank You

