



IATT

THE INTERAGENCY TASK TEAM

The Interagency Task Team on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children



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Procurement & Supply Chain Management

8.1 Introduction

In many respects, a switch to Option B/B+ represents a move to greater efficiency and simplification in the supply chain:

“[In Option B/B+] the ability to use the same regimen for PMTCT and for first-line ART considerably simplifies drug forecasting, procurement, supply to facilities, and drug stock monitoring. The first-line regimen of tenofovir/lamivudine/efavirenz (TDF/3TC/EFV) is available as a single-pill fixed-dose combination and has been recommended recently as the optimized regimen for first-line adult treatment, including for pregnant women.^b”

Option B+ provides even further advantages in terms of streamlining and simplifying the supply chain, as it does not require CD4 testing to determine ART eligibility (as in Option A) or whether ART should be stopped or continued after risk of MTCT has ceased (as in Option B). As early evidence in Malawi has demonstrated – with a nearly fivefold increase in the numbers of pregnant women enrolled on ART in the first quarter of nationwide implementation – there are many benefits to the one-size-fits-all, integrated approach of Option B+. Likewise, as demonstrated in Malawi, roll-out of Option B+ has meant rapid scale-up and a major change from the previous service delivery model, which has created both opportunities and challenges.

Maintaining ongoing commodity security for women and their children is of utmost importance as this transition is made. Despite the many ways in which implementing Option B+ can radically simplify and harmonize supply chains, it is nonetheless a major change that does require some additional considerations. Not least of which is the additional funding required to purchase the increased volume of ARVs, particularly as countries integrate the ART and PMTCT systems in country, as part of the move to Option B+.

This tool provides some key questions to consider and resources for national decision-makers, program managers, consultants and implementing partners involved in logistics and supply chain to use when planning the implementation of Option B+.

^b “WHO Programmatic Update: Use of Antiretroviral Drugs for Treating Pregnant Women and Preventing HIV Infection in Infants”, April 2012, http://www.who.int/hiv/PMTCT_update.pdf

8.2 Key PSCM questions to ask when planning the implementation of Option B+:

Once Option B+ is adopted as national policy, it is recommended that HIV positive pregnant women are treated as part of the general ART programme and stock levels of ART for pregnant women living with HIV monitored as part of the national procurement and supply management (PSCM) system. Currently and increasingly, as countries transition to Option B+, the provision of ART for HIV positive pregnant women occurs in MNCH settings, underscoring the need to strengthen PSCM for MNCH commodities and promote integration of the national MNCH and ART programme, where feasible.

Once Option B+ is adopted as policy, the quantification of ARV needs should include all pregnant women as part of the larger population eligible for ART. Pregnancy actually becomes a criteria for ART eligibility and should not be a cost outside of the ART programme. Partners wishing to contribute to support Option B+ can join the national basket fund and the planning group. For more information on costing ARV drugs for EMTCT the costing tool is useful if EMTCT has a starting point and an ending point. In the case of Option B+, ART use in pregnant women becomes a recurrent cost.

Funding

- Has a costing exercise been completed so that the additional costs of Option B+ are fully quantified and understood?
- Are sufficient funding sources currently available to provide for the additional costs of B+ implementation?
- Who are the partners and what is their role in financing PMTCT and MNCH commodities?

Quantification

- Questions to consider while gathering the inputs for the quantification:
 - How will alternative regimens be incorporated into the quantification?
 - What is the refill strategy at the facility level (monthly, quarterly)?
 - What assumptions are being made as regards to scale-up and speed of switch over to Option B+?

- Are national forecasts conducted for all EMTCT commodities, and if so, how frequently? An annual quantification and forecast is recommended with quarterly review to take account of actual consumption and to enable adjustment of upcoming orders as necessary.
- Are health facilities submitting complete and reliable commodity consumption and service delivery data on a timely basis? If not, what proxy data can be used in quantification and forecasting?
- Is consumption or distribution data used for forecasting and ordering of EMTCT commodities?
- Is the current EMTCT forecasting process a part of the general ART forecasting process in the country? If not, what are the plans to integrate these processes?
- Which tool is currently used for EMTCT commodity forecasting?

Procurement and supply concerns

- In order to prevent excess wastage, what is the plan to use up current existing commodities that will no longer be needed when Option B+ is rolled out?
- Have there been stock-outs of EMTCT commodities in the past 6-12 months?
- Have there been any issues with suppliers in terms of delayed delivery (e.g., with NVP syrup)?
- How does the country currently tender for and procure EMTCT commodities? Is there a plan to integrate this process with general ART procurement and tendering in the country?
- If you have experienced in-country customs clearance process delays, can you order further in advance or use other strategies to mitigate this risk?
- If new commodities or increased quantities of currently stocked commodities are required does the project plan to introduce Option B+ allow sufficient time for the full realistic procurement and delivery cycle of new orders?

Distribution

- Do all sites that provide commodities for PMTCT also provide ART initiation and ART refills? If not, how many facilities provide solely PMTCT? In moving to Option B+, are there plans to expand ART initiation and/or refill services to all sites currently providing only PMTCT commodities?

- Are there currently separate systems for distribution of ART and EMTCT commodities? What are your plans to extend the availability of commodities at the point of service, and limit too many upstream referrals for refills?
- What efforts are being made at the “last mile” of the distribution system, to ensure that commodities make it out to facilities efficiently?
- Are there opportunities to integrate procurement and distribution of EMTCT commodities with that of other systems, including contraceptives, immunisations, etc.? What coordination is happening between the various groups?
- Do systems exist to identify excess stock at sub-distribution point and at facility level to enable products to be reallocated and moved to areas with higher demand? Redistribution mitigates the risk of localized stock outs and wastage at points of lower than expected demand.

Monitoring

- Do PSCM managers at a health facility level monitor consumption and stock levels and number of patients on EMTCT on monthly basis? A monitoring tool can be found at the link here: http://www.who.int/hiv/pub/amds/monitoring_evaluation/en/index.html
- What are the plans for integrating the existing EMTCT M&E systems with those for ART?
- Are strong systems in place to support adherence and retention, during pregnancy and postpartum? This becomes particularly critical with Option B+.



8.3 High-Level Red Flags

Stock-Outs

If you have experienced stock-outs of any EMTCT commodities in the past 12 months, you must investigate the cause of the problem – was it an inaccurate quantification? Poor ordering and reporting from sites? Inefficiencies with distribution at the site level? Unexpectedly rapid scale-up (which is very likely during roll-out of Option B+)? And address the problem accordingly.

Supplier delivery delays

For products for which you experience delivery delays, particularly those that are single-sourced, consider increasing the size of your buffer stock for that product during your next quantification and order cycle, in order to prevent future stock-outs.

Prioritizing pregnant women for ART

It is necessary to conduct sensitisation and advocacy activities to ensure that pregnant women that do not meet the treatment eligibility criteria for the general adult population are still prioritized for ART.

Conclusion

In Option B+, the quantification, PSCM, distribution and monitoring of ARV and other required specific commodities should be integrated in the national ART programme. Health professionals working in PMTCT and MNCH should be represented in the various ART technical working groups to ensure that the specific needs of pregnant women are well addressed. In case the country has a parallel EMTCT system, the above questions raised under quantification, PSCM, distribution, and M&E highlight red flags and a plan for integrating the national ART programme should be urgently implemented to prevent a vertical process which may lead to inefficiency and not be sustainable in the longer term. When integrating the national ART and PMTCT programme, it is important to ensure that all the issues raised above are functioning well in the national PSCM system to ensure an effective supply chain management for all HIV positive pregnant women and individuals eligible for ART.

8.4 Pre-Implementation Checklist

Guidelines

- Updated PMTCT guidelines, training materials and job aids
- Guidelines for the management of the new supplies, including stock management, requesting and reporting tools

Checklists

- Checklists for accreditation of health facilities for the implementation of the revised PMTCT guidelines, including minimum standards of the management of the new supplies (in terms of availability of appropriate human resources, storage quality, capacity and security)
- Supervision checklists for the pharmaceutical and other health staff, and trainers for the pilot on the new guidelines and of trainers for the pilot

Training

- Training plans for the health care providers and pharmacy personnel at all levels of the health system, including training of trainers
- Determine the minimum number of trainers and supervisors required for the training of health workers for the piloting and roll-out of the new guidelines.
- Training on monitoring and evaluation
- Task shifting plan to ensure that ARV drugs for treatment can be dispensed in facilities where PMTCT activities are carried out

Piloting and roll-out

- Identification of health facilities for piloting the new guidelines
- A plan for phased roll-out of the new guidelines, including data on targeted populations by region or health facility

Quantification and forecasting and procurement (for the first 5 years)

- National quantification and forecasting of the commodities, including pharmaceuticals and diagnostic laboratory commodities, if possible disaggregated by region, level of care or health facility
- Procurement plan and budget for the first year, and the first 3-5 years
- Availability of funds and funding sources

List of key PMTCT commodities for Option B+

- Laboratory reagents and supplies:
 - Rapid tests
 - CD4
 - EID
- ARVs:
 - Mothers: fixed-dose combination of the preferred regimen (e.g., TDF/3TC/EFV) and the alternative regimens (e.g., AZT/3TC+EFV) for ART
 - Babies: NVP syrup or NVP dispersible
- Opportunistic infections (OIs):
 - Co-trimoxazole prophylaxis for mothers and babies
- Maternal Health commodities:
 - Standard list of micronutrients for ANC attendants
 - Diagnostic kits and laboratory reagents required for routine monitoring in ANC

Distribution plans

- Initial distribution plans by facility
- Maximum and minimum stock levels agreed for each facility and distribution point
- Re-supply distribution plans, depending on whether pull or push system is planned
- An appropriate distribution system for the commodities, if necessary, identification of potential agencies for out sourcing

Monitoring and evaluation plans and tools

8.5 Key Resources: Links to Tools

General procurement and supply chain management tools

- PSM Toolbox: www.psmtoolbox.org

WHO early warning indicators to prevent stock-outs

- http://whqlibdoc.who.int/publications/2011/9789241500814_eng.pdf

ARV forecasting & quantification (these tools may need to be adapted somewhat for Option B+)

- CHAI ARV Procurement Forecasting Tool: <http://www.psmtoolbox.org/en/tool-details%7CQuantification%7CCHAI-ARV-Procurement-Forecasting-Tool%7C74>
- Quantimed: <http://www.msh.org/projects/sps/Resources/Software-Tools/Quantimed.cfm>
- Other tools: To be uploaded as and when they become available

Tools available to support facility-level commodity monitoring

Most countries have tools for monitoring the consumption, quantities issued and overall stock levels of ARVs and other key supplies. In Option B+, they can be adjusted to include any items to ensure that PMTCT commodities are well covered.

For countries which do not yet have a tool in use, several tools from various partners are found in the PSM Toolbox (see point 1 above). Using “stock” as a key search word, at least 47 tools will be found.