



Procurement and supply management of health products

THE 5% INITIATIVE

The 5% Initiative was launched in 2011 and is France's indirect contribution to the Global Fund. Its mission: to support eligible countries – French-speaking countries in particular – to develop and implement Global Fund supported programs. The 5% Initiative's work takes three forms: tailored technical assistance, funding for catalytic and innovative project, developing pilot projects responding to strategic challenges. The 5% Initiative operates under the supervision of the French Ministry of Europe and Foreign Affairs (MEAE). Expertise France, the French public agency for international technical assistance, leads on strategic implementation of the 5% Initiative.

6
projects evaluated

12
countries reached
by the projects

23
implementing
partners

Contents

Methodological framework	8
Area 1 / Strengthening the pharmaceutical supply chain	10
Area 2 / Improving the availability of pharmaceutical products	12
Area 3 / Strengthening the skills of pharmaceutical actors	14
Conclusion	16
Acronyms	18

Cross-cutting evaluation of long-term projects

The 5% Initiative has three calls for proposals a year as part of its Projects Channel mechanism, from which around twenty projects are selected. All funded projects are subject to an external final evaluation. In order to make the most of this comprehensive exercise, the 5% Initiative has put in place a thematic cross-cutting evaluation mechanism for projects that allows both report to on the use of MEAE funds, to highlight the 5% Initiative's interventions and to draw out learning to improve interventions contributing to the response to the three pandemics and to guide future activities.

KEY DATA

about the "Procurement and supply management of health products" evaluation

Total budget of projects

€ 4,778,589

6

projects evaluated

12

countries reached by the projects

23

implementing partners

Contents

Methodological framework	8
Area 1 / Strengthening the pharmaceutical supply chain	10
Area 2 / Improving the availability of pharmaceutical products	12
Area 3 / Strengthening the skills of pharmaceutical actors	14
Conclusion	16
Acronyms	18

Evaluated projects

Breakdown of projects by country and by project lead

RÉSEAU MÉDICAMENT ET DÉVELOPPEMENT BENIN, BURKINA FASO, MALI 2014-2017

Contributing to increasing the impact of national malaria control programs through the effective participation of pharmacists in 3 French-speaking African countries

PARTNERS

Pharmaction, CEDIM, APSAN, Ordres nationaux des pharmaciens in 3 countries

ASSOCIATION AFRICAINE DES CENTRALES D'ACHAT DE MÉDICAMENTS ESSENTIELS BENIN, BURKINA FASO, BURUNDI, CAMEROON, DEMOCRATIC REPUBLIC OF CONGO, MADAGASCAR, SENEGAL, CHAD, TOGO 2014-2016

Strengthening the quality assurance systems of 11 ACAME member purchasing centers, in order to comply with the Global Fund's quality policy

PARTNER

Institute of Tropical Medicine Antwerp

FONDS DE DÉVELOPPEMENT DES SERVICES DE SANTÉ DEMOCRATIC REPUBLIC OF CONGO 2014-2016

Pilot project to set up a functional system for managing medication and logistic information

PARTNER

National essential drug supply program

ENTRAIDE MÉDICALE INTERNATIONALE GUINEA-BISSAU 2014-2017

Securing access to medicines and medical products needed to combat HIV and AIDS, tuberculosis and malaria

PARTNERS

CECOME, DGPPS, DIFARLM, DRS, INASA, PNLP, PNT, SNLS

GENERAL DIRECTORATE OF PHARMACY AND MEDICATION / MINISTRY OF HEALTH CAPE VERDE 2014-2018

Proposed approaches to strengthen the supply system and the related environment

PARTNERS

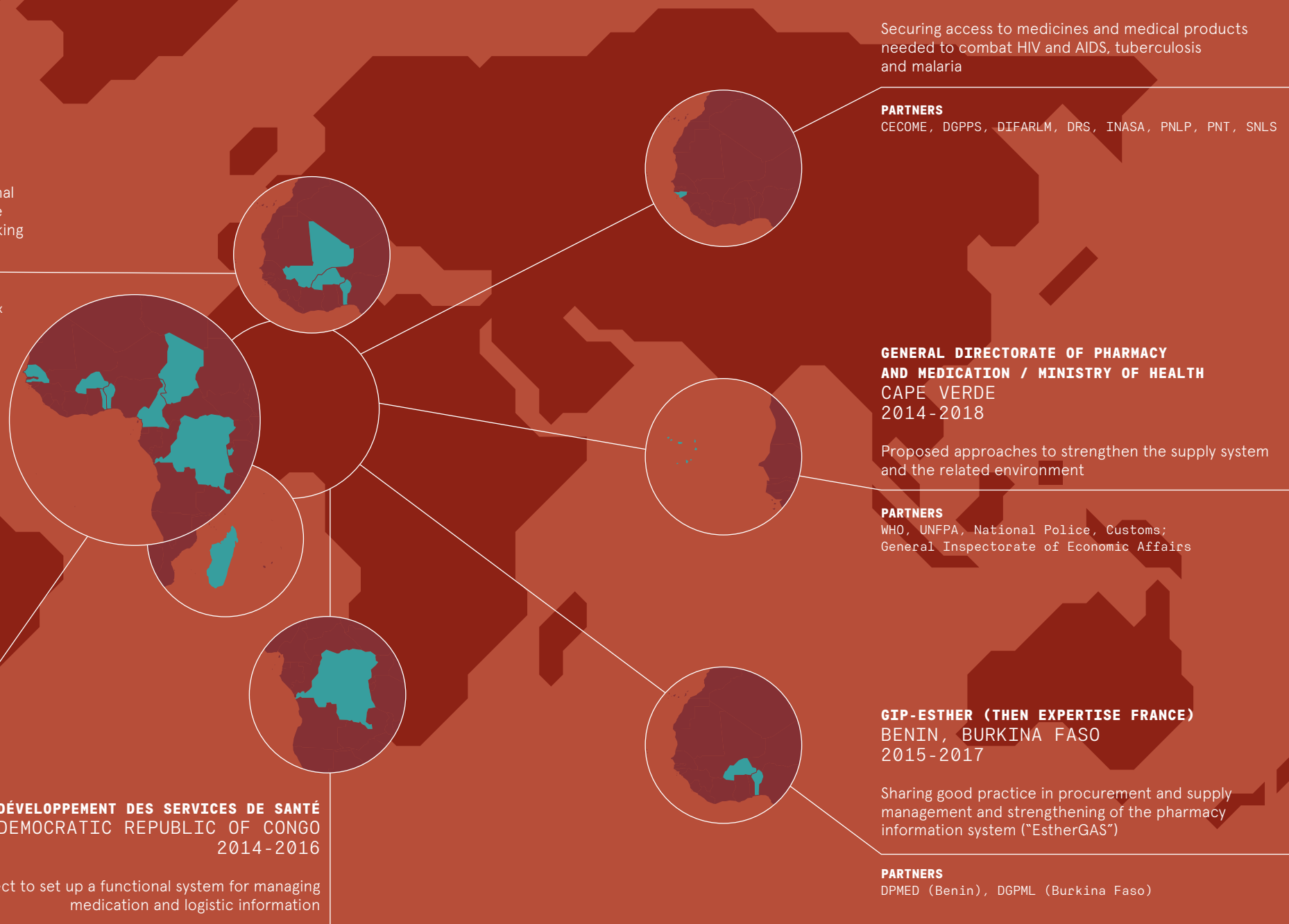
WHO, UNFPA, National Police, Customs; General Inspectorate of Economic Affairs

GIP-ESTHER (THEN EXPERTISE FRANCE) BENIN, BURKINA FASO 2015-2017

Sharing good practice in procurement and supply management and strengthening of the pharmacy information system ("EstherGAS")

PARTNERS

DPMED (Benin), DGPM (Burkina Faso)



Introduction

This summary presents the results of the cross-cutting evaluation of six projects, five of which were selected as part of the 5% Initiative's 2013 call for proposals that focused on procurement and supply management of health products (PSM).

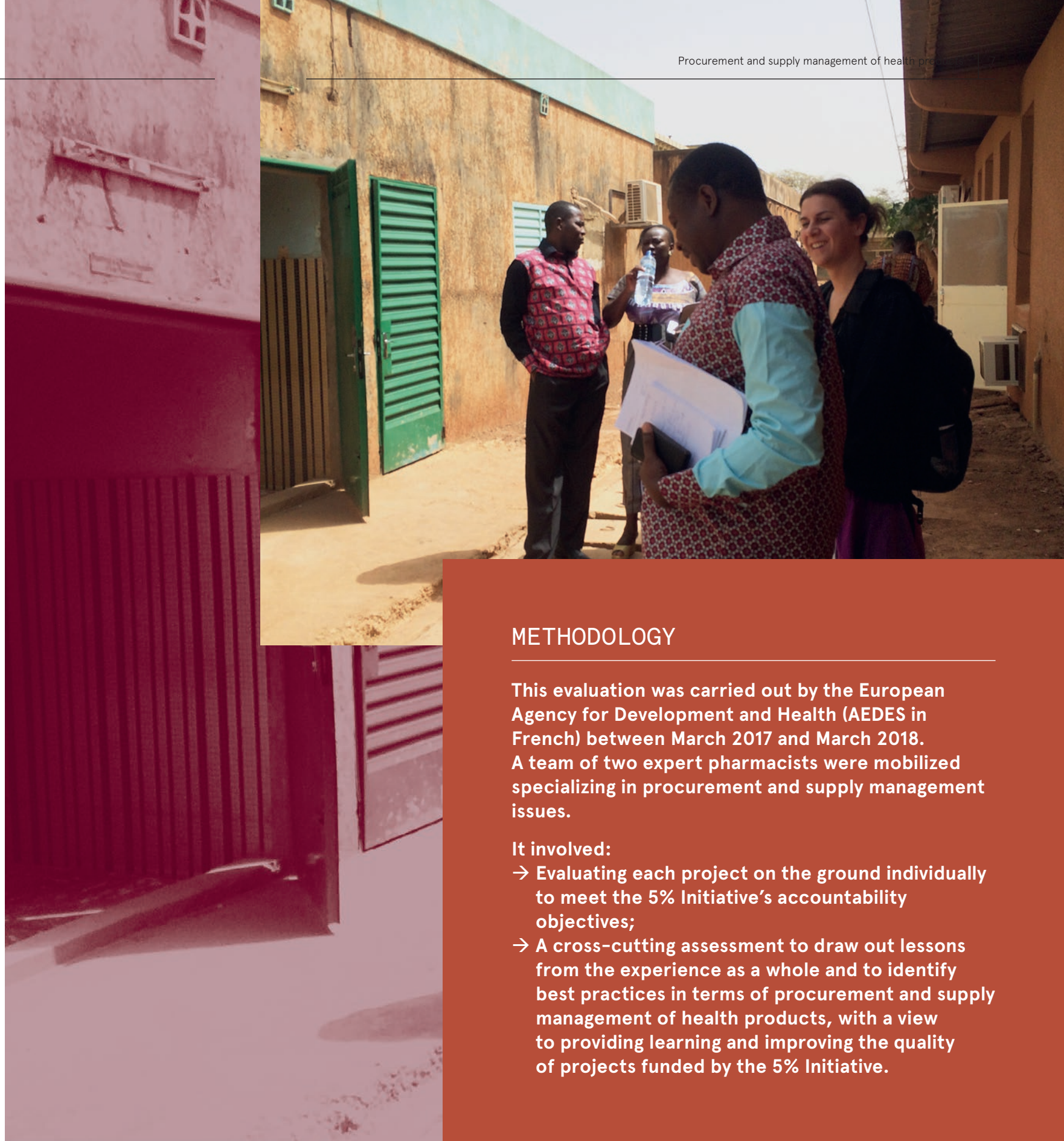
This call for proposals aimed to:

- Strengthen governance and capacity of stakeholders involved in the various steps of the health product supply chain;
- Strengthen the skills of staff involved in the pharmaceutical supply chain, from central level to peripheral sites;
- Structure pharmaceutical channels by setting up or optimizing adapted tools;
- Establish guidelines at central level.

Glossary

The **health product management cycle** is comprised of a series of key steps, which are dependent on each other:

- 1- Selection;
- 2- Estimation of need;
- 3- Purchasing;
- 4- Supply management;
- 5- Distribution; and
- 6- Dispensing and monitoring the proper use of products.



METHODOLOGY

This evaluation was carried out by the European Agency for Development and Health (AEDES in French) between March 2017 and March 2018. A team of two expert pharmacists were mobilized specializing in procurement and supply management issues.

It involved:

- Evaluating each project on the ground individually to meet the 5% Initiative's accountability objectives;
- A cross-cutting assessment to draw out lessons from the experience as a whole and to identify best practices in terms of procurement and supply management of health products, with a view to providing learning and improving the quality of projects funded by the 5% Initiative.

Methodological framework

Strengthening the health product supply and distribution chain is one of the main objectives of the Global Fund's 2017-2022 strategy. Procurement and supply management (PSM) is fundamental to program performance, as is improving the quality of care provided to patients within the health system.



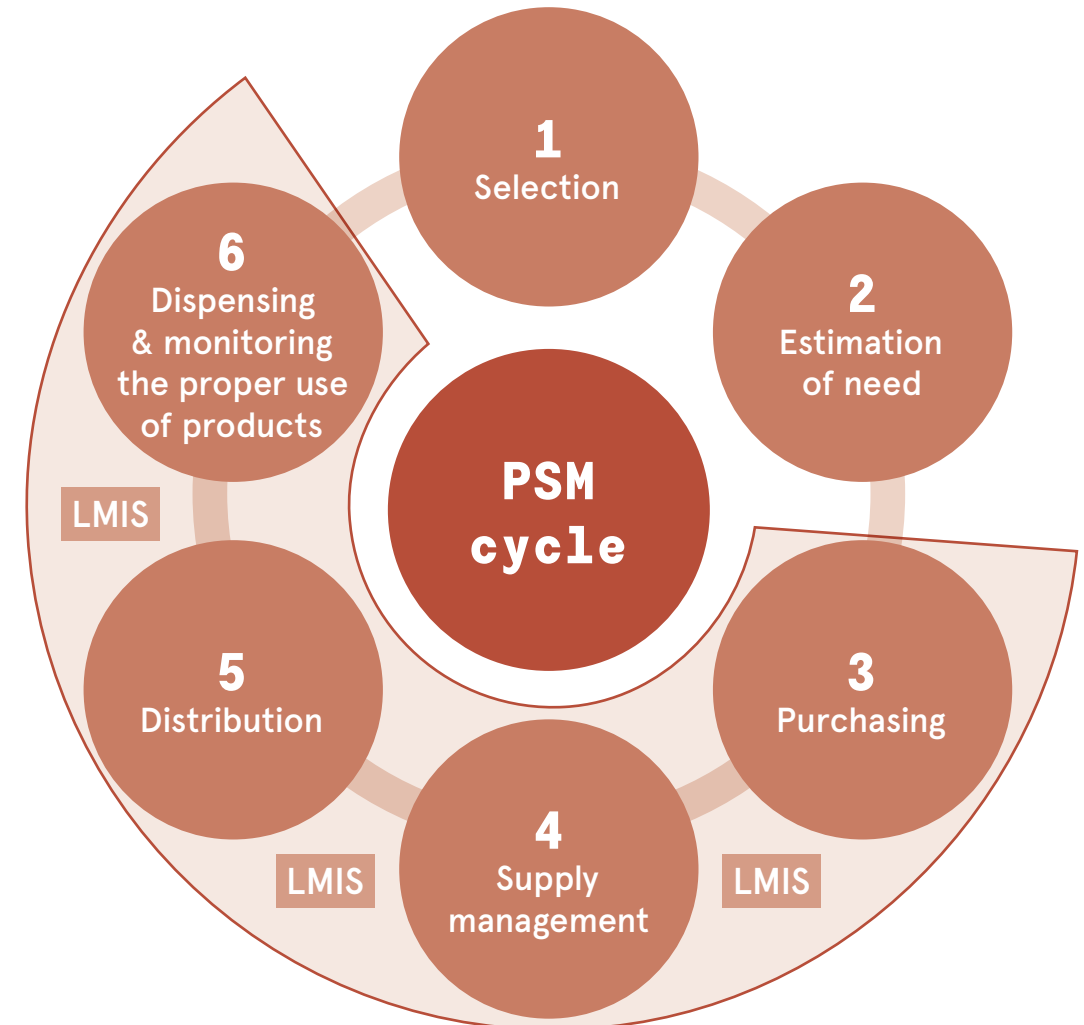
The different steps in the PSM cycle (see opposite) are dependent on each other: the smooth running of a given step in the cycle directly impacts on the following step.

Each step contributes to the overall Logistics Management Information System (LMIS). The LMIS sets out and structures production, collection, processing and analysis of this management information. Analyzing information collected and processed in the LMIS helps to improve the management cycle and the entire procurement and supply management of pharmaceutical products process.

The cross-cutting evaluation was structured around three objectives, which were set out in the 5% Initiative's call for proposals that led to the selection of the evaluated projects. These objectives correspond to three successive levels to assess whether a country's procurement and supply management cycle is functioning well.

- The first area focuses on **structuring and strengthening the health product supply chain**, following the identification and prioritization of weak components of the chain, and also on improving the performance and structure of pharmaceutical channels in target countries. This area relates to process.
- The second area focuses on **improving the availability of quality health products**, as a result of improved structuring processes, and strengthening the overall national supply chain. This area focuses on direct impact on the system as a whole.
- The third area focuses on **strengthening the skills of key stakeholders** involved in the pharmaceutical system in the country. It enables achievements made relating to processes to be sustainable beyond the funded project.

Key steps of the health product management cycle



Area 1 Strengthening the pharmaceutical supply chain

Given the complexity of this area, it is essential to integrate projects into an overall national plan to ensure effective implementation of the tools developed.

Identifying needs to be strengthened

The needs taken into account for project design were identified in all cases, but not in a consistent and thorough way. The needs identified generally resulted from a particular weakness of the system being raised, and an approach to strengthen this put forward by national institutions or by partners in a given country. There was no in-depth study carried out prior to project design that would have identified needs in a more systematic way, allowing for them to be quantified and prioritized.

However, in all the evaluated projects, the proposed activities responded consistently to the needs described. Similarly, the tools and methods used to implement these activities were generally adapted. Barriers to implementation were generally due more to weaknesses among certain actors or implementing partners than to the definition of the approaches to be adopted.



GOOD PRACTICE

STRENGTHENING THE SUPPLY AND DISTRIBUTION PROCESS

Only two projects (EMI and DGPM Cape Verde) focused on strengthening the supply and distribution process, which is an essential component. The results of these two projects were positive, thanks to the training support processes established on the ground (see Area 3). In Cape Verde, the improvements observed were also due to distribution depots being strengthened and distribution procedures being set up with a requisition / distribution schedule.

Strengthening the pharmaceutical supply chain

Improving the availability of pharmaceutical products

Strengthening the skills of pharmaceutical actors

Uneven achievement of results

The projects evaluated focused on different steps of the PSM cycle. The results obtained are uneven and depend on multiple factors, related to both the context, the technical capacity of the project lead, the technical and institutional leadership related to the project, the approaches implemented, etc. However, very positive results have been achieved in setting up or optimizing tools and procedures (FDSS, EMI, DGPM Cape Verde projects), improving the definition of the tasks and responsibilities of the PSM stakeholders (EMI, DGPM Cape Verde) and the implementation of guidelines, such as the LMIS guidelines from the FDSS project or the quality manual implemented as part of the ACAME project.

The approaches that seem to have obtained the best results were (i) projects that looked at the whole chain, but only in smaller countries, as was the case for the project developed in Cape Verde, (ii) projects that were more interested in the peripheral level or in improving operations between the different levels of the supply system, (iii) projects developed in countries experiencing a crisis situation, such as the EMI project in Guinea-Bissau.

Many projects proved to be too ambitious, given their duration, the available budget and the large number of stakeholders involved, which diluted their effectiveness.

In addition, highly specialized projects have had minimal results, either because of a lack of integration into an overall national plan ensuring effective implementation of the tools developed, or because of an underestimation of the time and resources required.

Recommendations

Given the complexity of strengthening the pharmaceutical supply chain, the diversity of roles that are dependent on each other and the large number of stakeholders, the following areas are essential to ensure ownership and sustainability of achievements:

- Validation at national level of the tools and procedures developed;
- Establishing consultation / communication mechanisms with national institutional stakeholders and technical and financial partners;
- Developing a project exit and transferal of responsibilities plan;
- For pilot projects – developing a learning and scale-up process plan.

Area 2 Improving the availability of pharmaceutical products

All PSM system interventions have the same end goal: to make quality health products available and affordable, for an appropriate treatment response.

This area relates to the direct impact of projects on the health product supply system. It focuses not only on improving the **physical** availability of health products, but also on the availability of **high-quality, financially accessible** health products. Accessibility relates not only to the public sector, but also the private sector.

Not all projects explicitly included this area: in the end, three out of six projects included activities related either directly to preventing stock-outs or to improving availability.

Establishing a system to prevent stock-outs

Three projects have effectively implemented a logistics management information system (LMIS). The EMI project in Guinea-Bissau added a mechanism to their routine LMIS to alert about stock-outs or risk of stock-outs. The other projects (FDSS and EstherGAS) integrated activities related either directly to preventing stockouts or to improving availability through improving the structure and / or operations of the supply chain or the logistics information system.

However, due to the lack of indicators to measure incidence and duration of stock-outs, it was not possible to determine whether the projects had actually improved the supply system in terms of preventing stockouts.

Strengthening
the pharmaceutical
supply chain

**Improving the availability
of pharmaceutical
products**

Strengthening the skills
of pharmaceutical
actors



Recommendations

- In order to be able to measure the impact of projects, it is necessary to systematically: conduct a **baseline analysis** of the situation; the **targets / standards** to be achieved and **indicators** to measure improvements in the availability and / or quality and / or affordability of health products¹.
- In view of the complexity of setting up an information system and the many issues to be factored in, projects establishing an LMIS should only be designed and implemented under very specific conditions, in order to ensure that the results are realistic and consistent with the means available:
 - Integrate the project into a planned and coordinated approach with national institutions and other partners;
 - In the pilot phase, have a limited focus for the project, either geographically or with regard to the different levels of the chain of production, processing and information usage, or in terms of the technical level, by targeting a specific level with well-defined roles in the information chain.

GOOD PRACTICE

IMPROVING THE AVAILABILITY OF HEALTH PRODUCTS THROUGHOUT THE SUPPLY CHAIN

The EMI project in Guinea-Bissau has contributed to improving the availability of health products throughout the supply chain, by implementing various mechanisms: management and reporting tools, information system, supervisory mechanisms, performance bonus mechanisms, etc. These improvements are also linked to a structure that ensures quantification of needs and purchases at central level in the country.

¹ The WHO publication "Harmonized monitoring and evaluation indicators for procurement and supply management systems" (2011) can be used as a reference in this regard.

Area 3

Strengthening the skills of pharmaceutical actors

Projects to strengthen health product management should incorporate an approach that enables a sustained, effective, supportive presence at all levels of health facility.

Effective skills building

This area is a concern in terms of achievements being sustainable and it has achieved satisfactory results.

Capacity building has always been identified by projects as a basic need. As a result, training sessions were an integral part of all projects. Training focused generally on skills development closely linked to supply chain strengthening activities. The training provided was broadly consistent with the needs that had been identified. In addition, the training mechanisms put in place were in line with the targeted identified training objectives: the previous professional experience of participants was taken into account, the approaches implemented were very participatory and training materials were provide to beneficiaries in most cases. In general, participants were satisfied with the training provided.

Improvement areas

Beneficiaries of the training courses were well targeted in the various projects evaluated. However, targeting was too restrictive in some cases and included only "primary beneficiaries" who are directly affected by the technical objectives of training, to the detriment of "secondary beneficiaries", who are linked to operational implementation. In other cases, trainings were open to too many different groups, which diluted their effectiveness. Where there is a large range of groups targeted, it is necessary to "generalize" the training.

Strengthening the pharmaceutical supply chain

Improving the availability of pharmaceutical products

Strengthening the skills of pharmaceutical actors

In addition, some trainees have found it difficult to use their newly acquired skills in their working environment for technical reasons (for example, the necessary tools are not available) or financial reasons. It is therefore crucial to take these constraints into account ahead of trainings, during the planning phase.

It is also necessary to share knowledge management from the training courses implemented to ensure the sustainability of the results and where there is high turnover of trained personnel. In the projects evaluated, none had tried to integrate training into the basic national curriculum.

Recommendations

The trainings provided must be linked to the objectives and expected results of the project, in order to avoid spreading things too thinly and to have greater synergy between the trainings and putting learning into practice.

A training plan must be systematically put in place from project inception.

GOOD PRACTICE

ONGOING TRAINING SUPPORT

The two projects that looked at the PSM cycle as a whole (EMI project in Guinea-Bissau and DGPM project in Cape Verde), included ongoing support for all stakeholders in the supply chain, including health facilities. In Guinea-Bissau, a significant component of the technical implementation of the project was based on teams of supervisors whose work was entirely field-oriented, training staff at the intermediate and peripheral levels, supervising management activity in all these structures and gathering monthly logistic information reports. In Cape Verde, hospital pharmacists were trained, and assistant pharmacy technicians and medication management officers in health centers were given refresher training. Semi-annual supervision and technical support visits to all health facilities in the country were organized. This sustained presence in the field has made a significant and very practical contribution to strengthening the supply chain.



Conclusion

All steps of the PSM cycle were supported in the projects evaluated, with a greater emphasis on LMIS and less focus on distribution, dispensing and monitoring effective use of medicines.

All institutions that benefited from the projects were key in the pharmaceutical supply chain, with a much greater focus on central level institutions than those at the intermediate and peripheral levels.

In addition, all projects were aligned with national strategies for country-level health product procurement, and with priorities of the Global Fund and other donor-funded projects on the same theme.

Overall, the effectiveness of the various projects was judged to be good, with two particularly effective approaches: training support up to the peripheral level and the motivational mechanism for local staff in a crisis context. The main efficiency problems identified were related to a lack of consideration of “external” issues, such as the quality of the data gathered in LMIS, the reluctance of other stakeholders to harmonize and integrate tools or procedures, and in particular difficulties implementing the new procedures developed due to lack of local resources or support.

In addition, the evaluation highlighted the fact that the technical and operational leadership (by the project lead) and institutional leadership (by the standard institution involved) is fundamental to the success of a project.



OVERVIEW

The 5% Initiative continues to support strengthening procurement and supply management of health products systems in Global Fund beneficiary countries to help improve the availability of medicines. Its support operates at every level of the pharmaceutical distribution and supply chain to consolidate it as a whole. Since 2011, the 5% Initiative has funded more than 50 technical assistance assignments and more than ten projects in this area, focusing on both strengthening quality assurance systems as well as improving the distribution of medicines, computerizing information in logistics and health management or strengthening the skills of key actors.

ACRONYMS AND ABBREVIATIONS

ACAME	Association Africaine des Centrales d'Achats de Médicaments Essentiels
AIDS	Acquired Immunodeficiency Syndrome
CECOME	Compra de Medicamentos Central (= national center for procurement of essential medicines in Guinea-Bissau)
DGPM	Direction Générale de la Pharmacie et du Médicament (<i>within the Ministry of Health of Cape Verde</i>)
DGPML	Direction Générale de la Pharmacie, du Médicament et des Laboratoires (<i>within the Ministry of Health of Burkina Faso</i>)
DIFARLM	Direction de la Pharmacie, des Laboratoires et du Médicament (<i>within the Ministry of Health of Guinea-Bissau</i>)
DPMED	Direction de la Pharmacie, du Médicament et des Équipements Diagnostiques (<i>within the Ministry of Health of Benin</i>)
DRC	Democratic Republic of Congo
FDSS	Fonds de Développement des Services de Santé (<i>in DRC</i>)
GF	Global Fund
HIV	Human Immunodeficiency Virus
HIV+	HIV positive
LMIS	Logistic Management Information System
NGO	Non-governmental organization
PSM	Procurement and supply management
PSM	Procurement and Supply Management
ReMeD	Réseau Médicament et Développement
TB	Tuberculosis



This cross-cutting evaluation was conducted by Daniel Vandenberg and Fabienne Jouberton (AEDES) in 2017-2018.

It was coordinated at Expertise France by Elsa Goujon-Migue, Monitoring and Evaluation Officer in the Health Department.

The analysis and conclusions presented in this document are the responsibility of the authors. They do not necessarily reflect the official point of view of Expertise France.

The full cross-cutting evaluation report, as well as the evaluation reports for the projects concerned, are available from the 5% Initiative and are published on their website.



INITIATIVE 5%
SIDA, TUBERCULOSE, PALUDISME

Initiative 5% sida, tuberculose, paludisme

Expertise France
73, rue de Vaugirard
75006 Paris - France
01 70 82 70 82
www.initiative5pour100.fr

