

SOUTHERN Pulse

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SD BIOSENSOR



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WELCOME

Welcome to the second edition of our quarterly newsletter for Southern Africa. It's been a difficult time for everyone, including for health workers and the global supply chain. And yet we have a lot to celebrate where we work! Through successful partnerships, which you can read about in this issue, the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project has worked with different partners to maintain a reliable supply of vital public health commodities. We would like to thank our implementing partners for their continued tenacity in protecting gains made in health care delivery.

NAMIBIA



PARTNERS MOBILIZE FOR NATIONWIDE, OVERNIGHT DELIVERY OF COVID-19 VACCINES

Reaching all communities around Namibia—the so-called last mile in the pharmaceutical supply chain—is already difficult due to the vastness of the country and other challenges.



Loading COVID -19 vaccines at Central Medical Stores Windhoek for distribution throughout the country.

In July, Namibia received a delivery of 250,000 COVID-19 vaccine doses on a late Friday afternoon that were intended to reach vaccination sites within two days. Namibia’s Central Medical Stores typically manages delivery of all public health commodities to public health facilities using five temperature-controlled trucks. However, this fleet can only visit some facilities over a very large territory (up to 1450km/910miles) every six weeks and was therefore unable to meet the rapid delivery needs of the COVID-19 vaccines.

Supported with funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the Ministry of Health and Social Services (MoHSS), United States Agency for International Development (USAID), and GHSC-PSM partnered to select and hire (through an open competitive bidding process) a parastatal logistics provider to deliver the vaccines overnight and throughout the country. 135 ice-packed, insulated containers were shipped and delivered using modern track and trace technologies.

Since July, the MoHSS and its partners conducted three more major vaccine distribution drives, including some emergency stock replenishment to regions in the far North of the country.

Although the time and temperature critical aspects of vaccine distribution presented the Namibian government and its partners with a significant challenge, it also represented an opportunity to build long-term resilience into the public health supply chain.

GHSC-PSM is now collaborating with the MoHSS’ technical working group on COVID-19 response to address the new challenge of storing and delivering COVID-19 vaccines that require ultra-cold (-80 degrees Celsius) freezers to maintain ultra-low temperatures as far as possible during distribution.

Since the outbreak of COVID-19, the United States Government has scaled up support to the MoHSS to support the national health response.

“Much appreciation to our partner GHSC-PSM project for assisting in the transportation of the vaccines. A great success and delivered on the promise to have the vaccine available across Namibia ready for vaccination on 19 July 2021.

Seija Nakamhela, a Senior Pharmacist at the Central Medical Stores in Windhoek



ZAMBIA

ZAMBIA IS AMONG THE FIRST ADOPTERS IN SOUTHERN AFRICA OF DTG 10MG, A BETTER ARV FOR CHILDREN

Children living with HIV (CLHIV) in Zambia will now be able to access DTG 10mg, which is more effective, easier to take and has fewer side effects than many other ARVs. This year, between June and July, GHSC-PSM delivered more than 33,000 bottles of pediatric DTG 10mg to Zambia.

The key challenges to pediatric viral suppression in Zambia include lack of age-appropriate formulations, lack of appropriate storage for some medicines, below standard dosing and poor adherence. To address those challenges, the Zambian government has chosen to optimize treatment for children as recommended by the World Health Organization (WHO):

- The use of user-friendly, quality-assured ARVs that meet WHO requirements with dosing flexibility, are cost-competitive and benefit from an optimized supply chain.
- An optimized pediatric antiretroviral therapy (ART) option list that promotes adherence and thereby promotes viral-load suppression.

About 9,000 ART clients below the age of nine years and weighting from three to 20 kilograms will benefit from the availability of DTG 10mg.

With the support of GHSC-PSM, the roll out of DTG 10mg began in August in three phases that will help support continuous monitoring and will conclude in January 2022. “The first phase has already started with the supply chain properly secured. All facilities in phase one have received their allocated commodities and have started transitioning children from LPV/r-based to DTG-based regimens,” said Dr. Gloria Munthali, the Ministry of Health (MOH) National Pediatric ART Coordinator.

Partnership support

GHSC-PSM is one of several partners—including the Clinton Health Access Initiative (CHAI), U.S. Centers for Disease Control and Prevention (CDC), PEPFAR and USAID—supporting the MOH with DTG 10mg rollout. The CDC, CHAI and USAID treatment partners supported the MOH to develop and print training materials and conduct training in the use of DTG 10mg for facility-level health workers. In preparation for DTG 10mg rollout in Zambia, GHSC-PSM worked with clinical partners on updating standard treatment guidelines and facilitated its inclusion in the electronic logistics management information system (eLMIS).

TAKING CARE OF THE NEEDS OF CHILDREN

In terms of HIV treatment access, children are one of the most vulnerable yet underserved populations. Pediatric treatments continue to be limited. Children require formulations that are easy to administer and palatable to ensure treatment adherence. Most Southern African countries now have access to the new antiretroviral (ARV) pediatric formulation dolutegravir (DTG) as a 10 mg dispersible tablet. The distribution of DTG 10mg has begun in Zambia and Eswatini. GHSC-PSM provides technical support to national governments to ensure that this new drug reaches the children who need it.

GHSC-PSM—through its third-party logistics (3PL) support to the Zambia Medicines and Medical Supplies Agency (ZAMMSA)—also facilitated the first delivery of DTG 10mg to provincial hubs in Zambia’s 10 provinces. GHSC-PSM also supported the MOH to determine the first set of health facilities to receive some 20,000 bottles of DTG 10mg, analyzing facility-level data to identify 57 high-volume facilities for the initial distribution. The project will support the MOH to conduct annual forecasting and quarterly supply plan reviews and monitor stock availability both centrally and in facilities. GHSC-PSM will support health facilities with real-time logistics data capturing and reporting and report transition rates to USAID and other implementing partners. The project also participates in the monthly pediatric DTG technical working group meetings and holds monthly supply chain partner meetings.



Displaying DTG 10mg for children are Martha Sakala and Soneni Chelemu, both Pharmacists at University Teaching Hospital, Lusaka Zambia: Photo: GHSC-PSM

“DTG10mg is a new addition to the Zambia optimal drug list with better palatability, tolerability, potency and resistance profile which will improve viral load suppression in children. It is a welcome breakthrough as it will improve children’s adherence to antiretroviral treatment.”, said Dr. Gloria Munthali.

ESWATINI



STRONG PARTNERSHIPS HELPED LAUNCH DTG 10MG TO HEALTH FACILITIES IN JULY

In Eswatini, the Ministry of Health (MOH) led a successful introduction of DTG 10mg through a partnership coordinated through the pediatric technical working group (TWG) that includes the Baylor College of Medicine, Central Medical Stores (CMS), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Eswatini National AIDS Program (ENAP), GHSC-PSM and other implementing partners.

Eswatini has a generalized HIV epidemic and the highest HIV prevalence in the world. Pediatric patients aged 0-14 years are a key population group for ART. Of all children living with HIV, 84 percent are on ART, and before July 2021, none of them was on DTG 10mg. Following the recent recommendation from WHO to extend the use of DTG 10mg as the preferred first-line treatment to all children over the age of four weeks and 3kg, Eswatini started preparations to transition all eligible clients.

Each member of the pediatric technical working group had a specific role in DTG 10mg transition that leverage their area of expertise. The Baylor College of Medicine and EGPAF

provided essential support with the forecasting process and ensuring that the medicine was available in the country on time. In October 2020, the TWG developed a detailed roadmap for the introduction of DTG 10mg from October 2020 to July 2021 and updated pediatric HIV treatment guidelines to include DTG 10mg as the preferred first-line treatment.



DTG 10mg integrated physically into the central warehouse: Photo: GHSC-PSM

GHSC-PSM played a key role in the implementation of the roadmap by leading quantification activities for DTG 10mg, placing orders and facilitating import waiver approvals. GHSC-PSM and CMS partnered to update the TWG, PEPFAR and other stakeholders on the status of deliveries during monthly stock status meetings.

GHSC-PSM helped CMS to integrate DTG 10mg into its warehousing management system and to update and print logistics management information system (LMIS) forms to include DTG 10mg. Since there were no previous consumption data to be used for demand forecasting, clinical partners provided valuable data used to forecast DTG 10mg demand by working with the national health management information system (HMIS). GHSC-PSM also helped organize and conduct trainings at national, regional and facility levels, including supporting for the supply chain components of the trainings.

GHSC-PSM delivered the first PEPFAR-funded order of 20,000 units of DTG 10mg in June 2021, and the first supplies arrived at health facilities in July 2021.

GHSC-PSM supported regional supportive supervision teams—composed of four regional pharmacists, four project logistics staff, four regional laboratory personnel and two supply chain staff from PEPFAR implementing partners—to prepare health facilities to properly store DTG 10mg and to calculate the amounts to order based on the numbers of pediatric clients to transition.

Lastly, the project and clinical partners developed a plan to minimize wastage of the legacy ARV Lopinavir/ritonavir (LPV/r) by developing a phased introduction that prioritized first transitioning children on Efavirenz and Nevirapine-based regimens and those not tolerating well their current treatment regimen.

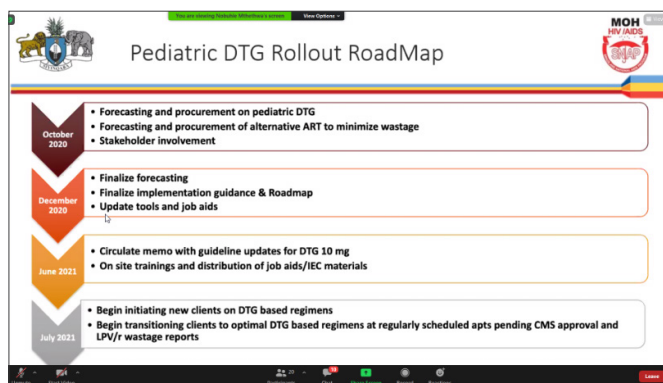


Figure 1. Shows the roadmap developed by the GHSC-PSM project and other pediatric technical working members to introduce DTG10mg in Eswatini.

In June 2021, GHSC-PSM delivered the first PEPFAR-funded order of 20,000 units of DTG 10mg. The first supplies arrived at 48 major health facilities in July 2021 and were further distributed to 180 ART sites. These facilities started reporting on consumption at the end of July 2021. Since DTG 10mg is a new drug in Eswatini, GHSC-PSM also supports pharmacovigilance data collection in collaboration with the National Pharmacovigilance Unit (NPVU) of Eswatini. Looking forward, GHSC-PSM is working with the pediatric TWG to advocate for alternative packaging of the drug to allow for more flexibility in dispensing. Eswatini aims to finalize DTG 10mg roll out to all eligible pediatric clients by the end of this year.



A NEW PARTNERSHIP WITH THE GLOBAL FUND JOINTLY DISTRIBUTES MALARIA COMMODITIES

Malawi has achieved significant success in reducing malaria incidence and is now in the malaria control phase. Aiming to provide greater efficiency in the supply chain management of malaria commodities, GHSC-PSM, the Global Fund, the U.S. President's Malaria Initiative (PMI) and Malawi's National Malaria Control Program (NMCP) piloted a program from June to September 2021 to consolidate distribution of malaria commodities.

In a joint distribution exercise, GHSC-PSM used its contracted third-party logistics (3PL) provider to manage delivery of GF procured malaria commodities worth about \$340,000 made up of 700,000 malaria rapid diagnostic test kits (mRDTs) and just over 92,000 artesunate injection vials. The same round also entailed delivery of \$1.9million PMI procured malaria commodities made up of 860,000 artemether-lumefantrine (AL) treatments, about 1.2 million mRDTs, 1.12 million sulphadoxine-pyrimethamine (SP) tablets (i.e. about 374,000 doses), and over 415,000 long-lasting insecticide-treated nets for routine distribution.

In turn, within the period, the Global Fund-contracted 3PL provider managed delivery of PMI procured malaria commodities worth about \$230,000 comprising of about 330,000 artemether-lumefantrine treatments and 1 million SP tablets (i.e. about 351,000 doses). During the same round, \$1.1 million worth of Global Fund procured malaria commodities made up of over 652,000 AL treatments, almost 26,000 Artesunate-Amodiaquine (ASAQ) treatments, close to 2.4 million mRDTs and over 104,000 artesunate injection vials were distributed.



Tsankho Kapanda, warehouse manager for Cargo Management Logistics Limited (a third-party logistics management service provider), inspecting malaria commodities before dispatch from a warehouse. Photo: GHSC-PSM

Daniel Tadesse, GHSC-PSM Country Director for Malawi, explained the instant impact the exercise has had on the supply chain management of malaria commodities, stating that, “This integrated distribution helped gain efficiency by reducing the number of deliveries to the facilities from two trucks to one. This also reduced the workload for health facility staff who now manage one receipt rather than two. In addition, the integrated distribution also helped in saving money on fuel and truck maintenance, and is expected to promote organized operations, if sustained.”

To further harmonize efforts, partners are currently developing a memorandum of understanding to guide the longer-term collaboration for integrated distribution of malaria commodities across all funding partners in Malawi.

“This integrated distribution helped gain efficiency by reducing the number of deliveries to the facilities from two trucks to one.”

Daniel Tadesse, GHSC-PSM Country Director for Malawi



Graduates from the first cohort of the course, which Achieved 100 percent student completion rate and 80 percent graduation/certification. PHOTO: GHSC-PSM

ANGOLA



A NEW POST-GRADUATE COURSE IN SUPPLY CHAIN MANAGEMENT—DEVELOPED THROUGH INTERNATIONAL PARTNERSHIPS—HELPS BUILD THE NEXT GENERATION OF SUPPLY CHAIN LEADERS

In Angola, GHSC-PSM provided technical support to the Ministry of Health (MOH) for the development of a national postgraduate program that focused on addressing core supply chain elements to improve competencies and efficiencies.

Supply chain specialists from partner organizations served as lecturers for core modules, including a senior lecturer at North West University in Potchefstroom South Africa, a professor of transport and logistics management from the Federal University of Technology Minna in Nigeria, and a health systems strategy consultant from Hazaa! consulting firm in South Africa.

GHSC-PSM supported and leveraged the findings of a national-level MOH assessment conducted in 2017 that identified training and human resource development needs. The project then advocated for the establishment of a post-graduate Supply Chain Management course in collaboration with the National School of Public Health as the first step toward professionalizing the supply chain within the Angolan public health system.

GHSC-PSM provided technical support for the Public Health National School's course—delivered in partnership with GAVI-the Vaccine Alliance, GAVI/LOGIVAC Benin, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). Supply chain specialists from partner organizations served as lecturers for core modules, including a senior lecturer at North West University in Potchefstroom South Africa, a professor of transport and logistics management from the Federal University of Technology Minna in Nigeria, and a health systems strategy consultant from Hazaa! consulting firm in South Africa.

Students for the course included health supply chain professionals from both public and private-sector organizations. The innovative partnership across a diverse stakeholder group resulted in students being exposed to global best practices in health commodity logistics tailored to Angola's

context. This initiative program also led to the establishment of a supply chain career cadre within the MOH to facilitate professionalization.

GHSC-PSM created a classroom-based curriculum tailored to Angola's context for delivery from April 2019 to May 2020; however, this timeline shifted because of COVID-19 pandemic restrictions that impacted schools. Lectures and final project presentations took place virtually via the Moodle online platform. The course content covered essential supply chain (SC) management modules ranging from quantification to medication distribution.

"I had the privilege of taking this course, thanks to the bursary from the Ministry of Health, after completion, I was offered a job at the National Directorate of Public Health in the National Malaria Control Program in Logistics section. I have been applying all my knowledge that I gained from both theoretical and practical experiences during the course" said Sandra Maria Cruz Caldeira da Silva, a Ministry of Health employee and student in the first cohort of the postgraduate course. GHSC-PSM continues to provide mentoring support to ensure the consolidation of learned skills and capacity for Angolan public supply chain champions.

This new course lays the foundation for the long-term development of supply chain management capacity. The program graduates are the first Angolan public health professionals to be formally trained and certified in technical supply chain skills and best practices, strengthening the national health workforce and laying the groundwork for improved supply chain infrastructure to support public health programs. The course's second cohort is set to begin in the final quarter of 2021.

LESOTHO



THROUGH A PARTNERSHIP FOR DIAGNOSTIC NETWORK OPTIMIZATIONS, VIRAL LOAD TEST RESULTS ARRIVE IN A DAY RATHER THAN WEEKS

By expanding the country's viral load testing capabilities, the government of Lesotho is modifying its HIV/AIDS services to better meet the needs of people living with HIV (PLHIV). A primary goal of antiretroviral treatment (ART) is to achieve viral suppression. In 2019, despite having five viral load laboratories, more than one in every four people living with HIV/AIDS in Lesotho still lacked access to viral load testing services.

To provide coverage to all HIV/AIDS clients—and with the support of the Ministry of Health (MOH)—GHSC-PSM and other implementing partners joined forces to implement an ambitious diagnostic network optimization program.

LESOTHO'S PARTNERS FOR DIAGNOSTIC NETWORK OPTIMIZATION

- U.S. Centers for Disease Control and Prevention:** Funding for trainings, health commodities and machines
- The Global Fund:** Refurbishment of mini laboratories, procurement of TB and viral load commodities
- URC/ ICAP:** Laboratory implementing partner providing technical assistance regarding laboratory practices
- Baylor, EGPAF, Mothers to Mothers:** Ministry of health clinical partners providing training and implementation at the facilities.

Diagnostic network optimization is a data-driven approach that includes the mapping of various network models to develop more efficient and cost-effective laboratory services.

The program began with a workshop in September 2019 where participants mapped an optimized diagnostic network for HIV viral load, early infant and tuberculosis diagnosis that included a mix of large and small laboratory sites around the country, including 13 minilabs.

The MOH's infectious disease control and laboratory directors combined efforts to form a task force to lead implementation, leveraging each participating organization's expertise and define clear roles.

The task force prioritized point-of-care (POC) viral load testing for pregnant and breast-feeding women to provide faster identification and access to care and prevent mother-to-child transmission. Partners launched a pilot program in February 2020 at five central 'hub' sites, with eventual full rollout of the program in July 2020. In March 2021, POC viral load scale up began with inclusion of infants and children (0-19 years).

Along the way, implementing partners provided much-needed support, including advocacy to include more patient groups in viral load testing, design of tools for supportive supervision, monitoring and evaluation, roll out of training, supportive supervision and mentorship, commodity management, data management and reporting. Sub-national partners also provided key support for implementation while the District Health Management Teams and district-level staff of partner organizations co-facilitated trainings, provided post-training support and supervision, managed supply chains, and supported waste management. Riders for Health provided trained for laboratory sample transportation.

More than 400 health facility staff trained

To date more than 400 health facility staff have benefited from training in the various skills needed to implement diagnostic network optimization. Because of challenges related to COVID-19, some of the training programs took place virtually. **After implementation of diagnostic network optimization, the time required from laboratory sample collection to delivery of results at facilities dropped from a range of 13-43 days to less than 24 hours.** Most importantly, healthcare providers reported a significant increase in patient satisfaction, especially among pregnant and breast-feeding women.

Preparations are underway to carry out training at remaining sites for the inclusion of infants and children. There is ongoing supervision and mentorship for the support of trained personnel, and training of more personnel to minimize gaps during rotations. The next steps of the program include plans to reach patients with unsuppressed viral load and those with advanced HIV disease.

GHSC-PSM continues to provide technical support in supply chain management to the MOH in Lesotho.



Capacity building for Laboratory technicians for diagnostic network optimization in Lesotho. Photo GHSC-PSM



Training of nursing professionals on supply chain management in Zimbabwe

ZIMBABWE



PARTNERS MOBILIZE TO QUICKLY TRAIN MORE THAN 4,000 NEW NURSES IN HEALTH COMMODITY MANAGEMENT

Good inventory management by health facility staff is essential in ensuring medicines and other health commodities are available when patients and staff need them. In Zimbabwe, nurses manage health commodities at the primary-care level.

Yet, unlike pharmacists and pharmacy technicians—who learn about supply chain management during their undergraduate education—nurses receive instruction in supply chain management as part of in-service training. In the past two years, Zimbabwe's public health system has faced significant challenges in nursing staff employment and retention. Nurses leave for other organizations offering better remuneration packages within and outside the country.

The government has moved quickly to fill open nursing positions with more than 4,000 recently graduated nurses who have been deployed to primary care facilities. This rapid deployment of large numbers of nurses in turn required training them to manage health commodities. In addition, as new systems rolled out, both new and experienced nurses must learn how to use them. Virtual training—which some countries have deployed to train large numbers of people in supply chain management—could not be used because of the lack of reliable internet connections at many health facilities.

Since 2017, GHSC-PSM has led training of health professionals in supply chain management, including in-service training for nurses. However, because of the large number of nurses requiring training in person, no single organization could fill the gap.

Led by the Ministry of Health and Child Care, many international and local organizations mobilized to meet the need. The Ministry and GHSC-PSM led curriculum development and delivered the training programs.

Because of the large number of nurses requiring training in person, no single organization could fill the capacity building gap.

Led by the Ministry of Health and Child Care, many international and local organizations mobilized to meet the need.

USAID, the United Nations Development Program (UNDP) and UNFPA funded printing of training materials. Funding for the on-site trainings came from the Centre for Sexual Health and HIV/AIDS Research Zimbabwe, the National AIDS Council, the Organization for Public Health Interventions and Development, SolidarMed, UNDP, UNFPA, USAID and the Zimbabwe Association of Church-Related Hospitals.

During these trainings, nurses learn about medicine management and access, national standard treatment guidelines, stock management and control, ordering and receiving supplies, handling of short-dated and excess stock, issuing of medicines, handling of obsolete and expired commodities, and many other topics relevant to their key position in supply chain management.

Through this partnership, essentially all health facilities in Zimbabwe now have nurses prepared to effectively manage health commodities, improving the administration of health commodities and resulting in increased accountability and a more reliable supply for patients who need them.

BOTSWANA



A PARTNERSHIP FOR FORECASTING AND SUPPLY PLANNING SUPPORTS ART PATIENTS

The antiretroviral treatment (ART) program in Botswana is among the most successful in Southern Africa. With emerging developments in the care and treatment of people living with HIV, the government of Botswana resolved to continuously improve reach, eligibility criteria, ARV regimens and differentiated service delivery models used for effective HIV care and treatment. This aggressive program requires a reliable supply of ARVs that in turn requires a clear approach to forecasting and supply planning.

The Ministry of Health and Wellness (MoHW) and GHSC-PSM partnered in 2016 to adopt a standardized approach to forecasting and supply planning (FASP) for ARVs and other HIV related commodities. They lead a technical working group of key partners who convene biannually to conduct a FASP exercise. The MoHW and GHSC-PSM also conduct support visits and mentorship for health facilities in supply chain data management to ensure data

A key outcome of the partnership between the MOHW and GHSC-PSM for forecasting and supply planning is the successful transition of more than 90 percent of ART clients to TLD.

availability and accuracy that facilitate effective forecasting and supply planning. They are also working to build capacity of the Central Medical Stores' logistics management unit (LMU) in forecasting and supply planning through the adoption and use of a new quantification and forecasting platform, the Quantification and Analytics Tool (QAT).

A key outcome of the MOHW and GHSC-PSM partnership is the successful supply planning, procurement and delivery of international shipments that supported the transition of more than 90 percent of ART clients to TLD, the preferred first-line ARV regimen for adults. The MoHW and GHSC-PSM are also supporting the transition to DTG 10mg for pediatric care.



Participants at a FASP workshop organized by the MOHW with technical support from GHSC-PSM.

INDUSTRY NEWS



An African partnership to support COVID-19 testing

In May, ASLM, in collaboration with regional and international partners and African Union member states, launched the COVID-19 Laboratory Testing Certification Program (CoLTep) for facilities conducting COVID-19 testing. Under the program, COVID-19 testing laboratories using PCR-based testing, that are prioritized by governments, can apply for enrolment in the program through their ministry of health. Certified laboratories are then enrolled in the African Union Trusted Travel Platform, launched by Africa CDC, to simplify verification of public health documentation for travelers during exit and entry across borders.

Check out the CoLTep web page:

<https://aslm.org/coltep/>

Moderna to Launch Clinical Trials for mRNA-Based HIV Vaccine

Using the same basic technology as the COVID-19 vaccine, Moderna is planning clinical trials for an HIV vaccine. This is one of several potential uses for future vaccines, including for some types of cancer.

<https://www.biospace.com/article/moderna-to-launch-clinical-trials-for-mrna-based-vaccine-for-hiv/>

UPCOMING EVENTS

ASLM

ASLM (African Society for Laboratory Medicine) 2021.

Responding to outbreaks through resilient laboratory systems: Lessons learnt from the COVID-19 pandemic. Virtual Conference November 15–18, 2021

<https://aslm.org/event/aslm2021/>



ICASA (International Conference on AIDS and STIs in Africa) 2021

Africa's AIDS response: The race to 2030 – Evidence. Scale Up. Accelerate. Hybrid/Virtual Conference, December 6–11, 2021

<http://icasa2021.saafrica.org/>



Global Health
Supply Chain Summit

Global Health Supply Chain Summit

Building for the Future: Review, Recovery, and Refocusing. Virtual Conference November 9-11, 2021.

<https://ghscs.com/>

RESOURCES

Organization: African Society of Laboratory Medicine (ASLM)

ASLM is an independent, international, not-for-profit organization that coordinates, galvanizes and mobilizes stakeholders at the local, national, and international levels to improve local access to world-class diagnostic services and ensure healthy African communities now and for the long-term. You can learn more by visiting:

<https://aslm.org/>

Organization: Africa Resource Center (ARC)

ARC works with ministries of health to address the critical areas for building more efficient and effective health supply chain systems. Find out more on:

<https://www.africaresourcecentre.org/>

Handbook: Contracting for transportation of public health commodities to the private sector

This new handbook from GHSC-PSM serves as a guide for private-sector contracting, examines the reasons for doing so, describes different options, and explains the potential benefits and challenges of each option. Examples from six countries—including Angola, Malawi, Mozambique and South Africa—illustrate key points. Annexes include a sample scope of work, deliverables schedule, requests for proposals, key performance indicators and other tools.

<https://www.ghsupplychain.org/index.php/contracting-transportation-public-health-commodities-private-sector>

White Paper: Confronting Substandard and Falsified Covid-19 Vaccines: Strategies and tools for global settings

High global demand and insufficient supply have resulted in an inequitable global distribution of COVID-19 vaccines, creating an economic incentive for falsified vaccines and opportunities for substandard vaccines, resulting from unintentional error in production, distribution, storage, and handling. To help address this issue, the U.S. Pharmacopeia (USP) has released a this new resource:

<https://www.usp.org/covid-19/vaccines>

Handbook: Implementing activity-based costing (ABC) and activity-based management (ABM) in warehousing and distribution

To determine the real costs of warehousing and distribution activities, country governments and donors are shifting to a traditionally private-sector approach called activity-based costing, or ABC. The guide includes case studies, sample cost calculators, ABC management tools, sample reports, templates and much more to help supply chain managers evolve their operations for greater efficiency and accountability.

<https://www.ghsupplychain.org/index.php/implementing-activity-based-costing-abc-and-activity-based-management-abm-warehousing-and>

Video: The Quantification Analytics Tool

The Quantification Analytics Tool (QAT) is a modernized tool for country-led supply planning. Funded by USAID, QAT is an open-source, web-enabled forecasting and supply planning solution that enhances data access, planning logic and system interoperability.

<https://www.youtube.com/watch?app=desktop&v=6TguvcUq16Y>

USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

ABOUT US

The USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project enhances the health care experience in the communities we serve through transformative supply chain solutions. GHSC-PSM purchases and delivers health commodities, strengthens national supply chain systems, and provides global supply chain leadership to ensure lifesaving health supplies reach those in need, when they need them. By working closely with country partners and suppliers worldwide, the project aims to promote wellbeing and help countries develop sustainable supply chain systems. GHSC-PSM has programs in nine countries of Southern Africa: Angola, Botswana, Eswatini, Lesotho Malawi, Mozambique, Namibia, Zambia and Zimbabwe. For more information go to <https://www.ghsupplychain.org/PSM>.