Global Health
Supply Chain Summit

[ABSTRACT 52]

[TRACK #7]

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Adapting public health supply chain supportive supervision to the context of COVID-19 to maintain availability of lifesaving medicines

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Outline

- Introduction: What is ROSS?
- ROSS Implementation
- Adapting ROSS to context of COVID-19
- Results: Availability of tracer medicines
- Results: Supply chain performance of health facilities
- Summary: Actions taken during site support
- Benefits of adapting ROSS to context of COVID-19
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Introduction

- In the past, the USAID GHSC-PSM project in Ethiopia supported multiple supply chain and health program activities in an inefficient and somewhat redundant manner.
- In October 2020, GHSC-PSM designed and initiated a comprehensive, integrated supportive supervision program for Ethiopia's health supply chain: Results Oriented Supportive Supervision (ROSS).
- ROSS integrates and streamlines GHSC-PSM's formerly vertical (non-integrated) supportive supervision activities.
- ROSS addresses all building blocks of the health supply chain, including:
  - Human resources, finance, logistics information, service delivery, stock availability and management, and governance issues
- GHSC-PSM adapted the program to the context of COVID-19 to reduce supply risks and support health facilities.
- ROSS is a comprehensive tool that responds to the demands of HIV, malaria, FP/RH, MNCH and TB health programs' commodity management at the facility level.

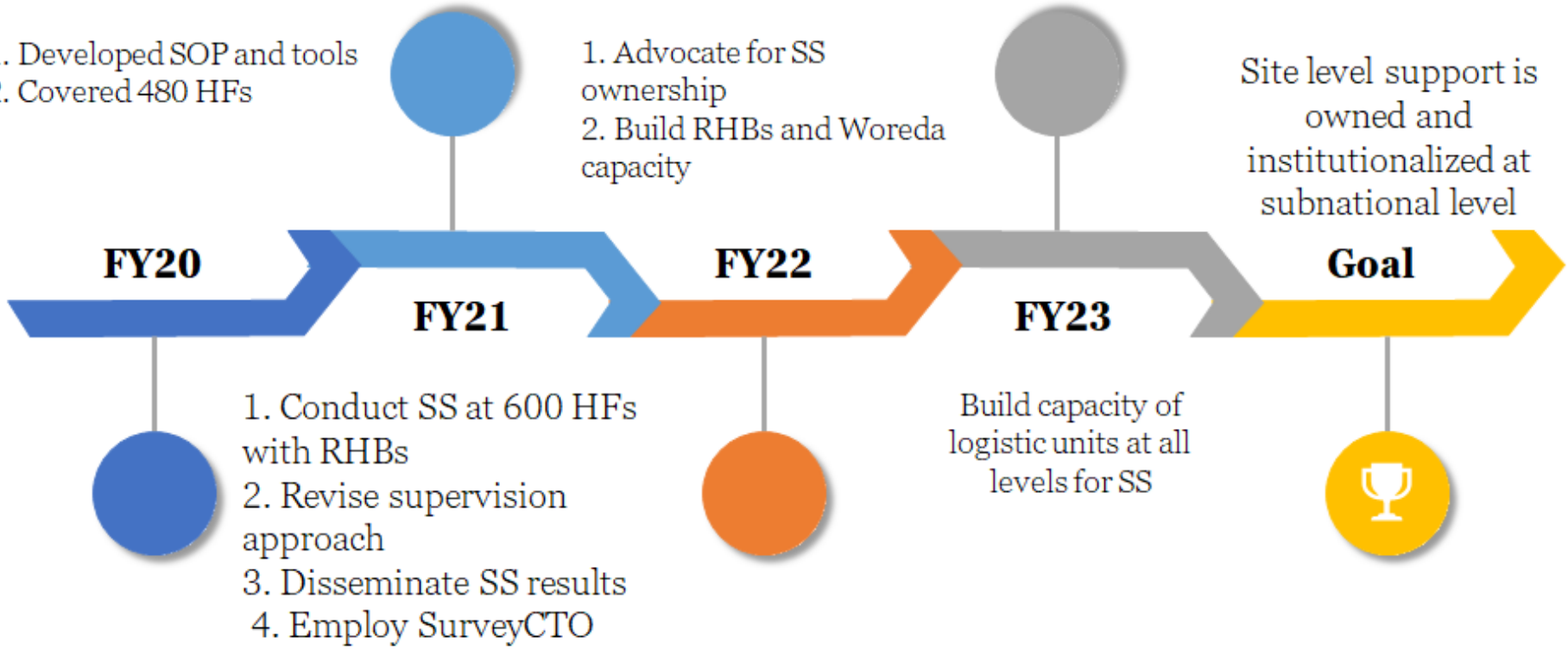
Introduction

- ROSS is expected to ensure:
  - Continuous availability and reduced wastage of health commodities
  - Implementation of new initiatives, systems and tools to meet country-specific standards developed by GHSC-PSM
  - Delivery of pharmacy service as per the standards
  - Increased capacity of health facility staff
  - Resolution of bottlenecks that lead to stockouts and expiry

- GHSC-PSM staff worked with logistics officers from the Ethiopian Pharmaceutical Supply Agency (EPSA), regional health bureaus (RHB), and the WHO to implement ROSS and ensure sustainability of the system.

- 600 prioritized health facilities (HFs) would receive supportive supervision (SS) visits three times over the course of one year.

ROSS Implementation Modalities and Timeline



Adapting ROSS to context of COVID-19

The project **participated in COVID-19 task force meetings** of RHBs to ensure interventions (including ROSS) align with the Ethiopian government's strategies to mitigate the impact of COVID-19; additionally, GHSC-PSM:

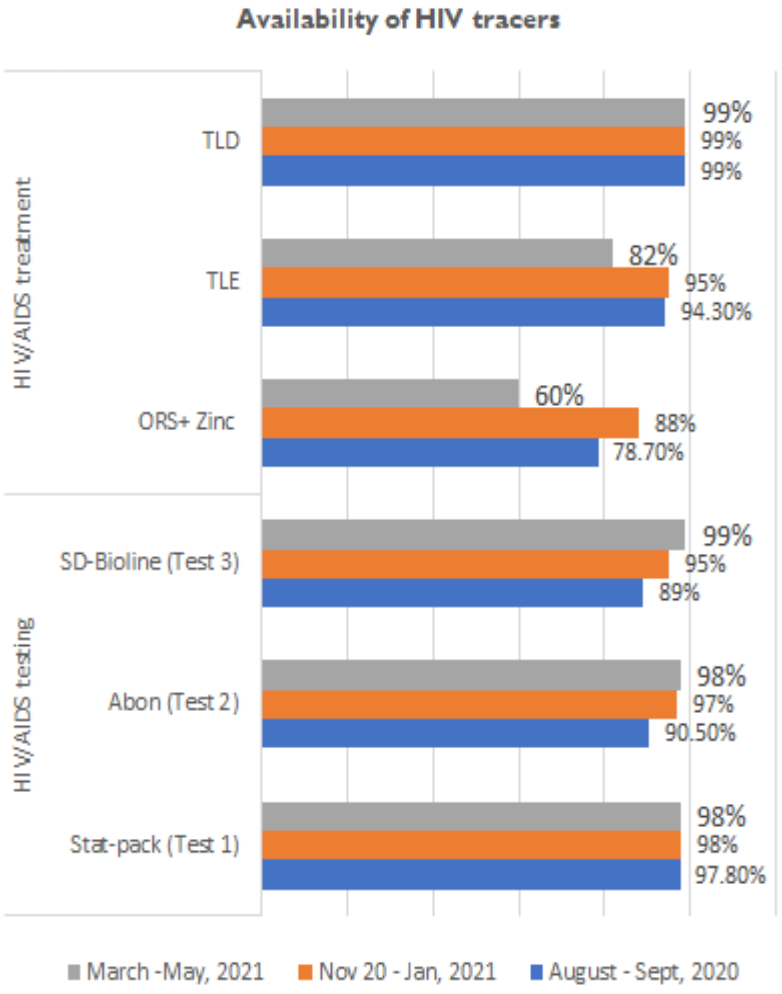
- **Shifted supportive supervision to SurveyCTO**, a digital platform that helps to conduct the supervision using cell phones, tablets or computers, review and validate collected data,
- **Used communication technologies** including emails, telephone calls, group chat forums to share information, resources and feedback and collect reports (**to reduce the need for on-site visits**)
- Worked to **prioritize 600 HFs for SS**—in collaboration with RHB—based on patient volume, level of the facility, and health programs available, (including ART, malaria, TB, MNCH, etc.)

Adapting ROSS to context of COVID-19

- **Engaged local stakeholders** such as district logistics officers
  - This helped to create local solutions to challenges encountered
  - This engagement motivates staff, ensures system's sustainability and creates ownership

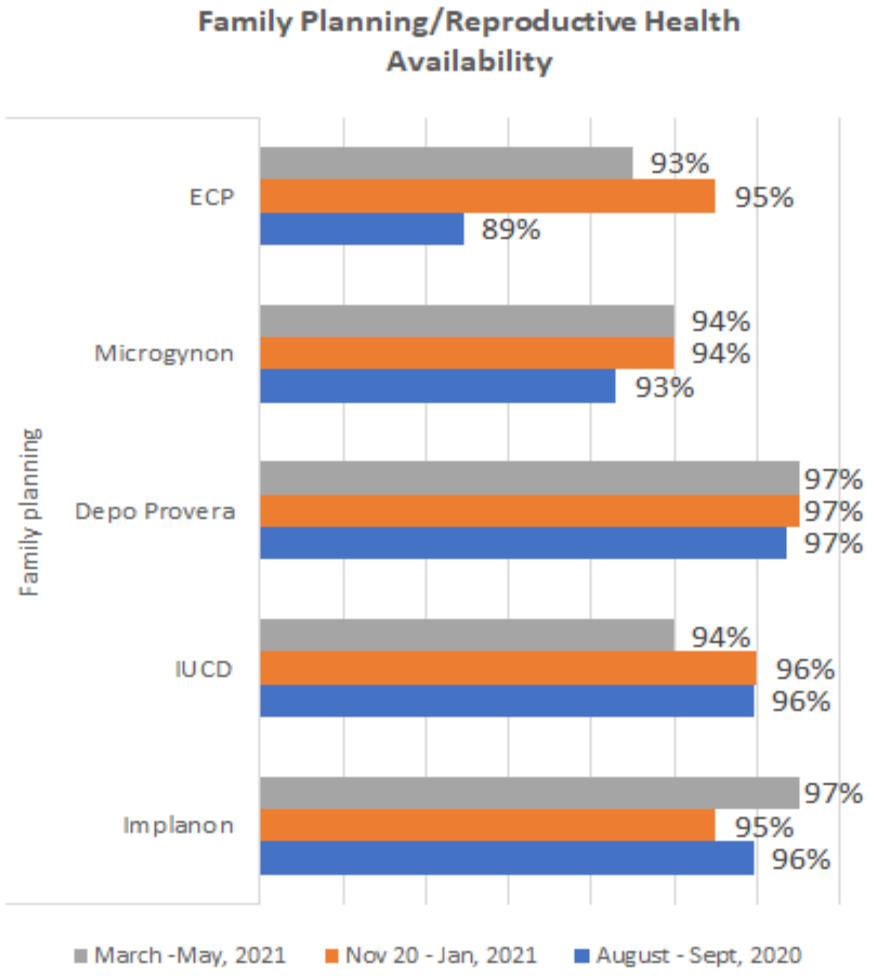
- **Adjusted SS protocols**:
  - Abridged the site-level checklist (for data collection, technical assistance and decision making) to focus on high-priority issues
  - Limited the number of people during on-site supervisions
  - Provided face masks, gloves and sanitizers and implemented physical distancing
  - Met with individual staff and teams at facilities instead of large group
  - Conducted discussions in large, well-ventilated rooms or in outdoor areas when possible
  - Minimized contact with unnecessary people and materials

Results: Availability of HIV/AIDS Tracer Medicines



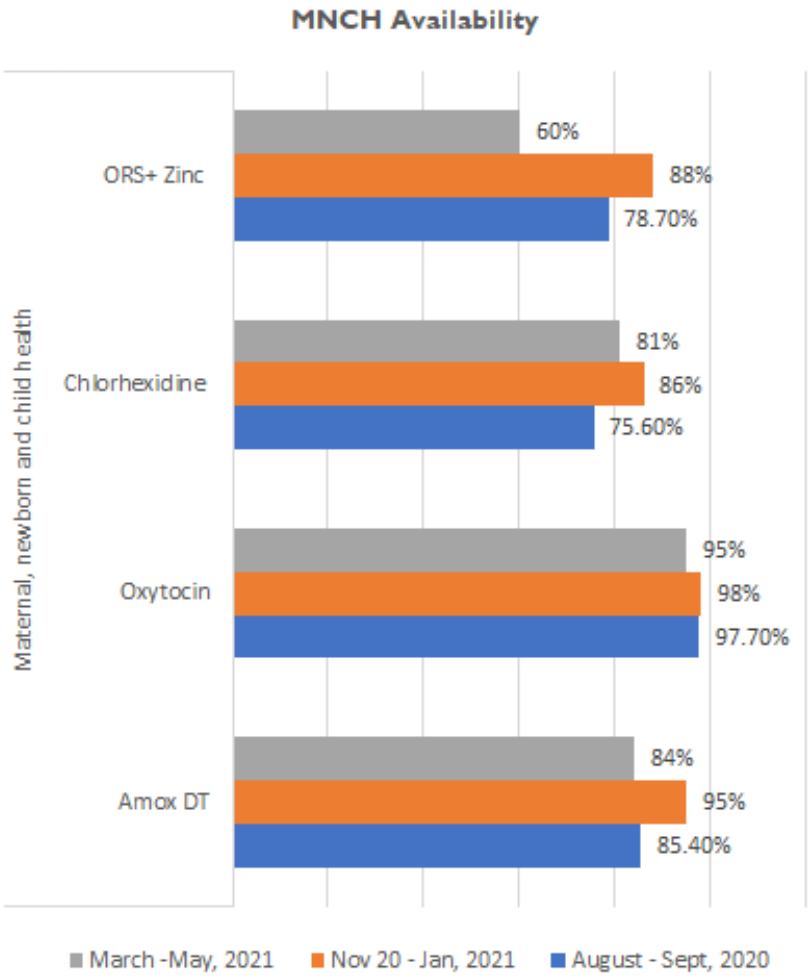
- Availability of TLD where more than 86% of ART clints are on TLD treatment is greater than 99% consistently
- Availability for all ARVs - excluding TLE - was more than 97% throughout the results period
- HIV rapid test kit availability has shown progressive improvement; availability for all was more than 97% in fiscal year 2021 quarter 3
- Interventions during supervision
  - Onsite orientation for HIV initiatives
  - On-the-job training (OJT) for updated Report and Requisition Form (RRF)
  - Communication on resupply needs
  - Distribution of paper-based LMIS forms
  - Feedback and coaching to address challenges

Availability of FP/RH Tracer Medicines



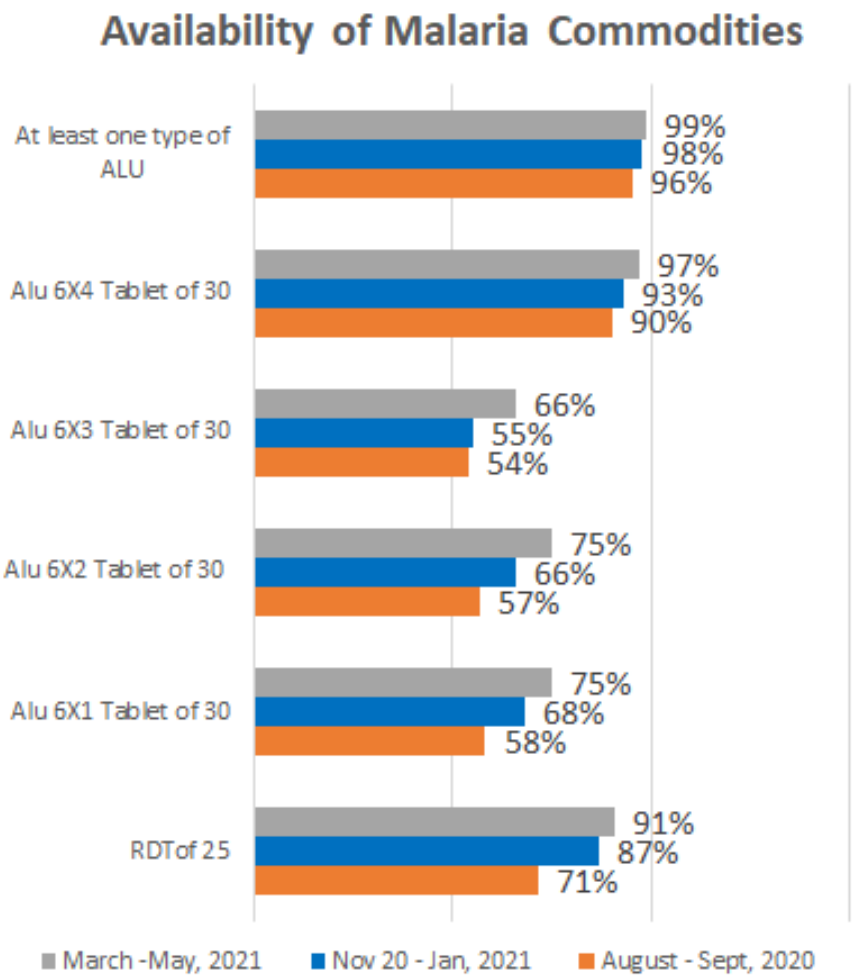
- Availability for all FP commodities was more than 93% following SS except for emergency contraceptive pills (ECP) and intrauterine contraceptive devices (IUCD). IUCD availability can be tied to demand constraints.
- More than 99% of clients had access to at least three contraceptive methods
- Interventions during supervision included stock redistribution, RRF data quality analysis and feedback, onsite orientation and OJT
- The project also facilitated communication with EPSA for resupply, distributing RRFs and providing feedback

Availability of MNCH Tracer Medicines



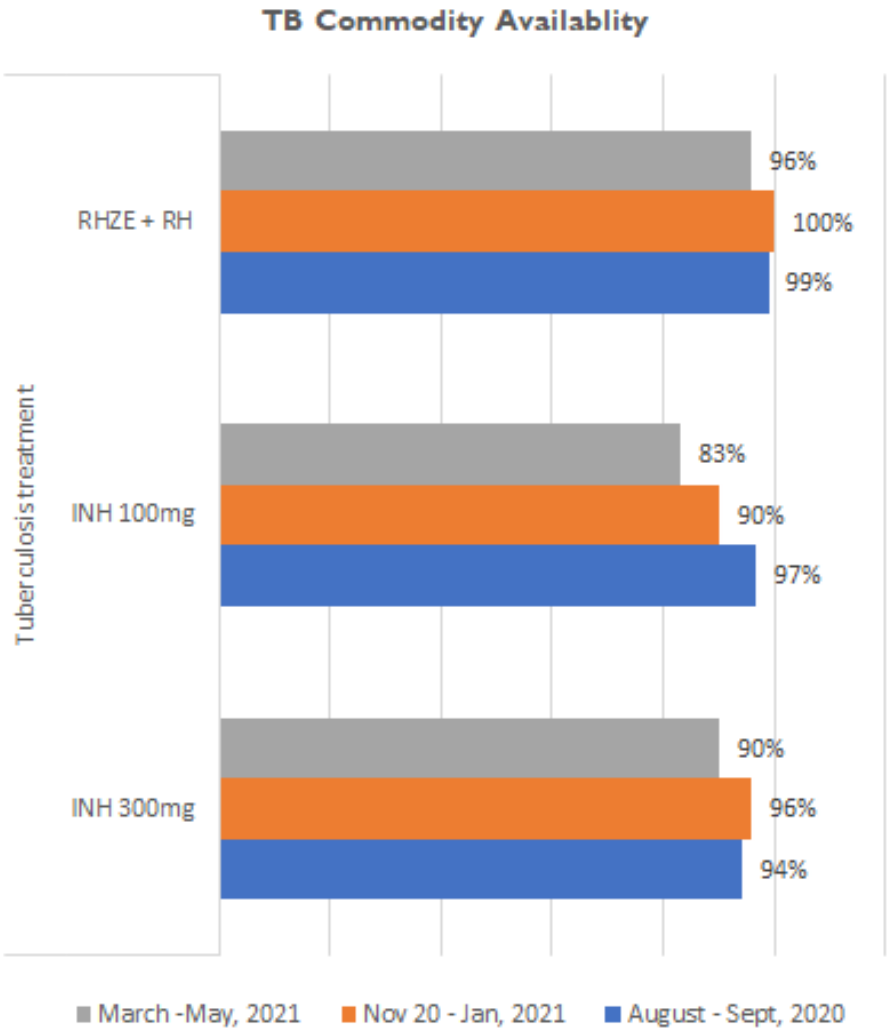
- All except oral rehydration salts (ORS) have adequate availability
- Reason for stockouts include
  - Non-full supply of products and undersupply
  - Recent integration of MNCH commodities into the Integrated Pharmaceuticals Logistics System (IPLS) limits data
  - RRF data quality
  - Low demand and non-request for some products
- Interventions include
  - Stock redistribution
  - RRF data quality feedback
  - Onsite orientation and OJT
  - Communicated EPSA for resupply
  - Feedback

Availability of Malaria Tracer Medicines



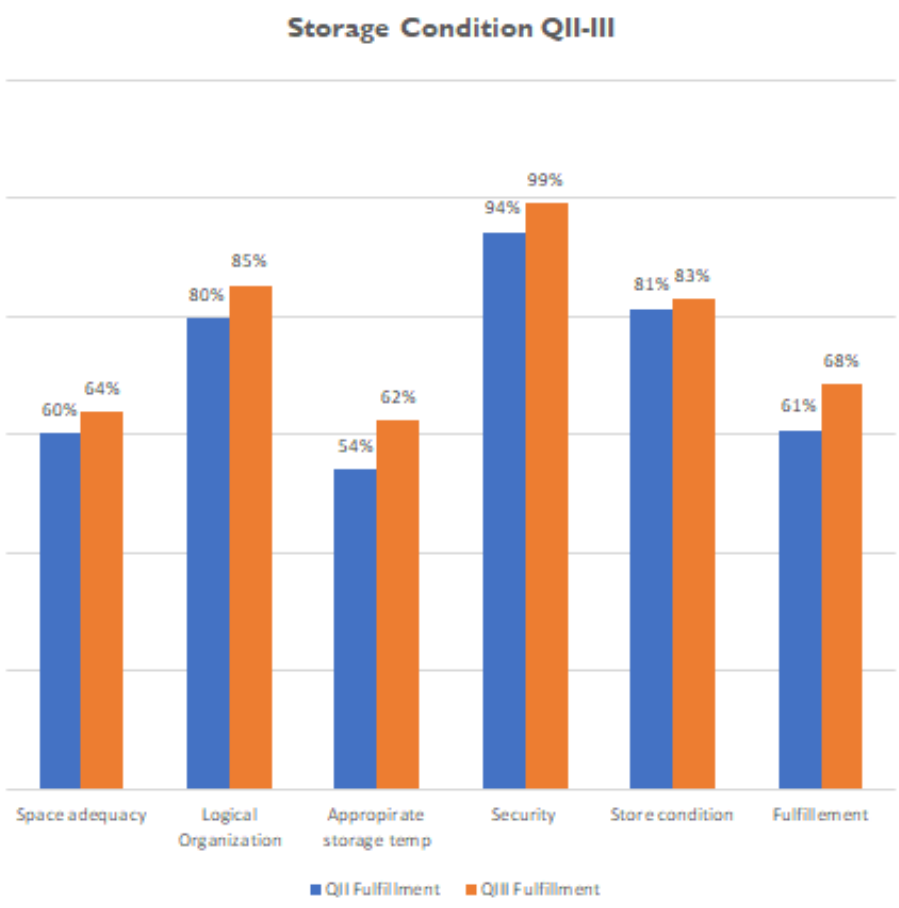
- Availability for at least one type of the malaria treatment ALU (in cases of no service interruption) was 99%
  - ALU 6X4 is the most widely available (97%)
  - 6X3 is the least available (66%)
- Reason for stockouts
  - Shortage at EPSA hubs, undersupply
  - RRF data quality
- Interventions include
  - Onsite orientation
  - Redistribution
  - Communicated EPSA for resupply

Availability of TB Tracer Medicines



- Availability for TB medicines and diagnostics is very good; TB patient kit was available in 99% of visited facilities
- Reason for stockouts
  - Undersupply, shortage
  - RRF data quality
- Interventions include
  - Stock redistribution
  - RRF data quality analysis and feedback
  - Onsite orientation & OJT
  - Communicated EPSA for resupply
  - Feedback

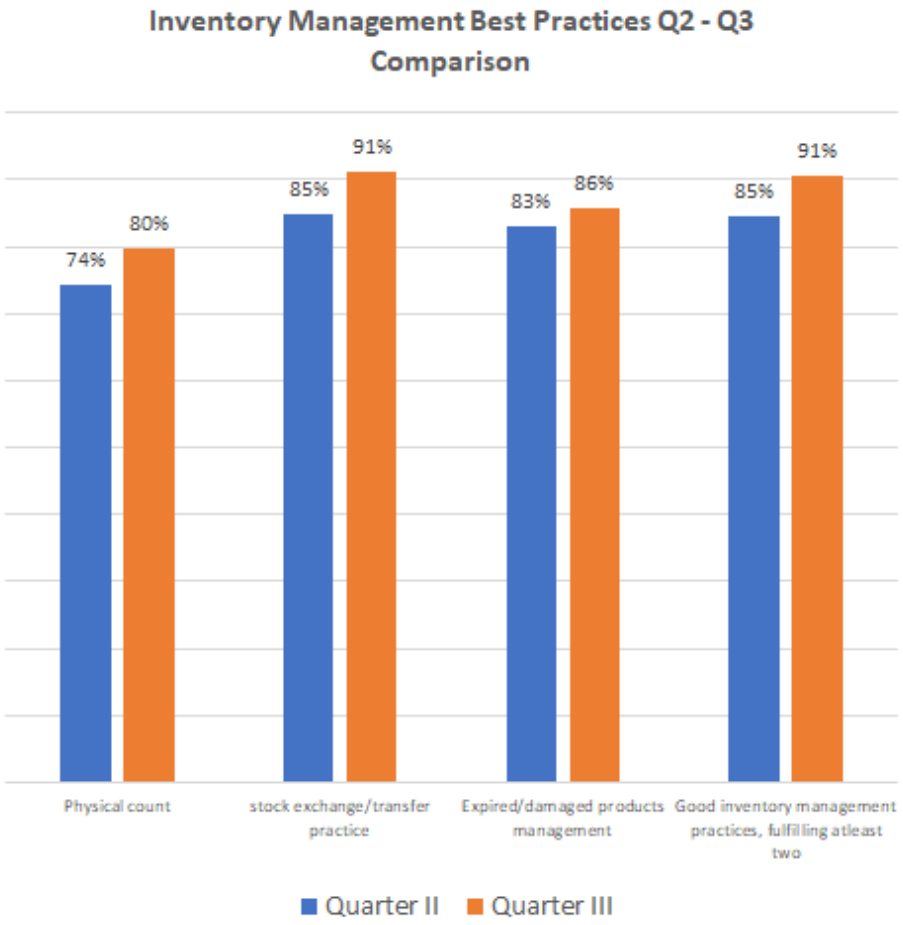
Results: Supply Chain Performance of HFs Storage Conditions



- Overall, 68% of facilities achieved at least 80% compliance with the storage standards in the chart to the left
- 64% of the stores have adequate space to maintain their stock and 62% have adequate systems to maintain optimal temperature to handle pharmaceuticals
- Risk of storage premises for theft and maleficence is very low
- **Steady improvement was observed in all store management areas**
- Investment is needed to optimize and standardize the pharmacy stores

Analysis above was conducted for fiscal year 2021.

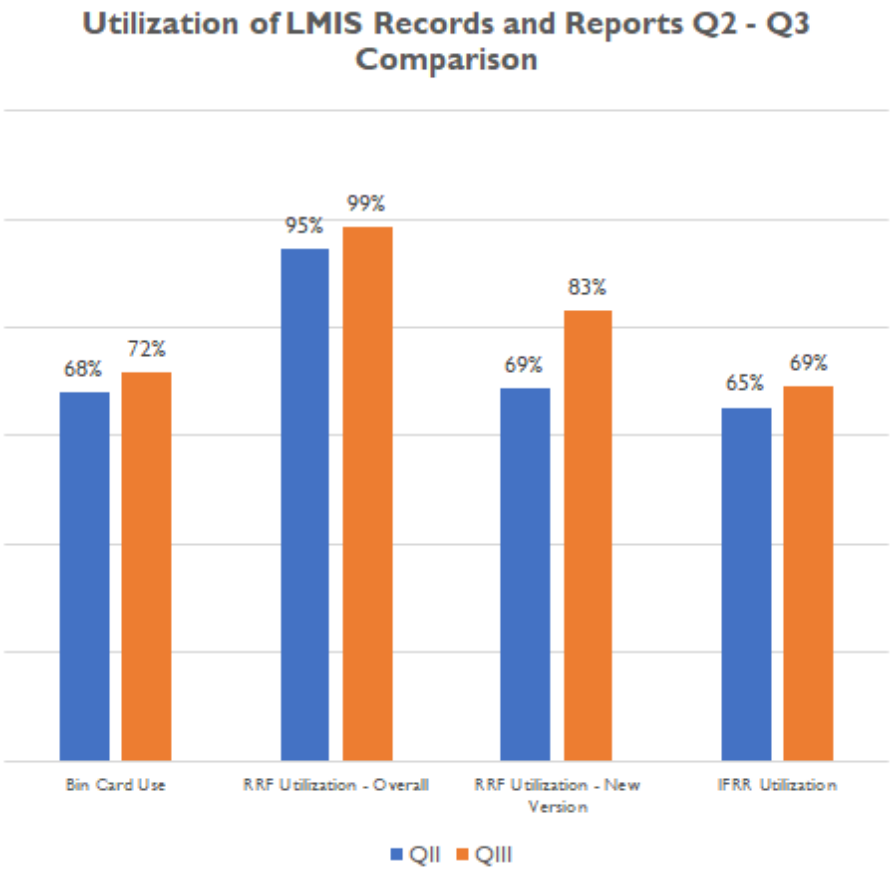
Inventory Management Performance



- **91%** of the facilities practice stock exchange and **74%** of HFs conducted inventory at least annually or quarterly
- Expired/damaged products management is implemented in **86%** of facilities
- In summary, percentage of facilities that have implemented the good inventory management practice is **91%** (fulfilling at least 2 out of the 3 best practices).
- **Improvement was observed in all inventory management areas**

Analysis above was conducted for fiscal year 2021.

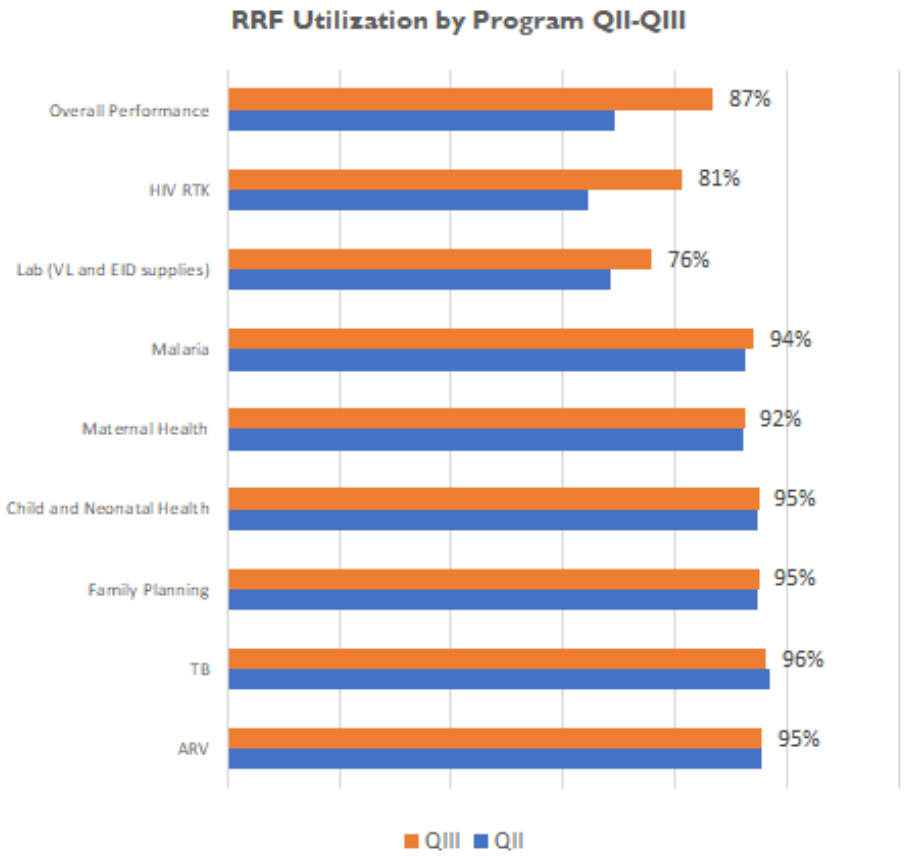
Use of LMIS Records and Reports



Analysis above was conducted for fiscal year 2021.

- Targeted improvements such as use of bin card for recording, use of Internal Facility Report and Resupply (IFRR) form, and RRF use were 72%, 69%, and 99% respectively.
- EPSA's "no report, no product" policy, requiring HFs to generate and submit RRFs every 2 months, might have contributed to better utilization of RRF.
- Low use of bin cards raises serious question and concern on the validity and accuracy of RRF in setting where recording practices (including bin cards) are low.
- **Improvement was observed in all areas**

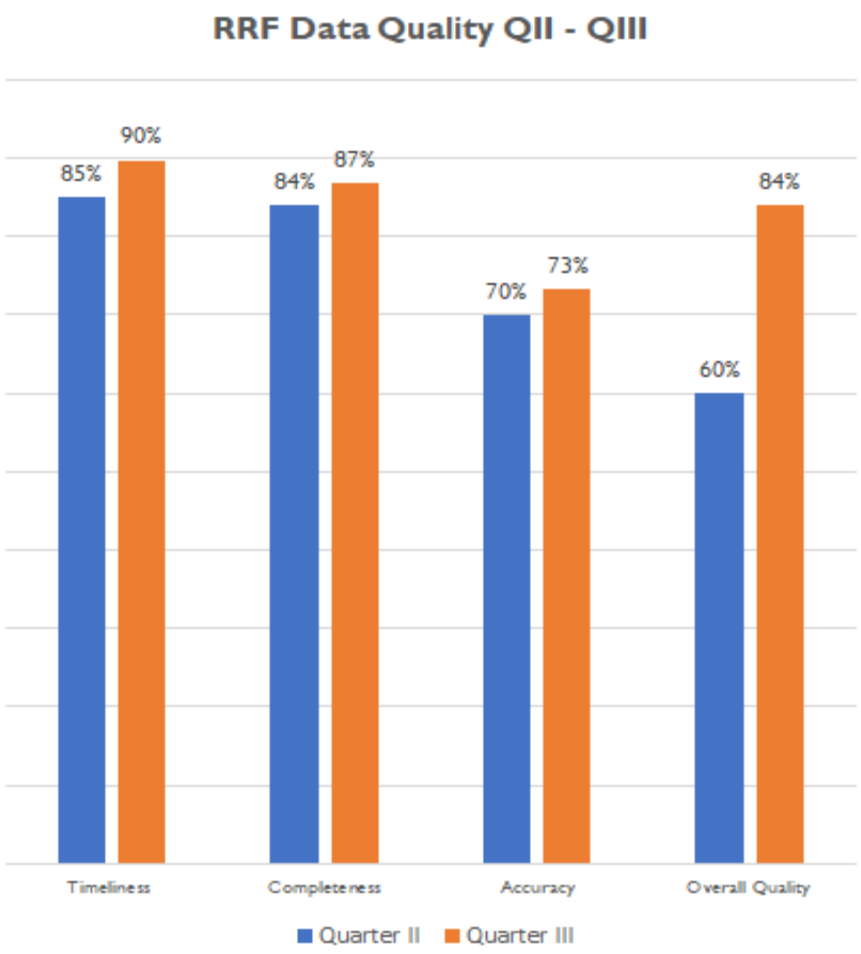
Use of Report and Requisition Form



Analysis above was conducted for fiscal year 2021.

- RRF was used for all program commodities even for recently integrated products like MNCH and HIV rapid test kits (RTKs)
- RRF is least used for RTK (81%) and Viral Load/Early Infant Diagnosis (VL/EID) testing supplies (76%) though significant improvement was observed after distributing the new RRF formats and focused technical assistance
- **Improvement was observed in all areas**

Data Quality



Analysis above was conducted for fiscal year 2021.

- RRF data quality is a composite parameter measuring completeness, timeliness, and accuracy of RRF.
- Overall RRF data quality fulfillment or percentage of facilities fulfilling at least two among the three parameters are 84%.
- Accuracy is the least fulfilled parameter (73%), whereas percentages for completeness and timeliness are 87% and 90% respectively.
- Timeliness, completeness, and accuracy of RRF has improved by **5%**, **3%**, and **3%** respectively in quarter three as compared to quarter two.

Summary: Actions taken during site support

- The project provided onsite orientation on new initiatives such as TLD transition and MMD implementation
- Provided on-job-training on completion and timely submission of the report and requestion form
- Supported facilities to place emergency orders to EPSA and conduct stock transfer with nearby facilities
- Communicated with EPSA branches for timely resupply
- Strengthened internal inventory/stock management and IFRR implementation
- Distributed up-to-date hard copy versions of RRF and IFRR formats
- Advised HFs to organize and clean the store, conduct de-junking, and update bin cards
- Discussed issues with health facility management to improve the commitment of health facility professionals to implement changes
- Discussed with woreda (district) health offices and health facilities to alleviate shortage of storage space
- Provided written and verbal feedback aligned with improvement plan of action

Benefits of adapting ROSS to context of COVID-19

- Motivated health facility staff to maintain health supply chain activities during such a difficult time
- Continuous communication and monitoring with health facility staff to boost their confidence and morale
- The supervision helped
  - Identify strengths and weaknesses
  - Improve availability and access to quality medicines for essential public health programs (such as HIV/AIDS, malaria, MNCH, FP/RH and TB)
  - Build the capacity of facility staff
  - Solve bottlenecks that lead to shortages and expiry
  - Improve supply chain performance at health facilities

Conclusions

- The supervision contributed to implementing a resilient system that can withstand shock.
- The support improved stock visibility and availability, human capacity, operation efficiency, and stock redistribution and resupply to prevent shortages and expiry.
- Adapting technical support programs like supportive supervision—to the context of the COVID-19 pandemic—requires flexibility, creativity, and use of new and old technologies.
- Lessons learned from ROSS implementation during COVID-19 can be quickly applied during future crises, including natural disasters and public health emergencies.