Streamlining the flow of therapeutic and supplementary food through integration into the national pharmaceutical supply chain system in Namibia

USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

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USAID FROM THE AMERICAN PEOPLE

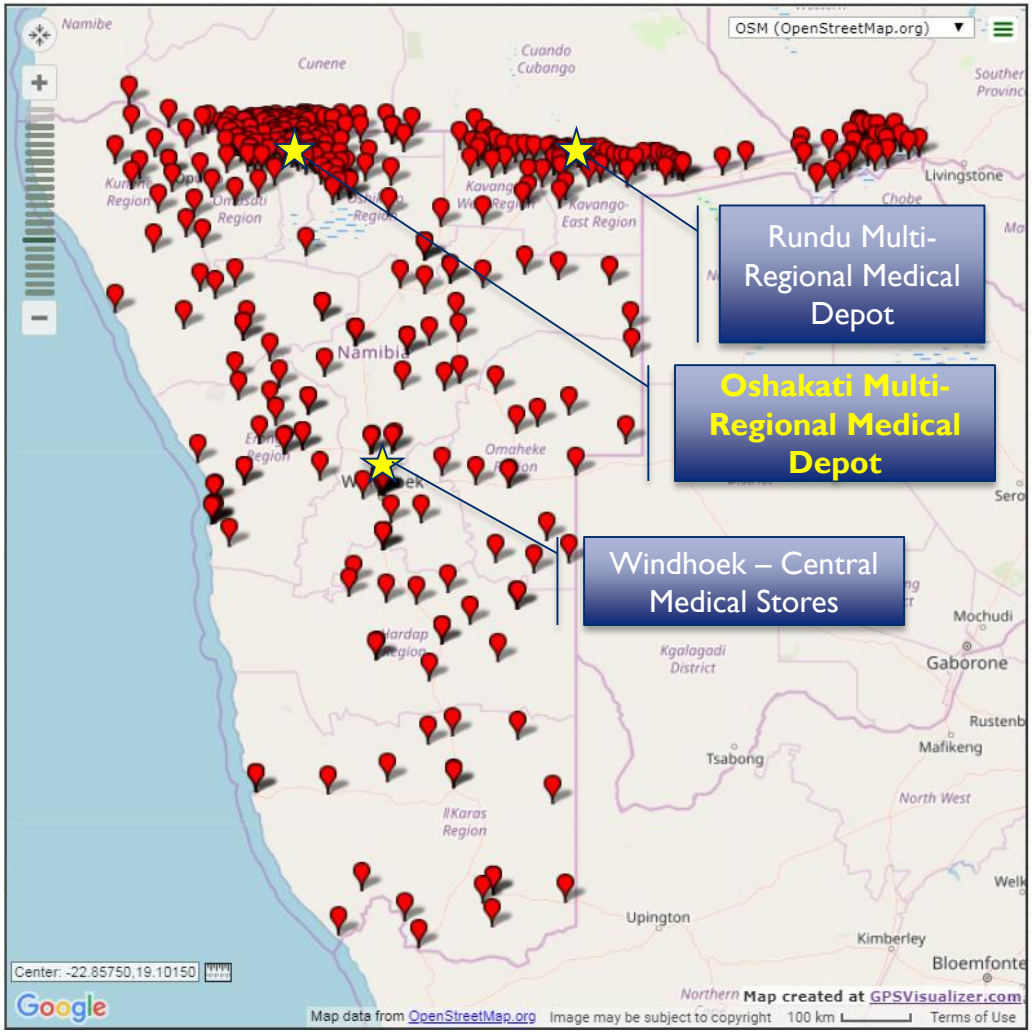
PEPFAR U.S. President's Emergency Plan for AIDS Relief

Government of the Republic of Namibia

Outline

- Overview of Namibia
- Background
- Before: Parallel distribution of TSF (therapeutic and supplementary food)
- Solution
  - Short term interventions and long-term interventions
- After: Integrated distribution of TSF
- Advantage of integration
- Lessons learned

Overview of Namibia



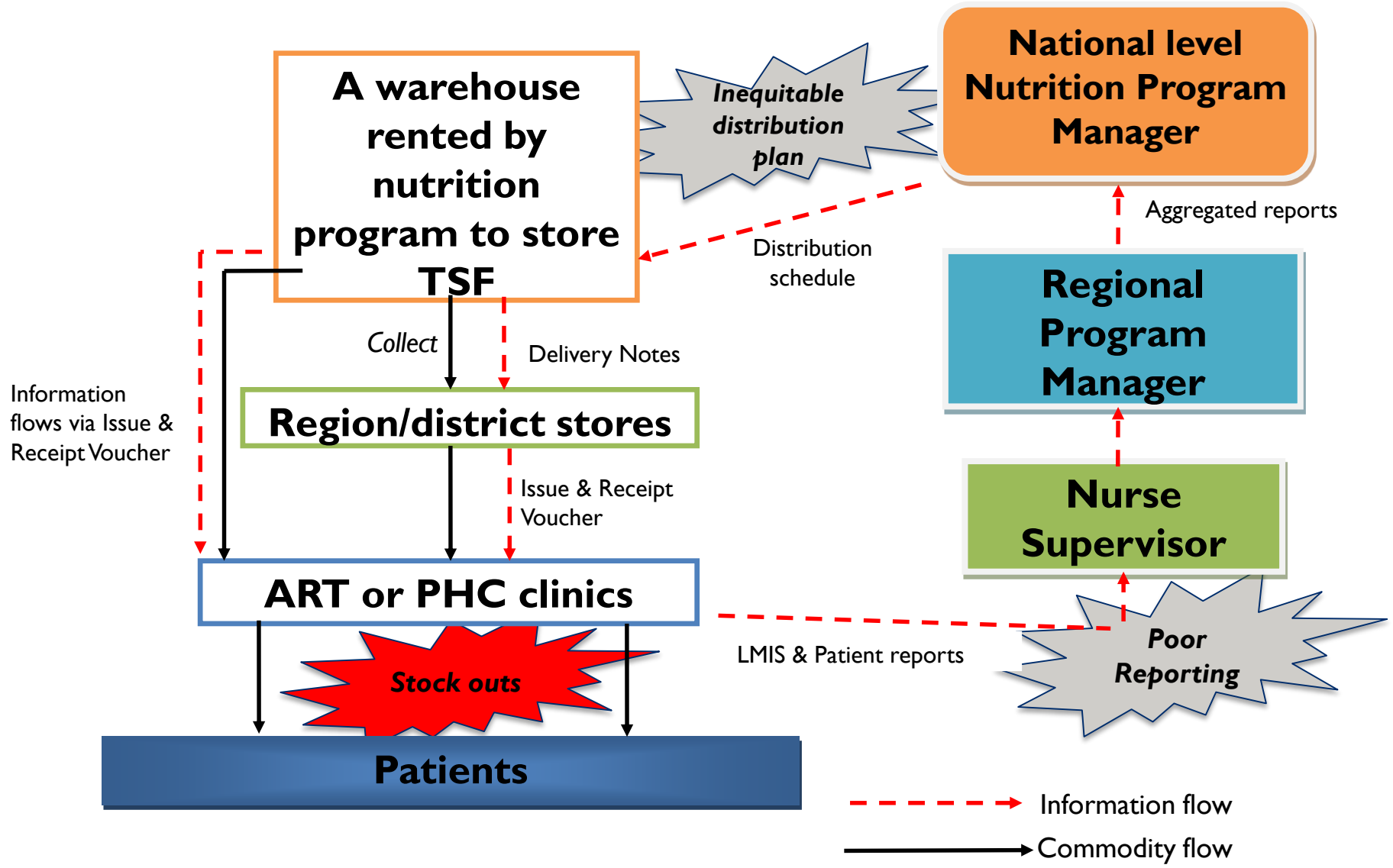
Spatial distribution of public health facilities in Namibia

- Population: **2.5 million** (2019 Est.)
  - About 60% in Northern Namibia
- World Bank Classification: **Upper-middle Income**
- Prevalence of underweight children under 5 years of age (Demographic and Health Survey 2013)
  - Underweight: **13%**
  - Severely underweight: **3%**
- HIV Prevalence: **14%**
- People Living with HIV: **204,000** (Namibia Population-based HIV Impact Assessment NAMPHIA 2018)
- Antiretroviral Treatment (ART) Coverage: **>90% at Mar 2019**

Background

- Malnutrition remains a challenge among children under 5 and people living with HIV (PLHIV) in Namibia
- Nutrition Assessment and Counseling Support (NACS) program rolled out in 2011
- Main products used as therapeutic and supplementary food (TSF):
  - Ready to Use Therapeutic Food (RUTF)
  - Ready to Use Supplementary Food (RUSF)
- Parallel distribution adopted due to lack of Central Medical Store (CMS) capacity

Parallel distribution used for TSF distribution (before)



What GHSC-PSM did: Overview

- Challenges faced:
  - lack of transport across regions to collect TSF
  - lack of storage space at regional health offices
  - poor data management to inform demand forecasting
- GHSC-PSM engaged with Ministry of Health starting in July 2017 by deploying a Logistics Officer (LO) at CMS who developed a plan for the integration of TSF distribution into the existing pharmaceutical supply chain by March 2018
  - The LO assisted in identifying unutilized capacity at government-owned disaster relief warehouse in close proximity with Oshakati Mult-Regional Medical Depot (OMRMD)
  - Leveraged the utilized capacity of CMS-owned fleet - the empty return trips from RMS to carry TSF back to CMS for redistribution
  - Made use of available tools, resources, manpower – worked with existing staff and the LMIS system at CMS and RMS and health facility level electronic stock card tool to capture TSF stock movement data

Initial interventions to stabilize TSF Supply

2016

TSF products included in the Namibia Essential Medicines List

Jul 2017

Logistics Officer seconded by GHSC-PSM to NACS program for 9 months

Sep 2017

Receipt of shipment of 45MT of USAID funded and 100MT of GF funded TSF

Oct 2017

Informed push distribution by third part logistics (3PL) of 110 metric ton of therapeutics and supplementary food to alleviate stockouts and start data capture in Central Medical Store inventory management system

Steps taken to integrate the supply of TSF into existing system

Regular transfer of stock between Oshakati warehouse and CMS in Windhoek using previously empty return trip of CMS-owned transport

Circular issued for service health facilities to start ordering TSF from medical depots

Mar 2018

Start of integrated ordering by SDPs and delivery by CMS/RMS of TSF with other essential medicines using existing eLMIS tools

Feb 2018

Transfer of 200MT of TSF to Govt-owned disaster relief warehouse in Oshakati

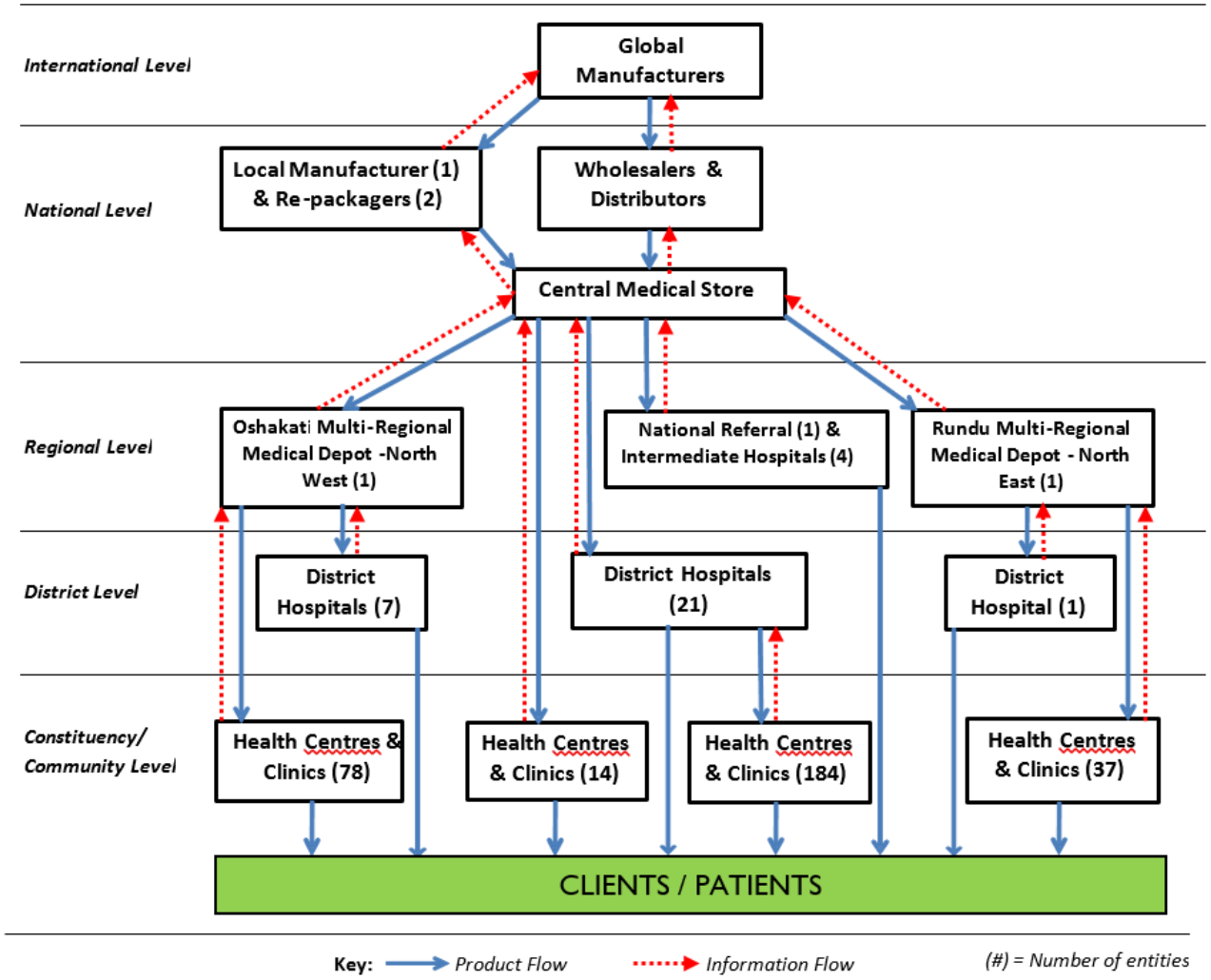
Jan 2018

Review by PSM of options for sustainable storage and distribution

Results (1)

- TSF orders are now delivered using existing trucks, transportation routes, and schedules.
- The integration has achieved an estimated cost savings of NAD 93,000 ($6,650)/month on warehouse leases, transportation costs and manpower
- Empty CMS return trips now used for inter-depot transfer of TSF

After: TSF today flows through Namibia's Integrated Health Commodity Supply System



- Health facilities manage inventory and order TSF using the same eLMIS and forms as with ARVs, vaccines, and other essential medicines and supplies
- TSF delivered together with other health products using CMS and regional depots' own transport
- Demand data available to national level decision makers from routine orders and resupply transactions via eLMIS

Advantages of Integration

- TSF is now managed by district pharmacy personnel (instead of nurses) just like any other essential medicines
- Demand-based data for resupply planning is now available from existing eLMIS tools
- Reduced reporting burden (multiple forms) for health facilities
- No need for districts to send their own transport to collect TSF
- Elimination of leased warehousing resulting in costs savings

Lessons Learned & Recommendations

- Staff in existing system can be reluctant to take on additional strain of new programs
  - Involvement of the staff in planning and executing the integration creates ownership
  - Embedding a logistician in an existing system for a defined period helps identify and exploit opportunities for integration for new programs
- By integrating the parallel distribution into the existing pharmaceutical supply system to use leads to optimal resources utilization and can result in secured availability of TSF at little or no extra cost to the system
- Availability of good demand data eliminates the need for bulk shipments that strain the system
- Streamlining product flows through integration with an existing system contributes to sustainability

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