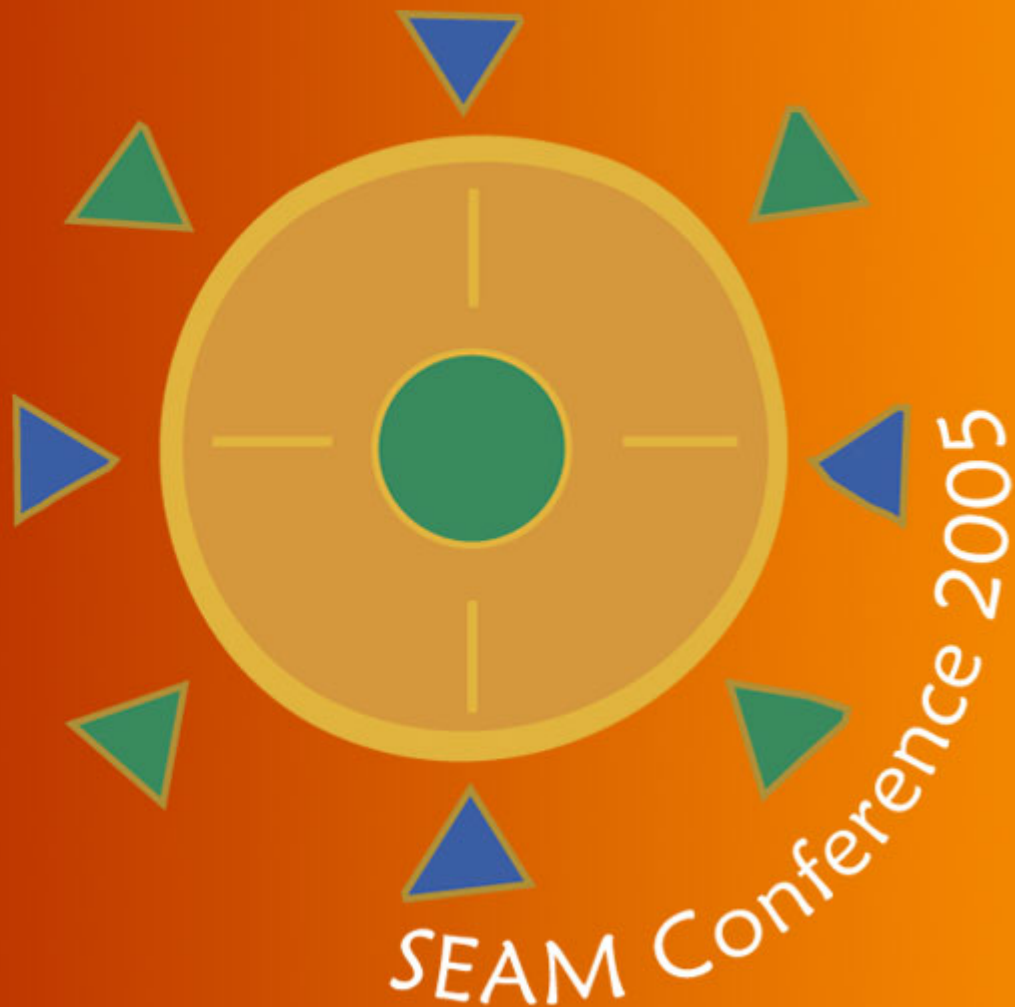




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Targeting Improved Access

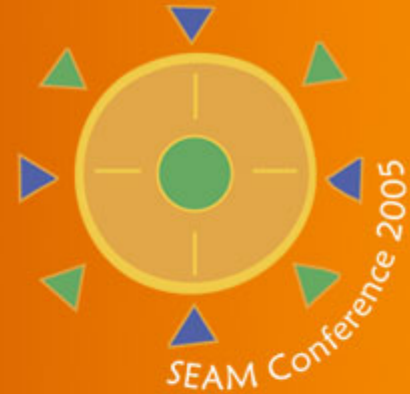


MANAGEMENT SCIENCES *for* **HEALTH**

SEAM | Strategies for Enhancing Access to Medicines

Funding for the SEAM Program is provided by the Bill & Melinda Gates Foundation.

Targeting
Improved
Access



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Monitoring the Prime Vendor Pharmaceutical Supply System in Tanzania: MEMS Start-Up Experiences

O. Lema; A. Vestskov; M. Clark; N. Heltzer; P. Kopwe.

Funding for the SEAM Program is provided by the Bill & Melinda Gates Foundation.

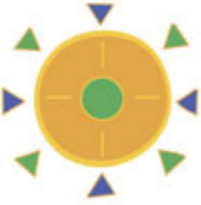


MANAGEMENT SCIENCES *for* HEALTH

SEAM | *Strategies for Enhancing Access to Medicines*

Mission for Essential Medical Supplies (MEMS)

- ❖ A supply and service organization for drugs and medical supplies for Church facilities in Tanzania
- ❖ An intermediary organization between the facilities and a private Prime Vendor
- ❖ Supported by Danida, Cordaid, MSH, Danish Mission Council Development Department (DMCDD)
- ❖ A project under Evangelical Lutheran Church in Tanzania (ELCT)
- ❖ MEMS Technical & Advisory Committee
- ❖ Staffing: Office Manager, 3 Pharmacists, Finance & Administration Officer, Project Manager.



Church facilities: attributes

- ❖ Majority are in rural / remote areas
- ❖ Challenged by weather, communication infrastructure, staffing level, a large number of people with ill-health (poor nutrition, malaria, TB, HIV/AIDS,)
- ❖ Serve the poorest section of the population (very low income, minimal education, poor shelter)

Prime Vendor selection

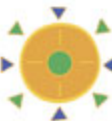
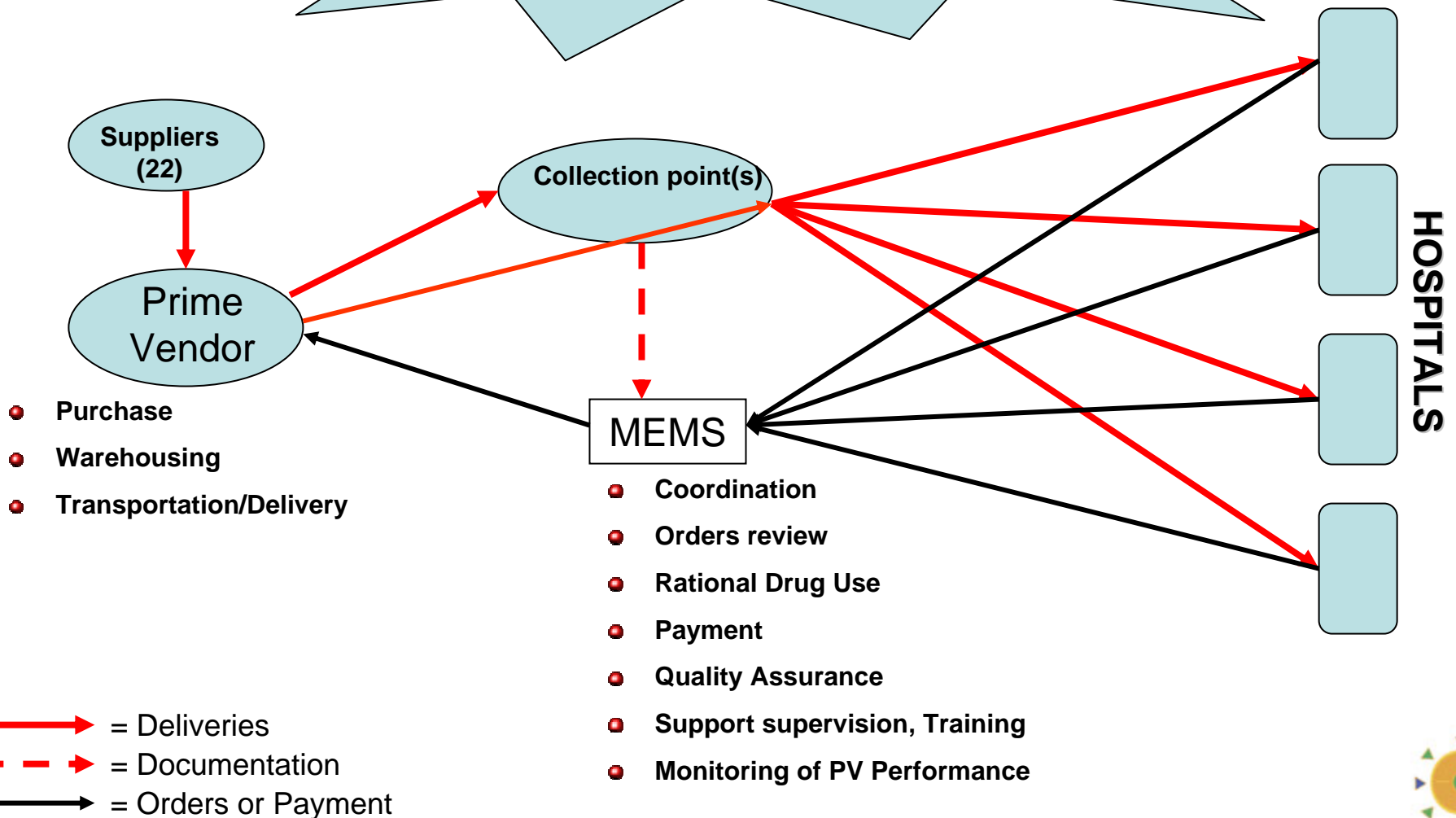
- ❖ Hospital request for a supplementary supply system (March 2002)
- ❖ Quantification of 12 hospital requirements (May 2002)
- ❖ 23 companies (local, international) showed interest
- ❖ Prequalification (6)
- ❖ Request for proposal (RFP)
- ❖ Bidders conference
- ❖ RFP evaluation: technical, financial
- ❖ PV identified – a private international company working together with a local private company
- ❖ Contract between the PV and ELCT/MEMS (Aug 2004)

MEMS activities

- ❖ Establish Church hospitals requirements
- ❖ Improve communication system (VSAT, i-Direct solution)
- ❖ Coordinate orders, payment from facilities
- ❖ Quality assurance
- ❖ Supervision & Training (IT, inventory management, rational use of drugs)
- ❖ Monitor Prime Vendor performance
- ❖ MOU: MEMS & 12 facilities
- ❖ Contractual agreement: ELCT/MEMS & Prime Vendor

MEMS Operations

Improved Communication System





PV operations, Nov 04 – May 05: Orders & deliveries

	Total	Average	Range
Orders	14	1.4 per facility	1-2
Order value (US\$ x 1000)	164	11.5 per order	2.2-47.1
Order-items	2027	141* per order	42-252
Deliveries	29	2 per order	1**-6
Delay (days) of first deliveries	-	12	-5-46
Delay (days) of last deliveries	-	49	13-88
% items fulfilled (full qty delivered)	-	71 per order	58-89
% no (zero) item supplied	-	26***	10-41

*Large number of items per order

**One delivery: average 66% (up to 72%) of hospital order-items

***Cold storage items; controlled items; low volume items



PV operations, Nov 04 – May 05:

Quality assurance

❖ Shelf life

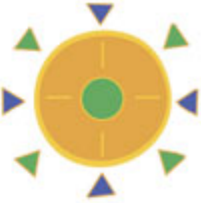
- ❖ A total of 1622 order-items were supplied (full + partial)
- ❖ Expired items supplied = 1 (0.06%) (urethral catheter)
- ❖ Items with shelf life < 1year = 29 (1.8%)

❖ Conformity to National / International standards

- ❖ A sample of 92 drug items supplied (order code: HAY-1) were examined. 23 (25%) items were locally produced; 59 out of 69 imported items (86%) were registered by TFDA.
- ❖ A sample of 65 medical supplies (order code: MAR-1, SEL-2) were examined. 3 (5%) were locally made / packed. Imported items that are ISO or CE registered have improved from 22% (MAR-1) to 82% (SEL-2).

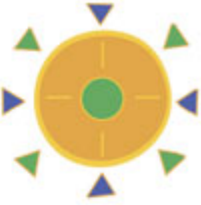
❖ Drug samples for disintegration & TLC

- ❖ 35 drug samples of antibiotics, antimalarial & analgesics were collected for disintegration & TLC using GPHF-Minilab at IUP, KCMC Moshi (from order codes HAY-1, MAR-1, SEL-2): All passed.



PV operations: challenges ahead

- ❖ Record keeping of facility consumption
- ❖ Forecasting of hospital requirements
- ❖ Delays in deliveries
- ❖ Diversity of items required (items rationalization)
- ❖ Some items required in small quantities yet vital
- ❖ Controlled substances
- ❖ Cold chain items
- ❖ Feedback from facilities



PV operations: Lessons learnt

- ❖ Private Sector require close follow up during mobilization period to ensure systems in place
 - ✓ Even with a comprehensive contract in place, verify the vendor has all requirements in place before launching a new supply programme
- ❖ Intensify quality assurance at Prime Vendor level
 - ✓ Some facilities start using items immediately on receipt, return policy unlikely to work effectively

Prime Vendor Pharmaceutical Supply System: Why must succeed

- ❖ Harmonize Church hospital drug and supplies list
- ❖ Pooled purchasing economical, assure availability
- ❖ Supplement to public supply system (MSD) – for quality drugs, competitive pricing
- ❖ Strengthen country's supply system
- ❖ Promote local business
- ❖ Platform for establishing national standards for medical devices
- ❖ Promote regulatory aspects e.g. drug donation

Acknowledgements

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- ❖ Cordaid
- ❖ DMCDD
- ❖ MSH



THANK YOU

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