



USAID Global Health Supply Chain - Technical Assistance Francophone Task Order Annual Report

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Acronyms

AgirPF	<i>Agir pour la Planification Familiale</i>
AHBS	Africa Health Business Symposium
ART	antiretroviral treatment
ARV	antiretroviral
ATBEF	<i>Association Togolaise pour le Bien-Etre Familial</i>
ATMS	<i>Association Togolaise pour le Marketing Social</i>
CAME	<i>Centrale d'Achat des Médicaments Essentiels</i>
CAMESKIN	<i>Centrale d'Achat des Médicaments Essentiels de Kinshasa</i>
CAPA	corrective actions/preventive actions
CDC	Centers for Disease Control and Prevention
CDR	<i>Centrale de Distribution Régionale</i>
CMMS	computerized maintenance management software
CPM	<i>Commission Provinciale du Médicament</i>
CQI	continuous quality improvement
DOSS	<i>Direction de l'Organisation des Services de Santé</i>
DPM	<i>Direction de la Pharmacie et du Médicament</i>
DPMED	<i>Direction de la Pharmacie, du Médicament, et des Explorations Diagnostiques</i>
DPM/MT	<i>Direction de la Pharmacie, des Médicaments et de la Médecine Traditionnelle</i>
DPS	<i>Division Provincial de la Santé</i>
DRC	Democratic Republic of the Congo
DSMI/PF	<i>Division de la Santé Maternelle et Infantile et de la Planification Familiale</i>
DSME	<i>Direction de Santé de la Mère et de l'Enfant</i>
ECOWAS	Economic Community of West African States
EID	early infant diagnosis
EPT-2	Emergency Pandemic Threats 2 Program
EUV	end use verification
EWS	early warning system
FAO	Food and Agriculture Organization
FEDECAME	Federation of Central Procurement in Essential Medicines in Kinshasa

FP	family planning
FP2020	Family Planning 2020
FY	fiscal year
GHSA	Global Health Security Agenda
GHSC-PSM	Global Health Supply Chain – Procurement and Supply Management
GHSC-TA	Global Health Supply Chain – Technical Assistance
HIV/AIDS	human immunodeficiency virus and acquired immune deficiency syndrome
IA	import authorization
IFRC	International Federation of Red Cross
IHP+	Integrated Health Project
IPM	informed push model
IR	intermediate result
IT	information technology
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JSI	John Snow, Inc.
KM	knowledge management
KPI	key performance indicators
LLIN	long lasting insecticidal nets
LMIS	logistics management information system
LNCM	<i>Laboratoire National de Contrôle du Médicament</i>
LNSP	<i>Laboratoire National de Santé Publique</i>
M&E	monitoring and evaluation
MCH	maternal and child health
MEP	monitoring and evaluation plan
MERS	Middle East Respiratory Syndrome
MINEPIA	Ministry of Livestock
MINSANTE	Ministry of Public Health
MOH	Ministry of Health
MSH	Management Sciences for Health
MSPP	<i>Ministère de la Santé Publique et de la Population</i>
NGO	non-governmental organization

PCR	polymerase chain reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PNA	<i>Pharmacie Nationale d'Approvisionnement</i>
PNAM	<i>Programme National d'Approvisionnement en Médicaments Essentiels</i>
PNLP	<i>Programme National de Lutte contre le Paludisme</i>
PNLS	<i>Programme National de Lutte contre le SIDA</i>
PNSR	<i>Programme National de Santé de la Reproduction</i>
PPMR	procurement planning and monitoring report
PPMRm	procurement planning and monitoring report for malaria products
PSS	pharmaceutical system strengthening
RDT	rapid diagnostic test
RH	reproductive health
RHO	regional health office
RHSC	Reproductive Health Supplies Coalition
SANRU	<i>Projet Santé Rurale</i>
SCMS	Supply Chain Management System
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SMT	stock monitoring tool
SNADI	<i>Système National de Distribution et d'Approvisionnement en Intrants</i>
SOP	standard operating procedure
TA	technical assistance
TB	tuberculosis
TO	task order
TOR	terms of reference
TWG	technical working group
UNFPA	United Nations Population Fund
UNOPS	United Nations Office for Project Services
URC	University Research Company
USAID	United States Agency for International Development
USG	United States government
VL	viral load
WAHO	West African Health Organization

WARO
WHO

West Africa Regional Office
World Health Organization

Executive Summary

The United States International Agency for International Development (USAID) Global Health Supply Chain (GHSC) – Technical Assistance (TA) Francophone Task Order (TO), a five-year project awarded to Chemonics International on February 9, 2017, provides specialized supply chain expertise to Benin, the Democratic Republic of the Congo (DRC), Haiti, Senegal and select francophone countries of West Africa (currently Burkina Faso, Mauritania, Niger, and Togo) to improve the efficiency and sustainability of national health supply chains and boost national and regional collaboration with supply chain stakeholders. Working in close collaboration with IntraHealth International (IntraHealth), McKinsey & Company (McKinsey), and University Research Co., LLC (URC), GHSC-TA Francophone TO builds on the results of previous USAID-funded projects such as Systems for Improved Access to Pharmaceuticals and Services (SIAPS) and USAID | DELIVER to provide sustainable solutions to health supply chain management through building human resource and institutional capacity, ensuring commodity security, and cooperating with local and regional partners.

During the reporting period of February 9, 2017 – February 8, 2018, GHSC-TA Francophone TO field office staff established themselves as health commodity security technical leaders in their respective countries and in the Economic Community of West African States (ECOWAS) region. Technical staff in each office nurtured consultative relationships with mission staff and, with assistance of support staff, began implementing key activities stipulated in the approved country work plans.

In a short period of time, the project has successfully accomplished a number of activities that contribute to the project objectives, receiving credit and positive feedback from respective host governments and USAID missions. In Benin, the project has increased local pharmaceutical waste management capacity, trained a local service provider in safe and environmentally compliant waste management techniques, and destroyed 118 tons of seized counterfeit pharmaceutical commodities, eliminating the risk of their return to the market. In the DRC, GHSC-TA Francophone TO staff coordinated the end use verification (EUV) survey that, for the first time, covered provinces supported by both President's Malaria Initiative (PMI) as well as those supported by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund). For the first time, the survey provided nationally representative data on malaria commodities. With results from this EUV survey, the National Malaria Control Program received valuable information on commodity availability and clinical practices at the service delivery point that will support decision making to improve the fight against malaria, one of the country's top killers. In Haiti, addressing the need to tackle the problem of obsolete medical and laboratory equipment, the project conducted an inventory and assessment of available equipment in health centers country-wide, resulting in a comprehensive analysis of the situation with specific action plans for maintenance and repair. In Senegal, GHSC-TA Francophone TO improved the availability of family planning/reproductive health (FP/RH) commodities in the country by decreasing the average lead time for customs clearance and importation processes for FP/RH commodities from 30 days to less than 10 days.

The project made significant progress toward the Global Health Security Agenda (GHSA) objective, successfully completing an overview of best practices in emergency supply chain

management and designing a framework of competencies required for countries to manage emergency supply chains.

On the regional level, the project contributed to capacity building to improve logistics management and FP commodity security, conducting a review of quantification of contraceptives and revising the supply plan for the Ministry of Health of Togo.

This report highlights project achievements under its three objectives (Objective 1: In-Country Supply Chain Systems Strengthened; Objective 2: Commodity Security Improved through Collaboration and Regional Organizations; Objective 3: GHSA and Emergency Preparedness Strategies Supported by Countries Supply Chains) made in the period of February 9, 2017 – February 8, 2018. The next annual report will cover the achievements of the project made in the period of October 2017 – September 2018.

Project Background

The five-year GHSC-TA Francophone TO was awarded to Chemonics International on February 9, 2017. The project established in-country presence in Benin, the DRC, Haiti and Senegal and USAID's West Africa Regional Office (WARO) and successfully concluded office lease negotiations for Benin, Senegal, and the DRC and identified a temporary office for Haiti by June 2017. As a result of intensive recruitment efforts, over 60 percent of all field office staff were recruited and joined the project by the end of quarter 3 fiscal year (FY) 17, with additional 15 percent identified and pending USAID approval. By the end of FY 17, the project employed 57 local and third-country national staff with seven home office staff based in Crystal City, VA, USA.

Focusing on the implementation of technical activities prioritized by the different country programs and their respective USAID missions, the project contributed to the realization of the key global health initiatives, including the President's Emergency Plan for AIDS Relief (PEPFAR), President's Malaria Initiative (PMI), Family Planning 2020 (FP2020), and the Global Health Security Agenda (GHSA).

The GHSC-TA Francophone TO's goal to "Strengthen Supply Chain Systems in West Africa Francophone Countries and Haiti to Ensure Timely Access to Quality Essential Health Products and Services, Improve In-Country and Regional Collaboration and Coordination, and Support the Global Health Security Agenda" is supported by the following three objectives.

Objective 1: In-Country Supply Chain Systems Strengthened

Under this objective, the project focuses on the improvement in governance, coordination, strategic plan development, quantification and forecasting, procurement, logistics and warehousing, logistics management information system (LMIS), data visibility and monitoring, and capacity building at all levels of the countries' health supply chains. The project prioritizes specific activities under this objective based on the guidance from respective USAID missions and host governments' requests, stipulated in and agreed upon in country work plans.

Objective 2: Commodity Security Improved through Collaboration and Regional Organizations

Under this objective, the project builds on the accomplishments of other programs supported by the United States government (USG), such as the USAID | DELIVER and SIAPS projects, to empower regional actors to strengthen health systems, and to foster the collaboration and coordination between all relevant regional (e.g. the Ouagadougou Partnership Association) and global (e.g. 90/90/90 Initiative) initiatives. The intermediate results focus on building regional capacity to improve logistics management and commodity security, strengthening national and regional LMIS platforms, and fostering collaboration with public and private sector training institutions to improve public sector commodity security. Additionally, the project supports technical activities such as in-country logistics, quantification, and supply chain optimization. Finally, the project assists in enhancing data sharing and visibility.

Objective 3: GHSA and Emergency Preparedness Strategies Supported by Countries Supply Chains

Under this objective, GHSC-TA Francophone TO supports the Global Health Security Agenda launched in February 2014 in response to the need for a multilateral and multi-sectoral approach to strengthen both the global capacity and nations' capacity to prevent, detect, and respond to infectious disease threats. The project specifically focuses on the development of an essential competencies framework for supply chain management to respond to public health emergencies effectively and efficiently.

The key achievements of the project made under these objectives within the framework of agreed intermediate results (IRs) are highlighted in the following sections.

Objective 1. In-Country Supply Chain Systems Strengthened

Under objective 1, the project provided guidance to the health authorities of Benin, the DRC, Haiti, and Senegal, building critically needed capacity in the health supply chain sector. Specifically, the project focused on the improvement of policies, strategies, and coordination between relevant agencies at the national level; improvement of forecasting and procurement processes; implementation of best practices for distribution, warehousing, and logistics; enhancing data visibility and stock monitoring; improvement of medical and laboratory equipment and commodities; and finally, standardization of pharmaceutical waste management. The project introduced interventions supported by best practice research and innovative technologies and acted in close collaboration with national partners to put in place long-term sustainable solutions for national supply chain management.

Key Achievements under IR 1.1: Improved Policy, Governance, Strategy, and Coordination

In **Benin**, GHSC-TA Francophone TO provided technical guidance in the development of a five-year strategic plan (2018-2022) for the *Centrale d'Achat des Médicaments Essentiels (CAME)* designed to better manage health sector reforms related to supply chain and health systems. In December 2017, the Board of Directors of CAME and the Ministry of Health approved the plan. Consequently, the project conducted an assessment to help improve CAME's ability to secure the availability of essential medical products at service delivery points and improve the flow of information relevant to the implementation of CAME's new Strategic Development Plan for 2018-2022.

In the **DRC**, the project facilitated the review of the submissions for the registration of medicines and assisted with the publication of the 4th edition of the Registry of Authorized Medicines and Health Products, ending a months-long delay in the process. The project helped to identify 2,322 expired market authorizations (50 percent of all authorizations) in the Registry of Authorized Medicines and Health Products. This information will provide crucial data to the national customs service to prevent the importation of unauthorized products. The review will also help the *Direction de la Pharmacie et du Médicament (DPM)* to comply with the World Health Organization (WHO) prequalification commission requirement to publish the list of registered medicines every quarter.

Also in the **DRC**, GHSC-TA Francophone TO contributed to the finalization of the 5-year National Supply Chain Strategic Plan approved by the Ministry of Health (MOH). The project staff participated in the taskforce created to present the strategic plan to the MOH steering committee. This involvement created a unique opportunity to influence and advocate for the strategic plan implementation, highlighting contributions of USG support through the project. In September 2017, the roadmap for the 2018 supply chain strengthening activities was presented to all stakeholders. GHSC-TA Francophone TO took the lead on providing assistance to and establishing collaboration with other partners in the development of the 2018 supply chain operational plan.

In **Senegal**, GHSC-TA Francophone TO improved coordination and collaboration between the three key national agencies that are supporting medicines supply chain in Senegal – the DPM, the *Laboratoire National de Contrôle du Médicament* (LNCM) and the *Pharmacie Nationale d'Approvisionnement* (PNA) – by organizing and leading a discussion of the draft of an integrated strategic plan of these agencies, a key document for the advancement of cooperation between the involved institutions. Additionally, the project's team in Senegal supported the mid-term evaluation of the PNA strategic plan 2014-2018 to assess the level of its implementation and performance. The results of this evaluation will allow the PNA to adjust its course of action to ensure access for all Senegalese to high-quality essential health commodities at a lower cost.

Key Achievements under IR 1.2: Optimized Forecasting and Procurement Process are Implemented

In the **DRC**, the project's collaboration with counterparts from the Global Health Supply Chain – Procurement and Supply Management (GHSC-PSM) to coordinate standard operating procedures for commodity deliveries to the country, including codifying the roles and responsibilities for securing customs clearance documents, helped to eliminate redundancies and gaps as the projects coordinate activities. GHSC-TA Francophone TO provided technical assistance for placing 108 requests for import authorizations (IAs); all IAs were approved within an average period of 10 days. GHSC-TA Francophone TO also assisted in the issuance of 87 *notes verbales* with an average approval period of 68 days, delivery of 71 shipments, including 18 emergency removals for HIV laboratory commodities. The project was able to reduce average customs clearance time from 68 days to less than 30 days for select commodities (i.e. laboratory reagent.)

Also in the **DRC**, GHSC-TA Francophone TO co-organized a six-day workshop to develop national quantification guidelines for reproductive health commodities, a necessary step toward the achievement of the Family Planning 2020 (FP2020) objective to increase contraceptive coverage to 19 percent by 2020.

In **Senegal**, GHSC-TA Francophone TO decreased the average lead time for customs clearance and importation processes for FP/RH commodities from 15-30 days to less than 10 days, which will improve the availability of FP/RH commodities in the country. The project staff facilitated the delivery of 27,864 of Implanon® contraceptive boxes, 88,200 artesunate injections of 60mg, and 40,000 rapid diagnostic test (RDT) kits in their role facilitating GHSC-Procurement Supply Management (PSM) commodity shipments. The GHSC-TA Francophone TO team successfully reached an agreement with the DPM for an exceptional authorization for entry of commodities prequalified by the WHO or the Global Fund and already registered in a country with strict

pharmaceutical regulation. This is a crucial step toward decreasing the average lead time for customs clearance and importation of life-saving commodities. Additionally, GHSC-TA Francophone TO staff provided guidance to the DPM to clear a backlog of over 60 applications for registration of medicines and revise the National Essential Medicines List.

Key Achievements under IR 1.3: Best Practices for Distribution, Warehousing, Logistics Implemented

In **the DRC**, the project successfully negotiated and signed twelve warehouse contracts across ten USAID-supported provinces to ensure uninterrupted storage availability for health commodities for malaria, HIV/AIDS, tuberculosis (TB), maternal and child health (MCH), and FP/RH in all provinces supported by USAID. The country team staff carried out a distribution plan for antiretroviral (ARV) and other HIV/ AIDS care related commodities, delivering life-saving medicines to facilities of the 18 health zones of Kinshasa. The country team also revised the supply plan for all President's Emergency Plan for AIDS Relief (PEPFAR) supported laboratory reagents and related commodities to conduct chemistry, hematology, and polymerase chain reaction (PCR) tests, including viral load (VL) and early infant diagnostic (EID) tests, and conducted an assessment of the *Centrale d'Achat des Médicaments Essentiels de Kinshasa* (CAMESKIN) to evaluate the available storage capacity for the cold chain equipment. After the assessment, the team reached an agreement to provide CAMESKIN with three 900-liter deep freezers to store PEPFAR laboratory commodities consigned through Kinshasa port of entry.

The DRC team completed a review of the structural assessment of the proposed location for the installation of a 1000 m² prefabricated warehouse which will serve as the country's central warehouse in Kinshasa (to replace the warehouse of the Federation of Central Procurement in Essential Medicines in Kinshasa (FEDECAME), which burned down in 2011). This exercise helped to assess the cost of building the foundation for a prefab facility. It resulted in a feasibility study report for the MOH which provided information to use in the identification of funding options for the construction of the foundation and the connection to utilities, as these components cannot be financed using USAID funds.

In **Senegal**, GHSC-TA Francophone TO provided guidance on the development of the communications plan to expand the locally developed informed push model (IPM), *Yeksi Naa*, from the distribution of contraceptives to include other essential medicines. As part of its assistance, the project reviewed and prepared for printing the *Yeksi Naa* operational manual that will be distributed in fiscal year (FY) 18. With the integration of private-sector approaches into last-mile distribution, a greater range of essential medicines will become accessible to all Senegalese at a lower cost.

Key Achievements under IR 1.4: Data Visibility and Stock Monitoring Enhanced

Data availability and the collection of reliable and accurate data with limited information technology (IT) infrastructure remains a challenge across all GHSC-TA Francophone TO supported countries. In **Benin**, the project has been making strides to enhance data visibility through the development of a dashboard designed to assist with health commodities importation management. This eventually could also provide data to quantify the needs at the central level, a process currently not managed effectively in the country. The adoption of the

dashboard developed by the project is expected next fiscal year. It will greatly improve data visibility and will be a crucial step toward strengthening the Beninese supply chain system.

In the **DRC**, GHSC-TA Francophone TO staff coordinated the EUV survey that, for the first time, covered provinces supported by both PMI and the Global Fund. The survey was conducted in 378 health facilities in 25 out of 26 provinces of the DRC, providing for the first time nationally representative data on malaria commodities. The results of the survey shared with the government of the DRC will guide the country in the assessment of the supply chain of anti-malarial commodities.

Also in the **DRC**, in collaboration with the USAID/DRC mission team, GHSC-TA Francophone TO developed a stock monitoring tool (SMT) to monitor the stock status in *Centrale de Distribution Régionale* (CDRs). The tool provides an early warning system (EWS) used to prevent stock-outs and waste. The use of this newly developed spreadsheet based tool will be used in the identification of stock-outs and overstocks in specific warehouses in the DRC. Additionally, GHSC-TA collaborated with USAID and Centers for Disease Control and Prevention (CDC) to develop a stock monitoring tool for viral load/EID tests to be used at five laboratory sites. The tool was shared with USAID/Washington, CDC and PEPFAR teams as well as local implementing partners and adopted by the laboratories.

Key Achievements under IR 1.5: Improved Rational Use of Medical and Laboratory Equipment & Commodities, and Pharmaceutical Waste Management Done According to International Standards

In **Benin**, the project completed the destruction of 118 tons of counterfeit pharmaceutical waste, a priority activity for the government of Benin and the USAID mission. As a prerequisite for the completion of this activity, 40 staff of a local service provider (selected through a competitive bidding process) and two Ministry of Health staff received training in safe and environmentally compliant pharmaceutical waste management. Additionally, the project developed Standard Operating Procedures (SOPs) in pharmaceutical waste management for the Beninese Ministry of Health. In combination with the project's focus on quantification and enhancement of data visibility, this activity helped to eliminate the risk of counterfeit commodities' return to market and has increased local pharmaceutical waste management capacity.

In **Haiti**, to assist the government in the management of existing medical and laboratory equipment, GHSC-TA Francophone TO staff developed a data collection tool for medical and laboratory equipment inventory, assessment and identification of maintenance needs, which was applied in USAID supported districts across the country. In this reporting period, the project has successfully completed medical and laboratory equipment inventory and assessment in 58 facilities in the west of the country and on the island of Gonâve and in 29 facilities in the north and north east of the country. In addition, a hot line introduced by the project in this reporting period for all medical and laboratory technicians will help to ensure that equipment maintenance requests are submitted and are being addressed in a timely manner.

GHSC-TA Francophone TO Haiti team has successfully developed the terms of reference (TOR) for, and organized the first meetings of a pharmaceutical waste management technical working group (TWG) and laboratory and medical equipment maintenance TWG, receiving buy-

in from local counterparts. Additionally, the project launched a social and environmental impact study for the Pharmaceutical Waste Treatment Center. The analysis of this assessment will play a key role in the development of a national pharmaceutical waste management strategy.

Objective 2. Strengthen Supply Chain Security through Collaboration and Regional Organizations

Under Objective 2, GHSC-TA Francophone TO supports the priority of the USAID West Africa Regional Mission (USAID/WARO) in Accra, Ghana to strengthen the role of the West African Health Organization (WAHO). USAID/WARO strategically targets programs that foster greater country ownership, maintain a regional perspective, and advance regional partners' efforts and priorities by working closely with WAHO and other regional institutions and initiatives. Since 2011, one of the USAID/WARO priorities included supporting the region's FP commodity security through reporting for 14 countries to the Procurement Planning and Monitoring Report (PPMR), an early warning system, and through short term, in-country TA to a selected number of countries. TA has included commodity security assessments, advocacy for increased political commitment for supply reforms, supply planning exercises, capacity building, and support of LMIS design and rollout. USAID/WARO also manages a regional service delivery activity, *Agir pour la Planification Familiale (AgirPF)*, as well as a policy and advocacy activity under the USAID's Health Policy Plus project. These two regional activities integrate supply chain interventions and help galvanize commitment to support FP programs that require close synergy for maximum and transformational impact on both the national level supply systems and the last mile. In year 1, GHSC-TA Francophone TO activities aim at strengthening relevant regional organizations and networks to improve family planning commodities security in USAID/WARO priority countries – Burkina Faso, Mauritania, Niger, and Togo. By providing technical assistance to regional and country supply chain systems, the project aims to improve regional policy as well as in-country harmonization.

Key Achievements under IR 2.1: Build Regional Capacity to Improve Logistics Management and Commodity Security

The GHSC-TA Francophone TO's year 1 efforts focused on building regional capacity to improve logistics management and FP commodity security. In collaboration with United Nations Population Fund (UNFPA), GHSC-TA Francophone TO co-organized a five-day workshop in October to review quantification of contraceptives and revise the supply plan for 2017-2018 for Togo's Ministry of Health's *Division de la Santé Maternelle et Infantile et de la Planification Familiale (DSMI/PF)*. The workshop focused on data review, validation, and forecasting. This joint quantification exercise reinforced collaboration between GHSC-TA Francophone TO, UNFPA, and AgirPF Program and resulted in the development of a supply plan for 2017-2018 with Pipeline®, which identified gaps in funding available for Implanon® for 2017. The organization of the quantification workshop in Togo also helped to improve data quality of PPMR by identifying one of the key actors managing contraceptives at the central level who was not able to provide data due to the lack of access to the PPMR database. Thanks to this identification and timely collaboration between GHSC-TA Francophone TO and GHSC-PSM, a logistics officer of the *Association Togolaise pour le Bien-Etre Familial (ATBEF)* in Togo is now able to enter PPMR data into the database. He uploaded additional data for Togo for November and December 2017, complementing the efforts of two other data providers for Togo - DSMI/PF and the *Association*

Togolaise pour le Marketing Social (ATMS). As a result of this addition, the PPMR database now offers a full picture of contraceptive commodities stock status for Togo.

The GHSC-TA Francophone TO's regional advisor trained three staff of the project's Senegal Office (country director and two procurement and logistics officers) on quantification of health commodities using Quantimed and RealityCheck. During this training, they received an overview of quantification principles and downloads of Quantimed and RealityCheck. The project is planning to introduce this tool in Senegal in FY18 to harmonize and strengthen quantification practices among relevant stakeholders, including the PNA. As a result of this training-of-trainers activity, the project staff are now equipped with the required technical skills and information to support the transfer of knowledge to local counterparts in FY18.

Finally, GHSC-TA Francophone TO has successfully laid the foundation for a regional EWS workshop to be held in Benin in late February 2018. Close collaboration of the GHSC-TA Francophone TO's regional advisor and representatives of WAHO, GHSC-PSM, and Reproductive Health Supplies Coalition (RHSC) resulted in an agreement on the agenda of the workshop, practical activities to be included in it, and selection of facilitators for the workshop sessions.

Key Achievements under IR 2.2: Strengthen National/Regional LMIS Platforms to Enhance Data Visibility and Support Exchange of Data

In response to WAHO's request to implement a regional forum of best practices on commodity management, GHSC-TA Francophone TO identified a service provider and signed a contract to design and implement the knowledge sharing and learning platform for health supply chain specialists. The first draft of the regional platform is expected to be ready for demonstration to USAID/WARO and WAHO in late February 2018, with a beta version to be shared with participants in the planned EWS regional workshop in late February. The identification and inclusion of a WAHO representative in the implementation of the platform from the design stage of this activity is a key step in encouraging ownership from the start and facilitating an eventual transfer of administrative management of the platform from GHSC-TA Francophone TO to WAHO (planned for late FY19).

Objective 3. Global Health Security Agenda and Emergency Preparedness Strategies Supported by Countries' Supply Chains

The Global Health Security Agenda (GHSA) was launched in February 2014 in response to the essential need for a multilateral and multi-sectoral approach to strengthen both the global capacity and individual nations' capacity to prevent, detect, and respond to infectious disease threats, whether naturally occurring, deliberate, or accidental. Once this capacity was established it would mitigate the devastating effects of Ebola, Middle East Respiratory Syndrome (MERS), other highly pathogenic infectious diseases, and bioterrorism events. A country's ability to respond to and contain infectious disease outbreaks depends greatly on its ability to mobilize staff and provide and resupply its health systems with essential infection prevention and control commodities through a One Health approach during health emergencies. GHSA has 11 action packages to build countries' capacities to prevent epidemics, detect threats early, and respond rapidly and effectively to infectious disease outbreaks.

While the GHSA agenda is comprehensive, the work undertaken by the project focuses on the nonmedical countermeasures action package, as agreed upon with USAID/Washington. Specifically, the project aims at "building countries' supply chain management capacity in the context of GHSA and emergency preparedness and ensuring a system is in place to send and receive nonmedical countermeasures during a health emergency." The goal of the project's activities is to ensure that at a country level, there is a national framework for sending and receiving nonmedical countermeasures during health emergencies.

Cameroon was selected by USAID for piloting the competencies framework tool based on its commitment in making progress on its GHSA plan. Cameroon has already developed a roadmap for ongoing and planned GHSA activities in support of 12 GHSA targets through 2019. The goal of this roadmap is to ensure coordination and partnership across all organizations that targets are met and sustainable systems and networks are established. The piloting of the essential competencies framework tool in Cameroon is expected to contribute directly to one of the roadmap's objectives of improving access to medical and nonmedical countermeasures during health emergencies.

Key Achievements under IR 3.1: National Supply Chain Systems for Public Health Emergency Preparedness and Response Developed

In collaboration with partner McKinsey & Company, the project successfully completed a review of emergency supply chain related studies and conducted interviews with external supply chain and epidemiological experts, which were incorporated into an overview of best practices in emergency supply chain management. The project used this best practices document to produce a framework of competencies, also known as "the playbook," required for countries to manage emergency supply chains, as an element of a country's nonmedical countermeasures action package. This framework encompasses all aspects of the scope of the project's partners, incorporating a triangular One Health approach (human health, animal health, and environmental

health). The project has successfully prepared for the piloting of the framework in Cameroon in March 2018.

Key Achievements under IR 3.2: Stakeholder Engagement and Coordination Improved

Full engagement of all local stakeholders in the adaptation of the nonmedical countermeasures action package to the local context is crucial for an effective response to emergency pandemic threats. The GHSC-TA Francophone TO has successfully engaged in discussions with key local counterparts in Cameroon, including the Ministry of Public Health (MINSANTE) and the Ministry of Livestock (MINEPIA), as well as other GHSA partners in Cameroon such as the Emerging Pandemic Threats 2 Program (EPT-2), Food and Agriculture Organization (FAO), CDC, Cameroon Red Cross, and other stakeholders. The GHSA officer's presentation of the project's scope and the concepts of the Essential Competencies Framework for Emergency Preparedness Logistics and Supply Chain Management to the stakeholders allowed for the inclusion of their valuable feedback to the development of the framework. This engagement highlighted the importance of collaboration and communication with the in-country network, particularly the MINSANTE Department to Fight Epidemics and Pandemics, EPT-2, CDC medical countermeasures project, International Federation of Red Cross (IFRC) project, and the FAO. The project continued engaging relevant counterparts at a later stage, soliciting and receiving feedback during a webinar organized for GHSA countries and a "mini" simulation exercise on emergency responses using the framework as a reference. Participants in the mini simulation exercise provided productive feedback that helped the GHSA team identify areas that needed more elaboration, context, and clear assumptions for the simulation, as well as how the overall structure and design of the simulation could be refined for the Cameroon context.

Knowledge Management

The project's knowledge management (KM) activities in year 1 focused on strengthening global health supply chain systems through the creation of informative content to highlight project work and success stories, sharing tools and best practices with current and prospective GHSC-TA Francophone TO beneficiaries and partners, and receiving and sharing feedback and lessons learned with GHSC-TA Francophone TO stakeholders to improve the effectiveness of the project.

Global Leadership

Throughout this reporting period, the GHSC-TA Francophone TO team sought opportunities to highlight the project at the international level, participating in and presenting at several global health events.

At the request of the USAID/WARO, the project's technical manager attended a West Africa Partners' Meeting on "Continuous Learning and Adapting" held in Accra, Ghana, in May 2017. This was an opportunity to present the project to a regional audience of implementing partners and USAID officials, to identify potential TA needs, and to share a preliminary draft work plan with the WARO activity manager.

The project technical manager also moderated a round table discussion on "Applying a Pharmaceutical System Strengthening (PSS) Approach to Increase Access to Quality-assured Medicines and to Improve Health Service Delivery in the DRC" at the Annual American Public Health Association meeting in Atlanta, GA, USA, in November 2017. Public health professionals from around the world attended the meeting to learn about cutting-edge research in the public health space.

The DRC field office staff presented on "Strengthening Procurement and Distribution System through a Public-Private Partnership-led Mechanism in the Democratic Republic of Congo" at the Supply Chain Summit in Accra, Ghana in November 2017. The summit brought together stakeholders from governments, non-governmental organizations (NGOs), international organizations, bilateral and multilateral agencies, academics, and practitioners for a two-day event to discuss supply chain innovation strategies to improve health outcomes and to create a forum for the relevant stakeholders to openly share and discuss challenges, solutions, and best practices.

Also in November 2017, at the request of USAID/WARO activity manager for the project, GHSC-TA Francophone TO's regional advisor attended the Africa Health Business Symposium (AHBS) organized in Dakar, Senegal to moderate the session on supply chain management. This event serves as the leading private health sector platform in Africa bringing together the public sector, key private sector stakeholders and decision-makers as well as development partners in the African health care space fostering investments, growth, and knowledge sharing in the sector.

Sharing Knowledge with External Audiences

In line with its KM plan, the project launched its first [webpage](#) on Chemonics' corporate website to share the information about its objectives and country office staff. In addition, the project published three success stories to highlight its progress in promoting and ensuring public health through regulatory support and improving inter-donor coordination in the DRC and in developing in-country capacity in pharmaceutical waste management in Benin. The project's activities were highlighted and shared through a variety of social media channels (Chemonics' blog and Twitter, Facebook, and LinkedIn accounts and respective missions' social media accounts).

In early 2018, GHSC-TA Francophone TO organized a webinar for USAID mission staff of GHSA countries to share information about the essential competencies framework prior to its piloting in Cameroon. The webinar was well attended and received positive feedback from the participants.

Sharing Knowledge with Internal Audiences

Finally, to share lessons learned in its first year of operation, the project organized a training program for all country directors and its WARO regional advisor in Crystal City, VA, USA, in November 2017. The training program included a wide range of operational and technical sessions such as monitoring and evaluation, business ethics, financial reporting, public speaking and presenting, and SharePoint. The program also included coordination meetings with Chemonics staff from other USAID-funded projects operating in Francophone Africa and Haiti. Additionally, the project country directors held coordination meetings with Chemonics staff working on the PPMR and the PPMR for malaria products (PPMRm) to discuss and establish communication protocols between GHSC-TA Francophone TO and GHSC-PSM specific to individual project country contexts. Both projects approved the proposed communication protocol and introduced it into operations. Finally, GHSC-TA Francophone TO country directors participated in working sessions with key members of GHSC-PSM's non-field office team, who handle procurement-related activities for Benin, the DRC, and Senegal. The project's country director for Haiti met with the project management unit team for GHSC-PSM/Haiti during this time.

Also in November 2017, the project organized a brown bag lunch for Chemonics staff. Project country directors presented specific country activities and shared lessons learned to date. Chemonics' Supply Chain Solutions and Health Practices sponsored the event, and staff from both practices participated in the discussions. To further engage relevant health supply chain staff in sharing lessons learned, the project releases bi-weekly updates published through the Chemonics' Health and Health Supply Chain Practices and disseminated electronically to all health supply chain experts of the company.



Finally, the monitoring and evaluation (M&E) manager organized six webinar sessions with field office staff from Benin, the DRC, Haiti, and Senegal to present an overview of the monitoring and evaluation plan (MEP) and corresponding activities to support project management. The webinars also provided the opportunity to develop custom MEPs, which were adapted to reflect in-country contexts.

Figure 1. GHSC-TA Senegal Country Director Dr. Kane Presenting during the Brown Bag Lunch.

Country Missions

Benin

Benin Project Strategy

In Benin, the project implemented activities in collaboration with its partner organization, URC, building on the achievements of past USG supported programs, including SIAPS. The project supported the key strategies identified in the 2016-2020 *Plan National Stratégique de la Chaîne d'Approvisionnement des Produits de Santé du Benin*, and addressed weaknesses identified in the National Supply Chain Assessment including lack of data availability. Of particular importance is the support provided to CAME's regional offices and zonal depots of the health system to strengthen pharmacists' and healthcare workers' capacity in stock management and accurate quantification. Additionally, USAID Benin identified pharmaceutical waste management as a priority area for the first year of the project.

Benin Year One Highlights

Increasing Local Capacity in Pharmaceutical Waste Management

In December 2017, the project completed the destruction of 118 tons of counterfeit pharmaceutical waste, concluding the first counterfeit pharmaceutical waste management operation implemented in Benin with the support of USAID. As a prerequisite for this activity, the project conducted a rapid assessment study which evaluated, among other aspects, the storage conditions of the seized commodities and the capacity of the available local service providers to dispose of pharmaceutical waste. The project developed an action plan to manage and dispose of accumulated counterfeit pharmaceutical products, selected a local service provider, and trained 40 staff as well as two staff of the Beninese Ministry of Health in safe pharmaceutical waste management.



Figure 2. GHSC-TA Francophone TO Consultant Is Training a Local Service Provider in Safe and Environmentally Compliant Pharmaceutical Waste Management



Figure 3. A local service provider employees trained by GHSC-TA Francophone TO are neutralizing pharmaceutical counterfeits before transporting them to the landfill site approved by the government of Benin.

With the help of GHSC-TA Francophone TO, Benin now has a local service provider trained and equipped to conduct safe, environmentally compliant pharmaceutical waste management. In addition, the project assisted the Ministry of Health of Benin in the revision of guidelines for waste management organization for future endeavors.

Optimizing Quantification for Forecasting and Procurement Processes

The project staff completed an assessment of the tools used during national quantification exercises and the logistical data processing tools for all tracer commodities. In Benin, the project launched baseline data collection for tracer commodities. The data collected through this exercise will inform the project on the status of supply chain key performance indicators (KPIs) and will help to inform corrective actions/preventive actions (CAPA). Proper quantification of health commodities will also help Benin to reduce the risk of pharmaceutical waste accumulation in the future.

In the fall of 2017, GHSC-TA provided technical guidance to the MOH and UNFPA for the forecasting and supply planning of Sayana Press®, a progestin-only injectable contraceptive that provides three months of coverage. On request of the USAID/Benin mission, GHSC-TA Francophone TO organized a consultative meeting with the *Direction de Santé de la Mère et de l'Enfant* (DSME), *Direction de la Pharmacie, du Médicament, et des Explorations Diagnostiques* (DPMED), UNFPA, and John Snow, Inc. (JSI) to estimate the needs, monitor pipelines, and improve pharmacovigilance for FP/RH commodities. This meeting also provided an opportunity for the field office to share current stock status of FP/RH commodities, and to establish an ad-hoc logistic surveillance committee composed of JSI, DSME, DPMED, UNFPA, USAID, and the GHSC-TA Francophone TO. In December, the project co-organized an annual planning workshop for the DSME to focus specifically on data collection on maternal health. Following this workshop, the DSME work plan was finalized and approved.

The project's quantification specialist designed an online dashboard to assist with the tracking of imported pharmaceuticals to support the control of counterfeits at point of entry. The adoption of the dashboard developed by the project (currently expected in FY18) will be a crucial step toward strengthening the Beninese supply chain system.

Improving Policy, Governance, Strategy, and Coordination

GHSC-TA Francophone TO provided technical guidance in the development of a five-year strategic plan (2018-2022) for CAME designed to better manage health sector reforms related to supply chain and health systems. In December 2017, the Board of Directors of CAME and the Ministry of Health approved the plan. Consequently, the project conducted an assessment to help improve CAME's ability to secure the availability of essential medical products at service delivery points and improve the flow of information relevant to the implementation of CAME's new Strategic Development Plan for 2018-2022.

Also in December 2017, by request of USAID/Benin, the project's country director coordinated and participated in a field visit to Comè, Grand Popo, Possotomè, Djougou and Natitingou (small towns in the west of the country) to boost governance and accountability and to raise awareness among local leaders (governors and mayors) of pharmaceutical commodities availability, Ebola preparedness, and the fight against pharmaceutical counterfeits.



Figure 4. Public Accountability Session on the Health Component during the Grand Popo Municipality hall with participation of USAID and GHSC-TA Francophone TO.

The Democratic Republic of the Congo

DRC Project Strategy

The DRC work plan for the first year of the project's operation focused on providing continuity between earlier USAID-funded supply chain projects - SIAPS, Supply Chain Management System (SCMS) and the USAID | DELIVER - and GHSC-TA Francophone TO to ensure the availability of malaria and family planning commodities, and TB and essential medicines at USAID-supported sites. The DRC team is working in close collaboration with the Integrated Health Project (IHP+) ensuring effective coordination of USG-supported efforts. The activities focused on the improvement of the in-country supply chain logistics, enabling environments, and capacity building. Specifically, the project's efforts in the "transitional" months of 2017 were directed to the support provided to the DRC's medicines registration authority to improve its registration process; as well as securing storage of commodities, management and distribution at regional distribution centers; and data collection optimization and coordination improvement.

DRC Year One Highlights

Improving Policy, Governance, Strategy, and Coordination

The project provided technical support to the *Direction de la Pharmacie, des Médicaments et de la Médecine Traditionnelle* (DPM/MT) for the revision of the Medicines Registry; 2,322 expired market authorizations issued in the period of January 2010 to September 2017 were identified (50 percent of all authorizations). Additionally, the review revealed that 109 market authorizations would expire within the next three months. This review exercise helped DPM to comply with the WHO prequalification commission requirement to publish the list of registered medicines every quarter. In addition, quarterly updates of the Medicines Registry will provide relevant data for the database used by the national customs service to avoid the importation of unauthorized products at the point of entry.

To improve donor coordination for the supply and distribution of essential medicines, GHSC-TA Francophone TO provided technical guidance to six out of the 10 *Division Provinciale de la Santé* (DPS) receiving USAID support to hold the quarterly *Commission Provinciale du Médicament* (CPM) meetings. These meetings helped strengthen coordination of the support provided by the MOH partners to promote the rational distribution of



Figure 5. Distribution Planning Session in Haut Katanga

medicines supplied by different donors, to improve commodity security. In addition, GHSC-TA Francophone TO supported monthly TWG meetings to address pending issues relevant for HIV/AIDS and malaria and family planning programs. Technical support provided to provincial health division in the provinces of Sankuru, Haut Katanga, Lomami, Kasai Oriental and Lualaba to hold the meetings of the CPM led to the development of strategies to improve the LMIS in these provinces. In addition, GHSC-TA Francophone TO provided technical support for the procurement and stock management committee meetings of the DPS of Sankuru, Haut Katanga and Lualaba, which led to the redistribution of overstocked medicines to health zones in need.

Enhancing Data Visibility and Stock Monitoring

In the first year of its operation in the DRC, the GHSC-TA Francophone TO team provided the government of the country with the first nationally representative EUV survey data results to support decision making to improve the fight against malaria. GHSC-TA Francophone TO completed the analysis of the EUV survey data that, for the first time, included health zones supported by PMI and the Global Fund. The survey, conducted in collaboration with the *Programme National de Lutte contre le Paludisme (PNLP)* and the *Projet Santé Rurale (SANRU)*, included 9,225 health facilities, of which 5,655 are supported by the Global Fund with SANRU as the Global Fund principal recipient and 3,570 supported by the PMI through GHSC-TA Francophone TO. In addition, 26 regional distribution centers and warehouses were included in the study to measure the stock level of malaria commodities at the intermediate/provincial level. The survey revealed tremendous improvement in the availability of malaria commodities and malaria case management. It also identified high staff turnover and the lack of in-service training for health care providers as the main challenges for this area of supply chain.

Optimizing Forecasting and Procurement Process

To assist the country in the development of national quantification guidelines for FP/RH commodities, GHSC-TA Francophone TO co-organized a six-day workshop for the *Programme National d'Approvisionnement en Médicaments Essentiels (PNAM)* and the *Programme National de Santé de la Reproduction (PNSR)*. The FP/RH quantification guidelines will standardize and streamline the quantification processes for FP/RH commodities at the provincial and national levels. GHSC-TA Francophone TO expects these guidelines to improve the availability and utilization of FP/RH commodities in the country, contributing to achieving the FP2020 national objective to increase contraceptive coverage to 19 percent by 2020.

GHSC-TA Francophone TO served as a liaison among freight forwarders, the USAID mission, the U.S. embassy staff, the DRC's Ministry of Health, and GHSC-PSM headquarters procurement unit for the clearance of all incoming health products procured with USG funds. A total of 108 requests for IA were submitted and approved within an average approval period of 10 days; 87 *notes verbales* were issued with an average approval period of 68 days; 71 shipments were delivered, including 18 emergency removals for HIV laboratory commodities.

Improving Distribution, Warehousing, and Logistics

In an effort to ensure appropriate storage and management of cold chain laboratory commodities, especially VL and EID reagents that require storage below -10 degrees Celsius, GHSC-TA Francophone TO in collaboration with USAID/DRC mission team conducted an

assessment of the CAMESKIN, the regional distribution center for Kinshasa. After the assessment, the team reached an agreement to provide CAMESKIN with three 900-liter deep freezers to store PEPFAR laboratory commodities consigned through Kinshasa port of entry. Additionally, the project successfully negotiated and signed 12 warehouse contracts across 10 USAID-supported provinces to ensure uninterrupted storage availability for health commodities for malaria, HIV/AIDS, TB, MCH, and FP/RH in all provinces supported by USAID.

In accordance with the mandate received from USAID/DRC, the project continued distribution of HIV/AIDS commodities using the last-mile delivery mechanism. During this reporting period, all 258 sites providing antiretroviral treatment (ART) of Haut-Katanga province and 48 ART sites of Lualaba province were served. In the first months of 2018, GHSC-TA completed the last-mile distribution of ARVs and other HIV/AIDS commodities to 231 PEPFAR-supported health facilities in the province of Kinshasa.

In response to a request from USAID/DRC to provide assistance for the installation of a 1000 m² prefabricated warehouse which would serve as the country's central warehouse in Kinshasa (to replace the warehouse of FEDECAME, which burned down in 2011), the project launched a review of the structural assessment of the proposed location conducted previously by Management Sciences for Health (MSH). This exercise helped to assess the cost of building the foundation for a prefab facility and resulted in a feasibility study report for the MOH. This study provided information for the MOH to use in the identification of funding options for the construction of the foundation and the connection to utilities, as these components cannot be financed using USAID funds.

Haiti

Haiti Project Strategy

The GHSC-TA Francophone TO activities in Haiti were designed in response to USAID/Haiti requests for technical assistance from the MOH. These are the design of a national pharmaceutical waste management system and improve the maintenance of laboratory (for PEPFAR-supported sites) and medical equipment (in northern sites supported by the *Services de Santé de Qualité pour Haïti* project managed by the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO).

Haiti Year I Highlights

Improving Rational Use of Medical and Laboratory Equipment



Figure 6. Hospital Justinien, Pediatrics Section. New Building with Equipment Not Installed

In line with its year I work plan, the GHSC-TA Francophone TO team focused its efforts to the development of the TOR for the laboratory and medical equipment maintenance working groups for the *Direction de l'Organisation des Services de Santé* (DOSS) and the National Laboratory of Public Health (LNSP). In collaboration with relevant technical personnel from all

directorates of the *Ministère de la Santé Publique et de la Population* (MSPP), the project developed a tool for the inventory and assessment of laboratory and medical equipment. This tool is being used by the Haitian Directorate of Administration for the assessment and inventory of all types of medical and laboratory equipment.

The project conducted the inventory and assessment of laboratory and medical equipment in 58 facilities in the west of the country and on the island of Gonâve, as well as in 29 facilities in the north and north east of the country – half of all facilities countrywide. Preliminary results demonstrate that in the west, approximately eight percent of assessed laboratory equipment should be disposed of and approximately 15 percent could be repaired; 23 percent of medical equipment is due for repair and four percent is due for disposal. In the north and north east, two percent of lab equipment should be disposed of; six percent needs to be installed; and 17 percent in both regions require additional assessment. Seventeen percent of medical equipment in the north needs to be installed, and two percent should be removed. Twenty-five percent of medical equipment in the north east and 19 percent of medical equipment in the north requires

additional assessment. The final report of the assessment will include recommendations for the disposal of obsolete equipment in compliance with Haitian regulations and international standards. Until now, GHSC-PSM supplied laboratory and medical equipment to Haiti and managed contracts with maintenance service providers. With GHSC-TA Francophone TO's training, the MSPP of Haiti has its own team able to address certain laboratory and medical equipment maintenance related issues, such as the application of maintenance contract terms.

In addition to this assessment activity, the project developed lists of laboratory and medical equipment spare parts and tools required to start repair services upon the completion of the equipment inventory. A hot line introduced by the project in this reporting period for all medical and laboratory technicians is key to ensuring that equipment maintenance requests are submitted and are being addressed in a timely manner.

In collaboration with the United Nations Office for Project Services (UNOPS) technicians, GHSC-TA Francophone TO assessed the Computerized Maintenance Management Software (CMMS) used by the MSPP and concluded that this software was outdated and did not address the needs of the ministry. The project assessed a new CMMS recommended for the MSPP.



Figure 7. Local Biotech Specialists Performing Tests

Finally, for the first time, the project engaged MSPP and LNSP in the equipment supplier contracts review to build national capacity. Prior to this, the contracts review was undertaken solely by GHSC-PSM. The project also laid the foundation for the identification and training of laboratory technicians in the maintenance of medical equipment. These technicians will oversee the maintenance of medical equipment currently serviced by private contractors.

Improving Pharmaceutical Waste Management

In line with the objective to assist the MOH in the design of a national pharmaceutical waste management system, GHSC-TA Francophone TO developed the TOR for the pharmaceutical waste management working group to be validated by the Technical Committee of the *Système National de Distribution et d'Approvisionnement en Intrants (SNADI)*. The project launched a social and environmental impact study for the Pharmaceutical Waste Treatment Center, the results of which are expected to be available in summer 2018.

Senegal

Senegal Project Strategy

In Senegal, the immediate goal of GHSC-TA Francophone TO's technical activities in the first year was to ensure that essential medicines are available in sufficient quantities at the lowest levels of the health system for all beneficiaries. In year 1, the project directed its efforts toward the improvement of data availability at the national and local levels to reliably estimate commodity needs, develop appropriate supply plans, and identify trends and determinants of the variance between the projected and actual commodities use. The project coordinated procurement of health commodities through GHSC-PSM working on the improvement of customs clearance and importation processes.

Senegal Year 1 Highlights

Improved Customs Clearance and Importation Processes for Health Commodities

As a significant step toward the improvement of management of GHSC-PSM procured commodities, GHSC-TA Francophone TO reached an agreement with the DPM to provide an importation waiver for selected medicines procured by GHSC-PSM that have not been registered for use in Senegal. GHSC-TA Francophone TO has improved the availability of FP/RH and anti-malaria commodities in Senegal and has shortened the waiver issuance period for FP/RH and anti-malaria commodities from the DPM from 15-30 days to less than 10 days. This significant decrease in wait time was ensured by the provision of necessary documentation to support customs clearance and importation processes and close collaboration with the DPM, PNA, and USAID/Senegal to improve these processes. In addition, the project signed a memorandum of understanding with GHSC-PSM, which does not have a permanent country representative, to ensure the efficiency of procurement and importation of USG-funded commodities. To improve the management of incoming GHSC-PSM shipments, the project also assisted the PNL in the following activities: determination of the technical specifications of injectable artesunate kits that should include syringes; elaboration of the waiver application to DPM for the acceptance of artesunate 50 mg and 200 mg Rectocaps ® and primaquine 7.5 mg tablets; and finalization of the long lasting insecticidal nets (LLIN) packaging specification and labeling that GHSC-PSM should procure.

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