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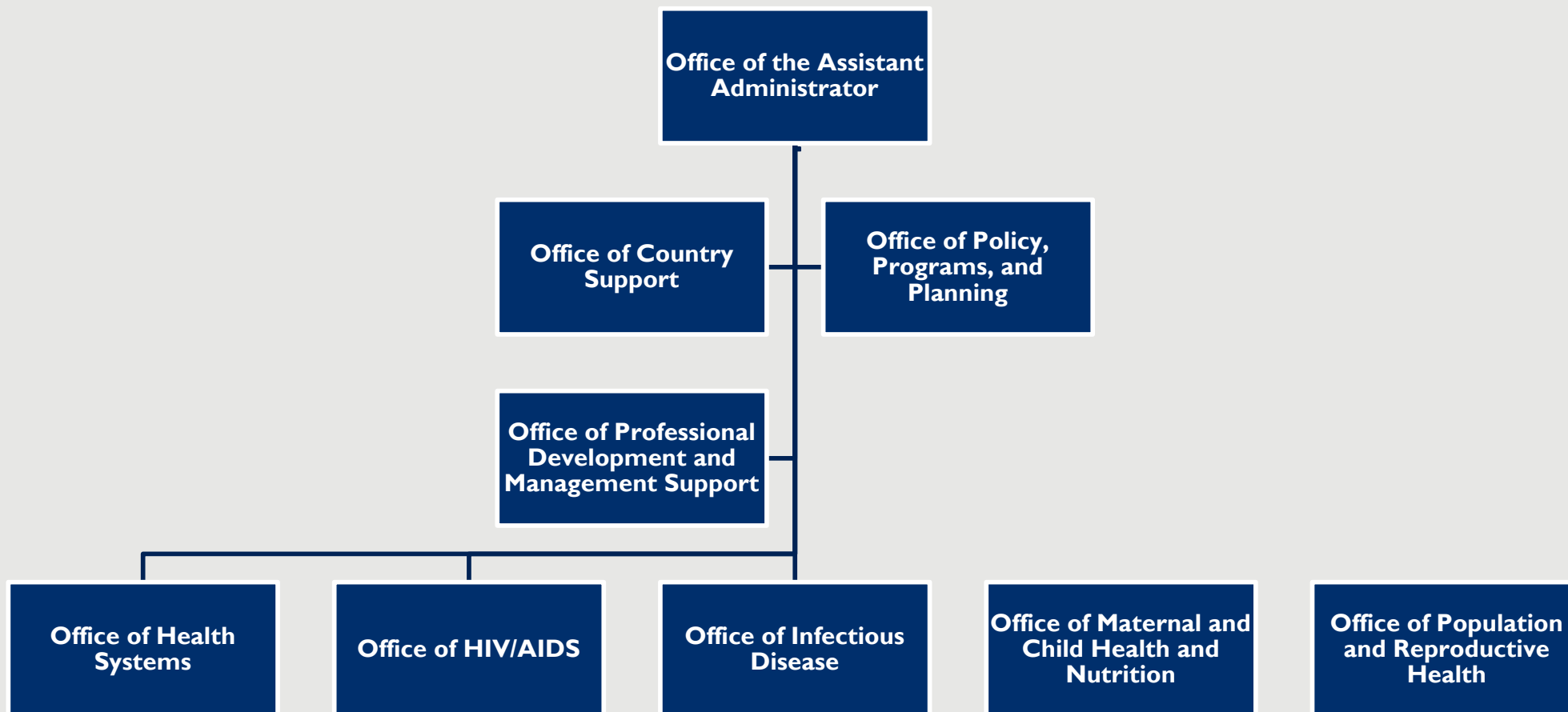
# **USAID Global Health Supply Chain Mandate**

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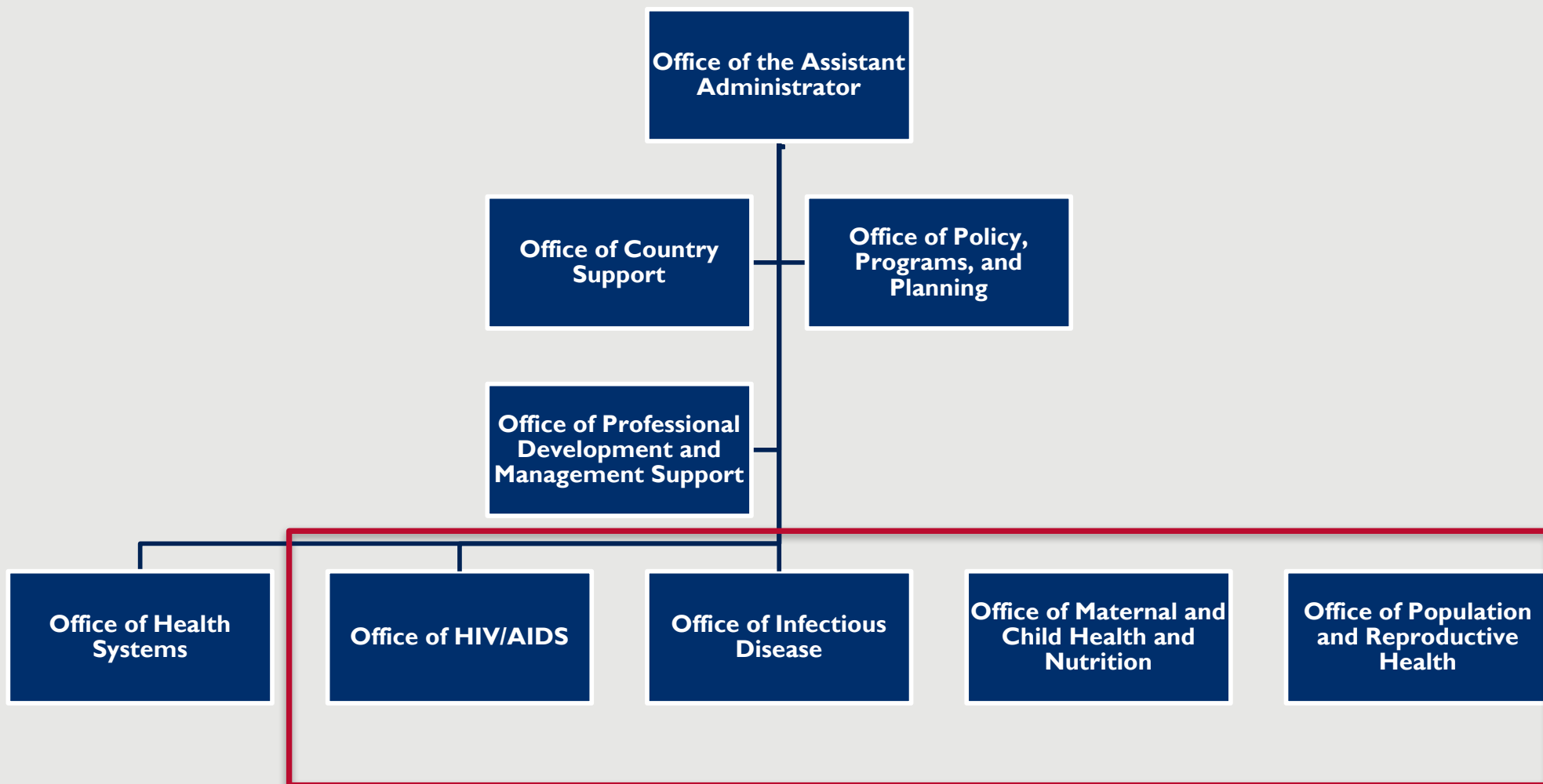
GHSC Supplier Summit

Dubai, 2017

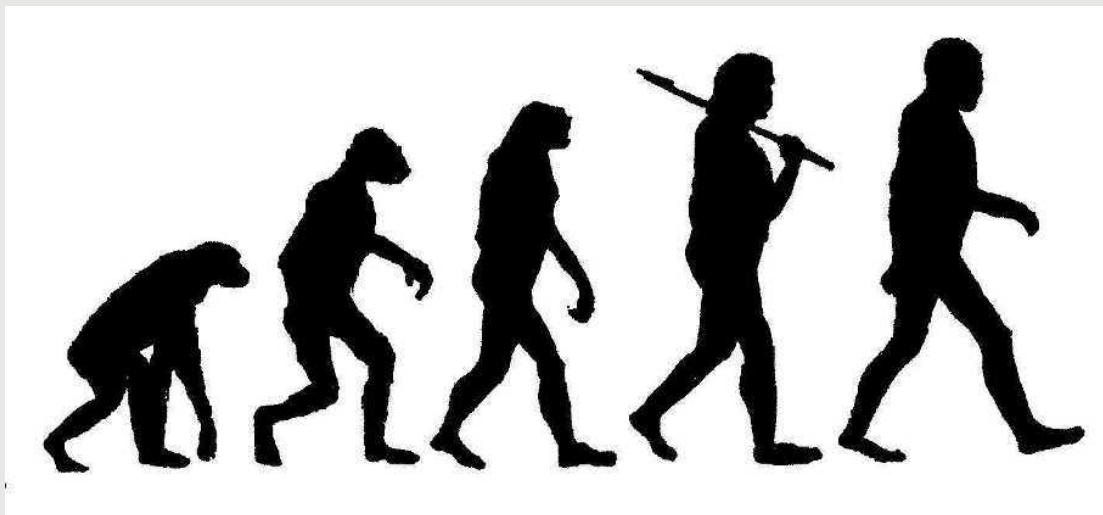
# USAID Bureau for Global Health



# USAID Bureau for Global Health



## Evolution of USAID supply chain work



Continuation—Growth—Building on what we have learned



# USAID Global Health Supply Chain Mandate

- Maintain a public health approach
- Manage a central procurement mechanism
- Provide technical leadership & assistance to country programs
- Support strengthening country owned supply chains
- Foster partnership with other supply chain stakeholders

# USAID Global Health Supply Chain Mandate

- **Maintain a public health approach**
  - Patient centered focus
  - Consistent with objectives of various health elements
- **Manage a central procurement mechanism**
  - Healthier markets
  - Manage risks
  - Obtain best value
- **Provide technical leadership & assistance to country programs**
  - Use of in house technical expertise
  - Use of key implementing partners
- **Support strengthening country owned supply chains**
- **Foster partnership with other supply chain stakeholders**

# Global Health Supply Chain Program

## Procurement and Supply Management (GHSC-PSM)

Procurement & shipping of health commodities; supply chain technical assistance

Chemonics

11/22/23

## Rapid Test Kits (GHSC-RTK)

Procurement & shipping of HIV RTKs

Remote Medical International  
2/26/18

## Technical Assistance (GHSC TA)

Supply chain technical assistance

Chemonics  
Axios  
LMI  
PricewaterhouseCoopers  
3/1/23

## Medicines, Technologies, and Pharmaceutical Services (MTaPS)

Pharmaceutical systems strengthening technical assistance

IP: TBD  
Close: TBD

## Promoting the Quality of Medicines (PQM)

Medicines quality assurance technical assistance

USP  
9/17/19

## Quality Assurance (GHSC-QA)

Quality assurance of procured commodities; technical assistance

FHI360

12/31/19

## The Coca-Cola Last Mile Project

Applying Coke best practices to public health supply chains

06/2019

## Research and Development

TBD  
R&D for health supply chains and related commodity security issues

## Business Intelligence and Analytics (GHSC BIA)

Collect and integrate data across programs to support GHSC management and coordination

Intellicog

4/24/19

# Most Encountered Projects

## **Procurement and Supply Management (GHSC-PSM)**

Procurement & shipping of health commodities; supply chain technical assistance

Chemonics

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## Task orders under PSM

- TO1 HIV
- TO2 Malaria
- TO3 Family Planning
- TO4 Maternal and Child Health

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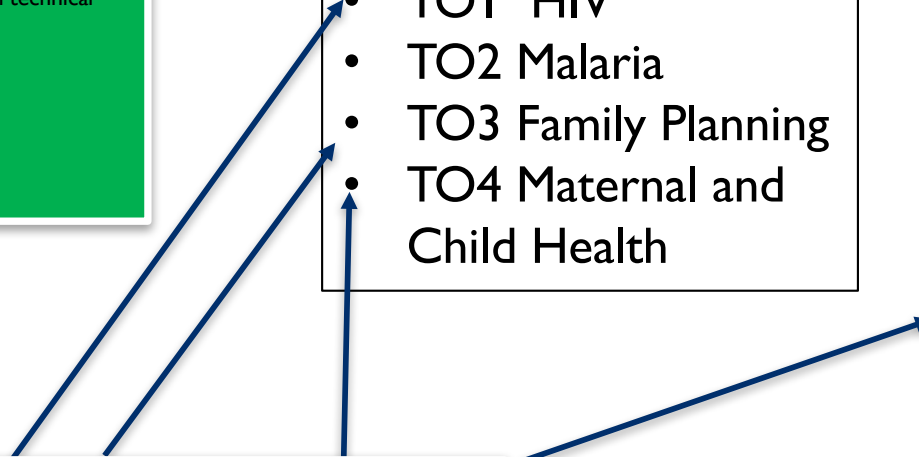
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12/31/19

# New GH Supply Chain Program

## ➤ **Expanded Focus on:**

- Commodity Security
- Innovations & New Technologies
- Supply Chain System Strengthening
- Impact, Transparency & Accountability
- Sustainability
- Value for Money



# What is New or Improved?

## ➤ **Value for Money:**

- Consolidate pooled procurement into a single entity
- Leverage assistance across disease programs to help transform country supply systems.
- Healthier supplier markets.
- Use of common standard performance measures.
- Expand coordination with key stakeholders on procurement and assistance.

## ➤ **Innovations & New Technologies:**

- Strengthened evidence base and make informed decisions about investing our resources for continuous improvement in our global supply chain operations and in-country supply chain assistance
- Pilot a/o Introduce technology at scale (examples: GSI, track & trace, end use verification, UAVs, ERP systems)

# Impact & Sustainability

## ➤ Increased attention on Impact, Transparency and Accountability through

- Better benchmarking and tracking of performance with standard KPIs
- Improved visibility from planning, manufacture, to delivery & use at facility (promoting end-to-end visibility)
- Greater accountability for partner results

## ➤ Sustainability:

- Increased attention on transforming country health supply chains based on best industry practices.
- New metrics for gauging the capacity of supply chain systems to design more appropriate, high-impact interventions.
- Fresh and expanded approaches to persistent challenges in country supply chains, approaching them as more than technical problems (e.g. governance, human resources, financing, and social accountability)

# Common themes across health elements

- Quality
- Registration
- Harmonization
- Forecasting
- Innovation

# Who is here?

- TO1 HIV—Christine Malati and Ashley Smith
- TO2 PMI—Lisa Hare, Alexis Leonard, and Jennifer Wray
- TO3 PRH—Glenn Milano, Jane Mwangi, Hayley Traeger, and John Vivalo
- TO4 MCH—Noah Kafumbe



**USAID**  
FROM THE AMERICAN PEOPLE

# **Christine Y. Malati, PharmD**

Pharmaceutical Advisor  
Bureau for Global Health  
Office of HIV/AIDS

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**GHSC-PSM Vendor Summit**  
**February 22, 2017**

**[cmalati@usaid.gov](mailto:cmalati@usaid.gov)**

*Kenya, Malati, 2013*



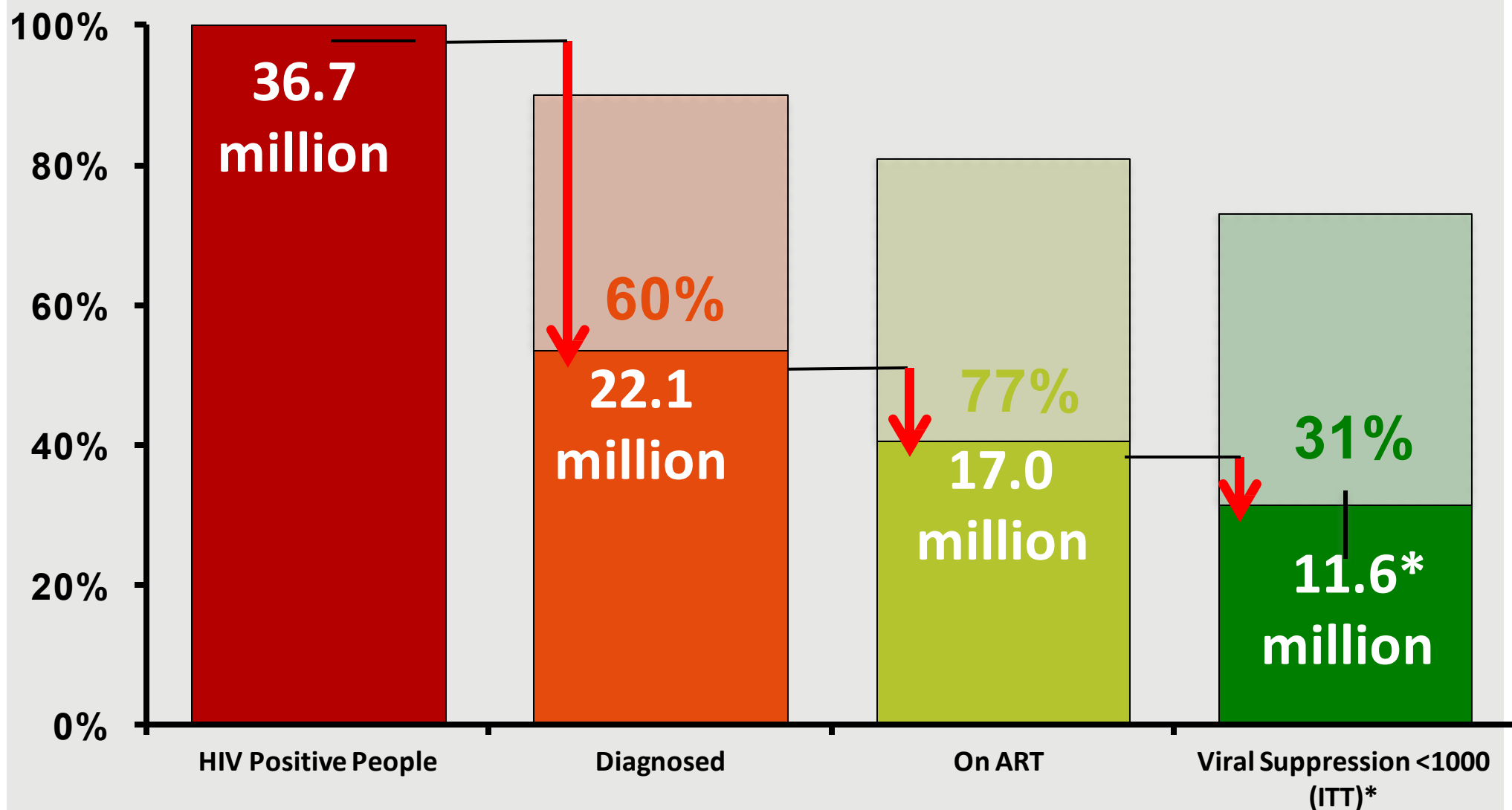


## PRESIDENT TRUMP ON PEPFAR

“Now the Trump administration is showing genuine concern for the continuity of this lifesaving, bipartisan effort [PEPFAR] and demonstrating that there is a constituency in the White House for American’s dramatically successful global engagement on health.”

- Michael Gerson, The Washington Post

# Global Estimates (2015) vs the Gap to reach 90-90-90 Targets



Ref: On ART = March 2015. How Aids Changed Everything. Fact Sheet. UNAIDS 2016. MDG 6: 15 YEARS, 15 LESSONS OF HOPE FROM THE AIDS RESPONSE July 2015. \* Average viral suppression% Intention to Treat LMIC rate from a Systematic Review by McMahon J. et al. Viral suppression after 12 months of antiretroviral therapy in low-and middle-income countries: a systematic review." *Bulletin of the World Health Organization* 91.5 (2013): 377-385.



# PEPFAR ACHIEVEMENTS



Since its inception, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has received strong bipartisan support, across administrations. PEPFAR has been reauthorized twice with significant Congressional majorities. Through PEPFAR, the U.S. has supported a world safer and more secure from infectious disease threats. We have demonstrably strengthened the global capacity to prevent, detect, and respond to new and existing risks—which ultimately enhances global health security and protects America's borders.

PEPFAR's relentless commitment to accountability and efficiency has allowed the program to dramatically expand its impact in a budget-neutral environment (Figure A)—saving more lives and making it a model for development programs everywhere.

Figure A: PEPFAR — Achieving Greater Impact Current Investments

Figure B: PEPFAR — Latest Results, 2016  
2016 PEPFAR GLOBAL RESULTS



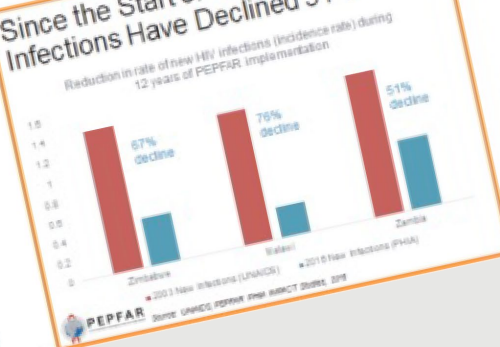
PEPFAR is an expression of the compassion and generosity of the American people. It is the iconic brand of U.S. government engagement in health, development, security, and diplomacy unparalleled in its capacity to deliver clear, measurable, and transformative results and impact.

PEPFAR has transformed the global HIV/AIDS response (Figure B). PEPFAR supports nearly 11.5 million people with life-saving antiretroviral treatment, a 50 percent increase since 2014 and up from the fewer than 50,000 people who were on treatment in sub-Saharan Africa when PEPFAR began. With PEPFAR support, nearly 2 million babies have been born HIV-free to pregnant women living with HIV—almost twice as many as in 2013—and their mothers are thriving to protect and nurture them.

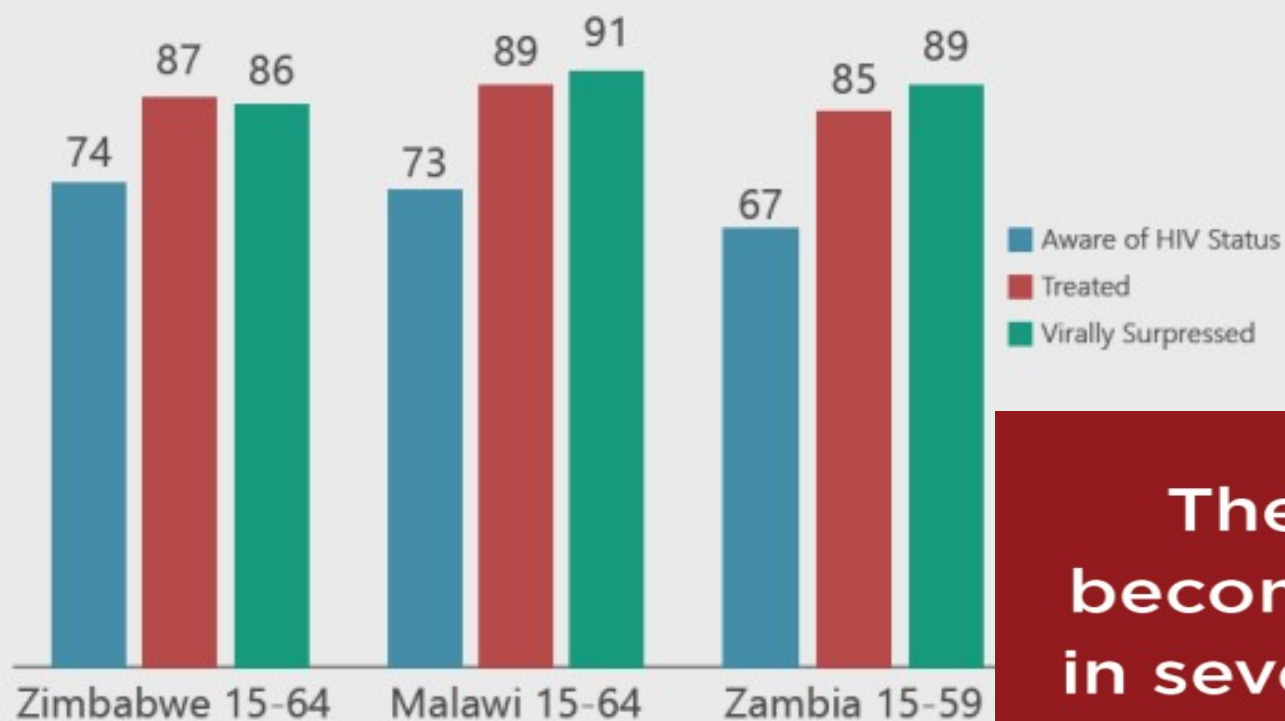
PEPFAR's recent Public Health Impact Assessments show the first evidence of the epidemic becoming controlled in three key African countries—Malawi, Zambia, and Zimbabwe—which are approaching a point where HIV transmission would effectively be controlled among adults and babies. These countries have reduced new HIV infections by 51–76 percent since PEPFAR began (Figure C) and achieved an impressive average of 65 percent community viral load suppression among all HIV-infected adults (Figure D). PEPFAR is now poised to help control the epidemic in 10 African countries over the next four years, and reduce the out-year costs required to sustain the HIV/AIDS response.

Figure C: New Infections Have Declined 51–76% Since the Start of PEPFAR

Since the Start of PEPFAR, New HIV Infections Have Declined 51–76%

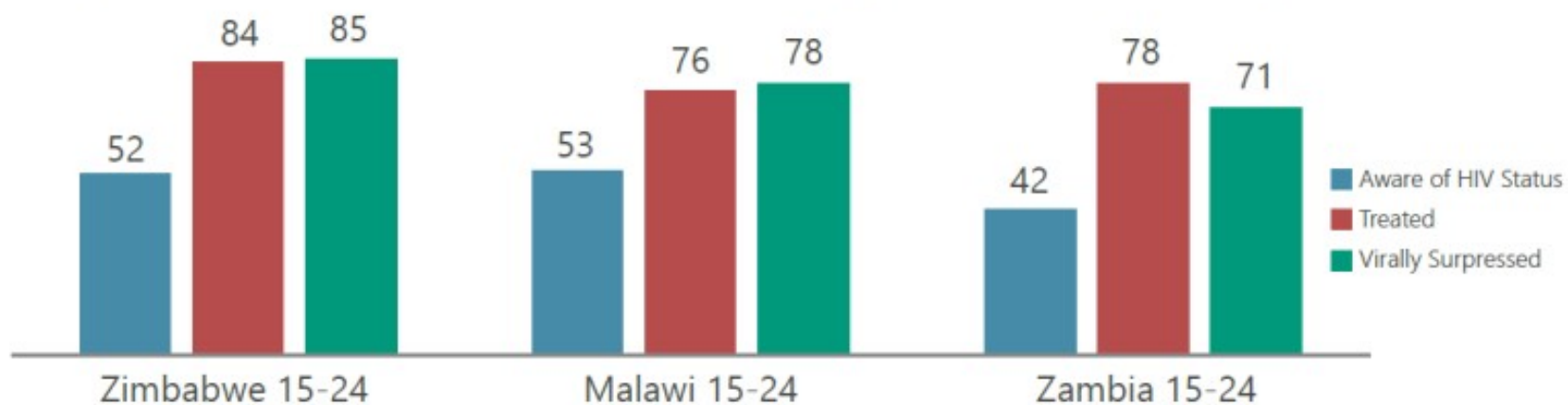


### Progress to 90/90/90 in Adults (%)



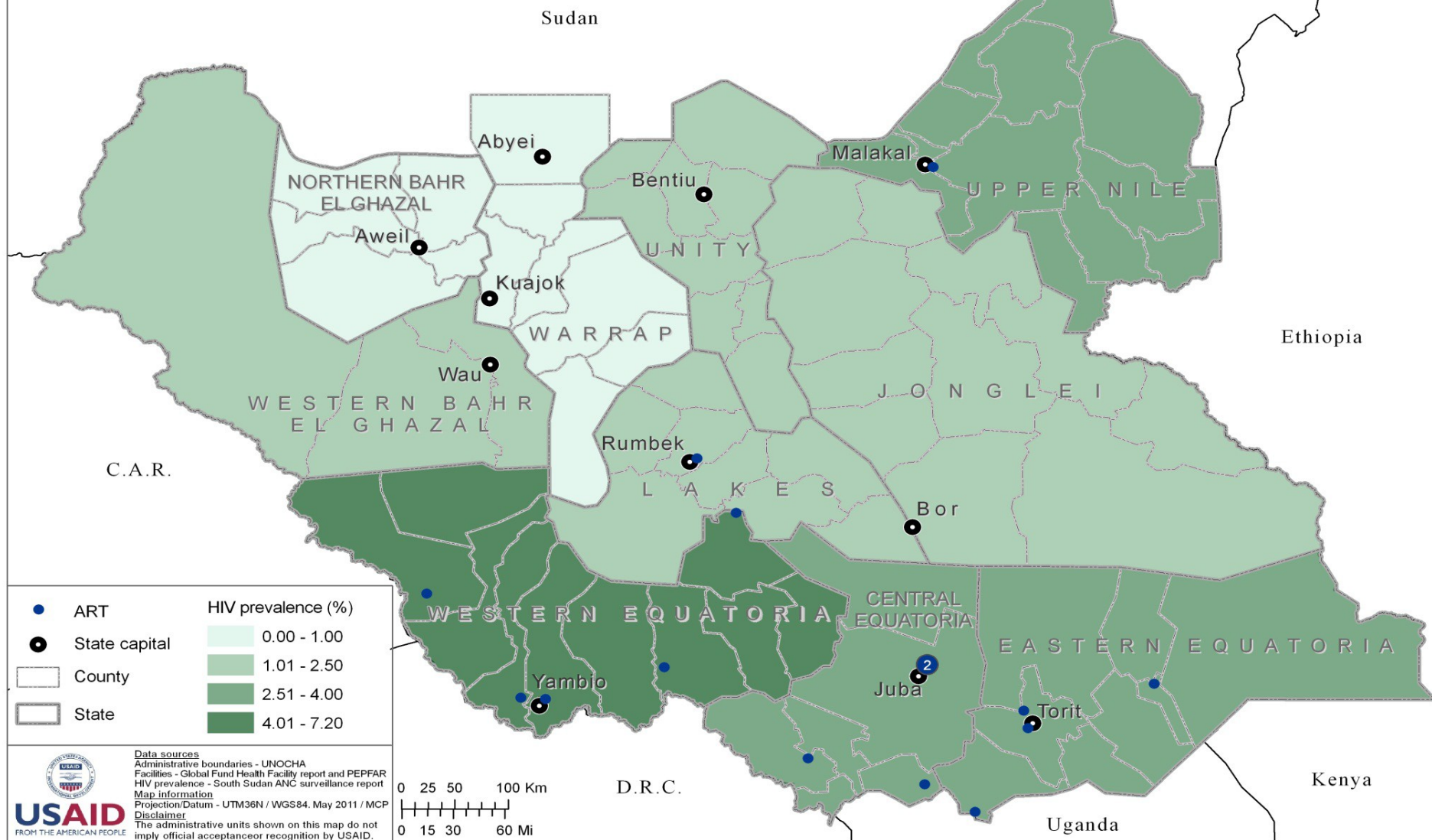
**The epidemic is becoming controlled in several key African countries**

### Progress to 90/90/90 in adolescents and young adults (15-24 years old) (%)

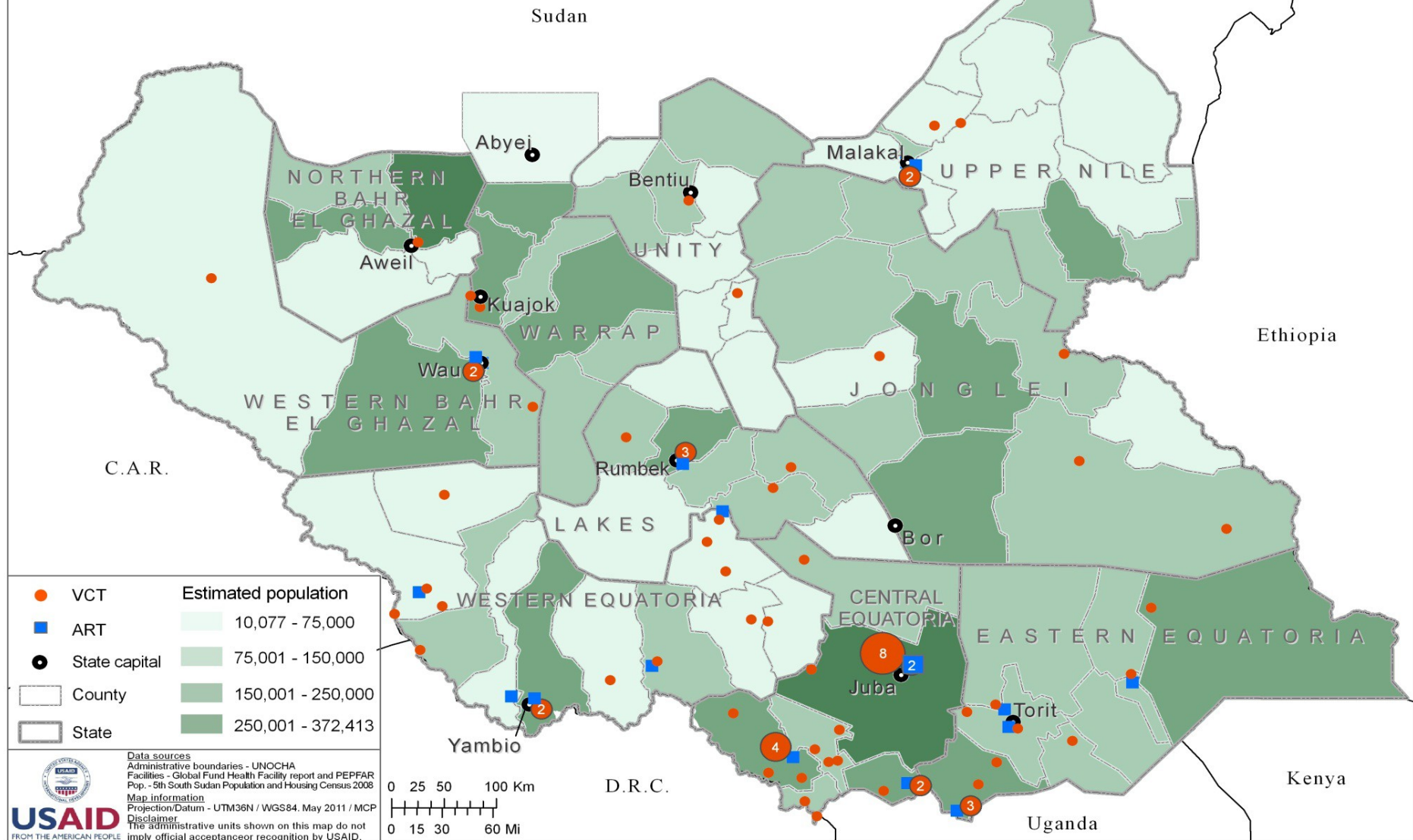




# HIV prevalence and ART availability in South Sudan



# ART and VCT availability in South Sudan



# PEPFAR PRIORITIES

**Continue to build upon** strategic geographical shifts (PIVOT)

DTG, TAF, DRV/r, optimal pediatric formulations

- **Prevent transmission to adolescents and young adults**
- **Improve testing coverage of HIV testing modalities**
- **Retain clients to achieve viral suppression**
- **Ensure access to high quality, sustainable HIV delivery systems**

# PEPFAR PRIORITIES

**Framework** for ending AIDS in children, adolescents and young women by 2020 - UNAIDS and PEPFAR

- **Start Free** - Elimination of new HIV infections by providing pregnant women with ARVs (Second 90)
- **Stay Free** - reduce number of new HIV infections in adolescents and young women by providing access to PrEP, education (DREAMS)
- **AIDS Free**

**Start free, Stay free, AIDS free**





# The President's Malaria Initiative

A young girl with dark skin and a joyful expression stands in front of a building. She is wearing a vibrant blue and pink patterned headwrap and a matching strapless dress with a bold geometric pattern. A small green beaded necklace is around her neck. She is leaning against a light-colored, textured wall. In the background, a building with a corrugated metal roof has several white mosquito nets hanging from it. The scene is set in a rural or semi-rural area with some debris visible on the ground.

**Alexis Leonard, USAID PMI  
GHSC Suppliers Summit  
Dubai Feb. 22, 2017**

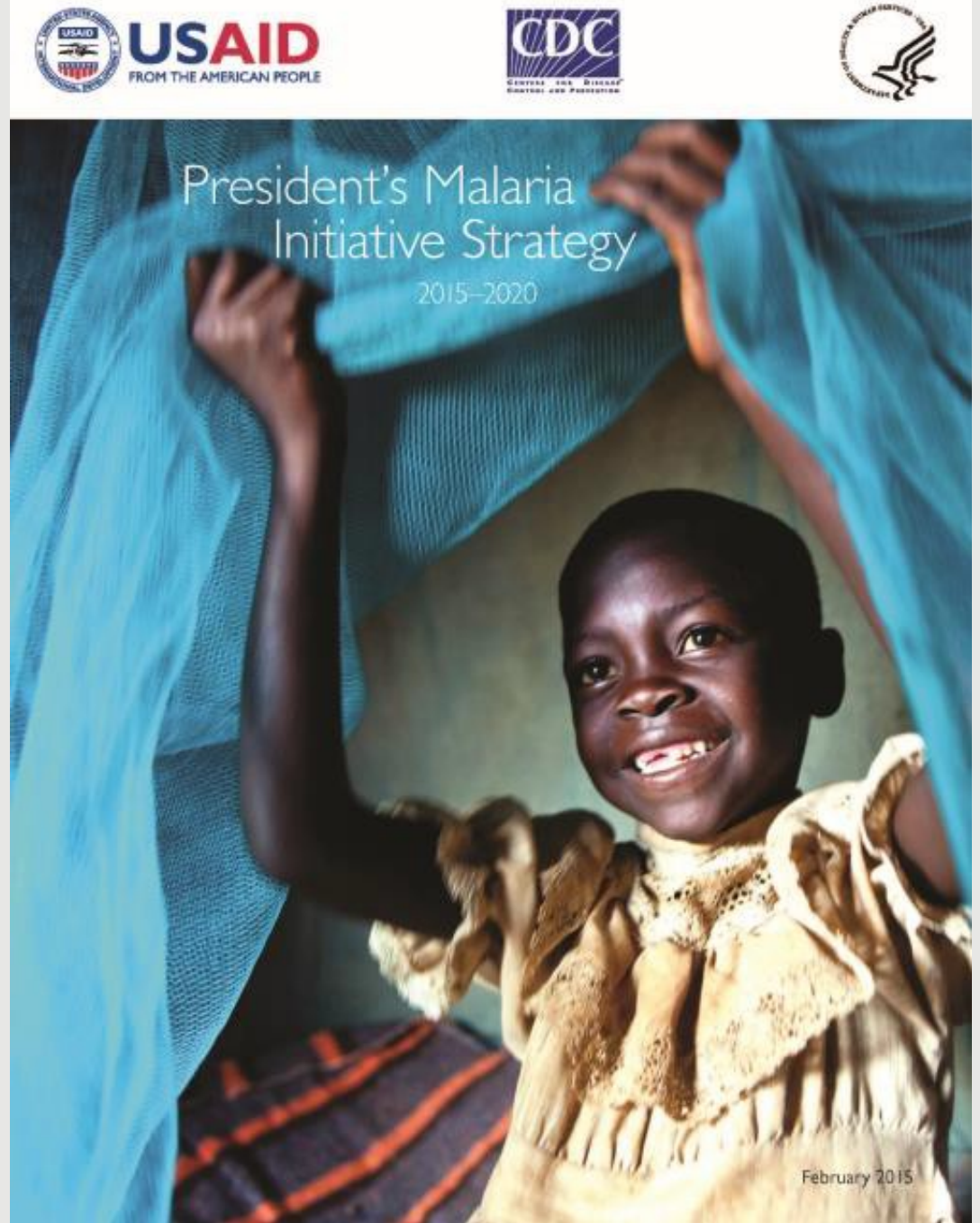
# PMI Strategy 2015 - 2020

## Vision

A world without malaria

## Goal

Work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity towards the long-term goal of elimination





# Objectives

1. Reduce malaria mortality by one-third from 2015 levels in PMI supported countries, achieving a greater than 80% reduction from PMI's original baseline levels
2. Reduce malaria morbidity in PMI supported countries by 40% from 2015 levels
3. Assist at least five PMI supported countries to meet the WHO criteria for national or sub-national pre-elimination

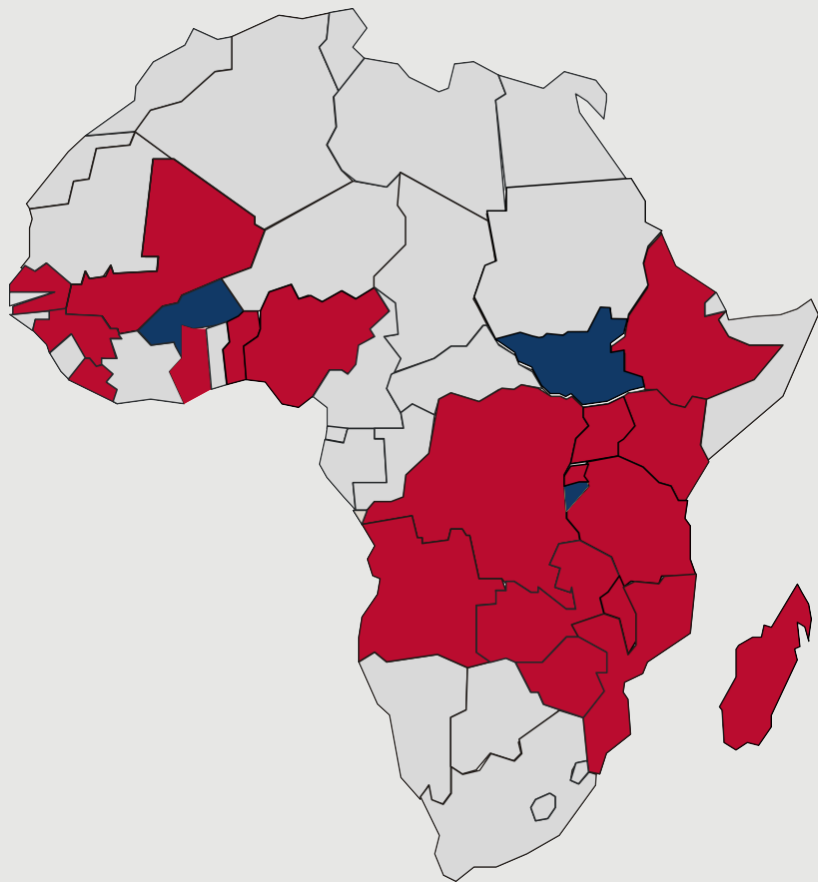
## Areas for Strategic Focus



1. Achieving and sustaining scale of proven interventions
2. Adapting to changing epidemiology and incorporating new tools
3. Improving country capacity to collect and use information
4. Mitigating risks against the current malaria control gains
5. Building capacity and health systems

# Current PMI Focus Countries/Programs

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Angola  
Benin  
DRC  
Ethiopia  
Ghana  
Guinea  
Kenya  
Liberia  
Madagascar  
Malawi

Mali  
Mozambique  
Nigeria  
Rwanda  
Senegal  
Tanzania  
Uganda  
Zambia  
Zimbabwe

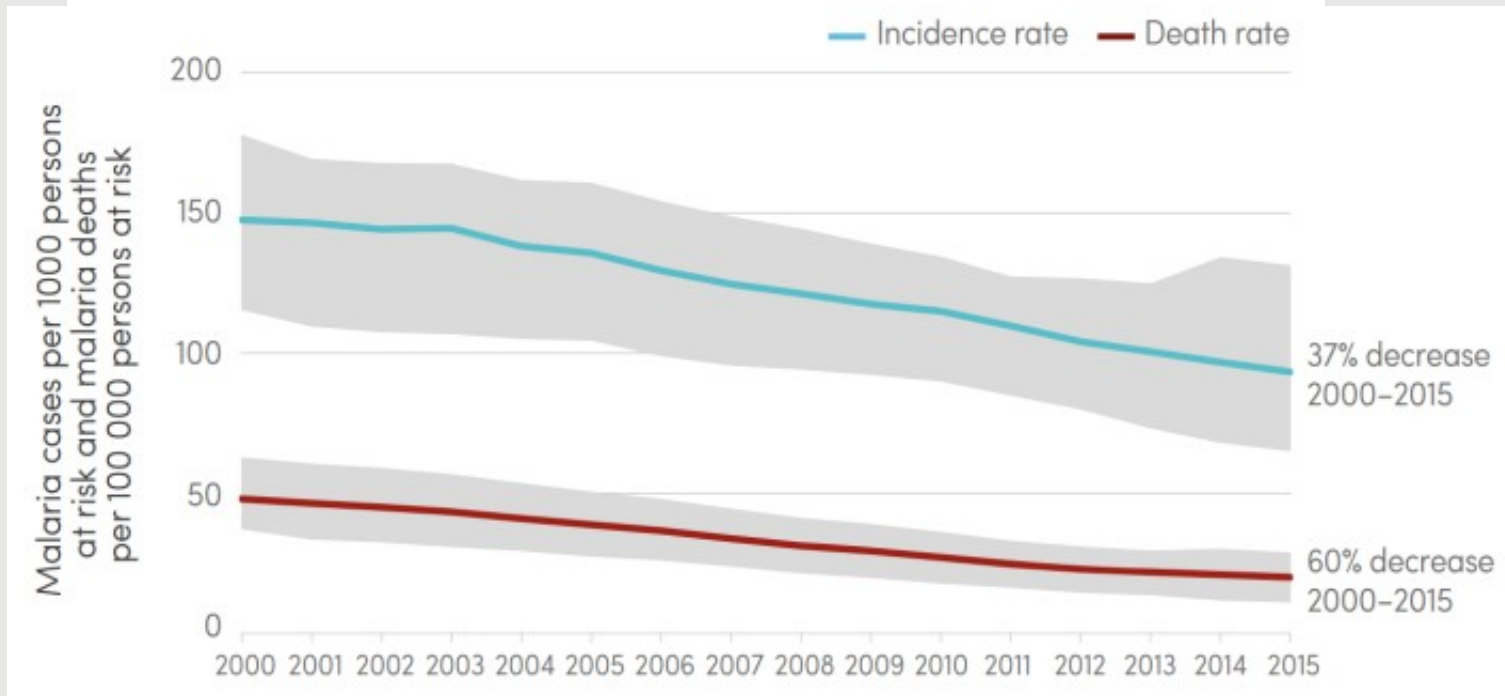
USAID Malaria Programs  
Burundi  
Burkina Faso  
South Sudan



Burma  
Cambodia  
Thailand/Regional

# PMI Contributing to Global Progress: Malaria MDG was Achieved

Estimated malaria case incidence and death rate globally, 2000-2015

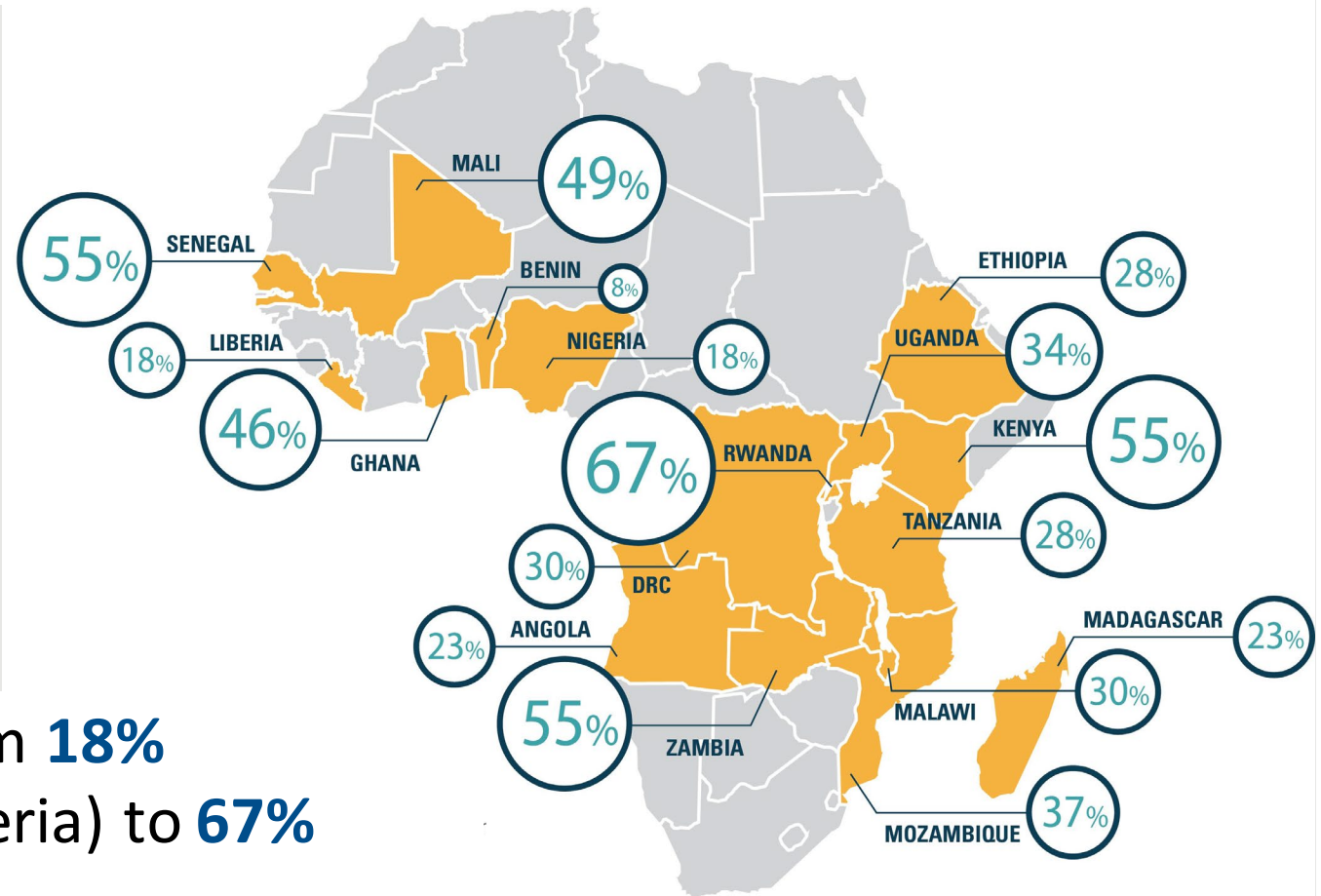


- WHO estimates that **6.2 million** malaria deaths were averted between 2001-2015
- Estimated malaria mortality fell by 60% worldwide (**66% in SSA**) in all ages and by 65% worldwide (**71% in SSA**) in children under 5 years of age

# PMI is Saving Children's Lives

All-cause mortality rates of children under the age of five have declined in 17 PMI focus countries

Declines range from **18%** (in Liberia and Nigeria) to **67%**



# Implementation Model Continues to Rely on Proven-Effective Interventions

**Insecticide-treated  
Mosquito Nets  
(ITNs)**



**Indoor Residual  
Spraying  
(IRS)**



**Rapid Diagnostic Tests (RDTs)  
& Artemisinin-based  
Combination Therapies (ACTs)**



**Intermittent Preventive  
Treatment for Pregnant  
Women  
(IPTp)**



**Seasonal Malaria  
Chemoprevention**



# Looking Forward

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- 3 billion people remain at risk from malaria
- Malaria remains major cause of disease, death and economic loss
- Achievement of PMI's 2020 goal, and the long-term vision of a malaria-free world will require strong partnerships across the USG and within the global malaria community
- PMI with its proven model of success remains ready to build on the decade of progress, continue to deliver results, and to tackle the real challenges ahead



## BY THE NUMBERS

### PMI Contributions to Date

**22** Countries in sub-Saharan Africa and the Greater Mekong Subregion have benefited from In PMI funding to prevent, treat and control malaria

**\$4.3** Billion



Procured life-saving commodities for PMI focus countries, including:



**197+**  
Million  
ITNs



**58+**  
million  
Preventive  
treatments for  
pregnant women



**376+**  
million  
Antimalarial  
treatments



**229+**  
million  
Rapid  
diagnostic  
tests

Improved capacity in PMI focus countries to collect and use information by supporting:



**190**

Insecticide resistance  
monitoring sites

**100+**

Therapeutic efficacy  
surveillance sites



**190**

Surveys to verify availability of  
malaria commodities at health  
facilities



**80**

Nationally representative  
household surveys to collect key  
malaria indicators

Partnered with



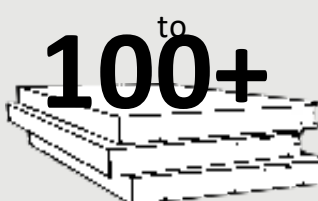
**200** +

local and international  
non profit organizations  
**Advanced the body of  
knowledge on malaria,  
publishing:**



**96**

operational research  
studies and contributing



**100+**

peer-reviewed publications

**130**

Entomological monitoring  
sites

### In 2015, PMI:

Procured **42+ million** ITNs,  
helping to protect all people  
at risk for malaria

Procured **57+ million**  
antimalarial treatments and  
**54+ million** rapid  
diagnostic tests  
Procured **21+ million**  
preventive treatments for  
pregnant women  
Supported the spraying of  
**4+ million** houses with  
insecticides, protecting **16+**  
**million** people

**Built capacity by supporting the  
training of:**

**36,917**

IRS spray personnel

**31,770**

health workers in IPTp

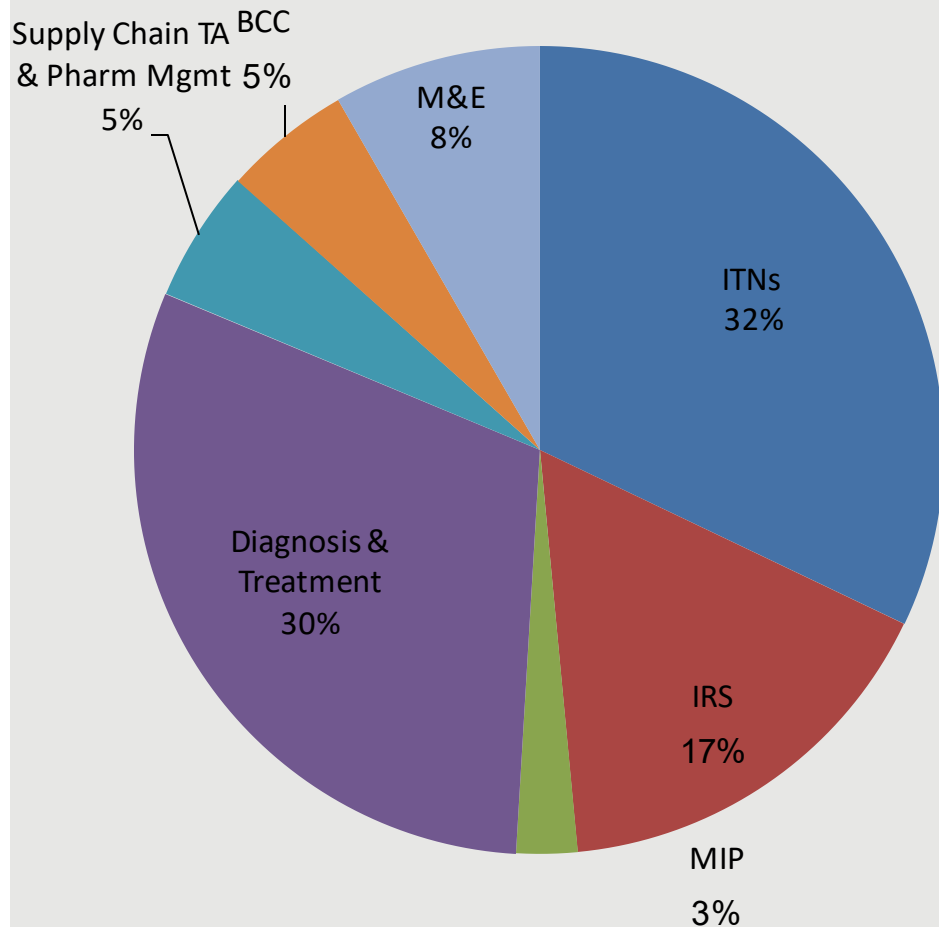
**54,150**

health workers in malaria  
diagnostic testing

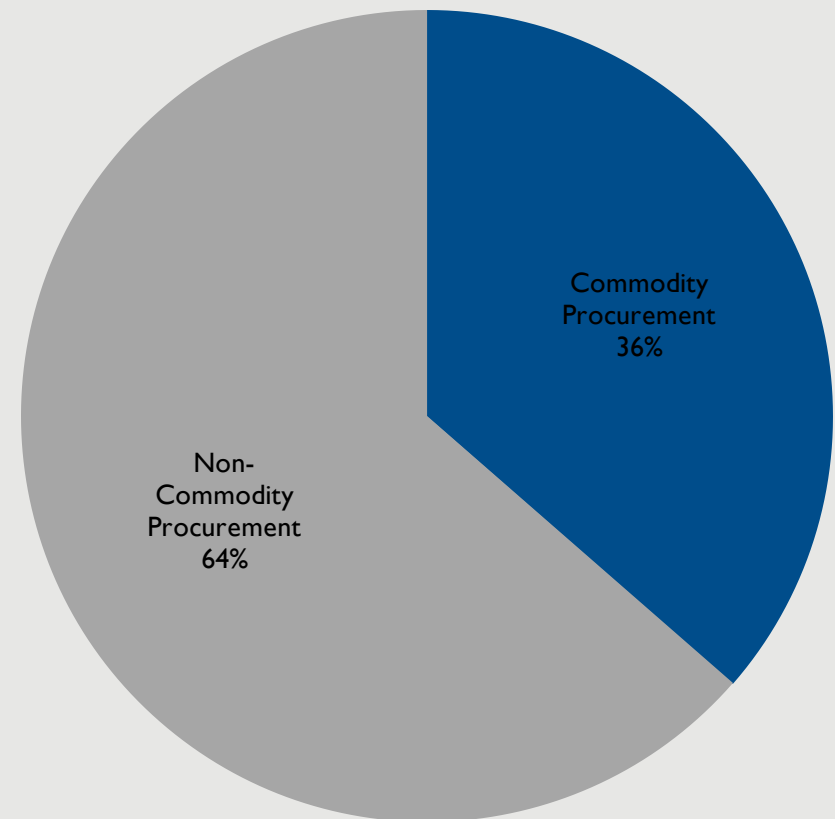


# FY2016 PMI Country Budget Breakdown

## FY2016 Budget by Program Area



## FY2016 Budget by Commodity Procurement & Non-Commodity Procurement\*



\*Commodity Procurement refers to all non-IRS commodities. Non-Commodity Procurement includes IRS commodities

# **PMI Malaria Operational Plan (MOP)**

- MOPs
  - Detailed one-year implementation plans for PMI focus countries
  - Reviews the current status of malaria control and prevention policies and interventions, identifies challenges and unmet needs to achieve PMI goals, and provides a description of planned PMI-funded activities
  - Goes through collaborative process with partners and NMCPs, a rigorous technical review and is endorsed by the U.S. Global Malaria Coordinator
- Components:
  - Narrative and commodity gap analyses
  - Table 1 - Budget Breakdown by Mechanism, Table 2 - Budget Breakdown by Activity
  - Revised Table 2: after reprogramming request has been approved and budget has been revised
- <https://www.pmi.gov>

# PMI MOP Process Timeline

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*(Example using the FY2017 MOP)*

- **Nov. '15- Jan. '16:** PMI HQ revised FY17 MOP guidance
- **Feb.-June '16:** FY17 MOP visits (writing the MOP)
- **April-August '16:** FY17 MOP review at HQ
- **October '16:** IAG meeting & MOPs approved (posted online by Nov.)
- **Feb.-June '17:** (During FY18 MOP trip) reprogram FY17 MOP (Table 2's posted on-line)
  - Add/remove activities
  - Change activities: implementing partner, budget or scope
  - Program additional funding
- **May-July '17:** Start placing commodity orders in FY17 MOP
- **Sept. '17 onwards:** FY17 funding available
- **October 1, 2017-Sept. 30, 2018:** Implement activities in FY17 MOP

***This process occurs over 3 years for one MOP. Therefore we are working on 3+ MOPs at a time.***

## Key Malaria Commodities

- ACTs
- RDTs
- LLINs
- SP
- LLINs
- Severe Malaria Meds
- SMC Meds

# Priorities

- Sustainable/affordable pricing
- Quality
- Availability
- Timeliness
- Innovation
- Flexibility
- Shelf-life
- Diversity
- Forecasting
- Collaboration
- Diversion/sub-standard/ sub-standard



# USAID's Population Reproductive Health— Commodity Security & Logistics Division & The Global Health Supply Chain Program

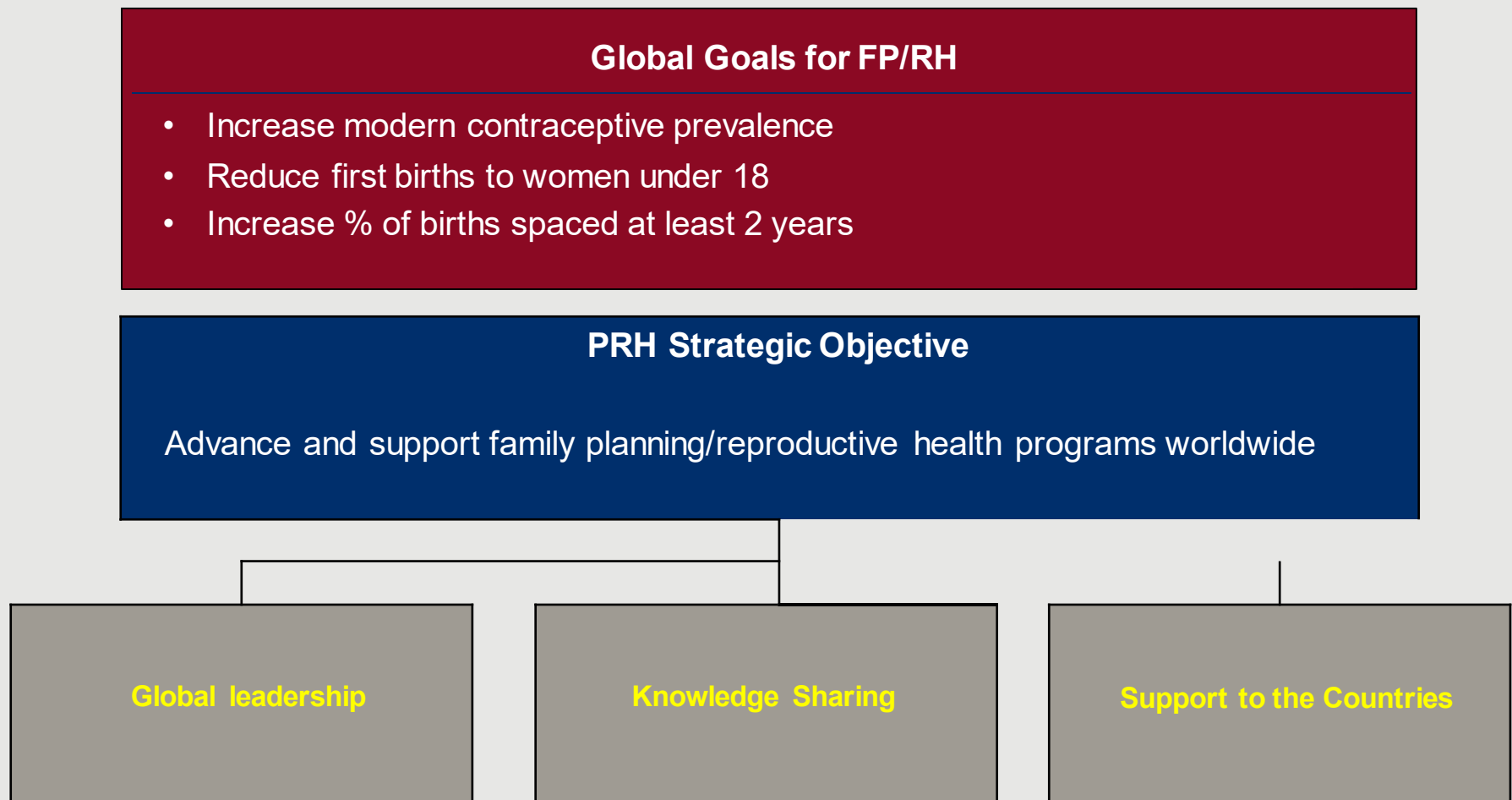
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John Vivalo, Team Lead, Central Contraceptive Procurement  
and COR Task Order 3

# Presentation Outline

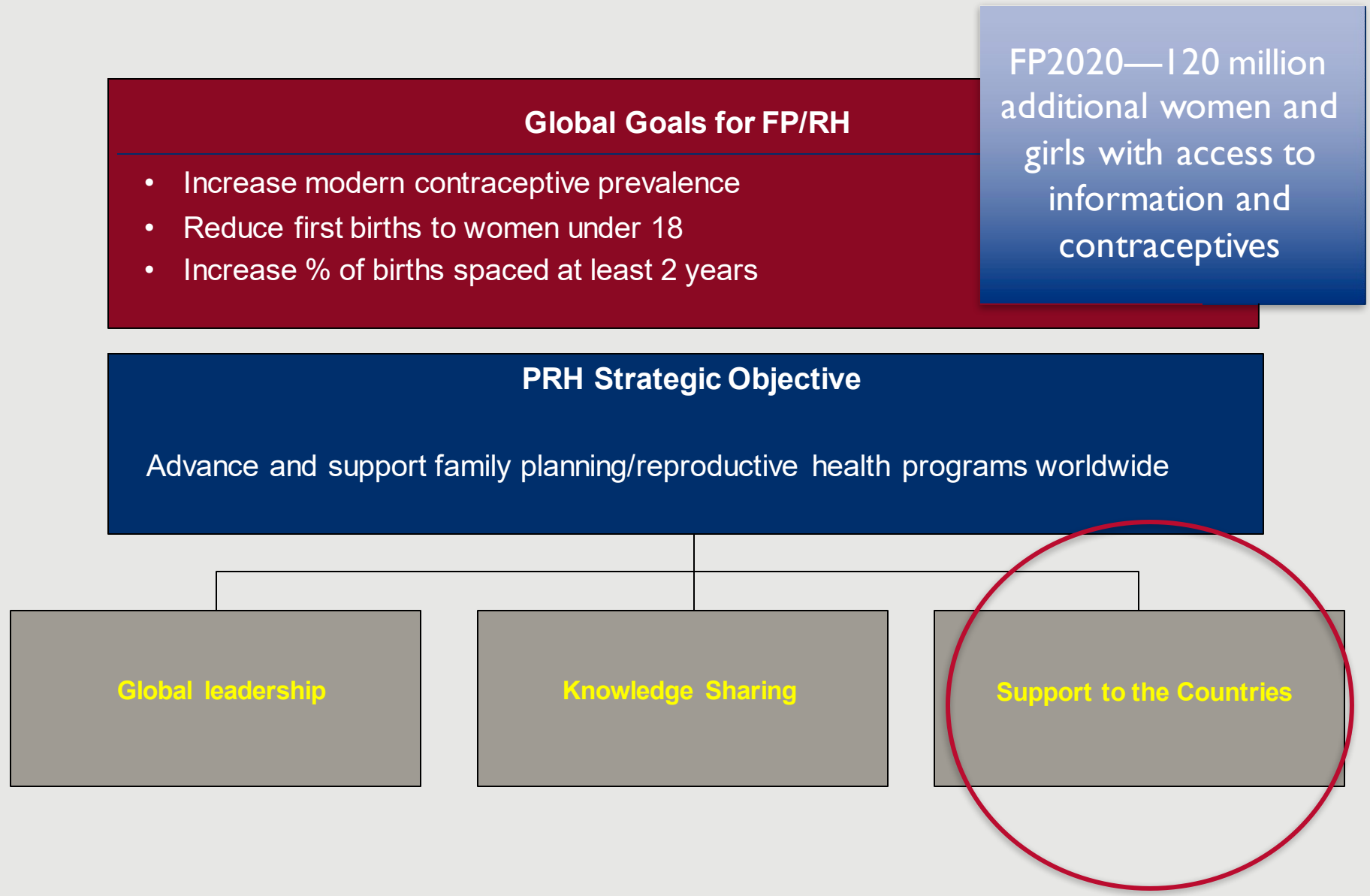
- Population and Reproductive Health (PRH) objective
- PSM expectations
- Key commodities
- Vendor engagement

# USAID/PRH Strategic Framework





# USAID/PRH Strategic Framework



## **Commodity Security Logistics Division**

### **Our Mission**

Ensure for clients the long-term availability of high quality family planning and other health commodities through public and private services.

## **CSL Principal Functions**

**Operate a Global Supply Chain:** end-to-end operations, from forecasting to order/demand management, financing, quality assurance, purchasing, inventory management, shipping, data visibility, accountability and reporting

### **Strengthen Country Supply Chain**

**Systems:** assessment and assistance, from policies to financing, system design, system tools, organizations, staff skills, data visibility, performance metrics, leadership and learning

**Leadership and Collaboration:** strategic initiatives, from stakeholder engagement to coordination, developing common platforms, making deals, data visibility, information sharing and increased inter-operability in operations

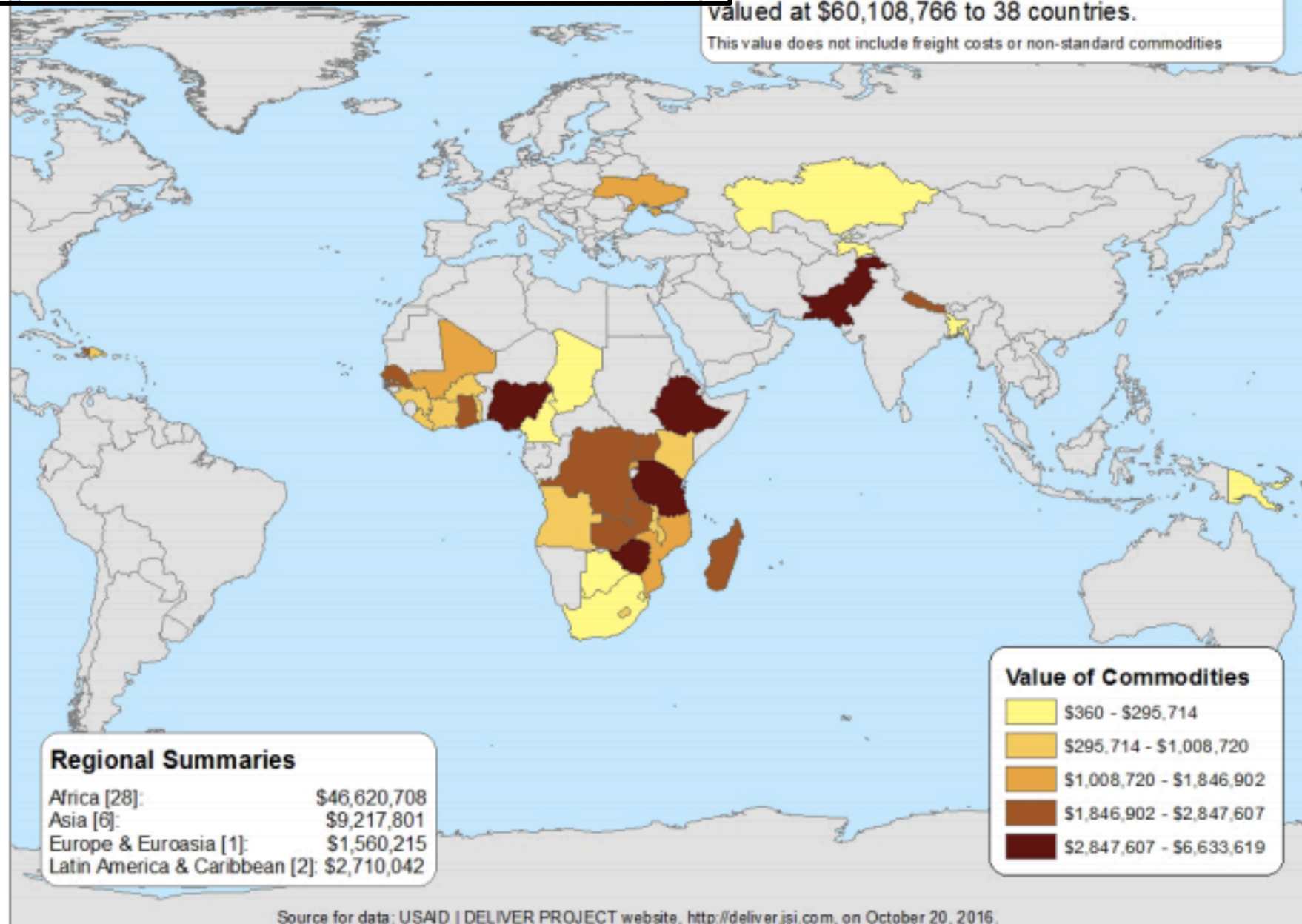
## **CSL Principal Functions**

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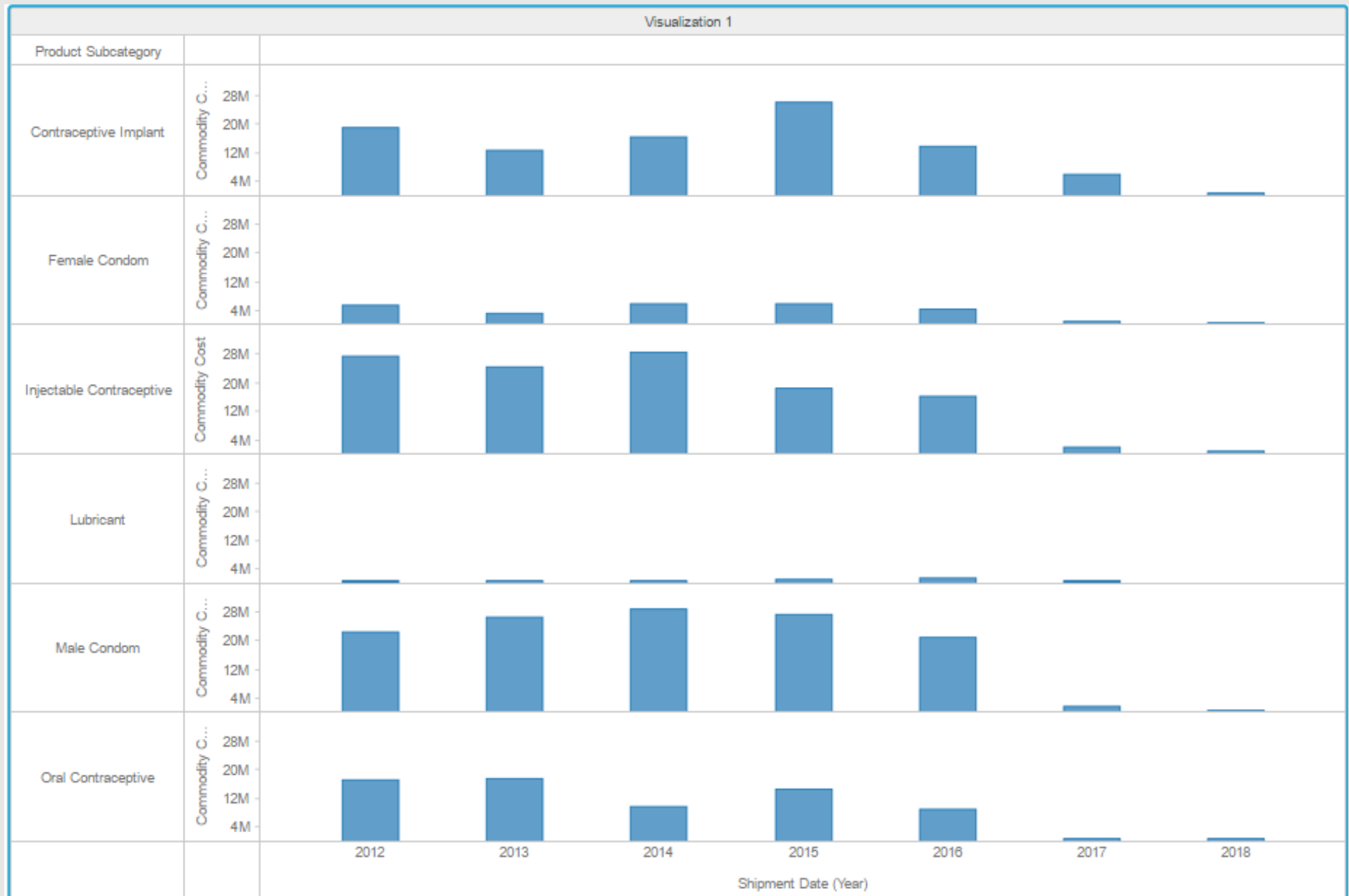
## Value of commodities shipped in FY16

From 1 October 2015 to 30 September 2016  
Task Order 5 shipped condoms and contraceptives  
valued at \$60,108,766 to 38 countries.

This value does not include freight costs or non-standard commodities



# Spend by product category



# PRH Countries—31 priority countries

PRH Priority Countries	
Afghanistan	Mali
Bangladesh	Mauritania
Benin	Mozambique
Burkina Faso	Nepal
Côte d'Ivoire	Niger
DR Congo	Nigeria
Ethiopia	Pakistan
Ghana	Phillipines
Guinea	Rwanda
Haiti	Senegal
India	South Sudan
Kenya	Tanzania
Liberia	Togo
Madagascar	Uganda
Malawi	Yemen
	Zambia

<u>Graduated Countries</u>		
DR	Honduras	Paraguay
Ecuador	Indonesia	Peru
Egypt	Jamaica	Russia
El Salvador	Nicaragua	South Africa

<u>Other Assisted Countries</u>	
Angola	Timor Leste
Cambodia	Ukraine
Timor Leste	Zimbabwe

# Expectations of GHSC-PSM



## Objective 1: Global Supply Chain

- *Health Commodity Procurement*
- *Logistics*
- *Health Commodity Quality Assurance*
- *Data Visibility*



## Objective 2: Supply Chain Systems Strengthening

- *Strategic Planning*
- *In-country Warehousing and Logistics*
- *Capacity Building*
- *Enabling Environments*



## Objective 3: Strategic Engagement

- *Global Collaboration*
- *Market Dynamics*
- *Knowledge Management and Communication*
- *Advocacy*

# Expectations of GHSC-PSM



## Objective 1: Global Supply Chain

- *Health Commodity Procurement*
- *Logistics*
- *Health Commodity Quality Assurance*
- *Data Visibility*

- Build open and constructive relations with suppliers
- Establish reliable forecasting approaches
- Ensure timely issuance of well planned orders
- Deliver on time, minimize errors through systems integration
- Efficiencies to minimize lead times
- Seamless integration between PSM and QA
- End to end visibility of products



# PRH Commodities

- **Oral contraceptives**
  - Combined Oral Contraceptives
  - Emergency oral contraceptives
  - Progestin only pills
- **Injectable contraceptives**
  - Intramuscular (IM)
  - Subcutaneous (SC)
- **Implants**
  - One rod
  - Two rod
- **Condoms**
  - Male condoms
  - Female condoms
  - Lubricants
- **Intrauterine devices**
  - Copper-bearing intrauterine devices
  - Hormone-releasing intrauterine devices
- **Fertility awareness-based methods**

# Vendor engagement

- Quality
- Registration
- GSI
- Capacity
- Forecasting
- Secure supply chain



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# **MNCH Commodities**

Noah Kafumbe

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**GHSC-PSM Vendor Summit**

**Ending Preventable Child and Maternal Death (EPCMD)**



# LIVES SAVED OF CHILDREN UNDER 5

In 2008, an estimated 7.5 million children under-5 and 350,000 women died from preventable causes. In 2016, due to the collective efforts of country governments, civil society, academia, and donors like USAID, 1.6 million more children survived than would have in 2008 – and 1.1 million of those lives saved were in USAID's priority countries. In USAID's priority countries, more than 70,000 women survived in 2016 that would have died in 2008.

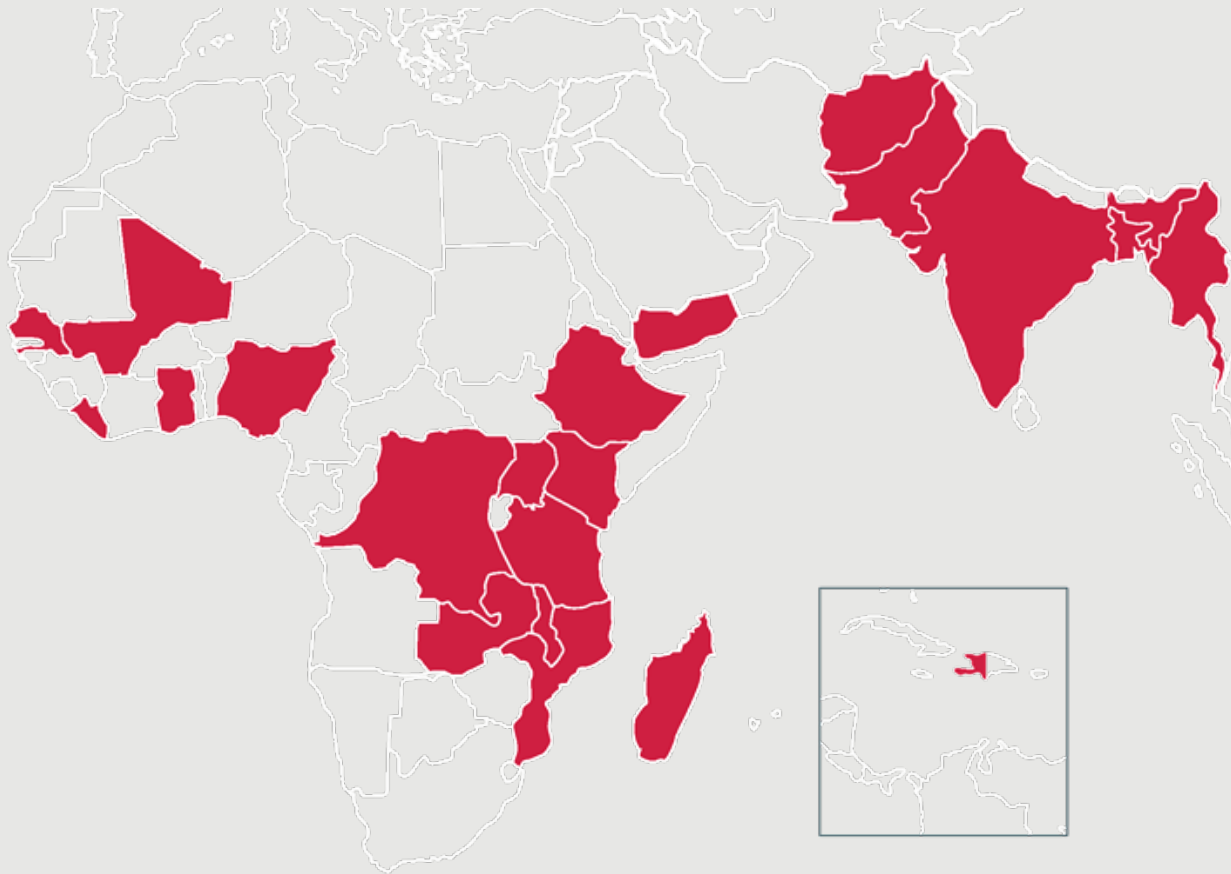
There is still much more work to end preventable child and maternal deaths within our generation, but we know what to do. In fact, we are saving more and more lives each year.

By continuing to target investments on the highest impact interventions, as laid out in the Acting on the Call reports, we can save more than 15 million children and 600,000 women by 2020.



**USAID**  
FROM THE AMERICAN PEOPLE

# 25 PRIORITY EPCMD COUNTRIES



Afghanistan  
Bangladesh  
Burma  
DRC  
Ethiopia  
Ghana  
Haiti  
India  
Indonesia  
Kenya  
Liberia  
Madagascar  
Malawi  
Mali  
Mozambique  
Nepal  
Nigeria  
Pakistan  
Rwanda  
Senegal  
South Sudan  
Uganda  
Tanzania  
Yemen  
Zambia





# HOW WE ARE ACHIEVING RESULTS

## — KEY MCH COMMODITIES

We know the major causes of mortality in women and children, and we have aligned our investments to target where they will have the biggest impact and save the most lives.

We are focusing on high impact interventions that both help prevent illness, like family planning and nutrition, as well as those that target the leading killers of women and children.



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## Why we focus on EPCMD?

**Maternal  
Health**

There are **303,000** maternal deaths annually

**Child  
Health**

There are **5.9 million** under-five deaths annually



# Key MNCH Commodities

- The UN Commission on Life-Saving Commodities for Women and Children identified critical MNCH commodities:

**Maternal: Oxytocin, Magnesium Sulfate, Misoprostol**

**Child: Amoxicillin-DT, ORS, Zinc**

**Newborn: Injectable gentamicin, Chlorhexidine, Newborn resuscitation devices**

**Our Focus:** Increase access, availability, affordability and appropriate use of quality assured, MNCH commodities to decrease morbidity and mortality of women, newborns and children in the 25 USAID priority countries.



# MNCH Commodities- Preferences

- **Formulation guidelines:**
  - Amoxicillin Dispersible Tablets (DT) (although some countries still request suspension)
  - Oxytocin 10 IU (not 5 IU)
  - Magnesium Sulfate 50% solution (5 gms in 10 ml)
  - “New” WHO newborn sepsis treatment guidelines for resource-limited settings: injectable gentamicin/oral amoxicillin

# Engaging Vendors

## USAID...

- Does not intend to procure large quantities of MNCH commodities
- Provides technical assistance to governments to encourage procurements of sufficient quantity and quality
- Supports **quality** commodities, particularly through WHO prequalification process
- Works to connect manufacturers/vendors of quality assured/PQ'd commodities to governments

# Other Factors

- Registration in countries is important.
- Harmonization of drug regulation is underway including joint dossier assessment (e.g., East Africa Regional Harmonization)
- Key medicines are not always available- **can you help?**
- Private sector procurement is substantial, especially for child health commodities
- USAID is exploring prioritizing sourcing from SRA and WHO pre-qualified sources for MNCH priority products.

The end.