

Situational Report on COVID-19 – November 2020

Additions and modifications highlighted in yellow

Situation Overview

Due to the rapid global spread of COVID-19, cities and countries around the world implemented restrictions on transportation and workplaces to contain the virus. GHSC-PSM is continuously gathering information on this dynamic situation and is working with internal teams, country leadership, USAID and global stakeholders to mitigate supply chain risks. During the first quarter of 2020, particular attention was focused on monitoring the impacts on China as the source of supply for the raw and intermediate materials and finished pharmaceutical products (FPP) used by health programs around the world.

After March 2020, when the pandemic was declared and COVID-19 cases started to rise globally, attention shifted to India and Europe as well. Constrained availability of active pharmaceutical ingredients (APIs) and key starting materials (KSMs,) shortages of packaging material, reduced passenger flights, as well as backlogs at quality assurance (QA) facilities, seaports, airports, and land borders in origin and destination countries started to affect the market and cause delays. HIV/AIDS and malaria suppliers in India decreased their production capacity due to reductions in the workforce.

Manufacturing and logistics services continue to face cost hikes due to rising global demand. Additionally, some manufacturers have shifted production from routine products to pandemic-related personal protective equipment (PPE), diagnostic tests, and pharmaceuticals, which is restricting their capacity for routine production. India and China are also facing significant container shortages due to decreased flow of goods.

As of **November 10, 2020**, manufacturing and logistics were improving in China, Europe, and India, but remained constrained due to localized lockdowns and workforce reductions to minimize exposure. COVID-19 cases in India are increasing, but production capacity is ranging 40 percent to 75 percent.

However, production of **voluntary medical male circumcision (VMMC) kits and TB Preventive Treatment (TPT) have been affected by decreased manufacturing capacity and API shortages in India. Cyberattacks affected ocean freight and caused some booking issues and delays, particularly out of India. Flights are open for re-patriation but not necessarily for cargo. Airlines are working to meet country-specific government regulations on cargo and passengers as operations must adhere to COVID-19 guidelines, especially around international passenger flights.**

Five generic pharmaceutical manufacturers have reportedly reached a licensing agreement to make the antiviral drug remdesivir for 127 countries in response to COVID-19. This deal is “royalty-free” until the World Health Organization (WHO) declares that COVID-19 no longer a global outbreak.

Maintaining Routine Supply

In response to the impact of COVID-19 on procurement and supply mechanisms, GHSC-PSM took/is taking the following actions to support our in-country partners:

- Obtaining regular updates (daily or as needed) from suppliers and logistics contractors to inform responses to mitigate impact.
- Evaluating the best options for shipping, including ocean, air, land, and alternative routes to best respond to changing freight capacity and country needs.
- Working with Missions to finalize high-priority commodity orders as early as possible to ensure the central medical stores are replenished as product continues to move downstream.
- Due to logistics constraints at origin and destination, the project delivered two shipments of HIV/AIDS and malaria supplies to Nigeria via charter flights in May. For the first time in project history, the charter from India included cargo from two task orders, for HIV/AIDS and malaria.
- Expedited shipments that had not yet obtained waivers to destination countries where possible and pre-position cargo at destination as quickly as possible on available flights or by ocean.
- Re-allocated orders among suppliers as needed and as feasible, based on factors including manufacturing capacity, availability of key inputs such as active pharmaceutical ingredients and packaging materials.
- Issued early release of distribution orders (DOs) from the RDC to mitigate extended shipping delays.
- Due to increasing global demand for sulfadoxine-pyramethamine + amodiaquine (SPAQ) for seasonal malaria chemoprevention (SMC) campaigns, the project issued orders in June 2020 for all commodities needed for fiscal year 2021 SMC campaigns and reserved goods availability dates for these commodities from August through October 2020.
- Closed a malaria rapid diagnostic test (mRDT) request for proposals (RFP) bid in June to help mitigate manufacturing capacity constraints caused by COVID-19. The tender aimed to fulfill GHSC-PSM's remaining mRDT demand for CY 2020, and to maximize use of available supplier capacity and provide suppliers with the opportunity to offer sustainable pricing considering existing supply constraints
- Reviewed and prequalified nine new malaria pharmaceutical, mRDT and long-lasting insecticide treated net (LLIN)/ products to expand the project's malaria commodity supplier pool and to allow for greater flexibility and access to commodities amid COVID-19 constraints.

Strategic Planning

The project:

- Is reviewing supply plan and inventory data and conducting prioritization exercises across task orders and across procurers to ensure that the most urgent need is met (across products and countries).
- Introduced commodity and supplier risk profiles to systematically assess risk across all task orders for health commodities considered of high programmatic importance. The risk profiles, which combine commodity-specific procurement data analysis with qualitative supplier intelligence, are intended to inform short- to medium-term sourcing and allocation strategies.
- Is assessing capacity for modification to countries' shelf life requirements.
- Is preordering and building stockpiles of key commodities.
- Is securing storage space for expedited routine supplies and for COVID-19 commodities by encouraging countries to:
 - Move commodities as close to service delivery points as possible
 - Explore opportunities for supplementary storage (e.g., private warehouses, containers)

Technical Assistance

- In collaboration with the GHSC Francophone Task Order, the project updated the Emergency Supply Chain Playbook to include COVID-19 resources and conducted two webinars to share the resources with internal and global audiences.

- Developed a suite of [job aids and resources](#) to assist countries in their COVID-19 response.
- Developed guidelines and recommendations that in-country decision makers can use to support post-COVID-19 recovery efforts at the last mile. Recommendations focus on supply chain recovery efforts, including inventory placement strategies, post-event inventory balancing at the last mile, risk mitigation strategies to protect programmatic elements, and reducing downtime to ensure positive patient outcomes.
- On April 30, 2020, the project presented during an Office of HIV/AIDS (OHA) webinar for USAID Missions and PEPFAR implementing partners (IPs) on solutions for lab sampling during COVID-19. Theo Faruna, the Nigeria Lab & Logistics Director, presented on the National Integrated Specimen Referral Network (NISRN) and how GHSC-PSM is coordinating with laboratories and clinical IPs in Nigeria to ensure that samples are picked up and delivered to labs in a timely manner.
- Launched an “Maternal, Newborn and Child Health (MNCH) in the Time of COVID-19” discussion series with country offices, conducted via phone calls and others virtual mediums. The series shared critical MNCH supply chain information to ensure that MNCH commodity levels are maintained despite the impact of COVID-19. The project held a forecasting and supply planning (FASP)-focused session on June 22, where participants from 15 GHSC-PSM country offices and technical experts from the home office shared [MNCH trends and observations related to COVID-19](#), as well as COVID-19 impact mitigation strategies. A summary of that information is [available in this newly developed two-pager](#).
- Developed tools and guidance to help countries respond to PEPFAR guidance for accelerating ART multi-month dispensing while considering COVID-19. GHSC-PSM created the Multi-Month Simulation (MuMS) tool to answer a simple question: based on current supply plans, does the country have sufficient stock to provide 3 or 6 months of supply to every ART patient? All GHSC-PSM country offices and non-country office countries received access to MuMS as a tool to enable in-country, data-driven conversations between supply chain and clinical partners about the feasibility of accelerating an immediate transition to 3- or 6-month scripting of ARVs as recommended by PEPFAR to reduce COVID-19 exposure among ART patients.
- In June 2020, PEPFAR organized a virtual webinar on *HIV Commodity Availability in Light of COVID-19*, bringing together more than 100 participants from supply chain and clinical spheres. During the webinar, GHSC-PSM presented on the upstream and downstream impact of COVID-19 on HIV commodity supply and highlighted key measures the project has taken thus far to mitigate supply disruptions. GHSC-PSM closed with recommendations for clinical and supply chain partners to work collaboratively to monitor ARV stock availability and scale MMD effectively in the context of the pandemic.
- The project typically sends HQ-based staff from the US to provide in-person, hands-on support for a variety of in-country activities. Due to travel restrictions and safety precautions, the project converted a number of these short-term technical assistance (STTA) activities to virtual platforms to ensure that programs continue to operate and move forward to meet their expected milestones. Activities have included:
 - Trainings on FASP principles and PipeLine
 - Botswana MIS research, implementation, roll-out, transition and evaluation activities; National assessment and modeling of District Health Management Team (DHMT) warehouses and health facilities, and production of evidence for potential upgrades
 - Burma: Supply planning for malaria commodities
 - Burundi: updating the lab national strategic plan
 - Cameroon: quantification of malaria commodities shifted to Quantimed training
 - Central Asia: training on forecasting and supply planning principles and tools; FASP warehouse optimization
 - Haiti: quantification of lab commodities (completed). Review Global Fund HIV quantification (ongoing); development of expiry/donation tool and stock visibility dashboard
 - eSwatini: HIV/AIDS QuanTB training (completed); ForeLab Plus pilot implementation (completed) HIV/AIDS quantification exercise support
 - Ethiopia: Inventory analytics to understand cubic volume flow through the supply chain, and recommendations for adjusting distribution strategies to facilities
 - Francophone TO: SPA tool training
 - Ghana: Remote support for an activity-based costing exercise and lab quantification

- Lesotho: Remote installation of the TransIT transport monitoring application
- Liberia: HIV/AIDS, malaria, and lab quantification exercises
- Malawi: Quantification of lab commodities; ForeLab Plus pilot implementation (planned); Opti-Dx tool pilot implementation
- Nigeria: Sample referral network support
- Sierra Leone: Quantification review for malaria commodities
- South Sudan: Quantification exercises
- Thailand and Laos (RDMA), Cambodia, and Indonesia: Supply plan training and supply planning
- Uganda: Opti-Dx tool pilot implementation; support to JMS on mapping master data to GSI standards in support of impending Radley automatic identification and data capture (AIDC) implementation; RF Receiving Application installation
- Zambia: Remote installation of the TransIT application; working with stakeholders to develop requirements for a national drug registry
- Zimbabwe: Seasonality analysis for malaria orders

Collaboration

The project is coordinating with global donors and stakeholders to develop innovative means for responding to supply chain interruptions. Activities include:

- Participating in the Global Logistics Continuity Working Group (led by the Logistics Cluster, World Food Program) on a global logistics network for humanitarian goods. This may create options for moving global health products if commercial freight is not available.
- In collaboration with GHSC-QA, providing QA support to COVID-19-related activities.
- Participating on three task forces that support the WHO-convened COVID-19 Work Stream 3 on malaria commodities. These task forces include participants from USAID/PMI, the Global Fund, WHO, UNICEF, the Clinton Health Access Initiative (CHAI), the Gates Foundation, Médecins Sans Frontières (MSF), Medicines for Malaria Venture (MMV) and other parties to assess and coordinate actions to mitigate impact of COVID-19 on malaria commodities. The task forces include:
 - A malaria rapid diagnostic test (RDT) task force for COVID-19, based on the existing malaria RDT Procurement Taskforce
 - A task force on malaria medicines
 - A task force on indoor residual spraying (IRS) and LLINs based on the work that the Alliance for Malaria Prevention is spearheading.
- The Global Malaria RDT Procurement Task Force hosted a virtual Malaria RDT Supplier Summit to inform all current and potential suppliers of the recent mRDT policy and market developments, to understand the impact of COVID-19 on mRDT suppliers, and to share the planned collaborative approach aimed at maximizing and prioritizing the use of available mRDT production capacity through the end of CY 2020. The project hosted and presented during the summit.
- Presented to UNICEF and the Maternal Health Supplies Caucus (MHSC) in May on observations of the global supply of maternal, newborn and child health (MNCH) commodities and impacts on in-country MNCH supply chains. [The presentation](#) was shared broadly in the Reproductive Health Supplies Coalition newsletter, "Supply Insider." As a result of these conversations, UNICEF and the MHSC committed to increase coordination through joint meetings to monitor the impact of COVID-19. GHSC-PSM will participate and contribute to actions to mitigate impacts where possible.
- Participated regularly in FP/RH fora to discuss the potential impact of COVID-19 with key stakeholders, including with the Consensus Planning Group (CPG), in collaboration with UNFPA, to identify and address potential disruptions along the supply chain.
- Coordinating with the Global Fund on QA activities for malaria products. Representatives from both teams discuss QA/QC activities to mitigate COVID-19 restrictions, out-of-specification investigations, and other shared experiences.

Policy

The project is coordinating with USAID, global stakeholders, and national governments to implement flexible policies that maintain critical health supply chains.

Contracts

The project's actions to maintain routine supply include:

- Shifted to spot-bidding with logistics providers to be more competitive in obtaining cargo space, due to reduced air and ocean capacity in China, Europe, and India.
- Obtained pre-approval for some ocean shipments to be able to respond quickly when costs changed.
- Sought relaxed USAID rules for securing charter flights.
- Requesting product registration waivers until new suppliers can get their products registered.

Governance

The project's actions to mitigate supply chain disruptions include:

- Encouraging countries to assign essential services classifications to health supply chains, including pharmaceutical, PPE, and other commodities, and to health product manufacturing facilities and logistics providers

Import/Export

- Working with USAID Missions to obtain blanket duty waivers for existing orders
- Working with USAID Missions to obtain essential personnel designations and secure safe passage for commodities crossing regional and international borders by land.

Quality Assurance (QA)

To reduce order delays, the project adjusted the QA process by increasing use of a risk-based approach to reduce inspections and testing. The project also conducted a trial of allowing suppliers to self-inspect consignments that could not be inspected in person due to COVID-19 restrictions and is coordinating with the Global Fund on broader QA activities to mitigate impact to orders. After monitoring the efficacy of allowing suppliers to self-inspect commodities, in June 2020 the project determined that the initiative was, in fact, extending pick-up times for shipments and resulted in a higher percentage of inspection discrepancies. In July 2020 the project returned to the previous method of the project's quality control (QC) contractor conducting in-person or remote inspections, rather than supplier self-inspections.

Advocacy

The project is working with USAID, other U.S. government bodies, and global stakeholders to advocate for supply chain priorities with regards to reducing the spread of COVID-19 and to protecting routine global health programs. The project continues to promote strong, resilient supply chains as critical to routine health programs as well as crisis situations. Activities include:

- Leveraging the WHO/WTO statement on need for cross-border movement of health products and partnering with other donors to advocate for similar flexibility.
- Provided information to Congress to inform interventions to prepare and protect national and global health supply chains.
- Provided input to the Secretary of State to support advocacy efforts through the U.S. Embassy in India to facilitate the manufacture and movement of essential commodities including pharmaceuticals and malaria test kits
- Advocating in collaboration with global funders and procurers to ensure existing suppliers of mRDTs and other supplies continue to prioritize fulfilling global mRDT demand.

Responding to COVID-19 Demand

In addition to ongoing efforts to mitigate disruptions to routine supply and respond to the pandemic, the USG allocated additional funding to GHSC-PSM for COVID-19 response activities. This includes:

- Field support funding for commodity procurements. A list of 140 eligible COVID-19 commodities has been added to ARTMIS.
- USG funding to procure health commodities for Italy including patient monitors, echocardiography machines, defibrillators, continuous positive air pressure (CPAP) machines and non-invasive ventilation (NIV) helmets, intensive care unit beds, and syringe pumps.
- USG funding for procurement of U.S.-sourced ventilators for Russia.
- USG funding for procurement of U.S.-sourced ventilators for 44 countries.
- USG initiated discussions for procurement of oxygen supplies such as liquid oxygen, cylinders, and associated technical assistance.

Activities undertaken using these funds include:

- General COVID-19 procurement of medical equipment and supplies, pharmaceuticals, and non-medical supplies
- Market research of rapid-deploying field intensive care units (ICUs), local supply of oxygen in sub-Saharan Africa, COVID-19 treatment such as remdesivir, and landscaping studies of availability of COVID-19 diagnostics
- Support to the U.S. Embassy in Rome to coordinate with Government of Italy stakeholders to define product specifications supporting U.S. government assistance to the people of Italy
- Ventilator procurements (see next section)
- Developed a COVID-19 Essential Medicines Allocation Tool for HQ and country office staff that conduct decentralized procurement to facilitate COVID-19 procurement and shorten the allocation process from weeks to days, the project. The tool allows users to quickly select suppliers and allocate purchases, using data and supplier information drawn from the project's existing ARTMIS software.

Ventilator Procurements

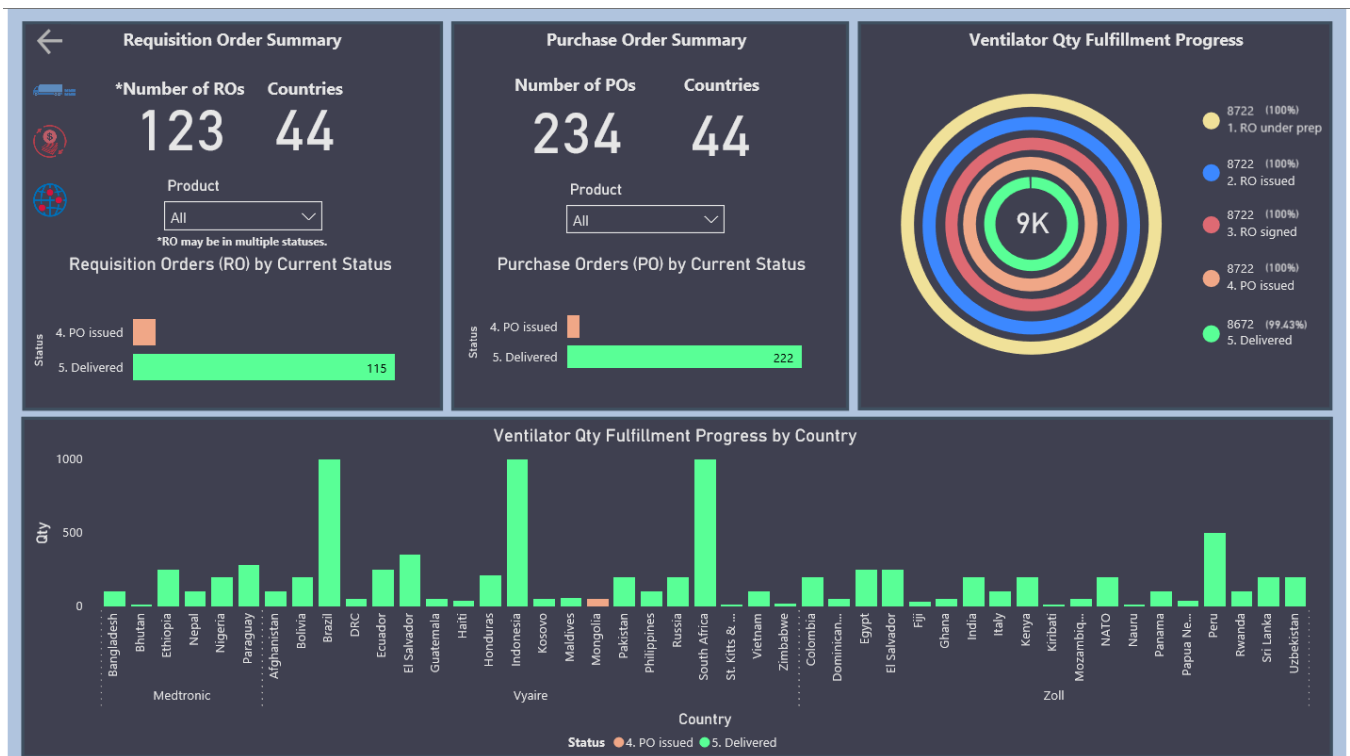
On May 4, 2020, GHSC-PSM received a request from USAID to procure ventilators for South Africa's COVID-19 response. On May 11, barely one week later, 50 ventilators were delivered to Johannesburg. This rapid pace represents a supply chain victory for GHSC-PSM, which mobilized all available resources, including additional staff from within the project, to speed up a process that can take up to several months to complete in non-pandemic times. The project identified and contracted with a U.S. supplier, obtained and packaged the ventilators, secured documentation and export waivers, booked flights, and saw the ventilators arrive on the ground to a warm welcome from the U.S. Ambassador to South Africa Lana Marks in just seven days.

From October 7 to November 19, the project completed deliveries to Bhutan, El Salvador, Nepal, Panama, and South Africa.

In all the project completed ventilator deliveries to 44 countries. USAID facilitated the approval of 123 requisition orders, which enabled GHSC-PSM to execute 234 purchase orders.

The sustained speed and flexibility in this activity represent an extraordinarily collaborative effort across the project, USAID, USG, and country governments. Photographs and news clippings of completed shipments are [available here](#).

Exhibit I. Ventilator Dashboard: Fulfillment View (November 19, 2020)



Country Response

GHSC-PSM is responding to COVID-19 using flexible and innovative strategies. Examples include:

Angola

- Coordinated with a third-party logistics (3PL) company to arrange for containers to be stored in the 3PL warehouse due to increased COVID-19-related demand.
- The president declared the country to be in a state of calamity starting on May 26, 2020. The project developed a business continuity plan that identifies all possible remote options to facilitate continuity of operations within this period.
- In Luanda, contraceptives are typically distributed by hospital ambulances, which are currently being used to satisfy needs related to COVID-19. The project worked with Population Services International (PSI) to secure alternative contraceptive distribution options, including delivering products using project vehicles to the municipal and district family planning (FP) focal points. From the focal points, last mile distribution was coordinated by the municipal authorities to health facilities. GHSC-PSM also supported the FP program to develop distribution plans, leveraged the national pharmaceutical transportation mechanism executed by CECOMA and monitored distribution to confirm reception across all provinces by tracking proof of deliveries virtually.
- Redesigned distribution routes to ensure uninterrupted supply of malaria commodities by having health facilities access stock from the municipal level instead of provincial level, reducing delivery lead times by up to 50 percent; with stockouts for malaria commodities such as mRDTs reduced to less than 10 percent across more than 80 percent of the supported sites by the June review cycle.
- Conducted the first remote national quantification of preferred first-line antiretrovirals (ARVs) to facilitate the MOH's decision on the transition to TLD. The exercise helped to plan for multi-month dispensing (MMD) for TLD and other ARVs to reduce the risk of COVID-19 transmission by reducing the number of visits to health facilities.
- Revised 3PL contracts mechanism and pricing which led to more efficient distribution processes, reduced costs, and improved performance management.

Botswana

- The project provided refresher training on the quantification tools and processes for ARVs, essential medicines and HIV-related lab commodities remotely through virtual meetings.
- On June 25, the project launched the ESC Playbook to combat COVID-19 and other infectious diseases prioritized by Botswana. The project presented the playbook to 40 stakeholders during an in-person and virtual event. Implementation of the Playbook ran through September 2020, with the main focus being COVID-19 along with two other infectious diseases that have not yet been determined.

Burkina Faso

- Added a COVID-19 job aid to the existing Emergency Supply Chain (ESC) Playbook disease guidelines.
- Providing technical assistance on COVID-19 to the Centre of Health Emergency Response Operations (CORUS) and working with the MOH, COVID-19 Logistics Commission and USAID's MEASURE Evaluation project to integrate COVID-19 commodities and logistics data reporting tools into the OneHealth platform developed by the MOH. The project trained 59 commodity stock managers at COVID-19 treatment sites to use the platform and procured 100 computer tablets for sites to report logistical data.
- Supported the COVID-19 Logistics Commission by launching a database that provides partners information about donations, distributions, stock levels and gaps in supply.
- From May to August 2020, GHSC-PSM provided technical support to the logistics commission for COVID-19 coordination in the development of a memorandum of understanding between the Ministry of Health and CAMEG for the reception, storage, and distribution of COVID-19 commodities to the health regions. The team also provided technical support in conducting an inventory of COVID-19 commodities and stock management transfer to CAMEG, developed standard operating procedures (SOPs) for COVID-19 commodity management, integrated commodity needs for prevention and management of COVID-19 in the Emergency Supply Chain Playbook, and developed the "e-Log COVID-19" application for sharing COVID-19 commodity stock status with all partners.

Burma

- The Government of Burma is accelerating the rollout of multi-month dispensing (MMD) to mitigate disruptions to access caused by COVID-19, with the goal of 100 percent of patients on MMD by June 2020, an acceleration from the previous goal of 100 percent of patients on MMD by December 2021. The project is supporting the National AIDS Programme (NAP) in the MMD rollout by analyzing stock status and pipeline data.
- The project is supporting the NAP and United Nations Office for Project Services (UNOPS) in estimating procurement needs for routine supplies in the context of COVID-19 supply chain delays.
- Assisted the National Tuberculosis Program and partners to conduct a quarterly stock monitoring and review to facilitate procurement to expand MMD for TB medication to help reduce risk of COVID-19 transmission during visits for patients and staff, and to reduce the risk that TB treatment might be interrupted, leading to an increase in cases of multi-drug resistant TB.
- Due to COVID-19 challenges, the project delayed plans to fully scale up the eLMIS for all central, regional, and township medical stores with m-Supply software. However, to ensure data visibility for COVID-19 commodities, the project established eLMIS systems in June 2020 at seven central stores of the Department of Public Health and the Department of Medical Services of the Ministry of Health and Sports (MoHS), in collaboration with UNFPA, WHO, and Zenith.
- Developed a web-based data collection system using Kobo toolbox—an open-source suite of tools for field data collection in challenging environments—to get real-time data for COVID-19 at the township level. With Kobo, users can report easily with mobile phones, tablets, and computers. Dashboards enable real-time data visualization to review aggregated stock information.
- In June and July, the project secured an import permit waiver and duty waiver to prevent a reported delay of Primaquine.

Cameroon

- To reduce the risk of COVID-19 contamination, the project worked with the regional medical stores to develop job aids for reducing the risk of COVID-19 contamination in the warehouse, which were posted in key areas. The project also advocated to disinfect delivery trucks and packages, which was implemented in June and July with support from the Far North Regional Funds for Health Protection (RFHP) and the regional Center for Prevention and Fight against Epidemics (CERPLE).

Central America

- The project is coordinating with USAID implementing partners (IPs) including Care and Treatment, Plan International, and PSI to develop strategies for following up on activities that we conduct at the clinic level. With many countries in the region in lockdown, particularly Guatemala, and project staff unable to conduct site visits, the partners mobilized personnel at each data collection site to provide information to complete the reports.
- In the Dominican Republic, the project provided ESC Playbook training for MOH personnel. At the request of the MOH, GHSC-PSM carried out two three-day workshops to strengthen the knowledge of the ESC processes included in the SOP manual and disseminate and socialize details of the ministerial resolution. Due to the COVID-19 pandemic, these workshops were held virtually. A total of 31 staff from the MOH, National Health Service and PROMESE/CAL participated.

Eswatini

- Due to partial lockdown, after an initial hold on routine supportive supervision visits, the project resumed supportive supervision in person and remote (by telephone) to support PPE and COVID-19 commodity management at the facility level.
- Conducted a national quantification exercise as part of the rollout of the newest version of a lab quantification app, ForLabPlus, which integrates multi-disease forecasting, including COVID-19, HIV, and TB. Since most laboratory commodities are also being used for COVID-19 testing, the advantage of ForLabPlus is that it can be used for quantification of multiple diseases, including COVID-19.
- Due to disruptions resulting from COVID-19, Eswatini needed to increase monitoring of stock levels at SDPs, particularly ARVs, to a minimum weekly cadence to monitor commodities that already were or were at risk of stock out at the central medical stores (CMS). However, the existing commodity tracking system could not be used because of a month-long time lag for data in reports. With technical support from GHSC-PSM, a consortium of PEPFAR implementing partners developed a nearly real-time, Google forms-based SDP stock status monitoring system to provide visibility into key commodity stock status.
- The project team adapted to preparing and conducting its annual quantification exercise with national stakeholders for the first time using remote conferencing technology. In preparation for the annual quantification process, the project hosted a TB quantification training using QuanTB software for the members of the National Quantification Committee (NQC).

Ethiopia

- Supporting the Global Health Security Agenda team in adapting the ESC Playbook to COVID-19.
- Conducted distribution training and distributed over 870,000 LLINs to over 700 health posts in 34 woredas (districts) in the Gambella and Benishangul-Gumuz regions using updated guidance for COVID-19. The project supported the NMCP to orient 3,059 community-level campaign staff on mass LLIN distribution campaigns in the context of COVID-19, limited the number of households

that retrieved nets from health posts each day, restricted the LLIN hand-off area at health posts to one person at a time, provided soap and water for handwashing, and adapted on-site social and behavior change communication interventions for COVID-19 precautions.

- To reduce the number of site visits, GHSC-PSM supported multi-month dispensing of ARVs, supporting health facilities to dispense to patients ARVs with various expiry dates and to provide proper counseling and labelling to prevent wastage of near-expiry ARVs.
- GHSC-PSM conducted monthly supportive supervisions and stock status monitoring of viral load (VL)/early infant diagnosis (EID) reagents, consumables and PPE at testing sites to monitor increased demand, as some are being used for COVID-19 testing

Ghana

- GHSC-PSM and the Global Fund Logistics Support Program helped strengthen inventory management and information flow at the Temporary Central Medical Stores (TCMS) for COVID-19 pandemic. The project provided hands-on support to augment the human resource capacity at the TCMS to document and track the receipts and supply of essential COVID-19 supplies using the Ghana Integrated Logistics Management Information Management System (GhiLMIS). GHSC-PSM also worked with the TCMS to develop a daily and weekly stock status report on COVID-19 supplies to inform decision making by the national response team.
- Supported Ghana Health Service (GHS) and the Ministry of Health (MOH) to integrate the distribution of COVID-19 essential supplies into existing distribution channels to regions and health facilities. GHSC-PSM also worked with government partners to explore other distribution channels for COVID-19 supplies to complement the existing channels.

Haiti

- Established an emergency team to monitor and prevent potential interruptions to the cold chain for ARV and lab products.
- Increasing TO1, TO3 and TO4 commodity deliveries to SDPs to facilitate increased multi-month dispensing (MMD) where applicable to help prevent exposure to and spread of COVID-19 by reducing the number of patient visits to facilities. As of June 1, all health sites in all 10 departments received ARV, lab, opportunistic infections, FP and MNCH commodities for up to 7.5 months of consumption for the majority of products stocked at the project warehouse.

Honduras

- The project in Honduras delivered PPE, including KN95 and surgical masks, to key personnel working to minimize their risk of COVID-19 infections, ensuring a low risk of interruption to the HIV/AIDS commodities supply chain.

Indonesia

- Collaborated with the Linkages project to support a private transport company to pick up lab specimens for viral load testing. The private company delivers to public labs, improving turnaround time for testing services and mitigating delays related to COVID-19.
- Due in part to delays in orders from India and to avoid disruption in treatment, the project is supporting an accelerated transition of some patients from tenofovir disoproxil fumarate (TDF)/lamivudine/efavirenz (TLE) to single dose tenofovir, lamivudine, and dolutegravir (TLD) or TDF by accelerating local manufacture and procurement.

Kenya

- Participating on the team advising the Kenyan Government on COVID-19 and assisted the National Emergency Operation Centre in quantifying and costing supplies that would be required to attend to approximately 100 COVID-19 cases.
- Uasin Gishu County designated seven facilities, including schools and other non-health facilities, to support COVID-19 prevention and treatment needs, including quarantine, isolation, treatment and

commodity storage. Support supervision and rapid assessment revealed several supply chain gaps including human resources. Afya Ugavi supported the Rapid Response Team to form a 10-member COVID-19 supply chain subcommittee to streamline supply chain for COVID-19 commodities.

- Matayos, a sub-county in Busia County, developed a new communications strategy to ensure uninterrupted submission of quality reports without physical meetings during COVID-19. Matayos formed a WhatsApp forum where data from daily activity registers and monthly summary forms are reviewed through sharing photos with the sub-county health management team (SCHMT). These reports are reviewed simultaneously by the SCHMT members and facility in-charges provide peer-to-peer data reviews. The WhatsApp system has saved costs related to traveling to the subcounty headquarters, improved efficiency and ensured timely submission of the reports (on or before the fifth of every month) by the sub-county.

Lesotho

- The project has been working in coordination with the Ministry of Health to avail PPE for protection of healthcare workers. The MOH, through the Supply Chain Management Directorate (SCMD), developed distribution lists for these health commodities to be distributed from the central level to health facilities through a push system. To allow for monthly reporting on the movement of PPE at health facilities, the SCMD integrated these commodities into the informed push system. The integration of PPE into the informed push has improved data visibility of these health commodities.

Liberia

- Partnered with FHI360/LINKAGES and the National AIDS and STI Control Program to identify HIV commodity gaps in the 13 HIV high-burden facilities in Montserrado county, which is also a high-burden COVID-19 county, to inform the movement of commodities to these facilities based on OGAC guidance.
- Working with the USAID Mission to redirect funding to support pre-positioning and redistribution of PPE for health workers using existing GHSC-PSM transport mechanisms.
- Replacing in-person health facility visits with phone calls to continually engage with the health facilities.
Coordinating with the National Malaria Control Program to explore remote options for malaria commodity quantification.

Malawi

- The project conducted a two-year quantification of lab supplies remotely to prevent in-person contact during COVID-19. The project first conducted a training on the ForLab Quantification 2.0 tool for MOH staff and the national laboratory quantification team, which included installation of the tool and a simulated quantification exercise. The project then added country data to ForLab and the group completed the quantification, which will be reviewed by the MOH.
- Seconded a technical assistant to the Health Technical Support Services Department to help coordinate COVID-19 response efforts and supported the MOH and other partners (including CHAI and UNICEF), on the quantification of COVID-19 commodities.
- Procured COVID-19 commodities including equipment, pharmaceuticals, PPE, and sanitary products.
- Modified service agreements with private-sector warehousing and distribution service providers to allow them to store and distribute COVID-19 commodities.
- Modified the USAID-supported Open Logistics Management Information System (OpenLMIS) to include tracking of COVID-19 commodities, enhancing visibility into COVID-19 supplies stocked at health facilities.
- At the request of the MOH and other partners, GHSC-PSM delivered COVID-19 commodities to the Likoma Island testing center, one of 29 testing centers. Because of its remote locations and decreased ferry operations due to COVID-19, the center had experienced delays in COVID-19 shipments.

Mali

- Converted 50-member subcommittee for quantification—which typically meet quarterly to monitor supply plans for public health commodities—to four groups of four or five, which met in person (with proper social distancing) or by teleconference to continue carrying out regular monitoring and monthly updates of supply plans and to identify risks related to public health commodity supply.
- On June 15, conducted the annual national quantification exercise with adaptations for COVID-19. To keep the number of participants under the maximum of 50 allowed, the four technical working groups (TWG) for HIV/AIDS, malaria, family planning/reproductive health and maternal, newborn and child health selected ten representatives each to attend. Before the event, through multiple consultations and conference calls, each of the TWGs conducted weeks of advance work and data review to prepare their representatives. Participants received two masks per day and soap, water, and hand sanitizer were available for all groups.
- Launched an innovative, e-learning platform for OSPSANTE—a USAID-funded LMIS tool essential to the MOH's logistics data management system—with the first video: "Data entry in OSPSANTE." The platform helps overcome travel restrictions due to COVID-19, providing on-line training for Local Health Information System (SLIS) officers. In addition to anticipated cost reduction for training, the new program can be updated with new information more quickly, eliminates travel time for training, is less disruptive to workflow than in-person training, is available to an unlimited number of participants, and more effectively addresses the issue of high turnover of staff in the Bamako region and elsewhere. OSPSANTE facilitates collection and data analysis for HIV/AIDS, malaria, FP/RH and MNCH commodities.

Mozambique

- In April, Mozambique shut down all borders due to the pandemic apart from one land border connecting to South Africa for cargo only. Despite the limitations, GHSC-PSM took advantage of more frequent flight availability to South Africa and identified space on an air freight cargo flight from Mumbai, India to Johannesburg, South Africa. Upon arrival in Johannesburg, the TOI cargo was moved in dedicated bonded trucks to Mozambique through the Lebombo/Ressano Garcia Border Post, the only border open for cargo movement.

Nigeria

- Due to the shutdown in India causing significant backlogs for exported products, including essential pharmaceuticals, the project faced an urgent need to secure an alternative shipping method for critical HIV/AIDS and malaria commodities. The project secured space on two charter flights, successfully delivering much-needed antiretroviral (ARV) and artemisinin-based combination therapy (ACT) commodities from India and the United Arab Emirates to Nigeria.
- The project developed a strategy to integrate LLIN distribution and seasonal malaria chemoprevention (SMC) in a single mass campaign in Zamfara state for 2020 to reduce how often community volunteers have to visit households and therefore minimize the risk of spreading COVID- 9 in the community. Planning was conducted by a series of virtual meetings (via Zoom, Google Meet, etc.) with GHSC-PSM, Breakthrough Action/Nigeria, Médecins Sans Frontier (MSF), and PMI personnel. The rollout planned for Q4 is expected to lead to cost savings and effectively sustain malaria interventions amid the COVID-19 pandemic.

Nepal

In Nepal, GHSC-PSM provides supply chain technical assistance to government entities, including the Ministry of Health. With the arrival of COVID-19 procurements and donations in the country, the Government of Nepal (GON) expressed a desire to track these commodities. In less than three weeks, GHSC-PSM provided remote technical assistance to complete an eLMIS roll-out that had been delayed since

November 2018. Using remote communication methods, the project updated the eLMIS for COVID-19 commodity tracking and coordinated with staff in 39 COVID-19 target facilities to install software and train users on the eLMIS. The project also created a COVID-19 dashboard within the eLMIS that the country's COVID-19 Crisis Management Committee is using for decision-making.

Pakistan

- Released an RFQ for the procurement of four Biosafety Level III (BSL-3) mobile laboratories and are awaiting responses from suppliers. The BSL-3 labs are fully equipped to provide diagnostics for infectious diseases but will be targeted to support COVID-19 response in health facilities in targeted regions.
- Assisting with distribution of 200 USG-donated ventilators, including support activities ranging from temporary warehousing, assessment HFs prior to ensure they are adequately equipped for the machines to function properly, ensuring insurance for transport from central to HF level, and testing machines for defects prior to use.
- With support from the Government of Pakistan, the project assembled a COVID-19 team of supply chain, technology, laboratory, and procurement experts. The team designed several tools including:
 - [COVID-19 Traveler's Surveillance Management Information System](#)
 - [COVID-19 Inventory Management System](#)
 - [COVID-19 Procurement Module](#)
 - [COVID-19 PPE Online Calculator](#) and [training videos](#)
 - [Advanced forecasting calculator](#)
 - [Sindh COVID-19 training MIS](#)

Over 130 government staff in Pakistan have been trained on the tools, which are also being used internationally. Nepal's Ministry of Health and Population used Pakistan's COVID-19 PPE Online Calculator for a national quantification. The I+ Solutions Academy of the Netherlands adapted the COVID-19 Forecasting Calculator into an online course titled Quantification of PPE for COVID-19, offered in English, French, Spanish, Portuguese and Russian, with over 400 individuals from 69 countries trained as of May 8, 2020.

Rwanda

- USAID/Rwanda, the Rwanda Food and Drug Authority (FDA) and the project held a 4-day workshop in July to verify and validate the regulations and guidelines for effective implementation of the FDA's regulatory functions regarding clinical trials and pharmacovigilance. Due to COVID-19, the workshop was held in a venue that allowed proper social distancing. Participants were limited to 15 people, who were divided into two smaller groups with everyone wearing masks.
- Distributed 130,068 LLINs in June in Gakenke district. The NMCP changed the distribution approach to prevent COVID-19 infections by having community health workers distribute the LLINs to households instead of having beneficiaries come to distribution sites.

Sierra Leone

- In March 2020, GHSC-PSM collaborated closely with local stakeholders, particularly the national Emergency Supply Chain (ESC) core team, to update the ESC Playbook and to plan and facilitate two rounds of ESC simulation exercises focused on a COVID-19 response. The two exercises took place in the Bo district for a total of 82 participants. The exercises included realistic disease outbreak case scenarios to allow participants to strategize necessary emergency actions and responsibilities; assess appropriate commodity forecasting, procurement, and stockpiling; and determine necessary storage and transportation arrangements. It also took into consideration waste management during and post emergency.

Following the ESC Playbook updates and the simulation exercises, the updated ESC playbook was

put to use at the central and district levels.

- GHSC-PSM successfully facilitated the resumption of NMCP monthly coordination meetings virtually, following the disruption of the meetings due to COVID-19. The project worked with district health management teams and the African Leaders Malaria Alliance (ALMA) to continue LLIN mass campaign planning and worked with the NMCP to identify the need for reverse distribution between SDPs and the district medical stores to ensure allocation quantities were met across the country. Strategy and planning technical assistance led to the ongoing LLIN distribution to densely populated areas around Freetown in June and an upcoming reverse distribution request from the NMCP for each of the districts.

Vietnam

- To ensure sufficient central level stock of TLD drugs during the COVID-19 pandemic and to allow continued scale-up of the ARV MMD activity, GHSC-PSM facilitated the early arrival of the two Dolutegravir/Lamivudine/Tenofovir (TLD) shipments to Vietnam on behalf of the Vietnam Agency for HIV/AIDS Control (VAAC). A total of 40,000 boxes of Dolutegravir/Lamivudine/Tenofovir DF 50/300/300mg arrived in Vietnam on May 10, 2020, two months earlier than planned, despite the national lockdown in India and the shortage of flights from India to Vietnam.

Zambia

- The project conducted an emergency distribution of available ACTs to address SDP-level stockouts in anticipation of COVID-19 restrictions. This activity leveraged use of a PEPFAR-funded 3PL supported by GHSC-PSM. The project worked with a 3PL to deliver ACTs, SP, quinine injection and malaria RDTs to MSL provincial hubs for onward distribution to facilities.
- With GHSC-PSM's reduced physical presence at the PHO office due to COVID-19, the Stock Redistribution Tool developed by the project in April 2019 has supported remote decision making for stock redistribution in provinces. This map-based interface pulls data from the existing LMIS and automatically identifies stock transfer opportunities to support provincial health offices (PHOs) to enable stock redistribution decisions remotely from a centralized location. In July and August 2020 in the Western Province, the tool identified a supply risk resulting in the redistribution of over-stocked TLE from Senanga General Hospital to Lewanika General Hospital; bottles of Kaletra suspension and Amoxicillin and Clavulanate Potassium from Senanga General Hospital to health facilities in Nalolo, Sesheke and Kaoma districts; and viral load reagents and other laboratory commodities from Lewanika General Hospital at Kaoma PCR Lab in August.
- To reduce the number of commodities managed at the central level and move key commodities closer to facilities, MSL used a "Hub Tool" to identify 40 key commodities that could potentially be stored in provincial hubs, and how much of each product could be stored. Due to COVID-19 travel restrictions, the project provided remote support to the MSL to expand use of the tool.
- The project conducted a virtual training for 63 students on the use and functionality of eLMIS. The students will use the acquired knowledge and skills in the electronic management of health commodities once they graduate and deploy to service delivery points (SDPs).

Procurement and Supply Management

Guidance for GHSC-PSM Countries

To prevent delays, GHSC-PSM country teams are asked to ensure that supply plans are up to date and month of stock (MOS) statuses are accurate. MOS status will be a key factor in prioritizing urgent orders.

Status Update and GHSC-PSM Response

- Air freight service and passenger demand to smaller countries in Africa is impacted by limited flights under ad hoc schedules and in transit delays. The situation is likely to remain difficult as we approach the end of the year as the peak cargo season applies pressure to already constrained capacity. With

fewer passenger flights into Africa, the project continues to rely on freighter flights which in some cases are converted passenger planes.

- This is typically peak travel season, however, passenger flight demand will be less than normal due to COVID-19 which will negatively impact the available cargo capacity. If passengers are not traveling, carriers will eliminate flights, and thereby also eliminate any available belly space on those flights. With limited capacity due to fewer passenger flights, the project is relying heavily on freighter service that is increasingly becoming harder to obtain due to an increase in volumes of product moving.
- Destinations like Uganda are still impacted by COVID-19 delays due to trucking challenges and strict COVID-19 testing. The day-to-day backlog fluctuates from 15km to more than 60-kilometers and this impacts the number of drivers and trucks available to move cargo from port to door.
- In Africa, destination delays are starting to get more sporadic, but restrictions in Cameroon and Botswana have become a challenge.
- Transportation costs continue to fluctuate but are increasing due to high demand and low capacity, and this will be further impacted as we enter the peak season.
- USAID announced updated PPE procurement guidance on August 26, 2020. Please find full technical guidance linked [here](#). And, FAQs [here](#).
- PEPFAR PPE guidance states that IPs may use PEPFAR funding to procure restricted PPE items without further approvals in either of the following two situations:
 - For the protection of, and use by, PEPFAR supported staff. In this situation, implementing partners may procure “restricted PPE items” from any source (including from US sources) OR
 - For the safe and effective continuity of PEPFAR-funded programs. In this situation, implementing partners may procure “restricted PPE items” manufactured locally or regionally provided that those “restricted PPE items” are not, and could not reasonably be, intended for the U.S. market

Please see [PEPFAR guidance for PPE procurement \(p. 41\)](#) and [WHO Guidance on Rational Use of PPE for COVID-19](#) for additional details.

- Pharmaceuticals, LLINs, family planning supplies, and diagnostic tests are seeing markedly improved production lead times, although production capacity for most suppliers has not returned to 100 percent. The project is monitoring this situation and working with suppliers, logistics providers, and country-level and global stakeholders including USAID, the WHO, UNICEF, the Global Fund, and others to mitigate risk within the changing supply chain environment.
- Destination countries are facing various levels of disruption including shutdowns, quarantines, and reduced interstate and international border crossings. The project is working with country offices, local governments, and global stakeholders to move commodities closer to service delivery points, to prepare alternative warehousing and logistics options, and to ensure proper safety and security measures are in place for staff and commodities.
- As health commodities are moved with increased speed to service delivery points, replenishing the central medical stores is critical. The project is requesting that country offices work with Missions to place orders with as much lead time as possible. Don't forget that there is a “hold” tag in ARTMIS should funding confirmation be in process. Early entry into ARTMIS allows the GSC Plan team to better understand forward demand.
- HIV/AIDs, malaria, and family planning commodity demand and issuance is changing in light of patient needs within the COVID-19 landscape. Country offices are working to ensure each MOH, IP, and supply chain partner are aligned.
- China, India and countries in Europe are experiencing a shortage of containers as the import/export and flow of trade is generating a container imbalance at ports of entry/departure.
- In-country supply chain technical assistance (TA) is challenging due to travel limitations and government restrictions on movements and gatherings. However, HQ and country offices are finding alternative means to conduct TA. Country office leadership is speaking weekly with headquarters— with at least four sessions dedicated to cross-country knowledge sharing related to creative solutions, managing in a crisis environment, and stakeholder engagement. GHSC-PSM created a

mitigation library with data from 34 field offices so that country leaders can refer to what their colleagues are doing in other countries.

Media

Even under normal circumstances, GHSC-PSM has a strict protocol that staff must follow when approached by the media. Essentially, staff may not engage with the media unless they have written approval from the Mission (if in-country) and USAID/W. Upon receipt of a media inquiry staff should immediately contact:

- [Samantha Salcedo-Mason](mailto:ssmason@ghsc-psm.org), CLEAR Director, ssmason@ghsc-psm.org and cc [Jane Gotiangco](mailto:jgotiangco@chemonics.com), Chemonics Director of Strategic Communications, jgotiangco@chemonics.com

Helpful Resources

GHSC-PSM

- [Approved Commodity List for Purchase with COVID-19 Funds \(please login to ARTMIS to view\)](#)
- [COVID-19 Commodity Quantification and Budget Calculator](#)
- [Emergency Supply Chain landing page](#)
- [COVID-19 Job Aid \(available in English, French and Spanish\)](#)
- [Questions to Consider to Maintain Routine Supply of Public Health Commodities and Support COVID-19 Response \(available in English, French, Spanish, and Portuguese\)](#)
- [Actions to Take Now to Ensure Routine Supplies are Available: COVID-19 Response Recommendations \(available in English, French, Spanish, and Portuguese\)](#)
- [Keeping Supply Chain Workers Safe During a Pandemic \(available in English, French, Spanish, and Portuguese\)](#)
- [Use of Containers for Temporary Emergency Storage: Tips to Mitigate Temperature and Humidity \(available in English, French, Spanish, and Portuguese\)](#)
- [Tips to Optimize Storage during Emergencies \(available in English, French, Spanish, and Portuguese\)](#)
- [Preparing supply chains for what's next with COVID-19 response](#)
- [Trends and Observations: Maintaining maternal, newborn and child health commodity supply in the time of COVID-19](#)
- [Remote Supportive Supervision for Supply Chain Professionals in Mozambique during COVID-19](#)

USAID

- [PEPFAR Technical Guidance in the Context of COVID-19 \(updated August 26, 2020\)](#)
- [USAID Implementing Partner Guidance FAQs](#)
- [PMI Technical Guidance in the Context of COVID-19 Pandemic](#)
- [USAID Guidance on PPE \(issued June 8\)](#)
- [USAID PPE Guidance FAQ \(issued June 9\)](#)
- [USAID/OHA Call to Implementing Partners](#)
- [USAID Pediatric & Maternal Branch Updates](#)
- [USAID/OHA Quarter I Performance Overview](#)
- [USAID COVID-19 Global Response Fact Sheet #1](#)

- [Video: Life-Saving Ventilators Delivered to Partner Countries](#)

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WHO

- [A Guide to WHO's Guidance on COVID-19](#)
- [WHO Guidance: Tailoring malaria interventions in the COVID-19 response](#)
- [WHO Technical guidance on laboratory testing for COVID-19.](#)
- [WHO Guidance for health workers](#)
- [WHO Rational Use of PPE for COVID-19 Guidance](#)
- [WHO Academy COVID-19 reference app for health care workers](#)