Pharmaceutical Management of Micronutrients and Maternal Anemia Supplies: Lessons Learnt from Experiences in India, Cambodia and Uganda

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Introduction: Rationale for focus on the pharmaceutical management of micronutrients and anemia reducing medicines

- **Micronutrients** –
  - Vitamin A primarily procured and distributed through vertical supply systems
  - Integration of vertical supply systems into national supply chain and ensuring ongoing availability of micronutrients within the national pharmaceutical supply system

- **Anemia reducing medicines** –
  - Integrated into national pharmaceutical supply systems
  - Recurrent supply constraints
Introduction: Summary of the A2Z and SPS approach to addressing the pharmaceutical systems challenges

- **Initial Assessment:**
  - Uganda: 2008
  - Cambodia: 2008 (micronutrients), 2009 (safe motherhood) – collaboration with RACHA project

- **Implementation of interventions**
- **Lessons Learnt Evaluation**
  - India & Uganda: 2010

- **Development of Toolkit**
- **Implementation of Toolkit in new countries**
India: Key findings from initial assessments

- Weak Pharmaceutical Procurement Capacity and Practices
  - State level and peripheral level – rendered urgent by the decentralization of procurement functions to the state from the federal level beginning 2006 (has since reverted to federal level).

- Lack of Standardization in Quantification, Distribution, and other Operating Procedures
  - No SOPs for pharmaceutical management operations

- Poor Inventory Control and Storekeeping Practices
  - No training for store staff; limited storage capacity with lack of equipment

- Lack of Information to Promote Rational Use
India: Basis for the selection of interventions after options analysis

- Changing situation on the ground, particularly the recentralization of the kit procurement
- A modification of program priorities / areas of focus
- A2Z resources and time constraints
- Focusing on activities where A2Z had a comparative advantage
## India: Recommendations from Assessment and Interventions Implemented

<table>
<thead>
<tr>
<th>Potential A2Z Activities</th>
<th>Jharkhand State</th>
<th>U.P. State</th>
<th>National Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recommended</td>
<td>Implemented</td>
<td>Recommended</td>
</tr>
<tr>
<td><strong>Advocacy and communication:</strong> Alert state-level staff responsible for procurement and supply to problems with micronutrient and anemia-reducing medicine availability “on the ground.”</td>
<td>X</td>
<td>All micronutrient &amp; anemia-reducing medicines</td>
<td>X</td>
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<tr>
<td><strong>Quantification:</strong> Provide support for quantification of micronutrient needs for scaling up coverage for the biannual rounds in focus districts.</td>
<td>X</td>
<td>Vitamin A liquid (State level) All micronutrient &amp; anemia-reducing medicines – temporary (State level)</td>
<td>X</td>
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<tr>
<td><strong>Distribution planning:</strong> Support district staff in distribution planning for micronutrient medicines and anemia-reducing medicines not packaged in kits</td>
<td>X</td>
<td>Vitamin A liquid &amp; deworming (State level) All micronutrient &amp; anemia-reducing medicines – temporary (State level)</td>
<td>X</td>
</tr>
<tr>
<td><strong>Inventory management:</strong> Work with supply managers to standardize key inventory management functions for micronutrient and anemia-reducing medicines in focus districts.</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td><strong>Training ANMs:</strong> Assist the Directorate of Family Welfare to develop a short module on managing supplies and record keeping, and medication counseling for the ANM training.</td>
<td></td>
<td>Maternal anemia; child anemia in 1 district</td>
<td>X</td>
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<tr>
<td><strong>Medication counseling:</strong> Strengthen ANM skills in medication counseling specifically on how to take medicines correctly and manage side effects.</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td><strong>Monitoring:</strong> Help identify a few key indicators to inform procurement and supply management; work with each level to identify feasible approaches to capture data.</td>
<td>X</td>
<td>Monitoring: anemia-reducing medicines (focus blocks) Improve ANM recordkeeping (focus blocks)</td>
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</tr>
</tbody>
</table>
India: Changes in Availability of anemia reducing medicines (2008 vs. 2010)

Estimated percentage of time out of stock for anemia-reducing medicines for the previous 9/12 months at sub centres in U.P. State in January 2008 and May 2010.
Conclusion: Lessons learnt

- **Project Design**
  - Incorporate an assessment of the pharmaceutical supply system early, preferably at project design phase

- **Options analysis and selection of interventions**
  - Be realistic about what is achievable given the resource and time constraints, and the situation on the ground

- **Advocacy**
  - Need to engage early and stay engaged with all the key stakeholders including government officials, other donors and other partners
  - Presenting data can be highly effective in aiding communication

- **Implementation**
  - When developing tools, consider their utility for other medicines and programs to avoid vertical approaches that may not be sustainable

- **Monitoring and Evaluation**
  - Plan and budget for ongoing monitoring and evaluation of tools and approaches and to evaluate outcomes
Implications for future programs: Issues to consider in selecting options to address pharmaceutical supply constraints

- Identify interventions that:
  - Are feasible given the project’s resource and time constraints.
  - Are short term or can be sustained by the government after the end of the project.
  - Avoid creating a vertical supply system that is unlikely to be sustained when donor support is withdrawn.
  - Will remain relevant given the uncertainty on how the procurement and supply of micronutrients and anemia-reducing medicines will be managed in the immediate and long term.
  - Have an impact on availability of micronutrients and anemia-reducing medicines that is worth the investment of time, effort, and resources.
Thank you

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