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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:**
 - India: Jharkhand (2007), Uttar Pradesh (2008)
 - 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**

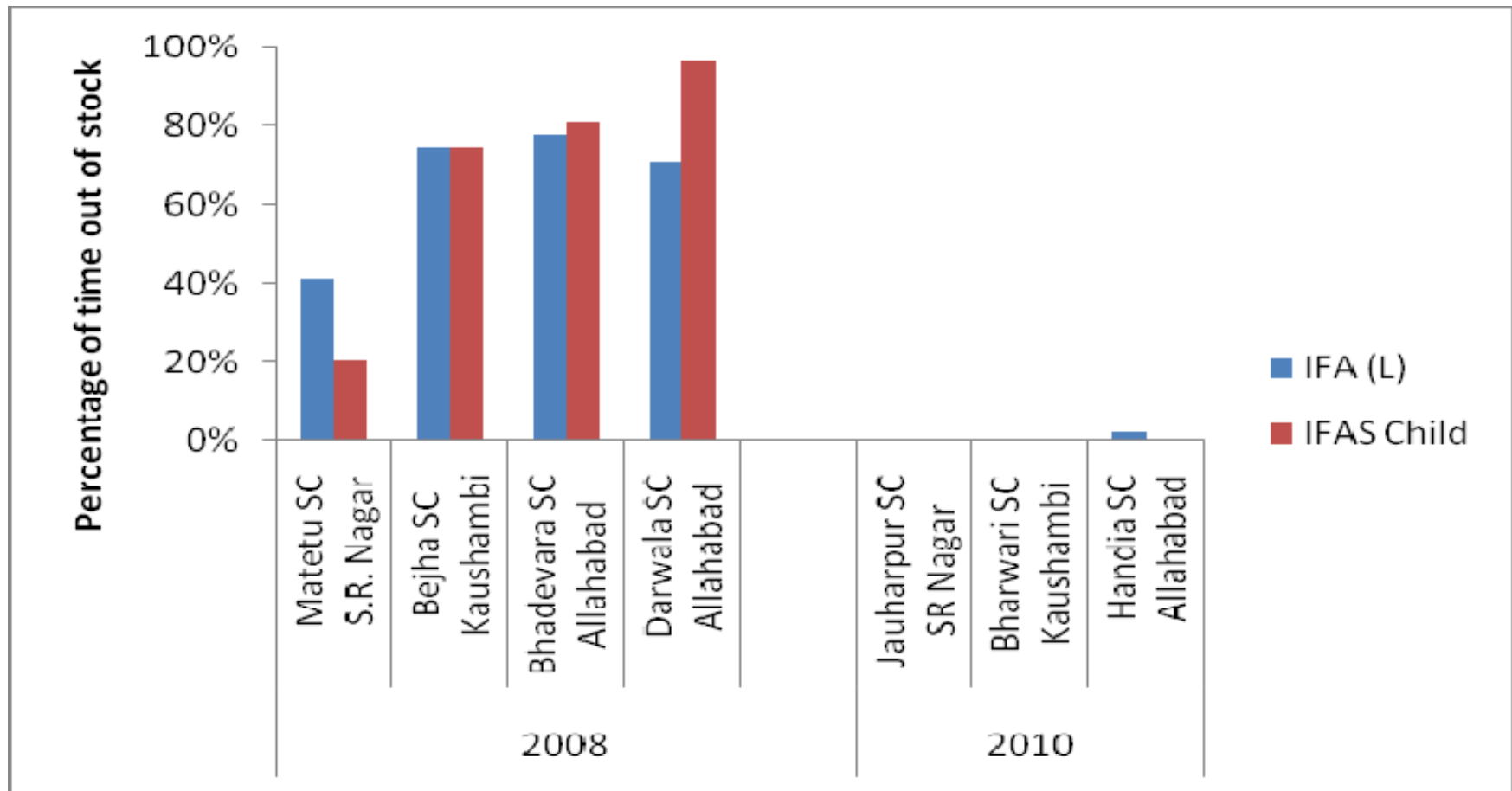
India: Basis for the selection of interventions after options analysis

- 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

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

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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