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Overcoming Challenges in Supply Chain Management amidst Rapid Scale up of Anti-Retroviral Services

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Background

Fragile health commodity supply chain systems have long been a factor inhibiting universal access to care and treatment in ART programs. Weaknesses in the various components of the logistics cycle contribute to non-dependable and irregular supply of quality products at service delivery points which causes poor health-seeking behavior, treatment interruption, poor adherence and consequently treatment failure and resistance. One of the most common challenges facing HIV/AIDS programs is that the constituent parts of the logistics cycle are not strengthened simultaneously.

With the change in ART eligibility guidelines by WHO from CD4 250 to 350 cells/mm³ for adults and initiation for all children below two years irrespective of CD4 count or percentage, there was a need for the supply system to be responsive to the projected rapid increment in client load.

Methods

In June 2010, STAR-EC, a five-year USAID funded project implemented by JSI, initiated training and mentorship of health workers in pediatric ART, logistics management of opportunistic infection medicines and stores management to build capacity for quantification. A meeting was held among the District commodity focal persons to identify challenges and initiate coordination of reporting and ordering for supplies. These focal persons were then facilitated to support the sites to submit timely orders to the national suppliers.

During periods of stock outs, buffer commodities were provided and collaboration with other implementing partners for re-distribution from overstocked to under stocked facilities mitigated non-availability. Consistent communication with the national stores to determine availability of supplies and support to facilities to make, retrieve and distribute emergency orders was provided.

Storage was improved through the provision of medicine cabinets and pallets as shown in the first photograph. Destruction of expired commodities was done in high priority health centers to generate space for increasing quantities of products. STAR-EC later supported the collection of these supplies from the facilities to the district stores for destruction by the Ministry of Health.

Data management was improved through the printing and distribution of logistics management information tools that encouraged the use of efficacious formulations through elimination of sub-optimal regimens.



Storage conditions improved through provision of medicine cabinets



Distribution of health commodities including ARVs to most-at-risk populations in hard-to-reach islands

Results

The ordering rate for ARVs increased from 46% to 96% and was maintained as shown in Figure 1. Consequently, the availability of products improved which contributed to the increase in number of clients enrolled onto ART as shown in the Figure 2.

Figure 1: Percentage timely ordering rate for ARVs between April 2010 and September 2011

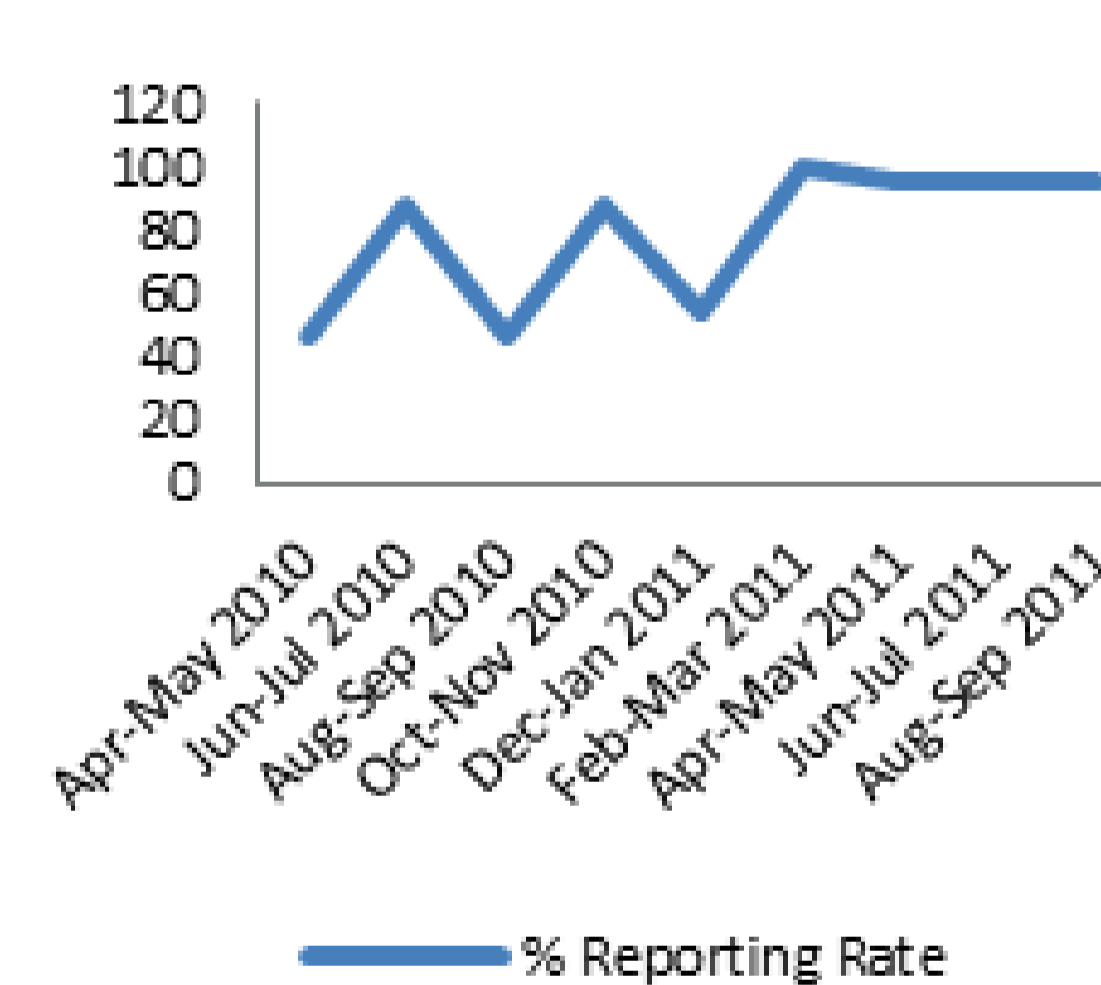
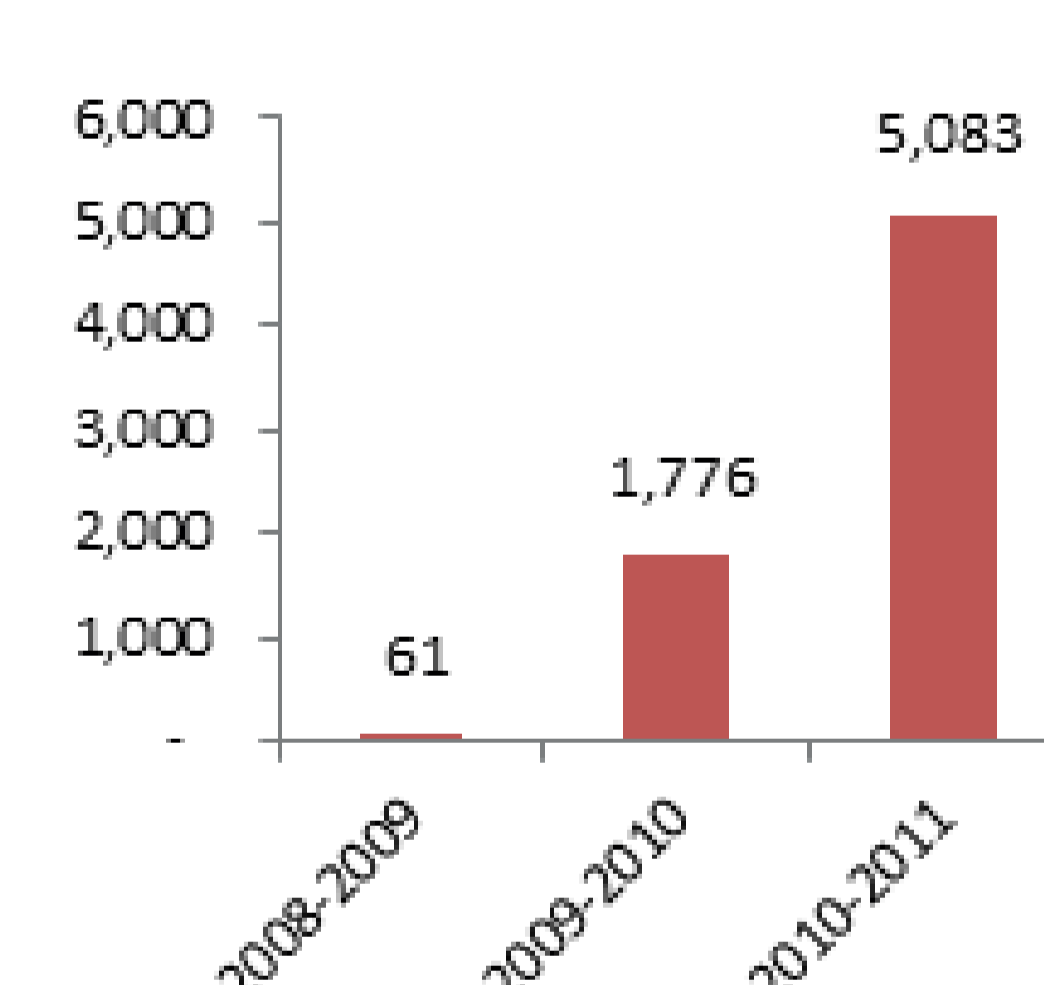


Figure 2: Annual enrollment of clients from 2008 to 2011



Conclusion

- Improved availability of commodities at health facilities and consequently, sustained expansion of ART programs can be achieved with a holistic and concurrent approach towards improving all the elements of the logistics cycle
- Collaboration and redistribution of health supplies among implementing partners ensures relatively consistent availability of products

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