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PHARMACEUTICALS FUND AND SUPPLY AGENCY (PFSA)

## Vaccine Supply Chain Transition

14<sup>th</sup> TechNet Conference 11-15 May 2015 Bangkok, Thailand





#### **Presentation Outline**

- *≻*Introduction
- >Transition strategy for vaccines
- **≻** Achievements
- ➤ Challenges
- ➤ Way forward

## **Country Background**



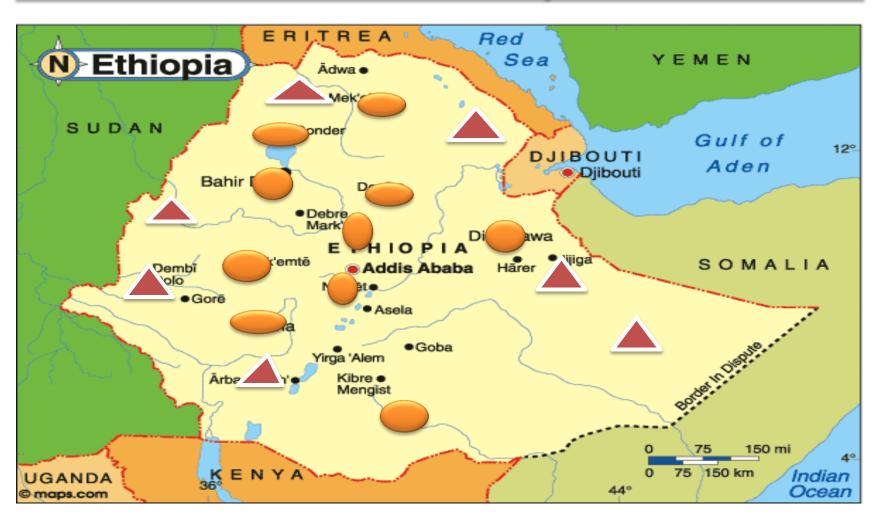
- ✓ Ethiopia: located in northeast Africa
- ✓ Area: 1,104,300 square kilometers
- ✓ Total Population: ~90 million (CSA projection for 2014)
- ✓ Average size of household: 4.6
- ✓ Ethiopia is decentralized country:
  - ➤ 9 Administrative Regional States
  - > 2 City Administrations



## Strategic Components of the Supply Chain

- ➤ Improve availability of affordable essential pharmaceuticals at health facilities from the average 55% to 100%
- ➤ Delivery to public health facilities on average every 2 months (pull/ordering basis)
- ➤ Reduce overall pharmaceuticals wastage from average 8% to less than 2%
- Rational use of medicines (managerial component)
- ➤ Enhance the construction of infrastructure and distribution networks (within 180 -300 km radius)
- Strengthen revolving drug fund (RDF) utilization and its management
- Strengthen information links and use for efficient and effective health commodity management

## Spatial Distribution of PFSA Hubs in the Country





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#### **Existing Country Context for Vaccine Distribution**

Cold Chain system for vaccines and other cold storage requiring health commodities consists of five levels, following the FMOH administrative structures:





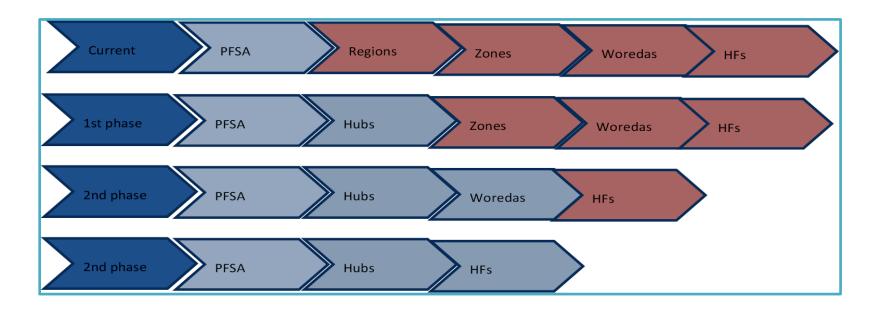
## **Transition Strategy for Vaccines**

 Policy decision in 2013 to transfer responsibility for vaccine supply chain to Pharmaceuticals Fund & Supply Agency (PFSA), Federal agency responsible for distribution of essential medicines and most other health commodities

#### Rationale:

- > Professional SC Agency (PFSA) with expertise
- ➤ Successful record: availability of basket of essential medicines c. 90%
- ➤ GFATM, GAVI, USAID already investing in PFSA (warehouses, vehicles, capacity building)
- ➤ Potential synergies for storage, distribution, information systems, etc.

## **Transition Strategy for Vaccines (cont.)**



To implement the transition process there will be two activities undertaken simultaneously:

- ✓ The transition process in selected (three) Phase I Hubs
- ✓ Implement preparatory activities for the remaining hubs to fully transit vaccine supply chain management.



## **Supply Chain Comparison**

	Essential Medicines	Vaccines
Administration	PFSA – Federal SC Agency which supports MOH in its mission	MOH administrative structures (devolved)
# Levels	Three Central - PFSA hub - Facility	Five Central - Regional - Zonal - Woreda (District) - Facility
HR Capacity	Dedicated SC professionals	Poorly training, transient healthcare providers
Infrastructure	<ul> <li>New, well-designed warehouses (11 upgrades + 6 new) with cold rooms</li> <li>Dedicated fleet with new cold trucks</li> </ul>	<ul><li>Existing cold rooms</li><li>General purpose vehicles and no cold trucks</li></ul>
Information Systems	Automated at center and hub level, live dashboards for data visibility.  Paper-based at facility level	Old paper system – very limited data visibility
Delivery Schedule	Bi-monthly	Quarterly for center to region and monthly at lower levels

## **Transition Strategy (cont.)**

- 1. Develop transition plan
- 2. Procure infrastructure cold rooms, cold trucks
- 3. Create a coordinating body:
  PFSA, FMOH, JSI, UNICEF, WHO, CHAI (Federal level) & also at regional/hub level
- 4. Phased approach (allows learning, lessens risk)
  - a. Take over management of central cold store
  - b. Distribution of vaccines for campaigns (before routine)
  - c. Begin distribution from 3 hubs (only)
  - d. Adapt inventory management/LMIS tools already used by PFSA to vaccines (before transition)



#### **Achievements**

#### Infrastructure:

- 20 refrigerated trucks procured and deployed
- 17 cold rooms procured; installation begins in May

#### Storage & Distribution:

- PFSA managing vaccine stores at central level
- PFSA distributing vaccines for campaigns to woreda level
- Distribution of vaccines from first hub began in April

#### System Design:

- SOPs for vaccine management prepared & reviewed in April
- Distribution analysis carried out for one hub, including analysis of monthly vs. bimonthly delivery



## **Achievements (cont.)**

- Management Information Systems
  - Existing inventory management software for essential medicines (HCMIS) expanded and deployed to manage vaccines at central & regional cold rooms
  - HCMIS currently being used at xx RHBs and hubs
  - Vaccine specific features (e.g. VVM) added & implemented
  - HCMIS Dashboard provides live vaccine commodity data for central and regional levels



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## **Challenges**

- Cold room maintenance shortage of expertise, need to develop internal capacity within PFSA Replenishment: coverage targets/demographics vs. consumption
  - Resupply schedules: monthly vs. bimonthly given cold storage constraints and transport costs
- ➤ Direct delivery to facilities as a goal: current plans are for delivery to Zones and woreda level only due to constraints of resource and capacity at the health institution.



## **Way Forward**

- ➤ Enhance learning process from the implementation of vaccine roles in center and Phase I hubs.
- Replicate good practices from the transition in Phase I sites to the next group (Phase II includes 8 hubs)
- > Install new cold chain equipment in all PFSA hubs
- Coordinate the supply chain transition with the programmatic aspects of EPI
- ➤ Enhance capacity building at all levels for management of supply chain for vaccines and related supplies.



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# Thank you!