



IMA WORLD HEALTH



DRUG MANAGEMENT

in the Democratic Republic of Congo

ASSP and ASSR - 2013 to 2022

OVERVIEW, LESSONS LEARNED AND PRIORITIES FOR BEYOND ASSR

BACKGROUND

IMA has more than a decade of experience working with the DRC Programme National pour l'Approvisionnement des Medicaments (PNAM), provincial CDRs, DPS/IPS and HZs to provide HZs with access to quality essential drugs. Early investment through the USAID-funded Axxes and FCDO-funded ASSP in the logistics and cold supply chain resulted in getting vaccines and other essential medicines even to the most remote communities. Procurement from international suppliers enhanced not only economy, but also efficiency due to reliable delivery for the desired quantity.

ASSR DRUG MANAGEMENT STRATEGY AND MID-WAY ASSESSMENT (HERA, JUNE 2020)

The objective of the ASSR Drug Management component was to increase the availability of quality drugs and their accessibility in all supported areas. The strategy was aligned with National Health Development Plan (PNDS), 2016 - 2020 plan. Based on lessons learned from

ASSP, ASSR revised the drug management strategy with investment in four axes, as follows:

Calls for internationally competitive bids

on the 18-month supply of drugs to be purchased. The total contract was divided equally between the two best bids to reduce risk of non-performance by any one supplier on the supply of materials to the project.

Enhanced support to national institutions

(PNAM and FEDECAME) for their role in overseeing CDRs and provincial institutions (DPS/IPS) for their role in overseeing health zones and health facilities.

Enhanced association between CDR

payment (eight percent management fee) and performance (i.e., clear and transparent documentation that all appropriate procedures are being followed).

Injecting a portion of support to health

facilities as payments for following indigent care protocols, thus requiring them to order additional supplies of medicine through the national system.

In June 2020, HERA (ASSR Third Party Monitor) published a comprehensive assessment of the drug supply chains, including recommendations for strengthening the ASSR procurement and supply system. The report presents an in-depth review of the ASSR drug management strategy, roll-out, programme gaps and recommendations for a future FCDO-funded programme.

ASSR STRATEGY REVIEW: LESSONS LEARNED AND PRIORITIES BEYOND ASSR

Overall, the team felt that the objective of the ASSR Drug Management component was not fully met because gaps persist in getting medications consistently to the hospitals and health centres where patients need them.

Two main reasons for the gaps were identified. First, the ASSR team felt that the project focused heavily on the CDRs and not enough on the health zones' engagement (ownership) to get medications to the front-line health facilities. Beyond ASSR the team recommends 'bold investment' in the health zones, including resources and incentives, to eliminate stockouts at the health facility level.

Second, dramatic reduction in funding mid-way through ASSR required difficult spending choices in the last two phases of the project which impacted our drug management strategy in the following ways:

Early efforts to link medication supply management to performance were abandoned in ASSR I and II due to the complexity of monitoring and reduced funding.

The first phase of the project promoted direct purchasing of medicines and explicitly linked financial support for health facilities to proof of providing free care to indigent and vulnerable patients. This costly initiative was abandoned in the second and third phases of ASSR due to budgetary restrictions.

In terms of drug procurement, ASSR prioritized internationally competitive bids on 18-month purchases. Over the course of the project, we procured a number of medicines locally with varying quality standards. Beyond ASSR we will be intentional to consider locally-purchased medications, as well as a smooth transition from direct international procurement toward greater support of the FEDECAME to centralize purchasing and distribution.

The FEDECAME is in dire need of both financial and technical support. Beyond ASSR we will recommend a donor audit before engaging, as we have concerns about the viability of the network. In addition, our relationship with the FEDECAME will need to be revisited, as we continue to support Government initiatives

and encourage local business as well as navigate donor requirements for medication procurement.

ASSR was unable to continue providing health facilities with resources for the care of indigent people due to budgetary restrictions introduced mid-way through the project. Care of indigent persons represents five to ten percent of losses to health facilities, and poorer communities tend to suffer the most. The team reflected on what it would take to keep this a priority initiative beyond ASSR. Ideas included, but were not limited to:

Providing credit for CODESA for indigent persons.

Convincing donors to put in more money to cover not only medicines and equipment, but support to salary of providers as well.

Changing user fees from flat rate to "ability to pay" scale

Finding other revenue sources for health facilities (e.g. Water ATM) which could finance care for the poor.

Investment in improved workforce management so that health care providers are salaried and not so dependent on user fees.

One of the most significant challenges in the ASSR Drug Management component was not having a reliable mechanism (software) for stock tracking. The ASSR team has found significant limitations to the ApiSoft accounting software, which is currently the principle supply chain tracker in DRC. The team recognizes that a stock tracking software that tracks medications to the point of care, including mechanisms to update line of credit, process orders, prioritize delivery, improve security, and provide data extraction for analysis, (aka. BHIMA) would be ideal to enhance management and accountability at all levels.

Finally, the HERA (TPM) Assessment of the drug supply chains (ASSR and FEDECAME) Final report (revised) Volume 1 and Annexes (June 2020) holds a wealth of information and specific recommendations for procurement and supply chain management beyond ASSR.

CONCLUSION

Drug Management beyond ASSR will adjust project focus to ensure medicines are delivered "the last mile", to front line health facilities. For sustainability, we will build the capacity of the FEDECAME and the accountability health zone management teams. Beyond ASSR there needs to be significant commitment among



all stakeholders to supply chain transparency, efficiency and effectiveness. At IMA we will use an adapted open-source software (BHIMA) that is currently being piloted for stock/asset tracking in IMA projects elsewhere. As with DHIS and iHRIS, we are optimistic that this software may be adopted nationally for asset tracking and to support drug supply chain management in all provinces. Finally, the challenge of providing free care for indigent families persists beyond ASSR and needs collective buy-in by health authorities and communities alike to find solutions that will work in rural DRC.
