WHO/AFRO/EDP/06.04

REGIONAL WORKSHOP ON IMPROVING PROCUREMENT & SUPPLY MANAGEMENT SYSTEMS IN THE AFRICAN REGION

BRAZAVILLE, CONGO
20-23 JUNE 2006

FINAL REPORT

World Health Organization
REGIONAL OFFICE FOR Africa

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Acknowledgement

We are grateful for the contributions received from partners and experts who participated in the workshop. This document was produced with the financial assistance of the European Community. The views expressed herein are those of the authors and can therefore in no way be taken to reflect the official opinion of the European Community.

Acronyms

AFRO	WHO Regional Office for Africa
AIDS	Acquired Immune Deficiency Syndrome
ARVs	Anti Retro-Virals
ATM	AIDS, Tuberculosis and Malaria
CIB	Coordinated Informed Buying
CMS	Central Medical Stores
DSD	Division of Health Systems and Services Development
DSOs	Drug Supply Organizations
GFATM	Global Fund for AIDS, TB and Malaria
ECSA	East and Central and Southern Africa
EDL	Essential Drug List
EMRO	WHO Eastern Mediterranean Regional Office
EPN	Ecumenical Pharmaceutical Network
FBOs	Faith Based Organizations
HAI	Health Action International
HIV	Human Immunodeficiency Virus
IP	Intellectual Property
KEMSA	Kenya Medical Supplies Agency
LMIS	Logistics Management Information System
MDGs	Millennium Development Goals
MEDS	Mission for Essential Drugs and Supplies
MIS	Management Information System
MOH	Ministry of Health
NCDs	Non Communicable Diseases
NDP	National Drug Policy
NGOs	Non Government Organizations
PHC	Primary Health Care
PNA	Pharmacie Nationale d'Approvisionnement
ProcSM	Procurement and Supply Management
RPF	Regional Pharmaceutical Forum
SOPs	Standard Operating Procedures
TB	Tuberculosis
TCM	Technical Cooperation for Essential Medicines and Traditional Medicines
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WB	World Bank
WBI	World Bank Institute
WHO	World Health Organization

1. Opening Ceremony

The WHO Regional Director for Africa, Dr. Luis Gomez Sambo (RD) officially opened the workshop. The RD emphasized the importance of procurement and supply management systems to ensure availability of essential medicines. He highlighted that Africa caries the heaviest burden of disease and the need for concerted efforts of partners to meet the objectives of the Millennium Development Goals (MDG). To this endeavour, he underscored the role of WHO's 2004-2007 medicines strategy which could play important role in providing support to countries to improve access to essential medicines, especially for priority disease such as HIV/AIDS, Tuberculosis and Malaria, and chronic diseases. Furthermore, he pointed out the need to address several factors including rational selection of medicines, affordable prices both to government and consumers, sustainable funding for treatment, rational use and reliable supply systems have to be considered to improve availability and accessibility of essential medicines.

The RD noted that the workshop offers an opportunity for participants to analyse problems and propose interventions to adequately manage the procurement and supply systems for essential medicines and other health technologies. He hoped that practical solutions to procurement supply management problems would be sought and expressed his eagerness for the outcomes of the workshop which would enable WHO to provide adequate guidance to Member States to improve the procurement and supply systems for essential medicines and other commodities. Finally, he expressed his appreciation to all the experts from various countries and agencies, who had come to contribute to the workshop and add value to WHO's work in countries and declared the workshop officially opened.

In an earlier remarks made by Dr. Alimata Diara-Nama, Director of the Division of Health Systems and Services Development (DSD), she welcomed workshop participants (annex1) and thanked the Regional Director for taking time off his busy schedule to preside over the workshop. She highlighted the objectives of the workshop and underlined the diverse challenges in countries with respect to medicines selection, procurement, distribution and use. Dr Diara-Nama hoped that the workshop would review these problems and come up with appropriate interventions which could be constituted in a regional framework.

Mrs Malebona Matsoso, Director of Technical Cooperation for Essential Medicines and Traditional Medicines (TCM), highlighted the problems that still exist in procurement and

supply chain management. She further noted the inadequate coordination among various actors which has lead to waste of limited resource, burdened human resource capacities in countries, many vertical programs and various donor requirements which have overwhelmed central medical stores. Mrs Matsoso underscored the important role of Faith Based Organisations and the private sector but still not able to respond fully to these challenges. Mrs Melabona Matsotso noted that the workshop was historical as it was being held when countries are scaling up interventions to combat HIV/AIDS, TB and Malaria, and directing their attention to vulnerable groups like paediatrics and the elderly. She underscored the central role that procurement and supply management systems play in health services delivery.

Mrs Matsotso brought to the attention of participants the involvement of many players, implementation of parallel systems and lack of coordination. Furthermore, she outlined challenges in Procurement and Supply Management (ProcSM), which include shortage of adequately trained procurement and supply management officers, verticalisation of supply systems, lack of coordination, multiplicity of reporting requirements for different donors, weak inventory management capacities, inadequate number and capacity of human resource, storage facilities and warehousing, transport, and inappropriate donations. Mrs Matsoso further highlighted the important role played by Faith Based Organisations and the private sector in most countries in the Region. She called up on countries to capitalise on their strengths in order to improve the system. She observed that efforts have been made to strengthen public procurement and supply systems and in the fight against counterfeit medicines. She called upon member states to develop systematic approach to effectively address PSM issues and challenges, giving particular importance to strengthen supply management information systems.

The opening ceremony was followed by self introduction of participants and a group photograph. The workshop appointed a chairperson (Ghana) and vice-chairperson (Cameroon) and two reporters (Niger & Namibia).

The program of work was adopted and the objectives of the workshop were presented.

2. Workshop Objectives

Dr. Moses Chisale, EDP/AFRO presented the objectives of the workshop. The general objective of was to contribute to the improvement of procurement and supply management of medicines and other medical supplies in the African Region. The specific objectives were to:

- Share and discuss results from questionnaire survey and multi-country study on procurement and supply management.
- Share country and sub-regional experiences and lessons in procurement and supply management.
- Discuss issues to be considered to improve procurement and supply management.
- Propose a regional framework for improving procurement and supply management.

The expected outcome of the workshop would be a regional framework to help guide the Regional Office in its support to countries to improve procurement and supply management of essential medicines in the WHO African Region. Dr. Chisale pointed out that this framework would be implemented alongside the other frameworks previously developed to strengthen medicines regulatory authorities and local production of essential medicines. Countries will then be expected to produce specific plans for the implementation of priority activities.

Dr. Chisale also presented an outline of key issues in ProcSM identified in consultation with country pharmaceutical advisors in the region. Eight (8) major elements were proposed to be considered in the development of the framework: selection, procurement, distribution and storage, quality assurance, sustainable financing, management support, policy & legal framework and collaboration & coordination. For each element, participants were requested to define the major objective, outline issues and challenges related to the issues and propose approach to tackle the problems.

3. Presentations

Dr. Gilles Forte, the Coordinator for Medicines Policies and Supplies Management in the Department of Technical Cooperation for Essential Drugs and Traditional Medicine, made a presentation on the results of a rapid country assessment on procurement & supply management issues in countries, carried out in 2006 through a questionnaire administered by national procurement agencies. The objective of the assessment was to gain basic understanding of current procurement and supply management structures, mechanisms and needs in countries. The results of the assessment showed that 70% of countries involved have centralized procurement structure while the rest had either semi or decentralized procurement systems. It was also noted that while the EDL is used for procurement, vertical programs have brought fragmentation to the systems. Based on this assessment, the following priority areas requiring support were identified;

- Increased collaboration at global, regional and country levels
- Review of levels of taxes and tariffs
- Quality assurance capacities and establishing reference laboratories
- Prequalification and building national capacity to control medicines quality
- Staff retention and development strategies
- Procurement and supply management policy and legal framework
- Procurement planning and quantification
- Tools for performance monitoring and information systems
- Capacity building in tendering and contract management-
- Pooled procurement of essential medicines for priority diseases - joint tendering
- Strengthening regional collaboration for medicines production

Ms Marthe Everard, Technical Officer in the Department of Medicines Policy and Standards at WHO Headquarters, presented the findings of a Multi-Country Study on Drug Supply and Distribution Activities of Faith-Based Supply Organizations in Sub-Saharan African Countries. The study was undertaken in 2003 by WHO in collaboration with the Ecumenical Pharmaceutical Network (EPN) and it involved 16 Faith- based organization in 11 Sub-Saharan African countries. The study aimed to document experiences of Drug Supply Organizations (DSO) in their efforts to provide medicines to an estimated 40% of the population in many

African countries. Ms Marthe indicated some of the findings, key constraints and challenges as follows:

1. Majority of clients of DSOs were small health care facilities, a significant number being non-members and some government institutions.
2. Large DSOs were highly computerized and utilized their MIS in decision-making.
3. Procurement was based on the EDL and procurement prices were generally competitive. Most had procurement policies which gave preference to local manufacturers.
4. Quality was the main criteria for supplier selection, followed by price and delivery time.
5. Product selection was mostly through committees/teams; and most reviewed their lists annually, based on government or WHO guidelines.
6. Financing was mostly through fee for service, and some had own local policies for patients that cannot afford.

Key constraints and challenges included:

1. Inappropriate donations and lack of funds for distribution of donations;
2. Long lead times and government restrictions on international procurement,
3. Lack of well developed mechanisms for sharing information with government and other stakeholders and
4. Lack of sustainable medicine financing mechanisms.

The Network had identified interventions, including advocacy among church leaders, improving linkages with stakeholders, development of SOPs, developing and sharing tools; improving procurement and storage capacity, strengthening distribution service and addressing financing and sustainability issues.

4. Country Experiences

Three countries, South Africa, Senegal and Ghana presented their experiences in improving ProcSM. Ms Lulu Peteli, *Director of Pharmaceutical Services in the Department of Health of Eastern Cape Province* in South Africa presented challenges encountered in improving ProcSM in the *Eastern Cape Province*. The main challenges identified were poor consumption data, security of supplies, cold chain maintenance, poor working conditions, and low staff morale. Some of the initiatives undertaken to improve the system included restructuring pharmaceutical services, outsourcing of procurement, storage and delivery to the public sector, technology improvement, professionalism and flexibility in service delivery. Quality assurance mechanisms included monthly monitoring through reports, accreditation process, statutory inspections and regular supplier monitoring of the quality of supplies circulating within the system.

Mr. Peter Gyimah from the MOH Central Medical Stores (CMS) in Ghana presented the successes and pitfalls of a decentralised procurement and supply management system. He highlighted that the Ghana CMS had made substantial progress since its inception in 1998, in development of procurement capacity and a procurement manual, direct disbursement of funds to health facilities. Main challenges included poor product specification; inadequate quantification of needs, long supplier lead times, poor quality assurance systems, inadequate numbers and mix of human resources and inadequate funding mechanisms.

Dr. Douanda Diop, Director of the Pharmacie Nationale d'Approvisionnement (PNA) in Senegal presented their experience in medicine procurement and supply management. He identified the strengths of the supply organisation as having good supply of medicines to all levels of the health care system, availability of qualified and motivated personnel, adequate financial availability, regular medicines procurement, competitive procurement and political support. He identified inadequate facilities for medicine storage, poor information availability, incomplete decentralisation of distribution, and absence of tax exemption. In future, the supply organisation plans to renovate the store, complete the decentralisation process, modernise and improve the communication system, and build capacity of their personnel in Good Distribution Practice. There are future plans to construct a modern CMS with adequate storage space.

5. **Regional Experiences**

Mr. Abayneh T. Desta, Technical Officer, EDM, WHO/AFRO presented the results of WHO/HAI Medicine Price Surveys in 12 African Countries, which were carried out in 2004 and 2005. The studies carried out in Region used the standardised methodology developed by WHO and Health Action International (HAI) which used a core list of 30 medicines and a country-specific supplementary list of medicines to assess their availability, prices and affordability. This standardized methodology enabled comparisons across regions and countries. He further explained the surveys findings for *public sector procurement and patient prices***,** which indicated that:

- significant price variations existed within and across countries
- Medicines were poorly available in public health facilities
- Prices were a major burden to patients, for example treatments for selected conditions, particularly chronic conditions, were unaffordable
- Procurement prices in most countries were below the International (MSH) reference price, with a few exceptions. However, poor availability in this sector rendered medicines inaccessible even when prices were affordable
- Pricing policies and regulations do not exist when available, are not always enforced, leading to high prices and/or variation of prices between facilities

Mr. Abayneh in his presentation highlighted on the continued WHO support to countries to implement recommendations from medicine price surveys which included: developing national procurement policies, sharing information on medicine sources and prices, improving availability of essential medicines in the public sector, reviewing taxes and tariffs on medicines and undertaking further studies to better understand and determine appropriate mark-ups in the public sector.

Dr. Charles Kandie, Chief Executive Officer of the Kenya Medical Supplies Agency (KEMSA) presented the sub-regional experience in public sector medicine procurement in the Commonwealth bulk purchasing initiative, with a focus on coordinated informed buying in East and Central and Southern Africa (ECSA). The 14 member countries of ECSA had established a Regional Pharmaceutical Forum (RPF) to facilitate pharmaceutical and

commodity management, and bring them onto the policy agenda of the ECSA health ministers. The RPF which worked through expert committees had identified major challenges of ProcSM systems as: weak policies and legal framework, irrational use, weak procurement and distribution systems and inadequate systems for management of HIV commodities.

The RPF had initiated a system of Coordinated Informed Buying (CIB), as an initial step towards bulk procurement, and the main anticipated benefit was reduced medicine prices. Some challenges faced include: difficulty to reach agreement on the final price to be captured on website (FOB, CIF, etc); different procurement acts and regulations; different currencies and different economies. Countries were still providing information, and a website was in the formative stages. Key recommendations from participants include: harmonizing the ECSA price reporting mechanism with similar existing mechanisms (e.g. WHO and GFATM); need for coordination with other regional initiatives, and to start with a small number of countries for easier implementation.

Dr. Lapnet Moustapha, Technical Officer in the ATM Division (HIV/AIDS, TB and malaria) in AFRO made a presentation on the series of workshops on Procurement and Supply Management of HIV Medicines in African Countries: Achievements and Way Forward. He informed the participants that they started organising workshops in December 2004 in order to provide technical assistance to countries to complete PSM plans to enable release of GFATM award six workshops had been organized to date and 300 persons had participated, drawn from countries in the African (AFRO) and Eastern Mediterranean (EMRO) Regions. Several partners were involved in organizing the workshops and providing technical assistance. It was generally observed that:

1. ProcSM systems of medicines for HIV/AIDS, TB and malaria are closely linked with systems for other medicines
2. There was willingness from countries to improve their ProcSM systems and from partners to provide support; and
3. Small improvements in ProcSM can lead to integration of the lessons into the general system as well as overall strengthening of the system.

Key obstacles noted included difficulties in harmonizing protocols and its implications on ProcSM, unreliable quantification, long procurement procedures, limited Human Resources capacity, multiple interventions from partners and lack of coordinated information. Future

perspectives include providing technical assistance as expressed by countries; ensuring adequate follow-up and monitoring progress; reporting and disseminating best practices, continued support and capacity-building at national and decentralized levels and strengthening partnership and coordination.

Dr. Jean-Marie Trapsida, EDM coordinator in WHO AFRO, made a presentation on quality assurance during procurement and pre-qualification of suppliers. Dr. Jean-Marie lamented the weakness in the national medicines regulatory system in the sub-region, the continued circulation of substandard and counterfeit medicines and non application of available tools to ensure quality, safety and efficacy of medicines. He outlined the process of ensuring the quality of medicines during the procurement cycle which include appropriate product selection, adequate and complete contract specification, ensuring medicine registration and WHO certification of pharmaceutical products moving in international commerce, GMP inspection of facilities, adequate laboratory testing and prequalification of products.

He recommended the strengthening of National Medicines Regulatory Authorities and the establishment of adequate quality assurance mechanisms in the supply chain taking into consideration globalisation and introduction of new medicines.

6. Procurement & Supply Management in the African Region: Partners' View

Development partners present at the forum were United Nations Development Programme (UNDP), PEPFAR, the World Bank, John Snow Inc/Deliver, Ecumenical Pharmaceutical Network (EPN) and Management Sciences for Health – Centre for Pharmaceutical Management (MSH-CPM). They highlighted their areas of support some of which included: provision of technical support to countries, capacity building, management information systems, procurement, distribution, storage, development of quality assurance systems, medicine financing, and information sharing.

Partners highlighted on some of the challenges identified while working with countries in the African Region: These included inadequate human resources in number and in skills, inadequate product forecasting, poor information management and sharing, procurement not based on consumption data, lack of clear procurement guidelines, and poor partner coordination

and duplication of efforts. Having considered all the constraints and challenges countries have been facing, participants called on partners to:

1. Ensure coordination of efforts and to ensure that success stories achieved through partner support should be brought to bear on the entire national system
2. To consider the development of ProcSM training modules in other WHO AFRO languages, and to strengthen post-workshop follow-up.
3. To capitalise on funding for priority disease to strengthen the whole medicine supply system
4. To pay more attention to transparency and good governance in procurement
5. To harmonise reporting tools in order to lessen confusion and burden to health workers
6. To address human resources issues with special focus on recruitment of adequate number of pharmacists and lower cadre personnel for PHC levels. World Bank was specifically requested to reconsider recruitment caps imposed on countries and to allow recruitment of health personnel.
7. To ensure that ProcSM systems were designed with sustainability in mind.

7. Group Discussions and Recommendations

Four groups were set up to discuss various procurement supply management issues/challenges and propose areas of support to member countries. The groups subsequently made plenary presentations of their deliberations, which were discussed by all participants. This process resulted in the Regional *Framework for Improving Procurement and Supply Management in Member States of the WHO Africa Region (annex2)* and the following recommendations.

Countries:

- To establish efficient coordination mechanisms among stakeholders in the ProcSM sector
- To ensure implementation of the National Workplans for ProcSM within the agreed regional framework
- To sensitize policy makers and partners in countries on the outcomes and the spirit of the regional framework on ProcSM

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- To complete and send out the workshop report and Regional framework to countries within 1 month
- To support and coach countries in the development and implementation of their own adapted work plans
- To advocate for development/adoption of national medicines policies and good procurement and supply management practices.

Partners: Immediate and continuous

- To provide financial and technical support within the existing national structures and policies for ProcSM in a coordinated manner

8. **Closing Remarks**

The closing of the workshop was attended by the RD, DSD, and TCM. The summary of the proceedings including recommendations was read by the raporters of the workshop.

DSD congratulated participants for the good results produced, and partners for their participation, which has shown their commitment to work with WHO to provide support to countries to improve the ProcSM of essential medicines including vaccines. DSD noted that the draft Regional Framework would provide a roadmap for WHO and partners to provide focused support to countries, but stressed the need for proper coordination.

In her closing remarks, Mrs Malebona Matsoso (TCM) expressed her satisfaction with the positive outcome of the workshop, which had met its objectives. She noted with satisfaction the commitment of member states and the willingness of partners to work together with WHO to solve challenges of ProcSM in countries. TCM highlighted that it was important to address problems systematically; that the common approach adopted at the workshop was a good prescription for success and needed to be translated into action. She noted that coordination and quality assurance needed to be given urgent attention.

On behalf of participants, the participant from Mali gave a vote of thanks and thanked WHO and partners for organizing and gracing the workshop, which was very useful for improvement

of Procurement and supply management in member countries. The chairperson of the workshop from Ghana made concluding remarks, and thanked participants, WHO and partners for the successful workshop. He urged all present to follow up on the recommendations made, to achieve the expected outcomes.

In his closing message, the Regional Director thanked all participants for the outcome, and noted that the workshop recommendations were relevant for all concerned. He highlighted that ProcSM of medicines was complex, in order to achieve the MDGs, governments need strong, reliable and coordinated systems for ProcSM at country level. He remarked that if the recommendations of the workshop are implemented, then ProcSM can be improved. He further noted that the fundamental responsibility for ProcSM lies with countries, it was not easy to cope with multiple partners in one area, and urged partners to support country programs. He highlighted that a lot needed to be done to improve coordination, and WHO AFRO is very keen to foster this collaboration in member states.

In conclusion, he emphasised that attaining access in all aspects and for all medicines was the most important goal, and that NCDs had become significant in terms of public health in AFRO and need to be addressed. He concluded that all stakeholders have responsibility and consequently need to work together and monitor implementation of the recommendations of the Workshop and the Regional framework.

The Regional Director thanked all participants for the good work achieved, and wished them safe return to their respective destinations and declared the workshop closed.

List of Participants

Annex 1

Country	Name	Address	E-mail
1.Angola	Dr Constäncia Joäo	Pharmacien Au Programme National de Medicaments, Tel. 244222399426/8	Panzo2001@yahoo.ca
2-Cameroon	Dr Taousse Oussoumanou	Directeur Général CENAME, Tel. 00 237. 223.29.20	Cename@hotmail.com
3-Chad	Mme Saker Haoua	Responsable des Approvisionnements, Tel. B. 00235518057, Fax. 00235517408, Mob. 00235 6263939	haouasaker@yahoo.fr
	Dr Daniel Boysinda Robydoh	EDM/NPO Tel. (00 235) 52-38.03 Bureau/293856 Cellulaire	robndoh@yahoo.fr
4-Comoros	Mr Ahamada Said Fazul	Directeurs des Laboratoires et Pharmacie, Tel. Bureau. 00269733056 Mob. 00269333056	sfazul@yahoo.fr
5-Congo	Dr Jonas Crépin Akenande	Chargé des Approvisionnements des stocks et Distribution (COMEG)	akenandejo@yahoo.com
	Dr Ray Mankele	EDM/NPO, Tel. 242 670 20 62	mankeler@cg.afro.who.int
6- Côte d'Ivoire	Dr Coulibaly Eric Richard	Sous-Directeur des Achats de la Pharmacie Santé Publique Tel. 0022507410409/Bureau 00225 2 353431	eric_coulibaly@yahoo.fr
7-Eritrea	Mr Yemane Zeremariam	Distribution and Sales Manager, Pharmaceutical and Medical Supplies Corporation of Eritrea (PHARMECOR), Tel. 291-1-123277/124505 Fax: 291-1-126455, P.O Box 200	yemanezer@yahoo.com
8-Ethiopia	Ms Hadas Adugna	Acting Head of the Pharmaceutical Supply and Logistics , Department of the Ministry of Health, Tel. +251911468888/251115151790	hadaddi2003@yahoo.com
9-Gambia	Mrs Markieu Janneh Kaira	Principal Pharmacist, National Pharmaceutical Services, Central Medical Stores, The Gambia, Tel. (220) 4222220, Mob. 9950777	markieusj@qanet.gm
10-Gabon	Mme Paulette Mounguegui	Directrice de l'Office Pharmaceutique National, Tel. 00241765507/0024106255201 Fax : 00241765508	moung.opn@inet.ga
11-Ghana	Mr. Peter Ekow Gyimah	Head Central Medical Stores	petergyimah@gmail.com
	Dr Edith Andrews	EDM/NPO, Tel. 23321763919	andrewse@gh.afro.who.int
12-Guinea	Dr Housséin Bah	Directeur Général de la Pharmacie centrale de Guinée, Tel. 00224213893	Pharma-centrale@yahoo.fr

Country	Name	Address	E-mail
13-Guinea Bissau	Dr Da Costa Estêvão Malam	Directeur de la Centrale d'Achat des Médicaments Essentiels Génériques	cecome@eguitel.com
14-Kenya	Dr Charles Kiplagat Kandie	Chief Executive Officer KEMSA, Tel.: 0722709156, P.O Box 47715	charles.kandie@kemsa.co.ke
	Dr Regina Mbindyo	EDM/NPO, Tel. 020-2717902	mbindyor@ke.afro.who.int
15-Mali	Dr Yatassaye Aïcha Guindo	Directrice de la PPM	spdg@ppm-mali.com
16-Mauritius	Mrs Sarita Kumari Boolell	Senior Pharmacist, Tel. 2302013513	saboolell@mail.gov.mu
17-Namibia	Mr Gilbert Habimana	Chief Pharmacist: Central Medical Store Tel.: +264 61 233 15, Fax: +264 61 238 746	ghabimana@cms-namibia.com
18- Niger	Dr Mariama Sambo	Directrice Générale, Office National des Produits Pharmaceutiques et Chimiques du Niger (ONPPC) BP 11585, Tel. (227) 742668	onppc@intnet.ne
19-Nigeria	Olatunji Omoyele	Head/Central Medical Stores, Manage Procurement, Storage, Distribution and Overall Administration, Tel. 234-1-8023029699/01-47893001	Olatunjiomeyele@yahoo.co.uk
	Dr Ogori Taylor	EDM/NPO, Tel. 234-803406896	tayloro@ng.afro.who.int
20-RDC	Dr Matamba Tshigombe Léonard	Directeur du Programme National d'Approvisionnement en Médicaments Essentiels (PNAM), Tél. : 0998470444	dirpnam@yahoo.fr
	Dr Anastasie Mulumba	EDM/NPO, Tel. 00243817006413	mulumbaa@cd.afro.who.int
21-Sao Tome& Principe	Mr Guiomar Saviete da Costa	Director do Fundo Nacional de medicamentos, Tel. 222195	funame@cstome.net
22-Sénégal	Dr Daouda Diop	Pharmacien, chargé de la communication de la PNA, Tel 8595062/66	daoudadr@yahoo.fr
	Dr Mamadou Ngom	EDM/NPO, Tel. (221) 862-5937	ngomm@sn.afro.wgho.int
23-Seychelles	Mrs. Lucile De Comarmond	Director of Pharmaceutical Services & Supplies	dpharm@moh.gov.sc
24-Sierra Leone	Dr Bassie Turay	Director of Drugs and Medical Supplies, Tel. 0232-22240587	bassiran@yahoo.com
25- South Africa	Ms Lulu Nkiseng Peteni	Director Pharmaceutical Services	LULEKE.PETENI@IMPILO.ECPROV.GOV.ZA

Country	Name	Address	E-mail
26-Tanzania,	Christopher Msemo	Director of Pharmaceutical and Technical Services, Tel. 255-22-2860890	cmsemo@msd.or.tz
	Dr Rose Shija	EDM/NPO	shijar@tz.afro.who.int
27-Zambia	Mr Albert Lupupa	Procurement Specialist (Pharmaceuticals) Ministry of Health, Box 32588, Lusaka	albertlupupa@yahoo.co.uk
	Dr Loyce Lishimpi	EDM/NPO, Tel. 260-1-255322	lishimpil@zm.afro.who.int
28-Zimbabwe	Mrs Florah Nancy Sifeku	Managing Director, Natpharm	fnsifeku@Natpharm.co.zw
29- RBM	Remy Prohom	Technical Officer, Tel. +41797515563	PROHOMR@WHO.INT
30-RPA/AFRO	Dr Thomas Lapnet-Moustapha	WHO Regional Office for Africa, P.O. Box 6 Brazzaville, Congo; Tel. +2634746000/011/070 ; +4724138105	Lapnett@afro.who.int
31- EC	Marie Paul Fargier		
32- WHO/TB	Fabienne Jouberton	Procurement Officer WHO/Geneve	joubertonf@who.int
33- UNDP	Ms. Loverne Scott-Heron	Procurement Services, Tel. +45 35 46 7000, UNDP/IAPSO, COPENHAGEN	Loverne.scott-heron@iapso.org
34- World Bank	Jabulani Nyenwa	Consultant, +263-11-401582	jnyenwa@yahoo.com
35- EPN	Dr. Wycliffe M. Nandama	Senior Operations Manager - MEDS	wnandana@meds.oe.ke
36- SCMS	Mr Robert Staley	SCMS, Procurement Unit Manager, Tel. 703-341-4904	rsraley@pfscm.org
37-JSI/Deliver	Ms Jennifer Erie Mboyane	Supply Chain Management System (SCMS), Tel. (703) 341-4965 Lead Programe Coordinator	jmboyane@pfscm.org
38- MSH	Mr Oliver Hazemba	Management Sciences for Health (MSH), Regional Technical Adviser/Africa, Lusaka , Tel. +2601261614	ohazemba@msh.org
39-ECOWAS	Dr Mariane Ngoulla	Health Consultant, ECOWAS Secretariat, Abuja, Tel. +234 (9) 3147646-9, Tel/Fax:+234 (9) 314 7635	Mngoulla@ecowas.int

Secrétariat	Dr Alimata J. Diarra-Nama,	DSD/AFRO, Tel: 47-241-39200	diarraa@afro.who.int
	Dr Jean Marie Trapsida,	EDM/AFRO, Tel: 47-241-39258	trapsidaj@afro.who.int
	Dr Moses Chisale	EDM/AFRO Tel: 47-241-39253	chisalem@afro.who.int
	Mr. Abayneh T.Desta	EDM/AFRO Tel: 47-241-39262	destaa@afro.who.int
	Precious Malebona Matsoso	TCM/HQ, Tel. 41792247061	matsosom@who.int
	Mr. Martin Auton	TCM/HQ, Tel.+27(0)123467323	martinauton@mail.com
	Dr Gilles Forte	MPM/TCM/HQ, Tel.: 41227913617	Forteg@who.int
	Ms. Helen Tata	MPM/TCM/HQ, Tel.: 41227912660	tatah@who.int
	Dr Sophie Logez	PSM/HQ, Tel.: 41227913604	logezs@who.int
	Ms. Marthe Everard	PSM/HQ, Tel.: 41227913835	everardm@who.int
Interpreter 1	Ms. Tania Remedios	Zimbabwe	remedios@zol.co.zw
Interpreter 2	Mr. A.K. Bruce	Benin	Bruce_cmb@hotmail.com
Interpreter 3	Mr. A Bousomog	Cameroon	bousomog@hotmail.com
Interpreter 4	Mr. R.P. Atangana	Ethiopia	atadamfr@yahoo.fr

Annex 2

REPORTS OF WORKING GROUPS

MEMBERS OF GROUP 1 and 2

Participants

Angola	Constäncia Joäo
Cameroon	Taosse Oussmanou
Côte d'Ivoire	Coulibaly E richard
Eritrea	Yemane Zerimariam
Gambia	Markieu Janneh-Kaira
Ghana	Peter Gyimah
Chad	Saker Haoua
Congo	Crépin Akenade
Guinea	Housséin Bah
Kenya	Charles Kandie
Nigeria	Olatunji Omoyele
Sao Tome	Guiomar Saviete da Costa
Senegal	Daouda Diop
Mauritius	Sarita Kumari Boolell

Facilitators

Abayneh T. Desta	WHO
Jean-Marie Trapsida	WHO
Ogori Taylor	WHO
Mamadou Ngom	WHO
Daniel Boysinda Robdyo	WHO
Edith Andrews	WHO
Helen Tata	WHO
Fabienne Jouberton	WHO
Remy Prohom	WHO
Jennifer Mboyane	DELIVER
Robert Stanley	SCMS
Loverne Scott-Horn	UNDP

MEMBERS OF GROUP 3&4

Participants

Sierra Leone – Chairperson: Bassie Turay
South Africa – Rapporteur 1: Lullu Peteni
Seychelles – Rapporteur 2: Lucille Comarmond
Tanzania:; Christopher Msemo
Ethiopia: Hadas Adugna
Zimbabwe:Florah Sifeku
Namibia: Gilbert Habimana
Zambia: Albert Lupupa

Facilitators

WHO: Rose Shija
Loyce Lishimpi
MSH: Oliver Hazemba
EPN : Wycliffe Nandama
World Bank: Jabulani Nyenwa

REGIONAL FRAMEWORK TO IMPROVE PROCUREMENT AND SUPPLY MANAGEMENT SYSTEMS FOR ESSENTIAL MEDICINES IN THE WHO AFRICAN REGION 2006-2010

AREAS **1. SELECTION AND QUANTIFICATION**	**CHALLENGES & BOTTLENECKS**	**Specific Objective**	**Strategy / approach**	**Main activities**
1.1 SELECTION				
	Non availability of a committee for selection in some countries	To establish functional committee for elaboration and revision of STGs, EDL, formularies	-MOH to take leadership in the formation, planning, budgetary allocation, monitoring and coordination of-EDL/STG committees -Development of a legal framework for the formation of committee	▪ Inventory of existing tools in countries ▪ Document and disseminate best practices on Drug and Therapeutic Committees ▪ To provide timely support to countries ▪ Resource mobilization and advocacy
	Selection of committee members is adhoc.			
	Inadequate funds to support functioning of the committee			
	STGs, EDL, Formularies not regularly updated to reflect changes in clinical management.	To review and update regularly (every two years)the STGs, EDL, formularies and disseminate	Planning and procedures for development and dissemination of the tools	
	STGs, EDL, formularies not available or disseminated			
	Difficulty to harmonise STGs/EDL for various programs			
	Donor preference for medicines outside EDL			

AREAS	CHALLENGES & BOTTLENECKS	Specific Objective	Strategy / approach	Main activities
1.2 QUANTIFICATION & FORECASTING	Unreliable/inadequate consumption, morbidity and logistics data	-To strengthen/establish supply management information system -To make use of existing quantification tools	▪ Needs assessment for establishment of medicines information systems ▪ Set up/strengthen supply management information system ▪ Inventory of existing tools	Technical support to countries for establishing and adapting information systems
	Inadequate human resources for quantification	To build/strengthen capacity at all levels	Build capacity at all levels and inter-country sharing of expertise	▪ Provide problem based capacity enhancement for quantification (performance improvement) ▪ Establish sub-regional pools of experts and meetings organized
	Matching needs/quantification with available funds			
	Verticalisation/fragmentation of quantification	To maximize use of scarce resources	Harmonize and coordinate quantification processes	Advocate for harmonization of quantification system

AREAS	CHALLENGES & BOTTLENECKS	Specific Objectives	Strategy / approach	Main activities
2.PROCUREMENT	Unclear tender specifications for products	To define clear and concise tender specifications for contracts		Develop generic tender specifications for procurement of pharmaceuticals
	Inadequate formulation of Tender terms and conditions, bidding documents and process			
	Procurement laws and regulations do not adequately address procurement of pharmaceuticals	To develop regulations and guidelines specific for the procurement of pharmaceuticals	Set up expert committee to address gaps	Develop generic regulations and guidelines for the procurement of pharmaceuticals
	Absence of or weak written procurement procedures	To develop SOPs for good procurement practices		Develop generic SOPs for procurement
	Irregular updating of suppliers' qualification criteria			
	Insufficient sharing of information for pooled procurement	To improve procurement procedures	Document and disseminate best practices for pooled procurement	Technical assistance on best practices
	Lack of resources/political will to satisfy the needs from the pooled procurement Pooled procurement not recommended for all products	To advocate for pooled procurement for selected medicines		
	Local policies not conducive for pooled procurement	To create environment for pool procurement		Support to sub-regional harmonization of policies relevant to pooled procurement
	Lack of good governance and transparent procurement procedures	To improve efficiency in procurement process	Enforce transparent procedures in procurement	Develop advocacy tools to inform and sensitize policy makers on the effect of good governance on procurement of medicines
	Lack of coordination for procurement in disease programmes	To develop coordination mechanisms for integration of vertical	▪ Establish an integrated framework for procurement	Advocacy and support for the harmonization and integration of procurement of pharmaceuticals for

		disease programs	▪ Consultation and coordination among stakeholders	vertical programs
	Procurement performance not monitored and audited regularly	To identify gaps in the procurement system	▪ Develop indicators for regular Monitoring & Evaluation ▪ Set up procurement performance monitoring and evaluation systems	Technical assistance to develop framework and indicators for procurement Monitoring & Evaluation

3. STORAGE AND DISTRIBUTION			
3.1 STORAGE			
Issues/Challenges	**Specific Objective**	**Strategy/Approach**	**Main activities**
Knowledge/Awareness of good storage practices is lacking; staff not properly/adequately trained Guidelines for good storage practices not available and enforced in countries	To improve the capacity and skills of warehousing staff on good storage practices.	Identification of existing tools and procedures and elaboration of norms	Conduct regional training courses of drug supply management Disseminate existing tools and guidelines for good storage practices
Inadequate stock management capacity including for inventory control system	To develop/strengthen stock management	Provide tools for supervisors to conduct periodic inspection of various facilities	Support countries to develop supervisory checklist for storage facility inspections for the different levels in the supply chain
Insufficient human resources in skills and numbers	Improve stock management performance	To strengthen human resource capacity in stock management	Support training
Inadequate storage facilities and capacity • Temperature monitors not used for monitoring room temperature • Air ventilation mechanisms not installed • Master file for handling products safety not available • Hazardous products not quarantined and protected • Fire extinguishers old and not working or non-existent • No water sprinkler or hydrant system available	To ensure facilities are built according to appropriate specifications and needs To accommodate adequate stock of medicines at all levels	Review capacity of storage space continuously, monitor shipment arrival and distribution schedules, change order cycle or procedures	Sharing information on designing, building and equipping storage facilities for pharmaceuticals and other medical supplies and equipment. Document and share best practices from other countries who are optimally using their storage space

• Pallets and racking systems not installed			
SOP for disposal of expired medicines not available Lack of incinerators for disposal of medical waste	To protect the community from contacting products that could be harmful and dangerous	Coordinate with authorities that have the ability to dispose of medical waste	Provide generic guidance on proper method of medical waste management and provide resource list of agencies specialized in that area.
Inadequate stores handling equipment	To facilitate the work of the store keeper	Make budgetary allocations for acquisition and maintenance equipment	

AREAS	**CHALLENGES & BOTTLENECKS**	**Specific Objective**	**Strategy / approach**	**Main activities**
3.2 DISTRIBUTION	Lack of effective planning for medicines distribution	To provide steady and timely supply of available medicines to health facilities	Establish mechanisms for development of implementation plan	Technical assistance to strengthen capacity in development of plans for drug distribution
	Inadequate budgetary allocations	To provide adequate and sustainable funding for distribution		Advocacy for resource mobilization For medicines distribution
	Lack clear roles for private and non profit sector involvement in distribution	To ensure an effective distribution system through appropriate private public partnership	Identify and involve relevant partners	Advocacy for integrated distribution of all medicines
	Fragmented vertical supply programs	To achieve integration of distribution and harmonize all drug distribution activities in the country	Department responsible for medicines in MOH to take leadership in the coordination and harmonization	Technical assistance to develop model guidelines/SOPs for effective and integrated distribution systems
	Inadequate cold chain in the distribution	To provide conducive distribution chain	Functional Equipment available	
	Poor performance in MIS	To produce evidence based	Integrate cold chain and	Support countries to

		information for decision making	distribution process in the MIS	develop supervisory, monitoring and evaluation tools and guidelines
	Monitoring and Evaluation of distribution system	To ensure adequate supervision, monitoring and evaluation of distribution activities		
	Lack of appropriate distribution tools and guidelines	To provide steady and timely supply of available medicines to health facilities		
	Inadequate security			
	Insufficient transportation means	Secure functional transportation means	Plan, budget and resource mobilization for purchase and maintenance of transportation means	Advocacy from partners for funding

AREAS	CHALLENGES & BOTTLENECKS	Specific Objective	Strategy / approach	Main activities
4. QUALITY ASSURANCE	Prequalification/post-qualification of suppliers is expensive	To ensure adequate pool of prequalified suppliers		Develop model policy documents/guidelines for the prequalification process including for other agency requirements e.g. WB
	Difficulty to obtain/crosscheck genuine documentation of NDRAs			Develop model international defect reporting system
	Inadequate pool of prequalified suppliers	To ensure adequate and efficient communication of supplier information		Develop model information dissemination mechanisms
	Poor information sharing on suppliers and products	To develop/improve performance management and information system		
	Absence of a network for sharing information	To encourage regional collaboration in sharing information on GMP and testing results/product master files		
	Lack of monitoring system for supplier performance management	To establish QC processes for products as they move through the supply chain		Standardization of key indicators for monitoring of supplier performance.
	Inadequate report reporting of poor quality medicines and poor complaint handling procedures	To improve exposure and knowledge of quality processes and performance standards		

	Absence/poor of recall system	To improve post marketing surveillance programs		
	Registration procedures are, slow, cumbersome and resource intensive	Strengthen capacity of medicines regulatory authorities	Assessment of MRA and development of work plans	Technical support for assessing and strengthening of MRAs
	Inadequate QC processes as they move through the supply chain			
	Absence/difficulties to regularly upgrade SOPs at every level			
	Absence of supervision, monitoring and evaluation of the system			
	Insufficient capacity and numbers of HR in QA at all levels			
	Lack of post marketing surveillance and pharmacovigilance	Establish/strengthen Pharmacovigilance systems in countries	Assess existing systems and define tools and relevant mechanisms	Support training on Pharmacovigilance
	Inadequate QC capacity in countries	Strengthen national QC capacity	Assessment of QC laboratories and development and implement work plans	Technical support

AREAS	CHALLENGES & BOTTLENECKS	Specific Objective	Strategy / approach	Main activities
5. RATIONAL USE	Lack of Drug and Therapeutic Committees (DTC)	To improve selection and rational use	Institute functional DTCs in health facilities	▪ Support countries to revive/set up DTCs ▪ Support countries to adapt RUM tools and training manuals and modules ▪ Support operational research in RUM
	Inadequate capacity in RUM	To advocate for the health care providers to prescribe and dispense appropriately and maximize use of resources	Disseminate EDL and STGs to health facilities and regularly organize training workshops in countries for prescribers and dispensers	
	Inappropriate prescribing and dispensing of medicines; Prescriptions done out of EDL			
	Inadequate dissemination of EDLs and STGs			
	Inadequate information on RUM and feedback to health care providers			
	Lack of information of RUM			
	Unrestricted promotion activities of pharmaceutical industry	To promote dissemination of reliable information	Regularly monitor the indicators for RUM and share the information with health care providers	Develop and disseminate among member countries model BCC materials
	Non-adherence to EDL & STG	To improve adherence to EDL &STG through training and advocacy	Develop Behavioural Change Communication (BCC) materials for consumers on RUM	To support countries to develop managerial and regulatory strategies on RUM

6. PRICING AND SUSTAINABLE FINANCING

Overall objective: To promote the establishment of sustainable mechanisms of financing medicines and a policy of affordable prices to populations

Issues / challenges	Specific objective	Strategy / approach	Main activities
Inadequate State funding for procurement	To increase public funding	MOH to advocate to govt allocating more funds in the health system and increasing proportion of drug budget for procurement & supply chain. Involve key pharmaceutical persons in the development of the medicines budget and the follow up of its execution Countries to mobilize innovative ways for cost recovery, seed funding, revolving funds, ring fencing drug budget, insurance schemes.	WHO & Partners to advocate for governments to increase public funding for procurement & supply chain. NGO& Civil Society to support in the advocacy WHO: to advocate for the implication of key pharmaceutical persons in developing and following up of the budget
Donor funding & budget from partners not sustainable	To ensure sustainable financing To use donor support as a gap filling measure	Implement financing mechanism to ensure continuous funding Factor donor support as part of the overall budget	WHO to sensitize & assist govt to increase their commitment to increase public funding WHO to advocate towards partners to maintain founding support
Cumbersome requirements to secure donor funding	Donors to simplify and harmonize their requirements & procedures Donors to be sensitive to govt needs and buy into existing national systems.	Implement a consultative framework for harmonization of funding requirement & procedures Strengthen weak systems & support strong ones.	MOH to take initiative, supported by WHO & Partners to propose a consultative framework to streamline, harmonize & simplify donor requirements.
Taxes & tariffs on essential medicines are high	Remove taxes & duties on essential medicines, diagnostics, consumables & raw material for medicines production. To	Create a task force with the various national departments involved in the importation of pharmaceutical products Advocacy to regional trade blocks at	Advocacy for the removal of taxes towards the governments Advocacy & documenting & dissemination of experiences &

	Harmonize tariffs.	country & regional level to initiate & support the harmonization.	lessons learnt.
Poor financial access to medicines and pricing components of medicines are inappropriate and not always transparent Price monitoring not done	Have appropriate and transparent pricing mechanism Improve financial access	set up/update a transparent pricing policy in place Implement a M&E mechanism for medicines price with price information available	WHO to provide guidelines & technical support in developing a pricing policy and establishing M&E mechanism for pricing information
Lack/absence of health insurance	Increase access to health care	Define and implement health insurance mechanisms	WHO to provide technical support
Poor enforcement of the Bamako initiative	Apply the BI principles	Strengthen management capacity	WHO to provide technical support
Financial management is weak	Set up good financial management systems that should be implemented at all levels.	Have financial management policies, guidelines & capacity building in place & operational	WHO & Partners to facilitate assistance

7. MANAGEMENT SUPPORT

Overall objective: To put in place an effective & efficient management support system including administration & finance, human resources, management information systems

Issues / challenges	Specific objective	Strategy / approach	Main activities
Weak national structure to plan & manage supply chain system	Establish / strengthen clear organizational structures to plan & manage the supply chain	Sensitization & Advocacy by stakeholders to policy makers to establish the structures.	WHO & Partners to assess needs & design interventions based on support needed. Advocacy to govt.
Inadequate availability of qualified human resources. Inadequate professional development of human resource	Increase qualified HR Increase training of sufficient pharmacists, pharmacy support staff, mid-level health workers for pharmacy Provide continuing professional development to enhance skills & competency	To plan appropriate HR needs and mobilize sufficient funds for training To recruit, deploy & retain appropriate pharmacists, mid-level health workers for pharmacy and other support staff To develop & implement continuing professional development programmes for all pharmacists and other support staff	WHO to provide technical assistance. Partners to provide financial support
Lack of resources for effective management support & supervision including transport, equipment, buildings, office space, supplies & maintenance	Provide adequate resources for management support & supervision	Identify the needs and prepare a budget. Mobilize sufficient resources from govt & partners for effective management support & supervision	WHO to provide technical assistance. Partners to provide financial support. Advocacy to support govt.
Lack of / weak management information systems in procurement & supply chain. Lack of systems to capture essential	Establish functional & efficient management information systems.	To develop /review & strengthen the LMIS. To solicit support to implement. To mobilize resources & build capacity	WHO & Partners to provide technical & financial support to develop, review, implement & strengthen effective & efficient

data on Logistics Management Information Systems (LMIS)			management information systems.

8. POLICY AND LEGAL FRAMEWORK

Overall objective: To establish an enabling & appropriate policy and legal framework for procurement supply chain management

Issues / challenges	Specific objective	Strategy / approach	Main activities
Lack of / inappropriate policy to guide & address supply chain management issues	Establish / review National Medicine Policies	Develop, Launch & Implement a National Master Plan of the Policy. Mobilize technical & financial support	Advocacy. WHO & Partners to provide technical & Financial support for the development of the Policy & Master Plan.
Lack of / inappropriate legal status of supply chain management systems	Be clearly defined as a legal entity with mandate to operate as prescribed by law. Develop national regulations for good procurement and distribution practices	Advocacy by stakeholders. Development or revision of the Acts & Statutes. Enforcement of the acts& status and regulations	National, Regional & Global Advocacy.
National Patent laws are not in line with Trade Related aspects of Intellectual Property Rights (TRIPS) agreement and may restrict potential access to new essential drugs such as ARVs	Amend national patent laws in order to take full advantage of TRIPS safeguards for public health	Sensitize policy makers, procurement and programme managers and relevant stakeholders on TRIPS. To review / amend patent laws in line with TRIPS agreement and implement measures to utilize the safeguards for public health.	Technical support on TRIPS issues by partners & WHO
Limited public private partnership	Explore potential PPP	To conduct a feasibility study for inclusion of the private sector in the supply management chain	Technical support

9. DONATIONS

Overall objective: To improve management of donations

Issues / challenges	Specific objective	Strategy / approach	Main activities
National guidelines for donations are not developed &/or not enforced	Put in place / review existing guidelines on donations & enforce them. Abolish the donations of non utilized medicines	Disseminate, sensitize & enforce donations guidelines among donors, partners. Sensitize communities on inappropriate donations	Technical advice.
Coordination & Planning mechanisms with donors not established	Establish coordination & planning mechanisms.	Donations to be consistently managed in line with the procurement & supply chain policies & guidelines	Collaboration by partners.
No integration of donations in national procurement plans	Donations for specific medicines to be pooled into & managed within the national procurement plans	Donations to be managed in line with the procurement & supply chain policies & guidelines	Collaboration by partners.

10.COLLABORATION AND COORDINATION

Overall objective: To establish & enhance collaboration & coordination of procurement & supply chain management systems

Issues / challenges	Specific objective	Strategy / approach	Main activities
Fragmented & competing procurement & supply chain management entities	Coordinate these entities to streamline the system	Sensitize & advocate with stakeholders To establish working groups for the coordination of supply chain management activities	WHO to provide leadership & guidance with Partners
Insufficient regional collaboration on harmonization of registration, quality assurance, pooled procurement	Strengthen collaboration & expedite harmonization of registration, quality assurance,	Review the legal framework in the countries. Harmonization of registration, quality	WHO to provide leadership & guidance together with Partners

	pooled procurement Improve performance of the procurement agencies, facilitate registration procedures and develop QA	assurance, pooled procurement to be strengthened	
Multiple & uncoordinated procurement of supplies for vertical programmes like malaria, TB & HIV&AIDS	Integrate into the existing national system for procurement & supply management of supplies for vertical programmes	Advocacy & Sensitization of stakeholders. Review National Medicines Policy to include integration of vertical programmes into the national supply management system Establish a protocol agreement for the integration of vertical programmes supply into existing national systems.	WHO to take leadership in advocacy. WHO to facilitate sharing of country experiences, documentation & dissemination of good practices. Partners to take note of & be proactive to these concerns.

11. MONITORING AND EVALUATION

Overall objective: To develop and maintain effective & efficient monitoring & evaluation systems for procurement & supply chain management

Issues / challenges	Specific objective	Strategy / approach	Main activities
Lack of / weak mechanisms for monitoring & evaluation of availability of essential medicines at all levels	Establish / strengthen mechanisms for monitoring & evaluation of performance of supply chain management systems	Develop/adapt performance indicators & tools to monitor performance of the supply chain including availability of essential medicines. To build capacity to implement the mechanisms to monitor & evaluate performance. Provide support to operationalise M&E systems established. To conduct regular supervision of activities	Partners & WHO to give technical &financial assistance to develop monitoring & evaluation tools. WHO to assist in sharing of country experiences, documenting of good practices & dissemination of the information. Provide support to operationalize M&E systems established