



**GLOBAL
HEALTH**
SUPPLY CHAIN SUMMIT



Strengthening Procurement & Distribution System through a Public-Private Partnership in DRC

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Director, SC System Strengthening

USAID | GHSC-TA Francophone Task Order

**10th Global Health Supply Chain Summit,
Accra (Ghana); Nov 15-17, 2017**



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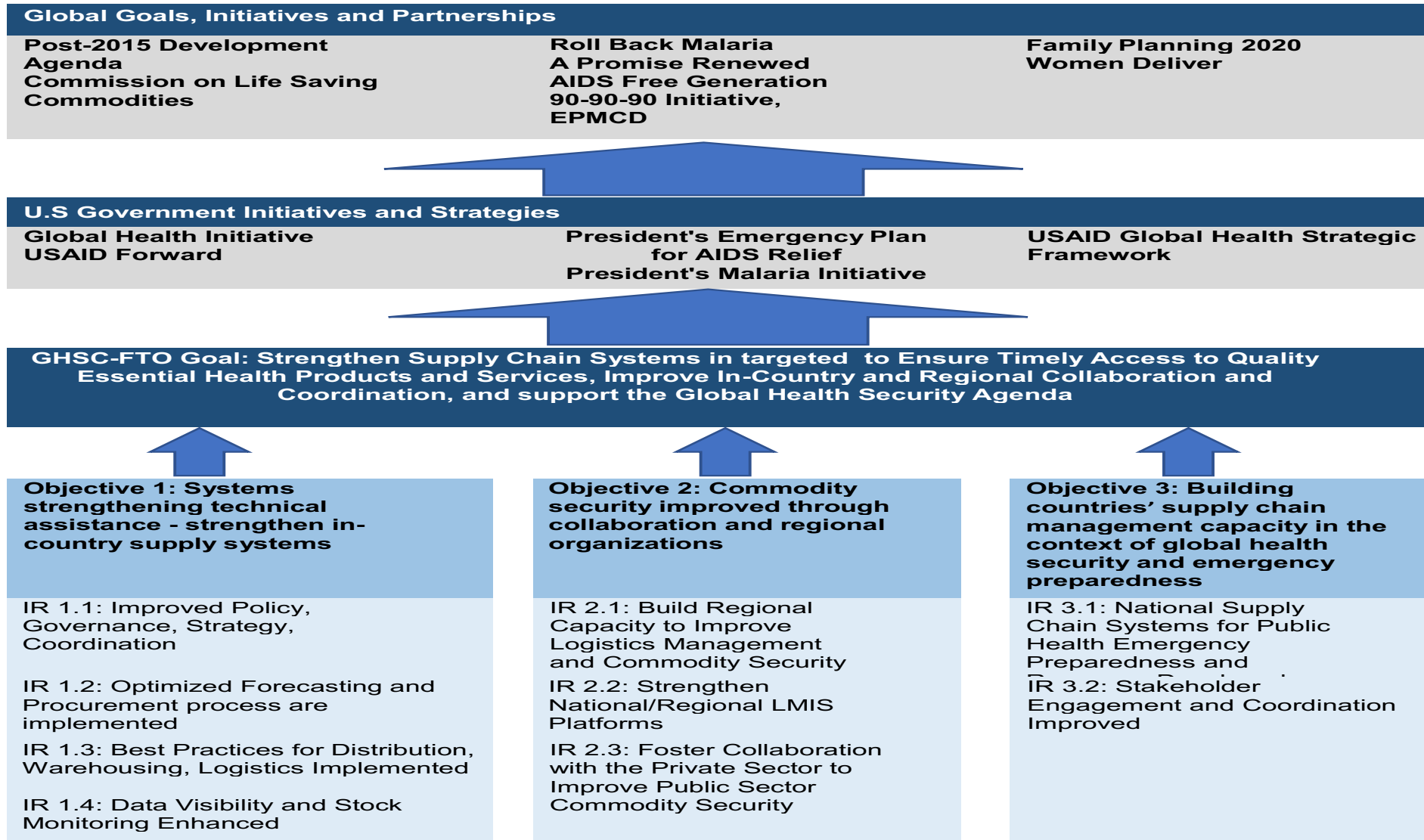


Presentation outline

1. Background
2. Methods
3. Results
4. Conclusion
5. Way forward



USAID | Global Health Supply Chain – Technical Assistance’s Approach





Supply Chain System in DRC Background (1)

- Between the 70s and 80s, the DRC had one of the most reliable health system in Africa, with strong Supply Chain System
- From the 90s, the country faced political instability and a server stage cripple down economy
- Health System and SC collapsed as well, resulting in:
 - Lack of reliable infrastructure and supply chain facilities
 - Lack of a reliable distribution system weakening the overall health system's ability to respond to the healthcare needs
 - Existing warehouses and distribution facilities not meeting minimum standards for storing and transporting health products.



Background (2)

- Lack of logistics capacity worsened by the lack of fleet and road network, making it difficult for a “last mile” distribution, resulting in stock out of health commodities especially at the Point of Care.
- Existence of Parallel Supply Chain for each funding partner

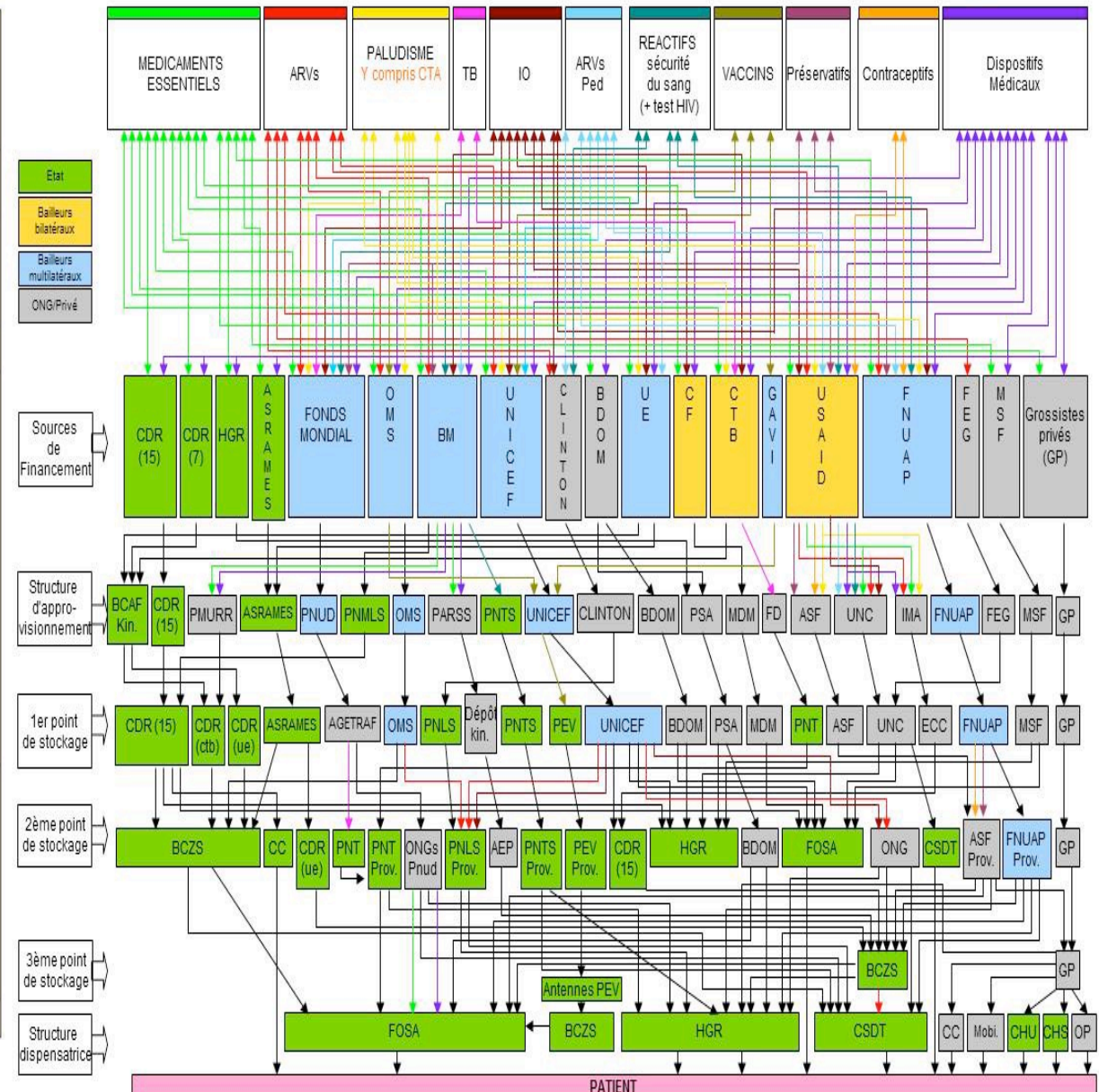
All these resulted in a weak and ineffective Supply Chain System



Background (3)

26 DRC Provinces with Multiple Parallel Supply Chains

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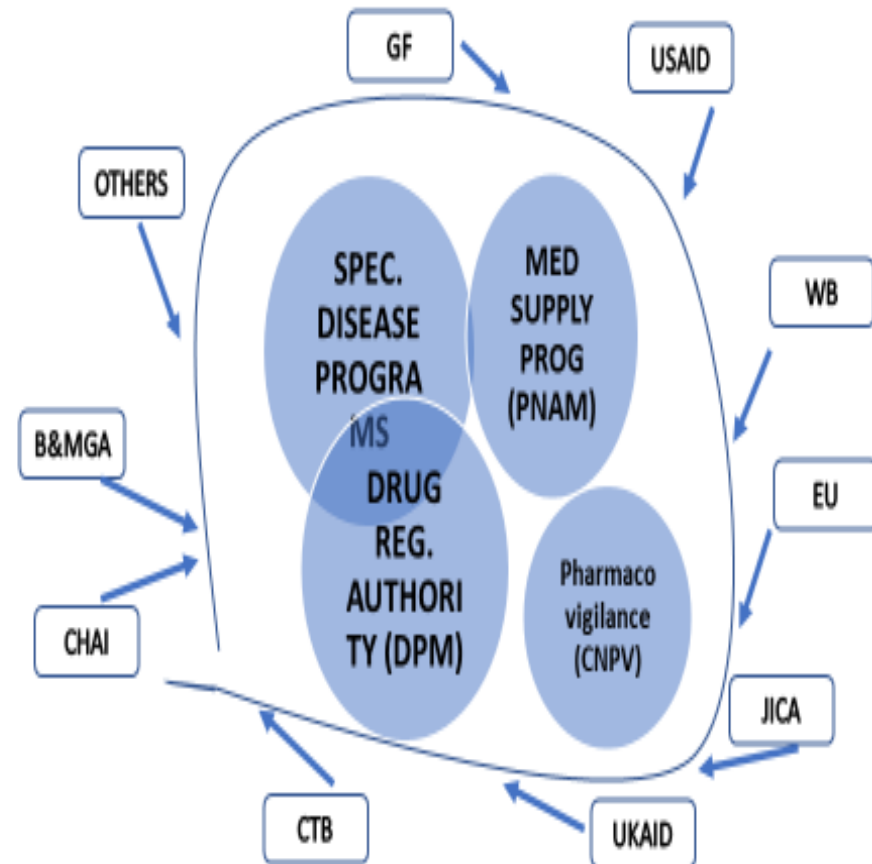


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Background (4)

- Strong collaboration between SDP and DRA; weak between SDP and PNAM, no collaboration with CNPV
- Complex SC issue could not be addressed by DRCG alone
- DRC MoH, with the support from funding partners, entered into a Public-Private Partnership (PPP) agreement.

Weak relationship between Institutions/ Organizations (SILO)





Methods (1)

- SC System situation analysis was conducted in 2000 with the support from the Belgium Technical Cooperation Agency (CTB)
- Public-Private Partnership agreement signed between MoH and Federation of Regional Distribution Centers (FEDECAME) a Not-for-Profit Organizations
- FEDECAME ensures availability of health commodities through a centralized procurement and decentralized distribution mechanism using Regional Distributions Centers (CDRs)
- In 2002 other partners; i.e., WB supported the establishment of 5 additional CDRs, and EU 2 CDRs



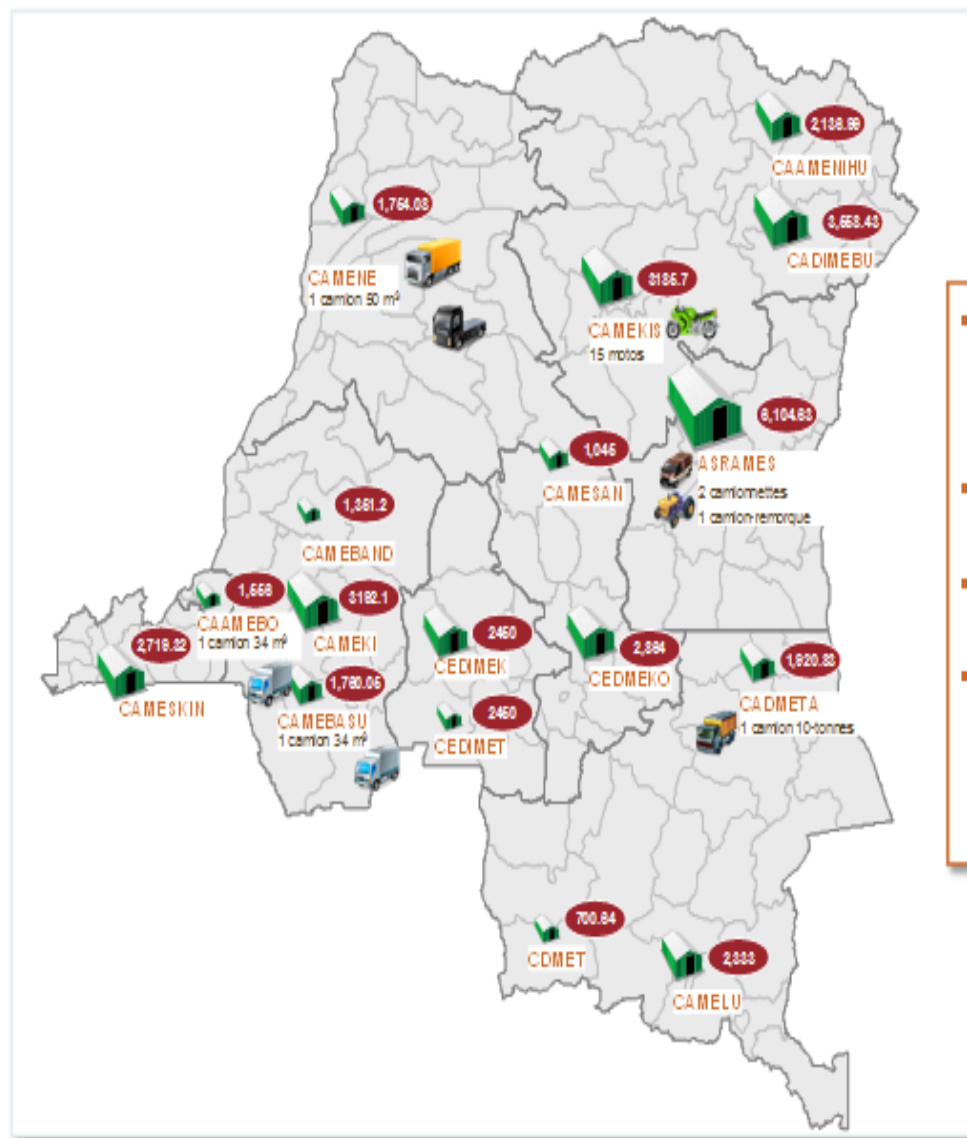
Methods (2)

- **In 2011, USAID contracted (accepted) to use CDRs for distribution of commodities to all USAID-supported HZs, and provided substantial technical and financial assistance to improve storage conditions and stock management**
- ASRAMES Warehouse received the USAID/EU Pre-qualification and recognized as meeting the USAID/EU C-category standard
- ASRAMES became a Central Buying Unit (BCAF) and the Eastern entry point of medicines in country

Cartographie des infrastructures logistiques du secteur public

X Capacité de stockage en m³

Public-Private Partnership between MoH and FEDECAME led to establish a total of 16 regional distribution centers that facilitated distribution and increased access to quality medicines.



- Grande variabilité sur les informations de capacités de stockage en fonction des sources
- Capacité totale de stockage des CDR: ~41 000 m³
- Déficit de la chaîne du froid observé dans plusieurs CDR
- Logistique roulante du secteur public considéré comme insuffisante et manquant de moyens d'entretiens (e.g. carburant, lubrifiant)



Methods (4)

- Capacity building for SC workforce with donors support: Training on stock management for more than 180 health professionals including warehouse/CDR staff conducted
- CDRs were provided with stock management software (APISOFT) to streamline processes, and improve distribution data visibility.

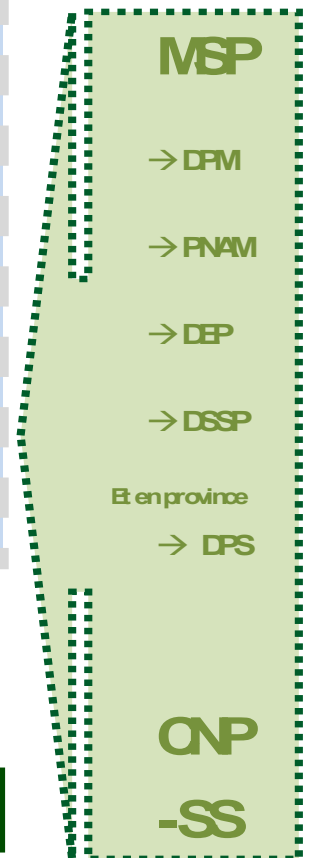
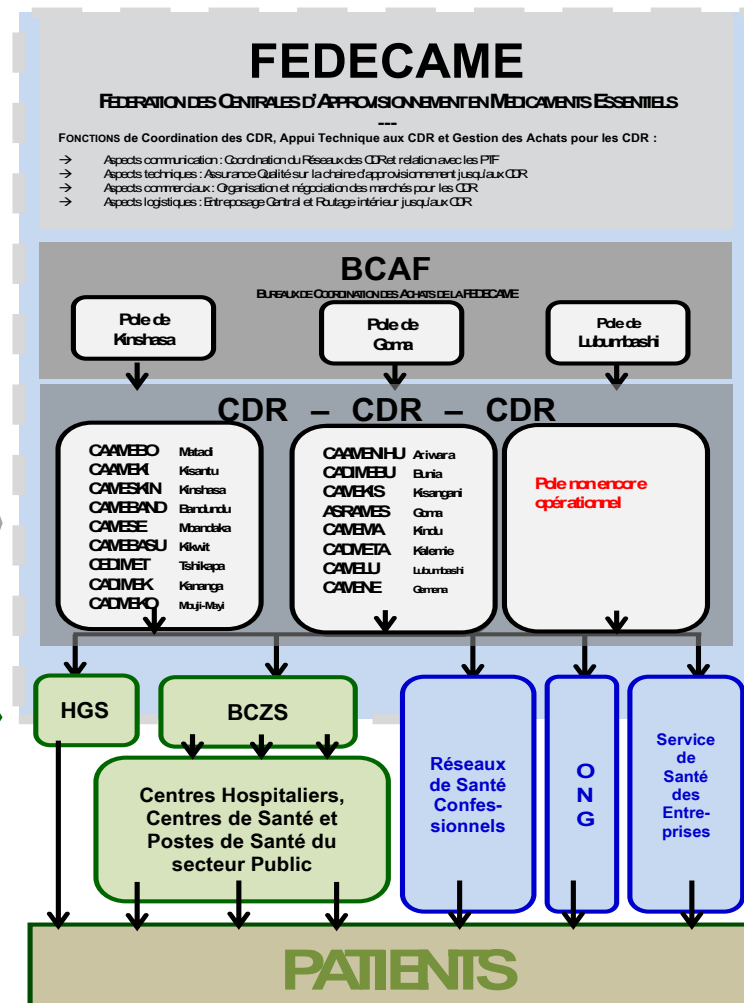
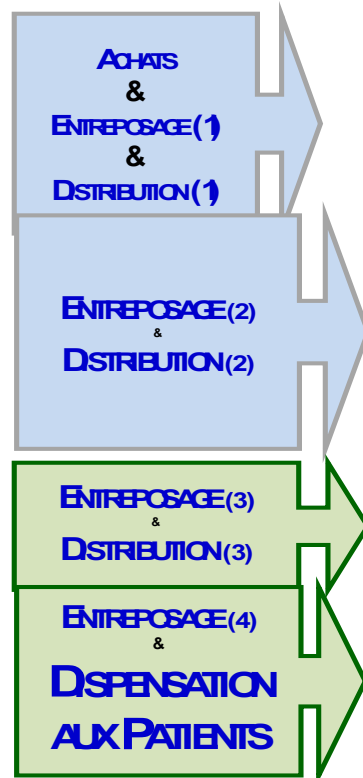




Result (1) More streamlined Supply Chain System

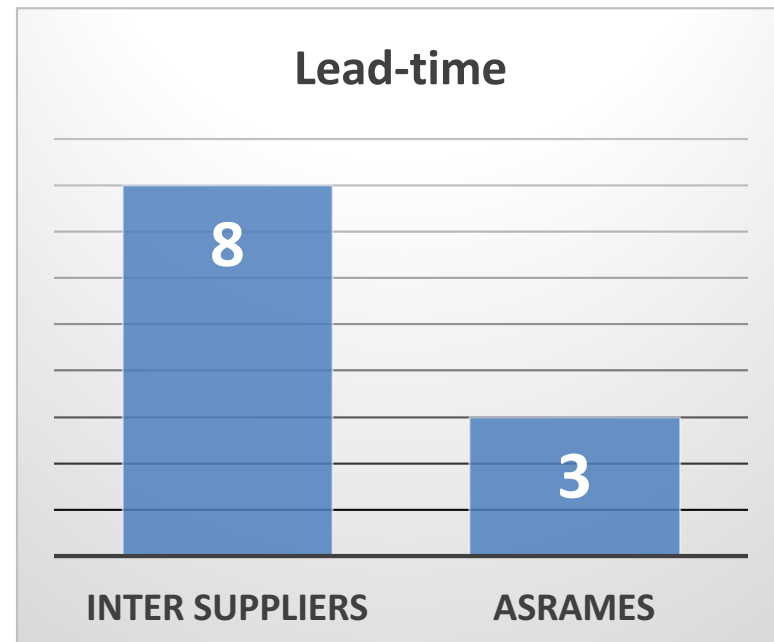
Stock-outs and expiries significantly reduced and prevented through reverse supply chain and redistribution mechanisms:

-i.e., 10 Million Malaria Rapid Testing Kits at risk of expiry were saved and used through redistribution using CDRs in different provinces



Results (2)

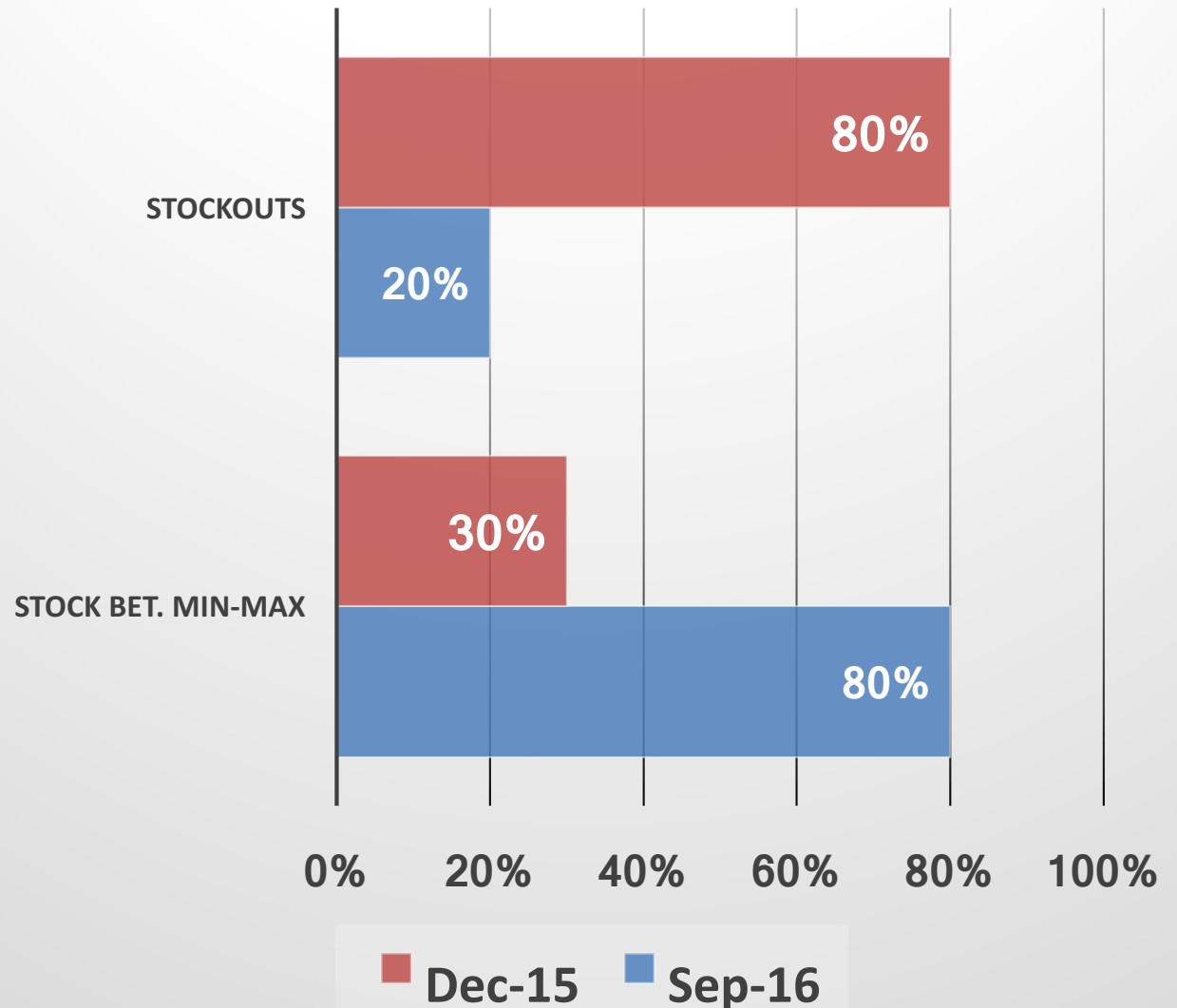
- The USAID/EU accredited Regional Distribution Center ASRAMES received Purchase Orders from USAID/EU to cater for emergency procurements
- This brought about a significant improvement in medicine availability, and
 - ✓ Led to decrease the lead-time from 8 months (average with international suppliers) to only 3 months with ASRAMES



Results (3)

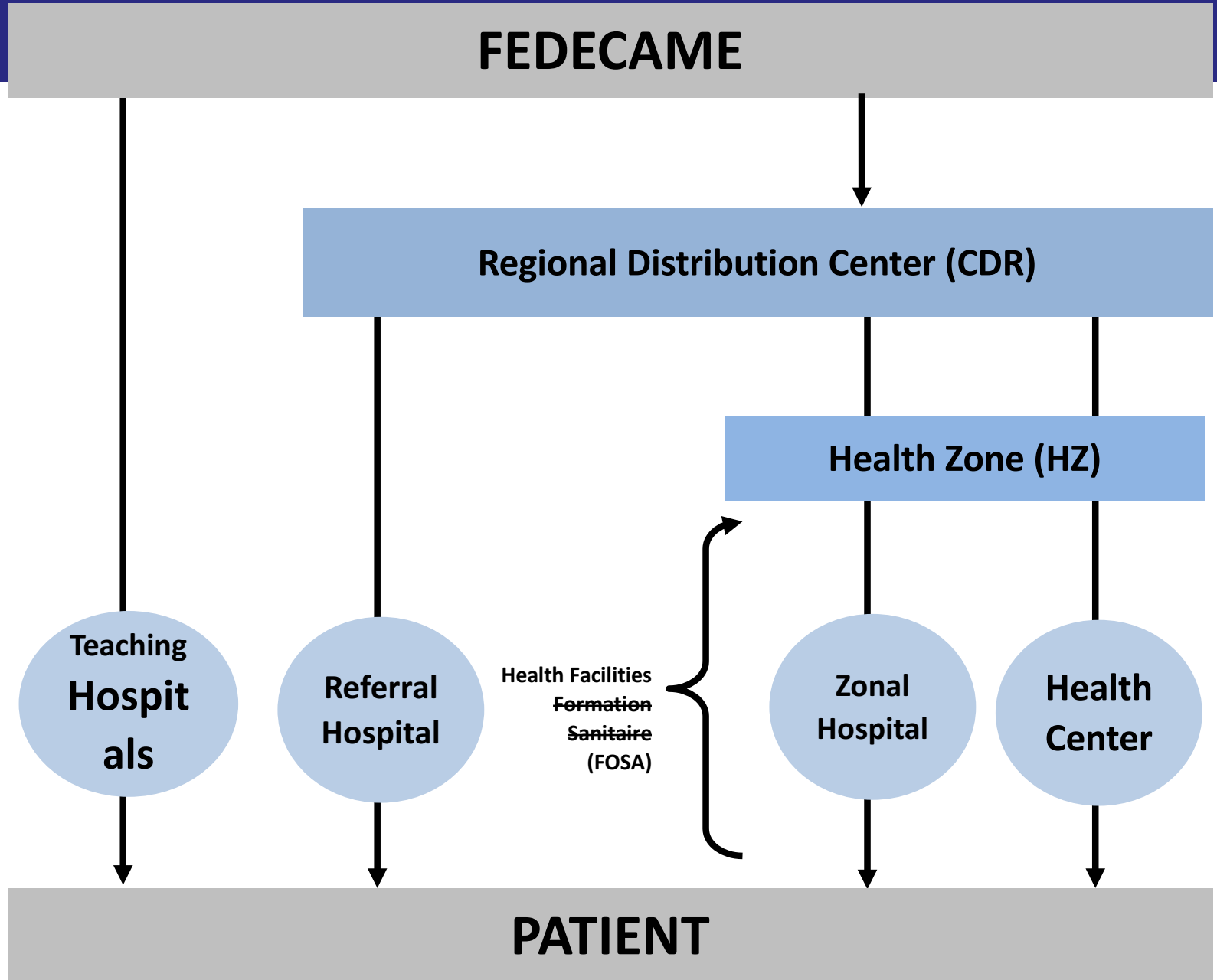
- In Katanga and Lualaba provinces, the last-mile distribution strategy using CDRs improved the availability and access to Antiretroviral medicines
- The proportion of facilities maintaining stock according to plan (i.e., between Min-Max) increased from 30% to 80%; while those with stock-outs of tracer medicines decreased from 80% to less than 20%.

Improved availability of ARVs in HFs





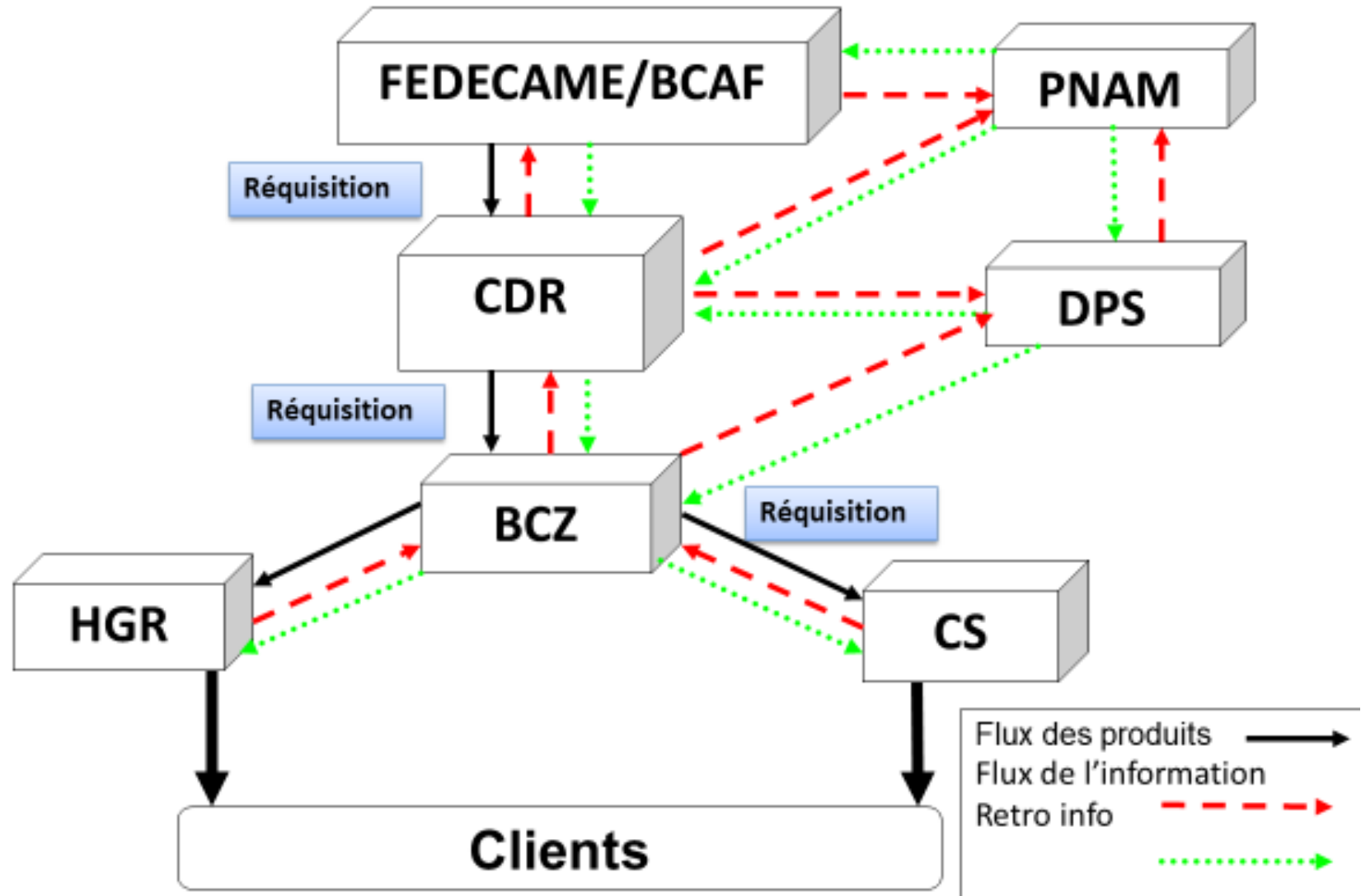
Commodity flow chart



Central Buying Unit/BCAF

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CIRCUIT D'APPROVISIONNEMENT DANS LE SNAME





Way Forward

- Funding partners (GF, USAID) to support BCAF central buying unit to ensure a centralized procurement mechanism for optimal and rational use of financial resources



Takeaway message

- Good Public-Private Partnership paradigm between DRC Government **and** the CDRs
- PPP very useful in resource-limited countries **lacking** basic infrastructures
- DR Congo Government working with partners to have at least **one** CDR in **each** of the 26 provinces



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