USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management


# Preventing a HIV Treatment Interruption: Inter -Country Transfer of DTG 50 mg from Zambia to Uganda

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Photo: Lan Andrian

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Global Health Supply Chain Summit

PEPFAR U.S. President's Emergency Plan for AIDS Relief

# Introduction

- As more countries in Africa attain HIV epidemic control, it has become more crucial for the continent to establish better mechanisms for eliminating wastage of health commodities through smooth inter-country transfer of products.
- This presentation summarizes the challenges and lessons learned from transferring dolutegravir 50 mg (DTG 50) tablets from Zambia to Uganda MOH.
- It provides insights into the planning and stakeholder engagement levels required to facilitate commodities' smooth and timely movement across country borders.

# Presentation Outline

- Background to this Inter-country Transfer
- Uganda Donation Guidelines
- Transfer process
- Challenges/Mitigation
- Lessons learned

# Background to Transfer of ARVs

## What is DTG 50mg?

- DTG 50 (dolutegravir 50 mg) is an integrase inhibitor, the anchor ARV in the preferred treatment regimens for adult recipients of care.
    - Preferred regimen: TDF+3TC+**DTG**
    - ABC+3TC+**DTG** (if TDF contraindicated)

## •Why was the transfer necessary?

- Despite having a robust forecasting and supply planning unit in place, supply chain challenges can still lead to stock imbalances, understock, or overstock.
- The understock of DTG 50 mg at central warehouses was due to the delayed transition to the fixed-dose combination of abacavir/lamivudine/dolutegravir (ABC/3TC/DTG 600/300/50 mg).

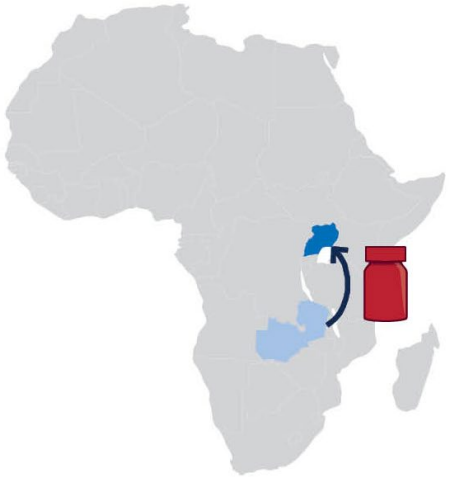
# Danger of Stockouts & Missing HIV Treatment

**Missing HIV treatment poses several serious risks, including:**

- Viral Replication and Increased Viral Load
- Drug Resistance
- Increased Risk of Transmission
- Disease Progression
- Reduced Treatment Effectiveness

# What were our options?

- ~~Order from ARV suppliers~~
  - ➢ **Lead time from ordering to delivery**
- ~~Internal redistribution from health facilities~~
  - ➢ **Short term solution**
- Identify available stock in neighboring country to prevent treatment interruption



190,000 30-count bottles of DTG 50 mg were reallocated from Zambia to Uganda

- A stockout and treatment interruption were prevented in Uganda
- Wastage was avoided in Zambia

# The Transfer process

## Supply chain challenges

- Time
- Regulations
- Import requirements

## Stakeholder Coordination to overcome these challenges

- Commodity Security TWG (led by MOH Uganda) learned of the available donation in Zambia
    - Exchange of request and approval letters between the Ministries of Health
- GHSC-PSM identified as the licensed importer responsible for transportation of items from Zambia and in-country Logistics; (warehousing and distribution of the donation to SDPs)

# Uganda Donation guidelines

- The Uganda MOH guidance on receiving donations of medicines is derived from the Importation and Exportation of Drugs Regulations, 2014 under the National Drug Policy and Authority Act, 1993.
  - Donated drugs should be based on a specific need expressed by the receiving body
  - The range of drugs and their quantities are clearly stated
  - Have at least 75% of their stated remaining shelf life upon arrival
  - Must be subjected to the verification of drug imports procedure
  - Medicines should be contained in the current edition of the Essential Drugs List of Uganda or the current edition of the Uganda National Formulary

# Coordination and Collaboration

**Support from stakeholders**

- PEPFAR teams in Uganda and Zambia
- Quantification Procurement Planning Unit (QPPU) of the MOH
- Uganda Ministry of Health
- Zambian Ministry of Health
- GHSC-PSM
- ZAMMSA
- Uganda National Drug Authority (NDA)
- Third-Party Logistics companies (3PL)
- Uganda Revenue Authority (URA)
- Uganda Central warehouses

# Challenges/Mitigation Actions

- **Complex coordination and approvals:** Teams frequently convened for updates, guidance, and solicited solutions, which resulted in a breakthrough. The interactions with these entities involved lengthy reviews and approvals and took about eight weeks to finalize.

- **Limited capacity and high demand of airlines:** The consignment had to be split due to limited cargo space and few direct flights. The restricted flight capacity was mitigated by dividing it into five consignments that arrived on separate days.

- **Documentation and compliance:** GHSC-PSM had to ensure that all necessary documentation (certificate of analysis, proforma invoice, NDA verification certificate, airway bill, etc.) was in order and complied with both the exporting and importing countries' requirements.

- The original shipment documents were provided for a single flight; however, with the revision of shipping documents and packaging measurements arising from splitting the consignment, there was delayed pickup from Zambia and eventual delivery to Uganda.

# Lessons learned

- **Stakeholder engagement and collaboration:** Building solid relationships with stakeholders can facilitate smoother navigation of the regulatory landscape. GHSC-PSM has created good working relationships with entities such as the Uganda NDA, the MOH pharmacy department, USAID/Uganda, URA, and the 3PLs to ensure compliance and facilitate smoother clearance. Furthermore, the full participation of stakeholders in the implementation process can lead to flexibility in accommodating any unexpected occurrences.

- **Manage stakeholder expectations:** Inter-country transfers are often are result of urgent needs. Early communication with stakeholders detailing the processes and associated timelines can help provide realistic expectations.

- **Harmonization of country regulatory requirements:** Different countries have different regulatory requirements, hence the need to coordinate and harmonize documentation.

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# Thank you.

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