



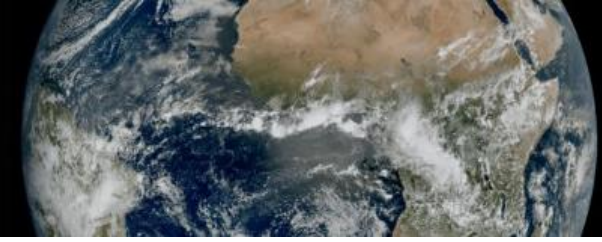
Global Health
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VALUE CHAIN INNOVATIONS FOR UNIVERSAL HEALTH COVERAGE



Strengthening the Capacity of Local & Regional Suppliers in Uganda to Increase Access to HIV Commodities



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Presentation Outline



- Introduction
- Context & Motivation
- Methodology
- Results & Interpretation
- Case Study: Procurement of Distilled Water
- Conclusion & recommendation



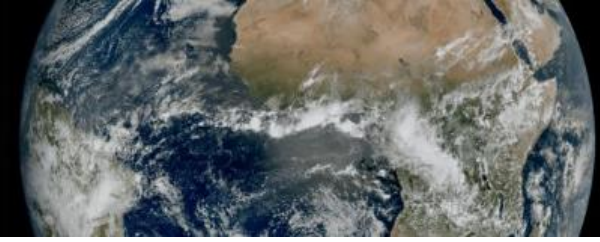
Introduction



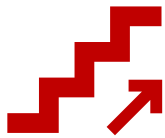
- For 25 years and counting, Medical Access (MA) has transformed healthcare supply chains in more than 35 low-and middle-income countries.
- Our journey started during the peak of the HIV/AIDS epidemic in Africa initiating the introduction of ARVs in Uganda at a critical time.
- MA has evolved to provide comprehensive supply chain solutions to leading local and international agencies for a range of medical products.
- MA is currently implementing a 5-year Indefinite Delivery Indefinite Quantity (IDIQ) Contract to procure HIV commodities for the Private Not-For- Profit (PNFP) Sector needed to provide care and treatment of persons with HIV in Uganda by the United States Agency for International Development (USAID).



Context & Motivation: Local Sourcing



Empowering local actors is key to building resilient and sustainable health supply chains and is a priority for major donors in public health such as USAID and The U.S. President's Emergency Plan for AIDS Relief (PEPFAR). This is in line with the strategic priority of '*Strengthening Public Health Systems and Security.*'



One of the key focus areas under the strategy is: **contribution to market-shaping to expand local and regional manufacturing** of HIV diagnostics, ARVs, and other HIV-related products and commodities in collaboration with development and commercial financing institutions, private sector, and partner country governments, while ensuring high quality assurance and cost-competitiveness for all commodities. ¹



As a Procurement Service Agent (PSA) in Uganda, **Medical Access is at the frontline of implementing initiatives to support localization of procurements** in alignment with the broader PEPFAR strategy.

¹ Reimagining PEPFAR's Strategic Direction, 2022, Strategic Pillar 3: Public Health Systems and Security



Context & Motivation: Local Sourcing Challenges

01



Ensuring consistent quality and safety of locally sourced products, particularly because local producers often lack the requisite standards or certifications.

02



Local sourcing is susceptible to disruptions (e.g., natural disasters, economic downturns), which impacts supplier reliability.

03



Navigating regulatory environments complicates local sourcing efforts, because local producers are unfamiliar with public health standards and requirements.

04



Local vendors often lack the capacity or infrastructure to produce pharmaceuticals at scale, leading to potential shortages or delays.



Context & Motivation: Local Sourcing Challenges

While implementing the USAID PSA contract MA faced eligibility challenges with local suppliers including:

01


Stringent Quality Assurance Standards

High-quality assurance requirements limited the number of local and regional manufacturers who met the strict standards set for commodities.

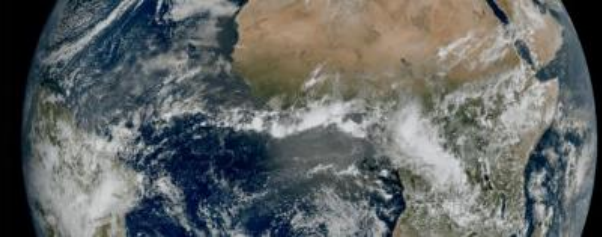
02


Lack of Quality Assurance Certifications

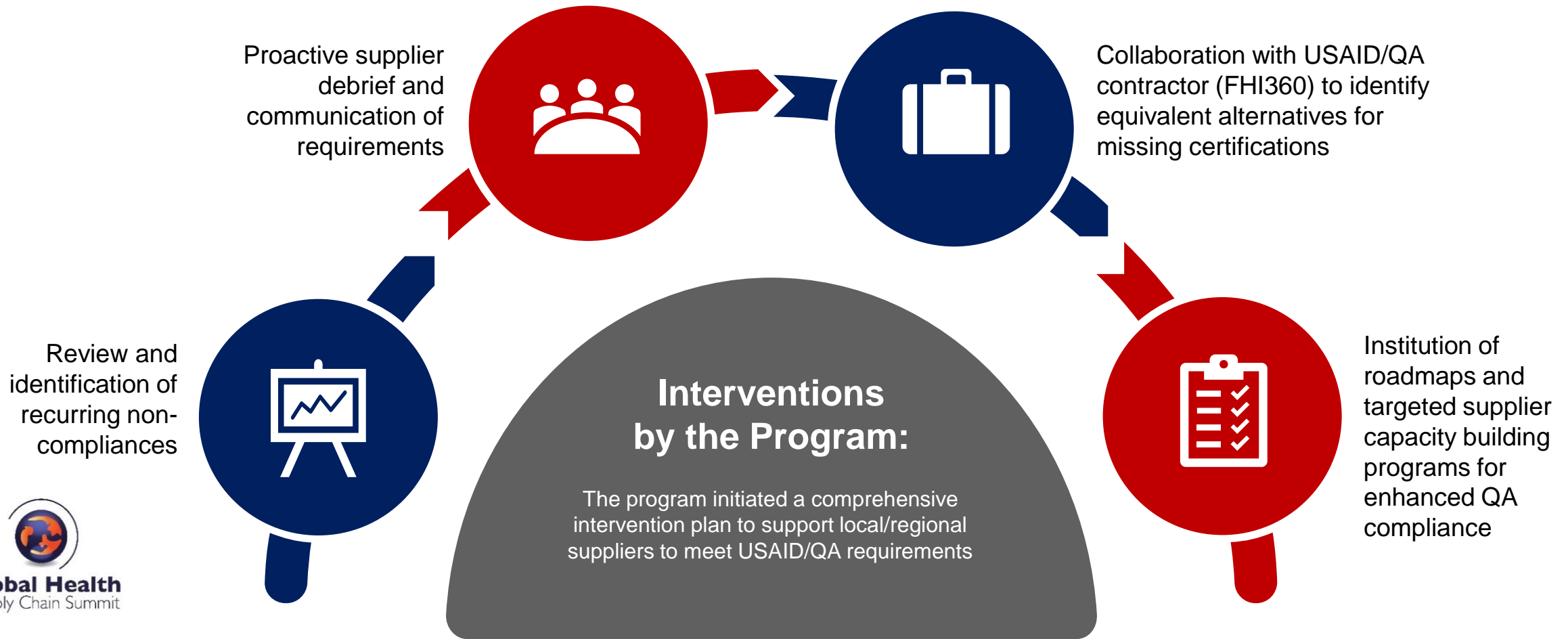
Many local and regional suppliers lacked essential certifications like Good Manufacturing Practices (GMP) and Good Storage and Distribution Practices (GSDP), limiting their eligibility.



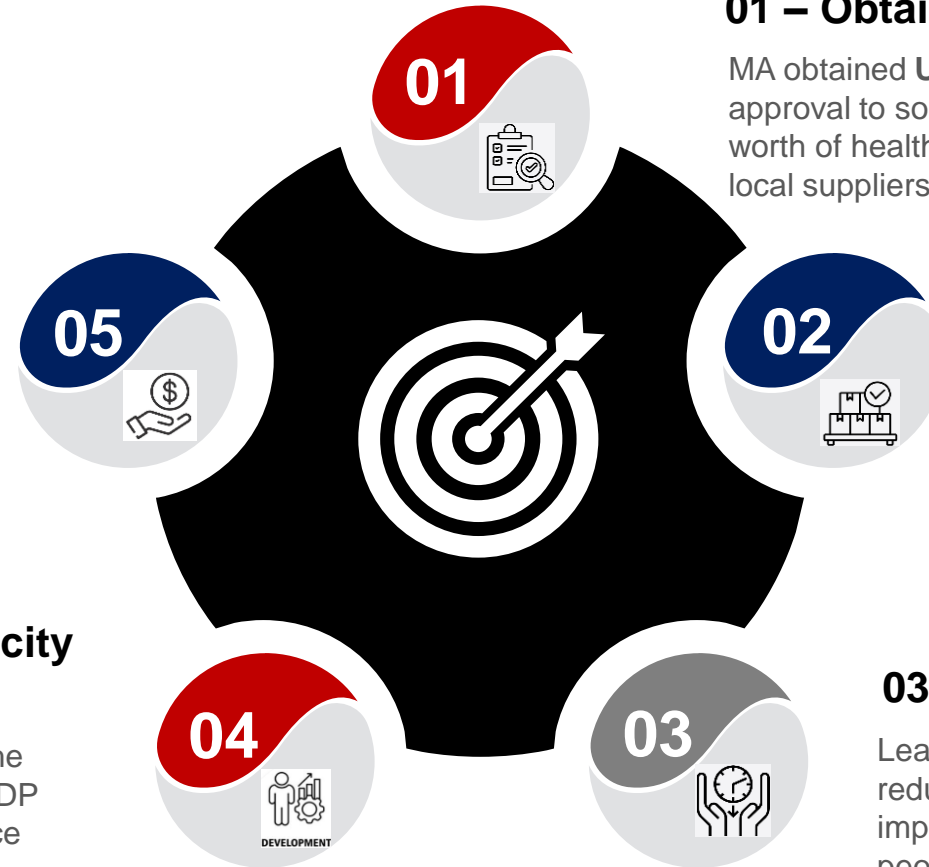
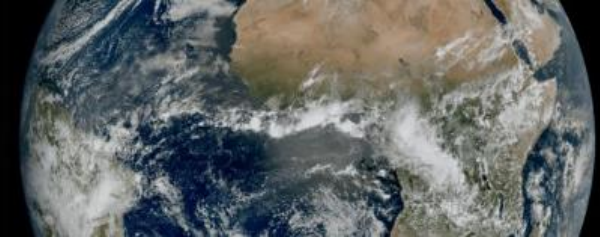
Methodology: Interventions



MA worked with local and regional suppliers to help them address the above eligibility hurdles to qualify as potential suppliers to the Program.



Results and Interpretation



01 – Obtaining QA Approval

MA obtained **USAID** quality assurance approval to source over \$US 1.5 million worth of health commodities from three local suppliers that met eligibility criteria

02 – Stock Availability

Local suppliers have provided substantial quantities, including 280,000 HIV Self Testing Kits, 13,000 CD4 testing reagents, 40,000 chemistry testing reagents, and 61,035 jerrycans of distilled water.

03 - Reduced Lead Time

Lead time for these commodities was reduced by over eight weeks, ensuring improved availability for the 1.4 million people living with HIV.

05- Cost Savings:

Local sourcing led to savings of over \$US 300,000 in shipping and handling costs.

04 – Local Supplier Capacity Building

Local suppliers were supported in the process of achieving third-party GSDP compliance certification that enhance their quality assurance systems.



Case Study: Procurement of Distilled Water



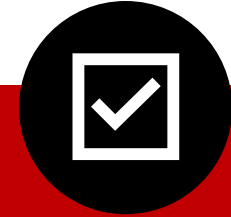
CONTEXT

- As part of the program MA is running with funding from USAID, one of the commodities MA had to procure was distilled water, mostly for use in the sterilization of surgical instruments.
- Due to the bulkiness of the commodity, locally sourcing it would avoid incurring high costs to bring the commodity in-country.

SOLUTION

MA therefore undertook the following actions facilitate local procurement:

- Identification of local suppliers
- Issuance of the RFQ and pre-bid engagement
- Submission of eligibility documents to GHSC-QA
- Identification of equivalents for missing documents
- Engagement of local suppliers to submit alternative documents
- Recommendation of eligible local vendors and order placement



IMPACT

Through the above processes, MA built the capacity of the local vendors by ensuring they are able to meet the criteria stipulated by GHSC-QA - ensuring availability of commodities for patients



Conclusion and Recommendation



- ✓ **MA has strengthened the capacity of local and regional suppliers to meet the international quality requirements** to be eligible for local sourcing thus improving resilience and sustainability of local/regional health supply chain systems and contributing to the goal of expanding local and regional manufacturing of HIV diagnostics, ARVs, and other HIV-related products and commodities.

- ✓ **Procurement Service Agencies can support local and regional manufacturing by:**
 - ✓ Building the capacity of the identified local/regional manufacturers through supporting them to understand the technical document requirements of the donors
 - ✓ PSAs should collaborate with all stakeholders and donors to identify alternative certifications for local/regional vendors to ensure they are able to meet the commodity evaluation criteria



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