



Providing quality medicines for people living with and affected by HIV and AIDS

Saving Lives and Costs in Redesigning Ethiopia's ART Supply Chain System

Ensuring an effective supply chain for ART requires an uninterrupted supply of HIV/AIDS commodities. In many countries, the rapid increase in HIV/AIDS program service delivery sites, clients and commodities has put serious pressure on the supply chain system to deliver on time and on target. In Ethiopia, the ARV distribution system was historically hampered by a “push” system in which a central authority determined quantities shipped to



health centers, based on annual distribution plans, an approach that often led to overstocks, product expirations, stockouts and emergency orders. SCMS worked with partners to redesign the ARV logistics system to a “pull” system, supporting a gradual transition from multi-tiered distribution to two-level (warehouse to site) distribution.

To graduate the ART supply chain from a “push” system to a “pull” system, SCMS implemented demand-driven logistics to minimize commodities understocking and overstocking. Successful transition to the “pull” system required several changes and interventions, including training-of-trainer and rollout trainings on the system, route planning, fleet management, a strong mentoring program, and provision of supportive supervision at facilities to ensure continual logistics system support. These changes were made in collaboration with the Pharmaceutical Fund and Supply Agency (PFSA), the government institution responsible for resupplying all health commodities to public facilities. Rather than creating a parallel system, SCMS supported PFSA in implementing the National Pharmaceutical Logistics Master Plan.

Starting in October 2006, the pull system was rolled out to all existing and newly initiated sites and training provided to 1,147 pharmaceutical and facility store personnel at 546 sites including PFSA staffs at the center and regional hubs. In less

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than two years, the number of ART clients in Ethiopia grew six fold, from 23,000 to over 160,000, and number of service delivery points from 73 to 522. Sites now receive sufficient ART testing commodities at the right time. The increase in sites and patients has meant increased demand for ARVs and labs. SCMS also successfully supplies integrated lab and ARV commodities on time and on target. Along with ARVs, the list of commodities provided continues to grow—from ART lab supplies and rapid test kits to opportunistic infection (OI) drugs, supplies for preventing mother to child transmission, condoms, community home-based care commodities, and nutrition support. This achievement highlights the importance of integrating lab distribution systems with other HIV/AIDS commodities to ensure patients visiting health facilities receive a comprehensive package of services. By improving procurement and supply planning, and streamlining the supply chain, stockouts of ARVs and lab commodities have been practically eliminated at the national level.

Moving from a push to pull system and developing an integrated approach to distributing HIV/AIDS commodities not only enables a dramatic reduction in emergency orders at facilities to save lives and improve services, it strengthens the national logistics system to save costs. Building on success in redesigning HIV/AIDS distribution, countries can leverage gains to create a distribution system capable of incorporating all health products.

FOR MORE INFORMATION

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