





INFORMED PUSH MODEL IN TOGO: A BEST PRACTICE IN PUBLIC/PRIVATE PARTNERSHIP FOR SUPPLY CHAIN EXCELLENCE



Renee Van de Weerdt, UNFPA





THE INFORM PUSH MODEL PROCESS/ FRAMEWORK



Key National Stakeholders

- CAMEG
- DSF
- DPLET

Financial partners

- **Bill & Melinda GATES Fundation**
- UNFPA
- EngerderHealth

Technical partner

McKinsey & Company





- 37% unmet needs for family planning in the country
- Frequents stocks out of commodities at all levels:
 - 27% at the national level,
 - 100% at the regional level
 - 87% at the peripherical level

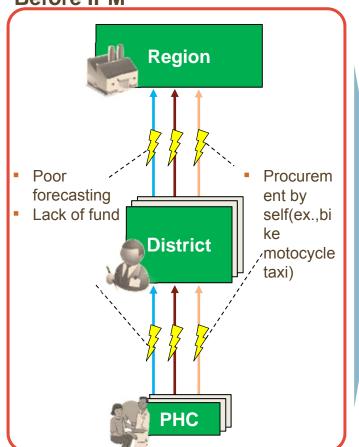
IPM: HOW IT WORKS?

Objectives:

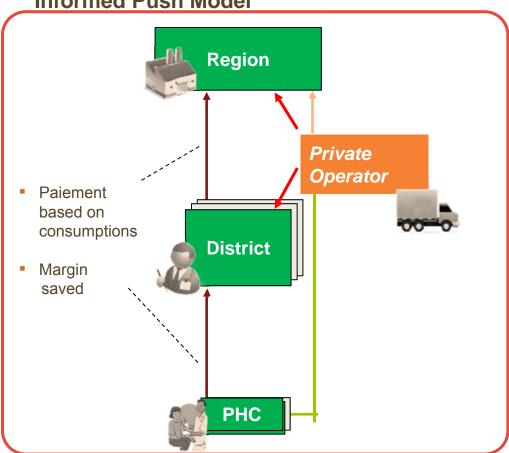
- 0% stock out at the PHC level
- 100% successfull logistics information management



Before IPM



Informed Push Model



PREREQUISITES FOR THE MODEL TO WORK



A strong political will at various levels

Updating scope of work. (task force, one year roadmap. Better task description)

- A reorganization RHCS committee at National & Regional levels
- One national procurement body
- Adopt a model most adapted to the country context
 - A rigourous diagnosis at both at central, regional and peripheral levels
 - A conception to be inclusive and supported by sounded data.
 - A need of a strong steering committee for implementation
- 5 Demonstrate the heath system strenghtening value of the model

Integration of the IPM in the HSS of the country

6 Have an adaptable/flexible model

Step 1: FP products

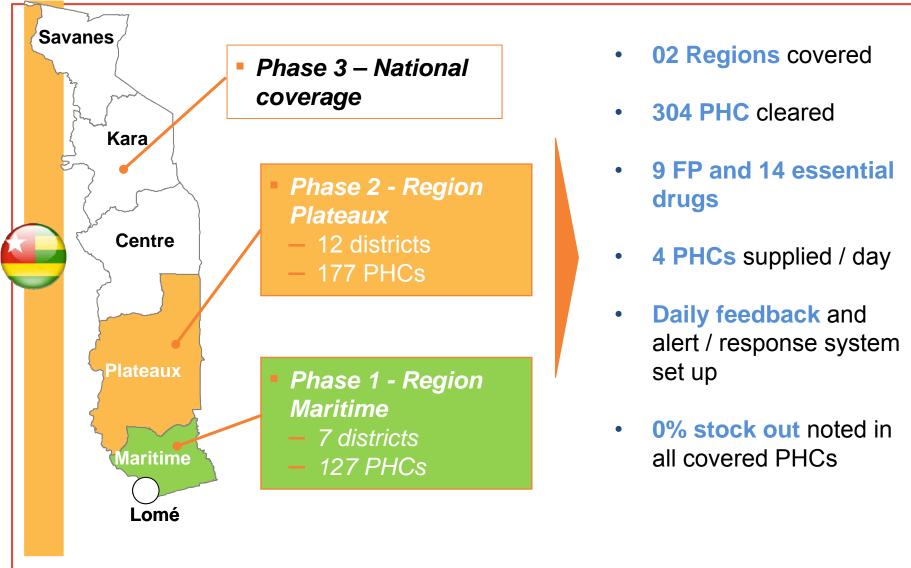
Step 2: Other essentials medicines

Step 3: HIV/AIDS, TB and Malaria comodities (The Global Fund)

Step 4: Vaccines (GAVI)

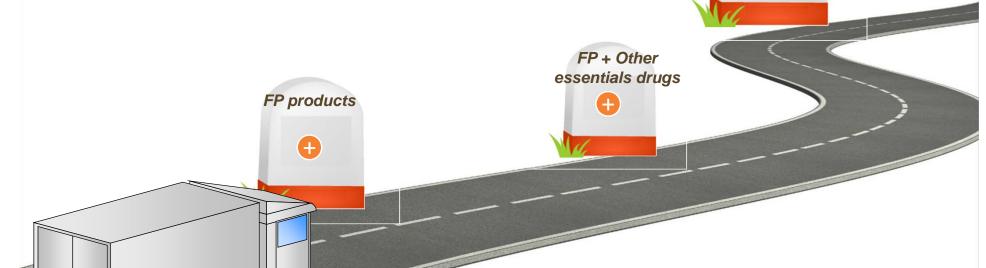
ARCHIEVEMENT





EFFORTS MADE FOR CENTRAL LEVEL CONTRACEPTIVE AVAILABILITY





- Quantification of needs at country level twice a year
- Advocacy for domestic funding of FP products
- Establishment of FP stakeholders
- Streghning capacity of the national commodity security committee
- Launching of the country FP repositioning plan
- Country pledge to FP2020