What’s in a name?

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Presentation Outline

Part 1: Data standardization case studies

Part 2: Solution proposals

Part 3: Discussion
Part 1:
Data standardization case studies
What is this?

- Product Long Name
- Product Short Name
- Product Supplier
- Shelf Life
# of Products
RHI = 1,744
PPMR = 70

Levonorgestrel, 2 rod Implant
RHI = 50+ names
PPMR = 2 names

Male Condoms
RHI = 844 Products
PPMR = 13 Products
### Essential Medicines Lists

**Family Planning**


**18.3 Contraceptives**

<table>
<thead>
<tr>
<th>Oral hormonal</th>
<th>Injectable</th>
<th>Topical Contraceptives</th>
</tr>
</thead>
<tbody>
<tr>
<td>ethinylestradiol + levonorgestrel</td>
<td>Medroxyprogesterone Acetate</td>
<td>114 Condoms (Latex Male)</td>
</tr>
<tr>
<td>ethinylestradiol + norethisterone</td>
<td>norethisterone enanthate</td>
<td>114 Condoms (Female)</td>
</tr>
<tr>
<td>levonorgestrel</td>
<td>Copper-coated IUD</td>
<td>173 Intrauterine Contraceptive Device 260mg Cu</td>
</tr>
</tbody>
</table>

**18.3.3 Intrauterine**

Copper-coated IUD

**18.3.4 Barrier Method**

Condoms

**18.3.5 Implantable**

Levonorgestrel

**18.3.6 Miscellaneous**

Ring pessaries

### Topical Contraceptives

<table>
<thead>
<tr>
<th>Topical Contraceptives</th>
<th>114 Condoms (Latex Male)</th>
<th>114 Condoms (Female)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medroxyprogesterone</td>
<td>173 Intrauterine Contraceptive Device 260mg Cu</td>
<td></td>
</tr>
</tbody>
</table>

### Various Other Gynecologicals

<table>
<thead>
<tr>
<th>Various Other Gynecologicals</th>
<th>021 Hexoprenaline 2.5mcg/ml</th>
<th>051 Levonorgestrel + Ethinylestradiol 150mcg + 30mcg</th>
</tr>
</thead>
<tbody>
<tr>
<td>021 Medroxyprogesterone</td>
<td>Injection (10ml)</td>
<td>Tablets</td>
</tr>
<tr>
<td>051 Norethisterone Acetate</td>
<td>Injection</td>
<td>Tablets</td>
</tr>
<tr>
<td>051 Norethisterone Enanthate</td>
<td>021 Norethisterone Enanthate 200mg/ml</td>
<td>Injection</td>
</tr>
<tr>
<td>051 Norgesterol + Ethinylestradiol</td>
<td>051 Norgesterol + Ethinylestradiol 500mcg + 50mcg</td>
<td>Tablets</td>
</tr>
<tr>
<td>Shipment Date</td>
<td>Funding Source</td>
<td>Product</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>29-Jan-2015</td>
<td>UNFPA</td>
<td>Condoms; female 2.</td>
</tr>
<tr>
<td>01-Feb-2015</td>
<td>USAID</td>
<td>Microgynon</td>
</tr>
<tr>
<td>19-Feb-2015</td>
<td>UNFPA</td>
<td>Levonorgestrel, 1.5 mg tablet.</td>
</tr>
<tr>
<td>06-Mar-2015</td>
<td>USAID</td>
<td>Jadelle, disposable trocar</td>
</tr>
<tr>
<td>06-Mar-2015</td>
<td>USAID</td>
<td>Microgynon</td>
</tr>
<tr>
<td>11-Mar-2015</td>
<td>USAID</td>
<td>Depo Provera, DMPA</td>
</tr>
<tr>
<td>11-Mar-2015</td>
<td>USAID</td>
<td>IUD Copper T Preloaded TCu380A</td>
</tr>
<tr>
<td>23-Mar-2015</td>
<td>UNFPA</td>
<td>Microgynon 30. Levonorgestrel 0.15mg+Ethinyl Estr (...)</td>
</tr>
<tr>
<td>23-Mar-2015</td>
<td>UNFPA</td>
<td>Levonorgestrel 0.03 mg/tabl.(35 tabl.). The inact (...)</td>
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<tr>
<td>10-Apr-2015</td>
<td>UNFPA</td>
<td>Condoms, male, according to UNFPA/WHO standard 20 (...</td>
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<tr>
<td>07-May-2015</td>
<td>UNFPA</td>
<td>Medroxyprogesterone acetate 150mg/ml vial. Exclud (...)</td>
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<tr>
<td>07-May-2015</td>
<td>UNFPA</td>
<td>IUD T380 - Polymer film pouch.</td>
</tr>
<tr>
<td>13-May-2015</td>
<td>UNFPA</td>
<td>Microgynon 30. Levonorgestrel 0.15mg+Ethinyl Estr (...)</td>
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<tr>
<td>13-May-2015</td>
<td>UNFPA</td>
<td>Microlut 35. Levonorgestrel 0.03 mg/tabl.(35 tabl (...)</td>
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<td>28-May-2015</td>
<td>USAID</td>
<td>Jadelle, disposable trocar</td>
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<tr>
<td>28-Aug-2015</td>
<td>UNFPA</td>
<td>Jadelle. Subdermal implant/ gestagene. Levonorges (...)</td>
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</table>
The goal of CSP is to use data to improve allocation of commodities and foresee potential stock imbalances and address them before they become emergency issues.
CSP - who we are and what we are doing

Sharing information to reduce global supply risk for FP products

• Small group formed in 2012 in recognition of need for better coordination between UNFPA and USAID
• Built on experience of CARhs and lessons learned about value of cross-organizational collaboration
• Membership – UNFPA (PSB & CSB), USAID, Clinton Health Access Initiative (CHAI), John Snow, Inc. (JSI), GHSC-PSM, Reproductive Health Supplies Coalition
• Desired Results: Fewer stockouts and excess inventory within recipient country supply chains, improved forecasting and communication about supply and demand, thus reducing risk for all parties
Primary Data Sources for Decision Making

**SHIPMENT DATA**

1. Reproductive Health Interchange
   - [UNFPA](https://www.unfpa.org) Procurement Services
   - Levonorgestrel 0.75mg 120,000
   - Implanon NXT Placebo 4,992
   - Implanon NXT (new generation of Implanon) 50,000
   - Combination 3 4,000,000 $1

2. USAID shipment report
   - [USAID](https://www.usaid.gov)

3. Implants shipment files provided by Bayer and Merck through IAP

**INVENTORY DATA**

- Procurement Planning and Monitoring Reports

**OTHER**

- Quantification Reports
- Pipeline Databases
- Country Input
- Funding discussions
- Requested orders
ENORMOUS
Stories
EXCEL NIGHTMARES
Welcome to the world of EXCEL SPREADSHEETS
The smallest mistake LEADS TO DISASTER!
CREATED WITH PULP-O-MIZER COVER MAKER
Developing tools and processes to support collaboration and information sharing
Good decision-making requires high quality data that is mapped and harmonized correctly.
Part 2: Solution Proposals
Need for Collaboration in Classification and Identification of Health Products

~7,000 Products

Attribute Identification

Products mapped to Standard
Example: UNFPA/USAID RHI/PPMR Data Trustees

Structure to identify, document, and collectively resolve data quality issues
### Example: UNFPA/USAID RHI/PPMR Data Trustees

<table>
<thead>
<tr>
<th>Issue Status (Dec ‘15)</th>
<th>Totals</th>
<th>RHI</th>
<th>PPMR</th>
<th>Joint</th>
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</thead>
<tbody>
<tr>
<td>New</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
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<tr>
<td>In Progress</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>On Hold</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Closed Since Inception</td>
<td>29</td>
<td>20</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Total All Issue Types</td>
<td>38</td>
<td>25</td>
<td>11</td>
<td>2</td>
</tr>
</tbody>
</table>
Why Adopt Global Standards?

• Standardize data across our existing and future systems
• Enable greater End-to-End supply chain security
• Improve patient safety
• Align ask to suppliers with global movement
A forum for subject matter experts from industry and the public sector to discuss and provide recommendations for the adoption and implementation of global standards for RH product identification, data capture, and data exchange in the supply chain.
Part 3:
Discussion
• Do you face data standardization challenges? How have you addressed these?

• How can the RHSC community work together to champion standardization?