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Coordinated Assistance for Reproductive health supplies (CARhs)

Progress Report 2014

Reproductive Health
SUPPLIES COALITION

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This annual progress report for the CARhs group provides information on a set of indicators measuring CARhs processes and effectiveness along with indicators tracking countries and products that are vulnerable to stockout or shortage. The CARhs group tracks its ability to respond to country requests via the Procurement Planning and Monitoring Report (PPMR) online system in order to monitor its performance. When countries make an information or action request of the CARhs group, the request is flagged and an "issue" is generated. Information requests include inquiries about the expected arrival or departure date of a shipment. Action requests include creating a new shipment; expediting, postponing, or cancelling an existing shipment; and transferring overstocked product to another country. Once the issue is resolved, it is closed in the online system. Each issue is assigned a classification of "action" or "information only" after CARhs has determined whether or not it can respond, and the outcome is recorded. In 2014, CARhs addressed a total of 202 issues, slightly more than the 194 that were addressed in 2013. There are several other key differences between 2013 and 2014, in addition to the increase in issues that CARhs addressed.

In the past, CARhs indicators have been presented for a variety of timeframes (usually a calendar or fiscal year), responding to whomever had requested the data. This year, CARhs is presenting its indicators on a calendar year basis.

CARhs action versus information requests

In 2014, nearly half, or 45 percent, of the issues CARhs addressed required some action (91 out of 202). In 2013, only 34 percent (66 out of 194) required action (see Figure 1). It is too soon to tell if the increase in action issues is a trend, but it provides opportunities for CARhs to contribute to the resolution of stock imbalances. CARhs cannot act in all instances where action is requested. In some cases, further investigation reveals that action is not needed (18 issues in 2014), and in other cases, CARhs is either unable to act (19) or only able to provide information (15). These situations may occur when no funding or product is available to respond to a particular request, the timeline for the requested action is too short, or if an in-country barrier—such as lack of product registration or need for an importation waiver—prevents timely response.

CARhs actions to assist countries in 2014

Of the 91 action issues CARhs addressed in 2014, 39 (43 percent) had an outcome in which CARhs provided assistance. This is similar to 2013, when CARhs assisted in 28 issues out of 66 (42 percent). Overall, 14 programs in 13 different countries benefited from 23 new shipments created by CARhs members, and 8 programs in 8 countries benefited from expedited shipments (see Table 1). The canceled shipments and product transfer saved an estimated US $629,000 in contraceptives from expiry due to overstock.

The action "referred to Coordinated Supply Planning Group (CSP)" is a new action for CARhs in 2014. The CSP group began to collaborate actively with CARhs in 2014. Like CARhs, CSP formed through the Coalition's Systems Strengthening Working Group (SSWG). It is a collaborative effort that was initiated in 2012 between the US Agency for International Development (USAID), United Nations Population Fund (UNFPA), USAID | DELIVER PROJECT, Clinton Health Access Initiative, William Davidson Institute at the University of Michigan, and Reproductive Health Supplies Coalition (Coalition or RHSC) Secretariat. CSP coordinates joint forecasting and supply planning for key products purchased by USAID and UNFPA and provides this information to suppliers and partners with the goal of keeping stocks of contraceptives in balance. The CSP group works on long-term supply planning of shipments to specific countries—unlike CARhs, which typically responds to short-term needs. Some of the issues that come to CARhs do not need an immediate

Figure 1. Number of CARhs Information and Action Issues in 2013 and 2014

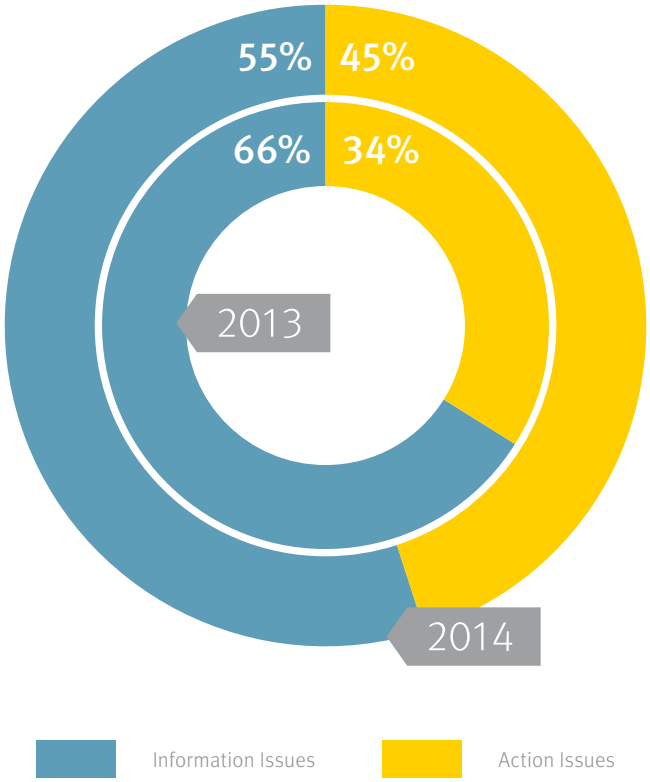


Table 1. CARhs assistance to countries (number of actions)

Type of Action	2013	2014
New shipment created	13	23
Existing shipment expedited	4	8
Shipment postponed	7	3
Shipment canceled	4	2
Product transferred from one country to another	0	1
Referred to Coordinated Supply Planning Group (CSP)	N/A	2
Total	**28**	**39**

resolution, although they must still be addressed. Since these issues are not emergencies, CARhs has begun referring requests for action that do not require a response in less than six months to CSP.

Sometimes, only information is requested from CARhs. In those cases, CARhs provided valuable information in 97 percent of issues (108 out of 111) in 2014. This is slightly higher than 2013, when CARhs provided valuable information in 95 percent of issues (121 out of 128).

Time to respond to countries

In 2014, it took an average of 1.8 months before the issues on the CARhs agenda were resolved, which is slightly lower than the average of 2.1 months in 2013. Of the 202 issues addressed by CARhs in 2014, 20 percent remained unresolved longer than average, with the longest issue on the agenda present for nine months. This compares favorably to 2013, when 31 percent of issues remained on the CARhs agenda longer than average. The longest-running issue of 2014 followed a stockout of female condoms at the Kenya Central Medical Store, first reported in the PPMR in February 2014. UNFPA was requested to respond, and the Female Health Company provided 1.4 million pieces to Kenya through UNFPA. The length of time to resolve the stockout was due to the need to manufacture the goods to order (because the order was not pre-existing), followed by pre-shipment inspections (one typically conducted by UNFPA, and one required by the Kenya Ministry of Health). The condoms departed for Kenya in August and reached the Central Medical Store by September.

Products with the most stockouts, as reported in the PPMR

Each year, CARhs tracks reports of stockouts by product as a percentage of the total number of reports on those products in the PPMR database. The graph in Figure 2 presents this information by product, sometimes aggregating multiple products (for example, Combined Orals includes several brands). Figures 2 and 3 show the number of times a method was reported as stocked out in relation to the number of times the method was reported in 2014.

Of the 13 methods currently reported in the PPMR, eight had stockout percentages of 13% or higher. The method with the highest percentage of stockouts across all reports in the

Figure 2. Methods with the most stockouts, PPMR 2014

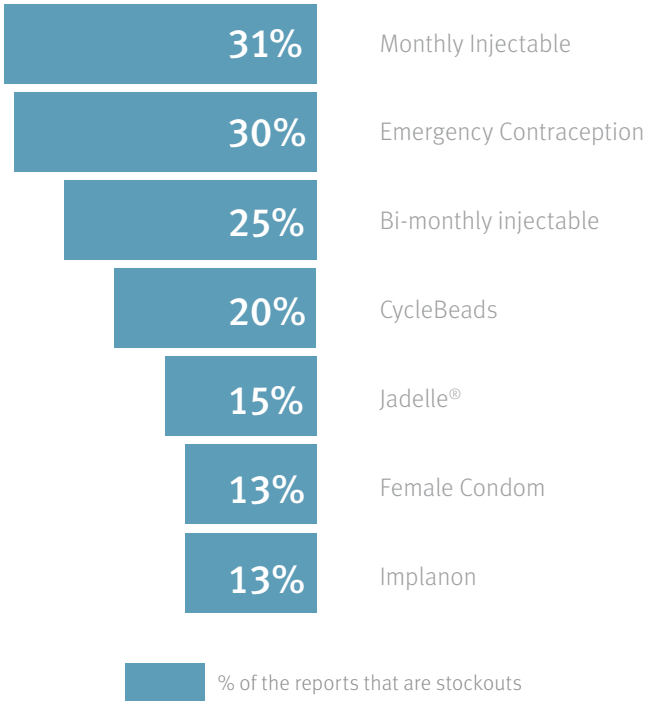
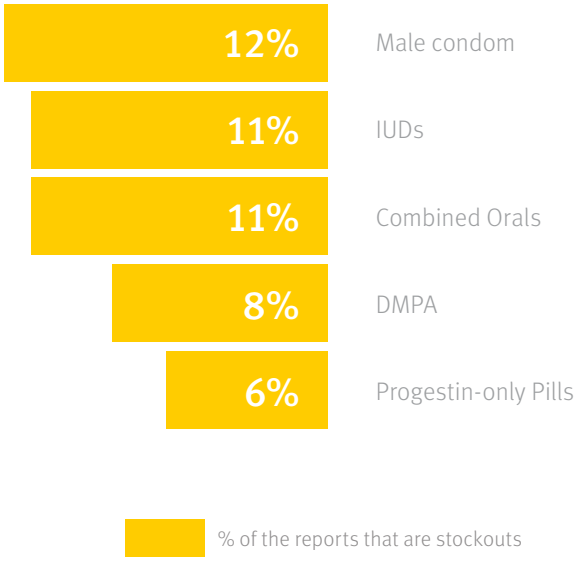


Figure 3. Methods with the fewest stockouts, PPMR 2014



PPMR was monthly injectables (31 percent of reports were stockouts). Emergency contraceptive pills were closely behind with 30 percent of reports showing stockout. These two methods are also reported by the fewest number of programs in the PPMR. Bimonthly injectables and CycleBeads also had comparatively high percentages of stockouts.

Five of the thirteen methods had stockout percentages at 12 percent or lower, as shown in Figure 3. Only one method (DMPA) had a stockout percentage under 10 percent this year, although the most widely carried methods (combined oral pills, DMPA, IUDs, male condoms, progestin-only pills) had stockout percentages at or below 15 percent.

Why issues occur

This year, causes of supply problems included:

- Lack of World Health Organization-prequalified alternatives to popular products with limited supply. Available alternatives may not have appropriate registration in the requesting country.
- Challenges managing lead-times and country expectations. Restrictions on global supply of certain products or unrealistic expectations of lead-times for donors to execute a procurement can make it difficult to react in a timely manner or in accordance with the country needs or supply plan.
- Lack of a recently updated supply plan or forecast.
- Lack of follow-up on shipment receipts or stock levels prior to quantification.
- Import restrictions and lack of customs qualifications resulting in delayed shipments.
- Significant time required to harmonize requests at the country-level across all agencies or organizations receiving donations.

Countries requiring assistance

When a program with more than one instance of stock at or below two months of stock (MOS) requests CARhs "Action" or "Information," CARhs notes this in its monthly call agenda. Countries with programs meeting this definition, and the number of unique issues from each that fit the definition of less than two MOS, are listed in Table 2 below.

Table 2. Countries with reoccurring short-term crises

Country	Unique issues with stocks < 2 MOS
Côte d'Ivoire	11
Togo	11
Zambia	9
Kenya	8
Uganda	8
Burkina Faso	7
Cameroon	6
Democratic Republic of Congo (DRC)	6

Many of the countries in Table 2 have multiple programs reporting (e.g., Côte d'Ivoire, Togo, Uganda, and DRC all have two to four programs reporting), which increases the number of issues that may be reported through the PPMR as compared to countries with only one program reporting. Several reporting countries had no issues where stocks were less than two MOS. This does not mean that these countries have never experienced stocks less than two MOS but rather that in those cases, action from CARhs was not requested. Countries with less than two MOS that did not have any issues addressed by CARhs include Afghanistan, Ethiopia, Gabon, Mauritania, Nigeria, Rwanda, Sao Tome & Principe, Senegal, and Zimbabwe.

Additional highlights from CARhs activities

- Partners in Myanmar alerted the Coalition to an imminent shortfall of DMPA and oral contraceptives. Within months, CARhs negotiated an in-kind donation from UNFPA of more than 1.1 million oral contraceptives and 550,000 units of DMPA.
- The Coalition's DMPA Advisory Group alerted CARhs to an existing supply crisis in Nepal. Again, quick action by UNFPA/Procurement Services Branch—a member of the Advisory Group—and CARhs made it possible to expedite more than 1.75 million units of DMPA to Nepal's Ministry of Health.
- CARhs joined with the Coalition's CSP group to avert major stockouts of the contraceptive implant Jadelle® in Cameroon, Sierra Leone, Côte d'Ivoire, and Gambia. USAID,

under the auspices of CARhs, issued an emergency shipment of 54,000 units-standing to prevent 54,000 unwanted pregnancies.

› The West African Health Organization, on behalf of CARhs, played a significant role in the successful transfer of nearly 200,000 vials of Noristerat injectables from Burkina Faso to Benin, resulting in more than US$250,000 in cost-savings and, in human terms, an estimated 9,160 unwanted pregnancies averted.

The Reproductive Health Supplies Coalition

The Coalition is a global partnership of public, private, and non-governmental organizations dedicated to ensuring that everyone in low- and middle-income countries can access and use affordable, high-quality supplies for their better reproductive health. It brings together agencies and groups with critical roles in providing contraceptives and other reproductive health supplies. These include multilateral and bilateral organizations, private foundations, governments, civil society, and private sector representatives.