



Coordinated Assistance for Reproductive health supplies (CARhs)

Progress Report 2015



Reproductive Health
SUPPLIES COALITION

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Introduction

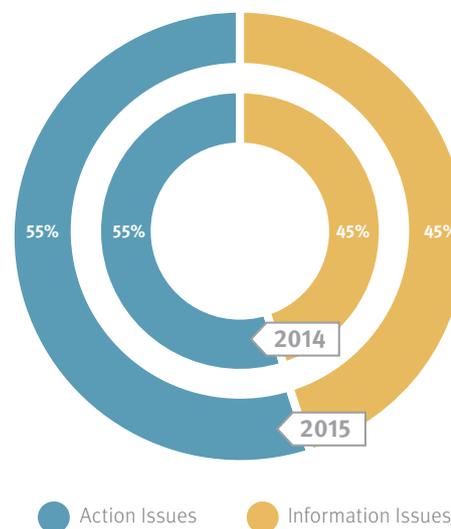
This annual progress report for the CARhs group provides information on a set of indicators measuring CARhs processes and effectiveness along with indicators tracking countries and products that are vulnerable to stockout or shortage. The CARhs group tracks its ability to respond to country requests 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 2015, CARhs addressed a total of 174 issues, somewhat less than the 202 that were addressed in 2014. There are several other key differences between 2014 and 2015, in addition to the decrease in issues that CARhs addressed.

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

CARhs action versus information requests

In 2015, nearly half, or 45 percent, of the issues CARhs addressed required some action (79 out of 174). This percentage was the same in 2014 (91 out of 202 required action; see Figure 1). With previous years, the percentage of action issues tended to be lower. This trend 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 (6 issues in 2015), and in other cases, CARhs is either unable to act (10) 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 an in-country barrier—such as lack of product registration or need for an importation waiver—prevents timely response.

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



CARhs actions to assist countries in 2015

Of the 79 action issues CARhs addressed in 2015, 48 (61 percent) had an outcome in which CARhs provided assistance. This is higher than in 2014, when CARhs assisted in 39 issues out of 79 (43 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),” was a new action for CARhs in 2014 when the group began to collaborate actively with CARhs. Like CARhs, CSP formed through the Coalition’s Systems Strengthening Working Group. CSP coordinates joint forecasting and supply planning for key products purchased by the United States Agency for International Development (USAID) and the United Nations Population Fund (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

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

Type of Action	2014	2015
New shipment created	23	14
Existing shipment expedited	8	18
Shipment postponed	3	5
Shipment canceled	2	5
Product transferred from one country to another	1	1
Referred to Coordinated Supply Planning Group (CSP)	2	5
Total	39	48

countries—unlike CARhs, which typically responds to short-term needs. Some of the issues that come to CARhs do not need an immediate resolution, although they must still be addressed. Such issues are referred to CSP. Moreover, issues that can be addressed by managing supplier relationships and strategic allocation of global production capacity are generally referred to CSP, as well.

Sometimes, only information is requested from CARhs. In such cases in 2015, CARhs provided valuable information in 85 percent of the issues (81 out of 95). This is lower than 2014, when CARhs provided valuable information in 97 percent of issues (108 out of 111).

Time to respond to countries

In 2015, it took an average of 1.8 months before the issues on the CARhs agenda were resolved, which is the same as in 2014. Of the 174 issues addressed by CARhs in 2015, 24 percent remained unresolved longer than average, with the longest issue on the agenda present for 7 months. This is roughly comparable to 2014, when 20 percent of issues remained on the CARhs agenda longer than average. The longest-running issue of 2015 followed a shortage of Pfizer’s DMPA IM at PSI Togo, first reported in the PPMR in January 2015. Initially, there was a delay regarding the order due to a miscommunication of the request, resulting in an order for

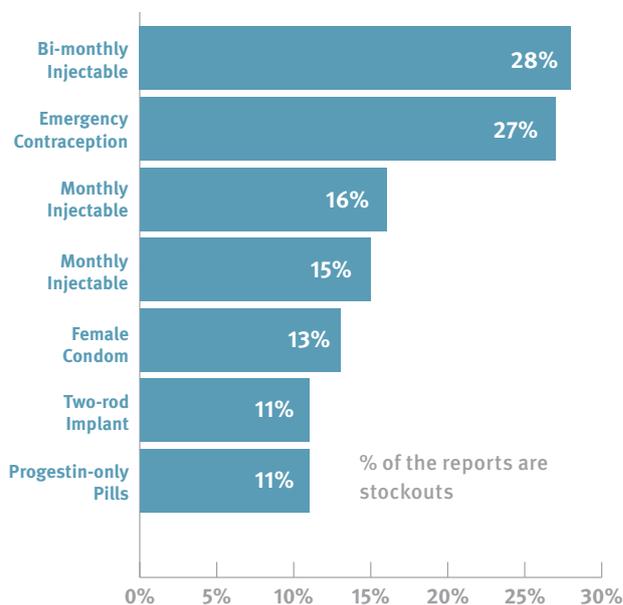
Helm’s DMPA IM being placed. Once clarified, the existing order for Helm’s DMPA IM had to be diverted to another country so that a new purchase order for Pfizer’s DMPA IM could be placed. Once the new purchase order was placed, the shipment was on hold, pending receipt of a registration waiver. The issue was ultimately resolved in July 2015, when the expected departure date of the shipment was provided. PSI Togo was stocked out as of June 5, 2015, but a prolonged stockout of DMPA IM was avoided when, that same month, the Ministry of Health loaned 30,000 vials to PSI to cover their needs. The shipment arrived in October.

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 product/method was reported as stocked out in relation to the number of times the product/method was reported in 2015.

Of the 12 products or methods currently reported in the PPMR, 7 had stockout percentages of 11 percent or higher. The product/method with the highest percentage of stockouts across all reports in the PPMR was bi-monthly injectables (28 percent of reports were stockouts). Emergency contraceptive pills were closely behind with 28

Figure 2. Products/methods with the most stockouts, PPMR 2015.



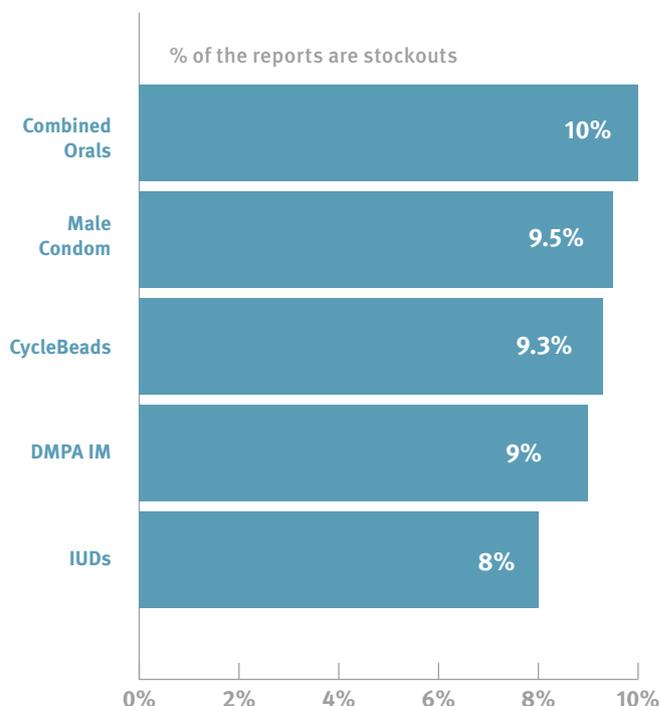
percent of reports showing stockout. These 2 methods are also reported by the fewest number of programs in the PPMR.

Five of the 12 products/methods had stockout percentages at 10 percent or lower, as shown in Figure 3 below. In 2014, only 1 method (DMPA IM) had a stockout percentage under 10 percent, whereas in 2015, 3 did (CycleBeads, DMPA IM, and IUDs). The most widely carried methods (combined oral pills, DMPA IM, IUDs, male condoms, progestin-only pills) had stockout percentages ranging from 8 to 11 percent.

Of particular note, this is the first year that DMPA subQ stock levels were reported in the PPMR, which resulted in two issues in Burkina Faso that demonstrate the challenges of a new product introduction. The first issue was related to the need to replace stock that was expiring in 2015 because the initial stock received by the country had a short shelf-life. The product was stocked out at the central and regional levels due to delays in providing the shipment to replace the stock that expired; however, the shipment was expedited by CARhs to reduce the duration of the stockout. The second issue was related to a shortage of the product at the central and regional levels while awaiting the second part of the country's 2015 order. This shortage was caused primarily by delays in receiving an importation waiver. The waiver was needed because of changes in the pack sizes since the

product was first registered. CARhs was able to provide information to the country about the reason for the shipment delay but could not assist with the country-level delays in processing the waiver request.

Figure 3. Methods with the fewest stockouts, PPMR 2015.



Why issues occur

- › Lack of World Health Organization–prequalified alternatives to popular products with limited supply. Similarly, available alternatives for some products 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.
- › Lack of diverse funding sources so that when the only donor/funding source cannot meet the country needs (due to lead time issues, production constraints, etc.), CARhs is requested to step in.
- › Funding limitations resulting in gaps that need to be filled by CARhs.
- › Lack of clarity on the product needs for the transition from Merck's one-rod classic to NXT (either from inadequate planning at the country level or inadequate implementation of existing plans).

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 3.

Many of the countries in Table 3 have multiple programs reporting (e.g., Mali, 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. A number of issues related to instances where stockouts occurred prior to the arrival of planned annual shipments. Several reporting countries had no issues where stocks were less than two MOS. Some never experienced stocks less than two MOS while others did, but in those cases action from CARhs was not requested. Countries with less than two MOS that did not have any issues addressed by CARhs are Afghanistan, and Sao Tome and Principe.

Table 2. Countries with reoccurring short-term crises

Country	Unique issues with stocks < 2 MOS
Kenya	12
Burkina Faso	7
Togo	7
DRC	6
Zambia	6
Gambia	5
Ghana	5
Mali	5
Uganda	5

Additional highlights from CARhs activities

- › After a devastating fire in Ghana’s central medical store, which resulted in a loss of \$62 million, CARhs members USAID and UNFPA sprang into action. UNFPA expedited a scheduled shipment of 84,000 female condoms while USAID issued a new shipment of 144,720 cycles of progestogen-only oral pill. Also, the USAID|DELIVER PROJECT and Ghana Health Services increased the frequency of stock-level reporting into the PPMR. Lessons learned led to a PPMR orientation exercise for UNFPA procurement staff to improve coordination in future supply crises.
- › Over 22,000 IUDs were saved from possible expiry and non-use—yielding \$7,700 in cost savings. The credit for this effort goes to the West Africa Health Organization (WAHO), a founding member of the Coalition and one of CARhs’ most recent partners. Late in 2014, Guinea-Bissau’s IPPF Member Association (MA), AGUIBEF, turned to WAHO for support in transferring its excess stock; WAHO identified another MA, Burkina Faso’s ABBEF, which received the product on July 30, 2015.



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.