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West Africa Reproductive Health Commodity Security

Security Study Phase 1
Task Report: 8

Country Assessment Report: Burkina Faso

DELIVER
No Product? No Program. Logistics for Health

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DELIVER
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Implemented by John Snow, Inc. (JSI) (contract no. HRN-C-00-00-00010-00), and subcontractors (Manoff Group, Program for Appropriate Technology in Health [PATH], and Social Sectors Development Strategies, Inc.), DELIVER strengthens the supply chains of health and family planning programs in developing countries to ensure the availability of critical health products for customers. DELIVER also provides technical support to USAID's central contraceptive procurement and management, and analysis of USAID's central commodity management information system (NEWVERN).

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Acronyms

ABBEF	Association Burkinabe pour le Bien-Etre Familial (IPPF affiliate Burkina Faso)
ABSF	*Association Burkinabe des sages Femmes*
ACAME	African Association of Central Medical Stores
ADB	African Development Bank
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
AWARE	Action for West African Region
CAMEG	*Centale d'Achats des Medicaments Essentiels Generiques et des con. medicaux* (central drug purchasing agency)
CNLS	*Comite Nationale pour la Lutte contre le SIDA* (National Commitee for the Fight Against AIDS)
CPR	contraceptive prevalence rate
CSL	Commodity Security and Logistics Division (USAID)
CSPS	*Centre de Sante et de Promotion Social*
DAF	Directorate of Administration and Finance
DBC	*Distributeurs de base Communautaire* (Community based distributors
DELIVER	(John Snow, Inc. project)
DGPLM	Directorate General for Pharmacy, Laboratories and Drugs
DHS	Demographic and Health Survey
DRS	*Direction Regionale de la Santé*
DSF	*Direction de la Santé de la Famille* (Directorate of Family Health)
ECOWAS	Economic Community of West African States
FP	family planning
FPLM	Family Planning Logistic Management (project)
GOBF	Government of Burkina Faso
GTZ	*Deutsche Gesellschaft fur Technische Zusammenarbeit* (German International Development Agency)
HIV	human immunodeficiency virus
IPPF	International Planned Parenthood Foundation
IUD	intrauterine device
KfW	*Kreditanstalt für Wiederaufbau* (German funding agency for international development)
MOH	Ministry of Health
NGO	nongovernmental organization
OI	opportunistic infection
PMTCT	prevention of mother-to-child transmission
PPTE	*Pays Pauvre tres endette*
PROMACO	Condom Marketing Agency
PSI	Population Services International
RH	reproductive health
RHCS	reproductive health commodity security

SDP	service delivery point
SFPS	*Sante Familiale et Prevention du SIDA* (Family Health and AIDS Prevention)
SPARCHS	Strategic Pathway for Reproduction Health Commodity Security
STI	sexually transmitted infection
SWAp	sector wide approach
TBA	traditional birth attendant
TFR	total fertility rate
UEMOA	*Union Economique et Monetaire Ouest Africaine* (West African Economic and Monetary Union)
UMA	Union of Maghreb Arabs
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WAHO	West African Health Organization
WARP	West African Regional Program
WHO	World Health Organization
WRA	women of reproductive age

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The Ministry of Health provided valuable assistance, without which the assessment would not have been possible. They provided a team member who was involved in data collection and report writing, supplied a vehicle and driver for the field work, and provided conference rooms for the initial workshop and for the team to meet in during the three-week assessment.

Finally, the assessment team would like to thank the Honorable Minister of Health for taking time from his busy schedule to meet with the team members.

Background

Country Profile: Social and Demographic Indicators

Burkina Faso has a population of more than 12 million (WHO 2002). The growth rate is 2.9 percent per year. If this growth rate is maintained through the coming years, the population of the country will reach 16 million in 2015. A decreasing mortality rate and continuing high fertility rate contribute to the increased population size. The total fertility rate (TFR) is 6.7. About 18.4 percent of the population are urban dwellers. A large percentage of the population, 46.3 percent, live under the national poverty level—estimated in 1998 at 72690 CFA Francs (U.S.$120) per adult per year. The human development indicator was 0.303 in 1998 and 0.302 in 1999; it was 0.330 in 2001.

The health status of the population is characterized by high levels of morbidity and mortality for the vulnerable segments of the population (women of reproductive age and children under 5 years of age). The infant mortality rate is 83 per 1,000 live births. The maternal mortality ratio is 484 per 100,000 live births. The contraceptive prevalence rate (CPR) for modern contraceptive methods for women in union is 9 percent and 41 percent for women between 35–39 years who wish to limit the number of children.

The causes of death in Burkina Faso include—

- endemic and epidemic diseases, including malaria, respiratory tract infections, and diarrhea
- causes related to childbirth, hemorrhage, and complications from induced abortions.

HIV/AIDS and sexually transmitted infection (STIs) are a major concern. HIV/AIDS prevalence was around 7 percent between 1997 and 2001 and 4.2 percent in 2002, but preliminary results from the 2003 Demographic and Health Survey (DHS) shows a prevalence of 1.9 percent. In the 2002 Ministry of Health (MOH) report, it is mentioned that 60,951 STI cases have been diagnosed. The overall utilization of health services is low.

Study Methodology

The methodology included key informant's interviews, group discussions, site visits, and document reviews.

Group Discussion

A one-day workshop gathered 28 participants together from various institutions whose work is related to the topics under consideration in the study. The workshop included a plenary session and five working groups. During the plenary session, the Director General of Health Services described the context in Burkina in which the study was taking place. He stated that the MOH would use the opportunity to gather data to prepare its own contraceptive security plan. The director of family health presented Burkina Faso as an example of a country where contraceptive insecurity is a real issue because the country can no longer be relied on to supply products, and the government has not provided enough financial resources to purchase its own commodities. Finally, the assessment team leader provided background information for

the study, and explained how the workshop participants should continue to provide the team with the necessary information.

After the presentations, during a short discussion session, a representative of Burkina's parliament made valuable comments about pooled procurement. She mentioned that the issue was discussed at the ECOWAS parliament. She emphasized the need for quality products through a pooled procurement mechanism. She also suggested that the assessment should be done in more than two countries to ensure the validity of its results.

The larger group was then divided into five smaller groups. Group members were selected by their background on the topic of the section where they were assigned. Each group was given a section of the assessment tool and one facilitator to guide the discussions and record the responses to the questions.

Key Informants

The team members interviewed key informants, people who are knowledgeable about the topics listed in the assessment tool. Several workshop participants were visited at their workplaces and were asked to provide additional information about the areas they work in as the work relates to the issues that were part of the assessment. On several occasions, the team members talked to key informants to validate the information they received.

Site Visits

Team members visited a number of sites in the central, regional, and district levels. They received information from their visits to service delivery points (SDP), warehouses, and other facilities on product availability and indications about how well the logistics system was functioning.

The team was split into two parts to visit two different zones:

- The zone of Bobo-Dioulasso, one of the most affluent regions of the country, is also the city that hosts the headquarters of the West African Health organization (WAHO).

  In this region the team visited a district and SDP warehouse in Hounde, a town located 100 kilometers east of Bobo-Dioulasso. In the city, the team visited a district warehouse, two SDP warehouses, and a *Centale d'Achats des Medicaments Essentiels Generiques et des con. medicaux* (central drug purchasing agency) (CAMEG) regional warehouse.

- The zone of Po is located in the direction of the Ghana border. The town of Po is 140 kilometers south of Ouagadougou and very close to the Ghanaian border. The team visited two district warehouses, one in Po and the other in Kombissiri, which is a town 40 kilometers south of the capital city.

Review of Documents

The team gathered and reviewed numerous documents related to the assessment.

Tool and Materials Used for the Assessment

- The assessment team used a tool developed for the study. It is a questionnaire that was adapted from the SPARCHS approach. Specific shorter questionnaires were also developed based on the study questionnaire and on targeting specific institutions; for example, private sector and social marketing organizations.

- The tool was used both during the group work and individual interviews.
- A list of tracer reproductive health (RH) commodities, which provide a demand profile in the region, was used as the basis for price comparisons and product availability.

Team Organization during the Assessment

- *Sharing assessment materials*

  Before the assessment started, the team met with Kristin Cooney of USAID/WARP at the Directorate of Family Health (DSF) office to review the tool and other assessment materials. Minor revisions to some of the questions to clarify the meaning were recommended and done. The slides for the presentations were reviewed; a recommendation was made to prepare new slides because the ones we had were not appropriate.

  The team often met to share the information gathered during the day, to assess what was still needed, and where to find the required information. Appointments were made with appropriate resource persons to collect the information needed.

- *French draft report*

  For the draft report in French, team members met and reviewed the outline and discussed possible content. They then divided the outline between team members; they wrote a report based on the outline. The team leader collected the written reports, which would be used in a consolidated draft report. The draft report was given back to team members for review and feedback.

- *Debriefing*

  The debriefing on Thursday, May 13 from 9:30 a.m. to 10:15 a.m. was with the Minister of Health and from 4 p.m. to 6 p.m. with the representatives from the DSF, the Directorate of Pharmacy, the Division of Finance and administration of the MOH, the Directorate of Planning of the MOH, a representative from UNFPA, and a representative from the World Bank (Tim Johnston).

  The issues that were raised and the information that was shared during the debriefings were integrated into the final assessment report.

Assessment Findings

Logistics Capacity

- *Effectiveness of current logistics system(s)*

The MOH logistics system is the largest in the country. The other systems are the IPPF affiliate and Population Services International (PSI). The assessment team worked chiefly with the MOH system that provides commodities for most of the health services in the country. PSI and the *Association Burkinabe pour le Bien-Etre Familial* (ABBEF) (IPPF affiliate Burkina Faso) receive some products from the MOH logistics system. Furthermore, most donors of antiretrovirals (ARVs) provide these products to the country through CAMEG, the procurement agency for the MOH.

The MOH logistics system has two distinct sections:

1. CAMEG, the central procurement and distribution agency that procures products other than contraceptives, manages the central warehouse and three regional warehouses, and distributes the products from the central warehouse to the regional warehouses.

2. The 53 district warehouses and the service delivery warehouses.

In all, the pipeline has four levels: central warehouse, regional warehouse, district warehouse, and SDPs.

At the central level, four institutions play pivotal roles in the MOH logistics system:

1. CAMEG is a parastatal organization that was created 10 years ago just as the country was ready to implement the Bamako initiative. CAMEG‘s mission is to improve the supply of drugs and other essential commodities in the health system. CAMEG received initial funding from the government and donors to purchase the necessary products. Future procurements were based on funds collected from the cost recovery mechanism that was put into place.

2. The Directorate of Family Health (DSF) is the MOH division in charge of implementing the MOH reproductive health policy and programs, namely family planning (FP), safe motherhood, child survival, and prevention of mother-to-child transmission (PMTCT). DSF is involved in the procurement and management of RH products. It is specially concerned with the RH logistics management information system (LMIS).

3. Directorate of Pharmacy, Laboratory and Medicine implements the MOH policy for drugs, consumables, and laboratory-related issues. It develops and implements action plans in the areas mentioned earlier, in collaboration with other departments of the MOH, international partners, nongovernmental organizations (NGOs), and the private sector.

4. The coordination committee for HIV/AIDS programs oversees all activities that pertain to the fight against HIV/AIDS within the MOH; it is concerned with HIV/AIDS product availability.

Finance

A distinction should be made between financing of contraceptives, other RH products, and ARV drugs, because sources of funding for these are different.

Contraceptives

Until 2003, the bulk of funding for contraceptives was provided by donors, including the World Bank, UNFPA, and USAID.

The MOH uses the poverty reduction fund (PPTE) to purchase contraceptives.

From 1997 to 2004, the World Bank funded contraceptives through its local projects to the amount of FCFA 1,904 451,659. The Bank has also made contributions through its current project in Burkina, although this project does not work with family planning. The Bank's representative in Burkina will determine the possibility of procuring contraceptives for Burkina in the upcoming Bank project, but this is less certain. A phase-out plan was not developed before the end of the Bank's former project under which contraceptives were procured for Burkina.

- UNFPA has procured contraceptives for FCFA 851 960, 604 during the period cited above. UNFPA has also made provisions for contraceptives in its country plan 2001–2006. Although this contribution was destined for UNFPA projects, the products were used for the needs of the entire country. UNFPA has pledged support to the DSF to develop a contraceptive security strategic plan.

- USAID has provided products for FCFA 567 802 714. USAID did not commit to procuring contraceptives for Burkina. Nevertheless, in March 2004, the organization responded positively to the request of Burkina for an emergency shipment of contraceptives.

- The national budget has provided contraceptives for 448,221,752 FCFA. This is approximately 12 percent of the total funding for the period. This was drawn from the PPTE. The MOH regular budget does not have a line item in to purchase contraceptives. All the funds for drugs in the regular budget have been credited to the districts and hospitals to purchase drugs, such as anesthetics, narcotics, etc.

The duration of the PPTE program is not yet known. In addition, the DSF does not know how much of this fund can be allocated to purchase contraceptives. If clarification is not provided on these two issues, it will be difficult to integrate the PPTE fund into the development of a contraceptive security strategic plan. Furthermore, the DSF cannot rely on this fund because of a long delay, which spans several years, between the allocation of the annual PPTE fund and its actual disbursement. For example, the products that DSF is receiving in 2004 were purchased with 2001 funds. This means that DSF cannot rely on this fund to meet its yearly needs for contraceptives. It is also impossible to meet urgent needs using this fund because it is not available when it is needed. DSF has requested funding for the purchase of contraceptives under the 2004 poverty reduction fund, but they are not likely to receive the funds on time.

For currency exchange to purchase products, the country does not have any problems since the FCFA; the local currency is pegged to the Euro. Manufacturers willing accept the FCFA.

- IPPF funds ABBEF's requirements for contraceptives. This assistance has, however, decreased over time. The current assistance plan includes purchasing part of ABBEF needs in contraceptives from foreign manufacturers and purchasing the rest of the needs from CAMEG. This means that ABBEF is receiving the subsidized products given by donors.

- KfW funds condoms for the social marketing organization, PROMACO (condom marketing agency).

- Households contribute to financing contraceptives through a cost recovery mechanism established in all service delivery sites. Funds from cost recovery are kept in a special bank account with CAMEG.

- Financing for other products is ensured through a cost recovery mechanism. CAMEG uses the funds recovered to procure the needed products.

Antiretrovirals

Private organizations, as well as international donors such as the French Red Cross and the World Bank, provide funding for ARVs. But, these funds do not cover the needs of the country.

Forecasting

Forecasting methods differ depending on the product, such as contraceptives, ARVs, or other RH products.

- *Contraceptives*

Forecasting is done by each organization (DSF, ABBEF, PROMACO, and PSI). DSF is in charge of carrying out the forecasting exercise for the MOH. Because products for all organizations are managed by CAMEG, representatives for these organizations meet once a year to coordinate the forecasting, with technical assistance from DELIVER and funded by USAID. The forecasting is reviewed six months later to make necessary adjustments. Usually, consumption data is not available. Therefore, distribution data from the central warehouse is used, making the results of the forecasting less reliable. ABBEF is able to use consumption data for its forecasting. PSI and PROMACO use sales data for their forecasting. A number of staff from the MOH and CAMEG have been trained in logistics, including forecasting by the Family Planning Logistics Management (FPLM) project and DELIVER. However, the trained staff have not been able to take ownership of the exercise and continue on their own. ABBEF is getting technical assistance from IPPF to carry out forecasting. For example, to ensure that clients have good access to quality products and services, IPPF organized a workshop from April 10–23, 2004, to strengthen ABBEF staff in forecasting and supply chain management. One weak point, mentioned before, is consumption data collection and use. In the current system, consumption data are collected but are not channeled to the central level for use in decision making and forecasting.

- *Other products*

CAMEG uses the money collected to purchase products. Future needs are based on sales of products to clients. A shortcoming is that the money collected may not be sufficient to purchase enough products to meet the need at the SDP level. For products purchased with government fund, DSF estimates the needs and sends its request to the Directorate of Pharmacy, which then procures the commodities. The products are delivered to DSF for distribution to the regional health directorates.

- *Antiretrovirals*

ARVs are financed by international organizations or individuals. Together, the donors, with the service providers, determine the need for these products. For example, *Médecins Sans Frontières* and the World Bank forecast their needs for nevirapine for the projects they support; they ask CAMEG to purchase the product. Likewise, UNICEF makes forecasts and provides nevirapine for the prevention of mother-to-child transmission (PMTCT) program.

Procurement

Procurement differs according to products and source of funding.

- *Contraceptives*

After the forecast is complete, each funding source is responsible for procuring the needed products. Shipments are scheduled according to the program needs. Requests for USAID-funded products are sent to the WARP mission in Accra, where the request is reviewed and approved, and then sent to the Commodity Security and Logistics (CSL) Division of USAID in Washington. An order is placed by CSL

according to an established schedule. Requests made to UNFPA are forwarded to the local office where they are reviewed and approved. Orders are then sent to UNFPA headquarters to be pooled with requests from other countries, and the final order is placed. The products are then sent to the respective countries. Requests made under World Bank funding are processed and procured by UNFPA. The IPPF affiliate sends a portion of its needs to IPPF for procurement. It is pooled with needs from other countries. ABBEF's other needs are purchased locally at CAMEG.

For PROMACO, a short list of suppliers is established. A tender is made and published in German newspapers. Tenders are made according to the rule of the funding agency. The selection of suppliers is then made, and a contract is signed with selected suppliers. Products are paid for with German currency.

- *Other products*

CAMEG implements a procedure for procuring products and it is agreed to by all parties. The procedure includes the selection of pre-qualified suppliers by a commission made up of all stakeholders; open tendering; request for price quotation from pre-selected suppliers; and selection of suppliers and contracting. This makes the procurement process transparent.

- *Delivery*

Various organizations and funding sources have important differences in their delivery times. Because of time spent in pooling all the requests from countries before doing the procurement, the delivery of products from UNFPA and IPPF may be delayed to the countries. Upon arrival, the products may be tested for quality before they are made available for sale. All products are stored at the central store in CAMEG and delivered to the regional warehouses. Products like ARVs are given directly to the institutions that requested their purchase. CAMEG has its own vehicle to distribute the products to its regional warehouses. No transportation is defined from regional warehouses to the districts; sometimes ambulances are used. From the district warehouses to the SDP, warehouse products are usually picked up by motorcycle.

Product Availability of Studied Commodities

As mentioned earlier, the assessment team visited a number of district and health facilities warehouses, as well as the regional warehouse in Bobo-Dioulasso. All products on the study list are available in these facilities. However, the facilities often experience stockouts of variable duration, sometimes from two to three weeks. The team found nevirapine and condoms in only one of the sites visited. The team was later informed that these products are made available in only a small number of facilities in the country.

Some RH products, such as iron, purchased through the poverty reduction funds will be soon distributed free of charge, contrary to the policy of cost recovery. The district warehouses no longer procure these products. Because the free distribution system is not well planned, these products will be stocked out. It is unclear how long the free distribution program will last. See appendix B for a list of product availability.

Differences between Contraceptive and Other Medical Supply Systems

Contraceptives and other commodities supply system are not the same. Until now, contraceptives have been supplied by donors and have been in high demand. Management of contraceptives is different because the cost recovered from the sale of these products is kept in a special account, which is jointly managed by DSF, CAMEG, and the division of finance and administration of the MOH.

Contraceptives and other commodities are channeled through the same logistics system but, so far, only contraceptives are managed through the LMIS.

Issues That Might Impact a Pooled Procurement of Commodities

From the information we gathered, a number of issues can have an impact on pooled procurement:

- Although the nationals take part in the forecasting exercise, they have not, so far, done the forecasting on their own. They need to take ownership of the exercise and be able to forecast without external assistance.
- Consumption data are collected but not channeled to the central level where it should be used for decision making and forecasting.
- Some of the procured products are delayed.
- Contraceptives and other RH products do not have a budget line item. The poverty reduction funds currently used to buy contraceptives and other RH products is not made available as quickly as it should. The duration of the funds is also unknown.
- Some RH products are distributed free of charge, and program managers ignore the duration of the free distribution program.
- It is not certain if the donors will support the early phase of a pooled procurement mechanism, because they have a personal agenda and procedures for spending the funds at the country disposal. For example, the basket funding has not been implemented because donors have not decided to endorse it.
- CAMEG does not want to join the pooled procurement mechanism yet because its managers question the credibility of the other countries. CAMEG has established an excellent partnership with manufacturers and suppliers, and would like to continue this relationship; they do not want to risk jeopardizing their credibility in a pooled procurement until other partners have reached an acceptable level of confidence. CAMEG thinks that pooled procurement will work best with products that are in low demand, such as contraceptives.
- CAMEG's technical leadership welcomes the idea of a feasibility study of pooled procurement mechanism that will give all interested parties the information and recommendations needed to proceed with the mechanism or to abandon it.

Service Delivery and Demand

Profile of Current Clients: Urban and Rural, Public and Private, Income Level

Preliminary results of the 2003 Demographic and Health Survey (DHS) show that the prevalence of modern contraceptives for women in a union is 9 percent, with a large difference between rural and urban areas. CPR for urban settings is 26 percent; in rural areas, it is 5 percent. In the capital city, CPR is 29 percent. CPR increases as a woman's level of education increases. For example, CPR is 6 percent for women without any education and 43 percent for women with secondary level education or higher. Fifty-five percent of modern contraceptive users obtained their method from a public sector facility and 13 percent from the private sector. Thirty-two percent received their method from shops or on the streets. In 74 percent of child births, the mother had at least one prenatal visit to a health care facility. Among these cases, 100 percent of mothers having a secondary-level education have benefited from prenatal care, while 90 percent of women with a primary-level education and 70 percent of women without education received prenatal care. The percentage of women who received health professional attention is 59 percent; 14 percent of women were assisted by a traditional birth attendant (TBA).

Issues that Can Impact Reproductive Health Commodity Security

A significant percentage of women buy their products from the street and in pharmacies, which means that the private sector is involved in providing contraceptives to clients. While contraceptives sold in pharmacies are of good quality, those available on the street are not. Every measure should be taken by the health authority to address the issue of street vendors selling drugs. Also, a substantial number of women delivering babies are attended by TBAs. These women did not use the services provided by the public facilities.

- *Discontinuation rates*

Discontinuation of clients is not closely monitored. Reasons for discontinuation include desire for another child, menopause, and partner's desire that family planning practice be discontinued. Women rarely discontinue because of the lack of products.

- *Unmet need*

Unmet need is often linked to the cost of the products, particularly in rural areas; family planning services are also lacking in these areas. Women may hear about family planning information on the radio, but they cannot access the services.

Unmet need also relates to method mix. NORPLANT®, for example, is in high demand, but because of its high cost, it is not always available.

A significant percentage of women, 47 percent, want to delay their next pregnancy, while 23 percent of women declare that they do not want any more children. However, these women are not currently using contraceptives. It is certain that if they were to use contraceptives the current supply of products in the country would not be sufficient. More products need to be secured. Therefore, GOBF and donors should make a greater effort to increase financial resources to purchase contraceptives.

- *Provider skills and number of trained staff*

The country has a huge deficit in competent service providers. Several situation analyses have shown that the quality of care is substandard due, in part, to an insufficient number of qualified service providers, lack of transfer of training in the workplace, and lack of supervision. The central level does not have a plan for staff training and follow-up. Training that is carried out is not always done according to set priorities. Refresher training is often carried out by projects funded by external donors and, therefore, do not benefit all regions of the country. Furthermore, a high turnover of staff in the health facilities makes management of trained personnel very difficult. For training in logistics, 42 trainers have been trained, who then trained 1,637 services providers and warehouse managers. DELIVER conducted the training of trainers. Other staff were trained by trainers and financed by World Bank and UNFPA. A total of 1,637 staff have been trained in logistics management during the past five years or so.

- *Reproductive health protocols*

Service delivery norms and protocols were revised in September 1999. An assessment has not been done to determine the extent to which service delivery norms and protocols are actually implemented. It is certain that a method, such as an IUD, is underutilized, in part, because service providers show little interest in providing this method. This denies women a long-term, safe, effective, and relatively cheap method. More prevalent use of IUDs will greatly contribute to RHCS in Burkina. The high demand for NORPLANT® has already been discussed in this report. The MOH has a tendency to satisfy the demand for NORPLANT® but, for RHCS, in a resource-poor country like Burkina, it is impossible to have an adequate supply.

Financing of Reproductive Health Products

Source of Funding for Studied Reproductive Health Commodities: Government (sector wide approach [SWAp], tax revenue), Donors, Households

To finance RH commodities, the state has budgetary allocations through the PPTE budgetary allocation to the MOH and through government funds. Under this allocation, drugs for antenatal and infant care are procured and given to patients at no cost. The supply of free drugs is contrary to the policy of the cost recovery supply of drugs in the public outlets. RH products procured under this budget allocation include metronidazole, cotrimoxazole, oral rehydration solution, sulfadoxine/pyrimethamine, Lo-Femenal, and Depo-Provera®. The allocation for 2004 financial year is 200 million Francs CFA. This represents about 2.5 percent of the PPTE budget allocation for the MOH.

The bulk of contraceptives are provided by donors, including USAID, UNFPA, and the World Bank. A breakdown of their contribution for the previous years is highlighted in the logistic capacity section. It should be noted that CAMEG has a special account where proceeds from the sale of contraceptives are deposited. This money is managed jointly by CAMEG, DAF, and DSF. No reference is made as to whether this money is used for the purchase of contraceptives or not. The purchase of the other RH products is financed by CAMEG funds, which are generated through the cost recovery mechanism.

What does the funding situation look like in three to five years? Is there a funding gap?

The commitments of the various donors to the supply of contraceptives are varied.

- *Government budgetary allocation: The state budgetary allocation is made yearly for the procurement of drugs without any specifications for RH commodities.*

As stated above, government allocations are made through the PPTE budget for the purchase of some RH commodities, but the duration of this budgetary allocation is unclear.

- UNFPA has planned the supply of contraceptives to arrive at the end of August 2004. This delivery will include 25,000 female condoms, 48,000 vials of Depo-Provera®, 250,800 cycles of Lo-Femenal, and 2,500 NORPLANT®. After this supply, further commitment is uncertain.

- USAID has no commitments to supply RH products in the short term or the long term. Nevertheless, USAID placed an emergency order of contraceptives (432,000 cycles of Lo-Femenal), which arrived at the end of April 2004. This was in response to the gap created by the interruption of supply of contraceptives at the end of the PPLS project, which previously supplied contraceptives.

- The World Bank has provided U.S.$1 million to purchase contraceptives, which should arrive at the end of August 2004. This delivery will include 480,000 cycles of Lo-Femenal, 20,000 NORPLANT®, and 20,400 cycles of Ovrette. Beyond this date, their commitment is unspecified and uncertain.

Considering the relatively short term and uncertain commitments expressed by donors, a funding gap for contraceptives needs to be filled.

Basket Funding

The concept of basket funding is still in the early stages of discussion. Ongoing discussions are being held with various donors but no clear-cut decisions have been made.

- *Prices at public facilities compared to international reference prices (IRPs)*

For many RH commodities on the tracer list, the prices paid by the public sector are higher than the lowest international reference price. This indicates that it may be possible to obtain lower prices through a pooled procurement mechanism (see table 1).

Table 1. Quantity Requirements and Estimated Costs

Method	Quantity	Estimated Cost (USD)	Freight Cost (USD)	Period
Female condom	89,000	55,393,60	5539,36	09/30/05–12/31/08
Male condom (52 mm)	4,254,000	255,240,00	25,524,00	08/31/04–12/31/08
Depo-Provera®	1,654,8000	1,671,348,00	167,134,80	08/31/04–12/31/08
DUI (Copper T, 380)	8,317	13,635,72	1,363,57	12/31/04–12/31/08
Lo-Femenal, Blue Lady	3,822,000	908,871,60	90,887,16	02/28/05–12/31/08
NORPLANT®	130,250	3,099,950,00	309,995,00	12/31/04–12/31/08
Ovrette	130,800	31,104,24	3,110,42	01/31/05–12/31/08

Prices Paid by Customers at Various Levels

The public sector respects prices that were set during a workshop that regrouped all parties in the system (government and donors inclusive). The prices are fixed using a cost recovery mechanism (see table 2).

Financing Issues That Can Impact RHCS

- The free supply of some medications, which are also in the circuit for cost recovery, puts the cost recovery mechanism in jeopardy because the continuous supply of free drugs is not guaranteed.
- The uncertain commitment of donors to the procurement of contraceptives also negatively impacts RHCS.
- The government cannot continue to depend on the PPTE budget to provide contraceptives because the duration of the fund is unknown, and the government doesn't have a separate budget line item for procuring contraceptives.

Table 2. Price of Contraceptives at the Various Levels (FCFA)

Products	Price to Client	DBC[1] (25%)	CM/CSPS[2] (25%)	Districts (10%)	DRS[3] (5%)	CAMEG
Condom (male latex)	10	10	10	5	5	5
NORPLANT®	1000	N/A	1000	750	650	600
Depo-Provera®	500	N/A	500	375	325	300
Noristerat	500	N/A				
DUI	800	N/A	800	600	525	500
Lo-Femenal or Eugynon Microgynon	100	100	100	75	65	60
Ovrette	100	100	100	75	65	60

Policies and Regulations

Leadership for RHCS (national, district, local)

- At the central level, the directorate of pharmacy, laboratory, and drugs (DGPLM) implements the national pharmaceutical policy included in the national health policy. The directorate of family health assists in implementing policies and programs related to RH commodities.

DGPLM manages all government funding related to drugs. When funds are made available, DGPLM sends an information notice to all central institutions that are interested in health commodities, informing them of the availability of funds and asking them to submit their needs for commodities and the amount of money necessary to buy the commodities. DSF sends a list and quantities of contraceptives and other RH drugs for purchase. For example, DSF submitted a budget for RH drugs for 200 million CFA Francs under the PPTE budget for 2004. CAMEG is in charge of procuring all health commodities for the MOH. Products that are donated by partners are stored at CAMEG until they are distributed to the recipient health facilities or organizations.

- At the district level, the district health team manages health activities. The district warehouse manages all essential health commodities. It is usually managed by a pharmacist or state-trained pharmacy assistant.

- At the local level, the warehouse of the health facility is managed by a person hired by the health committee.

Reproductive Health Commodity Security Strategy and Activities Currently Ongoing

Burkina is learning lessons from donor's assistance in the area of RH commodity supply. The current situation could be characterized as a crisis because of a shortfall of contraceptive supply and the funding is unavailable to fill the gap. Until two years ago, the majority of the country contraceptive needs were supplied by the World Bank through an arrangement under a World Bank-funded RH project. UNFPA

[1] community-based distribution

[2] service delivery point (health post)

[3] regional health authority

procured contraceptives using World Bank funding. No discussion has occurred on a phaseout plan before the end of the World Bank project to ensure funding for a continuous supply of contraceptives in the country. The current activities aimed at correcting the situation include discussions with the funding agencies, such as the World Bank, UNFPA, and USAID, to fill the current gap and to design a commodity security strategic plan that can be supported by external funding. Meanwhile, the country will gradually provide the resources over time to meet all the country's needs.

Reproductive Health Policies and Regulations

Current policies and policy revisions

- *Population policy*

Burkina revised its population policy in 2000, which includes a strong reproductive health component. The objective for family planning is to increase the CPR for modern methods from 6 percent in 1998 to 19 percent by 2015. For HIV/AIDS, the objective is to reduce the prevalence of HIV/AIDS from 7.17 percent in 1999 to less than 6 percent by 2015. The policy promotes greater use of RH services by women of reproductive age (WRA), adolescents, and youths. In 2000, the MOH adopted a health policy and a 10-year action plan to implement the health policy. RH is one of the key sections of the plan. Health commodities, in general, are addressed by both policy and planning documents; RH commodities are not specifically mentioned. Implementation of the plan started in 2001.

- *National health policy*

This document deals with statements about health issues and coverage of the population. For example, the section related to drugs states that two private wholesalers and one public wholesaler will create a network to distribute drugs throughout the country. Retail sale is ensured by village outlets in the service delivery sites.

- *Policy on reproductive health services*

This document, which was revised in September 1999, addresses safe motherhood, youth health, family planning, HIV/AIDS and STI infection prevention, behavior change, and communication. The document defines the components of RH and describes how the services should be provided.

The 2001–2010 Action Plan

The MOH has a plan of action for 2001–2010 to implement the health policy. This action plan is implemented in the form of three yearly plans and annual plans. In the 2004 plan, DSF has requested that contraceptives be purchased with the poverty reduction funds. This plan also provides for the development of a contraceptive security strategic plan. The department of pharmacy aims at improving the availability and quality of essential drugs at the lowest cost possible. It will also sensitize businessmen to invest in drug manufacturing. Incentives will be provided to the private sector to be involved in procurement and distribution of essential generic drugs.

The points related to RH that are highlighted in the plan include—

- Develop national guidelines in preventive care.
- Develop and disseminate a document on policy, norms, and protocols in reproductive health.
- Upgrade the quality of care.
- Increase the CPR from 6 percent to 17 percent during 2001–2010.

- Increase prenatal care attendance by pregnant women from 65 percent to 90 percent during the same period.
- Increase the rate of assisted deliveries from 34 percent to 60 percent.

Youth are one of the main targets of the plan.

Poverty Reduction Action Plan

A strategic plan for poverty reduction aims at improving access to health care and essential drugs for the poor. Through this program, they will promote women's health.

Issues with Reproductive Health Policies that May Impact RHCS

The implementation of the policy calls for an increase in CPR and the provision of other reproductive health services. At the current level of CPR and obstetric care coverage, an important gap exists in commodity supply. No clear action in the 10-year implementation plan will contribute to increasing resources to purchase the needed commodities. However, a provision through private sector involvement makes products of high quality available. The problem is getting low-cost quality products. It is not certain whether the private sector will receive enough incentives to lower their costs. Currently, private wholesalers have a growing dissatisfaction; they are complaining about taxes and other constraints to their expansion. They plan to discuss the tax issue with the government authorities.

Coordination Mechanism

Current RH and Commodity Coordinating Mechanisms: Donor Committees, RH Committees and Teams, RHCS Committees and Working Groups, and Regional Coordinating Mechanisms

The DSF has *three types* of coordination mechanisms:

- Coordination meetings of DSF partners, including UNFPA, WHO, UNICEF, World Bank, GTZ, ABBEF, CNLS, PROMACO, ABSF, and other national NGOs. This type of coordination meeting occurs every semester; attendees discuss issues that arise in the programs. For example, the issue of developing a strategic plan for contraceptive security will be discussed. In this coordination meeting, partners' plans of action will be discussed and adopted. New programmatic and technical approaches in service delivery will be presented.
- Coordination meeting on contraceptives with CAMEG, ABBEF, PROMACO, PSI, and DGPLM. This type of meeting is held every semester to discuss technical issues, including stock issues, needs for contraceptives, financial assistance from donors, lead time for deliveries, and others.
- Meetings not organized periodically but called whenever it is necessary to address pressing issues. This meeting was attended by USAID, UNFPA, World Bank, DSF, JSI/DELIVER, and AWARE in April during the assessment, to discuss emergency needs for contraceptives and development of contraceptive security strategic plan.
- At the MOH level, during a yearly meeting of the MOH partners, different types of health issues, including RH, are discussed.

1. *Effectiveness of current coordinating mechanisms*

   Current coordination mechanisms could achieve a number of results, including keeping the communication flow between partners and the Ministry, and the DSF. During these meetings the Ministry needs are expressed to the partners. The partners have responded positively to a number of requests from the DSF. It is also a good opportunity to share valuable information about partners programs. However, the achievements of these meetings are limited.

   One example is the current crisis due to lack of funding. Despite the coordination meetings on commodities, the funding gap that occurred after the World Bank project ended was not foreseen and addressed during coordination meetings. The national action plan, in its analysis, also mentioned the problem of ineffectiveness of the current coordination mechanism.

2. *Roles that main mechanisms might play in RHCS*

   The coordination mechanisms can play very important roles in commodity security through the exchange of information on stock status and donor's financial contribution.

   Donors also can provide technical assistance in the design of a strategic plan for commodity security. A number of partners taking part in the coordination meetings can be part of a committee to develop and implement a strategic plan for commodity security.

Regional Trade

Level of Country Involvement in Regional Trade Mechanisms

No law prevents the smooth functioning of pooled procurement between the ECOWAS countries. The Ministry of Trade actually encourages pooled procurement within the country and with neighboring countries, even in areas of general trade, with the aim of benefiting from the resulting lower prices. Another example is the experience of the joint procurement of anti-meningitis vaccines between pharmacists in Burkina Faso and Niger in 2002, and the transfer of vaccines from Burkina Faso to Niger. The products for the other countries, in this instance, are considered transit and, as such, do not pay custom duty. According to UEMOA trade policies, all drugs classified by UEMOA are exempt from custom duty and tariffs.

Burkina Faso is a member of the Regional trade and monetary bodies like ECOWAS and UEMOA, respectively. Burkina Faso adheres to laws adopted by ECOWAS, such as the abolition of visas for nationals of member countries of ECOWAS, adoption of a common automobile insurance card, and harmonization of custom requirements.

Impact of Regional Trade Harmonizing on Commercial Trade Within and Outside of the Region

The harmonization of regional trade laws has a positive and negative impact on commercial trade within and outside the region. On the positive side, free movement of goods and people across the borders facilitates trade. On the negative side, the free movement of goods across borders presents an unfair competition to local businesses, because cheap goods from other countries, with little or no regulation, flood the internal markets.

Private Sector and Social Marketing

Capacity and Mechanism to Forecast, Finance, Procure, and Deliver Commodities

Social Marketing

Forecasting: Social marketing agencies use distribution data from commercial wholesalers to make their forecasts. The marketing department express their needs based on consumption history. The administrative department finalizes the annual estimates, taking into account , at every phase, the objectives of donors and execution agencies.

Procurement

This is done through restricted international tendering. Pre-qualified suppliers, who are authorized to bid, are on an existing list; the dollar or euro is the currency usually used. The pre-qualified suppliers usually have one to two months to respond to the invitation to tender. Examination of the bid is done in the presence of representatives of the government, while the donors receive constant updates on what is decided. After the choice is made, the supplier is required to send product samples to the execution agency for approval. These samples are tested for quality by the supplier at the level of the manufacturer. and an independent laboratory is chosen by the execution agency to carry out a second test. If the tests are satisfactory, the contracts are signed and the products are shipped.

Distribution

For distribution, the private commercial sectors, such as wholesalers and retailers, are used. However, the social marketing agency develops its own distribution network. This network depends essentially on community-based distributors to get to the populations in hard to reach areas.

Private Sector

Forecasting is based on sales made to clients.

Funding Mix for Commodities: Donor and Fees

Traditionally, social marketing agencies receive their products through donor financing. Burkina Faso has two social marketing projects: PROMACO, which distributes condoms for HIV/AIDS prevention; and PSI, which distributes a number of products, including oral contraceptives. PROMACO is financed by KFW and occasionally receives selective funding from USAID—for example, in emergencies or for the initial supply of female condoms. In the past, PSI received contraceptives from the MOH but currently it auto-finances its procurements using existing discretionary funds at the level of its offices. This money will be a revolving fund to buy contraceptives for PSI, which will, in the future, apply a full cost recovery mechanism. A major consequence will be a very high price increase for oral contraceptives, which will be sold to clients for 500 fcfa instead of 100 fcfa. The DSF has been informed and they have given approval, in principle, and the Ministry will soon give the final approval (the maximum price authorized in the private sector is 1000 fcfa/cycle versus 100 fcfa/cycle in the public sector). PSI also receives funding from the BIXBY Foundation for awareness campaigns, which is renewed annually.

Policies That Impact the Ability of the Private Sector to Expand: Pricing, Tariffs, Provider Restrictions, and Others

Social Marketing

For condoms, are few if any applicable policies, regulations, or controls would impact its management.

Nevertheless, for the other contraceptives, policies, regulations, and controls that affect all medications, logically apply to them as well. Two main laws are applicable to all medications:

- Public Health Code (1994)
- Regulations on advertisement in Burkina Faso (2002)

These include the ban on advertising branded products.

Advertisements on medications, in general, has been limited. The drug *Confiance,* a branded contraceptive pill, ran into problems in Burkina Faso during its introduction. The documents on this product are still being studied by the arbitration commission. By law, there are limitations, but, in practice, for social marketing products, the MOH has allowed the sale of the product despite the commission's objection.

There is a price control mechanism in the private sector for a specific list of products.

Private Sector

The national health policy and the national health development program are favorably disposed to expand the private sector. For example, one of the specific objectives of the national health program is to improve the availability and accessibility of essential drugs of good quality. To obtain this objective, the department of pharmacy in the MOH is sensitizing businessmen to invest in the pharmaceutical production industry.

A more rigorous approach should be applied to the registration of medications, as numerous drugs with similar ingredients but different names are being registered in the country. It is also necessary to prevent drugs from different ECOWAS countries, without proper regulations, from flooding the markets.

The medications sold on the streets are an obstacle to private sector expansion because of unfair competition; they also pose a health risk to the population. The mark-up is much higher in Burkina Faso than in other ECOWAS countries, so customers in Burkina buy from other countries in the sub-region. CAMEG has an inherent advantage over other wholesalers, as all public establishments buy from CAMEG. Also, private wholesalers pay taxes while CAMEG is exempted. Other problems that create problems in the private sector include the crises in Côte d'Ivoire, which has lead to longer delivery time because products must pass through Togo and Ghana. Sometimes the products must be delivered by air, increasing the cost of the products.

Products

Social Marketing

PROMACO usually stocks only male condoms. Recently they received a stock of female condoms from USAID for promotion to commercial sex workers.

PSI usually stocks three products. They have three new products in its promotional stage (see table 3).

Private Sector

All the products in the study list are found in the private sector.

Table 3. Products on the Market and New Products

Products	Date Put on the Market	Sales Volume up to 30 March 2003
Orasel: oral rehydration salt	April 1998	3,150,000 sachets
Confiance: oral contraceptive	January 2001	300,000 cycles
Serena: impregnated mosquito nets	May 2002	29,374 nets
New Products		
Sur'eau		
Female condom		
STI Kit		

Opportunities to Expand the Private Sectors Role in RHCS

Social Marketing

- Promotion of other methods and products
- Integration of reproductive health into clinical activities of the private sector
- Extension of other components of reproductive health for those who have already developed reproductive health activities within their organizations.

Interest in Participating in a Pooled Procurement Mechanism (social marketing organizations, NGOs, and commercial sector)

Social Marketing

With the SFPS program, social marketing agencies meet to share experiences. There was a study on the acceptability of a regional brand of feminine condom, which would facilitate exchanges between different countries.

According to social marketing agencies, pooled procurement is a good idea. It will permit, for example, the fight against illegal transactions across the border. Nevertheless, they cited a number of problems:

- Donors have different procurement procedures.
- The local environment of each country is different. In various countries, the populations have different purchasing power; it will be difficult to have a common price for all the countries.

Private Sector

Cophadis, a private wholesaler, has a parent company in France that can submit a bid to supply products for pooled procurement.

Pooled Procurement

Previous Experience with Pooled Procurement and/or Web-based Procurement

The country has some experience with pooled procurement. After the devaluation of the CFA Franc in 1994, the purchase and use of generic essential drugs rose sharply. It then became necessary to improve sub-regional organization and coordination to achieve lower prices for essential drugs and to improve quality.

Thus ACAME (African Association of Central Medical Stores), an association of public structures for generic essential drug supply, was created in 1996 by five founding members in Ouagadougou: Burkina Faso, Chad, Mali, Niger, and Senegal. One of the objectives of ACAME was to progressively organize joint bulk purchasing. During the setting up of ACAME, member countries did a study of other structures that were using pooled procurement. These included visits to UMA (Union of Arab Maghreb), which included Morocco, Libya, Tunisia, Mauritania, and Algeria; and the Gulf Cooperation Council, which included Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates. This initiative had the support of the WHO Regional Office for Africa. The mode of operation differed between the two groups—the Gulf Cooperation Council had a permanent secretariat in charge of procurement while UMA had a rotating secretariat. Benefits obtained by these entities include a 30 percent reduction in the cost of drugs, harmonization of drug regulations, inclusion of private sector, etc.

There had been meetings of the association to draw up a permanent structure. A test of pooled procurement was carried out with only three countries participating: Mali, Guinea, and Niger. They realized that prices obtained were between 7–27 percent lower than each country had obtained individually during the past three years.

They also realized that for pooled procurement to succeed, the following conditions must be met:

- A firm commitment of managers of central medical stores backed by the support of Ministers of Health of member countries
- The preparation and signing of an agreement that defines the applicable rules during the entire tender period, and covering all matters that pertain to drug marketing
- To have transparency in the implementation of framework agreement to reassure suppliers.

Nevertheless, the launch of ACAME as a pool procurement entity has not been realized because it has been difficult to meet the conditions listed above. Nevertheless, in discussions with UEMOA, it was disclosed that they were in the process of setting up a pooled procurement structure. ACAME now has a permanent secretariat in Cotonou, Benin; they have been retained as an institutional structure through which UEMOA will carry out its pooled procurement. UEMOA is made up of eight countries: Burkina Faso, Benin, Niger, Togo, Côte d'Ivoire, Guinea, Guinea-Bissau, and Senegal.

The pooled procurement structure is open to all countries willing to participate under the auspices of UEMOA. They now have a total subscription of 22 countries. UEMOA has done the appropriate ground work for the success of pooled procurement, including lifting trade barriers between countries to promote the free movement of goods and persons, exempting drugs and other medical products from tariffs, and most recently, WHO sponsoring UEMOA as a way to harmonize the drug policies within member countries to ensure the application of uniform drug policies among members.

To ensure the prompt payment of financial contributions and freedom to make decisions on drug purchase, UEMOA requires that structures in the countries that have subscribed to the pooled procurement mechanism must be autonomous of the government in terms of finances and decision making.

Despite these steps taken, no procurement has been carried out because of the inability of member countries to send in a substantial request to justify the need for a pooled procurement. UEMOA disclosed that they were in contact with WAHO, and WAHO is routinely invited to their meetings on pooled procurement or routinely briefed on their deliberations and decisions. Eventually, this structure will be expanded to include all West African countries under the ECOWAS umbrella.

Interest in Participating in Pooled Procurement Mechanism

Presently, Burkina Faso has expressed an interest to participate in pooled procurement despite some limitations cited, including conflicts within countries in the region, custom laws inhibiting the free movement of goods, lack of credibility among member countries, and others. The expressed interest in pooled procurement is due to the potential benefits to be derived from the exercise, including ensuring a steady supply of commodities, lower cost, and quality assurance of the products.

All agree on the concept of regional pooled procurement of commodities, pooled financing, and a regional training center for logistics. Reservations were expressed about the commitments of other countries. CAMEG is fearful of losing credibility with suppliers as a group if one member defaults financially. As a country, they have high credibility with suppliers.

Models that Are Most Appealing

The idea of a regional distribution center is seen as counter-productive. The costs in setting up and maintaining a regional warehouse, staff salaries, distribution cost from the regional warehouse to the various countries etc., will reduce the savings obtained through increased purchase volume. It was suggested that distribution should be from manufacturers directly to the various countries, while a regional structure should be established, or consultants and an established procurement organization should be contracted for procurement and logistic information management.

The need for a regional quality control laboratory was expressed to guarantee that the products that arrived in the countries are of good quality.

Ability to Participate in Pooled Procurement

Willingness to Sole Source

A willingness to sole source 100 percent of the procurement of difficult to obtain products, such as contraceptives, to the pooled procurement mechanism is evident, while the rest of the drugs on the list will be procured using the present mechanism that offers low prices; good quality; and are readily available, with limited stockouts.

The present procurement mechanism involves open tendering, pre-selection of suppliers by a commission made up of all interested parties, request for price quotations from pre-selected suppliers, short-listing, and contracting. The management information system is computerized and retains an inventory of the various activities in the procurement mechanism for future consultations and evaluation of the procurement process. This evaluation process provides the basis for retention on the pre-selected list of suppliers.

Products Approved for Use in the Country and the Willingness to Harmonize Drug Standards

All the RH products found on the study list are approved for use in the country and are on the essential drug list, except the female condom, which is still in the process of being included. A willingness to harmonize drug standards with other countries is evident; discussions are taking place between member countries with the ultimate goal of adopting—

- common registration requirements, so registration of a drug in one country is valid in other member countries
- a common essential drug list
- common treatment guidelines for diseases.

Currently, no restrictive procurement regulations would limit participation in pooled procurement. They have enough manpower with appropriate skills at the central level to carry out forecasting of needs. However, at the district levels, although staff have been trained, they lack established maximum and minimum level of stock to guide the ordering and forecasting process.

National or Regional Institutions That Might Manage a Pooled Procurement System

Capacity to Manage Funding

With respect to managing pooled procurement, opinions are varied on the actual structures needed and the modalities of operation. Propositions range from establishing a regional public procurement body with experts from the various procurement entities in the various countries, to contracting the procurement activity to consultants or an established procurement organization every time procurement is needed. The African Development Bank is unanimously considered to be a credible and reliable institution to manage the funds.

While opinions vary on the modalities of functioning of a pooled procurement mechanism, the model being discussed by WAHO proposes a regional structure to carry out the procurement process. This structure will be charged with collecting the requests from the various countries, tendering, pre-selecting, and contracting. The suppliers will then ship the products directly to the various countries. The regional structure will also be occupied with logistic information management. WAHO plans to be the structure that manages all these processes, including finances. They will be assisted in the procurement process by representatives from the various central warehouses in the different countries of the sub-region.

This model also proposes that the countries adopt a common list of drugs to be procured through this mechanism. This list will be made up of reproductive health products, PMTCT products, vaccines, ARVs, and laboratory products. Regional experts from the various central medical warehouses and other organizations will draw up the list. The list will then be forwarded to the ECOWAS health ministers for adoption.

WAHO anticipates receiving finances from the World Bank, the Global Fund, and a contribution from ECOWAS member countries indirectly through a mechanism determined by ECOWAS. WAHO depends on the foreign partners to obtain low prices for drugs.

Conclusions

Pooled Procurement

Willingness and Commitment to Pooled Procurement

Pooled procurement is an approach that is talked about in all institutions visited by the team: MOH, Ministry of Commerce, UEMOA, and WAHO. More important, the central drug procurement agency, CAMEG, is experienced in pooled procurement from its partnership with ACAME, and it has learned lessons from ACAME. The attitude of CAMEG regarding pooled procurement is mixed. It is not certain that pooled procurement will yield benefits in lowering prices of commodities in high demand below the figures that CAMEG is already getting. The suggestion is to use pooled procurement with products that are in low demand, such as contraceptives. CAMEG is interested in the feasibility study, with the hope that its outcome will help make a decision on whether or not to adopt pooled procurement for the region.

WAHO is part of a plan to put in place and implement a pooled procurement mechanism for ARVs with the Global Fund for AIDS, TB and Malaria, and ECOWAS funds. WAHO will involve ECOWAS central warehouse managers in setting up this mechanism.

For the feasibility study, it is important to continue discussions with WAHO to develop a consolidated recommendation for the ministers about pooled procurement. Ideally, this consolidated recommendation should be made in consultation with central warehouses managers.

Suggested Model of Pooled Procurement

The model for pooled procurement most likely to get approval from institutions in Burkina is one with a regional secretariat that does the procurement and allows the suppliers to deliver the products to the countries. This regional secretariat could be a permanent structure or it could be a group of consultants called periodically or when tasks must be performed to achieve pooled procurement.

Issues to be Addressed Before Participating in Regional Mechanism

CAMEG would like the other countries to be more credible in terms of improving their relationships with suppliers and manufacturers. This can only be achieved through signed agreements between countries to participate in pooled procurement. The countries must implement the agreement. Details about the content of the agreement will be discussed by country representatives. For this agreement to be successfully implemented by the central warehouse managers, the Ministers of Health should have a strong political commitment to pooled procurement.

Potential Institutions That Would Have the Capacity to Manage the Procurement Mechanism

Discussions during group works and key informants revealed that the African Development Bank, ADB, is the respondents' choice for financial management. Most of the respondents stated that WAHO could handle the technical details, such as a regional secretariat.

Financing of Reproductive Health Commodities

There is an important gap in funding contraceptives. Donors' contribution to funding family planning products is no longer meeting the needs of the country. Unfortunately, there has not been a phaseout plan before the decrease in funding by donors. Currently, the MOH purchases contraceptives from its poverty reduction fund but this source of funding is not reliable for the following reasons:

- It does not provide enough funds to cover the gap.
- It is not readily available for use.
- Its duration is unknown.

To address the contraceptive procurement crisis, the MOH should develop a strategic plan with assistance from donors. The plan will allow time for the MOH to find resources for full supply while donors meet the current demand. The MOH should create a line item in its budget for contraceptives. Pooled procurement is an option to purchase family planning products at a lower price.

Private Sector Expansion

Potential for Private Sector to Expand

The RH products in the study list are available in the private sector in Burkina. The constraints that the private sector are experiencing are related to *unfair* competition with CAMEG, which receives its products without taxes and has a captive market made up of all the public sector health facilities. Another set of constraints is related to the lower prices of products in neighboring countries, which attract clients from Burkina. The third challenge is represented by drugs sold on the streets.

Social marketing organizations plan to sustain their programs or even expand them using their own resources instead of solely relying on donors. Expansion of NGOs is more problematic because support from their traditional funding agencies decreases but their cost recovery mechanism does not provide enough fund to sustain the programs.

Potential for Local Manufacturing of RH Commodities

Potential for local manufacturing is almost non-existent for RH products. Instead, manufacturing from neighboring countries could be the alternative. An example will be from Ghana, where laboratories, such as Phyto-Riker, have already established linkages with private wholesalers in Burkina.

Other Issues That May Impact RHCS

Logistics Capacity

In the area of logistic capacity, a reasonable amount of effort should be devoted to forecasting for contraceptives and collecting consumption data to guide forecasting. A good supervision system should be put in place to provide support for the management information system and for logistic management as a whole. Without good logistics management, including forecasting, it is difficult to ensure commodity security and to participate effectively in pooled procurement.

Service Delivery and Demand Constraints

For service delivery, it is important to stress the role that a method mix can play in commodity security. Expansive methods, such as NORPLANT®, take a large part of the commodity budget for a small number of clients. A strategic plan for commodity security should seriously consider the issue of method mix.

Policy Constraints

Until now, the reproductive health policy has not taken drug availability into account but has left this to pharmaceutical policy. It is important to explicitly deal with RH commodities in RH policy documents. Health decision makers still believe that donors will continuously provide RH commodities. They need to be made aware that donors are withdrawing their support for contraceptive supply. Governments should provide for for RH commodities in the regular budget.

Appendix A

Prices Paid for Commodities

RH Commodities	Dosage Form	Strength	Financing Source	Supplier	Unit Cost Price (CIF) USD
STI/HIV/OI					
Nevirapine	tablet	200 mg	UNICEF	CIPLA	
Nevirapine	syrup	50 mg/5 ml	UNICEF	CIPLA	
Benzathine benzylpenicillin, powder for injection	injection	2.4 MU	CAMEG	IDA	0.1392
Cotrimoxazole (sulfamethoxazole+ trimethopin)	tablet	400 mg/80 mg	CAMEG	CSP	0.0069
Metronidazole tablets	tablet	250 mg	CAMEG	CSP/LOH Canada	0.0044
Metronidazole injection	injection	500 mg	CAMEG	LAFRAN	0.4398
Doxycycline	tablet/cap	100 mg	CAMEG	CSP	0.0098
Antenatal					
Tetanus toxoid vaccine	injection	0.5 ml	DPV (Minsante)	Aventis Pasteur	
Iron + folic acid	tablets	200 mg+25 mg	CAMEG	Mission/Pure Pharma	0.0017
Fansidar (sulfadoxine+pyrimethamine)	tablets	500 mg/25 mg	CAMEG	Ajanta Pharma	0.026
Obstetrics/Neonatal					
Oxytocin injection	injection	5 IU	CAMEG	PanPharma	0.1303
Ergometrine maleate tablets		N/A			
Ergometrine maleate injection methyl)	injection	0.2 mg/ml	CAMEG	PanPharma	0.1609
Others					
Examination gloves (latex) med	pcs		CAMEG	CSP	0.0246
Surgical/Gyn. gloves, med sterile (latex)	pair		CAMEG	CSP	0.1446
Oral rehydration salts	sachet		CAMEG	IDA	0.1004

Appendix B

Product Availability at Each Level

Product Availability at CAMEG

	Dosage Form	Strength	Max-Min Level	Stock on Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Contraceptives							
Condom (male latex)	condom	52 mm		381,715	150,171		0
Condom (female)	condom						
Implant (subdermal)	implant	36 mg		5,415	5,484		
Injectable (medroxyprogesterone acetate three monthly)	vial	150 mg/ml		150,008	59,031	48,030	Exp (bad lot)
injectable (norethisterone enantate, two monthly)	ampoule	200 mg/ml					
IUD (copper containing device)	IUD			2,680	309		0
Oral combined pill, Microgynon, Ethinylestradiol+levonorgestrol	tablet	0.03/0.15 mg					
Oral combined pill, Lo-Femenal (Ethinylestradiol+norgestrel)	tablet	0.03/0.15 mg		333,917	158,613		0
Oral pill, progesterone only, Microlut (Levonorgestrel)	tablet	0.0375 g		61,899			0
Oral pill, progesterone only, Ovrette (Norgestrol)	tablet	0.0375 mg		12,990	5646		0
STI/HIV/OI							
Nevirapine	tablet	200 mg					
Nevirapine	syrup	50 mg/5 ml					

(continued)

	Dosage Form	Strength	Max-Min Level	Stock on Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Benzathine benzylpenicillin, powder for injection	injection	2.4 MU	18/6	196134	67941	0	0
Cotrimoxazole (sulfamethoxazole+trimethopin)	tablet	400/80 mg	18/6	19,847,200	6,128,175	0	0
Metronidazole tablets	tablet	250 mg				0	0
Metronidazole injection	injection	500 mg	18/6	14,445	6,195		
Doxycycline	tablets	100 mg	18/6				
Antenatal							
Tetanus toxoid vaccine	injection						
Iron + folic acid	tablets	0.5 ml	18/6	2,738,000	1,005,500		0
Fansidar (sulfadoxine+pyrimethamine)	tablets	500/25 mg	18/6	322,723	514,035		0
Obstetrics/Neonatal							
Oxytocin injection	injection	5IU	18/6	46,380	13,032		0
Ergometrine maleate tablets		0.2 mg					0
Ergometrine maleate injection	injection	0.2 mg/ml	18/6	86,460	31,680		
Others							
Examination gloves (latex) med	pcs		18/6	2,342,500	1,085,700		0
Surgical/Gyn. gloves, med sterile (latex)	pair		18/6	362,622	121,644		0
Oral rehydration salts	sachet		18/6				0

Products Available at CSPS Guimbi

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock on Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Contraceptives							
Condom (male latex)	condom	52 mm		0	0		0
Condom (female)	condom						
Implant (subdermal)	implant	36 mg		59	250		0
Injectable (medroxyprogesterone acetate three monthly)	vial	150 mg/ml		150	250		1/35days
Injectable (norethisterone enantate, two monthly)	ampoule	200 mg/ml					
IUD (copper containing device)	IUD			78	22		
Oral combined pill, Microgynon, ethinylestradiol+levonorgestrol	tablet	0.03/0.15 mg					
Oral combined pill, Lo-Femenal (ethinylestradiol+norgestrel)	tablet	0.03/0.15 mg			800		1/17days
Oral pill, progesterone only, Microlut (Levonorgestrel)	tablet	0.0375 mg					0
Oral pill, progesterone only, Ovrette (Norgestrol)	tablet	0.0375 mg	0	59	50		½ to 2 days
STI/HIV/OI							
Nevirapine	tablet	200 mg					
Nevirapine	syrup	50 mg/5 ml					
Benzathine benzylpenicillin, powder for injection	injection	2.4 MU		53	47	0	0
Cotrimoxazole (sulfamethoxazole+trimethopin)	tablet	400/80 mg		2,720	5,280	0	0
Metronidazole tablets	tablet	250 mg		1,450	4,550	0	0
Metronidazole injection	injection	500 mg		0	0		
Doxycycline	tablet/cap	100 mg		1,764	1,236		0

(continued)

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock on Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Antenatal							
Tetanus toxoid vaccine	injection						
Iron + folic acid	tablets	0.5 ml		5,000	6,000	Iron only	0
Fansidar (sulfadoxine+pyrimethamine)	tablets	500/25 mg		1,104	900		0
Obstetrics/Neonatal							
Oxytocin injection	injection	5 IU		90	110		0
Ergometrine maleate tablets		0.2 mg					0
Ergometrine maleate injection	injection	0.2 mg/ml		120	80		
Others							
Examination gloves (latex) med	pcs			510	1,500		0
Surgical/Gyn. gloves, med sterile (latex)	pair			71	479		1/30 days
Oral rehydration salts	sachet			136	166		0

Products Available at Secteur 15 District Distribution Depot

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock On Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Contraceptives							
Condom (male latex)	condom	52 mm		288	1,584		1/60 days
Condom (female)	condom						
Implant (subdermal)	implant	36 mg		0	220		1/16 days
Injectable (medroxyprogesterone acetate three monthly)	vial	150 mg/ml		525	1,950		1/25 days
Injectable (norethisterone enantate, two monthly)	ampoule	200 mg/ml					
IUD (copper containing device)	IUD			1,016	0		0
Oral combined pill, Microgynon, ethinylestradiol+levonorgestrol	tablet	0.03/0.15 mg					
Oral combined pill, Lo-Femenal (ethinylestradiol+norgestrel)	tablet	0.03/0.15 mg			4,500		0
Oral pill, progesterone only, Microlut (Levonorgestrel)	tablet	0.0375 mg					0
Oral pill, progesterone only, Ovrette (Norgestrol)	tablet	0.0375 mg	25	10	293		1/20 days
STI/HIV/OI							
Nevirapine	tablet	200 mg					
Nevirapine	syrup	50 mg/5 ml					
Benzathine benzylpenicillin, powder for injection	injection	2.4 MU		0	800	0	1/16 days
Cotrimoxazole (sulfamethoxazole +trimethopin)	tablet	400/80 mg		91,400	135,600	0	0
Metronidazole tablets	tablet	250 mg		20,000	51,000	0	0
Metronidazole injection	injection	500 mg		0	0		0
Doxycycline	tablet/cap	100 mg		8,000	12,000		0

(continued)

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock On Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Antenatal							
Tetanus toxoid vaccine	injection			36	7		0
Iron + folic acid	tablets	0.5 ml		12,000	48,000		1/21days
Fansidar (sulfadoxine+pyrimethamine)	tablets	500/25 mg		8,016	8,016		0
Obstetrics/Neonatal							
Oxytocin injection	injection	5 IU		180	220		0
Ergometrine maleate tablets		0.2 mg					0
Ergometrine maleate injection	injection	0.2 mg/ml		250	400		
Others							
Examination gloves (latex) med	pcs			400	14,600		0
Surgical/Gyn. gloves, med sterile (latex)	pair			0	1,800		1/16 days
Oral rehydration salts	sachet			2,400	5,600		0

Products Available at Hounde District Distribution Depot

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock On Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Contraceptives							
Condom (male latex)	condom	52 mm		0	1,400		1
Condom (female)	condom						
Implant (subdermal)	implant	36 mg		0	140		0
Injectable (medroxyprogesterone acetate three monthly)	vial	150 mg/ml		0	425	92	1
Injectable (norethisterone enantate, two monthly)	ampoule	200 mg/ml					
IUD (copper containing device)	IUD			350	0		1
Oral combined pill, Microgynon, ethinylestradiol+levonorgestrol	tablet	0.03/0.15 mg					
Oral combined pill, Lo-Femenal (ethinylestradiol+norgestrel)	tablet	0.03/0.15 mg			3,700		1
Oral pill, progesterone only, Microlut (Levonorgestrel)	tablet	0.0375 mg					0
Oral pill, progesterone only, Ovrette (Norgestrol)	tablet	0.0375 mg	0	0	40		1
STI/HIV/OI							
Nevirapine	tablet	200 mg					
Nevirapine	syrup	50 mg/5 ml					
Benzathine benzylpenicillin, powder for injection	injection	2.4 MU		350	316	0	0
Cotrimoxazole (sulfamethoxazole+trimethopin)	tablet	400/80 mg		83,000	52,000	0	0
Metronidazole tablets	tablet	250 mg		31,000	27,000	0	0
Metronidazole injection	injection	500 mg		0	0		1
Doxycycline	tablets	100 mg		13,000	11,000		2

(continued)

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock On Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Antenatal							
Tetanus toxoid vaccine	injection						
Iron + folic acid	tablets	0.5 ml		4,000	16,000		0
Fansidar (sulfadoxine+pyrimethamine)	tablets	500/25 mg		501	9,018		Expired
Obstetrics/Neonatal							
Oxytocin injection	injection	5 IU		100	50		0
Ergometrine maleate tablets		0.2 mg					0
Ergometrine maleate injection	injection	0.2 mg/ml		1,050	550		
Others							
Examination gloves (latex) med	pcs			0	0		0
Surgical/Gyn. gloves, med sterile (latex)	pair			1,200	1,150		0
Oral rehydration salts	sachet			1,600	3,500		0

Products Available at Kombisseri District Distribution Depot

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock on Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Contraceptives							
Condom (male latex)	condom	52 mm		0	0		Expired
Condom (female)	condom						
Implant (subdermal)	implant	36 mg		0	0		Since 12/03
Injectable (medroxyprogesterone acetate three monthly)	vial	150 mg/ml		272	1,000		0
Injectable (norethisterone enantate, two monthly)	ampoule	200 mg/ml					
IUD (copper containing device)	IUD			0	0		1
Oral combined pill, Microgynon, ethinylestradiol+levonorgestrol	tablet	0.03/0.15 mg					
Oral combined pill, Lo-Femenal (ethinylestradiol+norgestrel)	tablet	0.03/0.15 mg			1,500		0
Oral pill, progesterone only, Microlut (Levonorgestrel)	tablet	0.0375 mg					0
Oral pill, progesterone only, Ovrette (Norgestrol)	tablet	0.0375 mg	1,005	95	24		0
STI/HIV/OI							
Nevirapine	tablet	200 mg					
Nevirapine	syrup	50 mg/5ml					
Benzathine benzylpenicillin, powder for injection	injection	2.4 MU		0	0	0	Expired
Cotrimoxazole (sulfamethoxazole+trimethopin)	tablet	400/80 mg		118,000	75,000	0	0
Metronidazole tablets	tablet	250 mg		32,000	11,000	0	0
Metronidazole injection	injection	500 mg					
Doxycycline	tablets	100 mg		7,500	8,000		2

(continued)

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock on Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Antenatal							
Tetanus toxoid vaccine	injection						
Iron + folic acid	tablets	0.5 ml		4,000	16,000		0
Fansidar (sulfadoxine+pyrimethamine)	tablets	500/25 mg		0	0		Expired
Obstetrics/Neonatal							
Oxytocin injection	injection	5 IU					0
Ergometrine maleate tablets		0.2 mg					0
Ergometrine maleate injection	injection	0.2 mg/ml		500	200		
Others							
Examination gloves (latex) med	pcs			16,300	12,000		0
Surgical/Gyn. gloves, med sterile (latex)	pair			750	1,100		0
Oral rehydration salts	sachet			1,000	2,450		0

Products Available at CSPS Accart-Ville

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock on Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Contraceptives							
Condom (male latex)	condom	52 mm		241	37		0
Condom (female)	condom			785	11		
Levonorgestrel (NORPLANT)	implant	36 mg		146	141		1/84 days
Injectable (medroxyprogesterone acetate three monthly)	vial	150 mg/ml		119	428		0
Injectable (norethisterone enantate, two monthly)	ampoule	200 mg/ml					
IUD (copper containing device)	IUD			13	15		0
Oral combined pill, Microgynon (ethinylestradiol+levonorgestrol)	tablet	0.03/0.15 mg					
Oral combined pill, Lo-Femenal (ethinylestradiol+norgestrel)	tablet	0.03/0.15 mg			1,561		0
Oral pill, progesterone only, Microlut (Levonorgestrel)	tablet	0.0375 mg					0
Oral pill, progesterone only, Ovrette (Norgestrol)	tablet	0.0375 mg	1,014	111	114		0
STI/HIV/OI							
Nevirapine	tablet	200 mg		27			
Nevirapine	syrup	50 mg/5ml		2			
Benzathine benzylpenicillin, powder for injection	injection	2.4 MU		135	39	0	0
Cotrimoxazole (sulfamethoxazole+trimethopin)	tablet	400/80 mg		10,060	7,980	0	0
Metronidazole tablets	tablet	250 mg		3,020	5,040	0	0
Metronidazole injection	injection	500 mg		0	0		0

(continued)

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock on Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Doxycycline	tablets	100 mg		2,040	2,640		0
Antenatal							
Tetanus toxoid vaccine	injection			8	40		0
Iron + folic acid	tablets	0.5 ml		2,270	1,350		1/21 days
Fansidar (sulfadoxine+pyrimethamine)	tablets	500/25 mg		648	522		0
Obstetrics/Neonatal							
Oxytocin injection	injection	5 IU		0	0		0
Ergometrine maleate tablets		0.2 mg					0
Ergometrine maleate injection	injection	0.2 mg/ml		0	0		
Others							
Examination gloves (latex) med	pcs				0		0
Surgical/Gyn. gloves, med sterile (latex)	pair			81	102		0
Oral rehydration salts	sachet			206	84		0

0

Products Available at PO District Distribution Depot

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock on Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Contraceptives							
Condom (male latex)	condom	52 mm		432	0		0
Condom (female)	condom						
Implant (subdermal)	implant	36 mg		80	80		0
Injectable (medroxyprogesterone acetate three monthly)	vial	150 mg/ml		489	406		0
Injectable (norethisterone enantate, two monthly)	ampoule	200 mg/ml					
IUD (copper containing device)	IUD			2	4		0
Oral Combined pill, Microgynon, ethinylestradiol+levonorgestrol	tablet	0.03/0.15 mg					
Oral combined pill, Lo-Femenal (Ethinylestradiol+norgestrel)	tablet	0.03/0.15 mg			1,209		0
Oral pill, progesterone only, Microlut (Levonorgestrel)	tablet	0.0375 mg					0
Oral pill, progesterone only, Ovrette (Norgestrol)	tablet	0.0375 mg	2,235	55	23		0
STI/HIV/OI							
Nevirapine	tablet	200 mg					
Nevirapine	syrup	50 mg/5 ml					
Benzathine benzylpenicillin, powder for injection	injection	2.4 MU		176	128	0	0
Cotrimoxazole (sulfamethoxazole+trimethopin)	tablet	400/80 mg		3,000	40,000	0	0
Metronidazole tablets	tablet	250 mg		9,000	11,000	0	0
Metronidazole injection	injection	500 mg					
Doxycycline	tablets	100 mg		0	2,000		since 03/04

(continued)

RH Commodities	Dosage Form	Strength	Max-Min Level	Stock on Hand	Issues/ Consumption Last 3 Months	Losses/ Adjustments	Stockouts in Last 6 Months
Antenatal							
Tetanus toxoid vaccine	injection						
Iron + folic acid	tablets	0.5 ml		3,000	10,000		0
Fansidar (sulfadoxine+pyrimethamine)	tablets	500/25 mg		1,384	1,584		0
Obstetrics/Neonatal							
Oxytocin injection	injection	5 IU		310	20		0
Ergometrine maleate tablets		0.2 mg					0
Ergometrine maleate injection	injection	0.2 mg/ml		110	60		
Others							
Examination gloves (latex) med	pcs			2,800	5,900		0
Surgical/Gyn. gloves, med sterile (latex)	pair			323	545		0
Oral rehydration salts	sachet			450	600		0

Appendix C

Commodity Procurement Mechanism Data Collection Sheet

RH Commodity Type	Who is Responsible for Procurement?	Describe Procurement Mechanism (process for specification, tendering, ordering, tracking)	Int'l or Local Tenders? Any Restrictions for One or the Other?	Procurement Plan in Place?	Average Time for Procurement Process
Contraceptives	Various donors	The Department for Family Health in the Ministry of Health makes the forecasts with input from the DELIVER project, and then forwards the forecast to the various donors. The procurement is then carried out by the various donors through their already established procurement mechanisms.	No tendering locally.	Yes	6 months
STI/HIV/OI Drugs	Purchasing and quality control manager through a procurement committee HIV products, such as nevirapine, are procured by UNICEF.	The present procuring mechanism involves open tendering, pre-selection of suppliers by a commission made up of all interested parties, request of price quotations from pre-selected suppliers, short-listing, and contracting. The management information system is computerized and retains an inventory of the various activities in the procurement mechanism for future consultations and evaluation of the procurement process. This evaluation process is the basis for retention on the pre-selected list of suppliers. Some products, such as nevirapine, are purchased by UNICEF.	Tendering is done both locally and internationally except for HIV products. No restrictions.	A procurement plan is in place.	6 months
Antenatal Care	Purchasing and quality control manager through a procurement committee. Vaccines are usually procured through UNICEF.	The present procuring mechanism involves open tendering, pre-selection of suppliers by a commission made up of all interested parties, request of price quotations from pre-selected suppliers, short-listing, and contracting. The management information system is computerized and retains an inventory of the various activities in the procurement mechanism for future consultations and evaluation of the procurement process. This evaluation process is the basis for retention on the pre-selected list of suppliers.	Tendering is done both locally and internationally. No restrictions.	A procurement plan is in place.	6 months

(continued)

RH Commodity Type	Who is Responsible for Procurement?	Describe Procurement Mechanism (process for specification, tendering, ordering, tracking)	Int'l or Local Tenders? Any Restrictions for One or the Other?	Procurement Plan in Place?	Average Time for Procurement Process
Obstetrical/ Neonatal Care	Purchasing and quality control manager through a procurement committee	The present procuring mechanism involves open tendering, pre-selection of suppliers by a commission composed of all interested parties, request of price quotations from pre-selected suppliers, short-listing, and contracting. The management information system is computerized and retains an inventory of the various activities in the procurement mechanism for future consultations and evaluation of the procurement process. This evaluation process is the basis for retention on the pre-selected list of suppliers.	Tendering is done both locally and internationally. No restrictions.	A procurement plan is in place	6 months

Appendix D

Principal Contacts

His Honourable Alain Yoda	Minister of Health
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Dr. Conombo S. Ghislaine	(Director, Family Health)
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Tiendrebeogo Christin	DS/Kossodo
Compaore Nicole	ABBEF
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Toe Simplice Sepharin	PROMACO
Beloum/Ouedraogo Cecile	National Assembly and ECOWAS Parliament
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Dr. Kabba Joiner	DG/WAHO
Prof. Moussa Maiga	DGA/WAHO
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Steve Luterbeck	PSI/Promaco
Tim Johnston	World Bank
Lougue Hamadou	UNFPA

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Guidado Sow	UEMOA
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