



East, Central, and Southern Africa Health Community

ECSA Health Community Strategy on TB Commodity and Data Management, 2015–2019

Mavere Tukai
Stephen Muleshe

October 2014



USAID
FROM THE AMERICAN PEOPLE

SIAPS 
Systems for Improved Access
to Pharmaceuticals and Services

This report is made possible by the generous support of the American people through the US Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-11-00021. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

This report may be reproduced if credit is given to SIAPS. Please use the following citation.

Tukai, M; Muleshe S. 2014. *ECSCA Health Community Strategy on TB Commodity and Data Management 2015–2019*. Submitted to the US Agency for International Development by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program. Arlington, VA: Management Sciences for Health.

Key Words

Tuberculosis, ECSCA, SIAPS, supply chain, commodity and data management, strategy

Systems for Improved Access to Pharmaceuticals and Services
Center for Pharmaceutical Management
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203 USA
Telephone: 703.524.6575
Fax: 703.524.7898
E-mail: siaps@msh.org
Website: www.siapsprogram.org

CONTENTS

Abbreviations and Acronyms	iv
Acknowledgments.....	v
Foreword.....	vi
Executive Summary	vii
Introduction.....	1
ECSA Health Community.....	1
ECSA/SIAPS Collaboration	1
Background, Rationale, and Context.....	3
Background	3
Rationale	3
Context.....	4
Strategy Development.....	7
Methodology	7
SWOT Analysis of TB Commodity Management among ECSCA Member States.....	8
Gaps Analysis	9
Strategy Conceptualization	9
Vision, Mission, Goal, Objectives, and Strategies.....	12
Partnerships and Collaboration	14
ECSCA-HC Secretariat	14
Regional Intergovernmental Organizations	14
Technical Agencies.....	14
Development Partners.....	14
National TB Programs	14
Strategic Framework.....	15

ABBREVIATIONS AND ACRONYMS

DR TB	drug-resistant tuberculosis
ECSA	East Central and Southern Africa (ECSA)
ECSA-HC	East, Central and Southern Africa Health Community
GDF	Global Drug Facility
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HR	human resources
HRH	Human Resources for Health
LMIS	logistics management information system
MDGs	Millennium Development Goals
MDR TB	multidrug-resistant tuberculosis
MSH	Management Sciences for Health
NTP	national tuberculosis program
TB	tuberculosis
USAID	US Agency for International Development
WHO	World Health Organization

ACKNOWLEDGMENTS

The HIV/AIDS and Infectious Diseases Program wishes to sincerely express its gratitude to the Principal Secretaries of the Ministries of Health of the ECSA member states for their granting approval to the ECSA Health Community Secretariat to coordinate with the national tuberculosis (TB) programs to develop this strategy about TB drugs and data management for the ECSA region.

Special gratitude goes to all the TB experts for their valuable input to the draft strategy during the TB Experts Committee Meeting. They provided valuable input.

Finally, the ECSA Health Community acknowledges its collaborating partner, Management Sciences for Health, through USAID/SIAPS for providing both technical and financial support that made it possible for the strategy to be developed.

Dr. Stephen Muleshe
Program Manager
HIV/AIDS, TB, Malaria, and Other Infectious Diseases
ECSA Health Community

FOREWORD

TB remains a major public health problem in sub-Saharan Africa with 9 of the 22 high-burden countries—namely, Democratic Republic of Congo, Ethiopia, Kenya, Mozambique, Nigeria, South Africa, Uganda, Tanzania, and Zimbabwe—being in the region. Four of those countries are member states of the East, Central, and Southern Africa Health Community (ECSA-HC). ECSA countries, like many other developing countries that are highly burdened with TB, are struggling to address health system challenges, among which are the availability and accessibility of TB commodities.

The region lacks available robust systems to support the quality of data that would lead to the successful implementation of TB programs, such as data about country stock situation, patient care, and bottlenecks in the supply chain of TB commodities (data for decision making). Frequent stock-outs of TB commodities and a weak information system have led to decisions being made without adequate information.

A regional platform is needed (preferably an electronic and Web-based platform) that will facilitate capturing, collating, and reporting and disseminating information about the situation of the TB commodities supply chain—such as drug stocks, logistics updates and pipeline monitoring, and selected indicators of supply chain key performance. Those indicators have the aim of improving the availability and accessibility of commodities through informed decisions. Such a system will provide a platform to advise ECSA countries about the TB commodities situation; national TB programs; ministries of health; medical stores departments; the Global Drug Facility; the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund); the World Health Organization, USAID’s East Africa Regional Office; and other development partners.

The health ministers have passed resolution ECSA/HMC46/R3: Increasing Access to Medicines and Medical Supplies. ECSA-HC offers a unique platform for establishing such a drug and data management system, because it is an intergovernmental regional organization that fosters and strengthens regional cooperation and capacity to address the health needs of its 10 member states. The organization has strong collective political, administrative, and professional support of all its member states and its regional and international organizations and is in a unique position to provide leadership on various health sector issues in the region, including strengthening health systems.

ECSA-HC appreciates the regional work by USAID/SIAPS in supporting countries in TB commodities and data management.

Prof. Yoswa M. Dambisya
Director General, ECSA Health Community

EXECUTIVE SUMMARY

In many countries, weaknesses in information systems for TB logistics management have resulted in a lack of quality data for decision making. In addition, challenges related to the management of second-line drugs are emerging and may contribute to stock-outs. Those challenges include (a) the lengthy duration of drug-resistant TB treatment, (b) the short shelf life of some second-line TB drugs, (c) an inability to predict enrollment trends, (d) over-individualization of multidrug-resistant TB (MDR TB) treatment, and (e) frequent regimen changes caused by various factors, including adverse drug reactions and poor response to treatment.

The USAID funded programs—Strengthening Pharmaceutical Systems and its follow-on Systems for Improved Access to Pharmaceuticals and Services (SIAPS)—have been supporting sub-Saharan Africa on pharmaceutical management for TB for several years. In 2011 and 2012, SIAPS conducted two African regional conferences on pharmaceutical management of TB medicines. Key challenges identified by regional participants were the problems of stock-outs and overstocking, particularly for second-line TB medicines. A key contributing challenge that was identified during discussions and deliberations was the limited capacity to effectively manage both first-line and second-line TB drugs.

The development of the ECSA strategy for TB commodity and data management was all-inclusive and involved a number of key stakeholders. The strategy was developed on the basis of the identified needs and challenges facing the TB programs of ECSA countries and the region in general. Those challenges and needs have been documented in various TB reports, such as mission visits (the Global Drug Facility [GDF] and ECSA) and technical partners' assessment reports. Through the reviews and consultation with the ECSA Health Community, the identified areas (or problem areas) that needed improvement—

- Management and coordination of TB commodity programs
- Governance issues surrounding TB data drug management
- Stakeholders' mapping and analysis
- Plans for TB programs and implementation of activities, including scale-ups and risk management strategies to prevent negative health outcomes
- Supply chain functions (that is, quantification, procurement, logistics management, management information system)
- Supply chain performance

Therefore, the goal of the strategy is to address those challenges by strengthening ECSA's TB drugs and data management to achieve the following three strategic objectives:

- Establish a platform for TB commodities and information management for ECSA member states.
- Improve supply chain management of TB commodities.
- Strengthen the human resources (HR) capacity on TB commodity management within the ECSA Health Community.

ECSA-HC will implement that important assignment in collaboration with key partners within and outside the region. Clear roles and responsibilities will be outlined, and the engagement process will be led by the ECSA-HC Secretariat. Implementation of the strategy will involve different partners to be identified through a structured process of stakeholder analysis and will include the ECSA-HC Secretariat; regional intergovernmental organizations (Southern African Development Community, East African Community, Intergovernmental Authority on Development, New Partnership for Africa's Development, and the Common Market for Eastern and Southern Africa); technical agencies (WHO, USAID/SIAPS, Management Sciences for Health [MSH]); and other development partners and national TB programs (NTPs) for member states.

INTRODUCTION

ECSA Health Community

The ECSA Health Community is a regional intergovernmental health organization set up in 1974 to foster cooperation in strengthening health care programs in the region and to promote attainment of the highest possible standards of health among member states. In recognition of the similarities in disease burden and of the potential for joint action about common health challenges in the region, the ECSA-HC Secretariat works both in member states and in other countries with regard to implementation of activities.

Membership in ECSA-HC is open to all countries in the East, Central, and Southern African region. The current member states are Kenya, Lesotho, Malawi, Mauritius, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.

The community's programs and activities are coordinated by the ECSA-HC Secretariat, whose operations are overseen administratively by an advisory committee that comprises the Permanent Secretaries of the Ministries of Health of member states. The Secretariat's mandate is derived from the ECSA Health Community Conference of Health Ministers, which is the top governing body responsible for policy guidance, regional health strategies, and priorities.

ECSA/SIAPS Collaboration

The USAID-funded programs (Strengthening Pharmaceutical Systems and its follow-on, Systems for Improved Access to Pharmaceuticals and Services [SIAPS]) have been supporting sub-Saharan Africa with regard to pharmaceutical management for TB for several years. In 2011 and 2012, SIAPS conducted two African regional conferences about pharmaceutical management of TB medicines. Key challenges identified by regional participants were the problems of stock-outs and overstocking, particularly for second-line TB medicines. A key contributing challenge that was identified during discussions and deliberations was a limited capacity to effectively manage both first-line and second-line TB drugs.

Furthermore, SIAPS identified contributing factors associated with stock-out and wastage of TB medicines, including (a) poor quantification (i.e., poor forecasting and supply planning) as a result of inadequate quantification staff capacity, (b) delay in placing orders, (c) limited capacity to generate reliable data for planning, (d) weak national (and regional) coordination by the national TB programs (and stakeholders), and (e) problems of budgeting and an inability to monitor stock status on a regular basis. In many countries, weaknesses in TB logistics management information systems have resulted in poor quality data for decision making. In addition, there are emerging challenges related to management of second-line drugs, which may contribute to stock-outs. Those challenges include (a) lengthy duration of drug-resistant TB treatment, (b) limited shelf life of some second-line TB drugs, (c) inability to predict enrollment trends, (d) over-individualization of MDR TB treatment, and (e) frequent regimen change caused by various factors, including adverse drug reactions and poor response to treatment. Such

challenges require comprehensive country strategies as well as regional or multi-country strategies for better outcomes.

In 2013, USAID asked SIAPS to support the ECSCA-HC Secretariat to address the recurrent issues about TB pharmaceutical supply management, specifically focusing on data management and drug management. This approach is in line with the regional approach for the SIAPS TB core portfolio that support the sub-Saharan African countries, most of which are in the ECSCA region, such as Kenya, Malawi, South Africa, Swaziland, Tanzania, Uganda, and Zambia. SIAPS already directly supports some ECSCA countries through the SIAPS country programs' budget or the core fund. That support includes the following:

- Introduce the e-TB Manager, QuanTB, and other pharmaceutical management tools.
- Establish an early-warning system to monitor the TB medicines in selected countries.
- Train national TB programs' staff members, implementing partners, and other key stakeholders about pharmaceutical management for TB commodities.
- Quantify TB commodities.
- Engage the private sector in TB pharmaceutical management.

BACKGROUND, RATIONALE, AND CONTEXT

Background

According to the 2014 WHO global TB report, there were an estimated 9 million new TB cases in 2013, and 1.5 million people died from the disease worldwide. Approximately one-quarter of the world's cases came from the African region. That region also reported the highest rates of cases and deaths relative to population. An estimated 480,000 people developed MDR TB; of those, an estimated 9.6% have extensively DR-TB.¹ Four of the 10 ECSA² countries are among the 22 countries with high TB burdens, and most of those countries have reported extensively drug-resistant cases.³

In many countries, weaknesses in their TB logistics management information systems have resulted in a lack of quality data for informed TB interventions and decision making. In addition, certain emerging challenges related to management of second-line drugs may contribute to stock-outs.

ECSA-HC member states have inadequate access to high-quality pharmaceuticals and other health commodities because of inefficient supply chain systems, absence of enabling medicine policy and regulatory environments, and lack of strategic pharmaceutical and commodity management information. In addition, there is a need to strengthen governance in the pharmaceutical sector, to improve pharmaceutical management systems and financing mechanisms, and to enhance access to and rational use of medicines. About 40% of health expenditures go toward the procurement of health commodities (drugs, medicines, and consumables). That level of resources calls for efficient and effective management of the budget, because the financial risk is very high, as shown in the Global Fund's inspector general reports about the performance of grants.

Forecasting and quantification systems need to be strengthened to support the delivery of predictable and responsive services at the different levels of the health care system. That effort will ensure that health technologies are available when needed. To enhance value for money in health technology procurement, member states need to explore bulk-purchasing strategies and the development of the local pharmaceutical industry.

Rationale

Health system weaknesses are major impediments to the achievement of the Millennium Development Goals (MDGs) and other health targets. Globally, strengthening of health systems

¹ World Health Organization, *Global Tuberculosis Report 2013* (Geneva: WHO, 2013), http://apps.who.int/iris/bitstream/10665/91355/1/9789241564656_eng.pdf.

² The four are Kenya, Tanzania, Uganda, and Zimbabwe; the other six ECSCA countries are Lesotho, Malawi, Mauritius, Seychelles, Swaziland, and Zambia.

³ Stephen Muleshe and Ann Masese, "Programmatic Management of Drug Resistant TB (PMDT) Mission to Tanzania," ECSCA Health Community, 2013, http://ntlp.go.tz/index.php?option=com_docman&task=cat_view&gid=51&Itemid=.

has been recognized as being critical for the improvement of health services. Through the resolutions of the Health Ministers Conference, ECSCA member states have articulated challenges facing the region's health systems, as well as what needs to be done to enhance sustainable service delivery. Those challenges include (a) improving the performance of health systems to accelerate attainment of MDGs, (b) strengthening health systems to ensure equitable access to health care, (c) revitalizing primary health care, (d) revisiting the Paris Declaration, and (e) increasing investments in health.

Such challenges require comprehensive country strategies, as well as regional or multicountry strategies for better outcomes. The regional or multicountry strategy should offer the platform for the countries to learn from each other, to share best practices, and to coordinate on issues such as capacity building, commodity transfers, emergency responses, and sharing of commodity data management for coordinated and informed procurement decisions. At the moment, there is a gap in responding to TB data and commodity management in the ECSCA region, specifically—

- There is no regional technical strategy to address TB supply chain challenges to complement the good efforts of in-country programs and partners.
- There is no regional platform for country programs to use to address data and management information system challenges.
- There are no harmonized systems for importing commodities in the ECSCA.
- Countries lack access to information regarding the pool of technical resources available in the region despite ECSCA's having strong technical skills and partners that support TB programs.

Context

The ECSCA Health Community has several comparative advantages to enable the support of strong TB commodity and drug management in the region:

High Level of Political Commitment

- Member states have demonstrated their commitment to and ownership of the organization through sustained financial contributions to the Secretariat.
- The organization enjoys high-level political and administrative support through ministers of health and permanent secretaries of Ministries of Health of the member states.

Institutional Capacity

- ECSCA-HC has strong governing organs, namely, the Conference of Health Ministers, Advisory Committee, Directors' Joint Consultative Committee, and Program Technical Committees.

- The members of the governing organs are committed to the organization.
- The Secretariat has committed and qualified staff members from diverse backgrounds and nationalities.
- ECSA-HC owns its headquarters, which is equipped with conference facilities and has the capacity to host conferences, meetings, workshops, and training courses.

Technical Capacity and Resource Networks

- The organization has extensive formal networks of health, training, and research professionals and institutions within and beyond the region.
- ECSA is an intergovernmental organization that specifically focuses on health in the region.
- ECSA has three strong forums: (a) the regional pharmaceutical forum, (b) the TB experts forum, and (c) the ECSA best-practice forum that provides member states with platforms for learning, disseminating, and sharing innovative approaches and interventions to strengthen the regional commodity management, including TB commodities.

Partnerships

- ECSA has demonstrated track record in regional and international cooperation in health.
- ECSA has the ability to sustain partnerships and relations with its members and with external supporters.

By virtue of its governing bodies, ECSA-HC holds convening power to bring together key actors in health at the global and regional level so they can discuss critical health issues. In so doing, ECSA-HC provides a regional platform for continuous learning, for sharing health information and evidence-based research, and ultimately for formulating health policy.

As a regional body, ECSA-HC also plays a pivotal role in harnessing the comparative advantages of different partners, providing stewardship in partnerships, building local capacity, and collectively delivering holistic interventions aimed at comprehensively strengthening health systems in the member states. ECSA-HC was a member of the Southern African Human Capacity Development Coalition in partnership with four other organizations: IntraHealth International, Council of Health Services Accreditation in Southern Africa, Foundation for Professional Development, and Management Sciences for Health. The five came together to make a comprehensive intervention in addressing human resources for health in Southern Africa as well as for building local capacity and transferring skills. With the same concept and objectives, that partnership has evolved into a bigger partnership under the Human Resources Alliance for Africa project.

Other examples of partnerships under ECSA-HC stewardship are the World Bank–funded East African Public Health Laboratory Network Project to strengthen laboratories in region, WHO’s

endeavors to establish workforce observatories and to disseminate the Code of Conduct for Health Personnel, and the East African Community's adoption of policies on food fortification. ECSCA-HC is an active member of the Implementing Best Practices Consortium.

As far as TB supply chain management is concerned, various global, regional, and country players influence the ECSCA TB supply chain at various capacities. The environment is complex with multiple players affecting global, regional, and country initiatives to address TB commodities and data management. More common is the influence of the same players at different levels of the TB supply chain, ranging from global level to country level. The following key players highlight the complexity of in ECSCA's TB commodity and data management.

National Level

- Technical partners, such as PATH, John Snow Inc., USAID/DELIVER, USAID/SIAPS, MSH, Clinton Health Access Initiative , Médecins Sans Frontières, and WHO
- Donor community, such as Global Fund, USAID, and the European Union
- TB commodities suppliers, such as local vendors representing manufacturers
- Regulatory authorities
- TB programs and other Ministry of Health entities

Regional Level

- Technical partners, such as KNCV Tuberculosis Foundation, USAID/SIAPS, and WHO
- Donor community, such as Global Fund, USAID, European Union, and Rockefeller Foundation
- Regional initiatives and mechanisms, such as East Africa Federation, Southern African Development Community, New Partnership for Africa's Development, and WHO's Regional Office for Africa

Global Level

- Global technical leaders, such as Global Fund, MSH, John Snow Inc., and PATH
- Donor community
- TB commodities suppliers, such as GDF and global suppliers
- Global donor community, such as the Global Fund, USAID, and the European Union

STRATEGY DEVELOPMENT

Methodology

The development of the ECSA strategy for TB commodity and data management was all-inclusive and involved a number of key stakeholders. The strategy was developed on the basis of the identified needs and challenges facing TB programs in the ECSA countries and the region in general. Those challenges and needs have been documented in various TB reports, such as mission visits (GDF and ECSA) and technical partners' assessment reports. Through the reviews and consultation with ECSA-HC, the identified areas (or problem areas) that needed improvement include the following:

- Management and coordination of TB commodity programs
- Governance issues surrounding TB data drug management
- Stakeholders' mapping and analysis
- Plans for TB program management and implementation of activities, including scale-ups and risk management
- Supply chain functions (that is, quantification, procurement, logistics management, and management information system)
- Supply chain performance monitoring

Following the identification of priority areas, the situation analysis focused on qualitative information, although limited analysis was done on quantitative data. Information was collected through a structured information-gathering tool. Additional information was gathered through review of key documents, including strategic plans, pharmaceutical policies, guidelines and protocols for TB management, and ECSA TB mission visits. GDF missions' various assessments and reports were made available either through public media or from the respective governments and national TB programs.

Analysis and interpretation were based on the information gathered through literature views and the completed information-gathering tool that was done by the countries. In some instances, some of the information collected from NTPs had to be validated because of either misrepresentation or conflict with what had been documented in previously produced reports. The initial findings were disseminated during the ECSA TB experts' forum in August 2014. During the dissemination workshop—

- The overall situation was presented using the information collected.
- Key issues and gaps relating to TB supply chain systems were identified.

- General recommendations were made to prompt the workshop participants' reaction and to initiate the problem-solving dialogue.

Through group discussions, priorities and strategic objectives were developed; the key interventions focused on—

- Developing the supply chain information portal that will be used for the following purposes:
 - Establishing a TB commodities early-warning system to alert NTPs about the potential stock-out risks and dashboards to monitor supply chain performance
 - Establishing a best-practice forum and virtual resource center to facilitate access to relevant information about TB data and commodity management
 - Strengthening monitoring and evaluation and establishing key performance indicators
- Improving regional coordination and countries collaboration
- Addressing regulatory issues to improve access to commodities (for example, intercountry distribution)
- Building the capacity of NTPs and stakeholders about TB data and commodity management (for example, preparations of training packages, mentorship, and online courses or platforms)
- Exchanging knowledge by sharing best practices and success stories

SWOT Analysis of TB Commodity Management among ECSA Member States

A review of the current TB data and commodity management of the ECSA member states showed that a strong foundation existed for countries to improve in that area. Although at different maturity levels, all countries have the key ingredients for the system (that is, structures, processes, and functions related to TB programs commodity management being defined and operational).

Key Strengths Identified

- TB commodities plans, including patients projections, quantification, and the budget for procurement
- Policies and structures related to TB commodities management (for example, procurement guidelines, national logistics guidelines, TB logistics networks, NTPs, and technology) to work on TB commodities supply chains
- Adherence to the WHO treatment regimens
- Well-defined logistics systems and tools

Weaknesses

- Lack of harmonized regulatory frameworks for medicines
- Different treatment regimens

Opportunities

- Convening of political and technical power
- Having presence of strong donor commitment and technical partners to support TB commodity and data management

Threats

- High disease burden
- Competing priorities
- Poor political commitment

Gaps Analysis

Box 1 summarizes the gaps and challenges identified in the situation analysis conducted in Malawi, Swaziland, Tanzania, Uganda, and Zambia.

Strategy Conceptualization

On the basis of the gaps identified earlier, a strategy was developed to strengthen ECSA TB data and commodity management. The strategy considered two levels of technical and programmatic intervention:

- At the country level, where national programs and partners have their own strategies to address TB data and commodities management (e.g., capacity building to improve supply chain functions) procurement, quantification, inventory management, distribution, and monitoring; strengthened governance, financing, innovative approaches, LMIS, and coordination
- At the regional level, where ECSA-HC can be positioned to offer a regional platform that will enable countries to share lessons learned, success factors, risks in approaches, and facilitation of intercountry commodity and technology exchange

The strategy focuses on ECSA-HC and on how ECSA can be positioned to become the regional go-to place for TB data and commodity management.

Box 1. Summary of Gaps Identified by the TB Data and Commodity Management Situational Analysis

<p>Access to information on supply chain data and technical resources challenges—</p> <ul style="list-style-type: none">• Poor availability of data regarding TB drugs to inform supply chain decisions at country and regional level• Absence of TB data and drug information-sharing platform in the region for ECSA NTPs to learn and share best practices among member states• Lack of documented success stories about TB data and commodity management among ECSA member states
<p>Planning challenges—</p> <ul style="list-style-type: none">• Slow TB program planning processes leading to delays in funding approvals and implementation of the plan• Inadequate data and information to make informed decisions especially about—<ul style="list-style-type: none">○ Commodities consumption data to adequately inform programs and partners about future demand of TB commodities○ Procurement management and lead times, which, in turn, affect all commodities logistics○ Uncoordinated responses to emergency situation because of a lack of a formalized contingency strategy for commodity shortages• Dependence on funding pledges rather than on actual funding (some ECSA member states are still heavily dependent on donors to fund TB commodities)• Lack of best-practice guides and lesson sharing from countries that have done well in TB data and commodity management planning
<p>Procurement related—</p> <ul style="list-style-type: none">• Delays in initiating the procurement process• Uncertainties in funding, leading to anticipations and irrational procurement adjustments• Lack of transparency in providing procurement expenditure updates• Long procurement lead times because of poor communication and coordination with suppliers, suppliers problems, and order specifications• Lack or weak procurement coordination between the NTPs, procurement agents (for example, central medical stores), and suppliers (GDF and others)• Weak or no system to capture records on previous procurement• Weak or absent systems for monitoring suppliers' performance
<p>Stock-outs related—</p> <ul style="list-style-type: none">• Insufficient funding to procure the required quantities of TB commodities• Procurement delays• Quantification inaccuracies• Poor management of commodities distribution at country level• Irrational use of TB commodities, which leads to either overconsumption or underconsumption of certain commodities• Poor inventory management
<p>Expiries related—</p> <ul style="list-style-type: none">• Wrong quantification• Delays in procurement, leading to commodities procured being obsolete• No disposal facility for expired and damaged health commodities• Late facility reporting leading to delays in establishing actual commodities consumptions

Capacity building—

- Limited capacity of TB programs' staffs to execute TB logistics management
- Lack of capacity for quantification at facility level
- High staff turnover

Specific weaknesses were observed related to—

- Inventory management
 - Lack or weak accountability where the stock levels at all levels
 - Absent or inaccurate inventory data for TB drugs
- Logistics/distribution
 - Storage challenges, especially at facility level
 - Funding
- Logistics management information system (LMIS) (for example, reporting rate, tools, guidelines)
 - Low reporting rate
 - Incompleteness and inaccuracy of reports (logistics)
 - Challenges in using second-line LMIS tool (sought for change in the tool)

Monitoring of TB drug data and drug management performance—

- Weak monitoring systems to measure the performance of TB data and commodity management activities
- Absence of key performance indicators to monitor specific TB supply chain functions

VISION, MISSION, GOAL, OBJECTIVES, AND STRATEGIES

Vision

An ECSA region free of TB

Mission

To facilitate and coordinate implementation of a functional TB drugs and data management system for the ECSA-HC region

Goal

To strengthen the ECSA TB drugs and data management to improve health outcomes

Objectives

Strategic Objective 1: Establish a platform for TB commodities and information management for the ECSA-HC member states

A major gap was identified: the lack of a platform, especially an online electronic platform, for ease in sharing information, data, and resources related to TB and commodity management. With ECSA-HC able to become that needed platform, the TB experts' forum agreed that ECSA-HC should develop an ECSA supply chain portal focusing on an early-warning system using country data about stock on hand, patients' numbers, pipeline information, and consumption trends.

Once the portal is developed, ECSA should work with SIAPS and the NTPs to—

- Facilitate improvement in data availability and use among ECSA member states' TB programs by June 2016.
- Establish mechanisms within the ECSA Secretariat for hosting, managing, and coordinating the platform.
- Improve knowledge exchange among member states by sharing TB supply chain practices among ECSA countries.

Strategic Objective 2: Improve supply chain management of TB commodities

The second strategic objective will be achieved through the following:

- Improve regional coordination and collaboration among countries.

- Advocate for harmonization of TB commodities procurement guidelines to support ECSA member countries so they can improve procurement management of TB commodities in collaboration with stakeholders.
- Advocate for a strong capacity of country procurement agents to procure all goods including those that are donor funded.
- Improve inter-country distribution of TB commodities by addressing the regulatory issues on TB products importations and donations by 2017.

Strategic Objective 3: Strengthen HR capacity on TB commodity management within the ECSA Health Community

Despite a huge human resource capacity investment by ECSA country NTPs and development partners, a gap still exists for reasons already documented in various reports and forums. ECSA will not try to duplicate the efforts that are already ongoing. Rather, ECSA will document (comprehensively) the HR situation related to TB data and commodities and will innovatively develop a regional platform for capacity building. That objective will be achieved through the following:

- A comprehensive situation analysis of ECSA HR supply chain capacity strengths and gaps
- Development of a comprehensive capacity-building package (guides, materials, and tools) about TB supply chain management for adoption by ECSA countries as needed

Strategic Objective 4: Strengthen TB lab commodities and data management among ECSA member states

One of the weakest links in TB commodity management is the management of laboratory commodities. For the TB program to succeed in eradicating the disease, all commodities (medicines, laboratory, equipment, and supplies) must receive proper attention to ensure uninterrupted availability, because all commodities affect health care delivery and because the absence of commodities leads to negative health outcomes.

Recognized by the participants of the ECSA TB experts' forum in August 2014 as the weak link to ECSA commodity and data management improvement, this strategic objective was developed. To address this objective, the following actions will be taken:

- Conduct an analysis of the lab supply chain situation.
- Develop a comprehensive lab supply chain strategy for ECSA countries.
- Develop plans for country-specific action.

PARTNERSHIPS AND COLLABORATION

ECSCA-HC will implement those four important strategic objectives in collaboration with key partners within and outside the region. Clear roles and responsibilities will be outlined, and the engagement process will be led by ECSCA-HC. Implementation of the strategies will involve different partners to be identified through a structured stakeholder analysis process and will include the ECSCA-HC Secretariat; regional intergovernmental organizations (Southern African Development Community, East African Community, Intergovernmental Authority on Development, New Partnership for Africa's Development, and Common Market for Eastern and Southern Africa); technical agencies (WHO, MSH) and other development partners; and NTPs for member states.

The specific roles for the partners include the following:

ECSCA-HC Secretariat

Through the HIV/AIDS, TB and Other Infectious Diseases Unit, the Secretariat will provide overall leadership and coordination of the regional program. Specific activities include (a) preparation and implementation of a resource mobilization strategy, (b) preparation of an annual work plan and budget, (c) program implementation support, and (d) coordination of external technical assistance, (e) monitoring and evaluation.

Regional Intergovernmental Organizations

The strategy recognizes the importance of working with the regional intergovernmental organizations, and it further proposes to engage them as part of resource mobilization strategy.

Technical Agencies

Successful implementation of the regional strategy will require coordinated technical assistance from both regional and international technical agencies.

Development Partners

In the past, USAID has extended financial assistance to the Secretariat in support of the regional initiatives. In view of the fact that the new regional program will require significant financial investment in the context of limited resources, the strategy recognizes the need to continuously engage development partners, including USAID and the Rockefeller Foundation.

National TB Programs

The NTPs of the member states are key players and will be involved during all stages of implementation of the regional program.

STRATEGIC FRAMEWORK

BROAD ACTIVITIES	RESPONSIBLE ENTITY	KEY RESULTS
Strategic Objective 1: Establish a platform for TB commodities and information management for ECSA member states by June 2016		
Develop TB supply chain portal to facilitate improvement in data capture, availability, and use among ECSA member states' TB programs.	<ol style="list-style-type: none"> 1. ECSA Health Community 2. SIAPS 3. NTPs' managers 4. Countries' TB logistics experts 	TB supply chain portal established
Establish mechanisms within ECSA Secretariat for hosting, managing, and coordinating the platform.	ECSA Health Community, ECSA member countries (NTP managers), WHO, SIAPS	Harmonized document and procurement guidelines
Improve knowledge exchange among member states by sharing TB supply chain practices among ECSA member states	ECSA Health Community, member countries' FDAs, development partners	Harmonized guideline for intercountry TB commodities distribution
Strengthen HR capacity about TB supply chain among ECSA member states.	ECSA Health Community, member countries' TB program managers, SIAPS	ECSA TB commodity and data management training package, ECSA TB commodity and data training
Strategic Objective 2: Improve supply chain management of TB commodities within ECSA Health Community by 2019		
Improve regional coordination and collaboration among countries.	Secretariat, committee of laboratory coordinators/(program)/SIAPs; partners of experts Secretariat, country program experts	
Advocate for strong capacity of country procurement agents to acquire all goods, including donor funded goods.	<ol style="list-style-type: none"> 1. ECSA Health Community 2. SIAPS 3. NTP managers 	Strengthened country procurement systems
Improve intercountry distribution of TB commodities by addressing the regulatory issues about importation and donation of TB products.	<ol style="list-style-type: none"> 1. ECSA Health Community 2. SIAPS 3. NTP managers 4. Countries' TB logistics experts 	Regulatory Issues addressed
Strategic Objective 3: Strengthen HR capacity on TB data and commodity management within ECSA Health Community by 2016		
Conduct a comprehensive situation analysis on ECSA HR supply chain capacity, strengths, and gaps.	<ol style="list-style-type: none"> 1. ECSA Health Community 2. SIAPS 3. NTPs' managers 4. Countries' TB logistics experts 	Analysis of HRH gap, situation analysis report
Develop a comprehensive capacity-building package (guidelines, materials, and tools) about TB supply chain management for adoption by ECSA countries.	<ol style="list-style-type: none"> 1. ECSA Health Community 2. SIAPS 3. NTP managers 4. Countries' TB logistics experts 	ECSA TB HR capacity-strengthening plan

BROAD ACTIVITIES	RESPONSIBLE ENTITY	KEY RESULTS
Strategic Objective 4: Strengthen TB lab commodities and data management among ECSCA member states by 2019		
Conduct a situation analysis of TB lab commodities.	<ol style="list-style-type: none"> 1. ECSCA Health Community 2. SIAPS 3. NTPs' managers 4. Countries' TB logistics experts 	Situation analysis report, dissemination report
Develop a comprehensive lab supply chain strategy for ECSCA countries	<ol style="list-style-type: none"> 1. ECSCA Health Community 2. SIAPS 3. NTPs' managers 4. Countries' TB and logistics experts 	TB lab supply chain strategy in place
Develop regional and country-specific action plans.	<ol style="list-style-type: none"> 1. ECSCA Health Community SIAPS 2. NTPs' managers 3. Countries' TB and logistics experts 	Regional- and country-specific action plans in place
Improve ECSCA's TB laboratory and diagnostics data and commodity management by developing and implementing a comprehensive plan for ECSCA TB lab and diagnostics supply chain management.	<ol style="list-style-type: none"> 1. ECSCA Health Community 2. SIAPS 3. NTPs' managers 4. Countries' TB logistics experts 	ECSCA TB laboratory commodity and data management strengthening plan
Strengthen data and management of TB laboratory commodities among ECSCA member states.	ECSCA Health Community, SIAPS, CHAI, NTPs, partners, WHO	Lab supply chain strategy in place; detailed lab supply chain implementation plan

Note: Technical assistance funds are the resources for these activities.

