



## Creating Order from Disorder: De-junking County and Facility Pharmaceutical Stores in South Sudan

Many health facilities and county-level stores in South Sudan are practically overflowing with medicines. For a young country plagued by political instability and insufficient health care infrastructure, an abundance of medical supplies may seem to be an advantage. Instead, the situation holds the potential for a public health catastrophe: many of these medicines are expired or have been improperly stored, rendering them unusable and potentially dangerous for consumers.

The problem dates back to 2006, when a newly autonomous South Sudan procured essential medicines and health commodities through the Multi-Donor Trust Fund (MDTF). Under this financing system, drugs were procured in kits at the central level and distributed using a push system, which meant that health facilities received medical supplies each quarter regardless of their current stock levels. In many cases, this led to oversupply of medicines and a shortage of proper storage facilities.



Typical County Store in Torit filled with expired and unusable commodities



Typical County Store in Yambio filled with expired and unusable commodities

When the MDTF closed in 2012, a new procurement mechanism called the Emergency Medicines Fund (EMF) was established by donors, among them the US Agency for International Development (USAID), the United Kingdom's Department for International Development (DFID) and the Norwegian government. The USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program provided technical support to the South Sudanese Ministry of Health (MOH) and these donors to quantify and forecast medical supply needs. Knowing that the overstocked facilities did not have space to accept supplies from the EMF, SIAPS undertook a process of de-junking stores to clear out expired and unusable commodities, thereby freeing up space for usable medicines. Working with the MOH and local stakeholders, SIAPS implemented the strategy in the six counties of Central Equatoria State and the 10 counties of Western Equatoria State.



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County health department and implementing partners participate in a sensitization workshop in Juba, Central Equatoria State with partners



Sensitization workshops were important for building support from local government and health facility staff

The de-junking process involved several steps, including:

1. Holding workshops to gain support from the county and health facility staff
2. Forming and training de-junking teams
3. Undertaking de-junking exercises by removing all expired products; separating the good products from the bad; taking inventory of both usable commodities and expired products; properly storing usable commodities; and following disposal plans for expired commodities.
4. Disposing of unusable commodities
5. Providing on-the-job training on inventory management to help commodity managers avoid similar overstock issues in the future



Mundri West County Health Department (CHD) Before De-junking



Mundri West CHD After De-junking

Photo credits: SIAPS South Sudan

“The de-junking has really solved a big problem of storage for us in Central Equatorial State; otherwise we didn’t know how the EMF commodities would be stored in the county and health facilities,” Central Equatoria State Director of Pharmaceuticals Dr. Jacob Lazuros told SIAPS following a de-junking exercise in the state. While most of the de-junking took place at the county level, local health facilities were able to store their expired items at the county stores, where they could then be disposed of. This approach helped ensure that the impact of de-junking not only affected the county level, but was felt at the facility level as well.

With SIAPS support, Western and Central Equatoria states have made great progress towards clearing out their pharmaceutical storage facilities, implementing mechanisms for the proper storage of new medicines, and developing plans to make the progress sustainable. The effort has been so successful that it has led donors and implementing partners in other parts of the country to look to SIAPS for guidance in implementing similar strategies.

