ADDRESSING THE UNMET NEED FOR ART AMONG WOMEN AND NEWBORNS IN CAMEROON
BY STRENGTHENING THE SUPPLY CHAIN OF PMTCT COMMODITIES

Nfor, E., K. Kakanda, G. Buki, A. Kane, and J. Dongang, Management Sciences for Health

BACKGROUND

The Government of Cameroon and its partners have made major investments in the last decade in prevention, treatment, and care of HIV-infected patients. However, unmet need for antiretroviral therapy (ART) among HIV+ pregnant women remains high at 66%. Critical to satisfying this need is ensuring adequate availability of prevention of mother-to-child transmission (PMTCT) commodities for rollout of new Option B+ guidelines.

The Cameroon supply system consists of a cost-recovery system for essential medicines and other health commodities and a free-of-charge system for priority commodities, including those for PMTCT and ART. This study examines options for improving the supply and availability of these commodities.

METHOD

Supply chain (SC) operational data was collected in July 2014 from central (CENAME) and 4 regional warehouses (CAPRs), 10 district stores, and 30 service delivery points (SDPs), including ART and PMTCT sites. The study also included 7 central private-sector logistics firms. In addition, SC cost data was obtained from CENAME's and CAPRs' financial statements audited in 2013. Data collected was used for analysis of three options to improve effectiveness of delivering PMTCT commodities, on the basis of the four variables detailed in figure 1.

RESULTS

Asset utilization within the cost-recovery system ranged between 73% and 89% and inventory turnover was at 1.5 turns per year. Therefore, a reliable supply of medicines to SDPs is ensured. However, for PMTCT and ART commodities, distribution to the SDPs was unreliable (in 2013, 40% of prescriptions remained unfilled). Meanwhile, results of the options analysis indicated that the model of having CAPRs deliver PMTCT commodities to SDPs was the most desirable. Although the distance traveled was longer, the need for network storage space was minimal. Moreover, the total cost and human resources requirements were more favorable when CAPRs delivered to SDPs.

CONCLUSION

The Ministry of Health adopted option 2 because of the smaller amount of network storage space that needs to be managed, fewer staff required, and lower total cost. The results indicate that PMTCT free-of-charge commodities are also amenable to being managed within the existing, effective cost-recovery system. The Ministry of Health issued a circular on March 31, 2015, for CAPRs to distribute PMTCT commodities to SDPs.