

Stakeholders Meeting on the Use of HIV and AIDS Pharmaceutical Management Information for Faster Decision Making

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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.

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ACRONYMS AND ABBREVIATIONS

ART	antiretroviral therapy
ARV	antiretroviral
CHAI	Clinton Health Access Initiative
CNLS	National AIDS Control Program
DG	Director General
ECF	Emergency Commodity Fund
ECOWAS	Economic Community of West African States
EDT	Electronic Dispensing Tool
ESTHER	Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau
EWS	Early Warning System
FDA	US Food and Drug Administration
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
JURTA	Joint UN Regional Team on AIDS
LMIS	Logistics Management Information System
NACP	National AIDS Control Program
PEPFAR	President's Emergency Plan for AIDS Relief
PNLS	National AIDS Control Program
PSM	procurement and supply management
RIP	Réseau Ivoirien des organisations de personnes vivant avec le VIH-sida
RTK	rapid test kit
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOLTHIS	Solidarité Thérapeutique et Initiative contre le SIDA
SOP	standard operating procedure
TA	technical assistance
TWG	technical working group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	US Agency for International Development
WA	West Africa
WAHO	West African Health Organization
WARP	West Africa Regional Project
WHO	World Health Organization

BACKGROUND

Alerts about stock-outs of life-saving medicines for antiretroviral therapy (ART) and treating opportunistic infections have been issued in a number of countries in West Africa (WA). For example, eight countries in the region have not only reported stock-outs of critical medications, but have also demonstrated a lack of capacity to identify and address the underlying causes of stock-outs or to generate accurate and reliable data for decision making (e.g., current stock available, projection of needs). As in many countries, the root causes may include: poor coordination among partners; paucity of pharmaceutical management data for quantification (forecasting and supply planning); poor inventory management and storage practices at pharmaceutical warehouses and dispensing points; and inadequate training and supervision of dispensary staff in health facilities.

In the face of the multiple stock-out alerts, several uncoordinated response mechanisms to address stock-out crises have been used, especially at the country level. The main mechanisms used in the recent past are the Emergency Commodity Fund (ECF) of the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund Voluntary Procurement Pool, coordinated procurement planning, UNITAID, Grant Management Solutions, and exchanges among countries. However, these are all short-term solutions. What is needed is a proactive and in-depth analysis of the root causes of recurrent pharmaceutical supply management issues and implementation of effective long-term solutions.

To provide effective long-term solutions, the US Agency for International Development's (USAID) West Africa office requested that the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program provide support to six countries in the WA region.

SIAPS conducted a situational analysis in five West and Central African countries (Burkina Faso, Cameroon, Guinea, Niger, and Togo) to gain an understanding of the current capacity for HIV and AIDS commodities management and supply. The situation analysis also assessed the readiness of the HIV and AIDS commodities information management systems to provide the information necessary for routine monitoring of HIV and AIDS product availability in the region.

Based on information collected from the rapid situation analysis, SIAPS developed an "HIV and AIDS Commodity Management Tool in West Africa" called "OSPSIDA.org" or "regional dashboard." OPSIDA is a website that serves as an early warning indicators system (EWS) for monitoring HIV and AIDS commodities to detect and minimize the risk of stock-outs in six focus countries.

The tool has been deployed in five of the six focus countries: Togo, Niger, Benin, Burkina Faso, and Cameroon. The country teams are now regularly entering data into the dashboard. The tool has not yet been deployed in Guinea due to the Ebola outbreak. It will be introduced in Guinea once the local situation improves.

To ensure local ownership and long-term sustainability, the West African Health Organization (WAHO) has been involved since the inception of the project, providing input during the project design phase and during the tool's official launch in Accra, Ghana in April 2014. To assure the long-term sustainability of the dashboard, and in an effort to support WAHO's strategy of setting up security stock for West African countries, the dashboard needs to transition from SIAPS to WAHO's Essential Medicines and Vaccines Program as its final home.

On April 20-21, 2015, SIAPS and WAHO co-facilitated a regional stakeholders meeting for representatives of National AIDS Control Programs (NACP), managers of Central Medical Stores, and pharmaceutical commodity managers from the six focus countries and five other countries in the West Africa region (Ivory Coast, Nigeria, Ghana, Mali, and Senegal). In addition, representatives from regional organizations participated (USAID/WA, Joint UN Regional Team on AIDS [JURTA], Solidarité Thérapeutique et Initiative contre le SIDA [SOLTHIS], Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau [ESTHER; Network for Therapeutic Solidarity in Hospitals], Clinton Health Access Initiative [CHAI], Joint United Nations Programme on HIV/AIDS [UNAIDS], and the regional liaison office of the Global Fund to Fight AIDS, Tuberculosis and Malaria [Global Fund]). See Annex A for the list of participants.

OBJECTIVES

The stakeholders meeting was organized as a platform for discussion and obtaining feedback from focus countries and other stakeholders on the performance of and issues encountered during the implementation of OSPSIDA as well as the way forward.

The specific objectives of the workshop were:

- Present and discuss OSPSIDA annual reports and the use of information for decision making in HIV and AIDS commodity management.
- Present and discuss country achievements, issues faced during the use of OSPSIDA, and recommended improvements.
- Train the Procurement and Supply Management (PSM) team of JURTA on OSPSIDA.
- Discuss lessons learned from the use of OSPIDA.
- Discuss regional initiatives to improve the availability of HIV and AIDS products and linkages between OSPSIDA and existing dispensing tools.
- Discuss the handover of OSPSIDA to WAHO and replication/scale-up opportunities.
- Discuss the further use of OSPSIDA for other health program commodities.
- Present a country case study: piloting the Electronic Dispensing Tool (EDT) in Togo.

OUTCOMES, DAY ONE

Day One – Monday, April 20, 2015

Welcome and Introduction of Participants by Jean Bedel Evi, SIAPS Regional Project Director

Dr. Evi requested that each participant introduce him/herself. He thanked all participants for their attendance and invited Ms. Rachel Cintron of USAID to officially open the conference.

Remarks by Ms. Rachel Cintron, USAID West Africa Regional Health Office Director

In her opening address, Ms. Cintron highlighted the fact that after decades of being viewed as a death sentence, HIV and AIDS are now a treatable and manageable chronic disease. Those affected can now live productive lives. A huge drop in the number of new HIV infections in sub-Saharan Africa (33%) has been observed between 2005 and 2013. Continued progress will require that HIV products be available at the right time, in the right place, in the right quantity, and at the right price for people in need.

Unfortunately, alerts about stock-outs of vital antiretroviral (ARV) medications have been recorded in a number of countries in West Africa. This generally demonstrates a limited capacity to identify and address the underlying causes, and also to generate accurate and reliable data for decision making on stock availability and the projection of needs.

To address the recurrent supply management issues, the SIAPS Program funded by USAID aims to improve the availability and use of HIV commodity information and foster coordination among partners in the six focus countries.

This meeting will serve as a platform for discussing and generating feedback from the focus countries and other stakeholders on the performance of and issues encountered during the implementation of OSPSIDA and to inform the way forward.

Ms. Cintron assured meeting participants of USAID's continued commitment to preventing new HIV infections and ensuring an AIDS-free generation in West Africa.

She then declared the meeting officially open.

Introduction of SIAPS by Francis "Kofi" Aboagye-Nyame, SIAPS Program Director

Mr. Aboagye-Nyame introduced his presentation by explaining that the aim of SIAPS is to improve access and services for better health outcomes. The Program's targets are pharmacists, caregivers, and ultimately, patients. There is a need to make sure that health care providers are

motivated, have the necessary capacity, and remember that their work is about people and making products accessible, affordable, and available.

The presentation identified the following five areas of work in the pharmaceutical sector:

- Strengthening governance
- Building individual and institutional capacity
- Addressing information for decision making challenges
- Strengthening financing strategies and mechanisms
- Improving pharmaceutical services

Mr. Aboagye-Nyame concluded his remarks with this motto: Better data, better decisions, and better health outcomes.

Presentation of the Meeting Terms of Reference (Objectives, Expected Outcomes, and Agenda) by Jean Bedel Evi

The objectives were as follows:

1. Present and discuss OSPSIDA annual reports and the use of information for decision making in HIV and AIDS commodity management.
2. Present and discuss country achievements, issues faced during the use of OSPSIDA, and recommended improvements.
3. Train the PSM of JURTA on OSPSIDA.
4. Discuss lessons learned from the use of OSPSIDA.
5. Discuss regional initiatives to improve the availability of HIV and AIDS products and linkages between OSPSIDA and existing dispensing tools.
6. Discuss the handover of OSPSIDA to WAHO and replication/scale-up opportunities.
7. Discuss the further use of OSPSIDA for other health program commodities.
8. Present a country case study: piloting the EDT in Togo.

And the expected outcomes:

1. OSPSIDA annual reports are presented to participants.
2. Participants have learned how to use OSPSIDA reports for decision making.
3. Participants have agreed on new improvements to make in OSPSIDA.

4. Participants have agreed on next steps to have a successful transition to WAHO and country replication/scale up.
5. The PSM Technical Working Group (TWG) of JURTA is trained on the dashboard and can use it for decision making.
6. Participants have learned about the use of the EDT to improve dispensing of ARVs and the quality of data needed for forecasting and supply planning.

Dr. Evi also presented the agenda of the meeting (Annex B).

Presentation on the SIAPS West Africa Regional Project: What has been done so far and the way forward, by Seydou Doumbia, SIAPS Principal Technical Advisor

Dr. Doumbia started off by providing the context of the creation of the SIAPS West Africa Regional Project (WARP). He explained that there was a need for adequately coordinated and sustainable response mechanisms to the several alerts of stock-outs of ARVs and rapid test kits (RTK) in West and Central African countries.

The goals and objectives of the project include the enhanced availability and use of patient and commodity data for decision making for HIV and AIDS programs in Benin, Burkina Faso, Cameroon, Guinea, Niger, and Togo. The project also aims to: improve coordination among regional and national stakeholders involved in HIV commodity supply; and increase the use of pharmaceutical management information for decision making at national and regional levels.

The six focus countries are Benin, Burkina Faso, Cameroon, Guinea, Niger, and Togo.

Key achievements of the project include, among others:

- Conducted a rapid situation analysis in five focus countries.
- Conducted a sub-regional project launch workshop.
- Developed and deployed the HIV and AIDS Commodity Management Tool (OSPSIDA.org) in five focus countries (Benin, Burkina Faso, Cameroon, Niger, and Togo). Deployment in Guinea was not possible due to the outbreak of Ebola.
- Initiated the handover of OPSIDA.org to WAHO.
- Provided technical assistance (TA) to Niger to develop a concept note on PSM for a Global Fund grant.
- Deployed the EDT at five ART sites in Togo as a pilot project.
- Supported the regional coordination mechanism through the existing PSM TWG of JURTA.

- Attended WAHO's expert meeting to develop a Regional Pharmaceutical Plan for the Economic Community of West African States (ECOWAS) Region as a TA provider.

Challenges encountered to date have included:

- High expectations from countries but limited budget to respond to all their needs.
- Niger and Togo are requesting long-term TA.
- Delays in updating the tool (OSPSIDA).
- Low reporting rate of paper-based Logistics Management Information System (LMIS).
- Unavailability of staff from the Logistics Management Unit to enter data into OPSIDA.
- Lack of human resource capacity at the country level to analyze and use OPSIDA reports for faster decision making.
- Due to the Ebola outbreak in Guinea, dashboard (OSPSIDA) deployment was delayed.

The way forward to September 2016:

- Hold stakeholders meeting to review progress of OPSIDA deployment and discuss improvements to make – April 2015.
- Ongoing support to countries to update OPSIDA and use reports for decision making.
- Handover OPSIDA to WAHO by September 2016.
- Ongoing support to Togo to monitor use of the EDT at five pilot sites and provide support to develop a roll out plan.
- TA to build capacity in quantification in Togo and Niger and perform an annual quantification exercise.
- Pursue collaboration already established with the PSM TWG of JURTA and regional organizations.

In conclusion, the presenter explained that all the achievements were possible due to the high commitment of national program managers and USAID/WA, and active collaboration with all stakeholders at regional and country levels. He asked stakeholders at regional and national levels to use, review, and evaluate the data in the system, and to encouraged countries to update their information in the database.

The following comments were made following the presentation:

The various presentations use a key phrase: acquisition of crucial information to transform health. We have a disease burden on the continent. There are medicines and the key players are in place, but coordination is lacking. How can information be obtained and managed to address the needs of patients? OSPSIDA is a tool that will enable us to manage information. The presentation by Doumbia has given us an update on what has been achieved so far in the various countries. To reach the optimum goal and achieve results, we as member states, WAHO, international partners, and individual partners who value health as a crucial sector, need to ensure partnership and collaboration among all the parties involved.

Presentation of WAHO Buffer Stock Strategy, by Ms. Sybil Ossei-Agyeman-Yeboah, WAHO Professional Officer for Essential Medicines and Vaccines Program

In her presentation, Ms. Ossei-Agyeman-Yeboah explained that the buffer stock has experienced challenges as a great number of countries in the region are experiencing ARV stock-outs. Replenishing stocks took too long and led to the need to create a committee to devise a way to address the situation. There was a call to create a buffer stock.

Among the achievements of the strategy was the formulation of a document defining the various technical and financial scenarios for the buffer stock, with the aim of ensuring access to key quality medicines at affordable prices and in a timely fashion.

Political buy-in for the strategy was ensured following the Ordinary Meeting of the Assembly of Ministers of Health in ECOWAS countries in Cape Verde in April 2013.

Despite the achievements, a few challenges remain, including:

- How to ensure the supply of the buffer stock?
- How to ensure the buy-in of partners for the buffer stock in the face of challenges in the pharmaceutical industry at regional and global levels?
- How to improve the supply system to reduce the risk of expiry and improve the implementation of processes?
- Prequalification of World Health Organization (WHO) and US Food and Drug Administration (FDA) certification.
- Improve quality control infrastructures to meet international standards.

Next steps include:

- Continue with the program to strengthen the capacity of the Public Health Pharmacy of Cote d'Ivoire (*Nouvelle PSP-CI*).
- Advocacy with partners on their participation in the buffer stock.

- Strengthen the capacity of the pharmaceutical sector to improve the local production of ARVs.

The following points emerged during the question/answer session:

- At the beginning of the project, there was no collaboration with PEPFAR. However, meetings were held with the various heads of United Nations (UN) bodies involved (WHO, UNAIDS, United Nations Industrial Development Organization) and other partners, and now they are on board and ready to collaborate. Decisions made have therefore taken a regional scope thanks to the multisectoral approach adopted. The roadmap is still a work in progress.
- Regarding the possibility of exchanging soon-to-expire ARVs in Cote d'Ivoire, the protocol did not address this issue.
- In view of the fact that the contribution required from countries for paying for the antiretroviral medicines is not generally received, a request has been resubmitted to ECOWAS to call for partners' investment.
- The SIAPS initiative is a daunting task and its implementers should be congratulated.

Presentation of OSPSIDA Video – Creating an AIDS-free generation in Africa one step at a time, by David Mbirizi, SIAPS Principal Technical Advisor

The video made the point that SIAPS is working to bring antiretroviral medicines to the people. Its goal is to ensure that all stakeholders in the fight against HIV and AIDS and in the provision of ARVs have all the same information to enable them make informed decisions rapidly. Preventing stock-outs ensures that people have access to antiretroviral medicines at all times. SIAPS has collaborated with national and regional bodies to create the “dashboard.” It collects information from all sites in the countries, which is used for analysis, and enables stakeholders to identify the populations at risk. The reports generated enable countries to make decisions regarding stocks.

The ultimate goal is to collaborate with USAID for an HIV and AIDS-free generation in West Africa.

Presentation of OSPSIDA Annual Report and Discussion on the Use of Information for Decision Making, by Jean Bedel Evi, SIAPS Regional Project Director

The presenter started off by providing the context of the OSPSIDA annual report. He mentioned the 2012/2013 alerts on stock-outs of life-saving medicines for ART and treating opportunistic infections that emerged from a number of countries in West Africa. Some of the causes identified included lack of coordination, information, funding, and planning.

The presenter then gave an overview of OSPSIDA, the aim of which is to capture, aggregate, and analyze information about ARVs and RTKs for better and faster evidence-based decision making, and to facilitate coordination among stakeholders to improve forecasting, supply planning, and procurement of HIV commodities.

The platform has so far been deployed in five target countries between June and September 2014 (Benin, Burkina Faso, Cameroon, Niger, and Togo). Its roll out could not take place in Guinea as planned because of the Ebola outbreak.

In addition to the Ebola outbreak in Guinea, challenges encountered have included delays in data entry due to the unavailability of logistics and patient data at the central level, and lack of motivation to enter data at the central level.

Next steps involve: deploying OSPSIDA in Guinea; providing ongoing support to countries to update OSPSIDA and use reports for decision making; sharing OSPSIDA reports with stakeholders at national and regional levels through the existing PSM TWG of JURTA to guide decisions; handover of OSPSIDA to WAHO; expansion of OSPSIDA to other health products; and enhancing its features.

To conclude his presentation, Dr. Evi mentioned that challenges remain in some countries to make the tool useful as an EWS. There is a need to encourage all national stakeholders, donors, and other partners to support countries to update OSPSIDA and to use OSPSIDA reports for rapid decision making to ensure the uninterrupted availability of HIV and AIDS products to avoid stock-outs.

The following points/comments emerged during the question/answer session:

- The challenge is how to fill in information in the tool and train human resources in managing the tool. Can we get more information so that countries can fill in the tool appropriately?
- Representatives from Guinea expressed their concerns about the reason given for not rolling out OSPSIDA in the country because of the Ebola outbreak. As USAID is represented in the country and was still present during the outbreak and the country received several visitors during that time, there is no reason why the country should be excluded. The organizers explained that due to travel restrictions, the implementation could not go forward as planned in Guinea. However, since these restrictions have been removed, the roll out will proceed as planned.
- A concern was expressed about the fact that countries stop collecting data at some point. It was explained that during the tool's deployment, countries started entering data only in October. The workload has been so huge for the human resources; this has been a challenge.
- The weakness of the health system in Niger is a real concern. All agents across all levels of the Ministry of Health should be informed to facilitate the process.

- Regarding linkages with other existing software, it was explained that there is no specific software that does what the dashboard is doing. In Togo, a validation mechanism has been put in place. OSPSIDA can correct some of the mistakes, but cannot identify erroneous data. The advantage is that it stores all the data to be analyzed later on.
- Cameroon thanked SIAPS for their availability and readiness to help with their challenges.

OSPSIDA Live Demonstration, by Jean Bedel Evi, SIAPS Regional Project Director

Dr. Evi took the participants through a live demonstration on how to access and use OSPSIDA.

Case Study – Simulation, by Jean Bedel Evi, SIAPS Regional Project Director

The case study involved four scenarios. A representative from Togo, Dr. Brice Assimadzi, showed the process to follow in OSPSIDA to obtain the information needed (Annex C).

The following points were made during the question/answer session:

- The data on the site are not projections, rather they are actual consumption information.
- This is a very good tool to monitor HIV and AIDS patients and their medicine consumption in the region. Togo was able to fill in the needed data and appears to be the only country that is up-to-date.
- Nigeria currently uses some software programs to enter data. It would be difficult to set aside these programs and use OSPSIDA. Concerns were expressed about the cost involved in adopting this new system. However, it was explained that a computer and access to the internet are the only requirements; no funding is necessary. The main challenge is obtaining the data from the regional and district levels. With over 4,000 sites in Nigeria, there is a need to target the sites that affect consumption patterns. There is no need to collect data from all sites, but rather identify the sites where risk cases are likely to happen.
- The system can accommodate new medicines.

Country Presentations on Lessons Learned from OSPSIDA Implementation, Challenges Faced, and Recommendations

This session involved presentations by the countries in which OSPSIDA has been implemented. Each country presentation included recommendations to SIAPS.

Benin – by Agnes Bah-Kpevi, HIV and AIDS Commodity Officer, National AIDS Control Program (PNLS)

- ✓ Improve the promptness, reliability of data, and the quality of data entry.
- ✓ There is a need to make provision for the correction of erroneous data.

Burkina Faso – by Djeneba Zorom, Pharmacist, National AIDS Control Program (PNLS) (PSSLS-IST)

- ✓ Assist countries in decentralizing the software (train regional stakeholders, connectivity to facilitate data entry at all times, provision of computers).
- ✓ Take into account the proposed functionalities.
- ✓ Add cotrimoxazole and lab reagents.

Cameroon – Dr. Edimou Serge, Pharmacist, National AIDS Control Program (PNLS) (CNLS)

- ✓ Assess the actual needs for human resources.
- ✓ Develop operational procedures (roles and responsibilities).
- ✓ Set up a data “import” functionality (Excel file toward OSPSIDA).
- ✓ Configure the tool to generate individual reports per region.

Niger - Dr. Abdoulaye Adamou, Pharmacist, National AIDS Control Commission (CISLS)

- ✓ Provide focused assistance for improved buy-in.
- ✓ Strengthen human resources.
- ✓ Advocate for the strengthening of supply chain management.

Togo – Dr Brice Assimadzi, Pharmacist, National AIDS Control Program (PNLS)

- ✓ Improve the system (provide for offline data entry, etc.).
- ✓ Provide financial and technical support to the countries to enter data and computerize the LMIS.
- ✓ Harmonize and complete the supply chain management tools or software.
- ✓ Strengthen human resources.
- ✓ Computerization
- ✓ Train mentors and other actors.
- ✓ Full integration of OSPSIDA.org into the country’s LMIS to reduce the workload.
- ✓ Dedicated staff for data entry and validation.
- ✓ Use the reports from the system.

Questions/answers/comments

- The various countries are faced with the same challenges. Regarding plans to overcome the challenge of human resources and internet connectivity, it was said that even though internet connectivity is a permanent issue, they are still able to enter data.
- Senegal inquired about the needed equipment, human resources, and cost to deploy OSPSIDA. A computer or several computers as well as internet connectivity are the basic

requirements. Since there are no dedicated staff to enter the data, it is often done at night when normal duties have already been completed by the staff.

- In Benin, all the staff at the departmental level have been trained and entrusted with the task of entering data. The connectivity issue was solved with the use of internet USB. Regarding the interest of Senegal, it depends on the number of sites in the country as there is a need to train staff in using OSPSIDA. During the first training in Benin, the country was assisted by SIAPS. The data clerks recruited in Benin were used for a short period using funding from the Global Fund.
- In Benin, they were able to conduct a training that was not budgeted by submitting an application to the Global Fund for funds.
- The relatively low number of sites in a country does not necessarily facilitate OSPSIDA deployment.
- The tool can serve as an advocacy mechanism to facilitate partnership among the various bodies involved in providing and dispensing ARVs.
- Most of the countries have highlighted the issue of the multiplicity of tools. There is a need to reduce their number since the same human resources are assigned to use them, thereby reducing their efficiency. There is a need to consider merging the various tools into a major one to facilitate the work.
- Exchanging and sharing experiences with other parts of Africa will improve the quality of data collected.
- Special congratulations to Cameroon for the effort made to buy into the tools despite earlier doubts about it.
- The interface between the various existing tools is an issue to explore.
- Instead of blaming partners, countries should rather take ownership and make sure that interventions are not unnecessarily duplicated.
- Efforts should be made to assist with the deployment of the tool because in some countries it was done only at the central level. For example, in Niger, only staff at the central level were trained to use the platform. There is a need to provide staff with the needed capacity to use the tool by themselves.
- Togo is willing to share its experiences with mentoring and its use of the platform with others.
- Planning Directorates are often in charge of managing information. It is suggested that the representatives of these bodies be invited to the next meeting.

- Transparency is one of the challenges in obtaining reliable information.
- The genesis of the platform came about because each entity involved in HIV and AIDS provided data that were sometimes in conflict and on a piecemeal basis. There is a need to compile these data. The project started with six countries because of limited budget. There was a need to support Togo in view of its special circumstances and to show that this is feasible.
- The countries should review the rest of their tools to ensure that they really need them, in addition to OSPSIDA. OSPSIDA brings information together making it easy to manage. This meeting is an opportunity to learn from each other—the challenges others have been through, and how to learn from them. Development of this tool took a lot of time and effort/consultation. Using the tool in various countries, instead of various different tools in each country, will enable the comparison of data for analysis.
- The system only brings out what is fed into it. The regional sites have most of the information needed in the system and they need assistance to acquire the needed capacity to feed that information into the platform.

Wrap-up, by Jean Bedel Evi, SIAPS Regional Project Director

Dr. Evi wrapped up the day and congratulated Togo for their leading role in adopting the system and using it as a decision-making tool.

OUTCOMES, DAY TWO

Day Two – Tuesday April 21, 2015

Recap of Day One, by Jean Bedel Evi, SIAPS Regional Project Director

During his recap, Dr. Evi highlighted the recommendations made to SIAPS to improve the system and took the opportunity to answer a few questions raised on the first day:

- The third-line regimen has been taken into account in the system.
- On the Cameroon page, pregnant women are also taken into account.
- The current phase focuses on ARVs and will eventually include other medications.
- The challenges are daunting and vary from one country to another. For example, Niger reported on the difficulty of obtaining information from regional sites. Discussions will be held with the various partners to determine how to collect data from those sites. The issue of the availability of funds will also be discussed to consider how partners can help with data collection.

OSPSIDA Transition to WAHO: Activities Undertaken, Challenges, and the Way Forward, by Joseph Ampomah Adu, SIAPS Regional Technical Advisor

The presenter explained that to ensure the long-term sustainability of the OSPSIDA dashboard, there was a need to find a host organization. WAHO was selected.

The activities conducted so far include:

- An assessment of the e-information management capacity (logistics and human resources) and gaps for WAHO to be able to fulfill this role.
- Identification of critical TA areas during the initial phase of OSPSIDA management by WAHO.
- Identification of the WAHO staff and personnel to be trained on OSPSIDA.
- Training of the WAHO team on OSPSIDA.
- Agreement on the possibility of WAHO expanding OSPSIDA to include other public health program medicines and consumables.

The roles and responsibilities of the WAHO team that will be in charge of managing OSPSIDA include, among others:

- Advocate for the expansion of this EWS to include the remaining 10 ECOWAS member countries.
- Advocate for funding.
- Oversee implementation in ECOWAS countries.
- Advice on program areas to be included (family planning, tuberculosis, malaria, vaccines, etc.).
- Review request for registration and recommend for WAHO Director General (DG) approval.
- Administrator to generate quarterly reports for members of the team.
- Meet quarterly to review reports from the program and send recommendations for DG approval and for the Administrator to implement.
- Review standard operating procedures (SOP) for the management of the program for WAHO DG approval.

Questions/Answers

- In the past, for some of the representatives, it could take weeks to complete a quantification exercise that would end up with a series of assumptions. But with OSPSIDA, it takes them only two days to do the same exercise. Partners are requested to support the system. This is the legacy SIAPS is leaving to WAHO.
- OSPSIDA is a secure site, requiring registration for the various levels of usage (user, validator, administrator, etc.)
- After the transition, WAHO will play the role of administrator. During the talks with WAHO, it was agreed that there should be a feedback system to the country administrator on the annual reports submitted through the system.
- SIAPS' role is to advocate, identify financial needs, and start negotiations with the various partners on why the platform is good. The initial stage of determining that WAHO has the needed capacity to take over has been completed. Some additional capacity needs are being identified. SIAPS will approach the various partners to determine the financial support they can provide to ensure the sustainability of the project. Representatives' input is welcome to facilitate the transition process and the sustainability of the platform.

Extension of OSPSIDA to Other Health Products (Malaria, Family Planning/ Reproductive Health, Tuberculosis) and Possible New Features, Health Commodity Dashboard – OSPSANTE, by Mahmudul Islam, Dashboard System Developer, Consultant for SIAPS

OSPSANTE is another portal, different from OSPSIDA, which was created following a system study visit in Mali in September 2014 during which meetings with stakeholders were conducted, health facilities were visited, and documentation was collected.

After explaining the conceptual design of the platform, Mr. Islam mentioned some of the benefits of OSPSANTE, which include:

- Promoting data for decision making and accountability.
- Collation of patient and commodity information on the same platform.
- Provides data analysis and enhances reporting.
- Adaptability – No additional workload for health workers and the national level; adaptable to current reporting system.
- Accessibility – Easy and timely access to data and reports.
- Quantification, shipment, inventory, and consumption data are used to determine the risk of stock-outs.
- Tool to enhance coordination among key players, including Central Medical Stores, national programs, pharmacy departments, and donors/partners.
- Tool for redistribution of stock in-country and across countries, to minimize wastage and reduce the risk of stock outs, and to save lives.
- Opportunity for trend analysis to identify patterns associated with increased risk of stock-outs, so that strategies are put in place to mitigate the issue.
- Timely generation of monthly commodity and patient reports.
- Enhance accountability.
- Enhance consistency of patient and commodity data used for planning and decision making.
- Promptly make management responses. Data on availability of commodities are used for timely decision making. The timely submission of monthly commodity reports, including stock-out reports.

Questions/Answers

- As regards concerns expressed about the risk that OSPSANTE will lead to confusion because the actors involved are too many and the diseases covered on the platform are not governed by rigid regimens but are often left to the discretion of the health care providers, the developers explained that the tool was developed based on requests from a country (Mali) because OSPSIDA was developed to meet the request from other countries. The countries that need that tool can request it.
- The tool enables one to do aggregation in real time, thereby reducing the time formerly spent on aggregating and analyzing the data. The tool enables one to do it faster.
- Countries also expressed the following concerns:
 - OSPSIDA is mainly managing ARVs. Meanwhile, there are other parameters to be managed (rapid tests, managing opportunistic infections, etc.). OSPSIDA should be first expanded to include all these parameters instead of creating another system.
 - It is not easy to track counterfeit medicines using the system. There is a need to improve the existing system (OSPSIDA) rather than adding another one that will unnecessarily increase the workload of an already burdened staff.
 - In Mali, all parallel systems are to be discontinued in favor of one tool.
- The following clarifications were provided to participants by SIAPS:
 - OSPSANTE is an option that we are proposing that is still being tested (in Mali and maybe in Sudan). We are happy to have all these reactions/feedback to our proposal.
 - This system was designed based on a request made by the Malian government in their bid to have a system aggregating all medicines entering the country. The Central Medical Stores is the official body managing all medicines in the country.
 - The system does not enable the tracking of counterfeit medicines.
 - OSPSIDA remains. No need to change over to OSPSANTE.
 - It is possible to expand OSPSIDA to other products.
 - OSPSANTE is not designed to replace OSPSIDA; it is an option and not a replacement.
 - District level, regional level, central level, depending on the option chosen by the country to implement the tool.
 - Too many parallel tools are used to collect data.
 - Trying to put too many diseases on the platform will generate programmatic issues. The aim is rather to reduce the burden.
 - Mechanisms to import data from one tool to another are being explored.
 - Offline data entry could be possible through an Excel template generated from the website. The template could be downloaded from the tool and worked on offline and later uploaded to the site. This is to ensure data integrity.
 - There should be a way to validate annual country reports before they are uploaded to the website.

USAID/PEPFAR Initiative to Set Up an Early Warning System for HIV and AIDS Products in Cote d'Ivoire, by Simplicie Kamdem, Senior Supply Chain Advisor, USAID

The main points that emerged from the presentation were:

- Thanks to a very dynamic quantification and planning team at the central level, there have not been any stock-outs of ARVs in Cote d'Ivoire for the past five years.
- Weaknesses in the supply chain system in the country include a weak reporting system (timeliness, completeness, quality).
- USAID/PEPFAR has been engaging with officials at the peripheral level to improve the supply chain system.
- In 2013, false alerts triggered the need for better information. This caused embarrassment and affected the program's reputation.
- Réseau Ivoirien des organisations de personnes vivant avec le VIH-sida (RIP) is an Ivorian network of organizations of people living with HIV and AIDS that works with partners to advocate for a continuum of care.
- The goal of the partnership with USAID is to create awareness and data visibility.
- The system is not an electronic one, but more of a communication system from the patient to the RIP Coordinator.
- The issue is first identified, then notified, interpreted, and analyzed to resolve the issue, and finally action is taken.
- Among the positive outcomes of this partnership is a reduction in the rate of stock-outs, from 91% in the period Oct-Dec. 2013 to 4% in Oct-Dec. 2014.
- It is a collaborative effort, gathering the various health services in the country and partners, such as USAID/PEPFAR.
- The lessons learned highlight the importance of clear communication, information, reliability, partnership, and investments.

Questions/answers/comments

- There is no direct communication between USAID and the communities. One of the challenges is actually ensuring that everyone understands what a stock-out really means. To solve this problem, USAID decided to work with the network to train agents in collecting data to ensure that better decisions are made.

- Pharmacists at district and regional levels are well involved in the project to engage with the Ministry of Health. When information about stock-outs is received, it is checked with the various pharmacists, who inform the regional Directors of Health accordingly.
- The good results obtained in reducing the stock-out rates stem from a coordinated intervention of all stakeholders concerned.
- In Cote d'Ivoire, the issue of sustainability is not a concern, since we only provided support to an existing body by providing capacity and tools. The sustainability aspect is already integrated in the community system.
- ARVs are obtained by submitting requisitions to the district.

Regional Initiatives to Improve Product Availability and Use of OSPSIDA Data – Panel Discussion among ESTHER, CHAI, and USAID/WA, by Laurent Kapesa, HIV/AIDS Regional Advisor, USAID/West Africa; Stella Bongwa Zekeng, Country Support Manager, West and Central Africa, CHAI; and Adisa Marguerite SERE, Chief of Party, ESTHER PSM

This session was chaired by the UNAIDS Regional Support Team for West and Central Africa, represented by Hugues Lago, Regional Strategic Interventions Adviser – Treatment, Prevention & Key Populations, who presented the three main objectives for the next five years:

- 90% of people living with HIV and AIDS should know their status.
- 90% of those diagnosed should receive ARV treatment.
- 90% of treated persons should have an undetectable viral load.

The following questions were addressed by the panel:

- What support can you provide to countries for adopting and implementing OSPSIDA?
 - CHAI: We have briefs that we can share with countries.
 - ESTHER: ESTHER is now called Expertise France. It is working in Benin and Burkina Faso. It enables countries to exchange information on lessons learned in the areas of data quality and data collection. The project aims to assist health ministries to acquire a national LMIS and digitize it. A reporting tool is also planned for peripheral, district, and central levels.
- How do you intend to help with coordinating integration at the country level?
 - CHAI: Two pilot centers will be used to obtain pediatric data. We also want to share experiences with others.
- To ESTHER: Are the tools the same for dispensing in Benin and Burkina? What are the criteria that guided the selection of ESTHER sites? The tools are not the same. Software

was created in Burkina, but in Benin, the tool is Excel-based. All hospitals and teaching hospitals are involved in the project.

- To ESTHER: Are you planning to train staff in managing the performance of the supplier? Yes, it has been planned.
- What can CHAI do to facilitate access to quality products? When countries respect the order cycle, they can get affordable prices for products. Ordering outside of the order cycle is counterproductive.

A Brief Presentation on USAID's Emergency Commodity Fund, by Laurent Kapesa, HIV/AIDS Regional Advisor, USAID/West Africa

- It is a fund used to purchase medicines that are stored in three sites in the region.
- It is a mechanism put in place to respond to stock-outs. Benin benefited from the fund in 2011. The mechanism also analyzes the causes of the stock-outs and how to solve them. The information required is on the form: country profile (number of patients, level of stock-out, quantities required, what are the monthly needs, etc.).
- In addition to completing the application, the country has to provide assurance of reimbursement through either the government or the Global Fund.
- After delivery of the products, an analysis is conducted to ensure that the underlying causes of the stock-out are addressed to avoid their recurrence.

Questions/Answers/Comments

- This fund is a good complement to OSPSIDA.
- PEPFAR is requesting us to prioritize and focus on the areas where we expect to have the most impact.
- CHAI: We have offices in a number of countries in Eastern, Central, and West Africa. The criteria for selecting a country are unknown to us as they are chosen by top management. Those interested can get in touch with CHAI and the request will be forwarded to management.

Dr. Evi then presented briefly on the Procurement and Supply Management Technical Working Group of JURTA.

To end the session, the Chairman requested that each table consult for two minutes and come up with a brief list of lessons learned during the session. The tables reported as follows:

- Without products, no programs; without programs, no medicines.
- There is a need to coordinate among partners to reach the objectives.
- The partners are already making efforts to harmonize the various tools.
- Coordination and monitoring of all interventions will enable us to reach the goals and have the expected impact on the health of patients.

EDT Piloting in Togo: Success, Challenges, and Plan to Roll Out, Dr. Brice Assimadzi, Pharmacist, National AIDS Control Program, Togo

Dr. Assimadzi presented the EDT, the electronic dispensing tool developed by Management Sciences for Health in Access, which has been implemented in several countries, including Togo. It contains various details on the patient. Its functions include monitoring ARV dispensing. Information entered into the tool includes the name, sex, medications taken, etc. The data that can be extracted from the system include the number of patients, etc.

In the past, dispensing of medicines was conducted manually; EDT has enabled the digitalization of the process.

The expectations of Togo for EDT were improvement in the quality of dispensing, improved data quality, improved data analysis at the central level, and the automatic export of data to OSPSIDA.org.

The successes include faster dispensing, and improved monitoring of patients and medicines.

Question/answer session

- The software does not take into account the interactions between medications. The possibility of including that functionality should be explored. A small window could appear when a given medication is prescribed regarding its interactions with other medicines. This could help improve the software. This was agreed upon and will be explored.
- Regarding the monitoring of patients not yet treated, it is not yet done. Togo focuses only on those in ARV treatment.
- Several sites discontinued the use of their old methods when they started using EDT.
- There is no need for internet connectivity to use EDT. Only after preparing the report, there is a need to send it by email.
- The cost is mainly time and availability. As regards the software and equipment, it was covered by SIAPS.
- The sustainability of the program will depend on the availability of SIAPS to continue providing us with technical assistance.
- The norm in Togo is to train two dispensers per site. These are people who were already at post, so no additional cost/recruitment was involved.
- Power outages are now rare. However, the system has a built-in save functionality to avoid the loss of data entered.

- For sites with thousands of patients (our biggest site has 4,500 patients), we are planning to add another dispenser. The site does not have any notable issues in using EDT since the system enables a reduction in the time used to manage each patient.
- There is a possibility of using EDT for medicines other than ARVs (malaria, etc.), however, it should not be overloaded with multiple diseases.
- A country like Namibia is managing EDT on its own with its information technology team. Rx Solution is a more robust platform for sites with thousands of patients.
- EDT does not allow for information on medication interactions, but provides space to enter details on the medicine activity per patient.
- SIAPS has been assisting Togo during the pilot and will continue assisting the country during scale up.
- Tanzania and Zambia are using the program after just copying it to a flash drive, showing that the setup is very simple.
- An automatic system backup could be arranged to make sure data are not lost.

The Chairman, Seydou Doumbia, announced that all participants at this meeting will be granted access to view data on OSPSIDA, to see how it works.

The Chairman requested all the countries that have not yet adopted the system to present what they have learned about OSPSIDA and the functionalities they would want the program to include.

Mali

- OSPSIDA is a great tool for an EWS.
- Discussions are ongoing in the country on how to integrate the various data collection systems to improve the process. OSPSIDA could be of great help in this regard.
- In terms of leadership and human resources, there is a lot to be done before the system is adopted.
- We are already using OSPSANTE and would be ready to consider adopting OSPSIDA.

Nigeria

- OSPSIDA is a great tool that will enable us to monitor our stocks.
- Gathering data is a big challenge for us and this system will be very helpful to avoid wastage.
- We are interested in a platform that can manage a great number of diseases. OSPSANTE could be a better fit for our needs. We are expecting SIAPS to give us user rights to enable us to log in and start using it.

Ghana

- OSPSIDA is a good tool that we are planning to use.
- We are grateful to all those who shared their experiences and we plan on using this information.

Cote D'Ivoire

- We understand that OSPSIDA can be very useful to us.
- We already have a system we use that is very much like OSPSIDA. The experiences shared are noted and we are going to discuss them and decide which way to go.

The Chairman then requested the countries that have already adopted OSPSIDA to make recommendations on how to improve the project.

Burkina Faso

As decision makers, we always need more information to inform our decisions. A functionality on financial resource management could be helpful.

Cameroon

- Regarding data entry, we experienced challenges and would recommend that Excel files be imported into the system to save time.
- We request the possibility of entering partial data.

Togo

The presentation on the transition to WAHO was too short. We would recommend that someone be designated to follow closely the work done by SIAPS to ensure that the transition is as smooth as possible.

Guinea

- Unfortunately, we did not have any experience to share but hopefully, next year, we will, after OSPSIDA has been rolled out in our country.
- We are fortunate that the tool will be implemented in Guinea after all the recommendations made during the meeting have improved the system.

After these contributions, Dr. Sybil Yeboah thanked all participants for their enthusiastic participation. She assured participants that an administrator will be appointed to monitor OSPSIDA. She stressed the fact that much is expected from countries since they have to input the data.

David Mabilirizi also chimed in to encourage all participants to really show that they are ready to use the tool. He explained that all the regional bodies are interested in seeing the tool work.

Countries have to demonstrate their commitment by motivating the teams at the various sites to update the data using the tool.

In conclusion, the Chairman expressed his satisfaction with the keen interest shown by all participants in the OSPSIDA tool.

Conclusion and Closing Ceremony

Francis “Kofi” Aboagye-Nyame, SIAPS Program Director, concluded the workshop with cartoons and pictures underlining the importance of evidence-based data. He explained that it is important that we all have access to the same data in one place. Obtaining data is a daunting task as it requires energy, time, and financial and human resources. Data and technology alone are not enough; we need a system that enables us to control the data without overwhelming us.

Mr. Nyame concluded with this saying: Data is only useful if it is accessible, understandable, and actionable.

Laurent Kapesa from USAID had the task of introducing Ms. Daniele Nyirandutiye, Deputy Director, Regional Health Office at USAID, to whom he expressed gratitude for the work she has done in her position. Because she is leaving West Africa, he introduced her at the official closing ceremony.

Ms. Nyirandutiye thanked all participants for their active participation. She informed the participants that a meeting is planned with SIAPS the day after the meeting to discuss the recommendations made during the meeting.

The meeting was then officially closed.

ANNEX A. LIST OF PARTICIPANTS

Name	Country	Organization/	Position
Francis Aboagye-Nyame	US	SIAPS	Program Director
Seydou Doumbia	US	SIAPS	Principal Technical Advisor
David Mabilirizi	US	SIAPS	Deputy Director Country Programs
Bedel Evi	Ghana	SIAPS	Regional Project Director, WA
Joseph Adu	Ghana	SIAPS	Regional Senior Technical Advisor
Eric Botchway	Ghana	SIAPS	Administrative Coordinator
Gladys Tete	Ghana	ACCESS-SMC	Senior Principal Technical Advisor
Mahmud Islam	Bangladesh	SoftWorks	SIAPS Consultant
Rachel Cintron	Ghana	USAID/WA	Regional Health Office Director
Daniele Nyirandutiye	Ghana	USAID/WA	Deputy Regional Health Office Director
Laurent Kapesa	Ghana	USAID/WA	Senior HIV/AIDS Advisor
Simplice Takoubo Kamdem	Cote d'Ivoire	USAID/CI	Senior Supply Chain Advisor
Mrs. Sybil Ossei	Burkina Faso	WAHO	POC essential medicines and vaccines
Didier Bakouan	Burkina Faso	SP/CNLS-IST	Permanent Secretary
Djeneba Zorome	Burkina Faso	PSSLS-IST	Pharmacist
Abass Diakit�	Guinea	CNLS	Executive Secretary
Alphonse Loua	Guinea	CNLS	Pharmacist
Assetina Singo	Togo	PNLS	Program Coordinator
Agbepeavi Assimadzi	Togo	PNLS	Pharmacist
Zeinabou Alhousseini	Niger	CISLS	Coordinator
Adamou Abdoulaye	Niger	CISLS	Pharmacist
Ibrahim Mato	Niger	ONPPC	Stock Manager
Virginie Traore	Ghana	PACTE-VIH	Chief of Party
Serge Valery Edimo	Cameroon	CNLS	Pharmacist
Jean Sak�o Dongang	Cameroon	SIAPS	Technical Advisor
Agn�s Bah-Kpevi	Benin	PNLS	PSM Officer
Conrad S. Tonoukouen	Benin	PNLS	Chief of Treatment Service
Bouyagui Traore	Mali	CSLS	HIV Program Coordinator
Yacouba Diarra	Mali	CSLS	Pharmacist, PSM Officer
Yattara Aligui	Mali	SIAPS	Monitoring and Evaluation Advisor
Krystel Carine Codo	Cote d'Ivoire	N-PSP-CI	Director of Health Programs
Huguette Liliane Likane	Cote d'Ivoire	PNLS	PSM and Lab Officer
Bravo Otohabru	Nigeria	NACA	PSM officer
Marie Therese Diop	Senegal	CNLS	Pharmacist, PSM Officer
Adisa Marguerite Sere	Burkina Faso	ESTHER	Chief of Party, PSM
Eliezer Traore	Burkina Faso	ESTHER	IT Expert, database manager
Stella Bongwa Zekeng	Senegal	CHAI	Country Support Manager, WCA
Patrick Nganji	Rwanda	CHAI	Country Support Manager, WCA
Sule Abah	Geneva	The Global Fund	PSM expert
Hugues Lago	Senegal	UNAIDS WCA	Strategic Interventions Adviser
Stephen Ayisi Addo	Ghana	NACP	Acting HIV Program manager
Ekow Wiah	Ghana	NACP	IT Expert
Naana Frimpong	Ghana	NACP	Procurement Unit

ANNEX B. MEETING AGENDA

Sub-regional meeting agenda

Dates: April 20-21st, 2015

City/Country: Accra, Ghana

Venue: Golden Tulip

Day 1. Monday April 20th, 2015

Time	Contents	Presenter	Chair
8:00 – 8:30	Participants call to order	Bedel Evi	Chair: WAHO/OOAS
8:30 – 8:45	Welcome address and introduction of participants	Bedel Evi	
8:45 – 9:15	Remarks from USAID West Africa	USAID/WA	Reporter: SIAPS
9:15 – 9:30	Introduction of SIAPS	Francis (Kofi) Aboagye-Nyame	
9:30 – 9:45	Presentation of meeting terms of reference (objectives, expected outcomes and agenda)	Bedel Evi	
9:45 – 10:00	Presentation of SIAPS West Africa Regional Project (WARP) – what has been done so far and way forward	Seydou Doumbia	
10:00 – 10:30	Coffee/Tea break		
10:30 – 11:00	Presentation of West Africa Health Organization (WAHO) buffer stock strategy	Sybil Ossei-Agyeman-Yeboah	Chair: USAID/WA
11:00 – 11:20	Presentation of OSPSIDA video	David Mābirizi	Reporter: SIAPS
11:20 – 12:00	Presentation of OSPSIDA annual report and discussion about use of information for decision making	Bedel Evi	
12:00 – 12:30	OSPSIDA Live Demonstration	Bedel Evi	
12:30 – 13:00	Case study – simulation	Bedel Evi	
13:00 – 14:00	Lunch Break		
14:00 – 15:00	Country presentations on lessons learnt from OSPSIDA implementation, challenges faced and recommendations	Benin, Burkina, Cameroon, Niger and Togo	Chair: USAID/WA
15:00 – 16:00	Discussions about challenges and recommendations to improve use of OSPSIDA	Bedel Evi	Reporter: SIAPS
16:00 – 16:30	Coffee/Tea break		
16:30 – 17:15	Discussions about challenges and recommendations to improve use of OSPSIDA (Cont'd)	Bedel Evi	Chair: USAID/WA
17:15- 17:30	Wrap-up	Bedel Evi	Reporter: SIAPS

Day 2. Tuesday April 21st, 2015

Time	Contents	Presenter	Chair
8:00 – 8:30	Report on day 1	Bedel Evi	
8:30 – 9:00	USAID/PEPFAR Initiative to set Early Warning System for HIV and AIDS Products in Cote d'Ivoire	Simplice Kamdem	
9:00 – 10:30	Regional initiatives to improve products availability and use of OSPSIDA data – Panel discussion		Chair: UNAIDS Reporter: SIAPS
	<ul style="list-style-type: none"> • Global Fund • JURTA-PSM • ESTHER • CHAI • PEPFAR (USAID) 	Global Fund JURTA-PSM ESTHER CHAI USAID	
10:00 – 10:30	Coffee/Tea break		
10:30 – 11:30	Extension of OSPSIDA to other health products (malaria, FP/RH, TB) and possible new features – Presentation and discussions	Mahmud Islam	Chair: WAHO/OOAS
11:30 – 12:00	OSPIDA Transition to WAHO: Activities undertaken, challenges and way forward	Joseph Adu	Reporter: SIAPS
12:00 – 13:00	Discussion about transition of OSPSIDA to WAHO (Group discussion)	Joseph Adu	
13:00 – 14:00	Lunch Break		
14:00 – 14:30	EDT piloting in Togo: success, challenges and plan to roll out	Dr Brice Assimadzi	Chair: Seydou Doumbia
14:30 – 16:00	How to leverage EDT implementation Best Practices to other countries (Group discussion)	Bedel Evi	Reporter: SIAPS
16:00 – 16:30	Coffee/Tea break		
16:30 – 17:15	Conclusion and closing ceremony	Kofi Nyame Rachel Cintron	Chair: Seydou Doumbia Reporter: SIAPS

ANNEX C: COUNTRY CASE STUDY

Country Case Studies - Simulation

- Country case study on OSPSIDA. This session consists of asking several questions of participants. They should answer the questions by consulting information in OSPSIDA for those countries where OSPSIDA has already been deployed. We should focus on Togo and Dr. Assimadzi (PSM Officer of HIV and AIDS Program from Togo) should be the one who has to answer:
 - Scenario 1: The Global Fund is in the process of approving your submission and posed the questions listed below to your Minister of Health who immediately called the NACP coordinator to get answers:
 - a. Number of HIV and AIDS patients who received ARVs at the end of February 2015.
 - b. Average monthly consumption of TDF/3TC 300/300 mg and MOS at central and national levels as of Feb. 2015.
 - Scenario 2: On January 2015, Togo is facing a stock-out of ATV/RTV 300/100 mg at the central level and USAID/West Africa wants to donate products using the Emergency Commodity Funds (ECF). They are asking the following questions to fill out the ECF request form:
 - a. Stock status of ATV/RTV at regional and facility levels as of January 2015 (in month of stock).
 - b. Average monthly consumption at national level – Jan-15
 - c. Number of patients at risk from stock-out – Jan-15
 - Scenario 3: Delegates from European Union are visiting Togo to fund procurement of HIV and AIDS products.
 - a. They are asking for information about the funding level for ARV procurement. Where are you getting this information? Does Togo have enough funds to procure all ARV products for the coming 12 months?
 - Scenario 4: You are manager of HIV and AIDS PSM and there is a site very far from Lomé (CHR Kara Tomde) that is facing a very high risk of stock-outs of ATV/RTV in January 2015. What will be the first immediate action to do, keeping in mind that this product is in stock-out at the central level?

ANNEX D: GROUP PHOTO

