



Antiretroviral and Sexual and Reproductive Health Commodity Quarterly Supply Planning Technical Report: Quarter 2

August 2013



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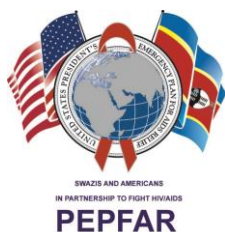
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Antiretroviral and Sexual and Reproductive Health Commodity Quarterly Supply Planning Technical Report: Quarter 2

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About SIAPS

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. SIAPS focuses on improving governance in the pharmaceutical sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines.

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ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
CHAI	Clinton Health Access Initiatives
CMS	Central Medical Stores
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
HIV	human immunodeficiency virus
LMIS	logistics management information system
MOH	Ministry of Health
MSH	Management Sciences for Health
OI	opportunistic infection
PMTCT	prevention of mother-to-child transmission
PSI	Population Services International
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SRH	sexual reproductive health
SZL	Swazi lilangeni
TLE	tenofovir/lamivudine/efavirenz
TWG	Technical Working Group
UNFPA	United Nations Population Fund
USAID	US Agency for International Development
USD	US dollar
WHO	World Health Organization

INTRODUCTION

Supply planning is an essential component in the quantification and procurement process. It is the process of determining what product to obtain, in what quantities, at what arrival times, and at what cost for commodities and transport. Effective supply planning has many benefits, including that it ensures continuous availability of products; prevents expiry and obsolescence; helps manage expenditures when funding may be insufficient to pay for all requirements at once; aids to manage storage, especially when warehouse space or infrastructure is insufficient; and facilitates promptly realigning inventory, transport, manufacturing, and purchasing plans with changes in the supply chain.

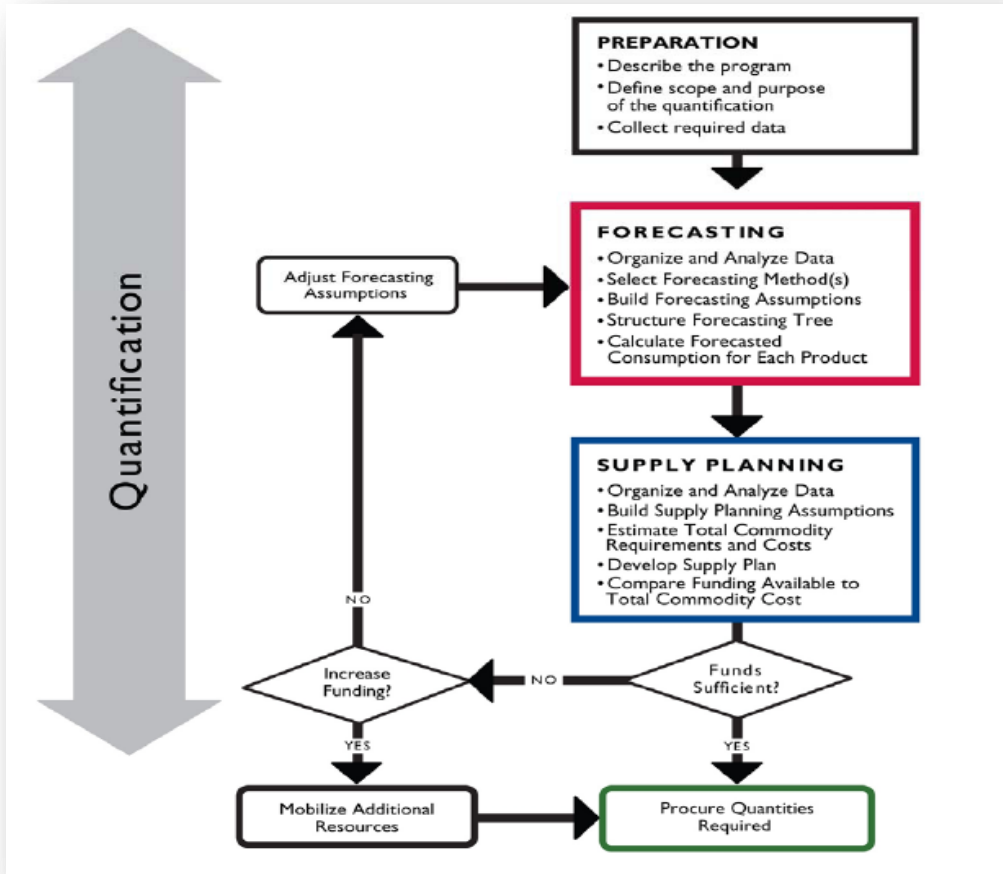
Conducting supply planning exercises involves carrying out the following steps:

1. Organize and analyze the data
2. Determine the average and projected monthly consumption
3. Establish or use already established minimum and maximum stock levels
4. Calculate the quantity to order
5. Determine when to place the order, depending on supplier lead time
6. Estimate costs for each product and total cost
7. Compare total costs with budget; make adjustments or mobilize additional resources
8. Validate the supply plan
9. Carry out a risk assessment and troubleshoot problems

Step 1: Organize and Analyze the Data

The following data are needed to carry out supply planning:

- Procurement period
- All shipments on order by supplier with the expected arrival date
- All planned shipments by supplier with the expected arrival date
- Lead times: planning to ordering, ordering to shipping, shipping to arrival, arrival to receiving
- Stocks on hand, consumption, and potential losses (expiries) and other adjustments
- Minimum and maximum stock levels
- Prices
- Freight and logistics costs if required



Source: USAID | DELIVER Project.

Figure 1: Steps in quantification

BACKGROUND

The Swaziland Ministry of Health (MOH), through the Central Medical Store (CMS), Swaziland National AIDS Program, and in collaboration with partners such as the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program, a US Agency for International Development (USAID) Program implemented by Management Sciences for Health (MSH); the Clinton Health Access Initiatives (CHAI); the United Nations Population Fund (UNFPA); Population Services International (PSI); and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), conducts annual forecasting exercises for health commodities to inform the quantity and budget required to effectively implement various programs. This annual forecasting exercise is being done for essential health commodities including antiretroviral (ARV), antituberculosis, and sexual reproductive health (SRH) commodities.

Nevertheless, systematic supply planning to ensure that adequate product was procured, in the right quantity, and delivered at the right time to the CMS was a challenge. Therefore, SIAPS has started putting into place a systematic process for supply planning, using the Pipeline® Monitoring and Procurement Planning System (PipeLine), a software tool designed to help program managers monitor the status of their product pipelines and product procurement plans. PipeLine provides information needed to initiate and follow up actions to ensure the regular and consistent stock of products at the program or national level.

The SIAPS predecessor program, Strengthening Pharmaceutical Systems, introduced PipeLine in Swaziland in December 2011. Before the introduction of Pipeline, the MOH was using a tailored Excel spreadsheet for forecasting ARV needs. This was adequate for the number of patients on treatment at the time, but as the MOH accelerated scale-up, the Excel program became too cumbersome to work with the increasing volume of data used in forecasting. The MOH requested technical assistance in implementing PipeLine with the understanding that the tool can be expanded to other commodities beyond ARVs. The implementation of Pipeline was subject to local users being trained on the software, the presence of a good logistics management information system (LMIS), and the use of Pipeline output to mobilize financial resources from the Swaziland Ministry of Finance. Pipeline was introduced concurrently with Quantimed, another MSH tool used in supply forecasting.

Relevant MOH staff has been trained on forecasting and supply planning processes, as well as on how to use the tools appropriately. After the training and implementation of the process, CMS conducted forecasting and regular supply planning using Quantimed and PipeLine in budget year 2012/13 (April 2012 to March 2013). Because of this exercise, the MOH was able to use data coming from facilities' LMISs for procurement decisions and was able to save about USD 6.1 million by avoiding unnecessary procurement of ARV therapy (ART) commodities. No ARV stock-outs occurred in budget year 2012/13. This was a positive improvement from the previous years when occasional stock-outs of these life-saving medicines were reported.

Based on the results of the ART commodities forecasting and supply planning exercise, the system was expanded to SRH and tuberculosis commodities.

SUPPLY PLANNING

ART Commodities

CMS, in coordination with SIAPS and CHAI, has conducted a one-year quantification exercise for HIV commodities that informs quantity and budget required for the year April 2013 to March 2014. The total budget proposal estimate after the first-quarter supply planning exercise was SZL 128,632,480.05 (USD 12,250,712.38 at the rate of USD 1 = SZL 10.50). This budget comprises product costs for 12 months' consumption, lead time, safety stock, and freight cost. Scale-up of the ART program, an attrition rate of 19 percent for adults, and medicines for opportunistic infections (OIs) were also considered in the estimate. Quantity and budget requirements for each category and quarter were submitted to the planning unit as shown in table 1.

Considering the existing stock, actual consumption, program growth, previous orders, shipments, and receipts, CMS through the ART Forecasting and Supply Planning Technical Working Group (TWG) conducted the regular quarterly supply plan of HIV commodities on August 16, 2013.

Table 1: Estimated Quarterly Quantity and Budget for ART, Prevention of Mother-to-Child Transmission, and OI Commodities before Second-Quarter Supply Planning Exercise

Product	Unit price	Q1		Q2		Q3		Q4	
		Quantity	Cost (SZL)	Quantity	Cost (SZL)	Quantity	Cost (SZL)	Quantity	Cost (SZL)
AZT/3TC/NVP 300/150/200 mg, 60 tablets	73.01	153,700	11,221,637.00	80,667	5,889,497.67	79,536	5,806,923.36	59,336	4,332,121.36
Co-trimoxazole 960 mg, 1,000 tablets	199.00	40,814	8,121,986.00	14,121	2,810,079.00	14,121	2,810,079.00	14,121	2,810,079.00
Nevirapine 10 mg/ml, 25 ml	24.05	145,212	3,492,348.60	35,292	848,772.60	35,292	848,772.60	35,292	848,772.60
Zidovudine 300 mg, 60 tablets	49.62	23,591	1,170,585.42	10,174	504,833.88	10,166	504,436.92	10,149	503,593.38
AZT/3TC 300/150 mg, 60 tablets	61.51	18,459	1,135,413.09	32,850	2,020,603.50	29,329	1,804,026.79	26,061	1,603,012.11
Nevirapine 10 mg/ml, 240 ml	38.41	25,000	960,250.00	20,900	802,769.00	14,249	547,304.09	14,266	547,957.06
Abacavir 300 mg, 60 tablets	103.11	4,749	489,669.39	5,238	540,090.18	5,268	543,183.48	5,309	547,410.99
Efavirenz 600mg, 30 capsules	32.22	15,000	483,300.00	14,933	481,141.26	27,149	874,740.78	25,632	825,863.04
Didanosine 250 mg, 30 capsules	136.69	3,143	429,616.67	1,853	253,286.57	0	0.00	864	118,100.16
Lamivudine 150 mg, 60 tablets	19.30	21,993	424,464.90	7,917	152,798.10	7,704	148,687.20	7,462	144,016.60
Co-trimoxazole 120 mg, 100 tablets	8.40	37,887	318,250.80	15,591	130,964.40	15,591	130,964.40	0	0.00
Didanosine 400 mg, 30 capsules	181.92	1,531	278,519.52	1,456	264,875.52	0	0.00	689	125,342.88
Stavudine 30 mg, 60 tablets	19.50	14,168	276,276.00	3,321	64,759.50	3,055	59,572.50	2,751	53,644.50
Lopinavir/Ritonavir 80 mg/20 ml, 60 ml	35.94	7,200	258,768.00	3,919	140,848.86	4,168	149,797.92	4,400	158,136.00
Vincristine injection 2 mg/2 ml, 2ml vial	80.50	1,610	129,605.00	0	0.00	0	0.00	647	52,083.50
Tenofovir 300 mg, 30 tablets	38.85	3,000	116,550.00	2,899	112,626.15	3,311	128,632.35	3,603	139,976.55

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Product	Unit price	Q1		Q2		Q3		Q4	
		Quantity	Cost (SZL)	Quantity	Cost (SZL)	Quantity	Cost (SZL)	Quantity	Cost (SZL)
D4T/3TC/NVP 12/60/100 mg, 60 tablets	34.40	1,705	58,652.00	6,218	213,899.20	6,446	221,742.40	6,603	227,143.20
Lopinavir/Ritonavir 100/25 mg, 60 tablets	52.87	1,033	54,614.71	1,033	54,614.71	1,681	88,874.47	1,792	94,743.04
Abacavir 60 mg, 60 tablets	46.90	920	43,148.00	0	0.00	720	33,768.00	0	0.00
Ritonavir 100 mg, 84 capsules	62.19	404	25,124.76	0	0.00	0	0.00	0	0.00
TDF/3TC/EFV 300/300/600 mg, 30 tablets	109.35	0	0.00	124,511	13,615,277.85	94,338	10,315,860.30	95,461	10,438,660.35
AZT/3TC/NVP 60/30/50 mg, 60 tablets	73.01	0	0.00	47,774	3,487,979.74	24339	1,776,990.39	24,525	1,790,570.25
Doxorubicin inj 50 mg/ml, 2.5 ml	325.00	0	0.00	1,486	482,950.00	0	0.00	426	138,450.00
D4T/3TC/NVP 30/150/200 mg, 60 tablets	43.57	0	0.00	6,775	295,186.75	5,397	235,147.29	4,629	201,685.53
Tenofovir/Lamivudine 300/300 mg, 30 tablets	45.46	0	0.00	5,271	239,619.66	0	0.00	0	0.00
Nevirapine 200 mg, 60 tablets	23.58	0	0.00	4,624	109,033.92	5,400	127,332.00	5,400	127,332.00
Indinavir 400 mg, 180 capsules	610.50	0	0.00	90	54,945.00	0	0.00	0	0.00
Lamivudine 10 mg/ml, 240 ml	21.00	0	0.00	400	8,400.00	0	0.00	0	0.00
AZT/3TC 60/30 mg, 60 tablets	21.91	0	0.00	0	0.00	8,869	194,319.79	7,109	155,758.19
TDF/3TC/NVP 300/300/200 mg, 30 co-pack tablets	109.35	0	0.00	0	0.00	30,710	3,358,138.50	23,184	2,535,170.40
Ritonavir 100 mg, 84 capsules	62.19	0	0.00	0	0.00	333	20,709.27	0	0.00
Dapsone 100 mg, 100 tablets	150	0	0.00	0	0.00	1,223	183,450.00	1,351	202,650.00
Bleomycin injection 15 units vial	292	0	0.00	0	0.00	610	178,120.00	618	180,456.00

Supply Planning

Product	Unit price	Q1		Q2		Q3		Q4	
		Quantity	Cost (SZL)	Quantity	Cost (SZL)	Quantity	Cost (SZL)	Quantity	Cost (SZL)
Lopinovir/ritonavir 200/50 mg, 120 tabs	229.69	0	0.00	0	0.00	12,524	2,876,637.56	10,651	2,446,428.19
TDF/3TC 300/300 mg, 30 tablets	45.46	0	0.00	0	0.00	0	0.00	4,033	183,340.18
Vinblastine injection mg/ml, 10 ml vial	240	0	0.00	0	0.00	0	0.00	178	42,720.00
ABC/3TC 60/30 mg, 60 tablets	41.25	0	0.00	0	0.00	0	0.00	495	20,418.75
Total cost			29,488,779.86		33,579,853.02		33,968,211.36		31,595,635.81

SRH Commodities

CMS, in coordination with SIAPS and UNFPA, has conducted a one-year quantification exercise for SRH commodities, including condoms, that informs quantity and budget requirements for budget year April 2013 to March 2014. The total budget proposal estimated after the first-quarter supply planning exercise was around SZL 8,174,816.88 (USD 778,553.99 at the rate of USD 1 = SZL 10.50). This budget comprises product costs for 12 months' consumption, safety stock for lead time and uncertainties, and freight cost. The procurement of SRH commodities, including female and male condoms, is mainly funded by the Government of Swaziland, UNFPA, and the National Emergency Response Council on HIV/AIDS (Global Fund to Fight AIDS, Tuberculosis and Malaria Principal Recipient). Quantity and budget requirements after the first-quarter supply planning exercise are shown in table 2.

Table 2: Estimated Quarterly Quantities and Budget for SRH Commodities from April 2013 to March 2014 after First-Quarter Supply Planning Exercise

Product	Unit cost (SZL)	Q2		Q3		Q4	
		Quantity	Total costs (SZL)	Quantity	Total costs (SZL)	Quantity	Total costs (SZL)
Microvral of 28 tablets/1 cycle	64.48	11,835	763,153.94	0	0.00	14,202	915,784.73
Ovral of 28 tablets/1 cycle	51.43	26,587	1,367,316.24	14,823	762,317.24	14,823	762,317.24
Postinor of 2 tablets	5.00	3,190	15,950.00	0	0.00	2,320	11,600.00
Lofeminal of 28 tablets/1 cycle	70.02	0	0.00	20,544	1,438,515.53	12,600	882,267.12
Norigynon (50 mg + 5 mg)/ml, vial	8.41	0	0.00	0	0.00	8,360	70,278.34
Noristerate 200 mg/ml, vial	8.41	0	0.00	0	0.00	141,000	1,185,316.50
Total cost			2,146,420.17		2,200,832.78		3,827,563.93

Methods

A TWG comprising CMS and partners has been established to conduct annual forecasting and demand planning of ART and SRH commodities. The TWG gathered, organized, and analyzed data for supply planning decision making. For ART commodities, the team revised the projected consumption of newly introduced first-line regimens such as tenofovir-lamivudine-efavirenz (300/300/600 mg) 30 tablets and zidovudine-lamivudine-nevirapine (300/150/200 mg) 60 tablets. Actual consumption from LMIS data was compared with the previous target set. The current usable stock available and outstanding shipments were also

considered in revising the supply plan. The current tender price was used to calculate total cost of commodities and freight.

For SRH commodities, including condoms, the TWG reviewed the service statistics data generated from MOH's Strategic Information Department and quantity issued to facilities over six months (January to June) from RxSolution. Based on the current practice, a decision was made to review forecast consumption of all SRH commodities. Available stock at the end of July 2013 and outstanding shipments were taken from RxSolution. Price was taken from the new tender awarded recently (changes were made from previous prices).

Results

From the revision of ART forecast assumptions, which considered the existing situation and used the available current data for decision making, the total cost of three-quarters of HIV commodities has been reduced by SZL 4,192,778.08 (USD 399,312.19 at the exchange rate of USD 1 = SZL 10.50). This is equivalent to a 4.22 percent saving from the original budget amount. Quantity and budget requirements for each quarter after the second-quarter supply planning exercise for ART commodities are shown in table 3.

For SRH commodities, from revising assumptions, considering the existing situation, and using the available current data for decision making, their total cost has been decreased by SZL 6,962,172.92, or 85.2 percent. The reduction is mainly because of the shipment of 10 million condoms coming through the Global Fund and no requirement to buy more male condoms, considering the current consumption rate.

Quantity and budget requirements for each quarter after the second-quarter supply planning exercise for SRH commodities is shown in table 4.

Table 3: Estimated Quantity and Budget for ART, PMTCT, and OI Commodities, by Quarter, after Second-Quarter Supply Planning Exercise

Product	Unit price (SZL)	Q2		Q3		Q4	
		Quantity	Total cost (SZL)	Quantity	Total cost (SZL)	Quantity	Total cost Q4 (SZL)
Lopinavir/Ritonavir 100/25 mg, 60 tablets	52.87	2,919	154,327.53	0	0.00	1,792	94,743.04
Lopinavir/Ritonavir 80/20 mg/ml, 60 ml	35.94	6,207	223,079.58	0	0.00	4,400	158,136.00
Nevirapine 10mg/ml, 240 ml	38.41	20,900	802,769.00	14,249	547,304.09	14,266	547,957.06
Indinavir 400 mg, 180 capsules	610.50	50	30,525.00	0	0.00	0	0
Efavirenz 600 mg, 30 capsules	32.22	29,998	966,535.56	27,149	874,740.78	25,632	825,863.04
Tenofovir/Lamivudine 300/300mg, 30 tablets	45.46	4,784	217,480.64	3,885	176,612.10	4,033	183,340.18
Tenofovir/Lamivudine/Efavirenz 300/300/600 mg, 30 tablets	109.35	152,614	16,688,340.90	94,338	10,315,860.30	95,461	10,438,660.35
Zidovudine/Lamivudine 300/150 mg, 60 tablets	61.51	49,345	3,035,210.95	18,076	1,111,854.76	26,061	1,603,012.11
Zidovudine/Lamivudine/Nevirapine 300/150/200 mg, 60 tablets	73.01	145,548	10,626,459.48	53,024	3,871,282.24	59,336	4,332,121.36
Zidovudine/Lamivudine/Nevirapine 60/30/50 mg, 60 tablets	36.55	47,774	1,746,139.70	24,339	889,590.45	24,525	896,388.75
Lamivudine 10 mg/ml, 240 ml	21.00	164	3,444.00	54	1,134.00	54	1,134.00
Vinblastine injection mg/ml, 10 ml vial	240.00	280	67,200.00	0	0.00	168	40,320.00
Lopinavir/Ritonavir 200/50 mg, 120 tablets	229.69	0	0	12,524	2,876,637.56	10,651	2,446,428.19
Ritonavir 100 mg, 84 capsules	62.19	0	0	333	20,709.27	0	0
Didanosine 250 mg, 30 capsules	136.69	0	0	1,743	238,250.67	0	0
Didanosine 400 mg, 30 capsules	181.92	0	0	995	181,010.40	0	0
Abacavir 60 mg, 60 tablets	79.9	0	0	920	73,508.00	402	32,119.80
Nevirapine 10 mg/ml, 25 ml	22	0	0	175,868	3,869,096.00	47,056	1,035,232.00
Stavudine/Lamivudine/Nevirapine 12/60/100 mg, 60 tablets	61.4	0	0	10,733	659,006.20	6,603	405,424.20
Nevirapine 200 mg, 60 tablets	23.58	0	0	10,841	255,630.78	0	0
Stavudine 30 mg, 60 tablets	19.5	0	0	3,055	59,572.50	2,751	53,644.50
Tenofovir 300 mg, 30 tablets	38.85	0	0	4,849	188,383.65	3,603	139,976.55

Supply Planning

Product	Unit price (SZL)	Q2		Q3		Q4	
		Quantity	Total cost (SZL)	Quantity	Total cost (SZL)	Quantity	Total cost Q4 (SZL)
Lamivudine 150 mg, 60 tablets	19.3	0	0	12,164	234,765.20	7,462	144,016.60
Stavudine/Lamivudine/Nevirapine 30/150/200 mg, 60 tablets	43.57	0	0	2,723	118,641.11	4,629	201,685.53
Zidovudine 300 mg, 60 tablets	49.62	0	0	15,367	762,510.54	10,149	503,593.38
Abacavir 300mg, 60 tablets	103.11	0	0	7,021	723,935.31	5,309	547,410.99
Tenofovir/Lamivudine/Nevirapine 300/300/200 mg, 30 co-pack tablets	83.6	0	0	8,691	726,567.60	0	0
Zidovudine/Lamivudine 60/30 mg, 60 tablets	21.91	0	0	8,869	194,319.79	7,109	155,758.19
Doxorubicin (Premixed) injection 50 mg/ml, 2.5 ml	325	0	0	941	305,825.00	426	138,450.00
Co-trimoxazole 120 mg, 100 tablets	8.4	0	0	23,940	201,096.00	15,591	130,964.40
Co-trimoxazole 48 0mg, 1000 tablets	56.07	0	0	2,422	135,801.54	0	0
Abacavir/Lamivudine 60/30 mg, 60 tablets	41.25	0	0	0	0	495	20,418.75
Bleomycin injection 15 units vial	292	0	0	0	0	719	209,948.00
Co-trimoxazole 960 mg, 1000 tablets	199	0	0	0	0	27,583	5,489,017.00
Total			34,561,512.34		29,613,645.84		30,775,763.97

Table 4: SRH Commodities Estimated Quantity and Budget, by Quarter, after Second-Quarter Supply Planning Exercise

Product	Unit cost (SZL)	Q2		Q3		Q4	
		Quantity	Total cost (SZL)	Quantity	Total cost (SZL)	Quantity	Total cost (SZL)
Postinor of 2 tablets	18.00	2,917	52,506.00	870	15,660.00	870	15,660.00
Ovral of 28 tablets/1 cycle	6.04	27,543	166,359.72	14,823	89,530.92	14,823	89,530.92
Microvral of 28 tablets/1 cycle	18.00	0	0.00	7,324	131,832.00	4,500	81,000.00
Lofeminal of 28 tablets/1 cycle	6.95	0	0.00	28,632	198,992.40	12,600	87,570.00
Noristerate 200 mg/ml, vial	1.36	0	0.00	118,100	160,616.00	45,000	61,200.00
Female condom pieces	0.60	0	0.00	0	0.00	68,250	40,950.00
Depo-Provera 150 mg/ml, vial	0.70	0	0.00	0	0.00	19,700	13,790.00
Norigynon (50 mg + 5 mg)/ml, vial	0.85	0	0.00	0	0.00	8,760	7,446.00
Total			218,865.72		596,631.32		397,146.92

In the second quarter, 48.3 percent of the cost is attributed to tenofovir/lamivudine/efavirenz (TLE) (300/300/600 mg) 30 tablets (figure 2), which is the preferred first-line regimen highly recommended by the World Health Organization (WHO).

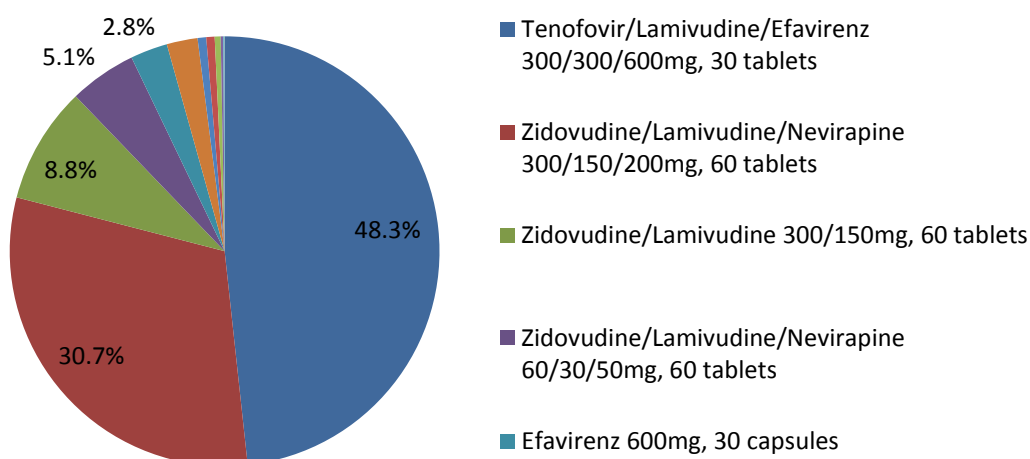


Figure 2: Second-quarter budget proportion of ART commodities (FY 2013/14)

In the third quarter, 34.8 percent of the cost is attributed to TLE (300/300/600 mg) 30 tablets (figure 3).

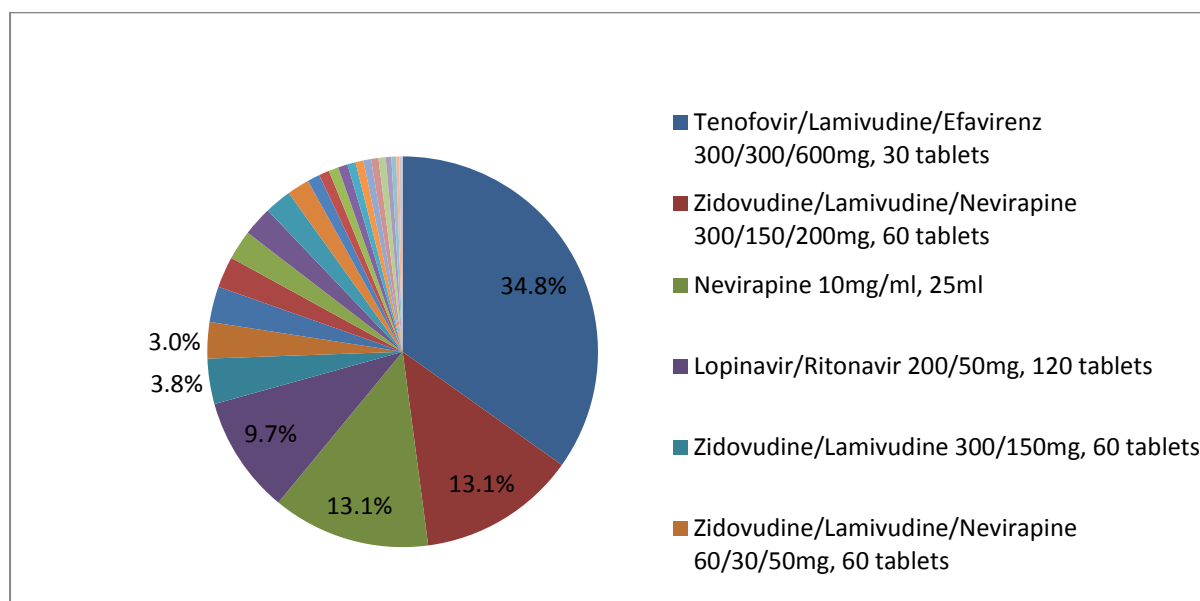


Figure 3: Third-quarter budget proportion of ART commodities (FY 2013/14)

And in the fourth quarter, 33.9 percent of the cost is attributed to TLE (300/300/600 mg), 30 tablets (figure 4).

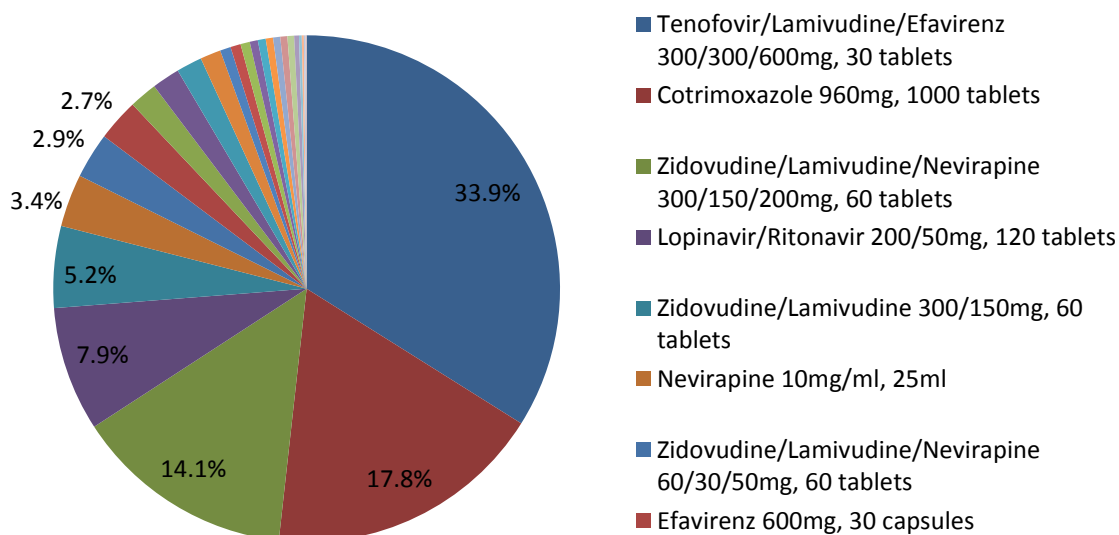


Figure 4: Fourth-quarter budget proportion of ART commodities (FY 2013/14)

For SRH commodities, in the second quarter 76.0 percent of the cost is attributed to the oral contraceptive Ovril of 28 tablets (figure 5).

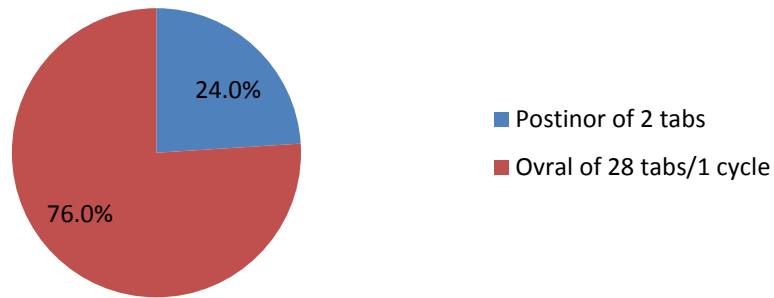


Figure 5: Second-quarter budget proportion for SRH commodities after second-quarter supply plan

In the third quarter, Lofeminal of 28 tablets, another oral contraceptive, constitutes 33.4 percent of the cost (figure 6).

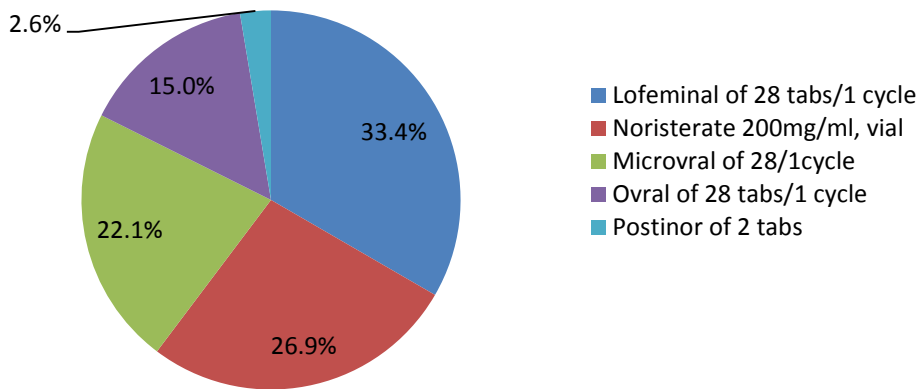


Figure 6: Third-quarter budget proportion for SRH commodities after second-quarter supply plan

And in the fourth quarter, 22.5 percent of the cost is attributed to Ovril (figure 7).

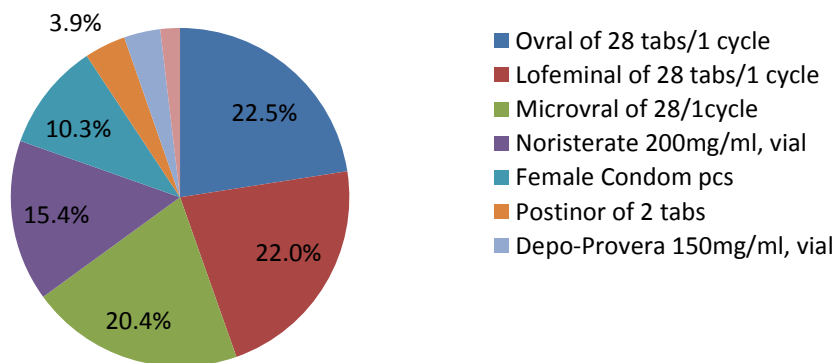


Figure 7: Fourth-quarter budget proportion for SRH commodities after second-quarter supply plan

DISCUSSION AND WAY FORWARD

The supply planning exercise was found to be instrumental to informing the procurement of health commodities. TDF/3TC/EFV (300/300/600 mg) of 30 tablets, which is the preferred first-line ART regimen highly recommended by WHO, constitutes the largest proportion of the ART budget.

This exercise has shown that with time the proportion of TDF/3TC/600 mg of 30 tablets is increasing whereas AZT/3TC/NVP 300/150/200 mg of 60 tablets is decreasing. Therefore, it is important to closely follow the stock situation of these ARVs and establish good communication with suppliers to ensure 100 percent availability. Regular updating of supply plans every quarter will allow use of existing stock, actual consumption, and outstanding orders to inform procurement decisions, thus ensuring lifesaving products will be continuously available without interruption. Regular supply planning has also enabled the MOH to avoid wasteful procurement and hence save money. During the second-quarter supply planning of ART commodity a saving of SZL 4,192,778.08 (USD 399,312.19) has been recorded.

MOH/CMS, in collaboration with partners like SIAPS and CHAI, will continue supporting quarterly supply plans to bring the right product at the right time in the right quantity into the country. This will ensure continuous availability and accessibility of lifesaving products. This regular supply planning exercise is also highly recommended for procurement planning of general essential medicines.