

Using an HIV/AIDS Commodity Management Tool to Identify Risk and Prevent Stock-outs of ARVs in West Africa: The Togo Experience

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BACKGROUND

Between 2012 and 2013, alerts on stock-outs of lifesaving antiretrovirals (ARVs) occurred in a number of West African countries. Several root causes, including a lack of tools to improve the sharing of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) commodity information among stakeholders for faster decision-making, have been identified. These challenges can greatly affect the US Agency for International Development's (USAID) and the Global Fund's ability to anticipate the host country's needs, lead to delays in providing support, and create doubts among donors about

actual needs. Togo lacked the tools to estimate the number of patients who would be at risk of missing their ARVs if stock-outs occurred.

With funding from USAID's West Africa program, Systems for Improved Access to Pharmaceuticals and Services (SIAPS) has provided support in six countries in West and Central Africa—Burkina Faso, Benin, Cameroon, Guinea, Niger, and Togo—to set up a web-based early warning system to monitor HIV/AIDS commodities.

DESCRIPTION

In collaboration with the West African Health Organization, SIAPS developed and deployed the HIV and AIDS Early Warning System Dashboard, known as OSPSIDA, in six focus countries. OSPSIDA uses a secured system to prevent unwanted intrusion by unregistered users and provide adequate information that can be used to make decisions that ultimately support the management of ARVs and Rapid Test Kits (RTKs). This system does not require an additional capital investment in equipment because most HIV/AIDS programs and health facilities already have computer and internet access. OSPSIDA is a data aggregator and relies on data capture tools that are used from the central to the field level to collect patient and commodity data. Reports are then generated to allow users to monitor commodity stock status, anticipate future funding gaps, and respond to projected medicine shortages and expirations. OSPSIDA also serves as a data quality check and maintains data quality assurance.

In December 2014, Togo was alerted to the risk of a stock-out of ARVs. SIAPS supported the National AIDS Control Program in using the dashboard to incorporate patient and commodity data to assess the impact of a potential stock-out on patients receiving ARVs.

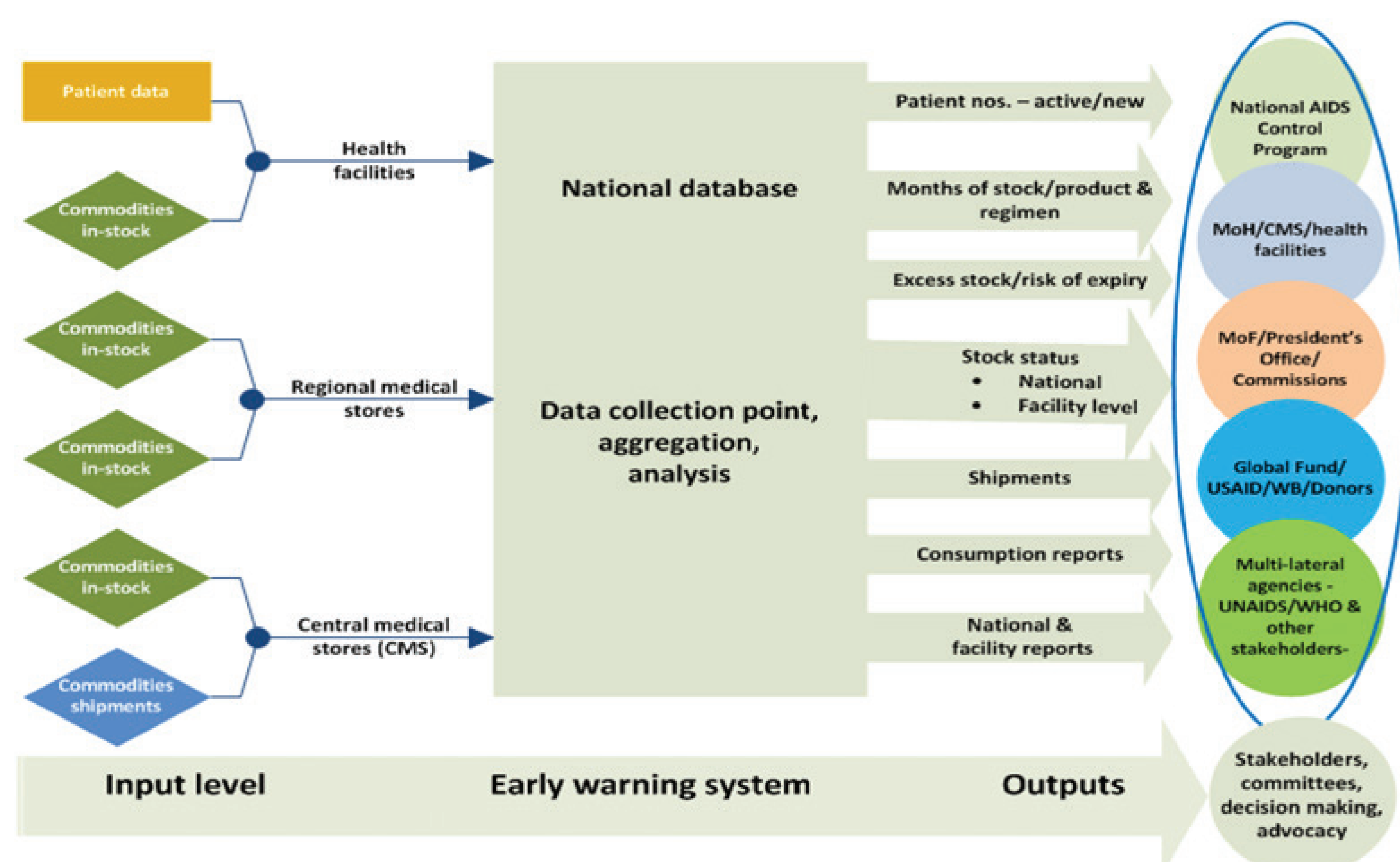


Figure 1: OSPSIDA conceptual design

LESSONS LEARNED

Updating OSPSIDA with 2014 data showed that 71% of the ARVs being used in Togo were at high risk for stock-out at the national level, meaning that months of stock was less than six, including stock-out, which put 96% of patients at high risk of treatment interruption (figures 2 and 3).



The dashboard data showed that this risk should have been identified six to nine months earlier. The improved use of dashboard data for decision-making has resulted in the detection of impending stock-outs up to six months earlier (figure 4)

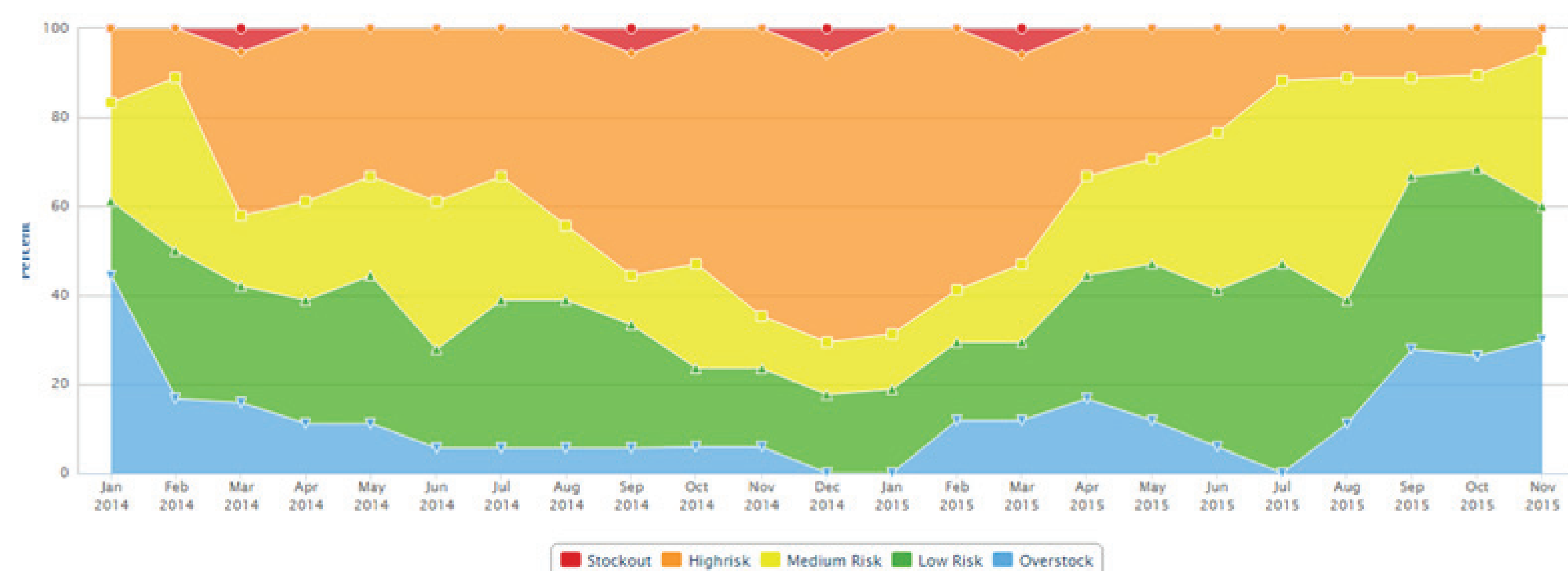


Figure 4: Stock status trend from January 2014 to November 2015 – Togo

The percentage of patients at high risk of treatment interruption (figure 5) decreased from 96% to less than 1% by November 2015.

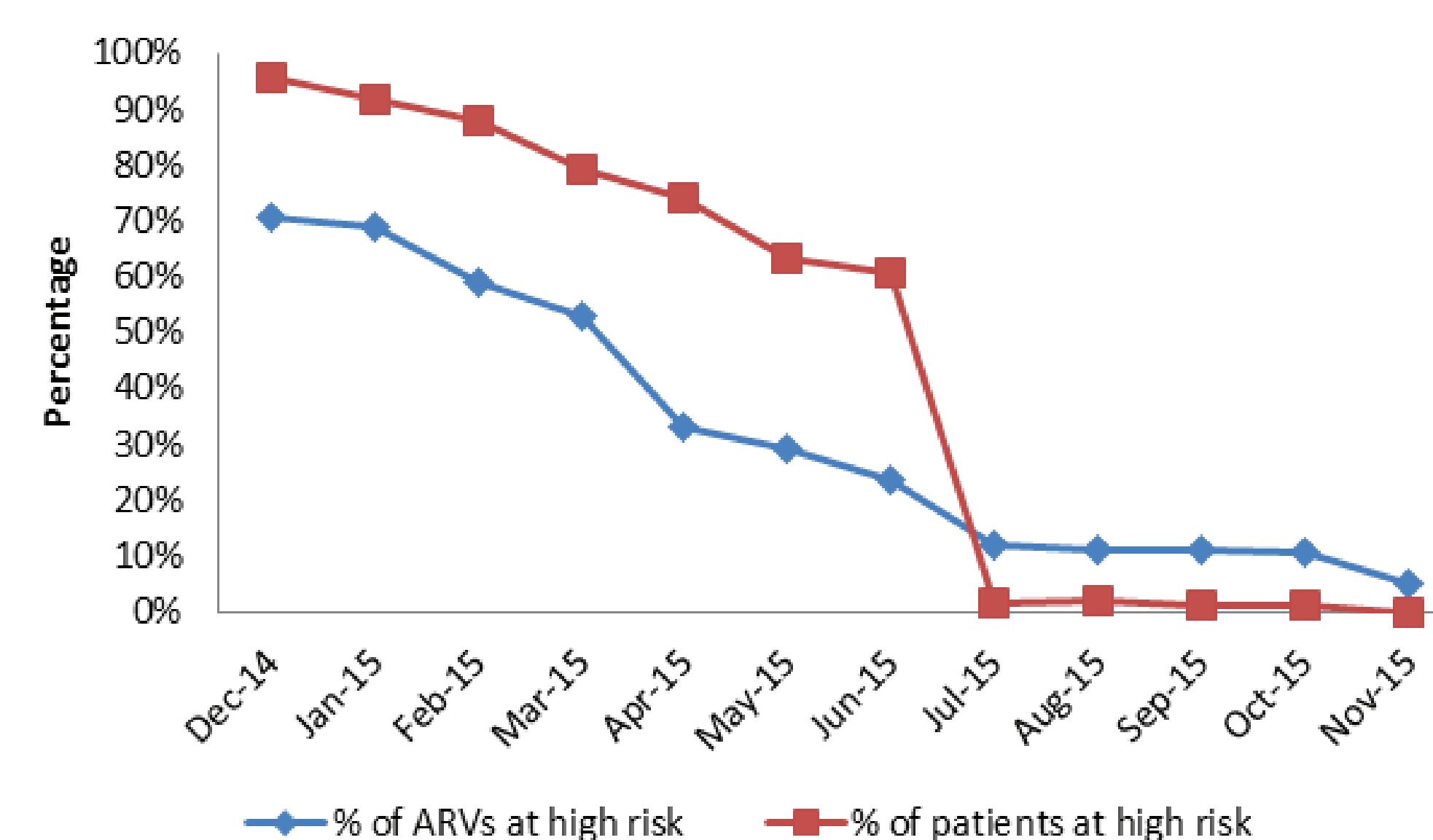


Figure 5: Risk assessment in Togo

CONCLUSION

Within one year of deployment in Togo, OSPSIDA has significantly enhanced the visibility of supply chain data in making timely and evidence-based decisions that have contributed to the increased availability of HIV and AIDS products. We strongly encourage other countries to use the dashboard to assess the number of HIV-positive patients at risk of missing their ARVs and make the right decisions at the right time, which can eliminate the hurried choices that are frequently made when a stock-out occurs.