# Transition of the HIV and AIDS Commodity Management Tool (OSPSIDA) to the West African Health Organization and Cameroon: Lessons Learned and Recommendations

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# Transition of the HIV and AIDS Commodity Management Tool (OSPSIDA) to the West African Health Organization and Cameroon: Lessons Learned and Recommendations

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## About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to ensure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS results 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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## Key Words

OSPSIDA, WAHO, CNLS Cameroon

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## ACRONYMS

| | |
|---|---|
| ARV | antiretroviral |
| ART | antiretroviral therapy |
| CNLS | *Comité National de Lutte contre le VIH/SIDA du Cameroun* |
| DG | Director General |
| ECOWAS | Economic Community of West African States |
| EMVP | Essential Medicines and Vaccines Program |
| EWS | early warning system |
| Global Fund | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| LMIS | logistics management information system |
| NACC | National AIDS Control Commission |
| NACP | National AIDS Control Program |
| OSPSIDA | Outil de Suivi des Produits du VIH/SIDA en Afrique de l'Ouest (*HIV and AIDS Commodity Management Tool in West Africa*) |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PMTCT | prevention of mother-to-child transmission |
| PO | professional officer |
| SIAPS | Systems for Improved Access to Pharmaceuticals and Services |
| UNAIDS | United Nations Programme on HIV/AIDS |
| USAID | US Agency for International Development |
| WA | West Africa |
| WAHO | West African Health Organization |

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## EXECUTIVE SUMMARY

The US Agency for International Development's West African office (USAID/WA) has requested SIAPS, which is implemented by Management Sciences for Health, to provide support to six countries in the West and Central African region—Burkina Faso, Benin, Cameroon, Guinea, Niger, and Togo—to establish a web-based regional dashboard (OSPSIDA.org) that will create an early warning system (EWS) to monitor HIV and AIDS commodities and to detect and minimize the risk of stock-out in the focus countries.

In pursuit of this objective, and to ensure local ownership and long-term sustainability, WAHO has been involved since the project's inception and has provided useful input during the design phase and official launch in Accra in April 2014. However, for 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, it is necessary to transfer the dashboard to WAHO's Essential Medicines and Vaccines Program (EMVP) as its final home.

Because Cameroon is not part of WAHO, SIAPS also worked closely with CNLS to transfer the management of OSPSIDA in Cameroon.

During the initial phase of the transition, the SIAPS team travelled to WAHO in February 2015 to (annex A):

- Orient the WAHO team on OSPSIDA
- Assess the e-information management capacity (logistics and human resources) and gaps for WAHO to assume this role
- Set up an OSPSIDA transition management committee with roles and responsibilities for both WAHO and SIAPS
- Designate the WAHO professional officer (PO) for the EMVP as the OSPSIDA Management Committee coordinator and the WAHO PO webmaster as the OSPSIDA regional administrator
- Develop a transition road map with timelines with a focus on the integration of WAHO security stock into OSPSIDA, the expansion of OSPSIDA to other Economic Community of West African States (ECOWAS) countries, and the hosting and full transfer of OSPSIDA management to WAHO

From March 2015 to July 2016 as part of the transition road map implementation process, SIAPS implemented new functionalities into OSPSIDA, including management of the WAHO buffer stock initiative, and uploaded OSPSIDA to the WAHO website remotely.

SIAPS also created a version of OSPSIDA solely for Cameroon and uploaded it to the webserver remotely.

In August 2016, SIAPS travelled to WAHO headquarters in Bobo-Dioulasso and to Cameroon to build the capacity of selected staff from the above-mentioned institutions on managing the day-to-day operations of OSPSIDA.

# BACKGROUND

Globally, sub-Saharan Africa remains the region most severely affected by HIV, accounting for 69% of people living with the disease worldwide.1 Barriers to accessing health services caused by weak health systems remain a major constraint, particularly to marginalized populations. With a greater international commitment to responding to HIV and AIDS, there has been increased funding. Countries in the region have begun demonstrating ownership and increased commitment to the HIV response by directly funding HIV programs and instituting boards and policies to guide program administration. Several established National AIDS Control Programs (NACPs) are principal recipients of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Some countries in the region are progressing toward universal access to treatment.

Stock-outs of life-saving drugs for antiretroviral therapy (ART) and treating opportunistic infections have emerged in a number of countries in WA. Countries in the region have reported stock-outs of critical medicines and have also demonstrated a lack of capacity to identify and address underlying causes 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 might include poor coordination among partners, a lack 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.

Several uncoordinated response mechanisms have been used to address the stock-out crises, particularly at the country level. The main mechanisms used recently are the Emergency Commodity Fund of the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund Voluntary Procurement Pool, coordinated procurement planning, the United Nations Programme on HIV/AIDS, Grant Management Solutions, and exchanges between countries. However, these are all short-term solutions and are not sustainable. What is needed is a proactive, in-depth analysis of the root causes of recurrent pharmaceutical supply management issues and effective long-term solutions.

To provide these solutions, USAID's WA office requested that SIAPS provide support to six countries in the West and Central African regions.

SIAPS conducted a situational analysis in these six countries—Benin, Burkina Faso, Cameroon, Guinea, Niger, and Togo—to gain an understanding of the current capacity for HIV and AIDS commodity management and supply. The situational analysis also assessed the readiness of the HIV and AIDS commodity information management systems to provide the necessary information for routine monitoring of HIV and AIDS product availability in the region.

Based on information collected from the rapid situational analysis, SIAPS developed an HIV and AIDS commodity management tool called OSPSIDA. OSPSIDA is a website that serves as an

[1] Work Health Organization (WHO): Global Health Observance Data. Available at: http://www.who.int/gho/hiv/en/.

EWS for monitoring HIV and AIDS commodities to detect and minimize the risk of stock-outs in the five West Africa countries (Benin, Burkina Faso, Guinea, Niger, and Togo) and in Cameroon.

In pursuit of this objective and to ensure local ownership and long-term sustainability, WAHO has been involved since the project's inception and has provided useful input during the design phase and official launch in Accra in April 2014.

However, for long-term sustainability of the dashboard and in an effort to support WAHO's strategy of setting up security stock for West African countries, it is necessary to permanently transfer the dashboard to WAHO's EMVP.

Since 2014, SIAPS has worked with Cameroon's National AIDS Control Commission (NACC) to implement OSPSIDA and increase the capacity of relevant staff at the central and regional levels to develop a comprehensive tool that would bring visibility and transparency to HIV commodity management. Despite challenges that were encountered, OSPSIDA is now properly implemented in the four PEPFAR-supported regions, which corresponds to the antiretroviral (ARV) needs of approximately 70% of all patients undergoing treatment countrywide.

Recently, SIAPS and the NACC have discussed possible solutions to maintain the tool after the closeout of SIAPS in Ghana and Cameroon. It has been agreed that administration of the tool will be transferred to the NACC. In-country technical support is required to ensure that the hosted system continues to be operational.

# METHODOLOGY

The transition of OSPSIDA to WAHO and CNLS Cameroon is described below.

## Assessment of WAHO Readiness to Host and Manage OSPSIDA

The SIAPS regional project director and regional technical advisor in Ghana visited the WAHO headquarters in Bobo-Dioulasso in February 2015. The purpose of this initial visit was to assess WAHO's readiness to host and manage OSPSIDA and to discuss a transition plan and agree on the timelines, roles, and responsibilities required to transfer OSPSIDA to WAHO by end of the SIAPS West African Regional Project.

During the initial visit, SIAPS:

- Met with the appointed WAHO focal person for OSPSIDA
- Conducted an assessment of the e-information management capacity (logistic and human resources) and gaps for WAHO to assume this role
- Identified any knowledge gaps within WAHO's information technology team on the use of OSPSIDA
- Identified critical technical assistance areas during the initial phase of OSPSIDA management by WAHO
- Identified the WAHO staff and personnel to be trained on OSPSIDA
- Oriented the WAHO team on OSPSIDA
- Identified activities to be carried out during the transition phase and the associated timeline
- Identified risks and bottlenecks during the transition period
- Created a link to allow for regular consultations via skype and site visits
- Estimated the maintenance cost of the EWS
- Explored the possibility of WAHO expanding OSPSIDA to include other public health program medicines and consumables
- Explored the expansion of OSPSIDA to the remaining WAHO member countries

## Development and Integration of Adjustments

From April to June 2016, SIAPS made adjustments to OSPSIDA to accommodate the management of the WAHO buffer stock initiative.

## Documentation

The OSPSIDA user guide was updated and a technical guide was developed by August 2016. These two documents were handed over to WAHO and CNLS training participants during the training.

## Hosting of OSPSIDA on the WAHO and CNLS Webservers

In June and July 2016, WAHO allowed SIAPS to remotely access the WAHO webserver in France to upload OSPSIDA. This was done prior to the training visit to WAHO. OSPSIDA was transferred to the Cameroon server during the SIAPS team's visit to train staff at CNLS Cameroon.

## Capacity Building of WAHO and CNLS Staff

A two-day training session was conducted for selected WAHO staff at the headquarters office in Bobo-Dioulasso and also for selected staff of CNLS at the SIAPS office in Yaounde.

## FINDINGS

### Transition to WAHO

#### *Assessment of WAHO Readiness to Host and Manage OSPSIDA*

##### *WAHO IT Systems*

A list of IT system requirements, including servers and internet connectivity, was shared with WAHO, and a gap analysis was conducted to assess WAHO's capacity to host OSPSIDA on its server. Table 1 shows that WAHO met all hosting criteria.

**Table 1. Gap Analysis of IT Requirements for the OSPSIDA Transition to WAHO**

| IT requirements | Current status | Transition period |
|---|---|---|
| Server with 16 GB RAM and 1 TB hard disk | SIAPS | WAHO |
| High-speed internet – 5 MBPS in the server | SIAPS | WAHO |
| Hosting company | SIAPS | WAHO |

##### *WAHO Human Resources*

Key activities linked to OSPSIDA management have been shared with WAHO, and both SIAPS and WAHO noted that most key functions can be performed by WAHO except for system conceptualization, design, and adjustments, which requires greater expertise in logistics systems design and development. WAHO requested that SIAPS continue providing technical assistance for this function.

**Table 2. Gap Analysis of Human Resources to Manage the OSPSIDA Transition**

| Key functions | Current status | Transition period |
|---|---|---|
| System conceptualization, design, and adjustments | SIAPS | SIAPS |
| System maintenance (including updating webpages) | SIAPS | WAHO |
| User management | SIAPS | WAHO |
| Deployment at the country and regional levels | SIAPS | WAHO |
| Data analysis and use of reports for decision making | SIAPS | WAHO |

#### *Creating a Joint EWS Project Management Committee to Manage the Transition*

In February 2015, SIAPS and WAHO agreed to form a joint technical committee to ensure a smooth transition of OSPSIDA activities to WAHO (annex B).

*Organization of the Committee*

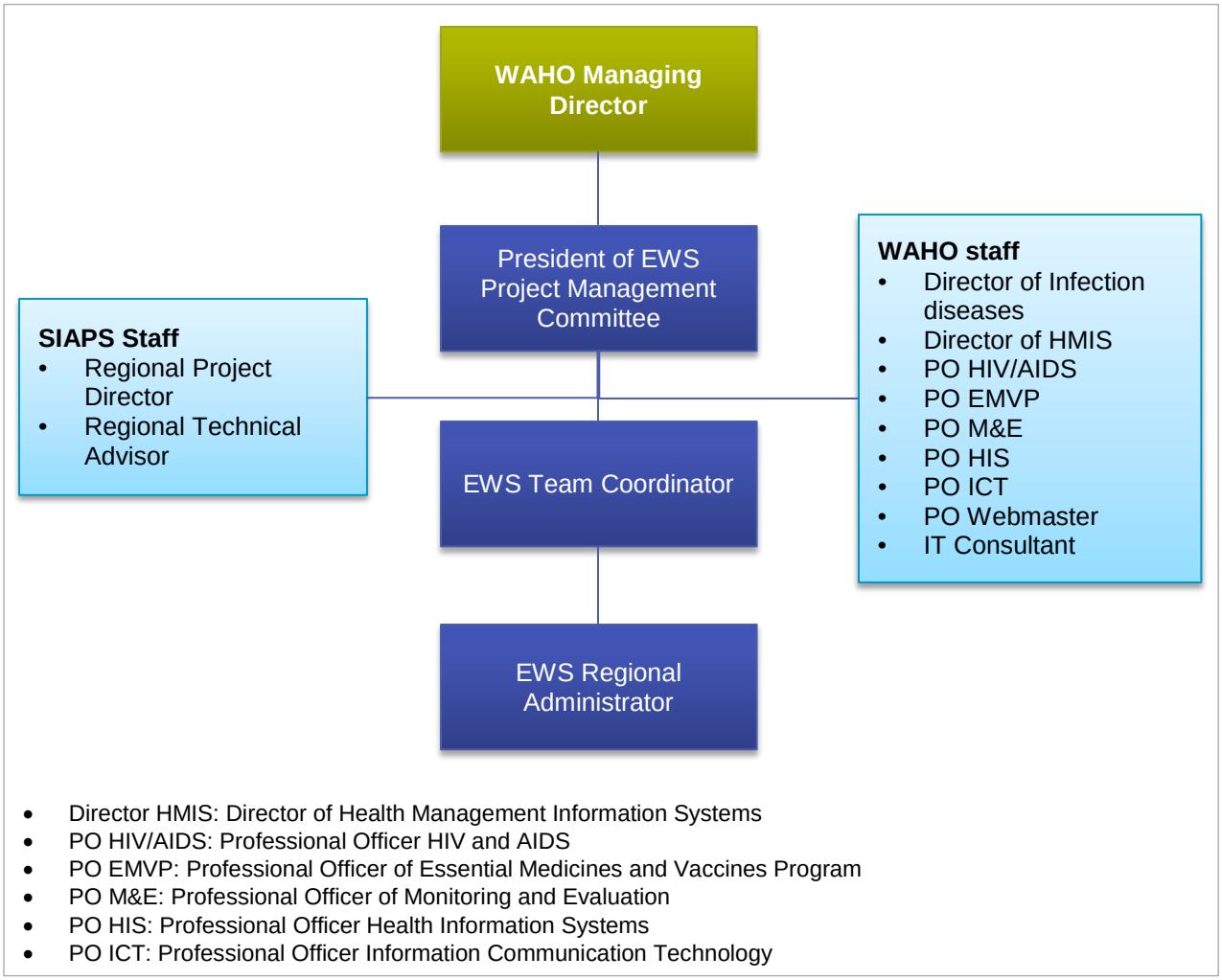


**Figure 1. Organization of joint EWS Project Management Committee**

*Roles and Responsibilities of the EWS Project Management Committee*

The roles and responsibilities of members of the joint EWS Project Management Committee were defined as follows.

*President of the joint EWS Project Management Committee (WAHO Director of Infection Diseases)*

- Advocate for the expansion of EWS to include the remaining 10 ECOWAS member countries
- Oversee implementation in ECOWAS countries
- Advise on program areas to be included (e.g., family planning, tuberculosis, malaria, vaccines)

- Review requests for registration and make recommendations for WAHO Director General (DG) approval
- Generate quarterly report for team members
- Meet quarterly to review program reports and send recommendations to the DG for approval and to the administrator to implement
- Review the standard operating procedure for program management for DG approval
- Write recommendations to member countries on actions and remedies to be taken
- Recommend capacity development for member countries

*EWS Project Team Coordinator (WAHO PO for the EMVP)*

- Convene meetings on the EWS
- Coordinate all training and capacity development on the EWS
- Liaise with the administrator to review and analyze reports to be sent to the management team
- Provide justification for adding new products
- Send quarterly reports to all member countries after validation by the project management team

*EWS Administrator (WAHO PO, Webmaster)*

- Create user credentials and registrations
- Review and recommend upgrades to the EWS
- Provide technical assistance and user support on the EWS
- Liaise with the project coordinator on reporting and analyzing EWS data
- Assist in deployment to other member countries
- Manage the hosting and remote database of the EWS

*SIAPS West Africa Regional Project*

- Provide technical assistance and advice for EWS development and expansion
- Build the capacity of the WAHO staff
- Participate in the deployment of the EWS in ECOWAS countries in partnership with WAHO
- Advocate for funding to support EWS development and implementation

### *Developing a Roadmap with Timelines*

SIAPS and WAHO agreed on a list of activities to implement as part of the transition roadmap (annex D), including:

- Incorporating OSPSIDA to optimize the management of ARVs at the Nouvelle Pharmacie de Sante Publique in Cote d'Ivoire
- Refurbishing the Stock Security Warehouse at the Nouvelle Pharmacie de Sante Publique
- Expanding the application of OSPSIDA to the rest of the ECOWAS member states
- Training member states on the utilization of OSPSIDA
- Managing the final transfer of OSPSIDA from USAID/SIAPS to WAHO for management of ARVs and other medicines

### *Developing and Integrating Adjustments to and Hosting of OSPSIDA on the WAHO Webserver*

Between April and June 2016, SIAPS made the following adjustments to OSPSIDA:

- Integrated remaining ECOWAS countries (Cape Verde, The Gambia, Sierra Leona, Liberia, Guinea-Bissau)
- Included an option to deselect "Cameroon" when the "All" option is selected for reports because Cameroon is not part of West Africa
- Linked OSPSIDA with the WAHO website via a hyperlink on the Country Profile-WAHO page.
- Created the WAHO Stock Transfer Entry, which WAHO will use to transfer stock from its own inventory to any country

### *Documentation*

The OSPSIDA user guide was updated and the technical guide was developed by August 2016. These two documents were handed over to WAHO during the capacity building exercise.

### *Building the Capacity of WAHO Staff to Manage OSPSIDA*

A two-day training session was conducted for selected WAHO staff at the headquarters office in Bobo-Dioulasso, Burkina Faso, in August 2016 (annex e). The training included an orientation session with enough time for participants to practice entering data and running reports. The goal of the training was to make WAHO staff comfortable with OSPSIDA management. Two key staff from the EWS Project Management Committee (the director of infection diseases, who was the president of the EWS Management Committee, and the PO webmaster, who served as the OSPSIDA regional administrator) and two other staff from the Directorate of Infection Diseases were trained.

### *Challenges to Managing the Transition*

Assessments were conducted by the United Nations Programme on HIV/AIDS (UNAIDS) and the USAID-funded Supply Chain Management System Program on WAHO Security Stock in January 2015 and April 2016, respectively. Both reports were shared with WAHO and USAID and suggested that a regional meeting be arranged where the recommendations could be disseminated. One recommendation was to strengthen the use of OSPSIDA among ECOWAS countries. However, Dr. Carlos Brito raised a concern that the recommendations should be shared prior to the OSPSIDA transition.

Brito said that WAHO is not an executive body and its task is to assist country-level local organizations, and therefore it may not be possible for the organization to rollout and manage OSPIDA. WAHO will also explore options to transfer OSPSIDA management-related activities to the Nouvelle Pharmacie de Sante Publique in Cote d'Ivoire as they do with the hosting and managing of WAHO security stock.

During an August 2016 capacity building exercise for WAHO staff, SIAPS and WAHO discussed whether ECOWAS member countries should be able to see WAHO stock in OSPSIDA and use the stock status information to request commodities from WAHO security stock if needed. The OSPSIDA consultant informed WAHO staff that when a country is assigned to a data entry operator or manager, that person has access to the country's monthly data and can edit WAHO data as well. SIAPS proposed that the country assignment should work for data entry only, although any country's stock and patient reports should be available to all other countries.

WAHO staff raised the issue that DHIS2 is being used by ECOWAS countries to manage information system reporting and consolidation, and they wanted to know how OSPSIDA fits with DHIS2. SIAPS explained what has been done so far in Bangladesh to integrate OSPSIDA with DHIS2. Logistics reports of essential health commodities are transferred to the health commodity dashboard at regular intervals. The same type of interface can be developed for OSPSIDA to collect data from DHIS2.

Participants raised a concern regarding the internet requirements for OSPSIDA. It was explained that data entry can be done both online and in downloaded Excel templates, and therefore the internet requirements are minimal.

A concern was raised that countries such as Nigeria may find OSPSIDA to be too much work if data were to be entered by facility. SIAPS explained that OSPSIDA does not enforce data entry by facility. A country can create one facility labeled "national level warehouse" and can enter the national stock. This will reduce the amount of work but will not allow a country to monitor stock at the facility level. The consultant also mentioned that because OSPSIDA allows average monthly consumption to be manually entered, the country can use the actual dispensing (if available) or distribution data to health facilities as consumption.

### *Roles and Responsibilities of WAHO*

To maintain OSPSIDA, WAHO staff must perform the activities outlined in table 3.

**Table 3. Regular OSPSIDA Tasks to be Performed by WAHO**

| Activity | Responsible Party | Frequency |
|---|---|---|
| a. Set a go live date for OSPSIDA on the WAHO server | WAHO | One time only |
| b. WAHO security stock data entry | WAHO | |
| b.1. WAHO monthly logistics management information system (LMIS) report | | Monthly |
| b.2. WAHO stock status by expiry date | | Monthly |
| b.3. Shipment data entry | | When required |
| b.4. WAHO stock transfer entry | | When required |
| b.5. WAHO profile | | Annually |
| c. Monitor ECOWAS country stock data entry and provide feedback | WAHO | Monthly |
| d. Generate monthly ECOWAS stock status reports and share them with stakeholders at the regional level | WAHO | Monthly |

| Activity | | Responsible Party | Frequency |
|---|---|---|---|
| e. | Rollout OSPSIDA to other countries | WAHO | Annually |
| f. | Hold a stakeholder meeting to review and analyze stock and patient data | WAHO | Annually |
| g. | Maintain and manage the OSPSIDA website (domain and hosting) | WAHO | Annually |
| h. | Expand OSPSIDA to accommodate other products | WAHO | When required |

## Transition to Cameroon's NACP

### *Hosting OSPSIDA on Cameroon's Website*

In July 2016, SIAPS made the following adjustments to transfer and host OSPSIDA on Cameroon's website:

- Changed the content of the home page
- Removed all countries from the database except Cameroon
- Changed the block containing all flags and summary data that appears after login
- Removed the "All" option from the dashboard (the option shows quarterly summaries by default, but Cameroon reporting was monthly)
- Removed menus that were not required
- Delete other country users from the backend database

On August 19, 2016, SIAPS held a conference call with CNLS IT personnel regarding the web hosting package that Cameroon is procuring. That day, CNLS procured and provided access to the control panel of the new server they would use to host OSPSIDA. Beginning the next day, SIAPS:

- Transferred OSPSIDA to the website
- Connected the website with the domain name (http://www.ospsida-cameroun.cm)
- Completed the user registration process linked to admin@ospsida-cameroun.cm for e-mail
- Generated a new Google Map Developer Key and linked the facility stock status to the product report page
- Copied Cameroon's data from the current OSPSIDA site to the new site
- Performed integration testing of the new domain

### *Building the Capacity of CNLS*

A two-day training session was conducted August 22–24, 2016, to build the capacity of selected technical staff of CNLS Cameroon (a logistician and three IT specialists) and the SIAPS technical advisor on the frontend and backend functions of OSPSIDA.

The training included demonstration and hands-on practical sessions and covered several major issues, including the following.

Monthly LMIS report needs to be submitted, accepted, and published in OSPSIDA. Currently, the data entry operator submits the report, the data entry manager accepts it, and the regional manager decides whether to publish the report. The Cameroon team proposed that because this is a country-specific rather than a regional website, the data entry manager should have the option to accept and publish reports, and only the administrator should be allowed to reject reports. OSPSIDA Cameroon was updated with the proposed changes on August 27, 2016.

The Cameroon staff decided to update the content of the website, after which they hoped to activate the new site (http://ospsida-cameroun.cm) by October 2016.

The Cameroon team wanted nearly 5,000 prevention of mother-to-child transmission (PMTCT) sites included in the dashboard. However, in the monthly LMIS entry form, there is an option to enter the PMTCT patient count. It was proposed that staff include the sites and report that in the LMIS.

One participant asked whether the site is able to show regional data. It was demonstrated that all facility-level reports have the option to select a region and filter the data.

The patient ratio by facility report added the patient count twice. The report was corrected and updated in the dashboard immediately.

The forecast consumption entry page was available in OSPSIDA but not in Cameroon OSPSIDA. This issue was resolved.

Catherine Mentou Tadzong, a SIAPS Senior Technical Advisor, mentioned that there are some duplicate health facilities that should be deleted. CNLS staff were informed that a facility cannot be deleted if there is an associated LMIS report in the dashboard. The LMIS reports need to be unpublished and then deleted before deleting the health facility.

The user and technical guides were distributed participants.

### *Roles and Responsibilities*

To maintain OSPSIDA, Cameroon CNLS staff must perform the activities outlined in table 4.

**Table 4. Regular OSPSIDA Tasks to be Performed by CNLS**

| Activity | Responsible Party | Frequency |
|---|---|---|
| a. Launch OSPSIDA Cameroon (http:// www.ospsida-cameroun.cm) | CNLS | One time only |
| b. Monitor warehouse and health facility stock data entry and provide feedback | CNLS | Monthly |
| c. Generate a monthly stock status report and share it with stakeholders at the national level | CNLS | Monthly |
| d. Hold a stakeholder meeting to review and analyze stock and patient data | CNLS | Annually |
| e. Maintain and manage the OSPSIDA Cameroon website (domain and hosting) | CNLS | Annually |

## RISKS

All project deliverables were completed by the project due date of September 15, 2016. Selected technical staff from WAHO and CNLS were trained on different aspects of maintaining OSPSIDA. Several risks that may hamper the smooth functioning and sustainability of OSPSIDA were identified, including:

- The OSPSIDA domain and web hosting package need to be renewed every year
- The WAHO or CNLS webmaster might not be empowered to handle the day-to-day OSPSIDA support required by ECOWAS countries or Cameroon
- If ECOWAS countries do not continue using the LMIS and entering patient data into OSPSIDA, the dashboard will become obsolete and cannot be used for decision making
- A challenge in collecting stock status reports from Cameroon's central warehouse and completing the dashboard so that it can be used for decision making
- If WAHO or CNLS technical staff do not become comfortable with OSPSIDA, they will be unable to assist countries in updating their own dashboards
- Failure by staff to understand that OSPSIDA is an EWS tool that will help reduce stock-outs
- WAHO may not be prepared to expand OSPSIDA to additional countries
- The willingness of WAHO and CNLS Cameroon to guide countries in the use of OSPSIDA to reduce stock-outs

## RECOMMENDATIONS

To ensure that OSPSIDA is used in the West African region as the EWS for ARV product stock-outs and patient management, the following actions are recommended:

- WAHO management should work more closely with USAID and other donors to get assistance in implementing OSPSIDA in additional ECOWAS countries.
- WAHO should arrange at least one OSPSIDA workshop per year to review regional stock and stock-out situations in ECOWAS countries and use OSPSIDA data to make decisions.
- The WAHO webmaster should be delegated to conduct daily maintenance of OSPSIDA.
- USAID should continue to support OSPSIDA until WAHO reaches full capacity.

To ensure that OSPSIDA is used in Cameroon as the EWS for ARV product stock-outs and patient management, the following actions are recommended:

- CNLS management should work more closely with USAID to get assistance in implementing OSPSIDA.
- CNLS should arrange at least one OSPSIDA workshop per year to review national stock and stock-out situations and use OSPSIDA data to make decisions.
- The CNLS webmaster should be delegated to conduct daily maintenance of OSPSIDA.
- USAID should continue to support OSPSIDA until CNLS reaches full capacity.

## ANNEX A. AGENDA FOR THE FIRST VISIT TO WAHO IN FEBRUARY 2015

| Time | Description | WAHO staff |
|---|---|---|
| **Day 1: Monday, February 23, 2015** | | |
| 09:00–09:30 | Courtesy call with the Director General of WAHO | Director General<br>POC of EMVP |
| 09:30–10:00 | Introduction of focal team members by WAHO | Director General<br>Focal Team Members |
| 10:00–12:00 | Meeting with management on scope of work for the five days | Focal Team Members |
| 12:00–13:00 | Presentation of OSPSIDA | Focal Team Members |
| 13:00–14:00 | Lunch | |
| 14:00–16:30 | Discussion of the transition | Focal Team Members |
| **Day 2: Tuesday, February 24, 2015** | | |
| 09:00–11:00 | Setting up of WAHO team on OSPSIDA | Focal Team Members |
| 11:00–13:00 | Training of WAHO team on the use of OSPSIDA | Focal Team Members |
| 13:00–14:00 | Lunch | |
| 14:00–16:30 | Training of WAHO team on the use of OSPSIDA | Focal Team Members |
| **Day 3: Wednesday, February, 25, 2015** | | |
| 09:00–13:00 | Discussion on the assessment of the e-information management capacity (logistic and human resources) and gap for WAHO to be able to handle this role. | Focal Team Members |
| 13:00–14:00 | Lunch | |
| 14:00–16:30 | Discussion of identification of critical technical support areas during the initial phase of OSPSIDA management by WAHO | Focal Team Members |

## ANNEX B. WAHO STAFF ON THE EWS COMMITTEE, ESTABLISHED FEBRUARY 2015

| Name | Job Title | Role in EWS Committee |
|---|---|---|
| Dr. Faria de Brito Carlos Pedro | PO HIV/AIDS, Director of Infection Diseases | President |
| Mrs. Sybil Ossei Agyeman Yeboah | PO Essential Medicines and Vaccines | Coordinator |
| Mr. Mohamadi Zongo | PO Webmaster | OSPSIDA Regional Administrator |
| Dr. Sansan Stanislas Kambou | Director of Health Management Information Systems | Member |
| Dr. Silue Sorho | PO Monitoring and Evaluation | Member |
| Mr. Tomé Ca | PO Health Information System | Member |
| Mr. Albert Ouedraogo | PO Information and Communication Technology | Member |
| Mr. Armand Bambara | IT Expert Consultant | Member |

## ANNEX C. OSPSIDA HOSTING CHECKLIST

| # | Subject | Answer from WAHO/CNLS |
|---|---|---|
| 1 | Is a server is available to host OSPSIDA? If YES, what are the specifications of the server | |
| 3 | Does the server have necessary software installed to use it as a web server (e.g., Apache, MySQL, firewall, mail server, domain name services, spam blocker, antivirus, nightly backup)? | |
| 4 | Is the server online? If YES, what is the bandwidth or connection speed? | |
| 5 | Does the server have necessary backup (online UPS, generator, air conditioner) to support it? | |
| 6 | Is the server located in a data center and is it ready to run 24x7? | |
| 7 | Is there any full time IT/MIS staff available to monitor the server? | |
| 8 | Does the server have WHM/CPanel, which is required to install and manage the web site remotely, installed? | |
| 9 | Has a domain name been purchased from a third-party company? If it is *.org it can be purchased from anywhere. If a domain name ending with .cm (Cameroon domains) is needed, it should be purchased from Netcom.cm | |
| 10 | Can the server be access to install the website? Ministry IT staff need to assist in linking the domain name with the website. | |

## ANNEX D. OSPSIDA TRANSITION ROADMAP DEVELOPED DURING THE INITIAL VISIT IN FEBRUARY 2015

| Program Indicator | Key Interventions | Activity | Indicator | Period | Location | Partners | Budget (USD) ECOWAS and Partners |
|---|---|---|---|---|---|---|---|
| Number of countries sourcing products from regional medicines and vaccines stock security | Regional medicines and vaccines stock security strengthened | Incorporate OSPSIDA to optimize the management of ARVs at the Nouvelle Pharmacie de Sante Publique in Cote d'Ivoire | OSPSIDA incorporated into the management system at the Nouvelle Pharmacie de Sante Publique in Cote d'Ivoire | March 2016 | Abidjan | UNAIDS/USAID/ SIAPS/Global Fund | 10,000 |
| | | Refurbish the Stock Security Warehouse at Nouvelle Pharmacie de Sante Publique in Cote d'Ivoire | Warehouse refurbished | April–June 2016 | Abidjan | UNAIDS/USAID/ SIAPS/Global Fund | 150,000 |
| | | Expand the application of OSPSIDA to all 11 member states | Number of countries applying OSPSIDA | April 2016 | In country | UNAIDS/USAID/ SIAPS/Global Fund | 150,000 |
| | | Train member states to use OSPSIDA | Number of persons trained | March–September 2016 | In country | UNAIDS/USAID/ SIAPS/Global Fund | 250,000 |
| | | Final transfer of OSPSIDA from USAID/SIAPS to WAHO management for ARVs and other medicines | Tool installed on WAHO website | August–September 2016 | WAHO | UNAIDS/USAID/ SIAPS/Global Fund | 50,000 |
| Total | | | | | | | 610,000 |

## ANNEX E. TRAINING SCHEDULE FOR TRANSFERRING OSPSIDA MANAGEMENT TO WAHO AND CNLS IN AUGUST 2016

| | Time | Subject | Facilitator |
|---|---|---|---|
| Day 1 | 09:00–09:30 | Inaugural session:<br>• Introduction<br>• Welcome address with objective clarification<br>• Inauguration | |
| | 09:30–10:00 | Overview of OSPSIDA (PPT) | Evi/Mahmud |
| | 10:00–10:30 | OSPSIDA data entry:<br>• Generating an Excel template<br>• Completing and uploading the Excel template<br>• Monthly LMIS report entry<br>• Warehouse stock status expiry entry | |
| | 10:30–11:00 | Tea break | |
| | 11:00–11:30 | Hands-on:<br>• Generating an Excel template<br>• Completing and uploading the Excel template<br>• Monthly LMIS report entry<br>• Warehouse stock status expiry entry | |
| | 11:30–12:00 | OSPSIDA data entry:<br>• Country profile<br>• Shipment entry<br>• Supply chain updates<br>• Forecasted consumption<br>• Products, facilities, and regimens | |
| | 12:00–12:30 | Hands-on:<br>• Country profile<br>• Shipment entry<br>• Supply chain updates<br>• Forecasted consumption<br>• Products, facilities, and regimens | |
| | 12:30–13:00 | OSPSIDA admin entry pages | |
| | 13:00–14:00 | Lunch break | |
| | 14:00–14:30 | OSPSIDA reports and dashboard | |
| | 14:30–15:00 | Hands-on: OSPSIDA reports | |
| | 15:00–15:30 | OSPSIDA Joomla CMS backend overview | |
| | 15:30–15:45 | Tea break | |
| | 15:45–16:15 | Hands on: Backend functions | |
| | 16:15–16:30 | Wrap up of day 1 | |
| Day 2 | 09:00–09:30 | Review of day 1 | |
| | 09:30–10:00 | User management (users, roles, and permissions) | |
| | 10:00–10:30 | Hands on: User management—creating new users and setting permissions | |
| | 10:30–11:00 | Tea break | |
| | 11:00–11:30 | How to edit page content | |
| | 11:30–12:00 | Hands on: Editing page content | |

| Time | Subject | Facilitator |
|---|---|---|
| 12:00–12:30 | OSPSIDA backup and restore | |
| 12:30–13:00 | Hands on: Restore OSPSIDA on a local computer | |
| 13:00–14:00 | Lunch break | |
| 14:00–14:30 | OSPSIDA database overview | |
| 14:30–15:00 | Exporting data for custom reports | |
| 15:00–15:30 | OSPSIDA: Adding/updating a report | |
| 15:30–15:45 | Tea break | |
| 15:45–16:00 | Wrap up and closing | |

## ANNEX F. PARTICIPANTS TRAINED AT WAHO AND IN CAMEROON IN AUGUST 2016

| Name | Job Title | Organization |
|---|---|---|
| Dr. Faria de Brito Carlos Pedro | Director of Infection Diseases | WAHO |
| Mr. Mohamadi Zongo | PO Webmaster | WAHO |
| Tete Amouh | Professional Officer, Malaria | WAHO |
| Virgil Lokossou | Professional Officer, Epidemics Control | WAHO |
| Catherine Mentou Tadzong | Senior Technical Advisor/ | SIAPS/Cameroon |
| Yves Yebchue | Assistant IT, | CNLS |
| JB Fuda Nkulu | Logistician | CNLS |
| Roger M Onana | Assistant IT | CNLS |
| Franck Joël Tetiogni Chozem | IT specialist | CNLS |