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USAID'S SUPPLY CHAIN MANAGEMENT STRENGTHENING PROJECT

ANNUAL REPORT EXECUTIVE SUMMARY

Fiscal year 2022 (January – September)

BACKGROUND

On January 2022, the United States Agency for International Development through its mission in the Dominican Republic (USAID/DR) awarded a three-year contract to [GIS Grupo Consultor](#) to strengthen the Supply Chain Management (SCM) of HIV-related commodities (HIV-RC). This was the first contract ever awarded by USAID/DR to a local private partner on this technical area.

For fiscal year 2022 (FY22) USAID/DR and GIS Grupo Consultor agreed on a workplan which included activities at the **national level** to support baseline studies, policy interventions to provide the administrative and legal framework for a sustainable supply of HIV-RC, the quantification and programing for the procurement of HIV-RC, the improvement of the procurement process performance and the central warehousing and inventory management, and in the opportunity and quality of the information generated by the Unified Medicines and Commodities Management (SUGEMI, per its Spanish acronym). At the **site level** the activities included the implementation of workshops to close performance gaps, virtual and on-site training on SUGEMI standard operation procedures, and supervision and capacity building visits to thirty-nine (39) PEPFAR supported facilities.

TECHNICAL ASSISTANCE INTERVENTIONS AND RESULTS

Previous to January 2022, the public health system was experiencing stockouts of first and second line antiretrovirals (ARVs) due to the disruption of international supply chains related to the COVID-19 pandemic and to the lack of adherence to SUGEMI procedures because of the high turnover of personnel that followed the election of a new public administration in 2020. To solve this critical situation, the USAID’s Supply Chain Management Strengthening Project (USAID-SCMS) along with the Medicines Technical Working Group (MTWG)¹: analyzed the available stocks at all levels and organized the redistribution from facilities with overstocks to understocked ones; and required urgent deliveries from international providers. These interventions solved the most immediate and pressing issues but, in order to assure a sustainable supply of HIV-RC, the full implementation of all the activities include in the USAID-SCMS workplan was required.

SITE LEVEL INTERVENTIONS

Along with national counterparts, USAID-SCMS staff visited all PEPFAR supported facilities to identify performance gaps related to the weak adherence to the SUGEMI procedures. As a result, the USAID-SCMS project **organized workshops to present the baseline situation and to develop plans to close the identified gaps**, with the participation of all personnel involved in the HIV-RC supply chain at PEPFAR supported facilities and at the Regional Health Services. USAID-SCMS followed-up on the implementation of these workplans during the **supervision visits** and provided technical assistance to improve the supply chain practices.

To improve the personnel knowledge in the SUGEMI procedures, the USAID-SCMS project relaunched an **auto instructive virtual course**, as a result, 369 new personnel participated in the virtual course and approved it (illustration I). The combination of these interventions contributed to the improvement in the supply chain performance indicators. Out of thirty-nine (39) PEPFAR supported sites managing HIV-RC, 73% achieved an optimal performance in the month of February, while 89% achieved this performance in the month of September.

Illustration I. Outcomes of the auto instructive course on the SUGEMI procedures



¹ The MTWG was organized with representatives of the Ministry of Health’s General Directorate of Sexually Transmitted Diseases and HIV (DIGECITSS), the National Health Service’s Medicines and Supplies Directorate (DMI), and the technical support of cooperation agencies.

The immediate interventions to *normalize* the stock levels of HIV-RC and the improvement in the adherence to the SUGEMI procedures contributed to ensure a continuous supply during the rest of FY22. The median availability of first line ARVs in PEPFAR supported sites increased from 0.9 months of consumption in January to 3.1 months in September (table 1). Structural measures, however, were required at the national level to sustain these achievements. The percentage of facilities with availability of all ARV tracer products went from 76% (29/39) in January to 95% (37/39) in August.

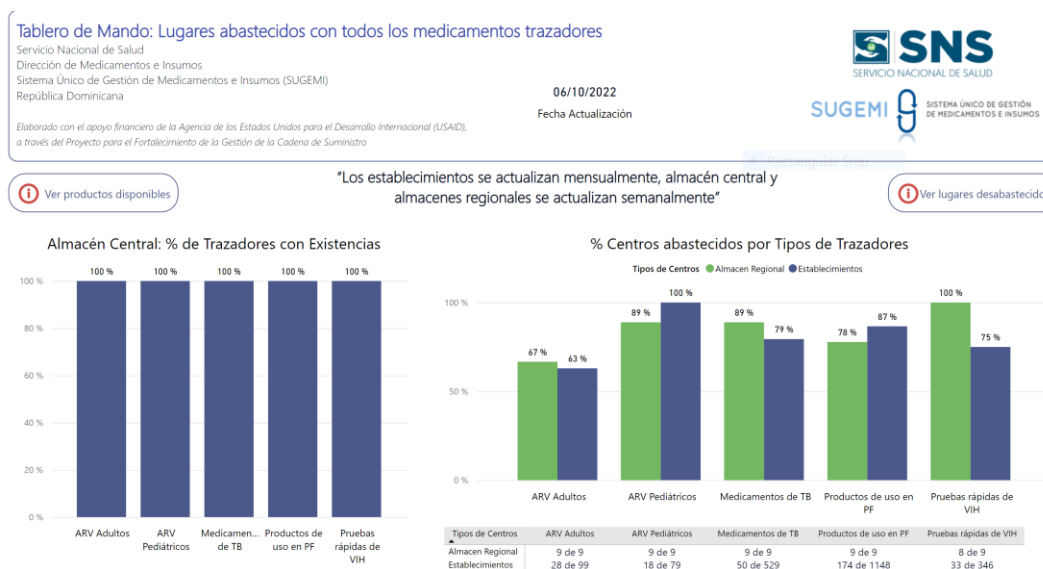
Table 1. Availability of 1st line ARV (Tenofovir/ Emtricitabine/ Dolutegravir in PEPFAR supported facilities

Health facilities	January	August
ACTIVO 20 30 SAI	0.8	2.9
AID for AIDS	1.0	3.7
BOCA CHICA	0.0	3.3
CENTRO DE PROMOCION Y SOLIDARIDAD HUMANA	2.7	3.5
CENTRO PRIMER NIVEL Y ESPECIALIZADO LOTES Y SERVICIOS	2.4	4.0
CLINICA DE FAMILIA LA ROMANA	4.2	2.1
CPN 5 LAS CINCO CASAS	0.2	2.0
CPNA YOLANDA GUZMAN	0.0	1.1
DR ANGEL CONTRERAS	0.2	2.0
DR ANTONIO MUSA	0.5	3.8
DR FRANCISCO ANTONIO GONZALVO	2.1	5.3
ESPERANZA Y CARIDAD	2.8	1.8
IDEV	0.6	3.1
RICARDO LIMARDO	0.0	3.1
SAN LORENZO DE LOS MINA MATERNO INFANTIL	4.1	15.1
YAMASA	4.6	1.8
Median	0.9	3.1

NATIONAL LEVEL INTERVENTIONS

Along with counterparts at the DMI, the USAID-SCMS project analyzed the quality and opportunity of the logistic information generated by the SUGEMI information system, and supported adjustments in the databases, digitization tools, and **reporting and analysis of the situation of the HIV-RC stocks**, including the improvement of the SUGEMI information dashboard (illustration 2). With the assurance provided by a more accurate and timely information, USAID-SCMS supported the MTWG in the periodic analysis of the information provided in the SUGEMI dashboard, and the development and issuance of eight **monthly stocks reports** which included the decision taken by the MTWG to prevent stockouts. USAID-SCMS also used this information to support the drafting of the **annual quantification report for HIV-RC**. The report detailed the methodology used and proposed a budget of DR \$825,198,840.26 equivalent to US \$14,060.297.16) for the procurement of HIV-RC in 2023. The report was submitted to the MoH planning department for its inclusion in the MoH overall budget and final approval by the Ministry of Finance.

Illustration 2. SUGEMI information dashboard



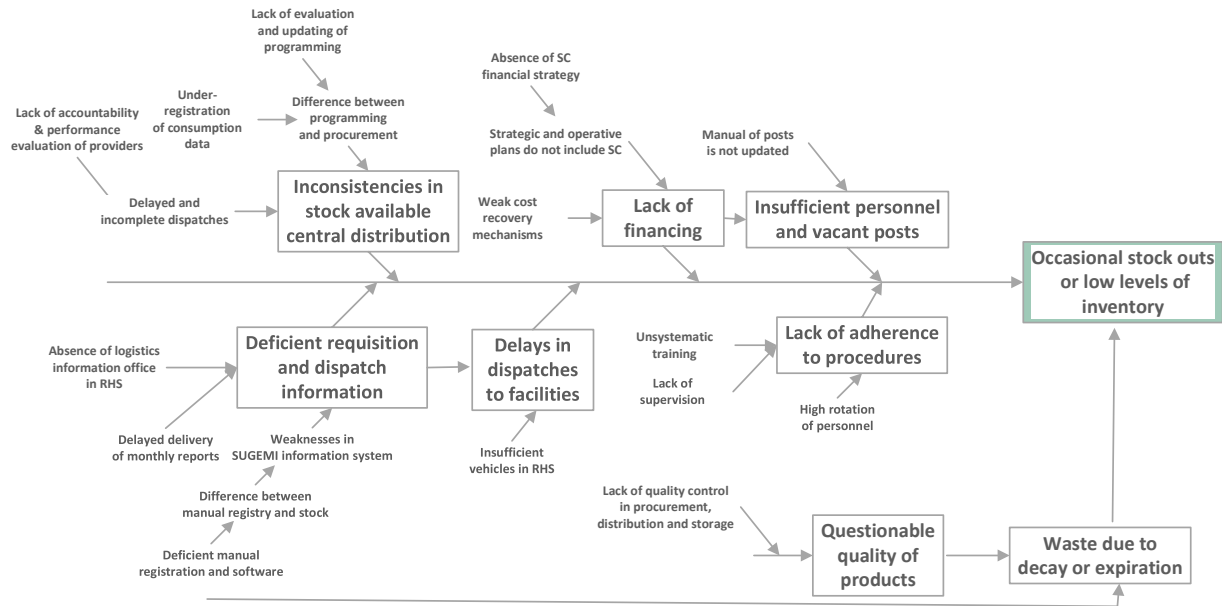
The long-term sustainability of the HIV-RC improvements in FY22, will also depend on the efficiency of the procurement process and storage and inventory management practices, currently under the administration of the MoH. USAID-SCMS undertook baseline studies to determine the situation and capabilities of PROMESE-CAL to take over these responsibilities, as legally required by the DR Government.

As of March 2022, PROMESE-CAL lacked the minimal conditions to start the **take over the responsibility from the MOH for the procurement HIV-RC as well as for the storage and logistic operation of TB products**. Based on an agreed workplan, USAID-SCMS supported the organization of meetings and the drafting of communications among the MoH, PROMESE-CAL and the Ministry of Finance to operationalize the transfer of the procurement; supported the strengthening of PROMESE-CAL’s International Acquisition Unit and updated its procedures. In addition, USAID SCMS supported the repair of PROMESE-CAL transportation fleet and the optimization of the distribution routes, the implementation of the PROMESE-CAL information system and the clearing of shelf space to accommodate TB products. As of September 2022, several the minimal requirements for the transfer of the procurement, storage and inventory management were not fulfilled. These activities were reprogrammed for FY23.

USAID-SCMS carried out a **policy and programmatic assessment** to determine the bottlenecks for a full implementation of PEPFAR supported differentiated interventions such as pre-exposure prophylaxis (PreP) and index texting. The assessment identified, among other findings, that the coverage targets of the PEPFAR supported partners were not included in the annual procurement forecast of requirements. These amounts were included in the 2023 quantification report submitted to the MoH.

USAID-SCMS implemented the **National Supply Chain Assessment**, using the methodology and tool kit previously developed by other USAID partners. This comprehensive assessment -implemented for the first time in a Latin-American country – demonstrated the strengths in the DR public supply chain derived from the implementation of SUGEMI, and the weaknesses attributed -mainly- to the scarcity of financial resources allocated for the operation of the supply chain (illustration 3).

Illustration 3. Weaknesses in the public supply chain, as identified by the NSCA



IMPLICATIONS FOR THE FY23 WORKPLAN

All the deliverables programmed for FY22 were submitted and approved by USAID. The FY23 workplan includes all the activities and tasks proposed in the original three-year (2022-2024) plan, since all the technical assistance initiated in FY22 must be continued to ensure the consolidation of the achievements. The long-term sustainability of the HIV-RC supply chain depends, however, on the strengthening of structural components that are not included in the USAID-SCMS workplan, such as: the implementation of more efficient inventory management system (SALMI)² and the estimate of the public supply chain operational costs for its inclusion in the regular MoH and SNS budgets.

² The Logistic Administration System for Medicines and Supplies (SALMI, per its Spanish acronym) is an open source, application supported by the United Nations Population Fund (UNFPA). The SNS has officially requested USAID and other cooperation agencies to support its implementation.