



Riding the Digital Health Wave: Integrating Technology Innovations Improves Access to RH Commodities in Tanzania

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Overview

Three (soon four!) innovative technologies that form a fully integrated digital architecture that provides end-to-end visibility and operational control for the health commodities supply chain in Tanzania



msd
medical stores department

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- 
- A satellite-style map of the African continent is shown in the background. The landmass is rendered in shades of yellow, green, and brown, representing different elevations and vegetation. The surrounding oceans are dark blue. The country of Tanzania is highlighted with a solid blue color, making it stand out from the rest of the map.
- Operates 4 vertical programs to deliver services to public health facilities
 - Uses quarterly report and request forms to gather information from public health facilities
 - In Tanzania, there are approximately, 6,000 facilities, each operates at least 2 programs.
 - Distribution of medical supplies is handled by a Medical Stores Department (MSD) which has a central hub and depots in nine zones.

What kinds of problems do you experience with data management?

Infrequent adherence to reporting groups

Late reported orders

Difficulties with ordering and reporting

Data accessibility and accuracy

HMTs require logistics data for supervision support

Absence of facility level data for decision-makers

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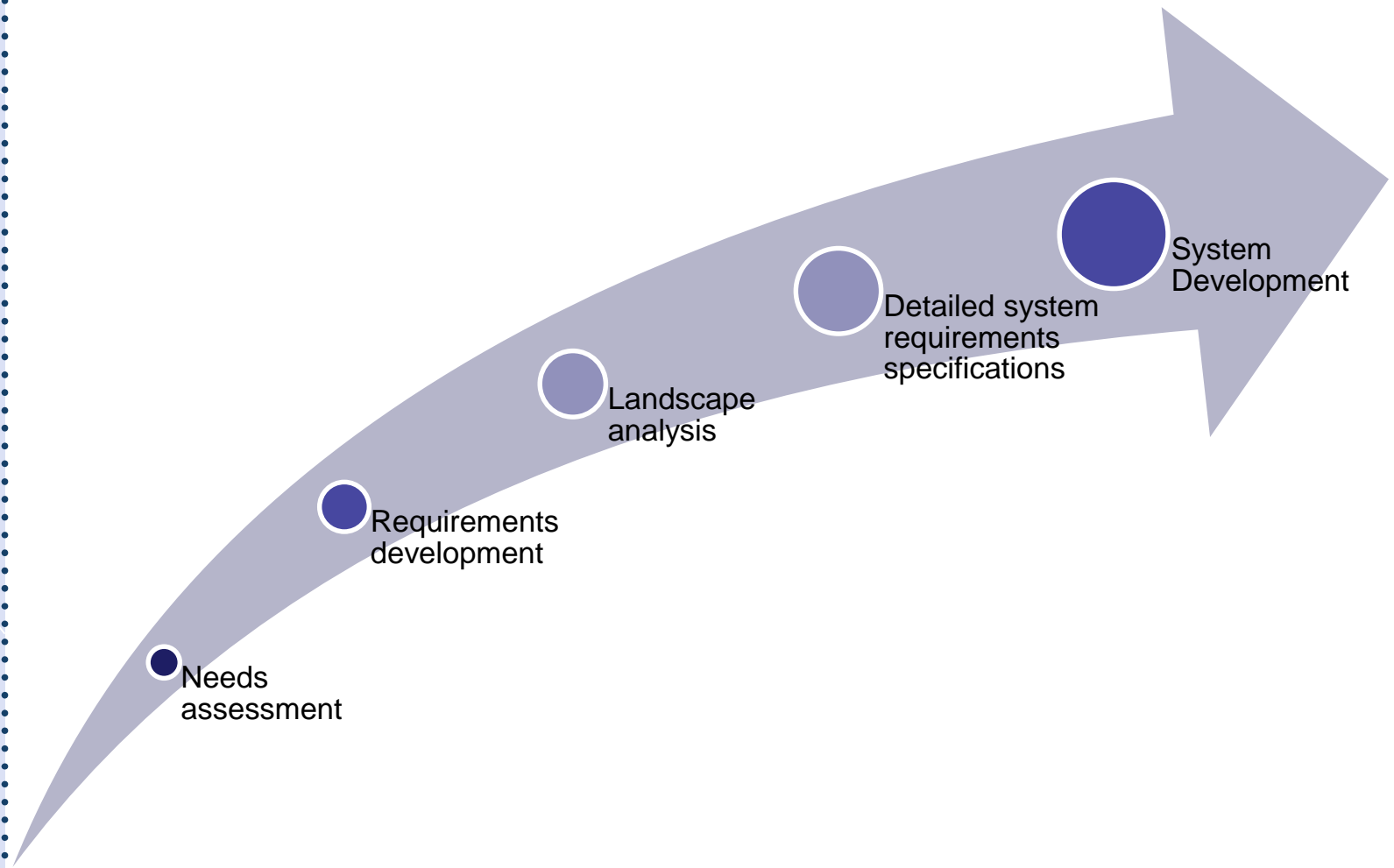


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How can we address these problems?



The eLMIS development process:



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Landscape of existing systems

2013



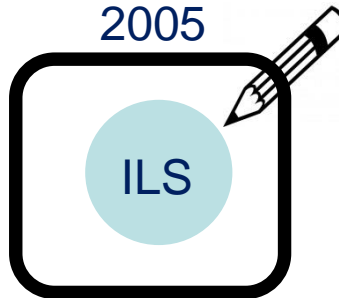
HMIS data such as patient data, catchment population, treatment summary, etc.

2012



ERP: Integrates Sales, Procurement, Finance, and Logistics functions into one place to facilitate transparent and efficient operations

2005



Paper system for reporting and requisitioning health commodities

2010



A mobile health alert and reporting system designed to increase the visibility of logistics data and improve product availability

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Supply chains are people chains too!



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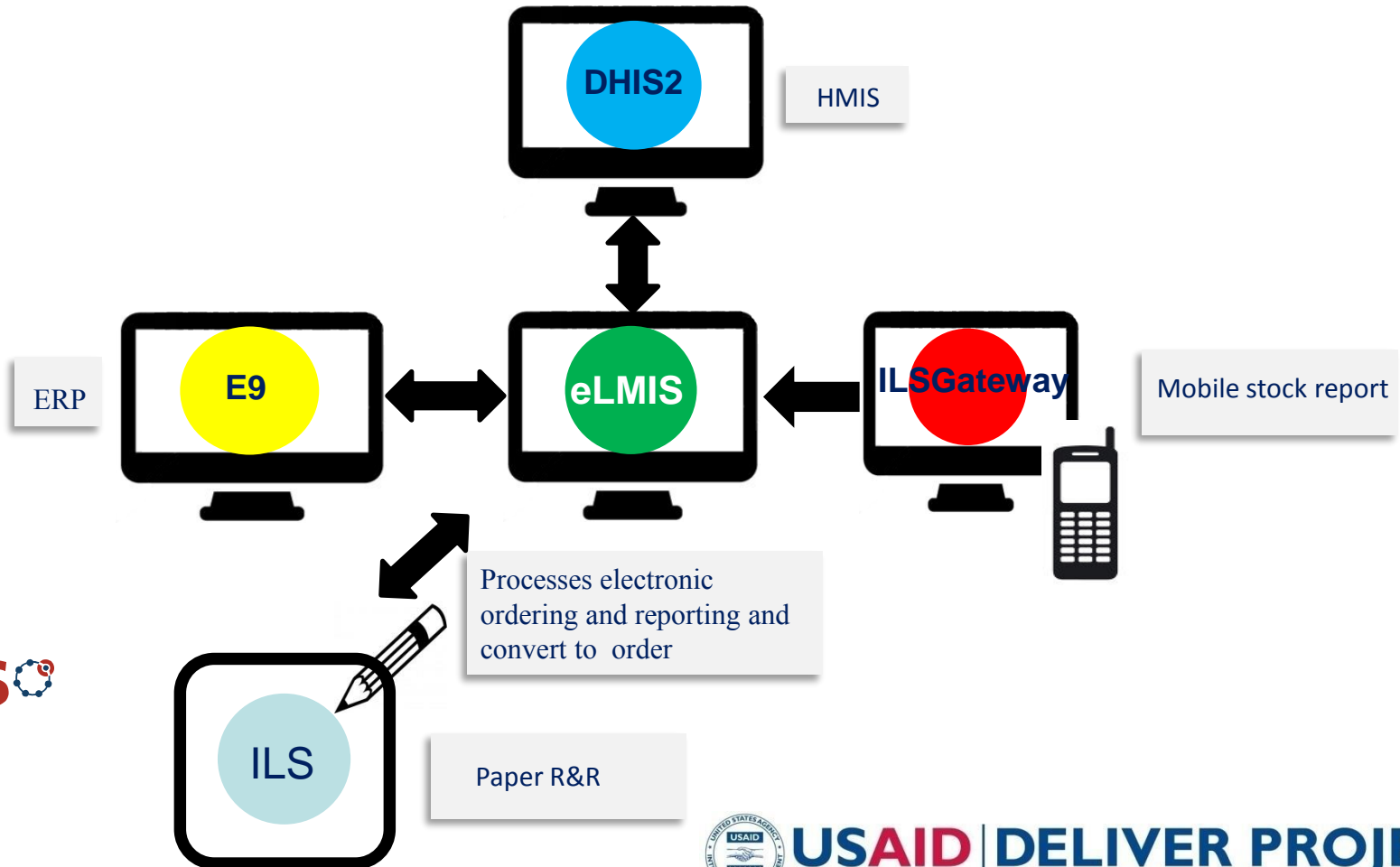
Establishment of a Logistics Management Unit (LMU)

The LMU is responsible for organizing, monitoring, and supporting all supply chain activities within all logistics systems in the country. Key functions of the LMU include:

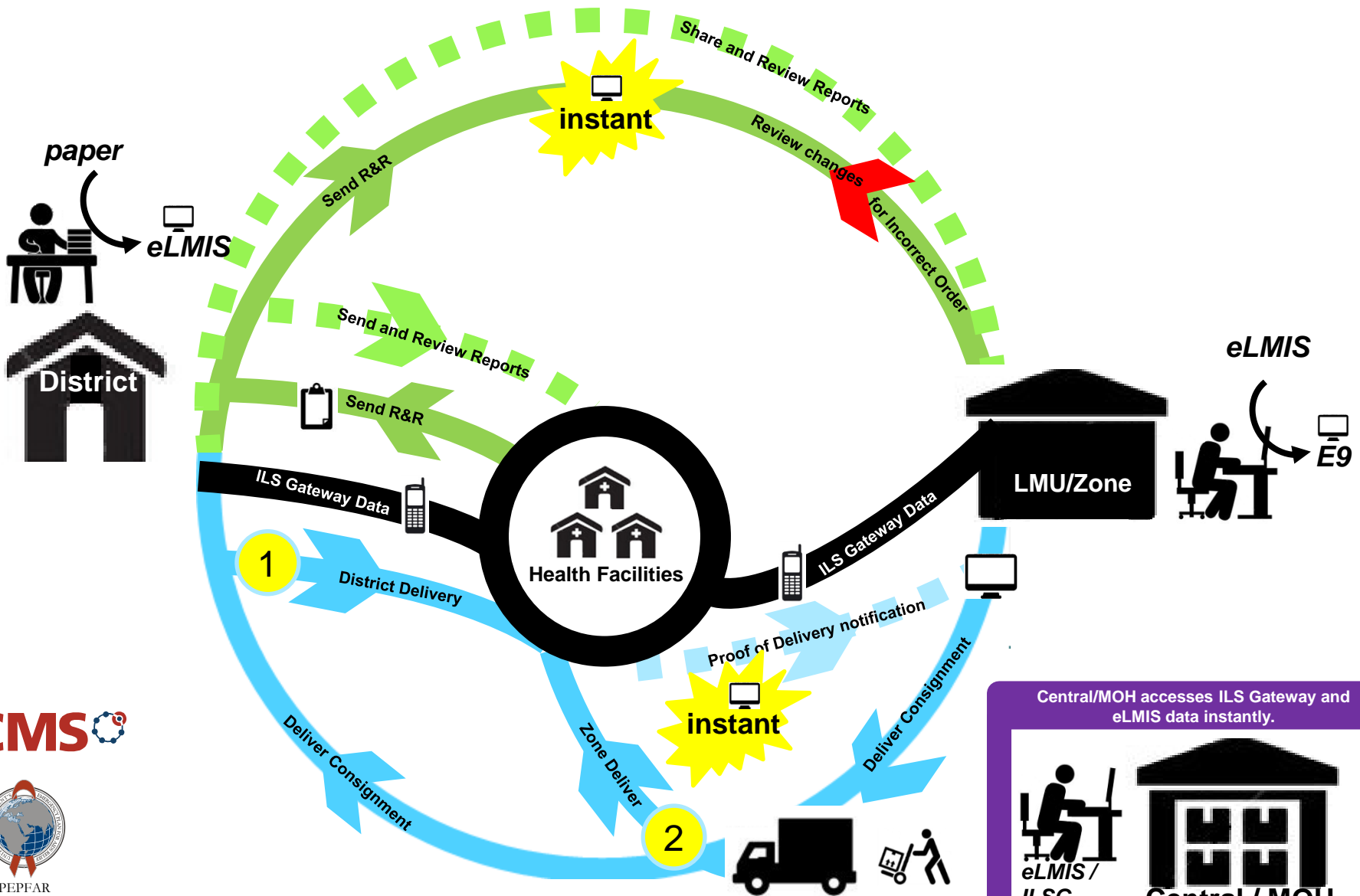
- Logistics Data Management
- Quantification
- Monitoring & Evaluation
- Coordination and Collaboration
- Supply Chain Intervention Planning
- Training & Capacity Building
- Supervision

Integrating with existing systems

All ILSGateway data are input into eLMIS and both ILSGateway and eLMIS data are entered to E9. All ERP order data, which was previously hand-keyed in, is now created from eLMIS



eLMIS data Movement



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Results of integration

- This ecosystem links 4,616 facilities through ILSGateway, 162 districts and the MOHSW central and regional offices through the eLMIS, and all nine MSD zones and central stores through the ERP
- timeliness of stock-on-hand reporting rate increasing to 88 percent through ILSGateway, compared to 45 percent ILS reporting rate in 2009
- increased availability of family planning commodities by 45 percent
- the ERP has reduced the time required by MSD for annual stocktaking from 30 to 17 days, using the ERP
- increased accountability and transparency
- improved adherence and redistribution of stock management for family planning commodities
- A new module for vaccines (VIMS) is currently being developed for addition to the eLMIS

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More work to do!

“although substantial interest exists in linking LMIS and HMIS data, very few examples are in place where countries are successfully implementing” such a system

- *Considerations for the Integration of HMIS and LMIS*

2014 UNCoLSC Report

Systems for Improved Access to Pharmaceuticals and Services Program

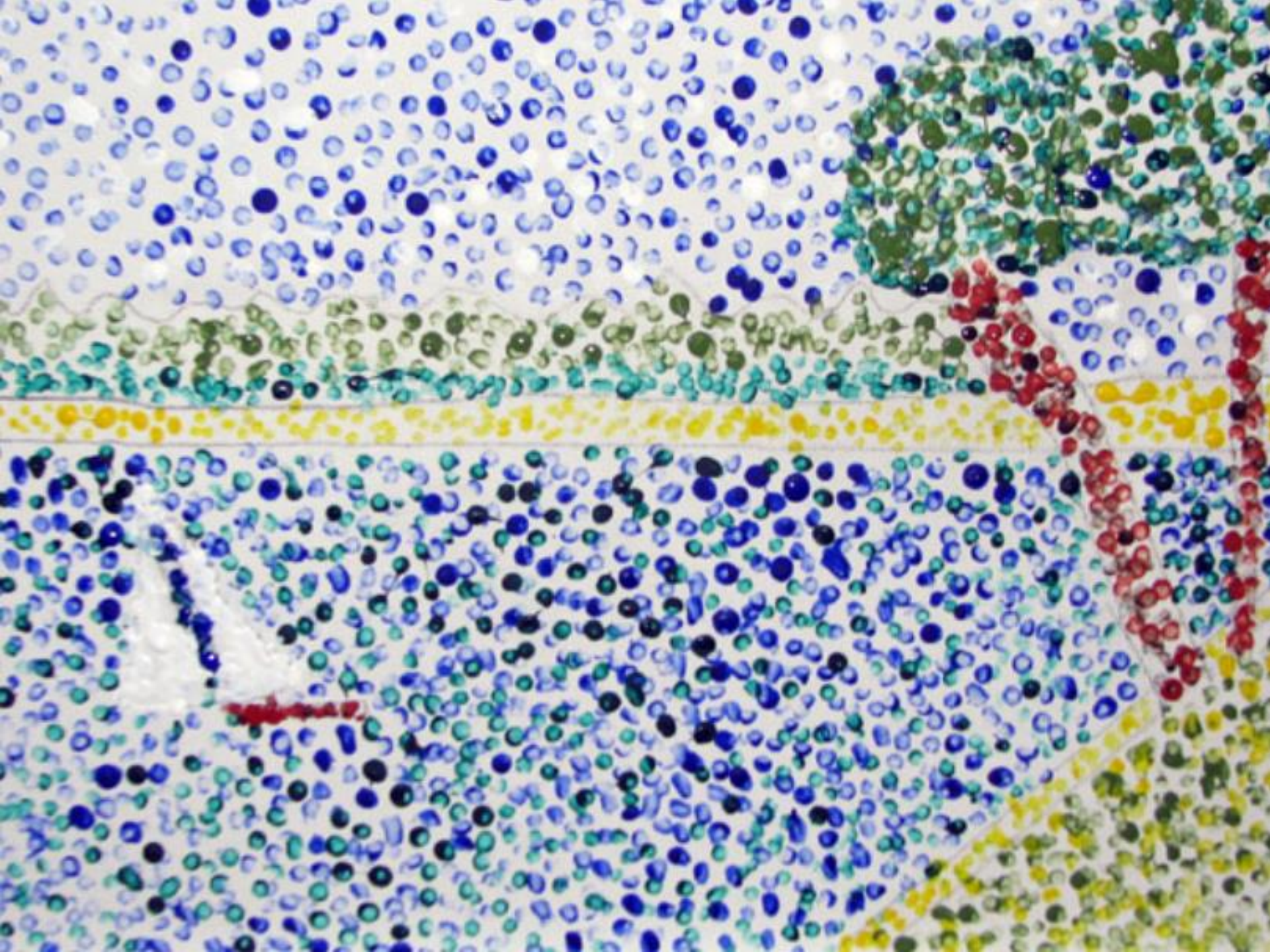
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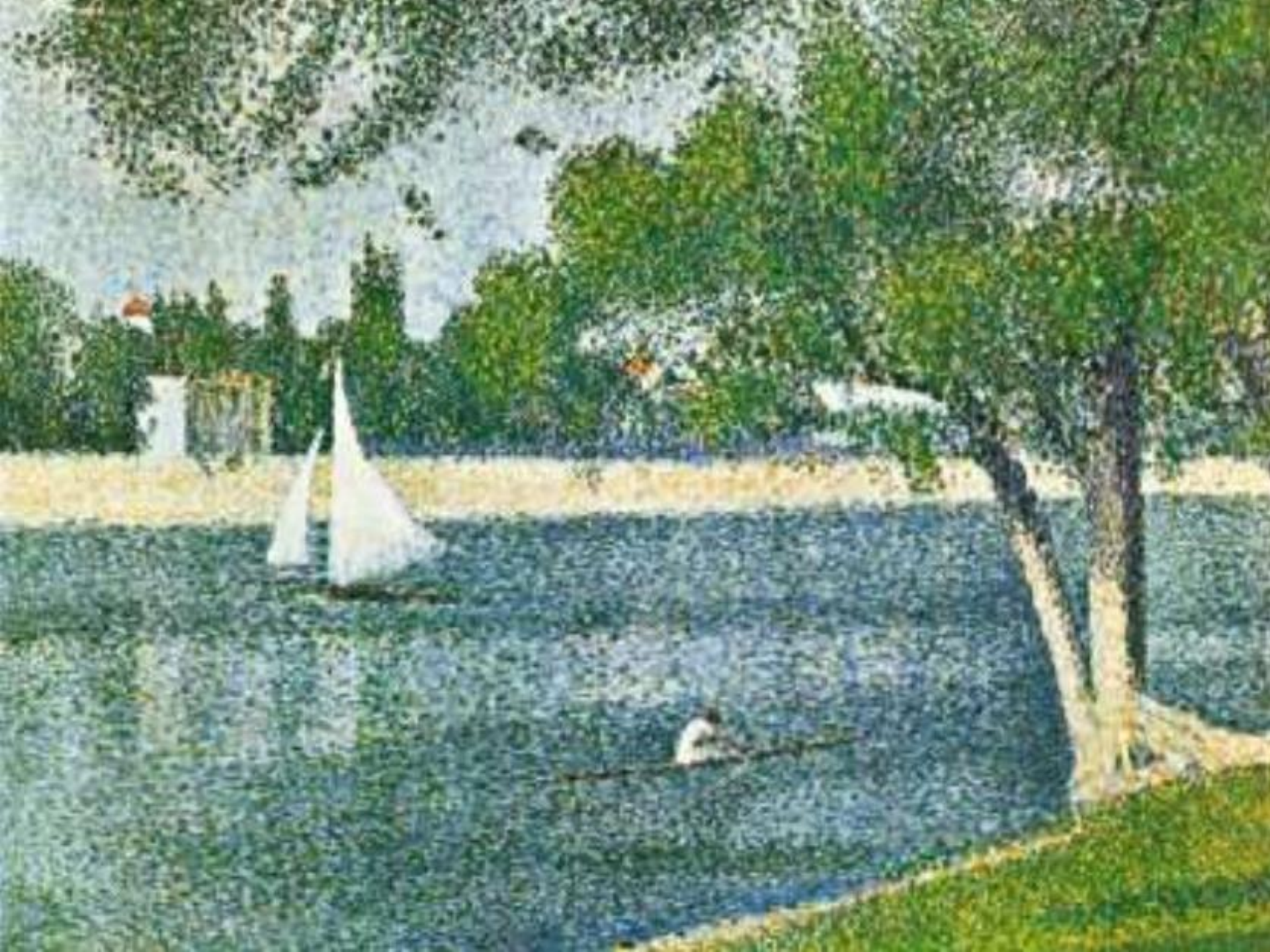


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Example HMIS/LMIS Indicators

1. **Number of Female Condoms issued in the DHIS2 against the quantities of Female Condoms used per eLMIS reports.**
2. **Number of Combined Oral Contraceptive Cycles issued in the DHIS2 against the quantities of cycles used per eLMIS reports.**
3. **Number of Progestin Only Pills issued in the DHIS2 against the quantities of Progestin Only Pills used per eLMIS reports**
4. **Ratio of implants used vis-à-vis the patients who received the equivalent services.**
5. **Number of Emergency Contraceptives issued in the DHIS2 against the quantities of Emergency Contraceptives used per the eLMIS reports.**

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