3/31/2018

Q&A Webinar RHSC data mechanisms for humanitarian settings

Reproductive Health
SUPPLIES COALITION

Questions and Answers

How do CARhs and CSP work together to coordinate requests to the donors (USAID, UNFPA) for a projected funding gap or stockout? i.e. how are communications streamlined, how is that information managed centrally for optimal coordination? I recognise that some of that may happen through the respective working groups and/or maybe via specific countries/missions/country offices but for a first overview, it seems like there must be a good system for avoiding overlap or duplication. (Melissa Garcia, MHS)

CARhs and CSP members do their best to avoid overlaps and duplication of work. For example, the CSP Coordinator sits on the CARhs call, and tracks when issues are explicitly passed from the CARhs to CSP and vice versa. Over the years, we've developed a set of norms built around the continuum we presented as to what issues are for the CARhs versus CSP. We have also tried to build monthly cadences for data reviews and publication that complement the work of the two groups. However, as these two groups developed organically, we have found that the use of separate tools on different platforms has resulted in significant duplication of effort when it comes to data review. This is one of several drivers behind the Global FP VAN, and we are currently developing a unified process that integrates and streamlines the work of the two groups into one unified rhythm and flow.

Thank you for the well-organized presentations. It was helpful to see the workings behind the various complementary groups and platforms. However, the 'humanitarian settings' piece seemed like it got lost. It may be that we have different perceptions of humanitarian settings. (Joan Littlefield, Americares)

The presentations aimed to share information and learning from RHSC's experiences with supplies data collection and coordination mechanisms. We planned to have a little more time for discussion at the end around how this learning could apply in humanitarian settings, but we ran out of time. Anyone interested in this topic can continue the conversations within the RHSC Humanitarian Workstream and/or the IAWG Logistics/Supplies sub-working group. If you would like to join the group, please email Sarah Rich (sarahr@wrcommission.org).

Thank you for this informative presentation. For the Global VAN Pilot, how did you select the two products you will be collecting data about (oral contraceptives and implants)? (Cloe Denevit, WFP)

The two products were selected based on the willingness of our suppliers to participate and provide their shipping data. For example, with the Implants Access Programs, we were already receiving implant shipment data directly from some of the manufacturers. Further we wanted to test out products where supplier

participation would provide full visibility to the markets in the GFPVAN pilot (implants) and partial (oral contraceptives) based on the number of manufacturers supplying these markets.

How many/what proportion of ministries of health are reporting directly online? (Sarah Jane Holcombe)

I believe all but one MOH is reporting using the offline smart PDF form.

How could the humanitarian community use these tolls to improve supply chain during emergencies? (Elizabeth Noznesky, CARE)

This was just the beginning of what we hope will be a longer conversation about how we can use the learning from these tools to improve commodity security in humanitarian settings. We will need to have more extensive discussions about how we would want to use or adapt the tools, what fundraising would be needed to do this, etc. We can continue this discussion in the RHSC Humanitarian Workstream and the IAWG Logistics/Supplies sub-working group. If anyone would like to join, please let Sarah Rich know (sarahr@wrcommission.org).

Do you monitor FP stock levels for countries experiencing humanitarian crisis with significant displaced population? How do you support country government to ensure continued supply of FP products? (Pascal Saint-Firmin, The Palladium Group)

We receive data from 38 countries, a small handful of which are experiencing humanitarian crises (e.g., Bangladesh, Chad, DRC). Please see the list below. As the PPMR primarily collects central-level data, we mostly focus on global shipments and are not in a position to address in-country distribution issues. Therefore, it is out of our scope to track whether displaced populations within a country are able to access family planning products. One example of when such issues would come to our attention would be: a country is stocking out of a particular FP product at the central medical store due to an influx of displaced people. The country then requests to expedite a shipment, or for a new shipment as a result of the increased consumption.

Can we get a sense of which countries these systems have worked for? it would be good to have an idea around tchad, drc etc… (Jennifer Schlecht, FP2020)

Typically, the CARhs addresses at least one issue per country every year so in our view, every reporting country has received some benefit. Here is an example of our results from the period of October 1, 2016 to September 30, 2017:

PPMR data supported the CARhs group to:

- Initiate and execute 7 unplanned shipments to 5 countries to prevent or mitigate stock outs
- Expedite 9 shipments to 7 countries to prevent stock outs
- Postpone/cancel 7 shipments to 6 countries to reduce or avoid overstock situations
- Facilitate 5 product transfers between 10 countries to address shortages and overstocks, and
- Help 5 African countries realize an estimated $844,000 in savings by redirecting excess stocks of injectables, oral contraceptives, male condoms, implants, and IUDs to countries where they could be used.

Similarly for CSP, in 2017 through the identification and review of 102 unique issues for 34 countries we:

- Helped provide countries with an additional 7 million couple years of protection (CYPs)
- Helped place additional orders to avert shortages and stockouts worth $12.4 M for 14 countries across 10 products in 2017
- Recommended canceling or reducing orders that were not needed, valued at $1.8 M
- Recommended delaying orders to prevent potential overstocks worth $1.0 M
- Helped facilitate a transfer worth $369k, potentially averting expiries

Who is hosting GFP VAN and how about its cost component? Is this free for all users both public and private? What measures have you taken on data security? Does this also show lead time and capacity of the different suppliers to avoid being over ordered? How do you tap in private sector small donors as well? Any luck to add Kenya as pilot country? How are you addressing last mile data capturing challenge, are you using some tool to help in pilot countries? (Abdullah Zaman, WFP)

The goal of the GFPVAN is to provide the information needed to develop the business case for expanding the platform to all products and all countries. At this time we are not able to include Kenya as we are limited to two countries. We do hope to be able to expand quickly once our pilot countries are onboard and would certainly consider Kenya for inclusion then.

The RHSC just announced the software vendor for the GFPVAN, E2OPEN. Right now, the costs associated with the vendor for the pilot are being paid for by the Gates Foundation via the RHSC. Additional costs including human resources needed to stand up the platform are being paid for by USAID and UNFPA. Access to the GFPVAN is then free. We are currently working out data-sharing rules for the platform due to the sensitivities around the data being provided so we can regulate access to different pieces of data.

Last mile data capture is outside the scope of the GFPVAN.

Alexis mentioned: CSP has data from 48 countries ; FP2020 has total of 69 countries ; when are the remaining countries expected to be part of data sharing/information (Rene Vaneenbergen, Merck)

There are no plans to expand beyond the 38 PPMR countries at this time. The reason for this is that unless a country is receiving donated product from USAID and/or UNFPA, the global procurers have little influence over the stock levels of family planning products in-country.

List of PPMR reporting countries:

1. Afghanistan
2. Angola
3. Bangladesh
4. Benin
5. Burkina Faso
6. Burundi
7. Cameroon
8. Cape Verde
9. Chad
10. Cote d'Ivoire
11. Democratic Republic of Congo
12. Ethiopia
13. Gabon
14. Gambia
15. Ghana
16. Guinea
17. Guinea-Bissau
18. Haiti
19. Kenya
20. Liberia
21. Madagascar
22. Malawi
23. Mali

24. Mauritania
25. Mozambique
26. Nepal
27. Niger
28. Nigeria
29. Pakistan
30. Rwanda
31. Sao Tome and Principe
32. Senegal
33. Sierra Leone
34. Tanzania
35. Togo
36. Uganda
37. Zambia
38. Zimbabwe