

Complementing the medicines supply gap with a regional Prime Vendor system

The new regional Prime Vendor system is a unique public private partnership that supplements Medical Stores Department with supplies from a single vendor, in a pooled regional approach

Results

- The first regional PV system in Tanzania has been launched and has started operations
- A PPP in the pharmaceutical sector has been established
- Regional authorities have taken the lead and drive the PV system
- A model PV system with detailed implementation guide and toolkit is available for replication

Steps

- Endorsement of PV concept by regional and local authorities and stakeholders
- Transparent procurement process
- Prequalification of potential suppliers
- Tender and selection of Prime Vendor
- Handbook with Standard Operational Procedures (SOPs)
- Advocacy, sensitization and training of authorities and health workers
- PV coordination team and office

Health facilities in Dodoma Region depend on the Medical Stores Department (MSD) for their medicines supply. Due to performance challenges at the MSD, availability of medicines in the health facilities (HF) in the region is insufficient, with a supply gap of approximately 40%. Since efficiency of MSD cannot be influenced by the HPSS project in a significant way, alternative strategies are needed to fill the gap. While MSD will remain the backbone for medicines supply to the public sector, Dodoma Region together with the HPSS project decided to tackle the problem of medicine stock-outs through a public private partnership (PPP).

The supply gap will be complemented by medicines from other sources, financed with complementary funds. Health facilities and districts have funds available that are earmarked for the purchase of supplementary medicines. These funds are from regular sources such as CHF, NHIF, user fees and basket funds. So far, purchase of supplementary medicines has, however, been very fragmented and uncoordinated and has not taken advantage of economies of scale.

Prime Vendor system

A concept for possible scenarios with a Prime Vendor (PV) was discussed and endorsed by the districts. The PV concept comprises an approach that could alleviate supply availability problems by implementing a complementary supply system, involving the private sector. The new regional Prime Vendor system is a unique public private partnership with the objective to supplement medicines supplies of MSD with supplies from a single vendor in a pooled regional approach.

After a lengthy and transparent prequalification and procurement process by the regional authorities, a supplier was selected based on Good Procurement Practice. During an official launch in September 2014, graced by the guest of honour the deputy Minister of Health and the Swiss Ambassador, the contract between the regional authorities of Dodoma and the selected PV, Bahari Ltd. was signed. Noteworthy at the launch were the high representation of women (Regional Commissioner, Regional Administrative Secretary, acting Regional Medical Officer) and the strong ownership of the project by the region.



Launch of the Dodoma Prime Vendor System in the media - 2014



Table row: Karin Wiedenmayer SwissTPH, Swiss Ambassador Olivier Chave, deputy Minister of Health Steven Kebwe, Regional Commissioner Rehema Nchimbi
 Front of Table: acting Regional Medical Officer Dr Chaula, Regional Administrative Secretary Rehema Madenge



This has been the starting point for the implementation of a system that will hopefully fill the gap in medicines availability, in collaboration and partnership with MSD as the main supplier of medicines to public HF. The region will also closely collaborate with Tanzania Food and Drugs Authority (TFDA), the Pharmacy Council and the Pharmaceutical Services Section of the MoHSW. First orders have been placed and delivered by the PV to the full satisfaction of health facilities.

SOPs and other measures

Signing of the contract with the selected Prime Vendor has not been the end of the story. A comprehensive but user friendly handbook with Standard Operating Procedures for health facilities and districts has been developed to make the PV system operational. All actors have been called upon to adhere to the operational principles and purchase supplementary medicines from their regional PV.

Having more medicines available may lead to overuse of medicines and more irrational prescribing. Therefore, in addition to reducing stock-outs of medicines, good clinical practice including correct prescribing and use of medicines based on the national Standard Treatment Guidelines will be a prerequisite for better health outcomes. Providing more medicines in the supply system may also increase the opportunity for leakage and misappropriation. Therefore, regular and supportive supervision and auditing are conducted. A PV office has been inaugurated and is staffed by two pharmacists and the PV coordinator whose task is to guide, supervise, document and monitor the new PV system. Significant and decisive in the success of this system has been the fantastic support and involvement of regional authorities and district stakeholders.

Dodoma Health Project Tanzania - Background

Health Promotion and System Strengthening (HPSS) or Tuimarisho Afya Project is part of the development cooperation between Tanzania and Switzerland. The HPSS project was launched in 2011 and supports Dodoma Region in the areas of health insurance, community health promotion, pharmaceutical management and management of maintenance and repair services for a period of 10 years. The project is funded by the Swiss Agency for Development and Cooperation (SDC) and implemented by the Swiss Tropical and Public Health Institute (Swiss TPH).

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