25 YEARS

medical ACCESS

DELIVERING HOPE

25 Years Transforming Supply Chains Around the World

AUGUST 2023

DELIVERING HOPE

Medical Access believes in the transformative power of well-functioning, reliable healthcare supply chains. By delivering critical medicines and supplies, as well as expertise to build local capacity, we are building a stronger, more resilient healthcare system for future generations. In doing so, we strive to deliver hope to patients around the world that need it most.

This report is dedicated to the courageous patients we serve whose unwavering resiliency drives us to strive for excellence each day.

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“Thank you, CDC, and Medical Access, for ensuring that over 270,000 HIV-positive patients have access to life-saving commodities and for building the capacity of thousands of health workers throughout the country in good medicines management practices.”

DR. DIANA ATWINE
PERMANENT SECRETARY, MINISTRY OF HEALTH, UGANDA

“We receive US$ 3-4 million of commodities every year through PEPFAR through Medical Access. I can tell you that if I order commodities at 9 am today, by 2 pm I would have everything that I asked for. That means that if a patient comes to us and there is a commodity they need from Medical Access, we will have it.”

DR. BARBARA MUKASA
EXECUTIVE DIRECTOR, MILDMAY UGANDA

“Medical access has been instrumental in supporting us with capacity building, and as a result, we have never had any stock-outs because we know how to forecast, how to order medicines and how to maintain the quantities that we need. We are achieving the 90-90-90 UNAIDS goal because of their support and partnership.”

PASQUINE OGUSANYA
EXECUTIVE DIRECTOR, ALIVE MEDICAL SERVICES

“We’ve had assessment after assessment where we’ve looked at price and reliability of the systems that Medical Access has delivered, and they’ve always exceeded our expectations.”

DR. STEVE WIERSMA
FORMER CDC COUNTRY DIRECTOR, UGANDA

I would like to take this opportunity to appreciate Medical Access for the timely action and delivery when called upon. I would like to thank their field officer for immediate action on the emergency request made. On behalf of the organization, I am so grateful for helping us save the life of a client.”

MARY NABISIBO
STORE KEEPER, KAWEMPE HOME CARE

ABOUT MEDICAL ACCESS

For 25 years and counting, Medical Access has transformed healthcare supply chains in more than 35 low-and middle-income countries around the world.

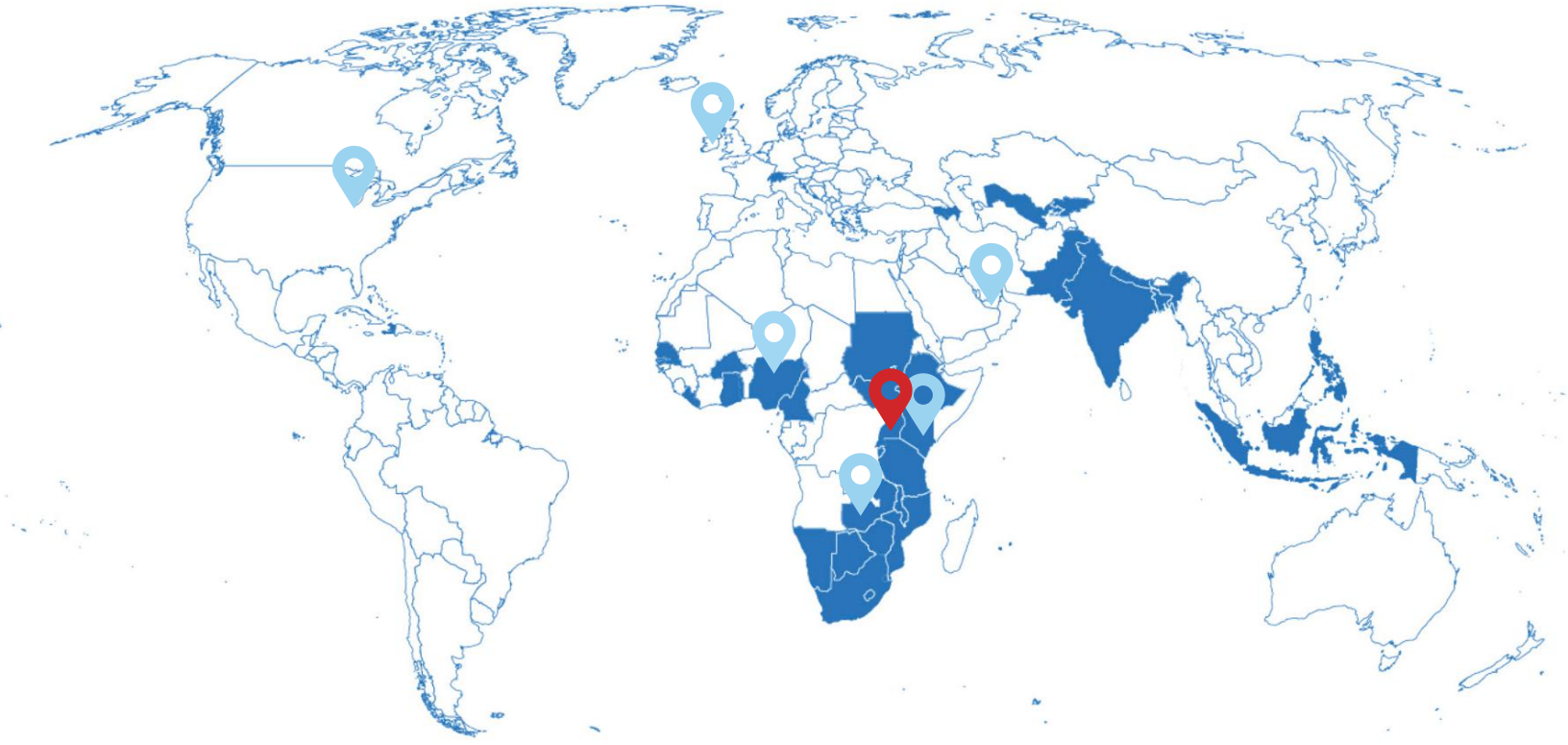
Our journey started in 1998 during the peak of the HIV/AIDS epidemic in Africa. The UNAIDS Drug Access Initiative, the world's first antiretroviral (ARV) access program in low- and middle-income countries, gave rise to Medical Access and enabled us to introduce ARVs in Uganda at a critical time, and to catalyze other similar programs around the world.

Since those early days, Medical Access has evolved to provide comprehensive supply chain solutions to leading local and international partners for a wide range of medical products.

Today, we combine our rich experience, skills and robust digital tools to transform supply chains into agile, efficient and reliable systems tailored to the needs of the communities and stakeholders we serve.

25 YEARS OF SPECIALIZED EXPERIENCE

35+ COUNTRIES REACHED



PROJECT COUNTRIES

ARMENIA	GHANA	MOZAMBIQUE	SOUTH SUDAN
AZERBAIJAN	HAITI	NAMIBIA	SUDAN
BOTSWANA	INDIA	NEPAL	SWITZERLAND
BURKINA FASO	INDONESIA	NIGERIA	TANZANIA
BURUNDI	KENYA	PAKISTAN	TOGO
CAMEROON	KYRGYZSTAN	RWANDA	UGANDA
CHINA	LIBERIA	SENEGAL	UZBEKISTAN
ESWATINI	MALAWI	SEYCHELLES	ZAMBIA
ETHIOPIA	MAURITIUS	SOUTH AFRICA	ZIMBABWE

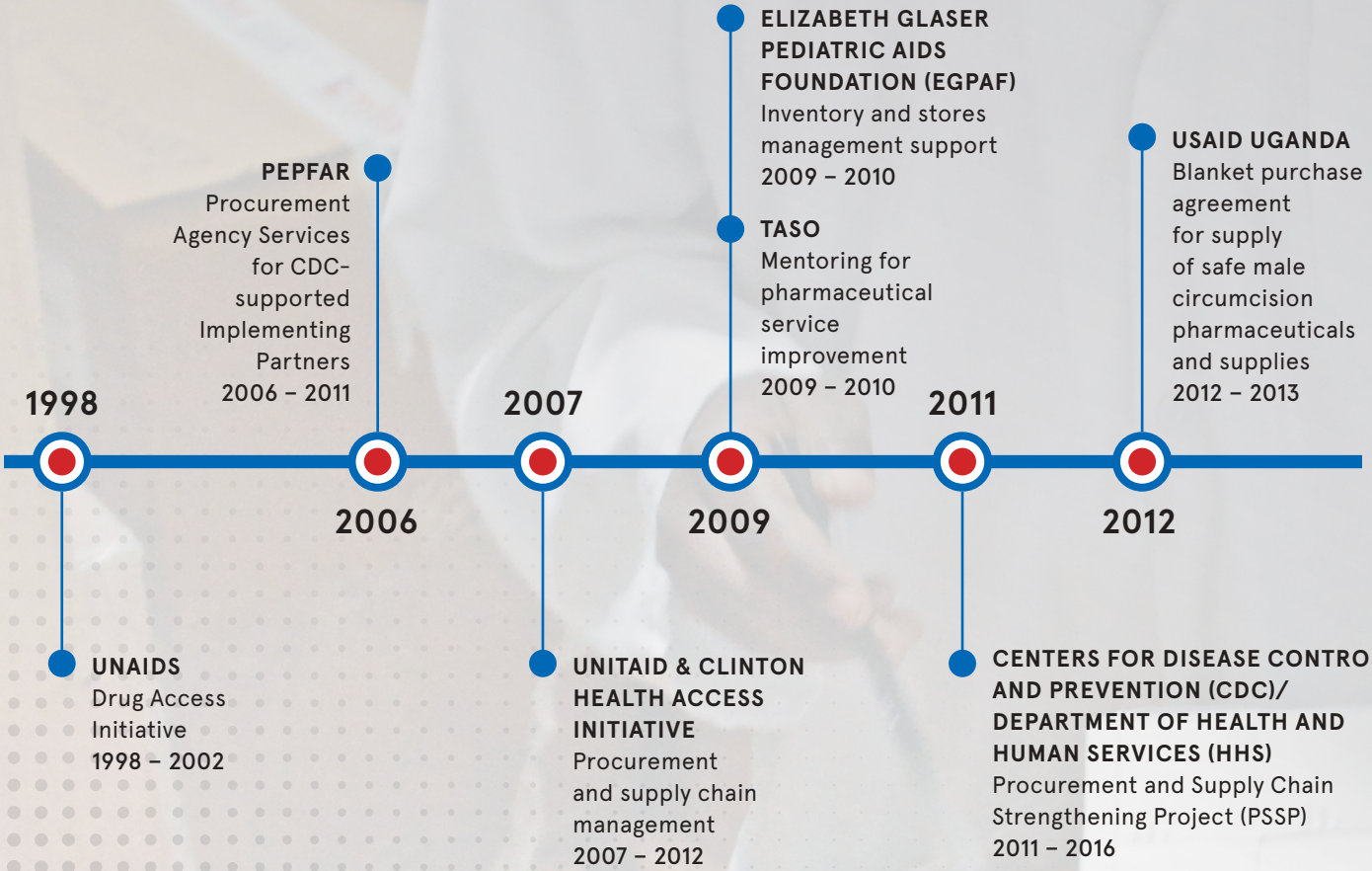
HEADQUARTERS

OPERATIONAL & REGIONAL OFFICES

OUR EVOLUTION

BUILDING A STRONGER, MORE RESILIENT HEALTHCARE SYSTEM FOR FUTURE GENERATIONS

In the past 25 years, Medical Access has transformed supply chains in 35+ countries, and established evidence-based systems and practices to facilitate country ownership and improve medical outcomes for millions of patients. The systems built and optimized during the implementation of our projects enabled patients to access lifesaving, high-quality medications and diagnostics when and where they needed them, and put in place a much-needed infrastructure to strengthen country responses to critical public health issues for years to come.




2017
2019
2020
2021
2022
2023
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)/DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Health Supply Chain Improvement Project (HSIP)
2017 – 2023
USAID
National Supply Chain tool optimization in Rwanda and Zambia
2017
THE GLOBAL FUND
Technical assistance audits in 18 countries in Africa and Asia
INFECTIOUS DISEASES INSTITUTE
Nucleosides and Dolutegravir/ Darunavir in Africa (NADIA) Project
2019 – 2021
DKT
Inbound logistics management, customs clearance, warehousing and distribution services
2019 – ongoing
UNITED NATIONS WORLD FOOD PROGRAMME (UNWFP)
Warehousing services at Extended Delivery Points (EDPs)
2019 – 2022
PATH
Freight forwarding, customs clearance, warehousing and distribution services
2020 – 2022
USAID UGANDA
Procurement and delivery of HIV Viral Load and Early Infant Diagnosis (VL/EID) reagents, controls, and sample collection items
2022 – 2023
USAID UGANDA
Procurement and delivery of HIV ARV medicines for adults and children in the PNFP sector
2022 – 2023
UNITED NATIONS WORLD FOOD PROGRAMME (UNWFP)
Warehousing services at Extended Delivery Points (EDPs)
2021 – 2022
MILDMAY UGANDA
Provision of distribution services
2021 – 2023
GLOBAL FUND/ USAID ERITREA
Technical assistance
2022 – ongoing
USAID UGANDA
Procurement and delivery of medication-assisted treatment commodities for PEPFAR programs
2022 – 2023
USAID UGANDA
Procurement and delivery of medicines to treat or prevent sexually transmitted infections and opportunistic infections
2022 – 2023
MÉDECINS SANS FRONTIÈRES
Warehousing services
2022 – 2024
THE GLOBAL FUND
SCM technical assistance and transformation in Uganda, Sudan and Haiti
2022 – 2023
USAID UGANDA
Procurement and delivery of a range of HIV commodities
2023 – 2026
INFECTIOUS DISEASES INSTITUTE
Provision of transportation services
2023

OUR IMPACT

IMPROVED ACCESS TO LIFE-SAVING MEDICINES AND COMMODITIES

Our Early Days: Kickstarting Access to ARVs in Africa

Medical Access was born in 1998, during the peak of the HIV/AIDS epidemic in Africa. At the time, HIV/AIDS rates were skyrocketing and while more developed countries had access to ARVs, these potentially life-saving medicines were out of reach for most low- and middle-income countries (LMICs). Other than basic drugs to treat opportunistic infections resulting from HIV/AIDS, doctors had no options to offer their patients. An HIV/AIDS diagnosis was a death sentence.

It was in this context that the UNAIDS Drug Access Initiative (DAI), the world's first ARV access program in LMICs, began as a pilot program to establish the feasibility of ARV access in developing countries.

With the Uganda Ministry of Health's approval, Medical Access was established as a Uganda-based non-profit organization to support the DAI by purchasing ARVs from participating pharmaceutical companies at a subsidized rate, then storing and distributing them to patients.

From a one-person office on the second floor of a medical warehouse, Medical Access began as a two-person operation and kickstarted a new reality for ARV access in Africa – helping Uganda become one of the first countries in Africa to access ARVs.

DAI in Uganda was able to provide treatment to more than 1,000 patients and build the capacity of health centers across the country at a time nothing else was available to them. Importantly, it also helped create a stable foundation for drug access initiatives to come.

Learnings from early DAI programs like those managed by Medical Access in Uganda, among others, showed the world that ARV access was possible in LMICs. That momentum triggered many of the international global access initiatives we know today, including the Global Fund (established in 2002) and PEPFAR (established in 2003).

> ***What the UNAIDS program provides, at least in Kampala, is 'reliability in access and price,' says Sowedi Muyingo, who was hired by UNAIDS to be the general manager of the nonprofit company, Medical Access Ltd. 'Even though the prices here are still too high for most people, the doctors who treat HIV patients know when they prescribe the drugs that we have a steady and secure supply at prices they can count on.' Indeed, the U.N. is using the Uganda project as an example of what can be done in Africa when the government, foreign-aid organizations, and drug makers cooperate on a grass-roots level.***
>
> **REPORTER MIKE WALDHOLZ,**
> WALL STREET JOURNAL, MAY 2000

Reached More Patients Through Value-Driven Procurement

Since 1998, Medical Access has procured health commodities worth US$ 485 million to enable better health and quality of life for patients across Africa.

Efficient, cost-effective and transparent procurement processes are at the core of a well-functioning supply chain. Through the introduction of quality generics, expansion of a prequalified supplier base, increased negotiations, and establishment of lasting supplier relationships, Medical Access has been able to achieve substantial cost savings in our procurement, allowing funds to go further and reach more patients.

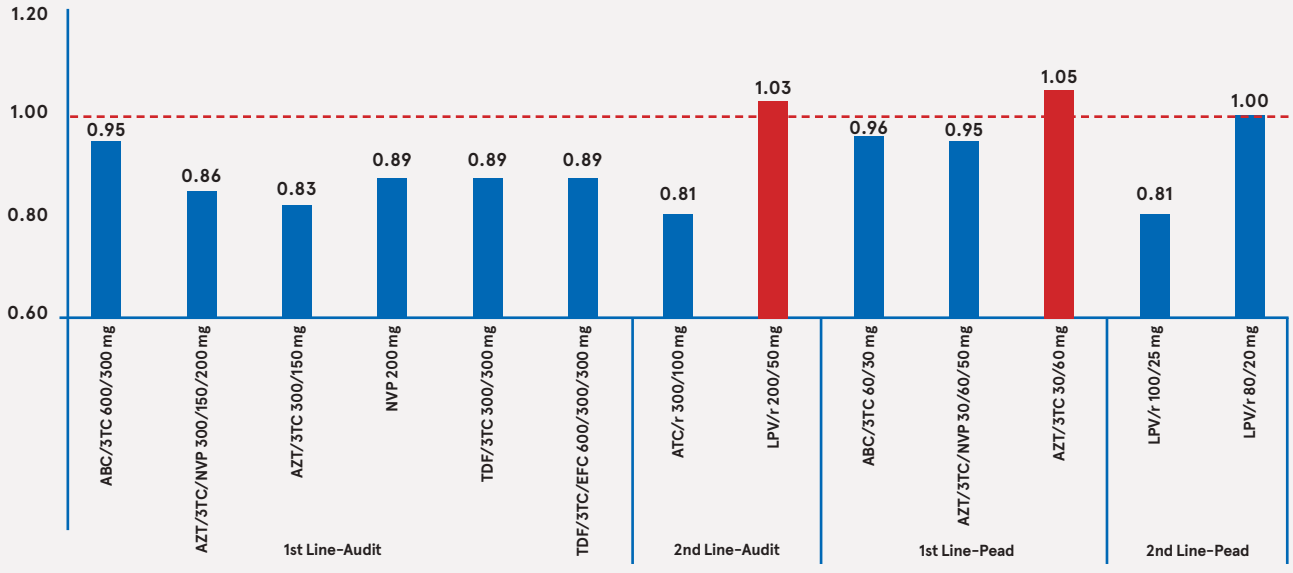
By instituting routine pre-qualification of suppliers, Medical Access built a network of 250+ local and international manufacturers and supply partners with high quality commodities at competitive prices below or equal to international prices. A stringent supplier performance management system was also established, which drove competitiveness and resulted in reduced lead times, improved supplier on-time delivery and enabled significant cumulative savings.

US$ 87.7 MILLION+ IN CUMULATIVE SAVINGS, HELPING TO TREAT MORE THAN ONE MILLION ADDITIONAL HIV PATIENTS

In addition, Medical Access led negotiations with pharmaceutical companies to lower the price of essential health products.

REDUCED COST OF FIRST-LINE HIV TREATMENT TO PATIENTS MANAGED UNDER OUR PROGRAMS FROM US$ 6,400 PER ANNUM IN 1999 TO APPROXIMATELY US$ 68.6 PER ANNUM IN 2021

MEDICAL ACCESS PRICES VS. INTERNATIONAL BENCHMARK FOR INDICATOR COMMODITIES



CASE STUDY

Harmonizing Procurement to Drive Cost-Efficiencies

Prior to the implementation of CDC-funded PSSP and HSIP in Uganda, Implementing Partners (IPs) determined their own set of products and regimens, which were often not aligned to the National Treatment Guidelines (NTG) or testing algorithms. This resulted in non-standardized regimens, a complex supply chain and inability to transfer health commodities across partners in the case of shortage or oversupply.

To alleviate these challenges, Medical Access worked to pool procurement of HIV/AIDS commodities that was previously done by multiple CDC IPs to improve cost-efficiencies. Medical Access also instituted the Drug and Therapeutic Committee (DTC) to develop and harmonize ARV product lists and regimens to be in line with NTGs. One annual national procurement and supply plan was also coordianted across PEPFAR, Government of Uganda and Global Fund systems enabling a more coordinated national procurement system to facilitate continual medicine availability while minimizing wastage.

As a result, the number of regimens in use were reduced from 30 to 14, helping to streamline product use and facilitate supply chain management in line with PEPFAR goals.

Maximized Medical Outcomes by Improving Availability of Critical Commodities

Since 1998, Medical Access has consistently strived to broaden the scope of available healthcare commodities in LMICs at all levels of the supply chain to meet changing patient needs.

Access to Second- and Third-Line HIV/AIDS Treatment

In the treatment of HIV/AIDS patients, Medical Access ensured second- and third-line treatments were available for patients resistant to first-line therapy. In addition, both generic and branded products were made available. Thanks to Medical Access' close relationship with Uganda's National Drug Authority, we were often the first to introduce these medicines in the country, enabling critical learnings for scale up by other supply chain stakeholders.

Expanding Treatment and Diagnostic Options

Furthermore, through the projects managed by Medical Access over the last 25 years, Medical Access was able to significantly expand the commodities available to patients from HIV/AIDS, to treatments for a wide range of opportunistic infections, sexually transmitted diseases, Hepatitis B, malaria, among others.

Scope of commodities procured and distributed included:

ARVs, HIV test kits, drugs for opportunistic infections, medicines for Sexually Transmitted Infections (STIs), laboratory equipment and reagents, Early Infant Diagnosis (EID), viral load, Safe Male Circumcision (SMC), Serum CrAg, therapeutic foods, TB masks, tuberculosis medicines (Isoniazid Prevention Therapy) and test kits, chemistry reagents, and Hepatitis B test kits.

Improving Geographical Access

Beyond the availability of a broader range of commodities to reach patients, Medical Access was also able to minimize geographical barriers to access by delivering directly to health facilities, enabling access in even some of the most remote places.

Thanks to these efforts, healthcare providers were given the flexibility to prescribe based on patient needs, and not simply on what was available. As a result, patient outcomes improved.


medical
ACCESS

Delivered Treatment to Patients Faster, Consistently and in Good Condition

Strong and robust warehousing systems and comprehensive product handling procedures are necessary for maintaining product integrity, reducing commodity wastage, enabling proper tracking of products and guaranteeing smoother and faster turnaround times on health facility orders.

Medical Access has established a comprehensive network of state-of-the-art warehousing facilities offering storage, real-time inventory management and cold-chain capabilities for essential life-saving medicines and health products. Our tech-enabled warehouses have more than 4,750 pallet positions and 332m^3 cold room capacity to ensure commodity integrity, sufficient space for inventory storage and an uninterrupted commodity flow to end users.

In addition, specialized vehicles and delivery routes are carefully selected to overcome the challenges associated with poor road conditions to deliver commodities quickly and effectively.

PROJECT SPOTLIGHT

To ensure that all supported health facilities were consistently supplied with commodities, as part of the CDC-funded HSIP in Uganda, Medical Access operated a bimonthly pull system that was aligned to Ministry of Health guidelines. This pull system ensured that every facility was supplied with enough stock to top up for a period of four months, including a buffer stock of 2 months to account for unexpected changes in demand.

Throughout the project, a total of 223,599 orders were successfully delivered to all supported health facilities with an average order delivery cycle time of 290 hours (12.1 days), significantly below the target of 21 days.

5,000

METRIC TONS OF COMMODITIES

We have transported over 5,000 metric tons of commodities.

5.2M

ACCIDENT-FREE KILOMETERS

Our fleet of vehicles and transportation executives have traversed over 5.2 million accident-free kilometers since 1998.

100%

ON-TIME DELIVERY

Achieved 100% on-time delivery to the last mile.

LIMITED STOCKOUTS THROUGH EFFICIENT FORECASTING, INTER-WAREHOUSE TRANSFERS, AND CAPACITY BUILDING


TOYOTA
UAU 513P

PATIENT STORIES:

Meet Joyce Nakyazze

Joyce Nakyazze is one of the founders of Kawempe Home Care in Uganda and an HIV positive client.

"Kawempe Home Care started as an organization in 2016 with the objective of seeking out HIV positive patients that were hiding because of stigma. I was tasked with recruiting patients, but once patients were identified, Kawempe was often not able to provide them with treatment. Many would spend their days at the Joint Clinical Research Center (JCRC) in hopes of securing any available medications, often with limited success. Many people were dying.

I had already lost seven family members and hope was dwindling. In 2012, Medical Access, as part of the CDC-funded PSSP, began providing medications to patients served by Kawempe Home Care, including me. Patients have since started receiving their medicines in full doses and on time. I extend my sincere gratitude and appreciation to Medical Access for the support."

Medical Access helped avert 600,000 HIV-related deaths and 500,000 new HIV infections from 2004-2022 in Uganda.

SPOTLIGHT
SUPPLY CHAIN DIGITALIZATION

Digital mechanisms have the potential to transform supply chain efficiency, accuracy and cost. However, their applications can be limited in LMICs due to connectivity challenges and other barriers.

Building on lessons from the last 25 years, and deep local expertise working across 35+ countries, Medical Access developed a full suite of digital tools and systems - specifically designed for the needs of LMICs - to facilitate supply chain management and minimize critical operational gaps.

Medical Access applied these tools to improve efficiencies, facilitate decision-making and build technical capacity for such interventions.

DIGITAL INTERVENTION	SUPPLY CHAIN IMPACT
e-Procurement	Reduced procurement cycle times, enhanced procurement risk mitigation, and enabled faster contract development and administrative cost savings
Warehousing Inventory Management	Improved operational efficiency, reduced waste and costs and better customer relationships due to faster order fulfillment and fewer inaccuracies
Electronic Proof of Delivery	Eliminated commodity loss in transit and provided full accountability for deliveries made
Barcode Scanning	Enabled more efficient handling of inbound and outbound products, reduced the time required to process and track products, leading to faster delivery of commodities to patients
GS1 Technology	Improved supply chain efficiency, compliance with global standards, and enhanced security, traceability, and accountability to ensure the safety and efficacy of pharmaceuticals and other medical supplies
Fleet Management	Enabled optimization of vehicle performance, reduction of operational costs, improvement of efficiency and safety and real-time insights into fleet operations
Supply Chain Control Tower	Enabled real-time visibility, predictive analysis and accurate reporting to support decision-making
Cloud-Based Temperature Monitoring	Achieved real-time online temperature and humidity readings to ensure product integrity

CASE STUDY

Optimized stock management of essential drugs and medical supplies in lower-level health centers in Uganda*

Partners included: United Nations Capital Development Fund (UNCDF), Ministry of Health, Joint Medical Stores and Management Sciences for Health, and Signalytic.

Background

Uganda's Ministry of Health (MoH) Primary Health Care (PHC) policy focuses on the procurement, supply, and distribution of Essential Medicines and Health Supplies (EMHS) using a dual pull-push system. A pull system is used for health facilities and hospitals, while the push system is used for rural and hard-to-reach lower-level health facilities. This approach aims to minimize procurement delays, reduce the risk of corruption in medicine procurement, address chronic drug stock-outs at primary care levels, and ease the burden on frontline health workers.

Recently, the introduction of digital tools significantly improved aspects of stock and inventory management. However, information often remained siloed at health facilities and embedded within electronic Logistics Management Information Systems (LMIS).

Our Intervention

Medical Access, in partnership with Signalytic, implemented a 2-year (2020-2022) UNCDF-funded project to improve stock management at lower-level health centers in Uganda. The project aimed to provide a robust, locally assembled digital stack that leveraged internet and smartphone penetration in rural Uganda to address the most prevalent challenges to digitalization in the health sector, such as hardware, cost, connectivity, and power.

Specifically, the project was designed to achieve the following objectives:

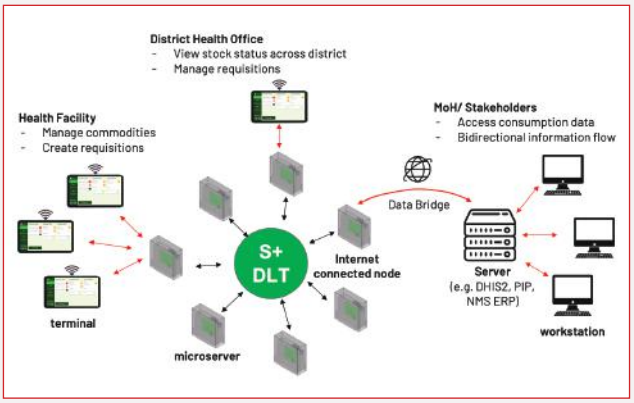
- ✓ Improve inventory management and reporting of essential drugs and medical supplies to ensure availability of these items & support the delivery of quality healthcare services.
- ✓ Increase data visibility, reporting, and early warning mechanisms to provide decision-makers with timely and accurate data to support effective decision-making.
- ✓ Strengthen the capacity of health sector staff to effectively manage and utilize digital tools for planning and supply management.

Medical Access and Signalytic developed and piloted S+ solution, an innovative solar-powered digital solution for stock management in 25 lower-level health facilities in the Kiryandongo district in Uganda. With a strong emphasis on interoperability and data security, S+ enabled stock status reports, alerts, and reminders to strengthen the enforcement of good pharmaceutical practices (such as First Expiry First Out (FEFO)), advise on stock redistribution, monitor commodity variances and min/max levels, and avert potential stockouts and expiries.

In addition, Medical Access installed solar-powered boxes that can communicate device health and any irregularities in real-time for easy troubleshooting.

Results

The new system maintained 100% uptime and data synchronization between facilities. Preliminary data estimates that the internet costs required were significantly less expensive. These system-wide efficiencies helped create a more inclusive and robust health system, resulting in savings and efficiencies throughout the system, and freeing up valuable capital for investment in other critical health areas.



*Source: https://www.uncdf.org/article/7450/digitalizing-inventory-management-health-facilities

OUR IMPACT

STRENGTHENED HEALTH SYSTEMS TO ENABLE SUPPLY CHAINS THAT DELIVER MORE FOR PATIENTS

Improved Health Facility Capacity to Manage Health Commodities Effectively and Efficiently

Medical Access established the Centre for Health Systems Strengthening (CHSS) to improve the capacity of health facilities in LMICs to manage health commodities effectively and efficiently. The Centre used formal training via workshops, on-the-job training, as well as supportive supervision and direct hands-on mentoring to help to drive capacity, performance, and accountability on-site.

TRAINED 2,000+
HEALTH WORKERS IN SUPPLY CHAIN TOOLS AND SKILLS

CONDUCTED 5,046
MENTORING AND TECHNICAL ASSISTANCE VISITS TO DATE

Personalized, Performance-Driven Capacity Building

Medical Access developed the Mentorship and Technical Health Systems Strengthening Model (MaTHSS). As part of the model, Supply Chain Technical Officers (SCTOs) were deployed to mentor and train site level staff on key areas of logistics management. During the mentoring process, SCTOs assessed the health facilities' logistics management performance quarterly using a national assessment tool called the ART Supervision Performance Assessment and Recognition Strategy (SPARS) tool. This enabled the SCTOs to track the facility's improvements in order timeliness, completeness, and outcomes as well as increased accuracy of site reports. By tracking their performance, health facilities were incentivized to make the necessary improvements to improve their score.

We also developed the SPARS+ mobile application tool to enhance the efficiency of support supervision and enable real-time data collection for site assessment. The tool transformed the paper-based SPARS tool into an electronic data collection tool, providing real-time data capture, visibility, and easy data consolidation of all components of the SPARS. The mobile tool also provided a geolocation stamp that acts as proof of the visits, enhancing the transparency and accountability of the data collected.

The SPARS+ mobile application has been instrumental in identifying areas of weakness in health facility logistics management and enabling targeted interventions to address them. By providing real-time data on health facility performance, the tool has enabled Medical Access to monitor progress and identify areas for improvement, ultimately leading to better program outcomes.

eLearning System

Medical Access designed and implemented an eLearning platform to support knowledge and skill acquisition in health commodity supply chain at health centers. The e-Learning platform can support 10k+ concurrent users and allows for self-paced learning, faster training, reduced training costs, wider coverage and easy accessibility on all devices.

The open source, user-friendly custom learning platform facilitates continuing professional development in a wide-range of supply chain related topics, including Vaccine and Cold Chain Supply Chain Management, Pharmacovigilance, Rational Drug Use, Health Commodity Supply Chain Management, Laboratory Commodity Supply Chain Management, Data Quality Management, and Leadership & Governance in Supply Chain Management Systems.

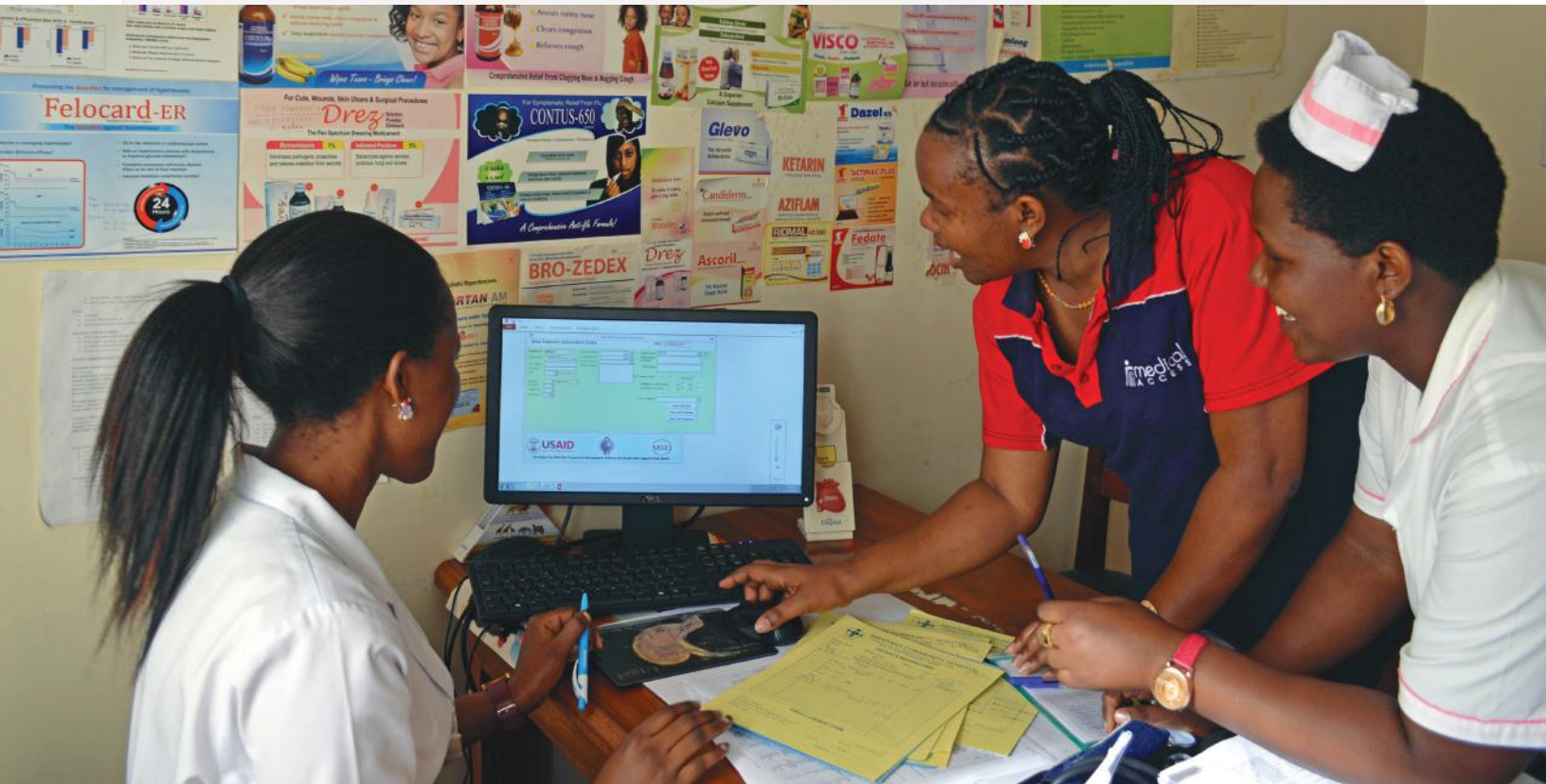
As a result of these interventions, Medical Access contributed to significant capacity building improvements.

For example, as part of the CDC-Funded PSSP and HSIP, Medical Access was able to accomplish:

- 22% increase in enrollment to ART and HIV care
- 95% decrease in incidence of ARV stockouts at the health facility level during projects
- 100% health facility reporting rates achieved for all commodities supplied
- Improved forecasting accuracy to 85%
- Improved commodity availability by 36%

> ***We thank you for the continued support you have given us from the time we started providing ART services as a facility in terms of timely delivery of orders, routine support supervision as well as training of staff in logistics management and ordering. We are Germans and did not think that there was a warehouse that can be as efficient and professional as Medical Access. Recently, you supplied us with a computer, which we are grateful to have! Thank CDC on our behalf! As you are aware, we use solar at the facility, but by the time the computer was delivered, we were not able to utilize it hence the Health Management Committee resolved to procure an extra solar panel specifically for powering the computer. We are now able to prepare all the necessary ART and HIV Test Kit orders, as well as district reports and submit them on time. The pallets and shelves supplied to us have improved our storage capacity!"***

MONIKA NEUFIELD
IN CHARGE NABWENDO HCIII



THE RESTORING HOPE INITIATIVE

Improving the quality of life of people living with HIV/AIDS and other conditions

Created as part of our commitment to give back to the communities we operate in, our staff identify and select community organizations in need of support on an annual basis.

Strengthened Laboratory Supply Chain Systems

2014 – 2017

Enhanced Laboratory Infrastructure

With support from the CDC, Medical Access equipped 76 laboratories in Uganda with CD4, chemistry, hematology and GeneXpert equipment and procured equipment and accessories for the Uganda National Health Laboratory Services (UNHLS) and Laboratory Information Management Systems (LIMS) for 12 National Laboratory Hubs. GeneXpert machines and accessories were procured for the National TB & Leprosy Program, and participating TB diagnostic hubs.

We also provided capacity building to improve laboratory and supply chain personnel skills in management of laboratory commodities by conducting supportive supervision, mentoring and on-the-job training, in addition to developing a handbook for laboratory commodity logistics management in low-resource settings.

IMPROVED OUTPUTS FOR 3,000+ LAB SITES IN UGANDA BY ESTABLISHING A CENTRALIZED NETWORK FOR EID AND VIRAL LOAD TESTING IN COLLABORATION WITH THE UGANDA AIDS CONTROL PROGRAM, MINISTRY OF HEALTH AND THE CENTRAL PUBLIC HEALTH LABORATORIES (CPHL).

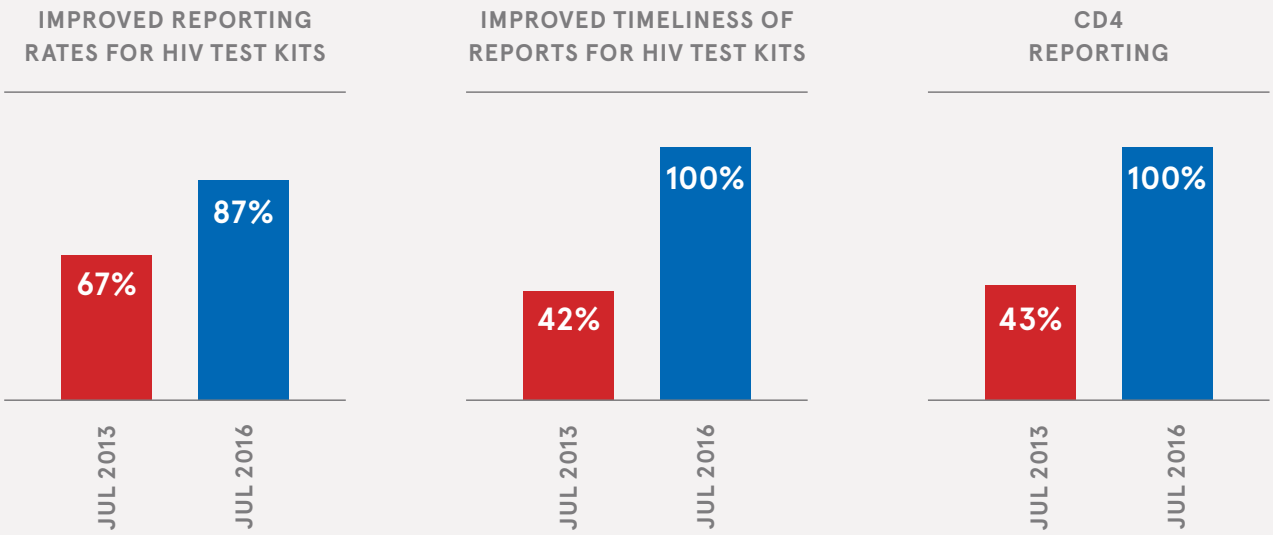
2013 – 2016

Optimized Reporting Rates and Accuracy

Medical Access supported improvements in Laboratory Data Management Systems by:

1. Harmonizing Laboratory LMIS data collection tools in consultation with the Uganda Ministry of Health/Central Public Health Laboratory
2. Training laboratory staff on the use of the tools
3. Systematically implementing tools across 188 health facilities

THESE INTERVENTIONS RESULTED IN:



2011 – 2015

Improved Efficiency Through Equipment Harmonization and Standardization

Prior to 2011, the central warehouses in Uganda often experienced challenges in accurately managing orders and distributing a wide range of laboratory commodities from different manufacturers. To improve the availability of laboratory supplies among supported health facilities, Medical Access collaborated with the Ministry of Health, Implementing Partners and CDC to determine the optimal mix of centralized, high-volume diagnostics, Point-of-Care diagnostics and rapid test kits for patients supported by the CDC-funded PSSP.

A Laboratory Supply List with Vital/Essential/Necessary (VEN) classification was generated in consultation with various experts to ensure that selected laboratory tests supported the delivery of health services. The initial product list had approximately 385 commodities before harmonization and was later reduced to 263 commodities. Standardization reduced the overall cost per completed test.

In addition, in collaboration with the MoH, all equipment and health facilities without maintenance contracts were mapped. Contracts were put in place and suppliers were informed of any equipment breakdowns that could result in interruptions of service and wastage of commodities within the supply chain.

Upgraded Data Gathering and Use Practices to Optimize Decision-Making

Paramount to strengthening supply chain systems is ensuring that sound logistics management and information systems feed quality data to inform program decision-making. Below are three examples from Medical Access-led projects in Haiti, Uganda and Eritrea.

Optimized the Functionality of the Current LMIS System in Haiti to Improve Stock Visibility and Contribute to Supply-Chain Performance Monitoring

Together with the Haiti Ministry of Public Health and Population (MSPP), and with support from The Global Fund (TGF), Medical Access and its partners designed and implemented new paper-based LMIS tools in 2020 reaching 195 Health Service Delivery Points that cover Haiti's 'Malaria, TB, Vaccination, Nutrition, Family Planning, Essential Medicines, HIV/ARV' programs. By 2023, the new LMIS tools will reach the whole of Haiti – serving 755+ health facilities.

Strengthened Uganda's National Logistics Management & Information Systems (LMIS) to Support National Public Health Decision-Making

To optimize Uganda's LMIS to collect accurate, reliable logistics data from health facilities, and implement new tools to facilitate the gathering, management and use of quality data for annual forecasting, quantification and overall decision-making, Medical Access worked closely with the Uganda Ministry of Health to implement several interventions:

- Improved health facility infrastructure for proper data management: installed computers with electronic inventory management software at 117 health facilities.
- Digitized LMIS: digitized the LMIS for supported health facilities using a tailor-made system that facilitated timely flow of information, easy ordering and reporting and rapid order consolidation.
- Digitized supply chain processes improving efficiencies, eliminating redundancies, minimizing errors and facilitating proactive decision-making through real-time data availability.

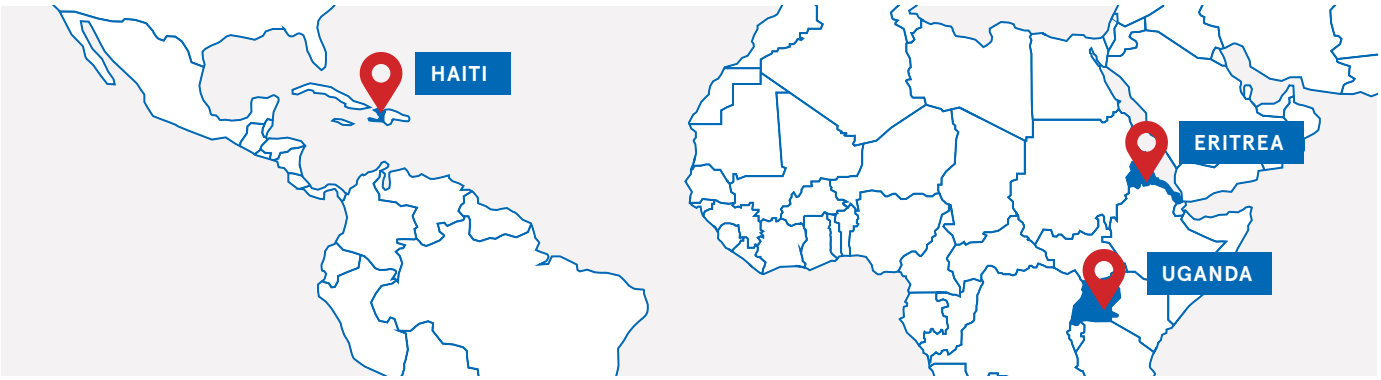
As a result of these efforts:

- Computer coverage in supported health facilities grew from 39% at baseline to 96%
- Internet coverage increased from 37% to 93%
- Web-based ARV Ordering System (WAOS) reporting rates increased from 2% in year 1 to 100%
- 100% of health facilities reported and ordered and did so in a timely fashion
- High accuracy of logistics data for inventory management at all supported facilities

Improved Supply Chain Data Visibility in Eritrea

The Eritrea Ministry of Health had implemented several digital tools to improve the planning and monitoring of health commodities at central warehouses and some health facilities across the country. However, the current data transmission system had technical limitations, and broader infrastructure issues hindered the transmission of data, making informed decision-making in the supply chain difficult.

Medical Access reviewed the current state of the existing eLMIS and other MIS systems in and associated with the public health supply chain and developed a plan for system (LMIS/eLMIS) enhancement.




medical
ACCESS
Vision

SPOTLIGHT:
SUPPORTING GLOBAL SUPPLY CHAIN TRANSFORMATION

Supply Chain Audit and Evaluation
On behalf of The Global Fund and GAVI

Background

The Global Fund and GAVI established audit and assessment mechanisms to monitor the use of funds for programs supported by both entities to ensure that they were being used in accordance with established standards and guidelines. These mechanisms have helped to improve transparency, accountability, and the overall effectiveness of health programs supported by these organizations. Medical Access was engaged to conduct an independent and objective review over the design and effectiveness of controls in place to manage potential risks impacting the Global Fund and GAVI's programs and operations.

Our Intervention

Cambodia, Democratic Republic of Congo, India, Malawi, Nigeria, Pakistan, Rwanda, Sudan, Tanzania, Uganda, Zambia and Zimbabwe

Medical Access conducted an audit of supply chain management processes in 12 countries in Africa and Asia to assess whether they were adequate and effective in ensuring that products are delivered based on the 6 "rights" of logistics.

We addressed fundamental concepts designed to improve program interventions such as root causes of supply chain challenges at the country level, alignment of GF structures, systems, processes and resources to mitigate in-country supply chain challenges, and GF assurance frameworks adequate and effective to support the identification and mitigation of supply chain related risks.

Ethiopia, Ghana, Indonesia, Kenya, Lesotho, Liberia, Malawi, Mozambique, Nepal, Nigeria, Pakistan, Republic of South Africa and South Sudan

As part of the Office of the Inspector General (OIG) audit of the Global Fund, Medical Access assessed the country procurement and supply chain governance structures of 13 countries in Africa and Asia.

This included grant implementers' risk management and internal control systems in procurement and supply chain management, as well as systems for procurement, warehousing and distribution, inventory management, quality assurance and Information Technology.

Results

These audits provided valuable insights into the supply chain gaps in the Global Fund and GAVI country programs and operations and enabled clear, evidence-based interventions to address these gaps.

Working with Global Fund and GAVI has provided Medical Access an opportunity to make a significant impact in the global fight against diseases like HIV/AIDS, malaria, and tuberculosis by ensuring that funds are being used effectively and efficiently, which helps to ensure that critical health interventions are reaching the communities that need them most.

Trained the Next Generation of Supply Chain Leaders

Medical Access has utilized its global expertise in Supply Chain Management to cultivate the next generation of supply chain leaders in Uganda through the Leadership Training Program (LTP).

The LTP offers apprenticeship opportunities for talented graduates for 12-18 months across key technical functions. Through this program, graduates have the opportunity to gain first-hand exposure into real supply chain management scenarios.

To date, 100+ apprentices have participated in the program.

82% of participants were recruited by organizations in Uganda and across the globe, including GAVI, USAID, CDC, Uganda Health Supply Chain (UHSC) project, Uganda National Medicines Regulatory Authority and the Uganda Ministry of Health, with others joining national and international private companies and academia.

THANK YOU TO OUR PARTNERS

Medical Access would like to thank our partners who have made our work possible over the last 25 years.

DONOR PARTNERS

PHARMACEUTICAL ORGANIZATIONS

IMPLEMENTING PARTNERS

PARTNER ORGANIZATIONS

We extend our gratitude to the Ministries of Health in our project countries for their invaluable support in facilitating our efforts, as well as to the health facility staff who consistently went the extra mile to provide care for patients, even amidst the most challenging conditions.

Additionally, we acknowledge the remarkable contributions of the American people, who, through PEPFAR, played a pivotal role in enabling us to deliver essential medicines and supplies to countless patients in need. Last but not least, we would not be here today without the unwaivering commitment and dedication of our staff and Board of Directors.

THANK YOU.

CONTACT US

HEADQUARTERS

Plot 26, Nakasero Road,
P.O. Box 23186 Kampala, Uganda
Tel: +256 312 207300
Fax: +256 414 237593
info@medical-access.org

Bunga Logistics Centre
Block 250, Plot 120
Bunga, Gaba Road
Kampala, Uganda

Namanve Logistics Hub
Block 112, Plot 65/66
Liberty Main Road
Namanve Industrial Park
Kampala, Uganda

OPERATIONAL AND REGIONAL OFFICES

Ireland
Block 8, Number 12
Blanchardstown Corporate Park,
Dublin, Ireland 15, D15 EF2W

Kenya
Chiromo Court, 4th Floor
P.O.Box 21507, Ngong Road -
00505, Nairobi, Kenya

Nigeria
House 1, No. 16A
P.O.W. Mafemi Crescent
Off Solomon Lar Way
Abuja, Nigeria

UAE
Oud Metha Offices, Suite 214-219,
Block A
Dubai, United Arab Emirates

United States
33610 Solon Road, #3
Cleveland, Ohio 44139, USA

Zambia
Plot 2 Nanshillia Rd.
Kalundu, Lusaka, Zambia