



Strengthening Oversight and Management of a Key Population Supply Chain

HP+ POLICY *Brief*

February 2020

Flora Khomani and Sandra Mapemba

Malawi has made important progress in addressing the needs of key populations as a priority within its *National HIV Prevention Strategy 2015-2020* (GOM and NAC, 2015). Similarly, the country's *National Condom Strategy 2015-2020* recognizes the importance of ensuring access to condoms and lubricants for key populations, including female sex workers, men who have sex with men, their clients, and their partners (GOM and NAC, 2017). Because the behaviors of these groups are often stigmatized, and, in some cases, criminalized, key populations often face the highest risk of contracting and transmitting HIV and, at the same time, minimal access to prevention, care, and treatment services.

To reach its ambitious HIV epidemic control targets, Malawi must implement processes that finance, forecast, manage, distribute, and monitor the supply chain for male and female condoms and lubricants needed for HIV programs that reach key populations.

The *National Condom Strategy* identifies several prevention strategies to address key populations' HIV-related needs in order to achieve an AIDS-free generation. A major component is the development of a dedicated supply chain for nongovernmental organizations supporting key population activities in high-HIV-prevalence districts. The existing supply chain did not specifically cater to these organizations, nor did it include warehousing or distribution of lubricants. As a result, these organizations often faced challenges in obtaining condoms and lubricants for key populations. In 2016, stakeholders involved in HIV programming agreed that a parallel supply chain was required to ensure access to these commodities.

Since then, the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has helped to coordinate development partners to create and strengthen the key population supply chain (KPSC) in Malawi (see Table 1 for roles and responsibilities). With the KPSC in place, there has been improved coordination among partners to ensure an efficient and functional supply chain and achieve an uninterrupted supply of lubricants and condoms for key populations. However, in March of 2020, HP+ support to the KPSC will phase out. Malawi's Ministry of Health and Population (MOHP) and national HIV program stakeholders will need to build on the early successes of HP+ and its partners in developing management, communications, and commodity distribution processes to ensure that these commodities remain available and accessible to key populations' programs and services.



Table 1. Key Stakeholders Directly Engaged in the Key Population Supply Chain

Partner	Roles and Responsibilities
MOHP, Department of HIV/AIDS	Assigns a dedicated focal person for key population programming; procures condoms for the KPSC
National AIDS Commission	Coordinates overall key population programming and the Key Population Technical Working Group
USAID	Procures lubricants (through the Global Health Supply Chain Procurement and Supply Management program) for distribution to key populations
HP+	Coordinates and consolidates monthly reporting from implementing partners; allocates orders based on consumption and available stock
PSI	Warehouses and distributes condoms and lubricants directly from the Central Medical Stores Trust
LINKAGES (PEPFAR funded) and ActionAid (Global Fund recipient)	Supports key population programming through PEPFAR implementing partners and Global Fund recipients

Commodity Flow and Reporting Procedures

Standard operating procedures (SOPs) for the KPSC were developed during two workshops, sponsored by HP+, in August of 2016 and February of 2017 where key partners collaborated and built consensus. In February 2018, HP+ convened partners to update the SOPs to improve efficiencies and allow for uninterrupted supply of commodities.

Figure 1 demonstrates the flow of condom and lubricant commodities in the KPSC. PSI receives lubricants from USAID and condoms from the Global Fund's designated logistics partner (Bollore) and the Central Medical Stores Trust and warehouses them at central and regional levels. Based on a pull system, PSI packs orders and distributes them on a quarterly basis to implementing partners serving key populations. These partners, including non-PEPFAR and non-Global Fund partners, also store products and distribute them to clients via their channels, such as drop-in centers, outreach workers, and peer educators.

Figure 2 demonstrates the flow of information across the various partners and stakeholders involved in the KPSC. Guided by the Department of HIV/AIDS and based on the MOHP's logistics management and information system (LMIS) forms adapted to report supplies of condoms and lubricants (LMIS-01C), HP+ receives data from implementing partners on consumption and stock status by the 10th of each month (covering the previous month). This information is based on partners' program-level summary reports. HP+ consolidates the information and places orders for commodities to PSI by the 20th of each month. HP+ also provides quarterly consumption data to USAID, the MOHP, the National AIDS Commission, and the Key Population Technical Working Group.

Figure 1. Key Population Supply Chain Commodity Flow

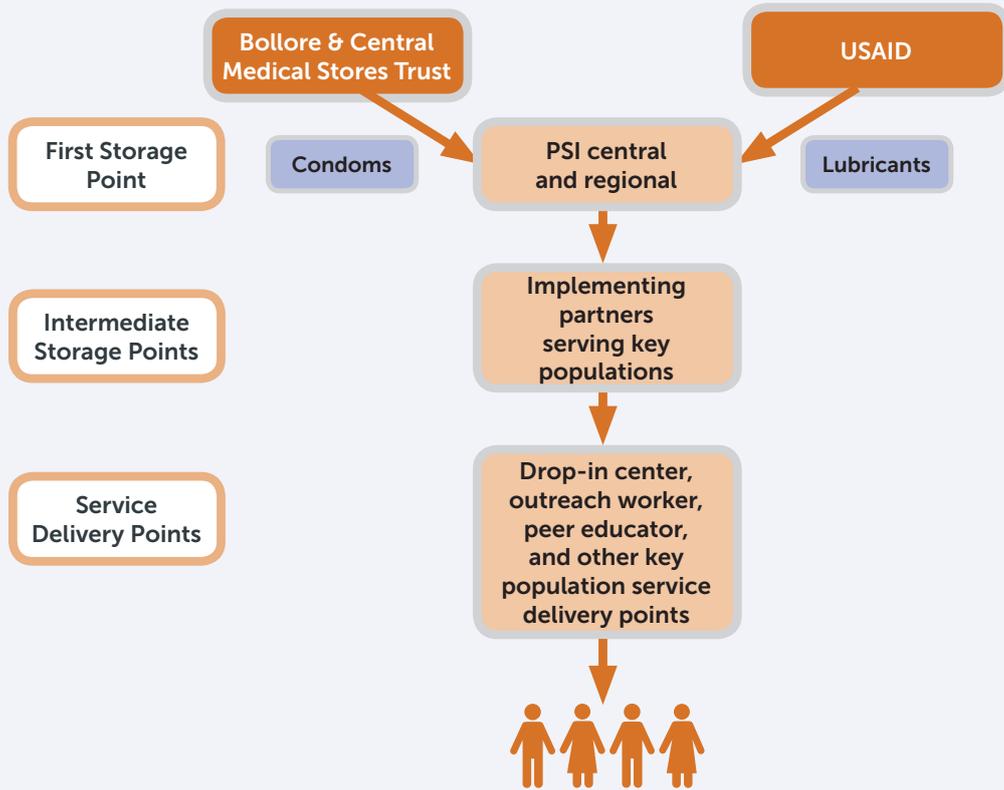
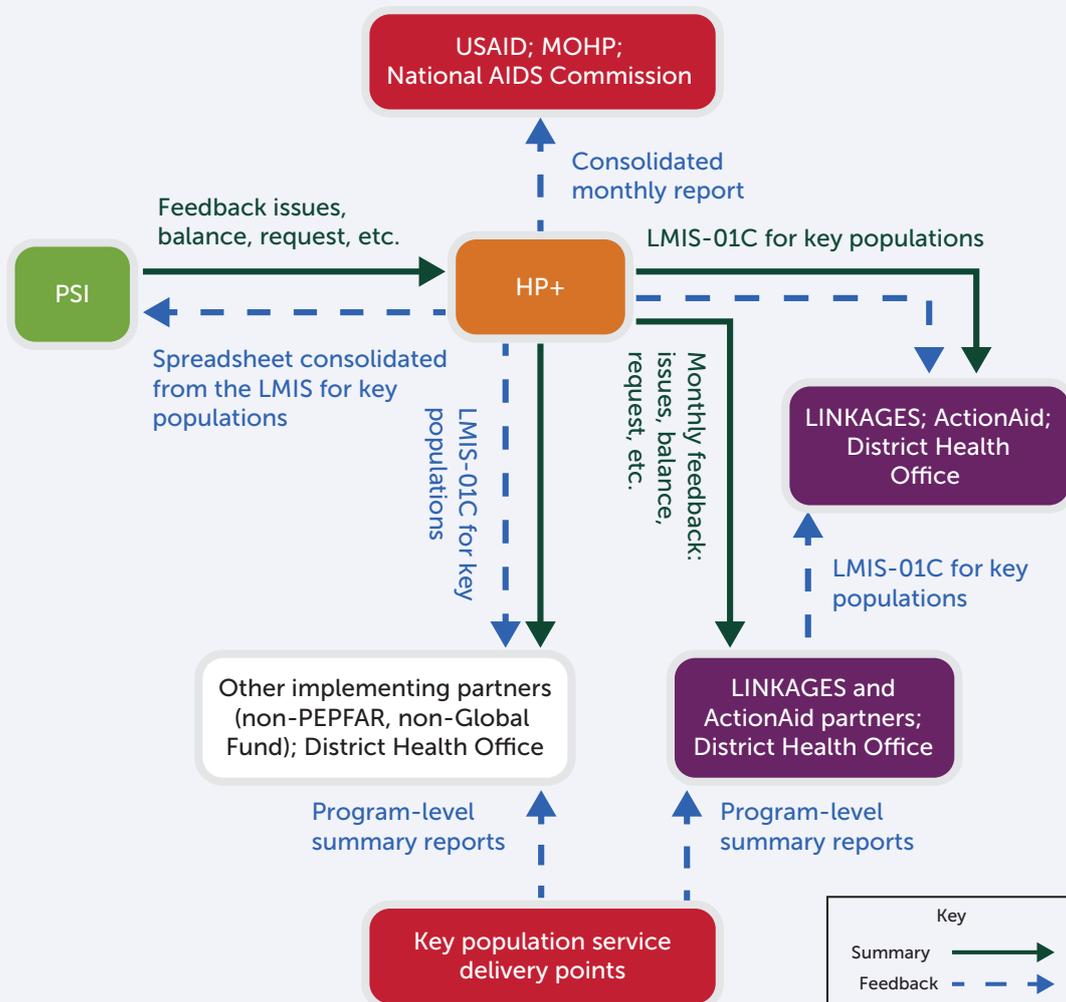


Figure 2. Key Population Supply Chain Information Flow



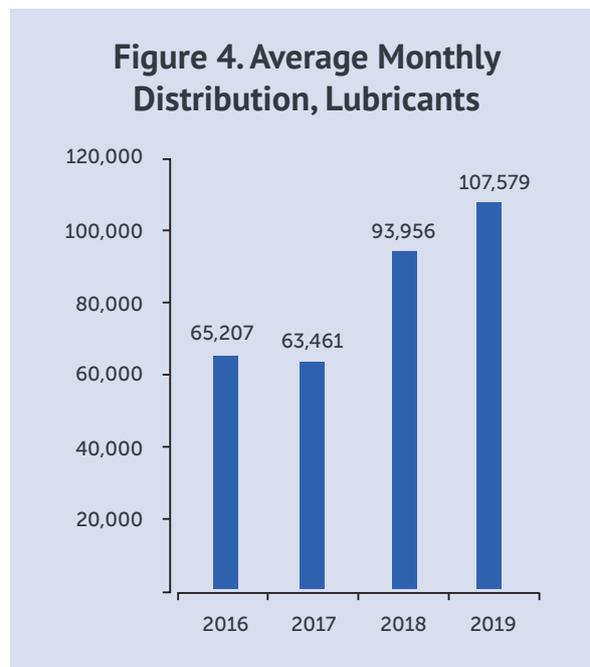
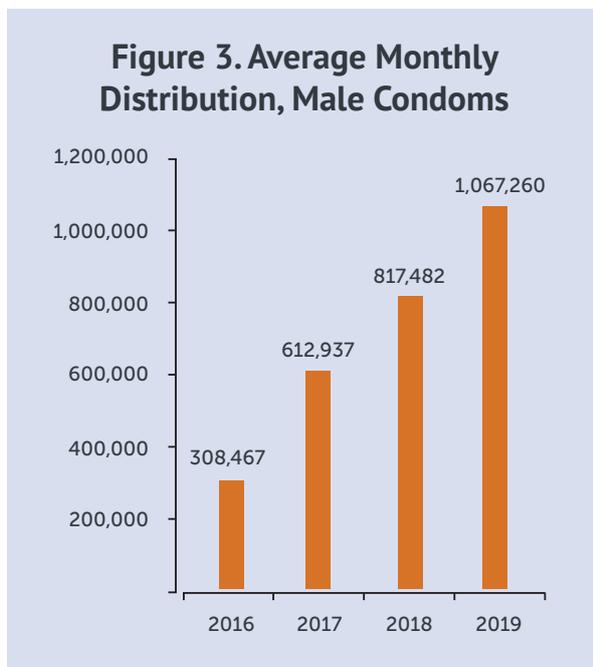
Challenges and Successes

Over the past four years, the consolidated efforts of multiple partners have achieved important results for the KPSC in Malawi, including the following:

Consolidated and improved access to condoms and lubricants for organizations working with key populations. The KPSC has improved coordination and access to condoms for 10 implementing partners working with key populations across 25 districts (see Table 2). Previously, coordination between parties involved in procurement was minimal and supply shortages were common. With the introduction of the KPSC, partners can access condoms and lubricants from a single entity (at the national or regional level). Challenges related to timely reporting and understanding of reporting forms among implementing partners persist, which may be due in part to staff turnover within the

Table 2. Implementing Partners Receiving Condoms and Lubricants through the Key Population Supply Chain

Funding Agency	Implementing Partner	Target Key Population	Target Districts
PEPFAR/LINKAGES	Centre for the Development of People (CEDEP)	Men who have sex with men	Blantyre, Lilongwe, Mangochi, Mzuzu
	Youth Net and Counseling (YONECO)	Female sex workers	Balaka, Machinga, Ntcheu, Zomba
	Pakachere	Female sex workers	Blantyre, Lilongwe, Mangochi, Mzuzu
Global Fund/ActionAid	CEDEP	Men who have sex with men	Chikwawa, Mulanje, Nkhatabay, Zomba,
	Pakachere	Female sex workers	Mulanje, Nkhatabay, Nkhotakota, Thyolo
	Family Planning Association of Malawi	Female sex workers	Dedza, Dowa, Karonga, Kasungu, Lilongwe, Mchinji, Mzuzu, Ntcheu, Salima
Others	CEDEP	Men who have sex with men	Dedza, Karonga, Kasungu, Salima, Thyolo
	YONECO	Female sex workers	Nkhatabay
	Theatre for a Change	Female sex workers	Lilongwe City
	Life Concern Organisation	Female sex workers	Rumphi
	Foundation for Community Support Services	Female sex workers	Karonga
	Tovwirane	Female sex workers	Mzimba
	Médecins Sans Frontières	Female sex workers	Dedza, Mwanza, Neno, Nsanje



various organizations involved in the supply chain. HP+ has provided quarterly supervision visits to partners, focusing on on-the-job mentoring and technical support to improve reporting standards.

Increased distribution of condoms and lubricants among key populations.

As a result of improved coordination among stakeholders, the average monthly distribution of both condoms and lubricants has increased steadily from 2016 to 2019 based on the KPSC dashboard, as demonstrated in Figures 3 and 4. As of September 2019, more than 3.4 million lubricants and over 29.7 million condoms (29.2 million male condoms and 487,469 female condoms) have been distributed. While uptake of lubricants is increasing, stakeholders recognize that a gap remains in terms of the United Nation’s recommended ratio of condom use to lubricants. For men who have sex with men, the recommended ratio is 1:1 (one lubricant for each condom); for female sex workers, the recommended ratio is 1:3 (one lubricant for every three condoms) (Global Task Team, 2005).

Improved coordination among KPSC stakeholders and implementing partners.

The delineation of roles and responsibilities within the KPSC has resulted in an efficient and functional supply chain that supports planning, procurement, and management of commodities. Several fora, including the National Condom Coordination Committee, the Prevention Technical Working Group, and the Key Population Technical Working Group, use the KPSC dashboard data and share quarterly updates to improve overall coordination of the condom program. There have been some unexpected challenges—such as the decision for PSI to halt deliveries to non-PEPFAR partners due to funding entities’ rules and regulations. To address this challenge, Global Fund/ActionAid combined commodity deliveries with quarterly monitoring visits for non-PEPFAR partners; however, challenges related to receiving commodities persist for these organizations.

Improved data and planning for key population activities. The supply chain has allowed for a better understanding of the size and scope of key population activities within Malawi, as implementing partners provide continuous updates on their planning, activities, and target districts. The collected data is also integrated into the national forecasting

and quantification exercises for health commodities, resulting in a clearer picture of key population needs.

Easy integration into existing MOHP structures/supply chain. The KPSC was designed to mirror the national supply chain system and all reporting forms have been adapted from the LMIS currently being used. The management of the KPSC can be easily integrated into existing systems and effectively managed by the government.

Next Steps

To sustain Malawi's progress in addressing the needs of key populations, it will be critical to maintain an efficient supply chain of key population-specific commodities. Specifically, the national HIV response in Malawi will need to take the following steps:

Identify partner(s) for continued procurement of lubricants. As USAID phases out its procurement of lubricants, other procurement options need to be explored. The United Nations Population Fund (UNFPA) has indicated that it is ready to procure lubricants upon request. The MOHP will continue to procure condoms for the KPSC.

Clarify warehousing and procurement functions for lubricants. If UNFPA procures lubricants on behalf of the MOHP, these commodities—as with all UNFPA-procured commodities—will be warehoused at the Central Medical Stores Trust, which includes both national and regional warehouses. Implementing partners may collect their supplies directly from the regional warehouse closest to them.

Update SOPs to indicate which government structures will lead coordination, reporting, and commodity allocations for the KPSC. Government structures are in place for programming and oversight of key population programming, though roles remain unclear. The National AIDS Commission is responsible for coordination of key population programming and facilitates the Key Population Technical Working Group, while the Department of HIV/AIDS employs a focal person for key population programming. Stakeholders need to determine which agency (or agencies) should be responsible for various KPSC functions and update the SOPs accordingly.

Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors (Global Task Team). 2005. *Final Report: 14 June 2005*. Geneva: UNAIDS.

Government of Malawi and National AIDS Commission (GOM and NAC). 2015. *National HIV Prevention Strategy 2015-2020*. Lilongwe: Ministry of Health.

Government of Malawi and National AIDS Commission (GOM and NAC). 2017. *Malawi National Condom Strategy 2015-2020*. Lilongwe: Ministry of Health.

CONTACT US

Health Policy Plus
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
www.healthpolicyplus.com
policyinfo@thepalladiumgroup.com

Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This publication was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this document is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.

