Life Saving Commodities
Improving access, saving lives

Increasing access to lifesaving commodities for women
Getting the numbers right!

Cyrille Massamba

Management Sciences for Health

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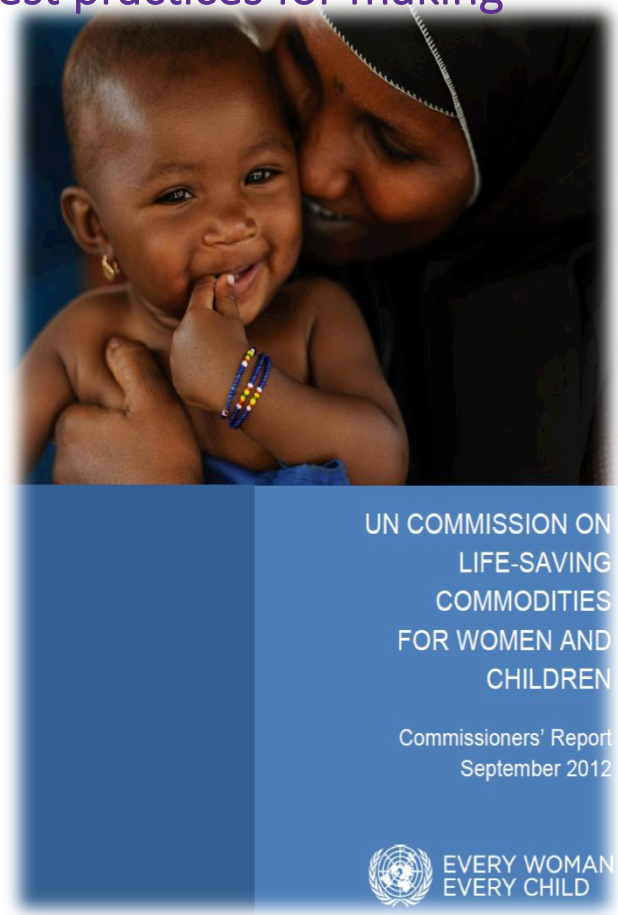
Recommendation 6. Supply and awareness: By 2015, all EWEC countries have improved the supply of life-saving commodities and build on information and communication technology (ICT) best practices for making these improvements

Bottlenecks exist throughout the supply chain

- Common challenges include:
  - Lack of standard commodity specifications
  - Lack of predictable and sustained funding
  - ***Poor commodity forecasting***
  - Poor data for supply chain decision-making,
  - Poor distribution channels and storage
  - Poor stock inventory management



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Forecasting problems identified

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- No data available to produce evidence-based forecasting figures
- Many countries using last year's procurement as basis for this year's
- No consultation between technical program and departments responsible for procurement
- No available guidance on quantification of 13 commodities, especially new ones

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… specifically for maternal health medicines

- Decisions regarding the procurement of maternal health medicines are not evidence- based
  - No country-specific morbidity/incidence data available
  - Consumption data is not available, and so distribution data is used
- No real idea of whether the amounts of medicines currently available are sufficient

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Outcome 2: Guidance for quantification and forecasting developed

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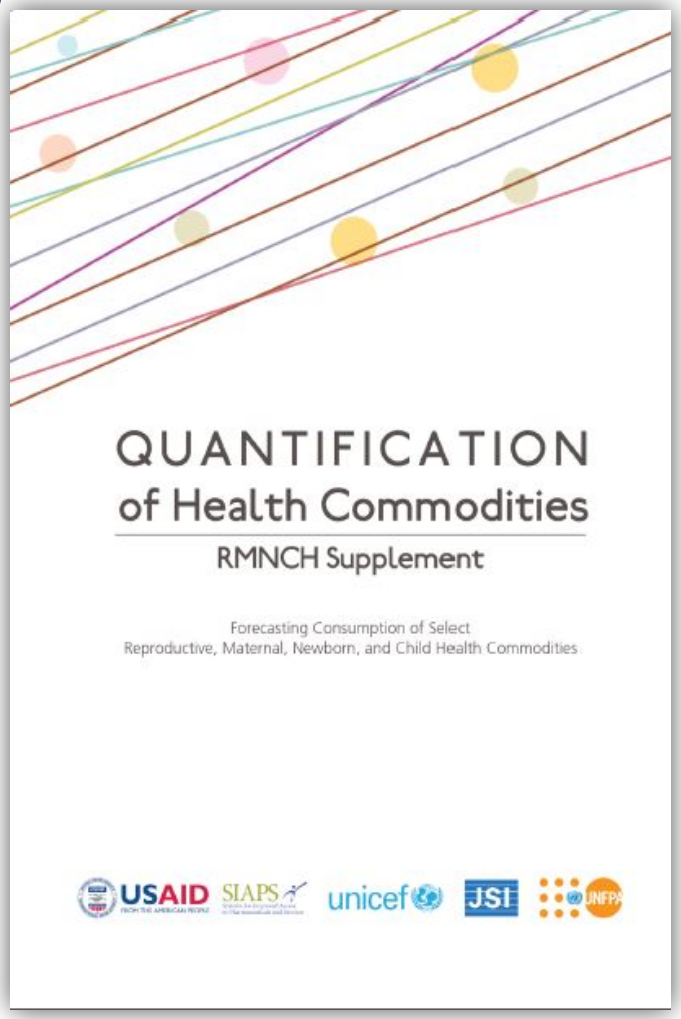
RMNCH forecasting guidance

- Includes algorithms for each of the 13 priority commodities
- Developed in consultation with all TRTs
- Includes section on additional forecasting and supply planning tools and resources



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Forecasting Guidance

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Purpose:
To provide guidance on forecasting for the 13 UN Commission life-saving products for women and children

Intended Audience:
Country program managers

Description:

- Section 1: Brief introduction to quantification
  - Meant to accompany other existing quantification resources that describe forecasting and supply planning methodologies and approaches more extensively
- Section 2: Forecasting algorithms for each of the 13 priority commodities
- Section 3: Resources and Tools

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Guiding principles

- Plan ahead
- No single correct answer
- Use the most reliable, recent data available
- The more, the merrier
- Use common sense
- Your job is never done!

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Section 2: Forecasting Algorithms

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For each product, this section provides information and guidance on—

- Product description, indications, and considerations for use
- Types of forecasting data needed and potential data sources
- Building the forecasting assumptions and calculating the forecasted consumption using a forecasting algorithm
- Incorporating product- and program-specific considerations into the forecasting assumptions
- Information on additional products, consumables, or equipment required

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Magnesium sulfate example

Summary of Data Need for Forecasting for Magnesium Sulfate

- Total number of births in facilities
  - Number of pregnant women developing PE/E likely to be given magnesium sulfate for prevention and treatment among facility-based births
- Standard or average treatment regimen, i.e., amount of magnesium sulfate needed to prevent or treat each case of PE/E
- Programmatic issues that may affect consumption (scale-up in use)

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Magnesium sulfate example (2)

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Steps in Forecasting Method using Morbidity Data

1. Determine scope of the quantification
2. Calculate the target population that will be given magnesium sulfate for the prevention and treatment of PE/E
3. Calculate the amount of magnesium sulfate needed for each case for the prevention and treatment of PE/E/establish standard or average treatment regimen
4. Calculate the quantity of magnesium sulfate needed for prevention and treatment of PE/E for the forecast period

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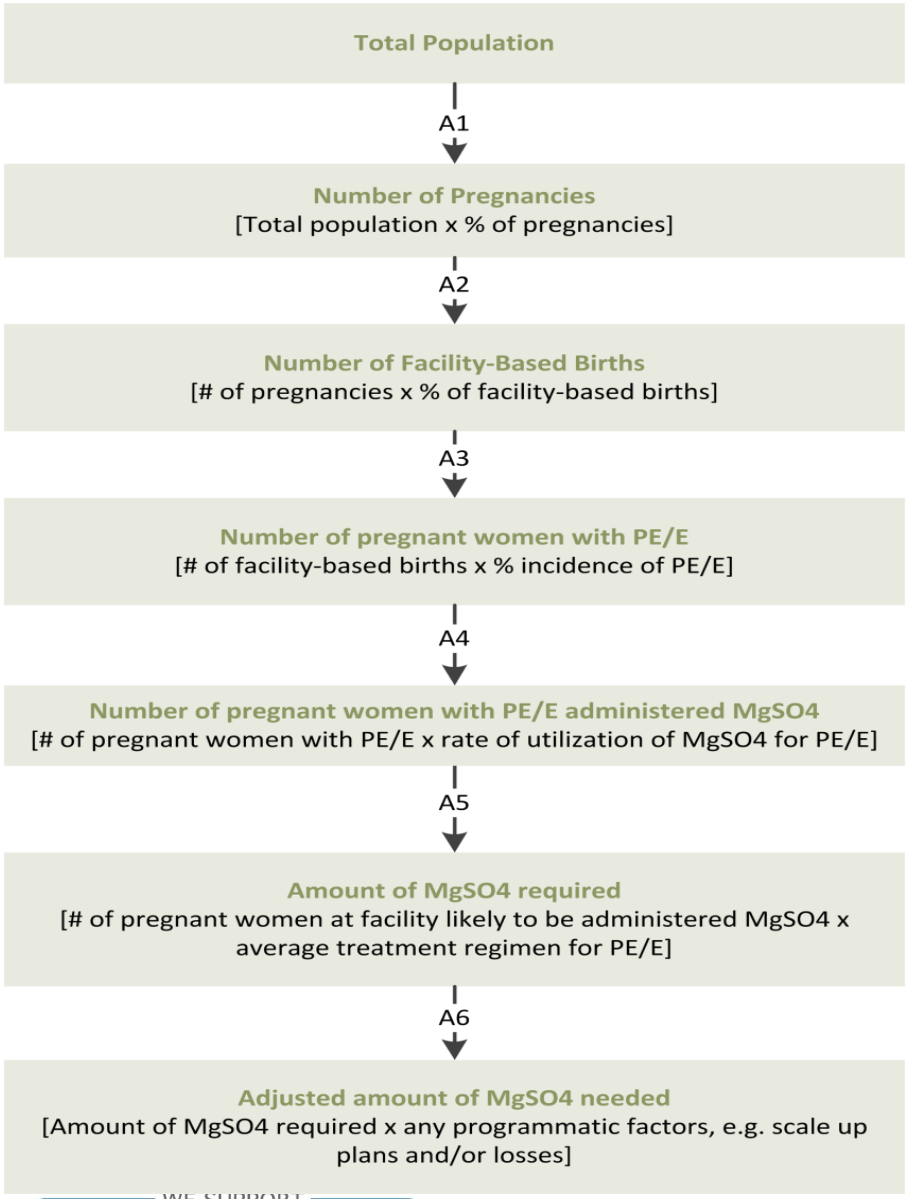

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A 1	Percentage of population likely to become pregnant or percentage of births
A 2	Percentage of pregnant women giving birth in facilities
A 3	Incidence of PE/E. In absence of country level data, proxy data from similar countries or global estimates, e.g., published literature indicates that pre-eclampsia complicates 2–8% of pregnancies (2% is often used as a global average).
A 4	Percentage of women who give birth in facilities and develop PE/E, and are likely to be treated with magnesium sulfate
A 5	Average treatment regimen for $MgSO_4$

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Countries in which guidance has been used to date:

- Bangladesh
- **DRC**
- India
- Indonesia
- Mozambique
- Myanmar
- Nigeria
- Tanzania

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Magnesium sulfate
Example 1 : Estimation of Unmet Need in DRC/ 2013

Number of births/ Pregnancies	% of facility birth	# of facilities birth	2-8% of pregnancies complicated by PE/E, 2% might require treatment	MgSO4 requirement	3 months buffer stock	Total yearly estimated needs	Estimation by country
2 873 000	75	2 154 750	57 460	517 140	129 285	646 425	4010

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Magnesium sulfate DRC
Example 2 : Procurement plan 2015- 2016

Hypothesis		
Facility-based births	80 %	DHS 2013
complicated pregnancies	15 % of facility – based births	DHS 2013
Women with risks of PE	8 % of complicated pregnancies	DHS 2013

Total quantity 2015	Total quantity 2016
258 102	265 842
Total cost USD 2015	Total cost USD 2016
412 963	425 347

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lifesavingcommodities.org
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