# NATIONAL AIDS PROGRAMME MANAGEMENT

## MODULE 8
### MANAGEMENT SYSTEMS
### FOR THE AIDS PROGRAMME

**World Health Organization**
Regional Office for South-East Asia

# National AIDS Programme Management

## A Training Course

# Module 8
## Management systems for the AIDS programme

**World Health Organization**

Regional Office for South-East Asia

**2007**

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Printed in India

# Module 8: Management systems for the AIDS programme

# Management systems for the AIDS programme

**LEARNING OBJECTIVES**

After completing this module, participants will be able:

1. To describe a range of human resource management systems that assist in the effective management of the AIDS programme.

2. To outline strategies for strengthening financial management systems that support the efficiency and accountability of the AIDS programme.

3. To describe the elements of an effective commodity management system and set out a plan for effective condom procurement, supply and distribution.

4. To describe the elements of an effective strategic information management system.

## INTRODUCTION

This module outlines some of the systems that can support the efficient management of a national AIDS programme. These include human resource management, financial management, commodity management and information management.

Although it is not possible to cover these systems in great detail, the basic elements of each system are presented. Participants have an opportunity to assess the current systems in their country against these elements. They are also guided towards a set of resources and sources of ongoing technical assistance for the development of these systems.

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## OBJECTIVE 1: To describe a range of human resource management systems that assist in the effective management of the AIDS programme

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This section sets out some of the systems that can assist in managing the human resources available to the programme. It examines workforce planning and capacity issues. It also covers systems for internal management of human resources – recruitment, deployment, delegation and performance management. The final section sets out some of the systems required for efficient and effective management – subcontracting and the management performance of implementing partners.

### WORKFORCE PLANNING

The AIDS programme has a key role in assisting the health sector and other sectors that are involved in the response to HIV in strengthening the capacity of the workforce to contribute to HIV prevention and care. This involves policy development, planning, training and the appropriate allocation of tasks and responsibilities. It also involves working with educational institutions to ensure that relevant information about HIV and AIDS is included in undergraduate and postgraduate curricula and that training opportunities exist for the workers in the sectors expected to be involved in the response to AIDS.

WHO and the International Labour Organization (ILO) have developed a set of guidelines to assist in workforce development for HIV prevention and care.

The guidelines call upon governments to:

(a) build capacity in all components and at every level of national health systems;
(b) provide and maintain an effective continuum of care through the coordination of services and the sharing of resources, including information and training;
(c) improve institutional capacity for planning and management of health services;
(d) draft and reform legislation on the development of human resources for health services to cover planning, education and training, and regulation of the qualifications and conditions of practice for health personnel, including certification and accreditation requirements;
(e) prioritize the development and implementation of human resource plans and strategies that enable health systems to deliver services;

(f)  prioritize and make adequate budgetary provisions for human resources, infrastructure, equipment and materials for effective service delivery to patients and protection of health-care workers.

## A workforce development plan

The need to scale up HIV prevention and care places significant pressure on health and community workforce that is already under-resourced and having difficulty coping with the existing workload. The presence of HIV in the workforce can further weaken it by taking trained people out of the workforce.

Putting in place a national HIV workforce development plan can assist in identifying needs and allocating resources to ensure that a skilled, motivated and capable workforce is available to contribute to HIV prevention and care.

The elements of this plan could include the following:

- **Identifying needs:** Matching the tasks and initiatives to the existing workforce and identifying gaps.
- **Task shifting:** Examining the current roles and responsibilities of workers and reassigning responsibilities if necessary
- **Providing in-service training of the existing workforce and pre-service training** in vocational and university training.
- **Improving remuneration and working conditions:** Aimed at slowing down the drain of trained workers, particularly out of the public health system.
- **Working with the private sector:** Assisting private sector employers to strengthen the capacity of their workforce.
- **Mobilizing alternative labour sources:** For example, strengthening the role of nongovernmental organizations (NGOs) supporting the participation of people living with HIV/AIDS (PLHA) groups and tapping community human resources.
- **Providing safer working conditions:** Improving care and support and reducing stigma and discrimination by introducing policies and procedures that provide workers with the safest possible working environment.
- **Supporting learning:** Providing resources for networking, conferences, operational research and the further development and dissemination of knowledge, so that the workforce is able to continually update its knowledge and skills.

For countries in which the health workforce is being severely depleted by AIDS, WHO has developed a Treat, Train, Retain Strategy and is assisting countries to adapt this to their needs.

## INTERNAL HUMAN RESOURCE MANAGEMENT

The effective management of AIDS programme staff increases the efficiency of the programme and is essential for accountability. There are several systems that can assist in effective personnel management.

### Recruitment systems

Recruitment needs to be merit-based, transparent and fair. Positions need to be advertised and appointment decisions made by a selection panel in a transparent manner, with any conflicts of interest declared and dealt with. Developing a policy that sets out a standard recruitment practice will help in maintaining consistency.

Documenting the decisions of the recruitment panel will assist in dealing with any appeals that might be made against its decisions.

### Assigning roles and responsibilities

The following can help in getting the most out of the people employed.

- An orientation programme for the new staff.
- A policy and procedures manual that sets out organizational policies, delegated authorities, lines of management, standard procedures, and so on.
- A clear job description for each position.
- A contract of employment that makes the duration of employment, remuneration and employment conditions clear.

### Performance management

Every member of the staff should be given regular feedback on their performance through a formal performance management system. Those who fund the programme (government, external donors, etc.), on the other hand, have the right to expect that the staff will be assisted to work to their full potential and that those who are not able to perform the assigned tasks will be either provided with training or re-deployed. The performance management system needs to be linked to capacity-building and training. The performance management system needs to be transparent and formal – setting out how often performance management reviews will be conducted, how reviews will be documented and how issues of performance will be dealt with.

### Communication

Organizations often succeed or fail, depending on their ability to maintain effective internal communication. This involves setting aside time for people to interact with each other

and to understand their roles in the organization, setting up an organizational culture that makes it possible for people to seek help, share ideas and collaborate with each other, and having regular staff and team meetings to improve linkages and communication.

Maintaining an accessible filing system is also a key to effective communication. People regularly reinvent the wheel when they do not have ready access to briefing notes, press releases, letters, reports and other materials that the organization has produced in the past.

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### EXERCISE A

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**(Country group work followed by intercountry group discussion)**

In country groups, consider the systems for internal management outlined below. To what extent do these apply to your national AIDS programme?

| Area | Current system/situation | Areas that need to be strengthened |
|---|---|---|
| **Recruitment of staff** <br> • advertising of positions <br> • merit-based employment <br> • documented recruitment panel decisions | | |
| **Assigning roles and responsibilities** <br> • policy and procedures manual <br> • orientation programme <br> • job description <br> • clear delegation of duties | | |

| Area | Current system/situation | Areas that need to be strengthened |
|---|---|---|
| **Performance management** | | |
| • standard system in place | | |
| • regular performance review | | |
| • link to training/capacity-building agenda | | |
| **Communication** | | |
| • regular staff and team meetings | | |
| • efficient central filing system | | |
| • clear lines of communication | | |

**Inform your facilitator when you are ready for intercountry group discussions.**

## MANAGEMENT WITH OTHERS – SUBCONTRACTING AND WORKING WITH OTHER IMPLEMENTING PARTNERS

Managing the performance of external partners is enhanced by the development of clear systems of contracting and performance management. Developing a standard and clear contract format can help ensure consistency.

Maintaining a register of all contracts, including key dates of deliverables, milestones and expiration of contracts, can assist in managing a diverse set of providers.

### Performance management

Managing the performance of other providers can be time-consuming and requires the allocation of significant resources. The AIDS programme may still be required to commit

considerable resources to ensure that the goods and services are properly provided. This might entail:

- identifying new implementing partners and assisting them to develop proposals for the programme;
- regular monitoring of progress, including site visits;
- technical assistance for designing interventions;
- policy and advocacy assistance to remove barriers;
- providing opportunities for implementing partners to get together and share ideas, experiences and learning across the programme;
- identifying and documenting good practice and disseminating it to others; and
- management of emerging issues, problems, conflicts or unsatisfactory performance.
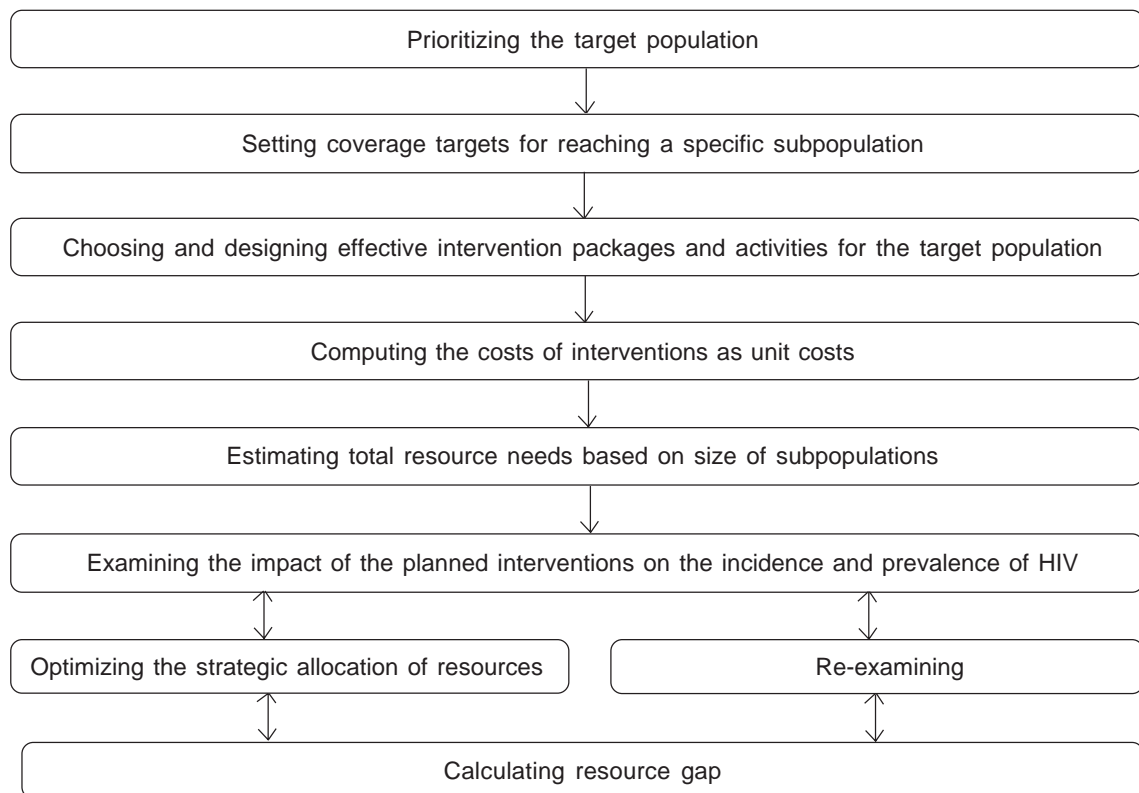
It is best to link performance management to capacity development. The AIDS programme needs to play an active role in coordinating and strengthening the work of the implementing agencies it works through.

## OBJECTIVE 2: To outline strategies for strengthening financial management systems that support the efficiency and accountability of the AIDS programme

The AIDS programme needs financial management systems that help it manage the cost of interventions and programmes, allocate resources for programmes, set out and monitor budgets and spending, report to government and donors on spending and mobilize further financial resources. Each country will have its own system of financial management that the programme will need to comply with.

Some of the elements that AIDS programme managers will need to consider are as follows.

### The guidelines identify the following steps for planning and costing

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┌─────────────────────────────────────────────────────────────────────┐
│              Prioritizing the target population                      │
└─────────────────────────────────────────────────────────────────────┘
                                  │
                                  ▼
┌─────────────────────────────────────────────────────────────────────┐
│     Setting coverage targets for reaching a specific subpopulation   │
└─────────────────────────────────────────────────────────────────────┘
                                  │
                                  ▼
┌─────────────────────────────────────────────────────────────────────┐
│ Choosing and designing effective intervention packages and activities│
│                     for the target population                        │
└─────────────────────────────────────────────────────────────────────┘
                                  │
                                  ▼
┌─────────────────────────────────────────────────────────────────────┐
│          Computing the costs of interventions as unit costs          │
└─────────────────────────────────────────────────────────────────────┘
                                  │
                                  ▼
┌─────────────────────────────────────────────────────────────────────┐
│    Estimating total resource needs based on size of subpopulations   │
└─────────────────────────────────────────────────────────────────────┘
                                  │
                                  ▼
┌─────────────────────────────────────────────────────────────────────┐
│ Examining the impact of the planned interventions on the incidence   │
│                   and prevalence of HIV                              │
└─────────────────────────────────────────────────────────────────────┘
         ▲                                              ▲
         ▼                                              ▼
┌──────────────────────────────────┐   ┌──────────────────────────────┐
│ Optimizing the strategic         │   │        Re-examining          │
│ allocation of resources          │   │                              │
└──────────────────────────────────┘   └──────────────────────────────┘
         ▲                                              ▲
         ▼                                              ▼
┌─────────────────────────────────────────────────────────────────────┐
│                     Calculating resource gap                         │
└─────────────────────────────────────────────────────────────────────┘
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### COSTING OF INTERVENTIONS AND PROGRAMMES

Several software packages are available to assist programme managers in this area. These include INPUT Software, the GOALS Model and the Resource Needs Model. A

useful introduction to the use of these in AIDS programmes is contained in the *Costing guidelines for HIV/AIDS intervention strategies – for use in estimating resource needs, scaling up and strategic planning in the Asia/Pacific Region,* UNAIDS, ADB, 2004.

While identifying the target population is relatively simple, setting coverage targets can be more complex. This has already been dealt with in Modules 3 and 5, and the priorities and targets identified through the processes set out in these modules need to be used to develop programme costs.

Identifying unit costs is also a complex task. Certain commercial software packages can be used to do this. The cost tables set out in some planning documents, such as the *Strategies for an expanded and comprehensive response (ECR) to a national HIV/AIDS epidemic* (FHI, 2001), can also be used.

Unit costs are average figures, including assumptions and coverage. Working out the unit cost is an exercise aimed at estimating the cost per intervention for the purpose of planning resource needs and allocation.

## Example
## Estimation for a unit cost of condom promotion

| Targeted SW | Clients per SW | Working days | Coverage (%) | Condoms needed (pieces) | Excess supply (20%) | Total cost ($0.02 per condom) |
|---|---|---|---|---|---|---|
| 20,000 | 3/d | 260 | 80 | 12.5 million | 15.0 million | 300,000 |

## BUDGET ALLOCATION

Annual budgets need to be allocated according to the priorities set out in the national strategy and annual plan. The National AIDS Committee often has a role in recommending these priorities and assisting the programme to mobilize the resources necessary to carry out the tasks set out in the annual plan.

This task is complicated by the existence of multiple sources of funding, for example, the national government allocation, Global Fund grants and other donor loans and grants. The financial management system needs to be flexible enough to meet the requirements of the different funding sources while maintaining an overall picture of the total spending on AIDS.

Budgeting involves the following.

- Identifying priorities and costing them

- Preparing budget submissions and lobbying for the required allocation (upstream budgeting)

- Adjusting the programme in accordance with the resources received (downstream budgeting).

The AIDS programme has to compete with other programmes for allocations. Hence, programme managers need to lobby for what they need and to negotiate with the government, donors and others to secure the resources they require. There is often a gap between what is required and what is provided. This results in difficult decisions on trimming the allocations to different intervention areas, or reducing the range of interventions.

## REPORTING

The AIDS programme needs to report financial spending clearly to stakeholders to promote transparency and accountability. Although there have been some attempts recently to streamline financial reporting and to reduce its burden on countries, this is still a complex area, complicated further by different donor requirements.

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**Thailand case study: The Thailand national AIDS spending assessment 2000–2004**

In 2005, Thailand carried out a study to detail its AIDS spending from 2000–2004. The assessment put together all the available data on government and donor AIDS spending for that period. It examined spending in the major programme areas.

The assessment provided the national programme with an opportunity to see exactly where funds had been spent and where the main gaps in programming lay. This allowed the programme to make the following recommendations for strengthening the national response.

1. Increase public spending on HIV prevention and focus interventions on high-risk behaviour.
2. Seek innovative funding mechanisms to secure additional funding for antiretroviral therapy (ART).
3. Establish an integrated information system for the better management of HIV/AIDS resources.

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Having a strong financial management system in place significantly strengthens the country's ability to argue for more resources or for the redistribution of resources.

## OBJECTIVE 3. To describe the elements of an effective commodity management system and set out a plan for effective condom procurement, supply and distribution
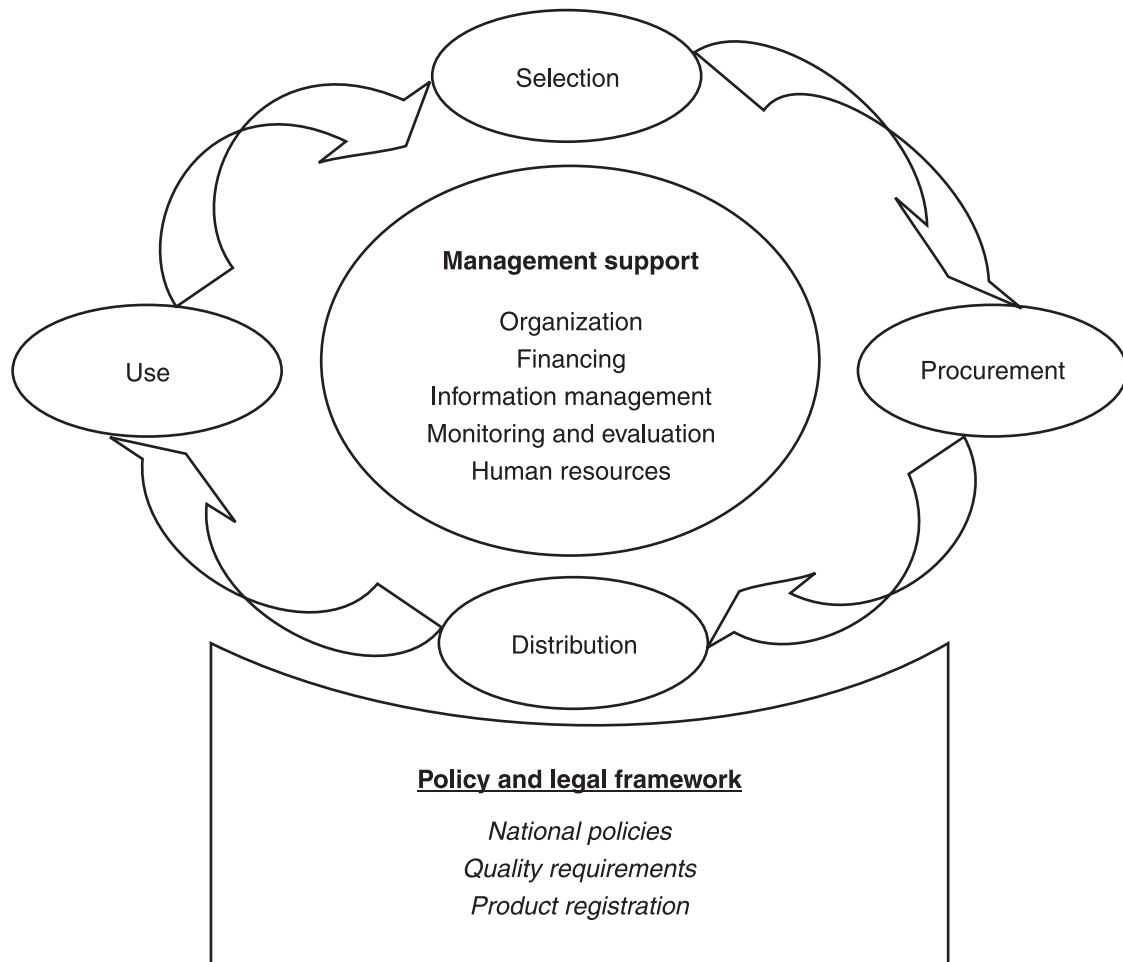
### INTRODUCTION AND OVERVIEW

The successful scaling up of HIV prevention and care programmes relies on the steady supply of a wide range of commodities: HIV test kits, laboratory reagents and supplies, condoms, antiretroviral (ARV) drugs and opportunistic infection (OI) medicines, bleach, clean needles and syringes for outreach programmes and medical supplies for HIV and AIDS care. AIDS programme managers have a key role in ensuring that the procurement and supply systems are efficient enough to guarantee an uninterrupted supply of these essential commodities.

The following are some key elements of successful procurement and supply of commodities.

- The right commodities based on guidelines, advice of experts and feedback from users
- In the right quantities based on estimate of demands, and avoidance of stock-outs as well as wastage
- In the right condition and of good quality
- At the right place when they are needed
- At the right time when needed and avoiding stock-outs
- At the right cost aiming to minimize the cost and with the assistance of international organizations, if necessary.

### THE LOGISTICS CYCLE

The diagram on page 16 summarizes the logistics cycle. The roles of management support and of the policy and legal framework have an important influence on this cycle. The effective management of procurement and supply requires dedicated human and financial resources.

The diagram shows a cycle of: Selection → Procurement → Distribution → Use → Selection, surrounding a central oval labelled:

**Management support**

Organization
Financing
Information management
Monitoring and evaluation
Human resources

Below, resting on a bracket:

**Policy and legal framework**

*National policies*
*Quality requirements*
*Product registration*

*Source:* Adapted from *A public health approach for scaling up ARV treatment – a toolkit for programme managers* WHO, October 2003; and *HIV/AIDS medicines and related supplies: contemporary context and procurement – technical guide*, The World Bank, 2004.

## COORDINATING THE PROCUREMENT AND SUPPLY SYSTEM

### Who can help with supply management?

For the sustainability and efficiency of supply management, it is important to use the existing structures including the government and nongovernment agencies. Find out how medicines and supplies are currently managed by these agencies and the resources, training or education that may be needed to include HIV commodities in these systems.

### Who can help with selection and quantification?

Clinicians, in collaboration with managers of the drug supply programme, will take primary responsibility for advising on medical supply and medication needs. The national

treatment guidelines for HIV, prevention of mother-to-child transmission (PMTCT), OIs and sexually transmitted infections (STIs) are an essential foundation for making selection decisions. The primary users of the means of prevention (condoms, lubricant, bleach, disposable needles and syringes) can inform supply managers about usage preferences.

For determining commodity needs, there must be a link between the procurement and supply system and the strategic information system. The latter can provide data on:

- the number of people to be targeted in prevention programmes;
- the number likely to present for HIV testing and the sites at which they are likely to be tested;
- the number with HIV requiring OI treatment and prophylaxis;
- the number potentially qualifying for ART, and the sites at which they are most likely to access it; and
- the changing patterns of service use at specific sites.

## The regulatory environment

The regulation of goods required for the HIV programme is usually covered by a number of ministries.

- Health: for drug quality, prescribing, laboratory practice
- Trade: for importation, sale
- Finance: for taxation, foreign exchange
- Home affairs: for policing, prosecution of breaches.

One needs to examine the impact of the regulatory environment on the supply of HIV commodities. This means examining:

- the supplies that are available in the country.
- what can be imported.
- the existing patent regulations and competition laws which will affect procurement.
- other trade regulations that may prohibit or increase the cost of imports.
- any restrictions on who is qualified to prescribe certain drugs.
- the absence of drug categories in the national drug list for policy reasons, e.g., methadone.

Most countries have their own regulatory processes for medicines and diagnostic tests. International agencies can also assist in dealing with regulatory issues. The United Nations Pre-qualification Programme, managed by WHO, provides advice to Member States on the quality assurance of the HIV medicines and diagnostic tests available on national and international markets. It also assists with advice on pre-qualified quality control laboratories.

There are complex issues of intellectual property to be considered, on the basis of whether the country of origin or the country of import is a member of the World Trade Organization (WTO) and is bound by the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement. A detailed analysis of this is contained in the World Bank Technical Guide and from groups such as Consumer Project on Technology (www.cptech.org).

## Sourcing and pricing

This involves identifying producers and suppliers, checking the credentials of the producers and the quality of the goods, comparing the prices of goods of equivalent quality, and negotiating prices on the basis of quantity and competition.

In situations where donors are acting as sources of commodities, attention must be paid to issues of sustainability, and donor-sourced and government-sourced commodities need to be compared.

The pricing of ART, in particular, is complex. Technical assistance is available from WHO and groups like Médecins Sans Frontières. The Clinton Foundation (www.clintonfoundation.org) has also provided some countries with assistance in negotiating better prices for ART.

## Inventory control

It is essential to have a good system for tracking commodities. This involves

- Tracking storage and movement of the commodities at every level of the system, from central storage to stocks available in primary health care or nongovernmental organization (NGO) settings
- Enabling managers to know the exact amounts of supplies in the system, the location of those supplies and when they approach their expiry date
- Recording all acquisition and dispatch of stock
- Recording use, anticipating changes in usage patterns.

## Effective use of commodities

The use of the commodities completes the cycle, and a new cycle begins of requirement. The procurement and supply system needs to assist in ensuring that:

- the goods are used efficiently for the intended purpose, according to the guidelines set;
- records are kept about how the commodities are used – for which patients and why, for which prevention activities and to target which groups;

- the users' feedback on the appropriateness of the commodities is entered into the system – this applies to formulations of ART that maximize adherence, acceptability of particular types of condoms or types of disposable syringes and needles.

## Monitoring and evaluation

The system needs to be monitored and evaluated so that problems relating to stock-outs, waste of expired stock or inappropriate purchasing can be addressed.

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## EXERCISE B

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*(Country group work followed by intercountry group discussion)*

This exercise provides an opportunity to examine how the major commodities that are used in the response to AIDS in your country are managed. In country groups, discuss what you know about the procurement and supply of the commodities set out in the table on the next page. This will assist you to examine the extent to which the procurement and supply of essential commodities is currently organized and to identify opportunities for streamlining, coordinating and strengthening the procurement and supply system.

Condom procurement and supply has been covered in greater detail in the next section.

| Item | Who orders or supplies these? (e.g., national AIDS programme, donors) | Who is currently responsible for estimating needs and managing stocks? | How are they distributed to sites? | How often have sites run out of supplies? Are there problems with procurement? With distribution? | How could the system be strengthened? |
|---|---|---|---|---|---|
| HIV test kits | | | | | |
| Condoms | | | | | |
| Disposable needles and syringes | | | | | |
| ART medicines | | | | | |
| OI medications | | | | | |

## CONDOM PROCUREMENT AND SUPPLY

A large and sustained increase in condom use is central to HIV prevention strategies. This can be achieved only if free or affordable condoms of good quality are available each time a person needs to make a decision about safer sex.

Maintaining a supply of condoms in the places where they are needed requires careful planning and coordination and cannot be left to chance. Collaboration between the national AIDS programme (NAP) and the public and private sectors, including NGOs, is essential because condom distribution can take place through more than one channel and involves agencies and organizations, such as the Ministry of Health and other ministries, NGOs, international agencies, multinational suppliers and manufacturers, commercial sector supply and sales networks, and community-based distribution networks.

### Logistics

The success of a plan to promote the use of condoms depends on condoms being available. The consequences of condoms not being available when people want or need them could be an increase in the spread of STIs and HIV infection. Systematic planning for the procurement and distribution of condoms would help the NAP ensure that condoms are provided to users.

The purpose of a logistics system is to ensure the movement of products in a timely and secure way from the point of manufacture to outlets where consumers and clients may obtain them. An understanding of the logistics system is important not only for the procurement and distribution of condoms, but also for the drugs and supplies needed to carry out STI and HIV/AIDS care activities. An effective logistics system for the procurement and distribution of condoms includes the following steps.

#### *Planning for procurement*

- Review information on user requirements from all distribution channels
- Set condom specifications, and evaluate whether they meet programme needs

#### *Procurement*

- Select condom suppliers
- Carry out or contract for compliance testing to ensure vendor's product meets specifications
- Calculate amounts to order

## *Distribution*

- Process orders when they are received
- Repackage, if required
- Provide sufficient storage capacity at central and field locations
- Process orders from distribution outlets
- Move condoms from receiving system to distribution outlets
- Monitor condom quality

## *Use*

- Provide access to target populations and general public through an appropriate mix of delivery channels
- Obtain feedback from users on acceptability, accessibility, affordability and quality

The AIDS programme should be involved in ensuring an efficient condom logistics system through planning and coordination, monitoring and supervision.

## EXERCISE C

*(Country group work followed by country group discussion)*

Meet with other participants from your country to answer the following questions on estimating the number of condoms needed for HIV prevention activities.

1. How does the NAP project future condom needs in your country?

2. What information is used to make the estimates?

3. How is the information obtained?

4. In which areas should improvements be made to estimate the condom needs for HIV activities?

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**Inform the facilitator when you are ready for country group discussions.**

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## How are condoms distributed?

The NAP needs to coordinate its condom procurement and distribution activities with all agencies involved in the national condom distribution system. In many countries, condoms used for family planning and disease prevention are distributed through *distribution channels* such as

- Government distribution programmes
- NGO distribution programmes
- Commercial sales, including private sector sales as well as social marketing programmes

People obtain condoms from *"distribution outlets",* such as clinics, pharmacies, shops, truck stops, public meeting places, bars, brothels, and hotels. Outreach workers often provide condoms as part of their work with people from affected communities. Access to condoms is strengthened when they are provided to users through an appropriate mix of channels and outlets.

A country's distribution channels and related outlets might include the following.

| Distribution channels | Distribution outlets |
|---|---|
| **Government:** Distribution systems such as the Essential Drug Programme and Ministry of Health distribution programmes for family planning and disease prevention | <ul><li>Family planning clinics</li><li>Maternal and Child Health (MCH) clinics</li><li>Hospitals</li><li>STI clinics</li><li>Rural health centres</li></ul> |
| **NGOs:** For example, NGO programmes targeting sexually active youth for disease prevention activities, including condom promotion | <ul><li>Community-based distribution activities targeting populations at risk, such as sex workers, men having sex with men (MSM) and migrant workers</li><li>Family planning activities</li></ul> |
| **Commercial sales:** For example, distribution to private sector retail outlets and social marketing programmes | <ul><li>Pharmacies</li><li>Tea shops, local stores</li><li>Social marketing programmes to provide general public and target populations with wide access to condoms in outlets such as supermarkets, bars, clubs, brothels, truck stops and railway stations</li></ul> |

## EXERCISE D

***(Country group work followed by country group discussion)***

In this exercise, you will consider information about condom distribution channels and outlets in your own country. The information you list will be used to monitor condom

orders and assess the condom distribution system for any improvements required. Meet with other participants from your country and do this exercise together.

1. Use the chart below to list the condom distribution channels and outlets you know about in your country. Also list any additional outlets anticipated as a result of plans to promote the use of condoms during the next one to two years. Then answer questions 2 and 3.

### Condom distribution channels and outlets

| Distribution channels | Distribution outlets |
|---|---|
| Government distribution channels | |
| NGO distribution channels | |
| Commercial sales, including social marketing | |

2. What proportion of condoms currently being distributed through each channel is available for STI/HIV prevention activities?

3. Have contacts been established between the NAP management staff and managers of distribution channels? If not, how can contact between them be established?

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**Inform the facilitator when your country group has completed this exercise.**

## Selecting suppliers and coordinating orders

In the public sector, condoms are usually obtained in one of the following ways.

- Donors supply condoms directly to national programmes.
- Donor and government funds are used to procure condoms from an international procurement agency.
- In cases where programmes have resources and have developed a procurement capacity, condoms are purchased directly from either international or local manufacturers.

When the NAP obtains condoms directly from manufacturers, the programme management staff follows standard purchasing procedures, such as obtaining bids and sample products from suppliers, evaluating sample condoms for their quality, selecting suppliers, preparing purchase agreements, and so on. However, NAPs may also obtain condoms directly from international organizations and agencies. These procedures provide for bulk purchasing and independent quality assurance. They also help programmes to obtain low-cost, good-quality condoms. The following steps can be used to obtain condoms.

### Step 1.  Identify funding sources

The programme management staff should identify the sources of funding in consultation with management staff from public, private and NGO channels who have experience in obtaining condoms and contraceptives.

### Step 2.  Select suppliers

The programme management staff can consult other procurement experts (such as MOH family planning officials and advisors, and social marketing coordinators) to select the suppliers.

### Step 3.  Review condom specifications with the procurement agency

The programme management staff should compare the specifications of condoms currently being obtained with the recommended specifications. The staff may need to determine whether the characteristics (size, thickness, texture, colour) of the condoms meet the needs of the consumers in the country. It must determine the requirements for packaging (aluminum or plastic packaging; number of condoms per strip, if the condoms will be packaged in strips; culturally appropriate instructions to accompany the package for correct condom use and disposal of used condoms).

## *Step 4. Coordinate the condom order*

The NAP management staff can meet with the managers of the agencies and organizations to decide upon the timetable for plans to promote condom use and coordinate this timetable with that for procuring and distributing the condoms. The following must be considered to facilitate coordination:

- The quantities of condoms to be ordered by the NAP and through other channels for constituent programmes and projects;
- The capacity of the central warehouse, previous ordering schedules and policies for inventory – levels;
- The documentation required for obtaining the release of shipments from customs and transport carriers and to facilitate their release to representatives of the constituent programmes;
- The procedures for receiving shipments directly from manufacturers and from donors.

As improvements are made and the capacity of the distribution systems is increased, the programme management staff can revise orders accordingly.

## EXERCISE E

*(Country group work followed by country group discussion)*

Consult other participants from your country to answer these questions. Consider the information on condoms ordered through the public sector and how the coordination of information on condom orders takes place between the NAP and other sectors. Then discuss the areas in which you think improvements could be made.

1. How does the NAP coordinate information on condom orders with the staff of other sectors in your country?

2. Are condoms ordered from one or various suppliers? What are the sources of funding used?

3. Do you think the quality of condoms currently being purchased for distribution through all channels is satisfactory?

4. What improvements could be made in the procurement system?

> **Inform your facilitator when your country group is ready to discuss this exercise.**

## Improving the condom distribution system

You can compare the pipeline that provides water to communities with the condom distribution system that provides condoms to people who want or need them. The linked distribution system that receives, stores and delivers condoms to clients and customers is also called a "pipeline".

Condoms are distributed to outlets through a series of storage and receiving facilities. Condom quality control is monitored throughout the system. The parts of the condom distribution system and their functions include the following.

- *Customs:* The shipment of condoms is processed to establish ownership. Duty, if any, is paid; and the quantities and types of condoms are verified with the shipping and other documents.
- *Receiving:* The condoms are received from the customs. The staff assesses the cleanliness and integrity of the cartons and boxes in which the condoms are packed.
- *Storage:* The condoms are stored in compliance with the guidelines and inventory policies.
- *Delivery:* The condoms are delivered through the pipeline according to the distribution policies (for example, shipping of the oldest manufacturing date first).
- *Outlets:* Outlets are the endpoint of the system. They are located in places where people can obtain condoms when they want or need them.
- *Quality assurance management:* The condoms are tested for quality at key points in the distribution system, to assure that they meet the national or international standards.

# OBJECTIVE 4: To describe the elements of an effective strategic information management system

It is a big challenge to develop and maintain a system for managing the vast amount of information that an AIDS programme needs to collect and collate. The most important point to remember is that the information management system is a tool. Only data that is essential for planning, accountability and reporting should be collected and stored.

AIDS programmes require information in various forms from a range of sources. The main forms of strategic information they collect are:

• second-generation surveillance data
• data from operational research and specific studies
• data from monitoring and evaluation of initiatives and programmes
• financial information.

## ELEMENTS OF AN EFFECTIVE NATIONAL AIDS STRATEGIC INFORMATION MANAGEMENT SYSTEM

The elements of strategic information consist of surveillance, monitoring and evaluation mechanisms, operational research, social and cultural research and information from specific studies that assist in shaping the response to AIDS.

Managing strategic information at the national level consists of the following.

1. Establishing a strategic information unit within the national AIDS programme with capable and dedicated staff responsible for surveillance, monitoring and evaluation and operational research.
2. Developing and maintaining a strategic information framework.
3. Developing and updating guidelines for surveillance.
4. Developing and updating monitoring and evaluation guidelines.
5. Developing and updating tools and systems for data collection, analysis and reporting – paper-based or computerized.
6.  Developing human resource capacity.
7. Allocating adequate resources.
8. Developing and maintaining strategies and processes to link data to decision-making in the programme.
9. Preparing and disseminating quarterly and annual strategic information reports.

Module 9 provides more details on some of these areas.

## RESOURCES

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