

# SITUATION ANALYSIS OF MEDICINE PROCUREMENT SYSTEM

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Perspective from a Faith Base Drug Supply organization

By

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# LAY OUT OF PRESENTATION

- INTRODUCTION
- HOW IS PROCUREMENT DONE
- CHALLENGES FACED IN PROCUREMENT
- STRATEGIES PUT IN PLACE BY FBO TO REDUCE THESE CHALLENGES
- WAY FORWARD

# INTRODUCTION

- PCC Health Services has in total 23 health facilities
- Covering 5 regions of Cameroon( NW,SW,LT,West,Centre)
- Has Central Pharmacy (Procures, stores, and distribute all medical commodities needed for used in the system)
- All these health facilities irrespective of their location requisite all their medicines from this Central Pharmacy
- The central pharmacy ensures the availability of cost effective medicines to all these facilities
- It operate a DRF into which each facility pays money for drugs they consume ensuring constant availability of funds to restock essential medicines needed

# PROCUREMENT PROCESS

- The central pharmacy has the sole responsibility to procure and distribute medical products used in the Services
- Procurement process starts by Selection process done by the PCC Pharmacy and therapeutic Committee (PTC)
- The PTC establishes the PCC essential Medicines list which is based on the national essential medicine list
- Procurement is done either directly from International/local manufacturer
- Or from locally accredited wholesalers operating in Cameroon

# CHALLENGES FACED IN PROCUREMENT

- Rampant out of stock of key essential medicines from almost all the local whole salers ( who stock same product mostly covering less than 20% of Cameroon EML)
- Quality issues of some of the product ( benzathine 2,4, Pen V, arthemether/lumenfantrine 80/480 etc)
- Absence of viable marketing license for some needed medicines inhibiting their importation ( anticancer etc)
- Difficulty of obtaining import license by Faith Based DSO even though they constantly supervised by the MOH using the same check list applicable to other private whole sellers
- Difficulty to meet up with minimum Order of most manufacturer as they minimum acceptable order quantity for each product is most more than our required order quantity

# STRATEGIES PUT IN PLACE

- **Quality issues:** WE able to set up quality assurance system which involve quality control(minilab) supplier inspection and prequalification
- **Lack Of AMM:** This is beyond our control but most time we tried to apply for a waiver considering that we have a close system but its difficult to get such approve
- **Lack of import Licence:** We follow the combat sum procedures each time we want to import ( apply for approval to both ministry of health and ministry of Finance)
- **Minimum order quantity:** We instituted a pool procurement project where FBOs ( CBC PCC and EEC) assembled their order together and do one procurement as a group.

# OUR QC LABORATORY









# PARKAGING AREA



# ARRIVAL OF FIRST CONTAINER IN THE POOL PROCUREMENT PROJECT





# WAY FORWARD

- Facilitate the process of medicine importation by giving whole sale license/ import licence to FBOs just like for private whole sellers
- Encourage whole sellers to Import medicines that target public health needs rather focusing only on what has a fast turn over
- Institute a system of quality assurance/quality control in the organization of every wholesaler to ensure quality of medicines they distribute
- Encourage manufacturers to come and register products which may be considered as orphan medicines e.g Dapsone so that they could be easily imported by whole sellers
- Intensify control and supervision by regulatory authorities to ensure whole whole sellers operate in accordance to the stipulated regulation

# WAY FORWARD CONTINUE

- Encourage the government Organs like LANACOME to test every product before p issuing marketing license
- Set up satellite rapid QC control system at ports of entry to ensure each batch of products with AMM are rapidly verified and post marketing Surveillance of Registered product
- The three Government Organs Responsible for Regulation(DPML,IGSP, LANACOME) to work in synergy if possible set up a **NATIONAL MEDICINE REGULATORY AUTHORITY** for Cameroon

# THANK YOU/ MERCI

