ANTIRETROVIRAL DRUGS
STOCK SECURITY
IN ECOWAS MEMBER STATES

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INTRODUCTION

This technical note is part of a process initiated at the JURTA PSM group workshop in Dakar-Senegal in June 2012. The results of the work conducted during the workshop yielded 12 recommendations and an implementation schedule. Recommendation No. 5 reads as follows:

“(i) To identify comprehensively all existing mechanisms for emergency response and their access conditions, and (ii) assess the feasibility of establishing a strategic ARVs stock at the regional level, managed by a central procurement agency to respond to emergencies and crises in West and Central Africa.’’

Faced with the recurrent problems of supply experienced by countries (inefficient supply systems, inaccurate needs estimation, poor input distribution and management systems, etc ...), the JURTA PSM¹ group deemed it necessary to:

(i) Bring together a specific group to brain storm and consider better coordinated technical solutions that could strengthen the systems and reduce the barriers impeding an uninterrupted supply of inputs, which is necessary for prevention and treatment of people living with HIV / AIDS.

(ii) Propose one or several mechanisms for antiretroviral drugs buffer stock to mitigate any risk of stockouts and ensure the continued ARV drugs availability and accessibility to people living with HIV under treatment.

WAHO reiterates its determination to ensure access to quality essential medicines at an affordable price to people in the ECOWAS Region.

That’s the reason that the establishment of a stock security must be part of a shared responsibility, support for the AIDS response in the long term and bringing products nearer to people who need it. As such, the establishment of the stock security must support the local production and must be a value added to Development Policy and promote:

✓ Endogenous skills;
✓ Saving of foreign currency;
✓ Technology acquisition;
✓ Guaranteed availability of quality medicines;
✓ Costs reduction of ARVs;
✓ Establishment of a core industrial centre.

WAHO proceed to the adaptation of the document developed through the collaboration of the group JURTA PSM to better meet the specific needs of ECOWAS countries.

WAHO is working hard in the process of quality assurance of medicines produced in the region, including the WHO pre-qualification. We would want a strong commitment from all stakeholders in this regard.

¹ JURTA PSM Group comprising UNAIDS, WHO, UNICEF, OCEAC, ECOWAS/WAHO
However, the pre-qualification can not constitute an obstacle to the assertion of our community industries and their integration in the process of socio-economic development of the West African region.

This document presents:

(i) The background (issues and challenges) to this buffer stock for antiretroviral drugs project.

(ii) Brief details on the three alternative techniques for establishing the buffer stock: it should be regionally oriented; it should respond to countries’ alerts and should be pre-positioned in a central procurement agency.

(iii) Prerequisites and conditions for establishing the mechanism.
BACKGROUND

Issue

West African countries are strongly committed to attaining the Millennium Development Goals and universal access to healthcare. Like other African regions, these countries have also inscribed their actions in the context of the African Union roadmap for AIDS, tuberculosis and malaria control.

The status of the universal access to treatment in ECOWAS countries is as follows:

(i) In 2010, the number of patients on antiretroviral therapy (ART) was 633,718 (Fig. 1).
(ii) 80% of the active files are found in four countries: Nigeria, Ghana, Côte d'Ivoire and Burkina Faso.

![Figure 1: Distribution of ART by countries in the ECOWAS region - 2010](image)

Every effort must be made to increase the number, because only 36% of patients who need treatment have access to it.

However, during the last 12 months, ARV supplies in ECOWAS countries experienced significant disruptions, related to uncertainties around the continuity of the Global Fund, which culminated in major delays in the disbursement of country subsidies, thereby affecting drugs availability.

The JURTA group was greatly challenged by requests from countries such as Benin, Burkina Faso, Cape Verde, The Gambia, Ghana, Guinea, Guinea Bissau, Mali, Niger, Togo which experienced critical stock situations of pre-stockouts or stockouts.

The current socio-economic situation raises some concern about the sustainability of the access to care programs due to reductions in funding from development partners, especially the Global Fund.
Challenges

Most of the ARV treatments in the region are provided by international aid funds from bilateral and multilateral donors (Global Fund / UNITAID / PEPFAR / World Bank). Mobilization of these funds goes through long and complex administrative procedures before accessing the funds. Procurement procedures are subject to many constraints: - public accounting constraints or donors’ requirements - and procurement are mainly from manufacturers with the most competitive generic drugs who are mostly located in India.

In the end, for actual procurement of ARVs, the necessary time lag between needs assessment and reception of the commodities by the national central procurement agencies is between 6 months and 1 year.

The time required to process an order is 3 to 9 months under optimal conditions (administrative time limits + transport).

These time limits, often difficult to control, have an impact on the implementation of countries’ procurement plans and sometimes lead to stockouts.

Here is a combination of constraints, which could be the source of these stockouts:

(i) organizational difficulties, such as a deadlock in the supply chain, which may be from the central stores: inadequate tracking of expiry dates of ARVs, delayed transport from the manufacturer / suppliers, inclusions of unplanned new patients in the active file of patients, lack of planning in the change of protocols, poor evaluation of rising costs of patients to be placed under therapy…

(ii) financial difficulties (delayed disbursement of subsidies, lack of cash) resulting in a shift in the date of placing of the orders with suppliers.

Identifying accelerated administrative and financial procedures in the event of an emergency process remains a challenge for ARVs availability to patients.

Faced with these fragile situations of one of the pillars of health (medicines), the set objectives in terms of care for patients can be strongly questioned at the expense primarily of care continuity and patients’ health.

The ECOWAS Multisectoral Committee on AIDS Control requested WAHO to work in partnership with members of JURTA (the joint UNAIDS Programme, WHO the co-sponsors, UNICEF, and USAID, SOLTHIS, ESTHER ...) to establish a stock security in the region, which would allow some countries to overcome the stockouts.

Past Experiences:

Faced with these situations, the only solution left to countries is (i) to quickly identify one or more suppliers with a stock and who can deliver at short notice by air and (ii) have adequate funding (cash, donors, bond).

It should be noted that new purchases are often made at unit prices generally higher (OTC markets) than those initially obtained (international tenders).
Although experiences of different partners and institutional donors (UNICEF, Esther, SCMS) in the establishment of a buffer stock geographically positioned in Africa have helped to address several urgent requests, they could not be funded and maintained in time. Rapid mobilization of these emergency stocks experienced the same problems of supply:

i) cumbersome procedure in the establishment of a buffer stock (estimated buffer stock, donor no objection or a supervisory authority).
ii) inability to fund and / or reimburse the value of the buffer stocks.

The poor utilization and revolving of these emergency stocks resulted in losses of medicines because they have expired.

STOP GAP MECHANISMS FOR ANTIRETROVIRAL DRUGS

Various Technical Alternatives

Several options can be considered to assist countries facing the risk of stockouts.

Option 1: Setting up a real stock security in a central procurement agency in the region

This pre-financed particular stock is managed by the Central Procurement Agency, ensuring its revolvement (by integrating it into its own stock) and shipping to beneficiary countries whose requests has been approved.

Financial provision shall be made for physical renewal of the stock as it is consumed.

**Advantage**

Pharmaceutical management and stock revolving (reduces the risk of loss or expiration)
Flexibility and timeliness of response

**Disadvantages**

Significant financial fixed assets, management capabilities and large storage areas needed;
Procedure for medicines export by a single Central Procurement Agency (regulatory constraints)

Medicines to correspond to those stored and consumed in the country and to have domestic marketing authorization

Option 2: Mobilizing a virtual buffer stock at suppliers’ level  (Producers or Aggregator)

This has to do with pre-positioning a stock at suppliers’ reaching an agreement on the price and supply conditions (prepaid or not). Commodities are mobilized and shipped to countries in urgent needs and suppliers are refunded.

**Advantage**

No fixed stock, reduced management risk
Suppliers are used to exporting, shipping made easier
Disadvantages

Difficulty to manage several suppliers (time limits+ complexity) or find an aggregator that will have the various molecules.

Option 3: Strengthening a mechanism already put in place by a partner

Financial support must be provided to strengthen a mechanism already established by a partner in order to increase it capacity vis-à-vis the countries of the region.

Advantage

Mechanisms already identified and in place, limited contribution (only financial)

Disadvantages

Few partners’ mechanisms are truly operational. Check the feasibility

Conditionalities

Compliance with a rigorous Quality Assurance and repayment capacity of medicines delivered to countries as stock security stock are essential.

In a broader sense, the establishment of a stock security must be part of a shared responsibility, support for the AIDS response in the long term and bringing products nearer to people who need it. As such, the establishment of the buffer stock must be a value added to Development Policy and promote:

(i) Endogenous skills;
(ii) Saving of foreign currency;
(iii) Technology acquisition;
(iv) Guaranteed availability of quality medicines;
(v) Costs reduction of ARVs ;
(vi) Establishment of a core industrial centre ;

Establishing a stock security in a Central Procurement Agency (alternative 1)

Description

The idea of creating a (regulated) stock security with a regional focus, able to respond to certified stock level alerts in countries represents an alternative response.

A pre-financed stock security integrated into the current stock of a national central store will offer flexibility and enable rapid response to requesting countries.

We are proposing to focus the buffer stock, mainly on stockouts risks of the most common first line treatments.
The regional stock security is an instantaneous and episodic relay that reduces time limit for addressing shortage compared with incompressible normal delivery from the warehouse of a manufacturer (production time) and / or supplier (wholesaler).

Regulation through an inter-revolvement between regional stock security commodities and stocks owned by the host structure is essential to avoid losses by expiration. One may or may not be able to actually differentiate between both stocks (depending on the management methods in place and service provision obligations of the host), but the financial and computer differentiation is required.

Identification in the ECOWAS region of a willing and partnering Central Store will be an essential step.

CRITERIA FOR IDENTIFYING THE PARTNER CENTRAL PROCUREMENT AGENCY

Eligibility of the Central Procurement Agency:

Technical elements leading to the selection of the Partner Central Procurement Agency are:

- Willingness of the management and its board of directors to host this regional buffer stock;
- Existence of a current and common stock in sufficient ARVs (Central Store from a country with a strong active file of patients) to ensure control (high inter-revolvement) "own stock / stock for addressing shortage";
- Computerization of stock management and good control of management features software by the central store (Reliable differentiated management of own stocks and buffer stock);
- Experience on pre qualification process;
- Modern and functional Means of storage and facilities (area T° <25 °C, assisted handling, housekeeping, security guarantee against theft and fire ...);
- Storing ability at sufficient controlled temperature;
- Ease of flight connections with other countries in the region and / or developed road network with neighbouring countries;
- Ownership by and political involvement of the Government of the host country (facilitating the signing of an MOU with the customs administration for shipping);
- Compliance with national drug regulation: responsible pharmacist, authorized pharmaceutical wholesaler;
- Defined and Applied Internal procedures (BPD).
SETTING THE SIZE OF THE SECURITY STOCK

Estimated Number of Antiretroviral Treatment (ART) to be positioned in the integrated emergency stock

Suppression of extreme highs and lows of country active lists: Nigeria, Cape Verde and The Gambia

<table>
<thead>
<tr>
<th>Countries</th>
<th>ART No. 2009</th>
<th>ART No. 2010</th>
<th>ART estimate 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>15 401</td>
<td>18 230</td>
<td>27 726</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>26 448</td>
<td>31 543</td>
<td>47 973</td>
</tr>
<tr>
<td>Cape Verde</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>72 011</td>
<td>75 237</td>
<td>114 426</td>
</tr>
<tr>
<td>The Gambia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td>30 265</td>
<td>40 575</td>
<td>61 710</td>
</tr>
<tr>
<td>Guinea</td>
<td>14 999</td>
<td>20 430</td>
<td>31 071</td>
</tr>
<tr>
<td>Liberia</td>
<td>2 970</td>
<td>4 412</td>
<td>6 710</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>2 764</td>
<td>3 632</td>
<td>5 524</td>
</tr>
<tr>
<td>Mali</td>
<td>21 100</td>
<td>24 778</td>
<td>37 684</td>
</tr>
<tr>
<td>Niger</td>
<td>6 445</td>
<td>7 812</td>
<td>11 881</td>
</tr>
<tr>
<td>Nigeria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senegal</td>
<td>12 249</td>
<td>15 032</td>
<td>22 662</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3 660</td>
<td>5 552</td>
<td>8 444</td>
</tr>
<tr>
<td>Togo</td>
<td>16 710</td>
<td>24 635</td>
<td>37 467</td>
</tr>
<tr>
<td>TOTAL ECOWAS</td>
<td>529 527</td>
<td>633 718</td>
<td>413 477</td>
</tr>
</tbody>
</table>

Growth rate 2009-2010 : 15% / estimated increase from 2010 to 2013 + 15% per year

| Estimated total patients 2011 | 312 648 |
| Estimated total patients 2012 | 359 546 |
| Estimated total patients 2013 | **413 477** |

Calculation assumptions will therefore be based on an estimated average active list of 34 457 patients in 2013 in West Africa (413 477 patients / 12 countries).
Distribution of the active regional average (34,457 patients) per protocol

<table>
<thead>
<tr>
<th>protocol</th>
<th>distribution</th>
<th>No.ARTs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; line 95%</td>
<td>AZT + 3TC + NVP 40%</td>
<td>13,094</td>
</tr>
<tr>
<td></td>
<td>AZT + 3TC + EFV 30%</td>
<td>9,820</td>
</tr>
<tr>
<td></td>
<td>TDF + 3TC + EFV 30%</td>
<td>9,820</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>32,734</strong></td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; line 5%</td>
<td>TDF + 3TC + ATV/r 40%</td>
<td>688</td>
</tr>
<tr>
<td></td>
<td>TDF + 3TC + LPV/r 20%</td>
<td>345</td>
</tr>
<tr>
<td></td>
<td>ABC + 3TC + LPV/r 20%</td>
<td>345</td>
</tr>
<tr>
<td></td>
<td>AZT + 3TC + ATV/r 20%</td>
<td>345</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>1,723</strong></td>
</tr>
</tbody>
</table>

Calculation Assumptions

The needs for first line ARVs in this stock have been estimated on the basis of the active regional average that is **32,734 First line ART**.

- Unit costs of Pharmaceutical Products (FOB price):

<table>
<thead>
<tr>
<th>1st line</th>
<th>AZT + 3TC + NVP $300/150+200mg$</th>
<th>0.2312 USD/tab</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZT + 3TC + EFV $300/150+600mg$</td>
<td>0.2885 USD/tab</td>
<td></td>
</tr>
<tr>
<td>TDF + 3TC $300/300mg$</td>
<td>0.3896 USD/tab</td>
<td></td>
</tr>
<tr>
<td>EFV $600mg$</td>
<td>0.3493 USD/tab</td>
<td></td>
</tr>
</tbody>
</table>

Price Source: MSH ERC catalog - 2010

Budget Estimate

- Integrated stock security cost

Based on the calculation assumptions above, two options can be suggested for estimating the budget to be mobilized:

- Regional average active list under 1<sup>st</sup> line drugs, emergency stocks estimated for 4 months or 6 months of consumption

<table>
<thead>
<tr>
<th>DCI</th>
<th>UC (FOB)</th>
<th>No. of patients</th>
<th>4 months</th>
<th>6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; line</td>
<td>AZT + 3TC + NVP (1Tab/D)</td>
<td>0.2312 USD/ tab</td>
<td>13,094</td>
<td>363,309</td>
</tr>
<tr>
<td></td>
<td>AZT + 3TC + EFV (1Tab/D)</td>
<td>0.2885 USD/ tab</td>
<td>9,820</td>
<td>339,933</td>
</tr>
<tr>
<td></td>
<td>TDF + 3TC (1Tab/D)</td>
<td>0.3896 USD/ tab</td>
<td>9,820</td>
<td>459,057</td>
</tr>
<tr>
<td></td>
<td>EFV (1Tab/D)</td>
<td>0.3493 USD/ tab</td>
<td>9,820</td>
<td>411,573</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL (excluding transport costs)</strong></td>
<td></td>
<td></td>
<td><strong>1,573,872 USD</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>786,936,000 FCFA</strong></td>
</tr>
</tbody>
</table>

- Forwarding Cost Estimate
+ Forwarding Cost (transport + insurance + duty + tax) (~ 25% of the value purchased), if setting up physical stock:

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>393,468 USD</th>
<th>590,203 USD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>196,734,000 FCFA</td>
<td>295,101,375 FCFA</td>
</tr>
</tbody>
</table>

- Annual Management Fees (3.5%) for the hosting facility

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>68,857 USD</th>
<th>103,285 USD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>34,428,450 FCFA</td>
<td>51,642,745 FCFA</td>
</tr>
</tbody>
</table>

- All Medicines + Forwarding + Management

<table>
<thead>
<tr>
<th>TOTAL GENERAL</th>
<th>2,036,197 USD</th>
<th>3,054,299 USD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,018,098,500 FCFA</td>
<td>1,527,149,500 FCFA</td>
</tr>
</tbody>
</table>

**Actual Sizing**

A progressive increase of charges is expected: In a first step, 1.5 million are mobilized for setting up the buffer stock.

**GENERAL LEGAL ASPECTS RELATED TO THE IMPLEMENTATION OF THE MECHANISM**

In order to allow efficient implementation of such a mechanism, contractual aspects (Agreement) between the operators - users (central procurement agencies or Programs) of this mechanism and their line management officers are to be taken into account to authorize these special activities: Adapt the public service agreements binding operators – beneficiaries (central procurement agencies or Programs) of the emergency mechanism and the States / Governments of the subregion.

**Support and Release Measures**

Operators using the stock security mechanism will be giving support in order to improve their skills in supply chains.

**A country specific ARV alert threshold will be defined** based primarily on the number of patients. It is achieving this level of alert that will determine the release, namely the provision of ARVs from the stock security.

For this purpose, WAHO will promote the development of specific training modules for capacity building of beneficiaries in synergy with other Partners involved and training institutes in the region.

**IMPLEMENTING THE PROJECT**
The project will be implemented by WAHO, with the technical support of JURTA PSM in compliance with the conditions listed above. It shall also comply with other special procedures to be defined.

These procedures are of two types: Financial and pharmaceutical. A pool of consultants must be identified and TORs written. Expected results are as follows:

- Define operating and logistical management procedures of the buffer stock (technical, administrative, logistical procedures)
- Formalise a framework for cooperation between the central procurement agency, operators and the WAHO Fund
- Evaluate the relevance of the eligibility and selection criteria of the partner Central Procurement Agency
- Develop the modus operandi and procedures of the alert mechanism
- Prepare the pharmaceutical procedures manual
- Propose a financial mechanism for the Fund
- Propose a repayment management mechanism for the Fund

**Different Stages of Operationalization of the Mechanism by WAHO**

See Appendix 2

The main steps to complete the process of setting up a buffer stock of HIV drugs are as follows:

1. Mapping of the regional capacities for local production of ARVs
2. Definition of eligibility criteria for the selection of the central procurement agency that will host the stock security
3. Selecting the central procurement agency
4. Drafting of procurement and management processes of the stock security
5. Upgrading of the central procurement agency’s warehouses, purchase of pharmaceutical inputs and their pre-positioning at the selected central procurement agency.

**APPENDICES**

APPENDIX 1
Estimated number of Antiretroviral Treatment (ART) for positioning in the regulated stock security

<table>
<thead>
<tr>
<th>Countries</th>
<th>ART No. 2009</th>
<th>ART No. 2010</th>
<th>ART Needs</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Benin</td>
<td>15 401</td>
<td>18 230</td>
<td>31 000</td>
<td>59%</td>
</tr>
<tr>
<td>2 Burkina Faso</td>
<td>26 448</td>
<td>31 543</td>
<td>64 000</td>
<td>49%</td>
</tr>
<tr>
<td>3 Cape Verde</td>
<td>611</td>
<td>800</td>
<td>1 400</td>
<td>57%</td>
</tr>
<tr>
<td>4 Côte d'Ivoire</td>
<td>72 011</td>
<td>75 237</td>
<td>200 000</td>
<td>38%</td>
</tr>
<tr>
<td>5 The Gambia</td>
<td>921</td>
<td>1 869</td>
<td>11 000</td>
<td>17%</td>
</tr>
<tr>
<td>6 Ghana</td>
<td>30 265</td>
<td>40 575</td>
<td>130 000</td>
<td>31%</td>
</tr>
<tr>
<td>7 Guinea</td>
<td>14 999</td>
<td>20 430</td>
<td>43 000</td>
<td>48%</td>
</tr>
<tr>
<td>8 Libéria</td>
<td>2 970</td>
<td>4 412</td>
<td>19 000</td>
<td>23%</td>
</tr>
<tr>
<td>9 Guinea Bissau</td>
<td>2 764</td>
<td>3 632</td>
<td>9 300</td>
<td>39%</td>
</tr>
<tr>
<td>10 Mali</td>
<td>21 100</td>
<td>24 778</td>
<td>63 000</td>
<td>39%</td>
</tr>
<tr>
<td>11 Niger</td>
<td>6 445</td>
<td>7 812</td>
<td>30 000</td>
<td>26%</td>
</tr>
<tr>
<td>12 Nigeria</td>
<td>302 973</td>
<td>359 181</td>
<td>1 500 000</td>
<td>24%</td>
</tr>
<tr>
<td>13 Senegal</td>
<td>12 249</td>
<td>15 032</td>
<td>31 000</td>
<td>48%</td>
</tr>
<tr>
<td>14 Sierra Leone</td>
<td>3 660</td>
<td>5 552</td>
<td>21 000</td>
<td>26%</td>
</tr>
<tr>
<td>15 Togo</td>
<td>16 710</td>
<td>24 635</td>
<td>56 000</td>
<td>44%</td>
</tr>
<tr>
<td><strong>TOTAL ECOWAS</strong></td>
<td><strong>529 527</strong></td>
<td><strong>633 718</strong></td>
<td><strong>2 209 700</strong></td>
<td><strong>29%</strong></td>
</tr>
</tbody>
</table>

2009-2010 : 15% / Estimated Increase from 2010 to 2013 + 15% per year

| ART 2011 estimates | 728 776 |
| ART 2012 estimates | 838 092 |
| **ART 2013 estimates** | **963 806** |

- Unit costs of pharmaceuticals (FOB price):

<table>
<thead>
<tr>
<th>1st line</th>
<th>2nd line</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZT + 3TC + NVP</td>
<td>TDF + 3TC</td>
</tr>
<tr>
<td>300/150+200mg</td>
<td>300/300mg</td>
</tr>
<tr>
<td>0.2312 USD/tab</td>
<td>0.3896 USD/tab</td>
</tr>
<tr>
<td>AZT + 3TC + EFV</td>
<td>ATC/r</td>
</tr>
<tr>
<td>300/150+600mg</td>
<td>300mg</td>
</tr>
<tr>
<td>0.2885 USD/tab</td>
<td>3.1643 USD/tab</td>
</tr>
<tr>
<td>TDF + 3TC</td>
<td>LPV/r</td>
</tr>
<tr>
<td>300/300mg</td>
<td>200/50mg</td>
</tr>
<tr>
<td>0.3896 USD/tab</td>
<td>0.4024 USD/tab</td>
</tr>
<tr>
<td>EFV</td>
<td>ABC + 3TC</td>
</tr>
<tr>
<td>600mg</td>
<td>300/600mg</td>
</tr>
<tr>
<td>0.3493 USD/tab</td>
<td>0.9640 USD/tab</td>
</tr>
<tr>
<td></td>
<td>AZT + 3TC</td>
</tr>
<tr>
<td></td>
<td>300/150mg</td>
</tr>
<tr>
<td></td>
<td>0.2244 USD/tab</td>
</tr>
</tbody>
</table>
APPENDIX 2: Schedule of Implementation of Activities for Setting up the Antiretroviral Drugs stock security

<table>
<thead>
<tr>
<th>Item</th>
<th>Proposals</th>
<th>Activities</th>
<th>Schedule</th>
<th>Responsible</th>
</tr>
</thead>
</table>
| Prerequisites | (a) Mapping, including in terms of quality of local ARV manufacturers (existing)  
(b) Support to manufacturers to start the WHO prequalification process  
(c) Countries and Regional Economic Communities involved and (Acknowledgement of stockouts, Responsibility)  
(d) Legal frameworks allowing emergency purchases | (a) (WA) literature review  
(b) (WA)-Assessment made, Awaiting AfDB’s support for capacities | January 2013 (WA)  
January 2013 (WA) | OOAS OCEAC/PPHN |
| Set the Size of the Buffer Stock (1st line) - combined with financial funds |  |  |  |  |
| 1 | (a) ARVs stock security of first line  
Reference to WHO protocols, Vs national protocols  
Estimates / Quantification of total needs: 2% on 1st pilot project (6 months), to be reassed gradually | (a) Finalization of the technical paper on the Buffer Stock with focus on WA. | January 2013 | UNAIDS Secretariat WHO ACAME |
<p>| | Define the Criteria for Identification of the Partner Central Procurement Agency | (a) Finalization of the technical paper on the Buffer Stock with focus on WA. | January 2013 | UNAIDS Secretariat WHO ACAME |
| | Define the Operating and Logistical Management Procedures of the stock security (technical, administrative, logistics ...) | (a) Drafting TORs for the consultants and Development of ToR | January 2013 | UNAIDS Secretariat WAHO |</p>
<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Completion Date</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(b) Formalizing the framework for cooperation between central procurement agencies and WAHO</td>
<td>February 2013 (Manual)</td>
<td>Through JURTA PSM</td>
</tr>
<tr>
<td>2</td>
<td>(b) Drafting of procedures / criteria for assessing central procurement agencies</td>
<td>March 2013</td>
<td>WAHO with the possible support of PSM JURTA</td>
</tr>
<tr>
<td>3</td>
<td>Make an assessment of the Central Procurement Agencies that could apply to host the stock security</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discuss with national authorities on the requirements of the stock security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>(a) Screening on the basis of predefined criteria</td>
<td>March 2013</td>
<td>WAHO UNAIDS Secretariat</td>
</tr>
<tr>
<td></td>
<td>(b) Evaluation visit (with a predetermined grid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Validate the operating and logistical management procedures of the stock security and Propose the Central procurement agency to host the stock security</td>
<td>March 2013</td>
<td>WAHO</td>
</tr>
<tr>
<td></td>
<td>Select the central procurement agency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Approve a procedure / mechanism for reimbursement for the medicines delivered and receive the commitment of countries</td>
<td>April 2013</td>
<td>WAHO</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>April 2013</td>
<td>WAHO</td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Provide a platform for collaboration between ECOWAS and local producers of essential medicines</strong></td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>(a) Support of PSM JURTA WHO, AUC, UNIDO (ANDI !)</td>
<td>During the meeting of the Assembly of Health Ministers ECOWAS Member States</td>
<td>April 2013</td>
</tr>
<tr>
<td></td>
<td><strong>Develop and sign with the national authorities, line managers of the partner central procurement agency the agreement document related to the operating conditions of the stock security</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Organize an official visit to the central procurement agency selected</td>
<td>During a visit of the President of the Assembly of Health Ministers of ECOWAS and the DG WAHO</td>
<td>May 2013</td>
</tr>
<tr>
<td></td>
<td><strong>Strengthen the capacity of the partner central procurement agency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>(a) Identifying partners / opportunities to contribute to capacity building</td>
<td></td>
<td>May 2013</td>
</tr>
<tr>
<td></td>
<td>(b) Staff training on the procedures manual</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>Supply the partner central procurement agency with ARVs.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>(a) Launch of the tender</td>
<td></td>
<td>June 2013</td>
</tr>
<tr>
<td></td>
<td>(b) Contract awards Delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) of products</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Monitor and evaluate operations of the stock security</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>(a) Monitor the performance of the contract</td>
<td>Analysis of reports and field visits</td>
<td>December 2013</td>
</tr>
<tr>
<td></td>
<td>(b) Conduct an assessment at 12 months of operation of the stock security</td>
<td></td>
<td>June 2014</td>
</tr>
</tbody>
</table>