THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

HEALTH COMMODITIES TRANSITION GUIDELINE

Tanzania Mainland
May 2022

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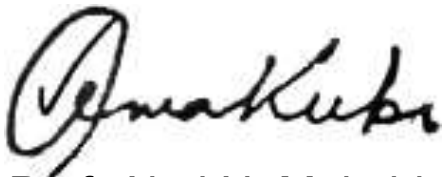
Foreword

The Ministry of Health (MoH), in collaboration with various stakeholders continues to improve availability of health commodities at Service Delivery Points (SDP) through strong and vibrant supply chain management systems. To achieve this, the Ministry has been implementing a number of initiatives including but not limited to: integration of most health commodities into one supply chain logistics system, develop and implement standard operating procedures (SOP) and guidelines regarding the management of pharmaceuticals and related medical supplies, introduction of electronic systems that facilitate business processes and communications between health facilities and Medical Stores Department (MSD) i.e. Electronic Logistics Management Information System (eLMIS) and Enterprise Resource Planning – Epicor 10 (ERP-E10) and increased the overall budget for health commodities as well as adopting new health technologies. All these efforts have supported the transformation seen over the years in the public health supply chain in Tanzania. However, in adopting new health technologies there are various challenges that are encountered during the transition process including wastages.

In order to mitigate those challenges, various measures have been proposed by the stakeholders. Amongst them, includes development of transition guideline which will swiftly govern the transition process to reduce any wastages in health commodities. Development of this guideline will clearly stipulate the roles and

responsibilities of key stakeholders engaged in transition of commodities at all levels, development of plan for transition, commodities procurement, distribution and storage and disposal if need arises. In so doing commodities and services will be readily available thus satisfying the customers seeking services to service delivery points.



Prof. Abel N. Makubi.

PERMANENT SECRETARY

Acknowledgement

Transition of Health commodities and health technologies is a living process in health sector as it aims on improving the provision of health services to the clients. However, it is associated with a number of challenges including wastage of resources if not well coordinated.

Based on past experience in transition of health commodities and health technologies, Ministry of Health in collaboration with various supply chain stakeholder sees the need to develop the guideline to streamline the transition process. Development of this guideline will have to stipulate the whole process of transition when need arises.

This work has been consultative, with the engagement of all the relevant parties in the health sector. On behalf of the Ministry, I would like to thank the technical staff from the Ministry of Health (MOH), President's Office-Regional Administration and Local Governments (PO-RALG), Medical Stores Department (MSD), as well as Development and Implementing Partners (DP & IP).

Lastly but not least, I would like to recognise Global Fund (GF) for providing financial support to accomplish this important work.

Dr. Aifello W. Sichalwe

CHIEF MEDICAL OFFICER.

Abbreviation

Term	English
AIDS	Acquired Immunodeficiency Syndrom
DPs	Development Partners
eLMIS	Electronic Logistics Management Information System
ERP – E10	Enterprise Resource Planning – Epicor 10
GoT	Government of Tanzania
HIV	Human Immunodeficiency Virus
HMT	Hospital Management Team
RHMT	Region Health Management Team
CHMT	Council Health Management Team
ILS	Integrated Logistics System
IPs	Implementing Partners
MOH	Ministry of Health,
MSD	Medical Stores Department
MP	Member of Parliament
NQT	National Quantification Team
NTD	Neglected Tropical Diseases
NTLP	National Tuberculosis and Leprosy Program
PSU	Pharmaceutical Services Unit
PORALG	President's Office Regional Administration and Local Government
SDP	Service Delivery Points
SOP	Standard Operating Procedures
TB	Tuberculosis
TWG	Technical Working group
TOR	Terms of Reference
TMDA	Tanzania Medicines and Medical Devices Authority
WHO	World Health Organization
NEMC	National Environment Management Council
LIS	Laboratory Information System
PMD	Pharmacy Module Database
CTC2	

Term	English
CTC3	
LMIS	Logistics Management Information System
HMIS	Health Management Information System
DHIS2	District Health Information System

CHAPTER ONE

1. BACKGROUND

1.1 Introduction

The MOH mission is to facilitate the provision of basic health services that are of good quality, equitable, accessible, affordable, sustainable and gender sensitive with the vision of having healthy society with improved social well-being that will contribute effectively to individual and national development.

In order to achieve the Mission and Vision of MOH, availability, accessibility and sustainability of health commodities, is one of the crucial components in order to fulfill the needs of clients through provision of quality health services at all levels. Nevertheless, changing of policies, treatment guidelines and health technologies, contribute to supply chain challenges such as equipment redundancy, expiries, wastage, unnecessary stock-outs, shortages and pile – up of stocks.

However, transitioning of health commodities and health technologies are inevitable in health sector due to number of reasons such as scientific evidences on their safety, potency,

efficacy and cost effectiveness in the Global Market. Proper management of such changes can be mitigation to the mentioned challenges above. Therefore, any change in the health commodities and health technologies will have impact in Health service delivery

In the course of transition process implementation, stakeholders' mapping and engagement is necessary depending on their responsibilities and commitment in the Public Health.

The Ministry of Health has been implementing transition of various heath commodities and equipment in multi – phased approach, based on recommendations from technical committees of specific programs. Throughout the past transition processes, associated risks and challenges have been observed in the supply chain system.

Guidelines which stipulate the overall process and approach is important to provide step by step guidance to the stakeholders in handling emerging transitions and changes on health commodities and health technologies.

1.2 Rationale for Transition Guideline

Transition of Health commodities and health technologies is a living process in health sector as it aims on improving the provision of health services to the clients. However, it is associated with a number of challenges including wastage of resources if not well coordinated. In recent past the Ministry has experienced a number of transitions across programs including HIV/AIDS, TB/Leprosy, RCH commodities and diagnostics, whereby ad-hoc measures had to be deployed across the supply chain system to off – set the encountered challenges.

It is in this regards that, there is a need to develop a guideline for managing Health commodities and Health technologies transition in a structured way in order to mitigate the potential challenges and risks.

1.3 Purpose of the Transition Guideline

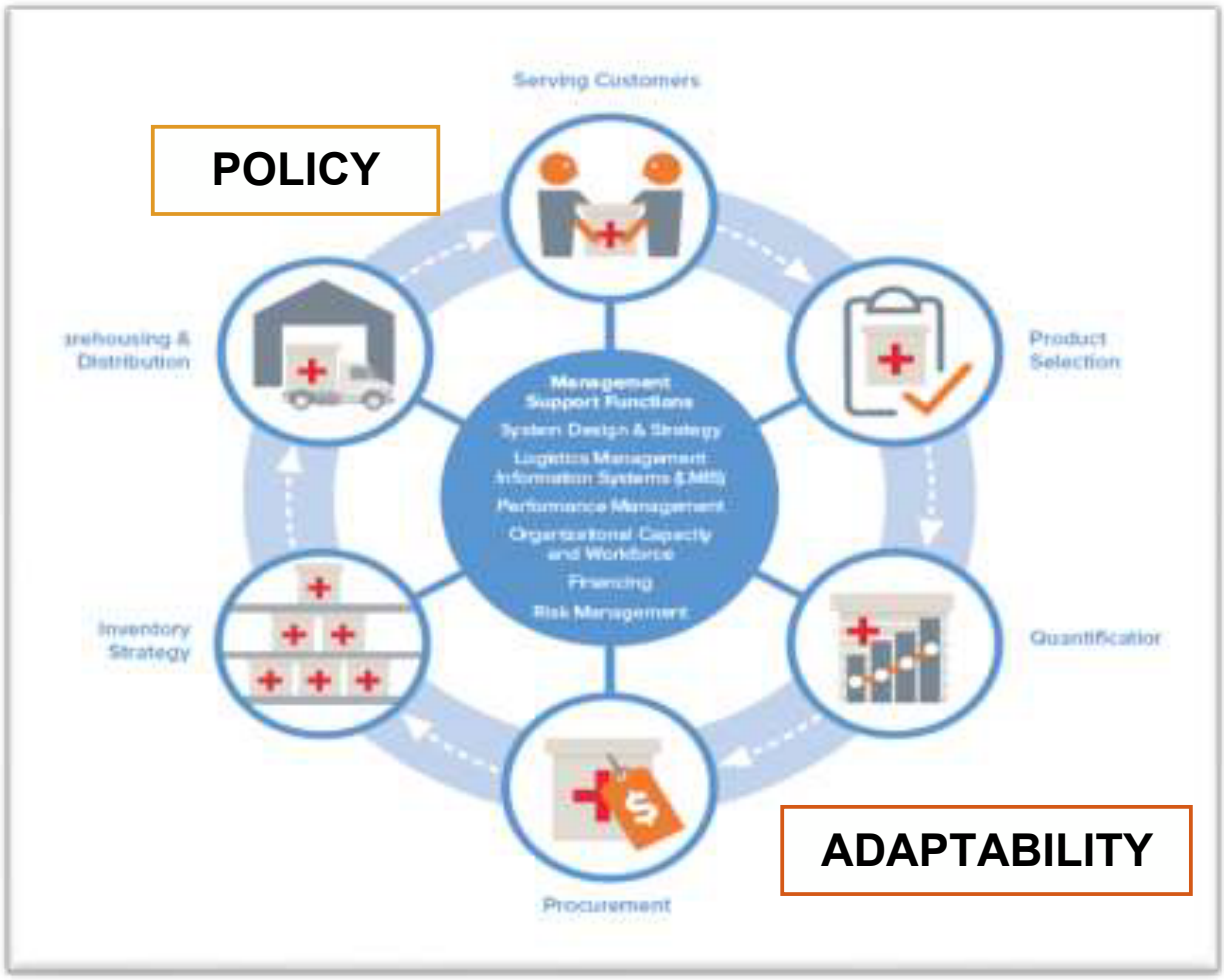
The purpose of this guideline is to provide a framework for effective coordination, alignment and implementation of health supply chain on the transition of Health Commodities and Health technologies in Tanzania.

1.4 Scope of the Transition Guideline

This document will guide the transitioning processes of all health commodities and health technologies across the

supply chain. The scope regarding the transition will focus on the key logistic systems shown in figure 1 below:

Figure 1: The Logistics Cycle



1.4.1 Serving customers:

The transition process must meet National policy and Public Health demands by ensuring availability, safety, efficacy, and affordability of health commodities and health technologies. Any activity in the transition process should maintain excellent customer service and to commodity security.

1.4.2 Product selection:

This function should be considered in any health commodities and health technologies transition. The National Medicine and Therapeutic Committee (NMTC) has a role in approving all health commodities and health technologies to be used in the country.

1.4.3 Quantification:

This involves estimating the quantity and cost of the health commodities and health technologies required for a specific health program (or service) in order to ensure an uninterrupted supply, no wastages or expiries and determining scheduled distribution of the products. Therefore, during any transition, the quantification teams from lower level to National Quantification Team (NQT), should be well informed to ensure the type and quantity of the item being phased out is reduced while the quantity phasing in is included in the plan to guarantee the sustainability of the service.

1.4.4 Procurement:

This involves development of procurement plan as an output of supply plan of health commodities. During any transition of health commodities and health technologies, the phased in item should be included in the plan and the quantity of the phased out commodities should be adjusted to accommodate the phasing in commodities.

1.4.5 Inventory management:

Consideration is given to what are the day-to-day methodologies to follow for stock management (report/ordering, record-keeping, and good storage practices, and maintaining an appropriate stock levels). It is important to apply controls in existing inventory systems to support the goals and objectives related to health commodities and health technologies transition.

1.4.6 Warehousing and Distribution:

Consideration must be given on how the health commodities will be received, stored and distributed, including the cost associated with the warehousing and distribution until they are delivered to the end user. This is possible if clear information regarding transition of the health commodities and

health technologies is shared with the warehouse custodian prior execution of the transition process.

1.4.7 Organizational capacity and workforce:

Organizational capacity must be considered during transition to ensure that there is adequate coordination, well-trained and skilled staff to monitor stock levels, place orders, and provide health commodities transitioned to clients.

1.4.8 Logistics Management Information Systems (LMIS):

Decisions on transition must be made by considering health commodities and health technologies logistics data related to the transition that will be collected, consolidated, analyzed and use for planning and monitoring transition.

1.4.9 Financing:

Transition of health commodities and health technologies will involve finance, therefore a consideration must be given on the following; transition meetings, capacity building, tools reviews, printing, advocacy, procurement, distribution, evaluation of health technologies, installation, maintenance,

reverse logistics, disposal, monitoring, evaluation and learning etc.

1.4.10 Performance management:

Monitoring of the transition will be a key part of the management support functions and will include but not limited to rigorously reviewing, analyzing, and fine-tuning key performance indicators to determine the current status, effectiveness, and efficiency of supply chain operations. This will inform supply chain stakeholders whether adjustments in policies or procedures are warranted.

1.4.11 Risk management:

Consider how to manage the risk associated with transition and how they will be mitigated. Risks may include inadequate funds, potential budget overruns, changes in supply plans and deliveries, expiries and wastage disposal.

1.4.12 Systems design and strategy:

The transition of health commodities and health technologies will be incorporated into existing systems. In case of incompatibility to the existing system, a temporary strategy may be developed and implemented during the transition period.

1.5 Definition of Terms and Key Concepts

In this Guideline, unless the context otherwise requires:

i. **Transition:** Refers to the process of changing from one health commodities/health technologies or one algorithm/protocol to another.

ii. **Optimization:** Means the action of making the best or most effective use of a situation or resources.

iii. **Wastage:** Refers to loss by deterioration, wear, expiries, or destruction of health commodities and health technologies.

iv. **Communication strategy:** Means a designed method to facilitate information sharing among stakeholders on transition.

v. **Quantification:** is the process of estimating the quantities and costs of the health commodities required for a specific health program and determining when the health commodities should be delivered to ensure an uninterrupted supply of health commodities.

vi. **Procurement:** Refers to the process of acquiring health commodities and health technologies from manufacturers/suppliers.

vii. **Health Commodities:** Refers to pharmaceuticals, medical devises, medical aids, in vitro diagnostic, medical equipment, chemicals and reagents.

viii. **Health Technologies:** Refers to application of organized knowledge and skills in the form of devices, medicines, vaccines, procedures, and system developed to solve a health problem and improve quality of life**.**

ix. **Phasing in**: Planned introduction or implementation of health commodities and health technologies.

x. **Phasing out**: Planned discontinuation of health commodities and health technologies**.**

xi. **Phasing up:** Gradual introduction of health commodities and health technologies in stages over a particular period of time.

xii. **Phasing down:** An act or instance of gradual reduction of health commodities or health technologies from use.

xiii. **Reverse Logistics:** Reverse logistics comprises of the sector of supply chains that process anything returning inwards through the supply chain or traveling 'backward' through the supply chain. It also includes operations related to the reuse of health products. The flow is from the point of consumption (i.e. the end user) to the point of origin (i.e. the manufacturer), to properly dispose of these or to recapture value.

xiv. **Key Actors: Stakeholders involved in the supply** chain system in the country at different levels. Main supply chain stakeholders are MoH, PORALG-central, MOFP, MSD, Development Partners, Implementing Partners, R/CHMTs, health facilities, consumers, TMDA and other regulatory agencies.

xv. **Decommissioning:** Withdraw or removal of diagnostics from services

xvi. **Decontamination:** refers to the destruction or removal of microbial contamination to render an item or the environment safe. Decontamination includes sterilization, disinfection and cleaning.

xvii. **Disease Specific Programs:**

1.6 Stakeholders Management

Stakeholder engagement plan is a process in which the MOH builds and maintains constructive and sustainable relationship with various stakeholders who may influence the transition process.

During the transition of health commodities or health technologies, it is imperative that stakeholders are well mapped, identify their interest and potential contribution in the transition process. It is important to understand that not all stakeholders will have the same influence or effect on the transition process, nor will they be affected in the same manner.

CHAPTER TWO

2. TRANSITION PLANNING

2.1 Introduction of the Transition

The transition plan will consist of the following steps; rationale of transition, literature review and data analysis, communication strategies and review of guidelines/test protocols.

2.1.1 Rationale of Transition

The transition plan shall have a brief rationale of the transition for the health commodities and health technologies that are being phased in, phased out, phased up and phased down. This shall include evidence of the added benefits of the phased-in/up health commodities and health technologies both to the clients and program; and risks associated with continued use of the phased-out/down health commodities and health technologies.

2.1.2 Literature Review and Data Analysis

Background information of the phasing in health commodities and health technologies is necessary to inform proceeding steps of the transition plan. The required information shall include safety, efficacy, stability, quality, registration, product

supply chain, manufacturer information and product availability to guarantee its sustainability after transition. The data analysis shall be conducted to provide insights on effect of the transition on current and future demand, inventory management and resource planning.

2.1.3 Communication Strategies

Meetings relating to the health commodities and health technologies being transitioned shall be conducted for the purpose of creating awareness among key actors and discuss modality of transition.

Furthermore, MOH in collaboration with PORALG, shall conduct sensitization meetings and share knowledge across all levels of the supply chain to ensure a common understanding regarding transitioned health commodities and health technologies. This will improve ownership of the exercise to all stakeholders of the transition and hence minimize most of the anticipated challenges.

Information, Education and Communication materials shall be developed and distributed to all key areas of implementation.

2.1.4 Review of the guidelines/test protocol

The national guidelines (Standard Treatment Guideline, Standard Medical Laboratory Equipment Guideline, Standard Medical Radiology & Imaging Equipment Guideline and disease specific guidelines/ test protocols) are essential and need to be reviewed to accommodate changes made due to transition prior to development of the transition plan.

Where there is an urgent need for adoption of the new health commodities and health technologies without sufficient time to review the guideline or testing protocol e.g. during COVID 19 outbreak, then MOH will approve the adoption of the new health commodities and health technologies through appropriate channels and mechanisms. This can serve as a trigger and guidance for initiating transition plan.

2.2 Planning for Transition

The transition plan should consider the following aspects:

2.2.1 Approach

Consider the approach that will be used to conduct the transition by assessing the different scenarios at hand and deciding on the final scenario that will be used to plan for the transition. The scenario that will be chosen shall be guided by a consideration of multiple factors including the nature of the

health commodities and health technologies, the availability of the products at specific tiers or areas of the supply chain and the completion of other steps of the transition implementation plan.

Scenario 1: Geographical; Transition can occur by phases. The Transition Task Team shall select the area to start the transition. The area can be selected based on geographical zone or regions and progress with the gradual rollout to the rest of the regions.

Scenario 2: Population and disease pattern; transition can occur by considering morbidity pattern. The scenario can work better for orphan diseases.

Scenario 3: Levels of health facilities; Transition starts by phases depending on the level of health facilities in the entire country. These scenarios can rely on staff capacity, level of knowledge/skills and infrastructure of targeted facilities.

Scenario 4: Zero strategy; Consumption of all available stock before staring the new technology/drugs/regimen across all levels of supply chain.

Scenario 5: Hybrid scenarios can be considered in areas where the geographical or health facility levels need to be

analyzed together with the service population or disease pattern.

The scenario that will be chosen shall be guided by a consideration of multiple factors including the nature of the health commodities and health technologies, the availability of the health commodities at specific tiers or areas of the supply chain and the completion of other steps of the transition implementation plan.

2.2.2 Transition Duration

The transition duration will be informed by the target of the transition, whether it aims to phase-out, phase-in, and phase-down or phase-up a particular health commodity or health technology. The transition will start when the Transition Task Team is established and will end when the transition target is reached.

The duration of the transition will be dependent on the specific nature of the health commodities and health technologies undergoing transition. However, the key phases that will inform the duration of transition shall be informed by set of activities in the following phases; the preparatory phase, operational phase and post transition (described further in the implementation section), distribution to the point of service

delivery and user consumption of the transitioned heath commodities and health technologies.

2.2.3 Quantification

Quantification method and tool shall depend on the type of health commodities on transition. Quantification shall be coordinated at national level by aggregating data from facilities, council and regional level. The planning of new incoming supplies should consider the remaining shelf of legacy health commodities, potential wastage, and plans for minimizing wastage.

2.2.4 Contractual agreement

Transitioning of laboratory and medical equipment shall be categorized into two: Transition of health technologies of which the equipment has been procured directly by the government of Tanzania and those that are under contract terms of either placement or rental modal.

Transition of health technologies for laboratory and medical equipment that have either been procured by the Government or under contract terms, shall be coordinated and implemented by the MoH.

In cases where health technologies for laboratory and medical equipment have been locally procured, Accounting Officers shall adhere to terms and conditions stipulated in the specific contractual agreement during transition of technologies for laboratory and medical equipment.

2.2.5 In-country registration of the product and post market surveillance

All health commodities and health technologies to be used in the country shall be registered by the relevant authority, such as Tanzania Medicines & Medical Devices Authority in accordance with the Tanzania Food, Drugs and Cosmetics Act, 2003. However, the waiver mechanism is also in place for health commodities or health technologies of public health interest as long as the product is WHO prequalified, registered by Stringent Drug Regulatory Authority (SDRAs) or if it is part of the agreed list of East African Community Medicines Regulatory Harmonization (EAC – MRH) Programmed.

Furthermore, post marketing surveillance shall be conducted to ensure transitioned health commodities and health technologies are of good quality, safe and efficacious. Good quality, safe and efficacious health commodities make an

important contribution to global reduction in morbidity and mortality as they are essential for efficient disease management. Post market surveillance of the newly introduced product and health technologies shall be conducted by Tanzania Medicines & Medical Devices Authority in accordance with the post market surveillance guideline, 2019.

2.3 Management of legacy health commodities and health technologies

2.3.1 Strategies for minimizing anticipated wastage

The Ministry of Health in collaboration with PORALG will continue to communicate with region, councils, and facilities to identify available stock to minimize anticipated wastage and expiries by redistributing products within councils, regions, and inter-zonal transfers by MSD. Regular monitoring is also required for stock status of legacy health commodities. Stock on hand at facilities and MSD including expired products should be reported to MoH.

2.4 Decommissioning

Decommissioning of Laboratory and medical equipment during transition shall ensure that the transfer and/or disposal of all chemical, biological, radioactive materials shall be

withdrawn from service as per the Guideline for Management of Unserviceable Health Commodities in Public Health Facilities 2022.

2.5 Requirement for patient monitoring (laboratory testing) and Pharmacovigilance

2.5.1 Patient monitoring (laboratory testing)

The mechanisms to monitor clients/patients who are involved in the transition shall be put in place to ensure that clients/patients are diagnosed as earlier as possible for possible side effects by the product consumed. The test to be diagnosed shall be selected as instructed by the treatment guideline or transition plan, and dependent on the specific medicine that is being consumed.

2.5.2 Pharmacovigilance

Pharmacovigilance activities are coordinated by TMDA and its' systems have been in place since 1993. The spontaneous reporting is the most common ADR reporting method in Tanzania and special forms (Yellow Forms) have been developed to help collect adverse drug reactions data from all patients including new medicines, regimens, or new testing protocols. In addition, the use of new medicines will require the utilization of active drug safety monitoring and

management (aDSM). This type of pharmacovigilance will require healthcare workers to report actively all serious adverse events and adverse events of specially interest.

2.6 Develop monitoring and evaluation framework

Performance indicators for monitoring and evaluation of newly introduced health commodities or health technologies will be developed to guide the implementation of the transition. These indicators and their modality for measuring, are described further in the monitoring and evaluation section. Additional indicators depending on the nature of the health commodities or health technologies will be developed in the specific product or technology in the transition plan.

2.7 Costed implementation plan

A costed implementation plan should be developed and consider the following components:

2.7.1 Consideration of product cost

Newly introduced products and technologies should consider cost effectiveness before approval for use in country. It is important to ensure the transition is not a burden to facility or program. Therefore, market price surveillance is crucial before introducing a new health commodity or health technology.

In case the new health commodity or health technology is of high cost, and there is no option for the proposed product or technology, the country will opt to use such a product or technology for the benefit of the patient.

2.7.2 Equipment maintenance, replacement, and operation

Equipment transitioning should consider cost for maintenance, replacement, and operation. For newly introduced diagnostic technology it should be cost effective. In case the cost of new equipment is of high cost, and there is no option for the diagnostic technology, the country will opt to use such a technology for the benefit of the patient.

2.7.3 Capacity building plan and information sharing

Transitioning of health commodities and health commodities should be preceded by capacity building to health care workers and sensitization meetings targeting key actors for the purpose of creating awareness. Therefore, plan for sufficient funding allocation for material development, printing, dissemination, training and distribution.

2.7.4 Storage and Distribution

The new health commodities will be integrated into the existing storage and distribution systems as detailed in the In-

country logistics systems manuals. Currently, health commodities are stored and distributed through MSD and will be ordered through eLMIS.

2.7.5 Data Systems and Tools Update

The Ministry shall review respective data management tools and systems whilst considering the cost effectiveness of updating the data collection and reporting systems and tools after transitioning. These costs will include review of the current data systems and tools, printing of updated data tools and reconfiguration of systems to include transitioned health commodities and health technologies.

2.7.6 Management of unserviceable health commodities and health technologies

The transition process shall consider the consumption of the available stocks of legacy medicines, reagents, and consumables to ensure they are used before incoming new products and technologies to avoid wastage. In case of inevitable wastages, disposal procedures for the legacy stock should comply with the Guideline for Management of Unserviceable Health Commodities in Public Health Facilities 2022. Contractual processes for new technology should

consider depreciation of the available equipment in use before changing to new technology/equipment.

2.7.7 Cost associated to equipment/technology installation

The cost for installation of equipment shall be analyzed before transition to inform the decision makers for approval.

In case the new technology/equipment installation is of high cost, and there is no other option, the country shall opt the use of such equipment for the benefit of the patient.

2.7.8 Human resource requirements

When the new product or technology is introduced, the country shall plan to utilize the available skilled staff at health facilities where the equipment has been installed. For the cases where there is no skilled human resource to utilize the new technology, the country shall Plan to train the available staff (relocated staff) or recruit new skilled staff who shall utilize the new technology for the benefit of the patient. The costs for training available staff or new recruited skilled staff should be considered.

2.8 Resource mobilization

The transition strategy shall have a resource mobilization plan which shall account for the total cost needed to implement the transition and detail the mechanisms on how resources will be mobilized. Several analyses shall be conducted to assess the cost– effectiveness of strategies for transitioning to new health technologies. All the activities to support securing new and additional resources for a particular task shall be detailed

The costs associated with implementation need to be established during the planning stage. This should include resources that would be required for procurement, shipping, storage, distribution, capacity building of services providers, development of data capturing tools, redistribution cost, as well as managing waste disposal of product and decommission of health technologies.

The following steps can be considered to mobilize resources for the purpose of a health commodities transition:

- Development of a costed transition plan with involvement of key stakeholders covering all key transition approaches and activities early enough before the actual implementation of the transition.

- Identification of key stakeholders who will in one way or another be involved in the transition plan.
- Coordination of a resource mobilization meeting with key stakeholders based on the detailed costed action plan.
- Agree on the implementation approach for any resources committed and the reports required.

The resource mobilization plan shall be beefed up by evidence or directives as directed by global, National and donor priorities, the accuracy of assessed needs, clear transition strategy, national priorities, and the reasonableness of funding requirements.

Resource mobilization plan shall detail modalities to raise resources through multiple sources, including bilateral government contributions, multi donor pooled funds, international financing institutions, private contributions from individuals, companies, trusts and foundations. The financial requirements for each technology and participating agency should be summarized at the end of the transition plan.

CHAPTER THREE

3. TRANSITION IMPLEMENTATION

For the implementation of transition, a phased approach will be needed to ensure all the necessary aspects are covered. The implementation can be grouped in three phases, which will include Preparatory phase, Operational phase and Post Operation phase.

3.1 Preparatory Phase

3.1.1 Transition need assessment

Disease specific program will conduct a need assessment of the transition through respective sub-committees. This assessment will consider availability, safety, efficacy and cost effectiveness of the phased in/up commodities or health technology. After establishing a need for transition, specific disease program will prepare a report. This report will be submitted to Health Commodities, Equipment and Health Technology Technical Working Group.

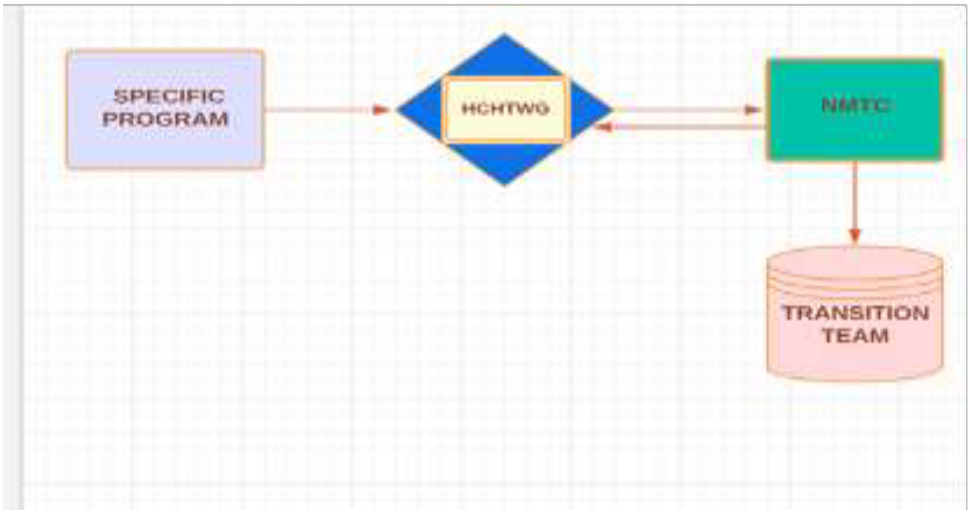
3.1.2 Health Commodities, Equipment and Health Technology Technical Working Group.(HCEHT)TWG

Transition agenda shall be tabled at this TWG under chairmanship of CP. Disease specific program will detail the

need for transition of the said commodity. Depending on the nature of the commodity or technology with current in-country status, TWG shall inform National Medicine and Therapeutic Committee (NMTC).

3.1.3 National Medicine and Therapeutic Committee (NMTC)

NMTC shall decide on the modality of the transition. A transition task team shall be formed with the aim of developing and execute a transition plan. Transition plan will be submitted to NMTC for approval. Members of this task team will depend on the nature of the commodity on transition.



3.1.4 Composition of the Transition Task Team

Members of task team shall be appointed from the respective Program/unit dealing with supply chain, other members will be in cooperated depending on their expertise. This will

include but not limited to technical members from PORALG (Central, RHMT, CHMT); National, Zonal and Regional Referral Hospital or any other members from heath facilities, TMDA, and Partners such as DPs, IPs, CSOs. Terms of References (TORs) shall be developed in respect to specific health commodities and health technologies undergoing transition.

3.1.5 Reporting channel of the Transition Task Team

The Transition Task Team will develop the draft of the transition plan and present to the Subcommittee/TWG. After in-cooperation of the inputs from Subcommittee/TWG. The team will submit the draft to the Program. Program will review the document and submit to Director.

The document will then be submitted to CP for final technical inputs and recommendation through HCHTTWG. The Permanent Secretary through the Chief Medical Officer will then approve the document before execution.

The team will also be responsible to report all the implementation progress, bottlenecks and modifications during execution of the planning phase and implementation phase to the respective programs and to the NMTC

The task team should prepare the transition plan after the

consultation through various stakeholders as well as the baseline assessment report. This shall follow the development of action plan that will be used as a road map during implementation. The action plan will translate the transition plan into activities, time lines and will assign responsibilities to different entities. This shall be submitted to Permanent Secretary MOH for review and Approval. The transition plan should be preceded by Literature review, Selection of the transition approach, Plan for monitoring the transition, Baseline assessment and financial management.

3.2 Operational Phase

The Transition task team is responsible for overseeing the whole operationalization of the transition plan. This will include but not limited to the following activities;

i. To execute the transition plan by adherence to terms of references provided.
ii. To provide periodic report on transitional implementation progress to the Permanent Secretary
iii. To plan for short and long-term interventions to mitigate any challenges encountered during transition

and counter foreseen huddles and risks that may hamper implementation.

iv. To coordinate the development of Information, Education and Communication (IEC) materials.

v. To develop indicators for monitoring transition implementation (coopt members with expertise)

vi. To monitor the transition progress in order to measure achievements against planned targets.

3.3 Post operational Phase

The Transition task team is responsible for post operational monitoring of transition plan. This will include but not limited to the following activities;

i. To evaluate the impact of transition as per plan.

ii. To coordinate management of unserviceable health commodities and health technologies resulted from transition.

iii. To monitor cases linked with the transition (i.e. laboratory investigation, Pharmacovigilance etc.).

CHAPTER FOUR

4 GOVERNANCE (TRANSITION ROLES AND RESPONSIBILITIES)

The governance structure outlined below fits for the implementation of the guideline. The structure covers different levels within existing government organs aligned to health commodities and health technologies transition from primary health facilities to national level and cross cutting institutions.

Government entities that includes Regulatory Authorities such as TMDA, TRA, TAEC, PHLB, HPLC and Pharmacy Council, Procurement and Supplies Agency such as GPSA will support the transition process by carrying out their roles and responsibilities in accordance to respective policies, legislations and regulations.

Structures responsible to manage the transition process of health commodities and health technologies are:

i. Health facilities (Primary Health Facilities (PHFs), National Hospital (NH), Specialized Hospitals, (SHs), Zonal Hospitals (ZHs), Regional Referral Hospitals (RRHs))
ii. Council Health Management Team (CHMT)

iii. Regional Health Management Team (RHMT)
iv. President's Office Regional Administration and Local Government (PO-RALG)
v. Hospital Medicines and Therapeutic Committees (HMTC) and Primary Health Care Medicines and Therapeutic Committees (PHCMTC)
vi. Medical Stores Department (MSD)
vii. Ministry of Finance and Planning (MoFP)
viii. Ministry of Health (MoH)
ix. Implementing Partners (IPs)

4.1 Health Facilities (Primary Health Facilities (PHFS), National Hospital (NH), Specialized Hospitals, (SHS), Zonal Hospitals (ZHS), Regional Referral Hospitals (RRHs))

Inadequate management of health commodities and health technologies transition will critically affect health facilities with either expiries, shortages, wastage or stock pile-up which will affect service delivery, and therefore, health facilities have a key role to play in the transition process.

Roles and responsibilities of health facilities.

i. Closely monitor the consumption trends for health commodities and health technologies to be transitioned (both phasing in/out and phasing up/down).
ii. Prepare and submit report on any overstocked, potential expiries and wastage/expiries to the higher authority.
iii. Coordinate inter-facility redistribution of overstocked commodities to mitigate potential expiries/wastage.
iv. Record all unserviceable health commodities resulted from the transition as per available guidelines.
v. Ensure commodities are correctly forecasted as per facility needs and ordered timely in accordance with the established ordering and reporting procedures.
vi. Hold routine internal meetings to share the consumption trends as well as stock levels
vii. Ensure quality data are captured and recorded into LMIS/HMIS tools.

viii. Ensure proper storage of transitioned health commodities and health technologies

ix. Report on drug adverse effects as a result of the new commodities

x. Ensure all relevant staff for capacitated on the transitioned commodities/technologies

4.2 Roles and responsibilities Council Health Management Team (CHMT).

i. Monitor health facilities consumption of legacy and newly introduced health commodities and health technologies.

ii. Ensures guidelines, tools, and transition protocols on proper management of new and legacy commodities are timely disseminated to health facilities.

iii. Review submitted facility reports and provide feedback to health facilities on issues identified from submitted reports.

iv. Intensify supportive supervision to health facilities under their jurisdiction over the period of transition plan.

v. Prepare and submit the progress report of the transition to higher authority

vi. Coordinate and prepare training plans necessary for transition implementation at council level.

vii. Identify and resolve transition issues and communicate to higher authority.

viii. Coordinate reporting, requisition, distribution and re-distribution of transitioned health commodities.

4.3 Roles and responsibilities of Regional Health Management Team (RHMT)

i. Ensures guidelines, tools, and transition protocols on proper management of new and legacy commodities are timely disseminated to Council Health Management Team.

ii. Review submitted Council Health Management Team reports pertaining to the transition of health commodities and health technologies and provide feedback to Councils on issues identified.

iii. Intensify supportive supervision to council teams under their jurisdiction over the period of transition plan.

iv. Prepare and submit the progress report of the transition to higher authority

v. Coordinate and prepare training plans necessary for transition implementation at regional level

vi. Identify and resolve transition issues and communicate to higher authority

vii. Provide guidance and technical support to CHMTs on the health commodities and health technologies transition processes

viii. Obtain and keep records of reports from all councils in the region.

ix. Conduct assessments on existing legacy commodities and demand for new introduced commodities.

x. Coordinate reporting, requisition, distribution and re-distribution of transitioned health commodities.

4.4 Roles and responsibilities of President's Office Regional Administration and Local Government (PO-RALG)

i. Ensures guidelines, tools, and transition protocols on proper management of new and legacy

commodities are timely disseminated to Regional Health Management Team.

ii. Review and provide feedback on submitted RHMT reports pertaining to the transition of health commodities and health technologies.

iii. Intensify supportive supervision to RHMT, CHMT, and health facilities under their jurisdiction over the period of transition plan.

iv. Monitor and provide feedback to Regions, Councils, and health facilities on progress of the transition process.

v. Coordinate and prepare training plans necessary for transition implementation

vi. Address key identified transition issues submitted by Regions, Councils, and health facilities by collaborating with MoH, programs and other stakeholders.

vii. Provide guidance and technical support to RHMT, CHMTs and health facilities on the health commodities and health technologies transition processes

viii. Conduct assessments on existing legacy commodities and demand for new introduced commodities.

ix. Ensure timely submission of transition reports from regional teams.

4.5 Implementing partners.

Implementing Partners (IPs) are either an associate government or non-governmental organization that supplement the works of Government by helping to carry out institutional arrangements in line with Government goals and objectives. In the transition of health commodities and health technologies, therefore, IPs have a critical role to play in the transition process.

Roles and Responsibilities

i. Collaborate with MOH, PO-RALG and other stakeholders in planning, assessment & reporting transition milestone.

ii. Support implementation of the transition plan by providing human and financial resources, technical assistance, health commodities inventory

management, development and dissemination of training materials, tools and guidelines.

iii. Collaborate with MoH and PO-RALG in data management and reporting.

iv. Support proper dissemination of transition updates to lower community level stakeholders

4.6 Ministry of Finance and Planning

Ministry of Finance and Planning manages the overall revenue, expenditure, and financing of the Government of the United Republic of Tanzania and provides the Government with advice on the broad financial affairs of Tanzania including health budget. In collaboration with the MoH and PO-RALG, will monitor budget plans to implement approved activities at all levels of the health sector.

The implementation of the health commodities transition is associated with costs including but not limited to capacity building, storage, distribution, disposal, dissemination of training and communication materials, procurement and supply management and other supply chain functions.

Roles and responsibilities.

i. Approves funds for procurement of transitioned health commodities and health technologies
ii. Formulate procedures for management, reporting and accountability of all health planning and budgeting pertaining to transition.
iii. Communicate to relevant authorities on procedures with regard to procurement to ensure value-for-money principles pertaining to transitioned items.
iv. Facilitate the disposal process of legacy stock in accordance to policies, legislation and regulations.

4.7 Roles and responsibilities of Ministry of Health (MoH)

Ministry of Health (MoH) is committed to facilitate the provision of basic health services that are of good quality, equitable, accessible, affordable, sustainable and gender sensitive with the vision to have a healthy society with improved social well-being that will contribute effectively to individual and national development.

MoH plays a central role in the overall policy formulation, process and implementation arrangements of the health commodities transition with the following roles:

i. Develop Terms of Reference (TOR) for the Transition Task Team.
ii. Prepare and update health commodities transition guidelines.
iii. Coordinate and harmonize linkage between health sector programs, institutions and agencies and health commodities transition guidelines.
iv. Establish health commodities Transition Task Team (where applicable) for smooth transition.
v. Institutionalize implementation of health commodities transition at all levels of the supply chain and to supply chain stakeholders.
vi. Monitor and evaluate the transition process.
vii. Development of Information, Education and Communication (IEC) materials.
viii. Evaluate the impact of transition as per plan.
ix. Coordinate management of unserviceable health commodities and health technologies resulted from transition.

x. Monitor cases linked with the transition (i.e. laboratory investigation, Pharmacovigilance etc.).

4.8 Roles and Responsibilities of Medical Stores Department (MSD)

Medical Stores Department (MSD) was established by the Act of Parliament No.13 of 1993 as an autonomous department under the Ministry of Health, responsible for developing, maintaining and managing an efficient and cost effective system of procurement, storage and distribution of approved medicines and medical supplies required for use by all public health facilities.

Roles and Responsibilities in relation to transition

i. Procurement, storage and timely distribution of transitioned health commodities and health technologies.
ii. Monitor procurement and supply plan of transitioned health commodities and health technologies.
iii. Provide timely and accurate report of stock on hand, distribution and procurement status.
iv. Mitigate any stock imbalances that happen during transition process.

NB: Transition of health technologies for laboratory and medical equipment that have either been procured by the Government or under contract terms, shall be coordinated and implemented by the MoH **THROUGH DIRECTORATE OF LEGAL AND OTHER USER DEPARTMENT FROM DIFFERENT PROGRAMS**

CHAPTER FIVE

5 MONITORING, EVALUATION AND LEARNING (MEL)

Monitoring, Evaluation and Learning activities that shall be performed during transition process include; development of MEL framework, updating data management tools, monitoring of capacity building, monitoring supply chain of both phase in/out and phased up/down health commodities and technologies, baseline data collection (pre transition), transition progress monitoring and post transition evaluation. Evaluation shall be performed by Transition Task Team in collaboration with stakeholders to determine the status before, during and after transition.

5.1 Monitoring, Evaluation and Learning Framework

MEL framework shall be developed to monitor and evaluate various indicators to measure and ensure smooth transition in order to reduce wastage on pipeline and ensure uninterrupted service delivery of phased in and up health commodities and health technologies.

Based on the transition approach, transitioned health commodities and health technologies; indicators to be monitored may include;

i. Number of stakeholder engagement meetings conducted

ii. Percentage of health facilities whose relevant staff have received training on the new health commodities and health technologies.

iii. Percentage of health facilities received Education, Information and Communication (EIC) materials.

iv. Percentage of data management tools/systems updated to accommodate the change

v. Percentage of clients transitioned

vi. Percentage of health facilities transitioned

vii. Stock availability (Measuring Months of Stock at health facilities and MSD)

viii. Percentage of wastage for both new and old health commodities and health technologies

ix. Forecast accuracy

x. Percentage of health commodities delivered in time and full

xi. Adverse event rate

xii. Adherence to transition plan

Annex 1: Shows Indicator matrix for proposed Key Performance Indicators (KPI) for transition monitoring, evaluation and learning.

NOTE; Transition Task Team shall select and add relevant indicators based on the transition approach. It is important to note that comprehensive MEL framework is an important part in conducting monitoring and evaluation. The MEL framework has a role of tracking whole transition progress and ensuring a smooth transition.

5.2 Data management tools and systems

Data management tools and systems shall be updated to accommodate management and tracking of transitioned health commodities and health technologies, example paper and electronic based LMIS/HMIS.

ANNEX 1: Indicator matrix for proposed Key Performance Indicators (KPI) for transition monitoring, evaluation and learning

	Indicator	Definition	Numerator	Denominator	Baseline	Target	Means of verification/ Data source	Frequency of reporting	Timeline	Responsible
1.	Number of stakeholders engagement meetings conducted	Total number of stakeholder's meetings conducted.	Number of stakeholders meetings conducted	-	TBD	Targeted number of meetings will be set by the transition team	Meeting minutes	Monthly	Through out transition period	Transition Task Team
2	Percentage of health facilities whose relevant staff have received training on the new health commodities and health technologies,	Proportion of health facilities whose relevant health care workers have received training on the new health commodities and health technologies,	Number of health facilities whose relevant health care workers have received training	Total number of health facilities whose health care workers are supposed to be trained per transition plan	TBD	100%	Training reports	Monthly	Implementation phase	Transition Task Team
3	Percentage of health facilities received IEC material	Proportion of health facilities that received IEC materials	Number of facilities received IEC materials	Total number of health facilities expected to receive IEC material	TBD	100%	Distribution reports/ survey	Monthly	Operational phase	Transition Task Team

	Indicator	Definition	Numerator	Denominator	Baseline	Target	Means of verification/ Data source	Frequency of reporting	Timeline	Responsible
4	Percentage of data management tools/systems updated to accommodate the health commodities and health technologies, change	Proportion of data management tools/systems updated to reflect changes of the new health commodities and health technologies	Number of data management tools/systems updated to accommodate the health commodities and health technologies, change	Total number of tools/system expected to be updated to accommodate the health commodities and health technologies, change	TBD	100%	Survey	Monthly	Preparatory Phase	Transition Task Team
5	Percentage of clients transitioned	Proportion of clients transitioned to new health commodities and health technologies	Number of clients transitioned to new health commodities and health technologies	Total number of clients expected to be transitioned	TBD	TBD	survey	Monthly	Implementation phase	Transition Task Team
6	Percentage of health facilities transitioned	Proportion of health facilities transitioned to new health commodities and health technologies	Number of health facilities transitioned to new health commodities and health technologies	Total number of health facilities expected to be transitioned	TBD	TBD	survey	Monthly	Implementation phase	Transition Task Team
7	Stock availability (MOS) for transitioned health commodities	Measures number of months available stock will last	Stock on Hand (SOH)	Average monthly consumption (AMC)	TBD	-	eLMIS, Epicor-10	Monthly	Throughout transition period	Transition Task Team

	Indicator	Definition	Numerator	Denominator	Baseline	Target	Means of verification/ Data source	Frequency of reporting	Timeline	Responsible
8	Percentage of wastage	This indicator is reported as percentage of either quantity or value of unusable health commodities and health technologies due to loss, damage or expiries	Quantity or value of damaged, lost and expired stock	Total quantity or value during the specific period (Beginning balance +receipt)	TBD	TBD	eLMIS, Epicor-10	Monthly	Post operational phase	Transition Task Team
9	Forecast accuracy	This indicator compares the actual consumption (or issues) data for a defined period of time with the original forecast for a set of health commodities. That is, the difference between the forecasted quantity of health commodities and health technologies in a particular period of time compared with the actual	Forecast consumption (quantification reports) and Actual consumption data (eLMIS) and in a defined period Note: Issues data which indicates the quantity of health commodities and health technologies shipped from one level of the system to another can be used when actual	Forecasted consumption in a defined period	TBD	0%	Epicor 10, Pipeline database	Quarterly (during transition)	Post operational phase	Transition Task Team

	Indicator	Definition	Numerator	Denominator	Baseline	Target	Means of verification/ Data source	Frequency of reporting	Timeline	Responsible
		consumption of that health commodities	consumption data is not available or trusted.							
10	Delivered in time and full	The indicator measures the percentage of shipments that delivered within the agreed delivery schedule and in full. It can be referred to as On time and in full	Number of shipments delivered on time and in full in the specific period	Total number of shipments that arrived in the specific time period	TBD	100%	Epicor 10 and eLMIS	Quarterly	During transition	Transition Task Team
11	Adverse event rate	Number of patients experience serious side effect unexpected over total number of patients using transitioned health commodities and health technologies	Number of patients experience serious unexpected side effect	Total number of patients used transitioned health commodities and health technologies within timer period	TBD	-	Survey	Quarterly	During and post operatio nal phase	Transition Task Team
12	Adherence to transition plan	Proportion of activities implemented in adherence to transition plan	Number of activities implemented according to transition plan	Total number of activities in the transition plan	TBD	TBD	Survey/Qu alitative interviews	Quarterly	Through out the transition	HCHT TWG

References

1) National KPI Manual for Supply Chain Tanzania Mainland 2020
2) Roles and Responsibilities Guideline for Supply Chain Key Players in Tanzania Mainland 2020
3) Guideline for Management of Unserviceable Health Commodities in Public Health Facilities 2022
4) Supply Chain Management Handbook
5) Supply Chain Management Best practice by David Blanchard 2010
6) Medicine and Therapeutic Committee Guideline.