



EVENT REPORT

Consultative Meeting with Pharmaceutical Companies on Indigenous Manufacturing of Contraceptives in Pakistan October 11, 2018



USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM
Procurement and Supply Management

Disclaimer:

This report was prepared by Chemonics International Inc. under Global Health Supply Chain Program - Procurement and Supply Management (GHSC-PSM) project in collaboration with the Population Program Wing, Ministry of National Health Services, Regulations and Coordination, Government of Pakistan and provincial governments of Punjab, Khyber Pakhtunkhwa, Sindh and Balochistan

Background

The Population Program Wing (PPW) of the Ministry of National Health Services, Regulations and Coordination (MoNHSR&C) had initiated a request to the USAID Pakistan Mission in Islamabad to provide technical assistance to commission a feasibility study on local manufacturing of contraceptives in Pakistan. To follow up on the TA, the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project, in collaboration with PPW, devised a plan with a view to presenting an informed economic case to potential manufacturers, PPW, USAID/Pakistan, and GHSC-PSM project devised a strategy to garner accurate procurement and consumption data for the past ten years, focusing on the projection of demand of the method mix through 2030 in light of Pakistan’s international level commitments to FP2020 and targets identified in the National Health Vision-2025 as well as Sustainable Development Goals-3. The said report titled “Situation Analysis of Contraceptives Manufacturing in Pakistan” was shared with PPW/MoNHSR&C as well as other stakeholders. In light of the business opportunities that exist, it can be cogently concluded that it would be a prudent economic decision for the investors to tap into a largely expanding market whose family planning needs must be domestically met through local production. It is a promising opportunity for the pharmaceutical companies to step forward and mobilize their resources.

In view of the above, MoNHSR&C in collaboration with GHSC-PSM project convened a consultative meeting in Karachi under the Chairmanship of Director General PPW/MoNHSR&C on October 11, 2018 of key public and private sector stakeholders to discuss the landscape of opportunities in local production of contraceptives as well as vision of the Government of Pakistan towards indigenous contraceptives’ production in addition to regulators’ perspective towards creating conducive and enabling environment for investors in this area. The provincial Population Welfare Departments as well as Health Departments, who are the main stakeholders for dispensing contraceptives at the service delivery points were also invited to be part of the consultation.

The event was attended by a variety of national and international pharmaceutical companies’ representatives, high level government functionaries from both Federal and Provincial governments, regulators like Securities and Exchange Commission of Pakistan (SECP) as well as Drug Regulatory Authority of Pakistan (DRAP).

Proceedings

The meeting commenced with registration of the participants followed by recitation from the verses of Holy Quran. The participants were welcomed on the occasion and the floor was handed over to the Director General, PPW/MoNHSR&C.

The DG PPW welcomed the participants and shared that with the publication of census 2017 report that delineates a dismal picture of the population growth that warrants immediate action on everyone’s part to address the challenges of population stabilization. The CPR of 34.2% is not even comparable to other Muslim countries like Turkey 73%, Iran 77%, Indonesia 62% and Bangladesh 61%.

This projected population growth of Pakistan would essentially strain water, forests, and arable land resources as well as reverse the economic gains made in recent years in the foreseeable future. He stressed that the federal as well as provincial governments are cognizant of the fact this trend is preventable and that the solution lies in increased contraceptive use. Contraceptive use reduces also overall maternal mortality and improves women’s health by preventing unwanted and high-risk pregnancies and reducing the need for unsafe abortions. This has a direct correlation with child and family well-being by reducing the economic and emotional burden of parenthood and affording increased opportunities for participation in educational, economic, and social activities.

The DG PPW underscored that with a burgeoning population as well as the situation described, the Population Program Wing (PPW) of the Ministry of National Health Services Regulations and Coordination (MoNHSR&C) has sought technical assistance from the United States Agency for International Development (USAID) mission in Islamabad to support them in conducting a situation analysis on feasibility to explore the potential of local production of contraceptives in Pakistan. USAID/Pakistan tasked the Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project with the provision of this technical assistance along the lines mutually agreed upon in a tripartite meeting between PPW, USAID/Pakistan.



DG PPW, MoNHSR&C, giving the opening remarks

He appreciated the efforts of GHSC-PSM project for presenting a substantive case for the business opportunities that exist for the pharmaceutical industry in Pakistan. These potential business opportunities have manifold advantages for all the stakeholders with the pharmaceutical companies enjoying a return on investment (ROI), commodity availability to the provincial governments, economic activity generated in the country. He alluded to the sizeable provincial funds being allocated as well as spent on procurement of contraceptives which should serve as a token of commitment on the part of the provincial governments in terms of the future business potential for the private sector. He listed the benefits of local manufacturing of contraceptives for provincial governments particularly in the wake of precarious currency fluctuations stretching the financial commitments of the resource-constrained provinces.

Landscape of Business Opportunities

Dr. Muhammad Tariq, Country Director, GHSC-PSM project presented the case of the business opportunities that exist in the contraceptives market. He gave an overview of the demography and health economy by sharing the impact of increased population. Dr. Muhammad Tariq lauded the efforts of USAID in supporting the GoP from \$180 million for commodity availability to technically handholding in contraceptives supply chain systems strengthening since 2009. The support still continues and as an outcome of GHSC-PSM project's successful advocacy, the provincial governments have mobilized internal financing to the tune of \$110 million since 2015. The US funding has had a substantial impact on enhanced financing by the provincial governments, improved commodity availability at the service delivery level and increased visibility through a web-based logistics management information system (LMIS) monthly captures different stock indicators entered by different public and private sector stakeholders and REAL TIME inventories across Pakistan. The system has interfacing having other vertical MISes. He also highlighted the reduction in incidence of stock-outs across the country.



Country Director, GHSC-PSM project presenting landscape of opportunities

Based on the hands-on experience of working provincial governments on procurement and supply chain systems strengthening of contraceptives, Dr. Tariq discussed the challenges being faced by the provinces in internationally sourcing the commodities which run the whole gamut of Increased product availability at SDP level, leading to improved CPR, efficient procurement by decreased procurement cycle, meeting emergency requirement, increased efficiency and quality of locally manufactured products, improved pricing control, easy product recall, increased export of pharmaceutical products, hence boosting local economy and improvements in overall commodity security ecology in the country. He also dilated upon the opportunities and challenges that exist while venturing for indigenous production of contraceptives.

Giving a detailed analysis of the high level findings of the report, he presented to the audience the > \$550 million potential business opportunities that were conservatively estimated using FP supply chain, demographic, surveys and commercial data. The provincially disaggregated data of the quantum of business was also shared with the participants through the demand projection conducted by GHSC-PSM project for the requirements of contraceptives till 2030.

He called upon the private sector pharmaceutical companies to step forward and tap into this vastly expanding market so that the reproductive health needs of the population are adequately met through local availability of the products. He appreciated the efforts of the companies that have ventured into production of COC and DMPA and expected that others would also take a folio from their book and embark upon the hitherto untapped market which relies on international suppliers to fill in the gap that often is wrought with variety of challenges shared earlier.

Restraining the unprecedented population growth, and ultimately harmonizing it to a tolerable level requires multipronged strategies focused on ensuring commodity security of FP goods. Since Pakistan aims to achieve targets of universal access of FP commodities to be able to comply with 50% CPR by 2020, the provincial governments have ramped up their financial allocations for the procurement of contraceptives. Other concomitant efforts of removing structural barriers to access and strengthening of overall health systems are also underway.

Producing a full range of the family planning commodities to be procured by the provincial governments in Pakistan in the years to come is economically viable and less risky from a market niche perspective. In the wake of the new census figures ringing alarm bells in terms of unprecedented growth, the investment climate for such investment seems highly conducive for local production of contraceptives that are currently being imported from the international market.

Provincial Governments' Perspective

The floor was then handed over to the representatives of the provincial governments.

Dr. Talib Lashari, CIP Coordinator for PWD Sindh, appreciated that initiative and expressed that the same should have been initiated few years ago, as the provincial governments especially Sindh is keen to expand its FP commodities and services to include the ignored areas like private hospitals in addition to NGOs and Social Marketing outfits. Being the torchbearer in FP innovations, Sindh has registered a steady growth in CPR because of the concerted efforts of all stakeholders. He hoped



CIP Coordinator, Sindh addressing the participants

that the private sector companies would play their requisite part in enabling the provincial governments to ensure commodity availability at the last mile without any stock-outs. Dr. Talib Lashari regretted the absence of Secretary PWD and DG PWD Sindh owing to their appearance in the Supreme Court of Pakistan on account of emerging situation in Tharparkar.

Mr. Imran Gichki, Secretary PWD Balochistan, contributed his perspective by sharing with the participants the challenges that Balochistan is confronted with in regard to procurement and distribution of contraceptives. He also accentuated the price differences the Balochistan has to cope with given the quantities being on the lower side vis-à-vis other provinces. Mr. Iran Gichki expressed his gratitude to PPW/MoNHSR&C as well as GHSC-PSM project for leading from the front and presenting before the private sector the potential that they can unleash through their investment.

Mr. Asghar Ali Shah, Secretary PWD KP also discussed the range of challenges that the provincial government is confronted with regarding the international procurement and he also commended the conduct of this consultative meeting with private sector companies and encouraged them to avail of the tremendous opportunities that are available to be exploited with substantial return on investment.

Dr. Akhtar Rasheed, Consultant for IRMNCH DOH Punjab praised the efforts of PPW as well as USAID and GHSC-PSM project in arranging this consultation with private sector to pitch in for the local production of contraceptives. He lamented the fact that majority of the health commodities in nutrition and FP sector are being imported from international market whereas the same could be produced locally for the health of the mother and children in Pakistan and similarly locally produced contraceptives could enable the provincial governments to measure up to the FP2020 targets.

Mr. Imran Masood, Director Procurement at PWD Punjab appreciated the ingenuity of this consultation and lamented that a huge amount of public money is spent on whooping quantities of imported products from international markets and also factored in exchange rate fluctuations adding to the financial woes of the provincial exchequer.

Pharmaceutical Industry's Perspective

Mr. Amir Majeed, Area Manager Bayer Pakistan appreciated the meeting and assured that he will share the proceedings of the meeting and findings of the report with their headquarters in Berlin and will be able to respond once their feedback is available.

Sadia Moazam, Head of Regulatory Affairs at Pfizer Pakistan termed this consultative meeting as a positive development.

Jawad Amin, Managing Director Zafa shared that Zafa Pharmaceutical Laboratories is the only company which has a dedicated hormonal facility for the manufacture of contraceptive products. Their current range is COC, ECP, one month injection and three months injections which are not only being distributed in Pakistan but are also exported. The MD Zafa pointed out that the local



Secretary PWD KP, offering provincial perspective



MD ZAFA offering industry's perspective

production of contraceptives needs to be incentivized by the government. He also indicated that the cost of commodity import is on the rise owing to fluctuations in USD. Besides condoms' manufacturing he also emphasized the need for 3rd and 4th generation contraceptives manufacturing in Pakistan but subject to buy-back guarantee by the government.

Dr. Rashid Zar, Director OBS Pakistan (representing Merck) also reiterated the point highlighted by MD Zafa as to the importance of buy back guarantee as the uptake of commodities is also fluctuating significantly. He also drew the attention of the participants especially government and regulatory officials as to how important the awareness is in changing dynamics of the market and given the export potential of regional competitors where cost of doing business is manageable (like India and China), buy-back guarantees from the government become sine-quo-non for the establishment of production units in Pakistan.

CIP Coordinator PWD Sindh responded by saying that they are ready to discuss this further with the pharma industry and can look into this proposition pending the outcome of this initiative that PPW and GHSC-PSM project are leading.

Country Director GHSC-PSM project acknowledged the fact that different provinces are on different levels in terms of quantities' consumption.

Dr. Arshad Rahim Khan, MD Interconnect lauded the efforts of the government as well as GHSC-PSM project in assembling various stakeholders together so that they are able to share their thoughts and synthesize a way out. This meeting of disparate stakeholders interdependent on each other is a very good effort in right direction.

Dr. Rehana Ahmed of Green Star Social Marketing also expressed her happiness over the conduct of this event. She however emphasized over task-shifting and removal of restriction for administration of some contraceptives by trained professionals only so that the product uptake could be improved. (This was responded by CIP Coordinator Sindh as well as IRMNCH Consultant Punjab as to the update on the training to LHWs on that front.

Director OBS (representing Merck) also pointed out that there is a need to start focusing on task shifting and associated skill set as only then local availability of certain products would be fruitful.

Director Quality Operations, GETZ Pharma shared with the participants their intention to set up a hormonal facility.

Dr. A Q Javed Iqbal, Chairman Pakistan Pharmacy Council and Member Policy Board DRAP, shared that this proposition has always been an ignored fact and he appreciated PPW and GHSC-PSM project for bringing it to the fore through an informed business case. He stated that there is huge potential not only in Pakistan but the companies should also factor in the market of Afghanistan while doing their business projections. GMP is currently at stage 2 at DRAP but would soon be coming to stage 3.

Sheikh Akhtar Hussain, CEO DRAP addressed some of the queries raised regarding pricing and facilitation and assured the pharmaceutical companies that DRAP will fully support and facilitate new investments in contraceptives and will also facilitate the process of import of implants. He also impressed upon Saeed Allahwalla to promote this issue at Pakistan Pharmaceutical Manufacturers Association of Pakistan (PPMA) level and they should be taken on board. He asked Pfizer if they are willing to establish a plant for Sayana Press in Pakistan. The CEO also advised the companies to focus on export potential which is line with the agenda of the current government.

Regulators' Perspective Towards Creating Conducive Environment for Investors

Mr. Riffat Pervez, Director General, Board of Investment (BOI) shared with the participants the investment policy of the government which includes establishment of special economic zones (SEZs), introducing ease of doing business. Within the purview of the existing investment policy, the entire industry can benefit except those that require certifications. He also indicated that for a total of nine SEZs, the plant and machinery will have tax exemption with additional ten years' tax holidays. He also relayed more incentives available some of which fall in the ambit of federal government while others in the scope of provincial governments. In this regard Punjab, Sindh and KP have promulgated Public Private Partnership (PPP) laws for their respective provinces. Additionally, Chinese investors are also keen in supporting Pakistani entrepreneurs so as to explore the avenues of investment.



DG BOI talking about Government's investment policy

The Director General also shared that the government would also facilitate pioneering industries and contraceptives fall under that category too.

For the facilitation of the companies, CEO DRAP staged a detailed presentation on Regulations as per DRAP Act 2012 which included licensing and market authorization, import authorizations, review of clinical trial data, post monitoring surveillance and international harmonization. The detailed presentation also allayed some of the queries of the participants.

Wrap up and Roadmap

In the concluding session, Director General PPW/MoNHSR&C recapitulated the discussion by stressing the need to have a platform which could ensure that this concept is realized sooner than later. He thanked all the participants for their invaluable contributions during this session which would inform the decision-making process.

He summarized the key discussion points that the market potential is significant that could lure the investors to earn dividends as well as contribute to the social cause for the posterity. He also assured the participants that the suggestions of buy-back guarantees and fluctuating markets as well as pricing policy. The DG PPW also referred to Chief Justice Task Force on Procurement Policies that would also be presenting its recommendations which would also be informed by the proposals made in this session.

Terming it as a unique opportunity which augurs well for all stakeholders. It is particularly crucial that the investors weigh-up the situation of this niche market. Demonstrating responsiveness on the part of the government, he reiterated government's willingness to facilitate and support the industry as it would be a very prudent economic decision to tap into this expanding market and consider the fact as to how to domestically meet the FP needs of the population through local production. Since the alarming trend of population growth as depicted by census 2017 is a worrisome scenario, which is why the government is concerned and is committed

to tackling this issue through multipronged strategies and indigenous manufacturing of contraceptives an important element thereof.

- He encouraged the pharmaceutical companies to engage with PPW/MoNHSR&C, Provincial PWDs/DOH as well as GHSC-PSM project and seek whichever information they require through letter of intent.
- This would be followed by soliciting an outline of technical proposal on the range of products that the companies are willing to manufacture in Pakistan. Besides, the proposal should also include as to what the companies want the federal and provincial governments in order to bring this idea to fruition.
- The DG PPW also notified a committee comprising PPW/MoNHSR&C, BOI, DRAP, Provincial Secretaries and GHSC-PSM project which would be tasked to review the proposals sent by the companies.
- The shortlisted companies will be invited in Islamabad to hold meeting at Ministerial level and then a Memorandum of Understanding (MoU) would be signed to provide a legal framework to this initiative. The MoU will clearly spell out the roles and responsibilities entrusted to each party.
- The deadline for submission of technical proposal and letter of intent would be 30 days from the date of the conduct of this consultation which would be followed by evaluation by the proposed committee culminating in the final meeting at Islamabad.
- The companies can associate together to form joint ventures as well to vie for this opportunity
- A total of 60 days timeframe is proposed for entire process and final signing of the MoU.

The meeting ended with a vote of thanks to all the participants.



Group Photograph

Annexure I: List of Participants

#	Name	Designation	Name of the Institution	Contact no	Email
Government Officials					
1	Dr. Abdul Ghaffar	Director General	PPW, MoNHSR&C		
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8	Dr. Nasser Mohiuddin	Director General	PPW, MoNHSR&C	03005359376	
9	Dr. Muhamamd Asif	Chief Health	Ministry of Planning & Development - ISB	03215353304	drmasif@msn.com
10	Dr. A.Q Javed	Member, Policy Board, DRAP	Drug Regulatroy of Pakistan	03426666444	aqjaved@gmail.com
11	Muhammad Nasir Khan	Adl Joint Registrar,	Securities & Exchange Commission of Pakistan	03002118527	nasir.khan@secp.gov.pk
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14	Abdul Majeed	Deputy Director	Central Warehouse & Suplies, MoNHSR&C.	03332263175	majeed_ansari@yahoo.com
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17	Irfan Hussain	Coordinator	Population Welfare Department, Sindh	03322017993	pathanirfan1@yahoo.com
18	Syed Ilyas Haider	Director, CW&S	PPW, MoNHSR&C	0301-2268284	ilyas_haider20@gmail.com
19	Usman	Commerical Manager	Population Welfare Department		-
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22	Dr. Safi Ullah	Drug Inspector	Health Department Government of Sindh	03469119533	-
23	Shah Faisal	Director Procurement	Population Welfare Department Sindh		-
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Annexure 2: Key Presentations





FROM THE AMERICAN PEOPLE

Local Production of Contraceptives 2018-30

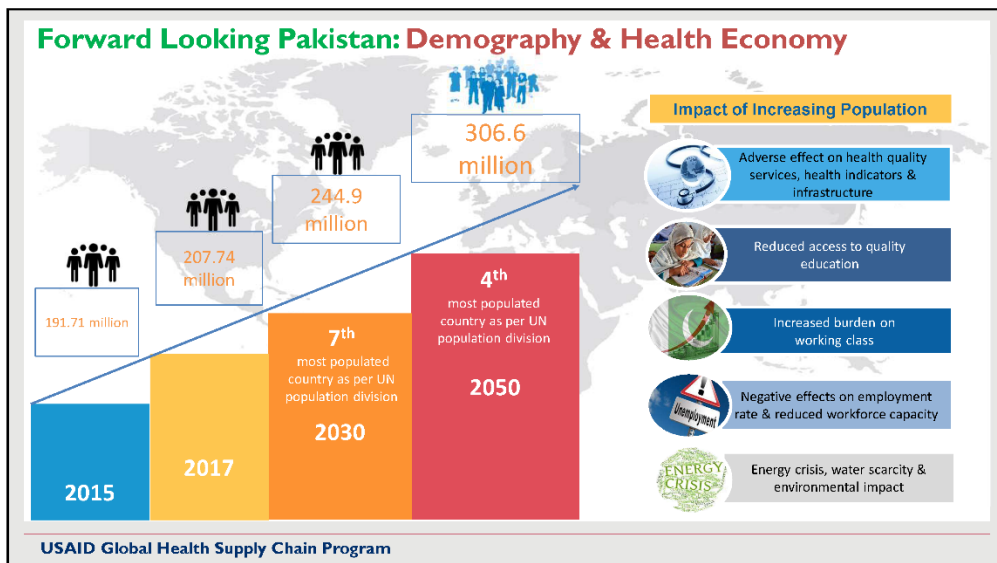
A business case for >\$550 million

Consultation with Potential Pharmaceutical Companies on Indigenous Production of Contraceptives in Pakistan

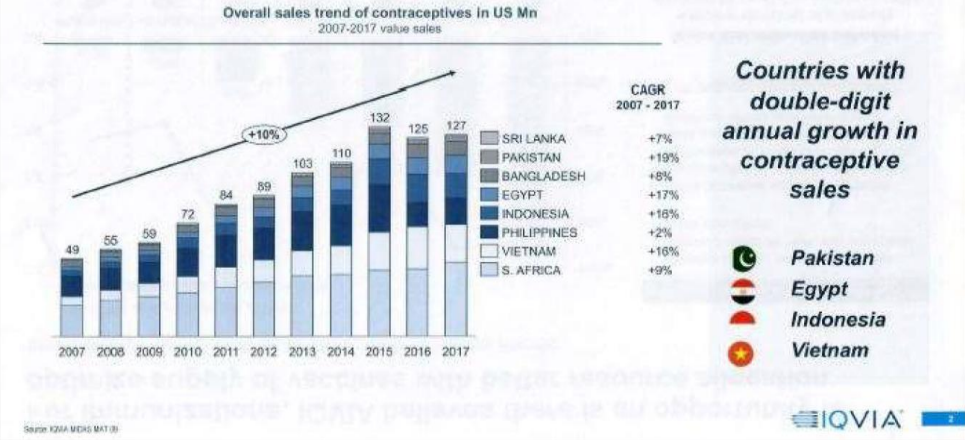
11 October, 2018: Marriot, Karachi

Dr. Muhammad Tariq and Team, Country Director
MTARIQ@ghsc-psm.org

USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM
 Procurement and Supply Management



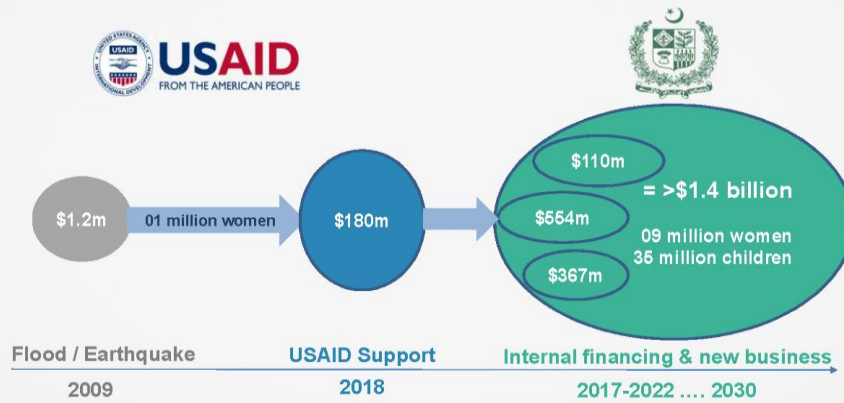
For reproductive health, IQVIA believes there is an important opportunity to improve access in the private sector



USAID Global Health Supply Chain Program

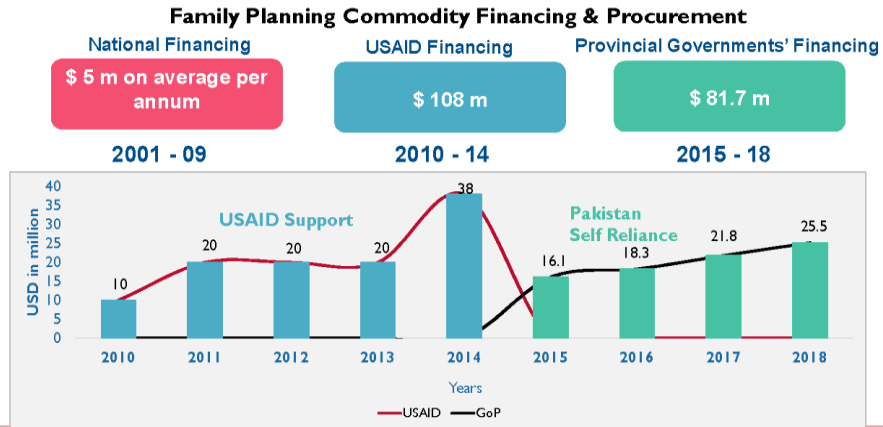
USAID: Public Health Supply Chain Systems Strengthening Assistance

Assisting the Government of Pakistan to achieve National Health Vision 2025, SDG-3, FP2020 & DLI4



USAID Global Health Supply Chain Program

Pakistan Performing better on FP supply chain than services and communication



USAID Global Health Supply Chain Program

Case Study: Pakistan Contraceptive LMIS

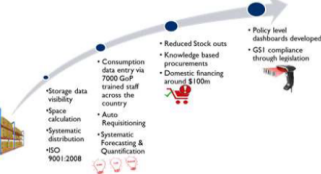
Online Logistics Management Information System (LMIS)

The system monthly captures different stock indicators entered by different public and private sector stakeholders and **REAL TIME** inventories across Pakistan.

Problem Statement: Pakistan needed help managing the central, district and sub-district level consumption, storage and distribution data of family planning products to feed contraceptive supply chain policy, procurement, financing, inventory management & stock monitoring.

Implementation:

- Originally piloted in 19 districts and upon successful implementation was scaled up to all 151 districts and towns.
- This LMIS aggregates and calculates different logistics indicators in the form of reports and graphs



Results:

- Over 70,000 LMIS transactions every month, 11,944 out of 15,038 static facilities reporting
- Reduced average stock outs rates from 17% in 2016 to 15% in 2017 following implementation
- >\$110 million commodity procurement/transportation financing
- Integrated supply chain strategies/designs worth \$467million
- Improved business intelligence e.g., pipeline and stockout monitoring (sms alerts, emails)

Key Learnings

1. Ensure a transition plan and ownership (inherent application enhancement and data use) by the government
2. Architecture and design matter when the transaction volume is large especially in an integrated preventative healthcare supply chain ecology

FP Data Visibility through web-based LMIS

www.lmis.gov.pk

The screenshot displays the LMIS web interface with several key components:

- Navigation Menu:** A central hub labeled 'LMIS' with links to various MISes: MNCH MIS - Punjab, MNCH MIS - KP, MNCH MIS - Sindh, LHW MIS - Punjab, LHW MIS - KP, LHW MIS - Sindh, LHM MIS - Balochistan, CIP - Sindh, and ZMP - Sindh.
- FWC Haranwala - MBE Dashboard:** A line chart titled 'Consumption Trend' showing consumption levels from Dec 2017 to Dec 2018 for various products like POP, EOP, Copper-380A, 3-Month Inj, and Jabele.
- Products Table:** A table listing products such as Condon, COC, Copper-380A, 3-Month Inj, Implanon, and Jabele, along with their units, stock status, and quantities.
- USAID Global Health Supply Chain Program:** A sidebar menu with options like EPI, Vaccine (LMIS), and various reports.
- Month Wise SOH & AMC at SDPs - Punjab - Govt of Punjab - Doh - Condon (For Last 6 Months):** A bar chart showing Stock on Hand (SOH) and Average Monthly Consumption (AMC) for Condon from Dec 2017 to May 2018.
- Pakistan DevResults at Districts for reporting period - Dec-2017 - Sindh:** A stacked bar chart showing the percentage of districts in different stock status categories: Out of stock, Under Stock, Satisfactory Stock, and Over Stock.

Case Study: Pakistan Vaccine LMIS / DLI4

Online Logistics Management Information System (LMIS) for vaccines

The system captures different stock indicators entered by federal and provincial EPI programs, recording monthly vaccination and **REAL TIME** inventories across Pakistan.

Problem Statement: Pakistan needed help managing the central, district and sub-district level consumption, storage and distribution data of vaccine and ancillary items to feed vaccine supply chain policy, procurement, financing, inventory management & stock monitoring.

Implementation:

- Originally piloted in 54 polio priority districts and upon successful implementation was scaled up to all 152 districts and towns.
- This LMIS aggregates and calculates different logistics indicators in the form of reports and graphs

Results:

- Over 150,000 transactions every month, ~13,000 reporting points
- Priority distribution system leads to no wastage since 2015 Pentavalent loss at federal and provincial level
- Visibility reduced pentavalent vaccine wastage up to 72% in Sindh
- Improved business intelligence e.g., pipeline and stockout monitoring (sms alerts, emails)
- Linking of different EPI systems to become one source of information

Key Learnings

- 1 Ensure a transition plan and ownership (inherent application enhancement and data use) by the government
- 2 Architecture and design matters when the transaction volume is large especially in an integrated preventative healthcare supply chain ecology

USAID Global Health Supply Chain Program
Supply Optimization through Logistics, Visibility, and Evolution

National Essential Medicines List

NATIONAL ESSENTIAL MEDICINES LIST 2016



Drug Regulatory Authority of Pakistan
Ministry of National Health Services,
Regulation and Coordination
Government of Pakistan

NEML 2016



NATIONAL ESSENTIAL MEDICINES LIST 2018

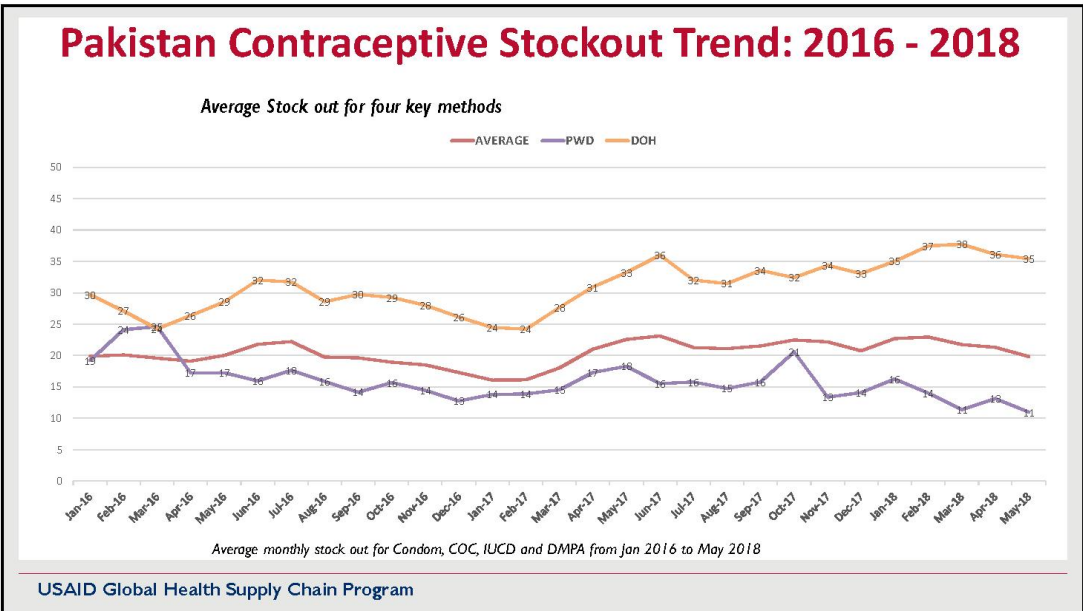


Drug Regulatory Authority of Pakistan
Ministry of National Health Services,
Regulation and Coordination
Government of Pakistan

NEML 2018



USAID Global Health Supply Chain Program



High Level Findings of the Analysis

(Based on multiple data sets of FP supply chain, demographic, surveys and commercial data)

USAID Global Health Supply Chain Program

Country wide Projected Revenues till 2030

Description	PKR in Million	USD in Million
Public Sector	33,046	\$315
Private Sector/NGOs	18,433	\$175
Commercial Sector	6,692	\$64
Total	58,171	\$554

USAID Global Health Supply Chain Program

Punjab Projected Revenues till 2030

Description	PKR in Million	USD in Million	% of National
Public Sector	17,098	\$163	51%
Private Sector/NGOs	9,537	\$91	
Commercial Sector	3,463	\$33	
Total	30,098	\$287	

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Sindh Projected Revenues till 2030

Description	PKR in Million	USD in Million	% of National
Public Sector	8,262	\$79	25%
Private Sector/NGOs	4,608	\$44	
Commercial Sector	1,673	\$16	
Total	14,543	\$139	

USAID Global Health Supply Chain Program

Khyber Pakhtunkhwa Projected Revenues till 2030

Description	PKR in Million	USD in Million	% of National
Public Sector	4,831	\$46	15%
Private Sector/NGOs	2,695	\$26	
Commercial Sector	978	\$9	
Total	8,505	\$81	

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Balochistan Projected Revenues till 2030

Description	PKR in Million	USD in Million	% of National
Public Sector	3,004	\$29	9%
Private Sector/NGOs	1,676	\$16	
Commercial Sector	608	\$6	
Total	5,288	\$51	

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Provincial Savings 2014-17 (PKR) (COC, DMPA, ECP)

Province	2014-15 PKR	2015-16 PKR	2016-17 PKR
Punjab	176,705,940	32,346,739	75,028,250
Sindh		77,713,311	97,672,332
KP		39,911,533	39,609,416
Balochistan			17,530,295
Total	176,705,940 (\$1.7million)	149,971,583 (\$1.5million)	229,840,293 (\$2.2million)

Costs of the captioned procurements were compared with international market prices

USAID Global Health Supply Chain Program

Total quantities of internationally procured contraceptives

Internationally Procured Contraceptives National Requirement with Cost -- 2017 to 2030 ^[1]									
S.No	Product	Public Sector			Private Sector			Commercial Sector @13%	
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Cost PKR millions	Cost USD millions
1	Condom	3,909,785,029	10,705	102	3,726,244,549	10,641	101	4,051	39
2	POP	2,303,240	106	1	1,006,424	47	0.4		
3	2 Month Inj.	4,505,699	939	9	7,968,037	1,650	16		
4	1 Month Inj.	0	0	0	2,326,324	228	2		
5	Cu-T	21,889,976	1,137	11	8,446,617	452	4		
6	Multiload	2,331,343	324	3	5,528,440	758	7		
7	Safeload	0	0	0	450,465	620	6		
8	Femplant	0	0	0	34,654	48	0.5		
9	implanon	449,231	635	6	120,880	171	2		
10	Jadelle	1,555,378	2,480	24	139,919	223	2		
Total			16,326	155		14,838	141		
Estimated production value Pakistan market alone		PKR35,216million (\$335million)							

USAID Global Health Supply Chain Program

Total quantities of locally manufactured contraceptives

Pakistan market alone									
Locally Manufactured Contraceptives National Requirement with Cost -- 2017 to 2030 ^[2]									
S.No	Product	Public Sector			Private Sector			Commercial Sector@13%	
		Quantity	Cost PKR millions	Cost USD millions	Quantity	Cost PKR millions	Cost USD millions	Cost PKR millions	Cost USD millions
1	COC	255,811,777	7,373	70	37,424,018	1,104	11	2,641	25
2	ECP	32,062,843	401	4	61,119,675	797	8		
3	DMPA	88,884,053	8,946	85	16,334,993	1,693	16		
Total			16,720	159		3,594	34		
Estimated total Pakistan market for existing local production				PKR 22,955 million (\$219million)					
<small>[1] New method e.g., SayanaPress or change in method mix or production needs for other regional countries and markets will require adjustment</small>									
<small>[2] Change in method mix, local market trend, and needs of exports will require adjustments</small>									

USAID Global Health Supply Chain Program

Opportunities & Challenges

Opportunities

- Win-win situation for both public and private sector
- Tremendous business opportunities for private sector with improved margins
- Service to the national cause of restraining and stabilizing population growth
- Local production contributing to national economy in various ways
- Potential for export to regional countries
- Potential business assurances from the provincial governments

Challenges

- Meeting standards by local manufacturers for WHO prequalification
- Ensuring compliance with GMP practices and relevant ISOs
- Competition by regional manufacturers

USAID Global Health Supply Chain Program



DRAP PRESPECTIVE

CREATING CONDUCTIVE ENVIRONMENT FOR INVESTORS

Regulations as per DRAP ACT 2012



Licensing and Market Authorization



Import Authorization



Review Clinical Trial Data



Post Marketing Surveillance and Monitor Adverse Events (PV)

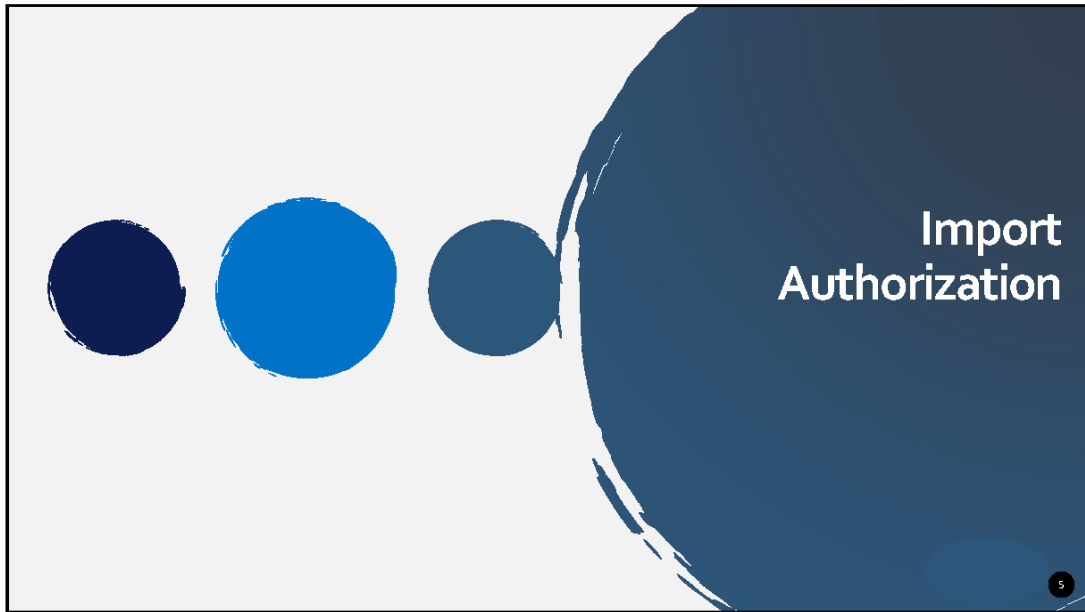


International Harmonization



1. Licensing and Market Authorization

- Facilitation of Research based local manufacturing of Therapeutic Goods
- Registration of Co-Packs of Contraceptive pills
- SRO 824, 26 June 2018 (Medical device rules)



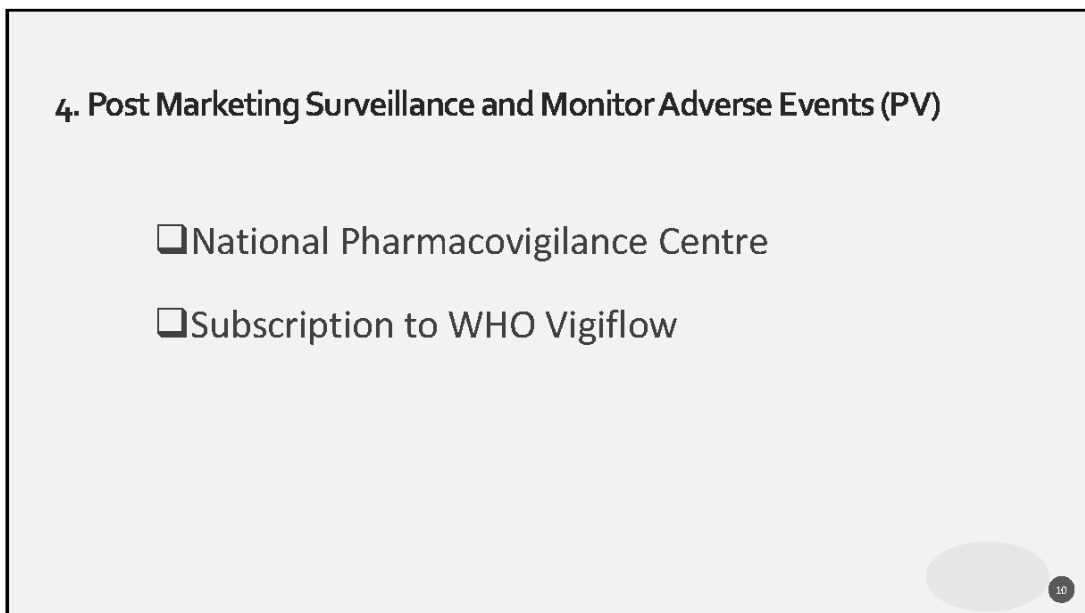
2. Import Authorization

- Facilitation for institutional import of contraceptive (Pharmaceuticals) S.R.O. 142(I)/2018, 09 February 2018
- Facilitation for institutional import of contraceptive (Medical Devices) S.R.O. 824 (I)/2018, 26 June 2018

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- 3. Review Clinical Trail Data**
- Facilitation through fast track review of clinical trail data as per Bio-Studies Rules 2017
 - Facilitation of BE studies in DRAP approved CROs
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5. International Harmonization

- National Essential Medicines List 2018, Contraceptive
- DRAP signed WHO Collaborative Agreement for accelerated registration
- Harmonization of regulations

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